Regional research agenda on health, migration and displacement in the WHO Western Pacific Region, with a focus on climate change

Translating research priorities into policy and practice

World Health Organization

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Abbreviations

COVID-19	coronavirus disease 2019
CSO	civil society organization
GAP	WHO global action plan on promoting the health of refugees and migrants, 2019–2030
LGBTQIA+	lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual and other
NGO	nongovernmental organization
SDG	Sustainable Development Goal
UHC	universal health coverage

Executive summary

The WHO Western Pacific Region is home to a large and increasing migrant population. Migration and displacement affect the social determinants of physical and mental health, influencing access to care, continuity of services and overall well-being. Climate change related environmental shocks, such as floods or extreme heat, compound these challenges. Addressing the health needs of migrants and displaced populations is essential to expanding universal health coverage (UHC), safeguarding health in emergencies and fostering healthier populations.

However, persistent research gaps undermine efforts to design effective policies and programmes. These gaps not only affect the health outcomes of individuals on the move but also challenge the resilience and equity of health systems across the Region, putting at risk progress towards reaching the Sustainable Development Goals.

In response, WHO has developed this regional research agenda on health, migration and displacement for the WHO Western Pacific Region. It aims to:

- establish health, migration and displacement as a regional research priority;
- strengthen knowledge production and research translation for evidence-informed policy-making;
- build regional research capacity and infrastructure; and
- enhance collaboration, knowledge exchange and cross-sectoral engagement.

The development of the Regional research agenda and action plan was led by the WHO Special Initiative on Health and Migration (WHO headquarters, Switzerland) and the WHO Asia-Pacific Centre for Environment and Health (Republic of Korea), which also leads regional work on climate, environment and health, and was co-led by the WHO Regional Office for the Western Pacific. The agenda has been developed in close collaboration with advisory input from the WHO Science Division and Research for Health Department and includes a roadmap for generating the evidence needed to ensure that no one is left behind in health responses in the WHO Western Pacific Region. This process is the first regional research agenda to be developed based on the 2023 WHO Global research agenda on health, migration and displacement and its associated toolkit.

Development of the Regional research agenda was a multistage approach involving over 100 stakeholders with expertise in health, migration and displacement. Stakeholders spanned regional and local contexts, working in academia, civil society organizations (including refugee- and migrant-led organizations) and United Nations agencies. Following a desk-based evidence review and survey, stakeholders participated in consultations and prioritization exercises during April 2025, the findings of which were structured into identifying priorities for two subregions of the WHO Western Pacific Region: the Pacific Subregion and the Asian Subregion.

The rigorous, consultative agenda-setting process identified four core research themes, with 12 research subthemes as regional priorities to be addressed over the next 5 years to strengthen research on health, migration and displacement across the two subregions. This regional prioritization exercise complements the broader vision of the WHO Regional Office for the Western Pacific Region and aims to strengthen regional and country capacities to address emerging health threats linked to environmental change.

Stakeholders were asked to prioritize subthemes, based on:

- the most feasible to carry out within the next 5 years;
- the greatest potential for implementation into policy and practice; and
- the global public health impact for migrants, refugees and other displaced populations.

The core themes and subthemes identified have been ordered in terms of prioritization agreed by stakeholders.

Core themes and subthemes for the Pacific Subregion

Core theme 1: generate evidence on inclusive UHC and primary health care for migrants, refugees and other displaced populations

- priority subtheme 1.1: health system integration and access
- priority subtheme 1.2: data systems and monitoring
- priority subtheme 1.3: maternal, child and reproductive health.

Core theme 2: improve knowledge generation on the inclusion of migrants, refugees and other displaced populations in preparedness and response to (health) emergencies

- priority subtheme 2.1: pandemic and health system preparedness
- priority subtheme 2.2: health in emergencies
- priority subtheme 2.3: disease surveillance and control.

Core theme 3: generate multisector research on addressing the determinants of health of migrants, refugees and other displaced populations

- priority subtheme 3.1: social determinants of migrant and refugee health
- priority subtheme 3.2: health systems determinants
- priority subtheme 3.3: interventions to improve migrant and refugee health.

Core theme 4: generate evidence on health, migration and displacement in the context of climate change

- priority subtheme 4.1: climate-related migration/displacement and health systems preparedness
- priority subtheme 4.2: evidence of link between climate-related migration/displacement and health
- priority subtheme 4.3: health outcomes in relation to climate change.

Cross-cutting theme: strengthen evidence on underresearched migrants, refugees, displaced groups and their contexts

Core themes and subthemes for the Asian Subregion

Core theme 1: **generate evidence on inclusive UHC and primary health care for migrants, refugees and other displaced populations**

- priority subtheme 1.1: financing and insuring health coverage
- priority subtheme 1.2: health system integration and access
- priority subtheme 1.3: maternal, child and reproductive health.

Core theme 2: **improve knowledge generation on the inclusion of migrants, refugees and other displaced populations in preparedness and response to (health) emergencies**

- priority subtheme 2.1: disease surveillance and control
- priority subtheme 2.2: pandemic and health system preparedness
- priority subtheme 2.3: health in emergencies.

Core theme 3: **generate multisector research on addressing the determinants of health of migrants, refugees and other displaced populations**

- priority subtheme 3.1: social determinants of migrant and refugee health
- priority subtheme 3.2: structural determinants of migrant and refugee health
- priority subtheme 3.3: interventions to improve migrant and refugee health.

Core theme 4: **generate evidence on health, migration and displacement in the context of climate change**

- priority subtheme 4.1: climate-related migration/displacement and health systems preparedness
- priority subtheme 4.2: evidence of link between climate-related migration/displacement and health
- priority subtheme 4.3: health outcomes in relation to climate change.

Cross-cutting theme: **strengthen evidence on underresearched migrants, refugees, displaced groups and their contexts**

An additional regional cross-cutting theme was identified that applied to both subregions.

Regional cross-cutting theme: **strengthen equitable and inclusive research collaborations on health, migration and displacement and knowledge translation into policy and practice at all levels.**

The Regional research agenda must be sufficiently and sustainably funded, effectively governed and collaboratively implemented to facilitate evidence generation and transformation into policy and practice. A comprehensive roadmap was developed jointly as part of this process to outline the multisectoral actions required across regional and national levels to effectively conduct research activities that address the health needs of migrants and displaced populations. This roadmap is designed to guide coordinated efforts among diverse stakeholders, ensuring that research outcomes are integrated into strategic planning, funding

decisions and policy development. To support this process, the toolkit developed as part of the 2023 WHO Global research agenda on health, migration and displacement provided practical guidance for adapting and expanding the agenda to meet the specific needs of countries in the region and local contexts.

As migration and displacement continue to increase, achieving global health goals depends on ensuring the well-being of mobile populations. This agenda emphasizes the importance of investing in high-quality research and translating findings into effective evidence-informed policies and practices. Doing so will enable inclusive, resilient health systems that can respond to the complex and evolving challenges of migration and displacement, while enhancing the overall resilience and sustainability of health systems across the WHO Western Pacific Region.

Investing in research on health, migration and displacement not only aligns with global development goals and international commitments but also strengthens global preparedness for health emergencies, supports the realization of UHC and contributes to a healthier, more equitable world.

1. Introduction

1.1 The need to strengthen research on health, migration and displacement in the WHO Western Pacific Region

The WHO Western Pacific Region experiences significant migration flows, presenting unique challenges and opportunities for affected people, host populations and health systems. The Region is home to approximately 25% of the world's population and faces complex health issues related to population movements *(1)*. Between 2008 and 2017 over 198 million people in Asia and the WHO Western Pacific Region were displaced by various causes, accounting for over 80% of global displacement as a result of disasters *(2)*. High levels of mobility pose challenges for health systems and, in turn, the well-being of populations. Moreover, the conditions of migration themselves often determine health and well-being *(3)* influenced by the social, structural and political determinants of health.

Ensuring the health and well-being of migrants and displaced individuals is essential for achieving comprehensive national, regional and global health and policy goals. Migrant and displaced populations frequently encounter challenges in accessing health care services, resulting in limited health coverage, restricted entitlements, inadequate financial protection and substandard quality of care *(4,5)*. The coronavirus disease 2019 (COVID-19) pandemic has further highlighted these disparities, revealing that these populations are often excluded from health emergency preparedness and response strategies, as well as from preventive and social protection measures designed to mitigate health risks and adverse outcomes *(6,7)*.

Achieving comprehensive and effective health outcomes for refugees, migrants and other displaced populations in the WHO Western Pacific Region requires identifying and addressing critical knowledge gaps to inform effective policy and practice. The 2022 World report on the health of refugees and migrants *(8)* highlighted a global shortage of context-specific, high-quality data in this area. There is a need to understand how existing health strategies affect migrant subgroups and their unique health needs, in particular in the context of climate change and geographical challenges in the Region.

1.2 Purpose of the Regional research agenda

Given the strategic importance of migration and displacement as regional health priorities, there is a clear need for a structured research agenda to guide evidence-informed policy-making in the WHO Western Pacific Region. The Regional research agenda is designed to inform and guide research efforts to investigate and address the diverse and evolving health challenges facing migrants, refugees and displaced populations in the WHO Western Pacific Region. It aims to inform public health policy, strengthen and enhance the responsiveness of health systems and support the development of context-specific health interventions that address both current and future population dynamics. By focusing on these priorities, the agenda seeks to improve the health and well-being of mobile populations and the communities that receive them throughout the WHO Western Pacific Region.

The agenda provides a framework for setting research priorities that reflect the diverse contexts of migration and displacement, ensuring that the health needs and rights of migrants, displaced and host communities are effectively addressed.

This agenda will also support the development of targeted national research frameworks that reflect the varied contexts of migration within the WHO Western Pacific Region. It also seeks to promote collaboration, knowledge sharing and research engagement among a wide range of stakeholders, including Member States, United Nations agencies, civil society organizations (CSOs), nongovernmental organizations (NGOs) and academic institutions. Over the next 5 years, this agenda will guide research efforts, ensuring that policy decisions are based on the best available evidence and that health systems are prepared to respond to emerging challenges to improve the health of migrants and displaced populations.

1.3 Strategic objectives of the Regional research agenda

- Prioritize regional research needs: identify the critical research priorities within health, migration and displacement in the WHO Western Pacific Region, ensuring that regional and national-level research is context specific, responsive to emerging trends and aligned with both current and future health challenges.
- Promote knowledge generation: strengthen the production and use of high-quality research to inform evidence-informed policies, interventions and public health strategies.
- Enhance research capacity: use the WHO Western Pacific Regional research agenda as a foundation for building national and regional research capacity, supporting the identification of priority areas and the execution of impactful studies. This includes fostering a vibrant research ecosystem with sustainable funding to support ongoing enquiry into migration-related health issues.
- Facilitate evidence translation: bridge the gap between research findings and policy action by improving the quality and accessibility of data and evidence for policy-makers, helping to shape effective health responses at all levels.
- Encourage collaboration and knowledge exchange: foster regional cooperation, knowledge sharing and active engagement among researchers, policy-makers, CSOs, NGOs and international agencies, ensuring the effective integration of research insights into health responses.

1.4 Next steps for national and local agenda setting

To further refine and expand on these priorities, the WHO Western Pacific Regional research agenda encourages Member States and regional actors to develop their own national research plans. This can be facilitated through the use of the WHO Refugee and migrant health country assessment tool *(9)*, the Global research agenda on health, migration and displacement *(10)* and the accompanying implementation guide and toolkit, which provide practical tools for identifying and prioritizing context-specific research gaps and aligning national efforts with broader regional goals.

1.4.1 Scope and target audience

The WHO Western Pacific Regional research agenda is intended for a broad range of stakeholders involved

in public health, migration and displacement research across the Region. This includes Member States within the Region, regional research funders (such as international donors, philanthropic foundations and private sector contributors), academic institutions, CSOs, NGOs, intergovernmental bodies and United Nations agencies, including regional and country offices.

The WHO Western Pacific Regional research agenda provides a foundational framework for regional research, while also acknowledging the need for further customization and contextualization at national and subnational levels. It will serve as a starting point for additional priority-setting processes that reflect the unique contexts of each country within the region.

1.4.2 Framing the agenda

To provide a cross-cutting approach to health, migration and displacement, an analytical framework for the WHO Western Pacific Regional research agenda was developed. It was informed by the second Global consultation on migrant health: resetting the agenda in 2017 *(11)*, the WHO Triple Billion Targets *(12)*, the WHO Thirteenth General Programme of Work *(13)* and the WHO global research agenda on health, migration and displacement *(10)*. The broader framing was guided by four key global policy frameworks, contextualized for the WHO Western Pacific Region:

- The Sustainable Development Goals (SDGs) and related targets (14);
- The Global Compact for Safe, Orderly and Regular Migration (15);
- The Global Compact on Refugees (16); and
- The WHO global action plan on promoting the health of refugees and migrants, 2019–2030 (GAP) and resulting priorities (17), as applied in the WHO Western Pacific Region context.

1.5 Relevance to policy and practice

Advancing effective policy and practice in health, migration and displacement across the WHO Western Pacific Region requires a strong research foundation, aligning closely with the 2030 Agenda for Sustainable Development and other global goals *(14)*. Migration, recognized within the SDGs as a critical driver and enabler of sustainable development, is particularly significant for this region. Achieving well-governed migration *(18)*, as outlined in SDG 10.7, involves addressing the needs of migrants and other displaced populations across all sectors in the Region.

Research plays a crucial role in supporting the implementation of the GAP *(17)*, helping to meet the Triple Billion Targets and broader SDG objectives. The importance of research is deeply embedded within the WHO Constitution *(19)* and extends across all public health activities in the Region. The GAP explicitly calls on Member States to champion evidence-informed public health approaches, reinforcing the need for robust research to inform policy and practice *(17)*. This commitment was further underscored in the Rabat Declaration, issued on 13 June 2023, during the Third Global Consultation on the Health of Refugees and Migrants *(20)*. The Declaration called for greater awareness of refugee and migrant health (Article 2d) and pledged to "support high-quality research, strengthen knowledge production and build research capacity on the health of refugees and migrants, to support evidence-informed policies and actions where appropriate and/or feasible" (Article 4).

2. Methodology: developing the Regional research agenda

The Regional research agenda on health, migration and displacement in the WHO Western Pacific Region was developed using a structured and participatory four-phase, six-step methodological framework, based on the toolkit and implementation guide in the WHO Global research agenda on health, migration and displacement *(10)*. The toolkit is a core resource to guide further agenda-setting efforts at national and subnational levels across the WHO Western Pacific Region.

Co-led by the Asia-Pacific Centre for Environment and Health and WHO Health and Migration, this process engaged diverse regional stakeholders and drew on global best practices to ensure methodological rigor and regional relevance.

The process began with planning and framing the Regional research agenda. This was followed by the mapping and selection of regional stakeholders from academia, intergovernmental institutions, CSOs (including refugee- and migrant-led organizations) and United Nations agencies.

Concurrently, two rapid evidence reviews were conducted to establish a baseline understanding of research on health, migration and displacement in the Region and the research on health, migration and displacement specifically in the context of climate change. These reviews identified existing knowledge and key research gaps.

The research gaps identified in the evidence reviews were used to guide discussions in two technical consultations: one focused on the Pacific Subregion of the WHO Western Pacific Region and the other focused on the Asia Subregion. Technical consultations were divided into working groups on health in emergencies, universal health coverage (UHC), healthier populations, and health and migration in the context of climate change. These consultations were attended by 108 people (59 in the Pacific Subregion and 49 for the Asian Subregion) across 2 days.

During the workshops, thematic areas and subthemes specific to the context of these subregions were identified. The process then included a prioritization exercise to build consensus on the themes identified as most urgent and actionable in the Regional context. Through an adapted nominal group technique, stakeholders reached consensus on the three highest-ranked priority subthemes under each of the four core themes, including 12 priority subthemes (three ranked per core theme) across the two subregions based on the following criteria:

- have the greatest potential to positively impact regional migrant health
- are the most feasible to achieve within the next 5 years
- have the most potential for implementation into policy and practice.

Other research areas are expected to be addressed through national research agenda-setting exercises:

- specific populations, research focused on migrant, refugee and other displaced groups may require specialized approaches across subgroups based on unique health risks and vulnerabilities;
- geographical prioritization, research that targets specific locations or regions within the WHO Western Pacific Region, reflecting local health needs and migration patterns; and
- country-specific policy contexts, research considering the unique policy landscapes of individual Member States, including national health strategies and legislative frameworks.

The consultation concluded with the development of a regional action plan and outlined steps for dissemination, implementation and monitoring and evaluation for the agenda to be a living framework for action.

2.1 Ethical foundations in setting the health, migration and displacement research agenda

Ethical considerations are fundamental when establishing research priorities in health, migration and displacement, necessitating careful deliberation on identifying research gaps, prioritizing these and evaluating the impact of addressing these. The agenda-setting process was designed to ensure participation of diverse stakeholders. At every stage, efforts were made to minimize biases and unintended consequences, ensuring that the values guiding the process and the fairness of its outcomes were consistently evaluated.

To uphold these ethical standards, the process embraced the principles of participatory health research *(21)*. Participatory health research emphasizes the involvement of those directly affected by research topics in all phases – from setting the agenda to disseminating findings. Core values such as active participation, collaborative engagement, critical self-reflection, diversity and a commitment to positive social change were central to this approach. While acknowledging the challenges of achieving meaningful participation across varied groups in the WHO Western Pacific Region, these principles informed the process to ensure that the Regional research agenda incorporated ethical and participatory principles, through the following measures:

- establishing open and inclusive recruitment strategies that actively engage stakeholders with lived migration experiences, as well as those working in organizations and agencies involved in research and service delivery across the WHO Western Pacific Region;
- evaluating the diversity of perspectives by considering factors such as gender, geographical representation and subregional contexts (e.g. examining two subregions) within the WHO Western Pacific Region;
- creating flexible pathways for stakeholder input, including online submissions and virtual technical consultations specifically designed for the Region's unique needs.

3. Results: priority research themes and subthemes for the Pacific Subregion

This section presents the 12 priority research subthemes that emerged from the agenda-setting process. These fall within four core themes and one cross-cutting theme based on the WHO Triple Billion Targets.

3.1 Core theme 1: generate evidence on inclusive UHC for migrants, refugees and other displaced populations

The three highest-priority research subthemes identified under this theme for the Pacific Subregion were:

- health system integration and access
- data systems and monitoring
- maternal, child and reproductive health.

Other research subthemes identified (unranked) and specific examples of priority research gaps for each subtheme (ranked by top three) under this core theme are detailed in Table 1.

Table 1. Regional research priorities for core theme 1 in the Pacific Subregion[a]

Subthemes	Priority research gaps
Health system integration and access	*Top three priorities ranked under this subtheme* 1. Foster resilient and inclusive health systems to reduce access barriers 2. Improve preventive health care, including vaccinations and migrant screening 3. Understand drivers of inequality in service utilization *Other priorities under this subtheme (unranked):* • management of health conditions during long-term migration and displacement • structural and behavioural drivers of health inequalities • models of migrant inclusion in health systems (good practice, community engagement) • legal barriers to accessing health care

Table 1. contd

Subthemes	Priority research gaps
Data systems and monitoring	*Top three priorities ranked under this subtheme* 1. Include migration-specific variables in national health data systems 2. Create mechanisms for tracking migration-sensitive health indicators 3. Source evidence on understanding access to health data and health records across systems
Maternal, child and reproductive health	*Top three priorities ranked under this subtheme* 1. Improve birth outcomes, neonatal mortality and immunization coverage gaps 2. Examine role of schools and education in improving health for children, adolescents and women 3. Increase data on utilization of maternal and child health services by migrant populations, which are insufficient *Other priorities under this subtheme (unranked):* • impact of increasing prenatal care visits • treatment and prevention services for tuberculosis, HIV and sexually transmitted infections among migrants • understand immunization, nutrition and mental health service needs • develop culturally sensitive interventions for maternal and child health
Workforce enhancement and collaboration	*Top three priorities ranked under this subtheme* 1. Task shifting and educational pathways to increase migrant participation in health roles 2. Workforce adaptation through training and resource allocation 3. Reduce provider-level barriers (language, multilingualism, cultural competence) *Other priorities under this subtheme (unranked):* • improve collaboration across health and non-health services
Financing and insuring health coverage	*Top three ranked under this subtheme:* 1. Role of remittances in health care seeking 2. Barriers to insurance and financing access 3. Effectiveness of cash-based incentives for health care utilization *Other priorities under this subtheme (unranked):* • participation in social insurance schemes to reduce inequalities • availability and effectiveness of host and portable insurance schemes • health economic analysis of inclusion versus layered schemes

[a] The list indicates all of the findings from the technical consultation, with the items not listed in any specific order.

3.1.1 Main findings on research subthemes for core theme 1

Participants identified several research gaps related to achieving UHC for migrants, refugees and displaced populations within the WHO Western Pacific Region. Central to the discussion was the need for research on the development and effectiveness of resilient inclusive health systems that specifically reduce barriers to access. Participants emphasized that inclusive health systems should be designed to account for the diverse and evolving health needs of migrants, including the differing needs of labour migrants, forcibly displaced populations and migrant families.

Preventive health care, including vaccination strategies and migrant health screening, emerged as an underexplored area. Participants highlighted the opportunity for early intervention through preventive measures, which could enhance migrant health outcomes and reduce long-term costs to health systems. Research on preventive care models that are embedded throughout the migration journey (predeparture to return) was deemed important.

The consultation also underscored the need for deeper understanding of health inequalities, with a focus on identifying the structural and behavioural contributors to disparities in health service utilization and outcomes. Beyond nominal access, participants called for research into equity in the quality and outcomes of care, including the practical realization of health as a human right for all migrants.

Evidence gaps were also identified regarding the integration of migrants into national health systems, with a call for scoping and documenting successful models of good practice. Participants stressed the importance of engaging migrant communities in designing and delivering services to enhance responsiveness and effectiveness.

Research gaps in maternal, child and reproductive health focused on reducing barriers to accessing services across the life course, including antenatal, postnatal, paediatric and immunization services. Participants emphasized the underexplored intersection between health and education systems, particularly the role of schools in promoting child and adolescent health among migrant populations.

The consultation also stressed gaps in health data systems, including the need to compile evidence to support improving the capture of migration-specific variables, ensure disaggregation of health data by migration status and empower migrants to provide input, particularly through digital means, by creating the enabling environment for this to take place.

The workforce domain highlighted the limited research on how to adapt health workforces to meet migrant-specific needs and build a more inclusive workforce reflective of migrant populations themselves. Research on provider-level barriers, such as language and cultural competence, was also identified.

Finally, in terms of financing and insurance, participants noted a lack of evidence on the effectiveness and accessibility of existing insurance schemes, including host country and portable models. Economic evaluations comparing inclusive universal coverage versus fragmented and layered systems were discussed to inform policy-making. The role of remittances and cash-based incentives in influencing health-seeking behaviour among migrants was another emerging area of research interest.

3.2 Core theme 2: improve knowledge generation on the inclusion of migrants, refugees and other displaced populations in preparedness and response to (health) emergencies

The three highest-priority research subthemes identified under this theme were:

- pandemic and health system preparedness
- health in emergencies
- disease surveillance and control.

Other research subthemes identified (unranked) and specific examples of priority research gaps for each subtheme (ranked by top three) under this core theme are detailed in Table 2.

Table 2. Regional research priorities for core theme 2 in the Pacific Subregion[a]

Subthemes	Priority research gaps
Pandemic and health system preparedness	*Top three priorities ranked under this subtheme* 1. Limited research on the inclusion of migrants and migrant workers in health system responses and preparedness planning in the context of pandemics 2. Insufficient data regarding the adequacy of protections and rapid health communication provided to migrant workers during health crises to safeguard their human rights and dignity and improve awareness and preparedness 3. Lack of understanding on how to successfully co-design interventions to include migrants and refugees in the process *Other priorities under this subtheme (unranked):* • lack of evidence for the factors influencing vaccine availability, hesitancy and coverage among migrant populations during the COVID-19 pandemic, necessitating further investigation • lack of evidence for effective cross-border emergency response coordination strategies that include migrant populations • need for increased evidence on the usefulness and need for participatory approaches in the design of interventions

Table 2. contd

Subthemes	Priority research gaps
Health in emergencies	*Top three priorities ranked under this subtheme* 1. Need for increased understanding of health system communications to migrants and building trust during emergencies 2. Lack of evidence about how migrants and displaced people understand their health rights in destination/host countries before and during emergencies 3. Lack of evidence on the importance of grassroots-level preparation before and during emergencies *Other priorities under this subtheme (unranked):* • limited evidence on effective management of health conditions during long-term migration and displacement • limited research on the development of inclusive models for disaster and emergency response that effectively address the needs of migrant populations • limited research on effective strategies for managing health conditions in the context of long-term/multiple or repeated displacements within humanitarian settings • limited research on the influence of food insecurity on migrant health outcomes • need for evidence on the effectiveness of risk communications to promote public health and social measures to migrants during emergencies • need for better understanding of the impact of public health and social measures on migrants/displaced people during emergencies • lack of evidence for the effective implementation of the components of humanitarian responses (Sphere providing the core humanitarian standards, mental health and psychosocial support focusing on the psychological well-being of people in crises, and the Inter-Agency Standing Committee guidelines and frameworks) to include migrants and displaced populations within the Region
Disease surveillance and control	*Top three priorities ranked under this subtheme* 1. Need to improve understanding of social sensitivities surrounding migrant workers and infectious diseases to increase their participation in screening and limit the spread of stigmatizing narratives (e.g. the view of migrants as disease carriers) 2. Limited research on effective ways to improve migrant participation in active (e.g. screening programmes) and passive (e.g. self-reporting) disease surveillance strategies 3. Insufficient data regarding proactive case detection strategies among vulnerable migrants (e.g. migrant domestic workers) and their linkage to necessary interventions *Other priority under this subtheme:* • minimal research available on control strategies for tuberculosis and other infectious diseases among migrants

[a] The list indicates all of the findings from the technical consultation, with the items not listed in any specific order.

3.2.1 Main findings on research subthemes for core theme 2

Participants identified research gaps essential for building inclusive, resilient health systems that address the needs of migrants, refugees and displaced populations in emergencies. Pandemic and health system preparedness emerged as a central theme. Participants highlighted limited research on the integration of migrants and displaced people into health systems responses during pandemics, the lack of participatory approaches in emergency planning and the exclusion of migrant perspectives from pandemic preparedness strategies. Understanding the factors influencing vaccine availability, hesitancy and coverage among migrants during the COVID-19 pandemic was emphasized as a gap.

Participants also pointed to gaps in evidence-informed communication strategies during health emergencies including risk communication efforts and public health and social measures. Limited evidence exists on how to build trust with migrant populations and effectively communicate health information before and during crises. Other gaps included understanding how migrants and displaced people perceive their health rights in destination countries and how grassroots-level preparation can better support migrant-inclusive emergency responses.

Health system resilience and emergency response models were also identified as areas for investigation. Participants called for evidence on inclusive models of disaster and emergency response, the management of health conditions during long-term displacement and the impact of food insecurity on migrant health outcomes.

Participants highlighted the need for greater understanding of the effective implementation of existing components of humanitarian responses for inclusion of migrants and displaced populations, such as Sphere, which provides the core humanitarian standards, mental health and psychosocial support frameworks for people in crises, and the Inter-Agency Standing Committee guidelines and frameworks.

In disease surveillance and control, participants identified gaps in understanding social sensitivities and stigma that hinder migrant participation in disease screening programmes. Limited research exists on effective strategies to increase migrant participation in both active and public health surveillance systems, as well as proactive case detection and link to care for vulnerable groups such as migrant domestic workers. Research gaps were noted on infectious disease control strategies, including tuberculosis and other communicable diseases, among migrants.

3.3 Core theme 3: generate multisectoral research on addressing the determinants of health of migrants, refugees and other displaced populations

The three highest-priority research subthemes identified under this theme were:

- social determinants of migrant health
- health systems determinants
- interventions to improve migrant health.

Other research subthemes identified (unranked) and specific examples of priority research gaps for each subtheme (ranked by top three) under this core theme are detailed in Table 3.

Table 3. Regional research priorities for core theme 3 in the Pacific Subregion[a]

Subthemes	Priority research gaps
Social determinants of migrant health	*Top three priorities ranked under this subtheme* 1. Limited research on understanding the roles of colonization (and its intergenerational aspect) and how it impacts migration 2. Lack of evidence on how social determinants of health, such as discrimination, act as risk factors and effect modifiers of migrant health and well-being 3. Limited research on the impact of environmental factors, such as the food environment and built environment, including neighbourhood effects, on migrant health outcomes *Other priorities under this subtheme (unranked):* • insufficient data regarding how social networks and social supports, both informal and formal, influence health behaviours, disease risk and care-seeking among migrants • insufficient evidence on the influence of religion, spirituality and the freedom to practise religion as determinants of health among migrant populations • lack of focused research on loneliness and social isolation as key areas of study beyond mental disorders • lack of research on appropriate housing solutions • lack of research on the link of school health and education and the intersection with health systems • lack of research on social and labour protection, including gaps in labour mobility schemes for internally displaced populations

Table 3. contd

Subthemes	Priority research gaps
Health-system determinants	*Top three priorities ranked under this subtheme* 1. Limited research on the perception of trust and access to health systems and government and barriers to access 2. Lack of comprehensive research on the cultural aspects of health, including how diseases are defined within migrant communities 3. Lack of research on the role of stigma as a barrier to accessing care among migrant populations
Interventions to improve migrant health	*Top three priorities ranked under this subtheme* 1. Lack of data and analysis on how migration policy and economic policies affect displacement 2. Lack of evidence-informed health education and communication programmes to enhance health literacy among migrant populations 3. Limited research on how migrant communities perceive their levels of risk regarding safe medicine use, antibiotics and antimicrobial resistance, particularly in the context of climate change as an underlying cause of antimicrobial resistance, and interventions to improve attitudes, knowledge and behaviours *Other priorities under this subtheme (unranked):* • insufficient data on the effectiveness of health-promotion intervention programmes specifically targeting overweight and obesity among migrant populations, indicating a need for further development and evaluation • insufficient evidence on the effectiveness of prevention programming for mental health, substance abuse, suicide and self-harm among migrant populations • limited research on digital mental health and other digital and technology-based approaches to improve migrant health
Occupational and commercial determinants of health	*Top three priorities ranked under this subtheme* 1. Lack of evidence for the role of employment agencies and indebtedness as key commercial determinants of migrant health and well-being 2. Limited data on workplace accidents and hazardous working conditions affecting migrants 3. Limited research on the role of industries in influencing migrant health outcomes

Table 3. contd

Subthemes	Priority research gaps
Gender and special populations	Top three priorities ranked under this subtheme 1. Limited research on the impact of traumatic events (including gender-based violence) across the migration continuum (pre-, peri-, post-migration and return) on migrant mental health, well-being and physical health 2. Limited research using a life-course perspective to develop a nuanced understanding of migrant health across the lifespan 3. Very few studies on sexual and gender minority migrants

[a] The list indicates all of the findings from the technical consultation, with the items not listed in any specific order.

3.3.1 Main findings on research subthemes for core theme 3

Participants identified gaps related to the social determinants of health as the top research priority. Participants emphasized the absence of research that highlights the role of colonization and its intergenerational effects as a root cause of health inequities, influencing patterns of displacement, marginalization and health outcomes.

Discrimination, racism, systemic exclusion and the erosion of cultural identity were recognized as barriers to health equity. Participants underscored the need for research into the cumulative impacts of social exclusion, stigma and mistrust in health and government systems on migrant and displaced populations' access to care.

Housing and education were also identified as underexplored determinants. Limited evidence exists on the role of culturally inappropriate housing and lack of access to quality education and school health services in shaping health outcomes for migrant communities. Participants also pointed to the health risks associated with exploitative labour migration schemes, unsafe working environments and commercial practices that create indebtedness and vulnerability among migrants.

Participants called for a shift towards research that recognizes the resilience, leadership and cultural knowledge within migrant and displaced communities, with gaps in understanding how cultural understandings of health, traditional healing practices and community-defined indicators of well-being can shape effective health interventions.

Additional research gaps identified included limited understanding of the intersections between labour, social protection, displacement experiences and health; the impact of family separation; and gaps in data systems to capture migrant and displaced populations' health experiences accurately.

3.4 Core theme 4: generate evidence on health, migration and displacement in the context of climate change

The three highest-priority research subthemes identified under this theme were:

- climate-related migration/displacement and health systems preparedness
- evidence of link between climate-related migration/displacement and health
- migrant health outcomes in relation to climate change.

Other research subthemes identified (unranked) and specific examples of priority research gaps for each subtheme (ranked by top three) under this core theme are detailed in Table 4.

Table 4. Regional research priorities for core theme 4 in the Pacific Subregion[a]

Subthemes	Priority research gaps
Climate-related migration, displacement and health systems preparedness	*Top three priorities ranked under this subtheme* 1. Lack of regional analyses examining the effects of climate-related migration/displacement on health care demand, particularly for management of noncommunicable diseases in displaced populations 2. Lack of data on how health systems can be improved to effectively respond to climate-related migration/displacement and seasonal migration 3. Limited research on context-specific planning and climate adaptation strategies, including investments in climate resilience and foundations for health in cities and peri-urban settlements *Other priorities under this subtheme (unranked):* • inadequate documentation and research on occupational health risks in climate-vulnerable sectors such as agriculture and construction (past, present and future) • limited research on the impact of planned community relocations in the context of climate change on communities and livelihoods, with particular attention to the maintenance and improvement of health outcomes for these communities

Table 4. contd

Subthemes	Priority research gaps
Evidence of linkage between climate-related migration, displacement and health	*Top three priorities ranked under this subtheme* 1. Lack of research on One Health and Planetary Health approaches to understanding the health of migrants in relation to climate and environmental factors 2. Insufficient evidence and disaggregated data on the explicit connection between climate change as a cause of migration and its impact on poor health outcomes across the migration continuum 3. Limited studies on social determinants and intersectional analysis of migration and health within the context of climate change *Other priorities under this subtheme (unranked):* • limited availability of disaggregated data on standardized health metrics for both host and migrant communities affected by climate-related migration/ displacement • lack of large epidemiological studies for the quantification of climate health impacts and of uncertainty (and how to communicate it) • limited data on loss of livelihoods leading to temporary labour migration with poor access to rights and services for those who migrate • lack of research that distinguishes climate-related displacement, migration, relocation and evacuation, which are widely different and have different impacts (including health) • lack of evidence that specifically links climate change as a reason for migration • information on internal migration related to climate change and how it relates to health impacts of gentrification
Health outcomes in relation to climate-change	*Top three priorities ranked under this subtheme* 1. Limited research on the direct impact of sea level rise, droughts and extreme weather on migrant health outcomes in the WHO Western Pacific Region 2. Limited research on the effects of drought and flood, including food insecurity, as both a driver of migration and a risk to migrant health 3. Insufficient research on the impact of air pollution on migrant health outcomes *Other priorities under this subtheme (unranked):* • lack of comprehensive research on the effects of disasters on migrant communities, including both direct exposure in the host country and indirect exposure to family members and property in their country of origin • causal health outcomes of climate change on mental health including female displacement and young people • evidence on causality and planetary boundaries

Table 4. contd

Subthemes	Priority research gaps
Acknowledging context-specific traditions, knowledge and experience in climate-related migration	*Top three priorities ranked under this subtheme* 1. Sovereignty and preserving the ties to home (land and ocean) and ensuring protection against statelessness 2. Underrepresentation of traditional and indigenous knowledge, including spiritual, cultural, environmental stewardship (land ocean) ancestors and elders 3. Lack of exploration around the role of Intersectionality in climate change and migration health outcomes

[a] The list indicates all of the findings from the technical consultation, with the items not listed in any specific order.

3.4.1 Main findings on research subthemes for core theme 4

Many countries in the WHO Western Pacific Region already experience climate-related mobility, particularly among Pacific Island nations where sea level rise and extreme weather events are displacing communities. Participants emphasized that climate change is driving diverse and overlapping forms of mobility, including in situ adaptation, planned relocation, seasonal migration and displacement, with distinct health risks associated with each pathway. Participants highlighted the need for greater understanding of how climate-related migration and displacement influence health systems demand, particularly regarding mental health support, management of noncommunicable diseases and maternal and child health services. There was a call for more research into the long-term health impacts of urbanization, internal migration and loss of livelihoods due to climate change.

The unique vulnerabilities of small island developing states (SIDS) were emphasized, particularly their heightened exposure to sea level rise, extreme weather events and ecosystem degradation. Participants stressed that for small island nations, the preservation of land and ocean connections is integral to health and survival, with the consequences of climate-related displacement being prominent. Participants outlined that existing research often fails to capture the holistic Pacific indigenous worldview, where health is linked to environmental stewardship, ancestral connections, community cohesion, cultural identity, spiritual well-being and ties to land and ocean.

Research gaps were noted in documenting the effectiveness of planned relocation strategies, including lessons learned from Pacific-led relocation experiences, with the need for models that are community driven, uphold sovereignty and safeguard health and well-being throughout the relocation process. Further gaps were identified in addressing intersectional vulnerabilities, particularly among young people, women and marginalized groups. Limited research exists on the cumulative mental health impacts of climate change-related stress, loss of land, cultural dislocation and the trauma of displacement. Participants called for integrating indigenous knowledge systems, spiritual values and traditional governance structures into climate–health research and policy design. They advocated for participatory research approaches that centre the voices of affected communities, uphold self-determination and ensure Pacific leadership in shaping health responses.

Cross-cutting across the themes above, themes included topics around sovereignty protection, rights-based frameworks to prevent statelessness and the need for regional mechanisms akin to the Kampala Convention *(22)* to address climate-related displacement and migration in the WHO Western Pacific Region.

The WHO Asia-Pacific Centre for Environment and Health emphasized anticipatory and implementation-oriented research to guide effective policy and system responses, supporting proactive measures to address the health impacts of climate-related displacement. Climate-informed health surveillance and early warning systems are essential tools for strengthening preparedness and resilience in both origin and destination areas. Additionally, there is a critical need for operational research to test scalable, context-specific interventions in locations receiving displaced populations.

3.5 Cross-cutting theme: strengthen evidence on underresearched migrants, refugees, displaced groups and their contexts

The Pacific Subregion faces unique challenges in addressing the health needs of its diverse migrant populations, driven by the intersection of climate change, geographical isolation and cultural preservation. Participants noted that many vulnerable groups remain underrepresented in current evidence. In addition to better inclusion of these groups in the research literature, future research should apply an intersectional lens, considering factors such as gender, age, disability, socioeconomic status, sexual and gender identity (including lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual and others (LGBTQIA+), race, ethnicity and colonial histories, to identify how overlapping vulnerabilities can magnify health risks and barriers to care, for example being a young female migrant from a small island state.

Key populations requiring additional research include women and gender-diverse groups, such as young women and girls facing gender-based violence and/or menstruation-related discrimination during disasters. Children and young people are at risk, with the example of Fiji being discussed, where suicide among young people is a concern and where children born to irregular migrants struggle to access education and health care. Elderly people face unique vulnerabilities as they are often left behind during migration, losing vital social connections and access to traditional support networks.

The need to better understand the barriers to health and support services that people with disabilities face were highlighted, particularly in isolated Pacific communities. Moreover, the need to understand the health inequities faced by low-income and economically disadvantaged migrants was highlighted, particularly labour migrants working in high-risk sectors such as agriculture and construction. There is a need for better understanding of the health impacts on irregular migrants and undocumented workers, many of whom lack access to basic health care and social protections, particularly in remote and hard-to-reach areas where geographical isolation and poor infrastructure further exacerbate health disparities.

Participants highlighted the need to study the population health impact of rising sea levels as a threat to sovereignty and cultural survival of entire nations, such as in Kiribati, Papua New Guinea, the Solomon Islands and Vanuatu, where land tenure and maritime rights are issues. There is also a need for research on migrants with chronic health conditions, migrants facing cultural or social discrimination, and spiritual and

cultural communities that maintain deep connections to their ancestral lands; areas of concern might include their mental health challenges, which might be compounded by the physical and cultural displacement associated with climate-related migration.

There was also a call to ensure that research documents the strengths, resilience, cultural resources and effective community-led practices that support health and well-being of migrants, refugees and displaced populations across diverse contexts.

Participants emphasized geographical gaps in the current evidence base, with limited research having been conducted in the Pacific Subregion. Very few studies focus on low- and middle-income countries across the Pacific and Asian Subregions. Specific gaps were noted in relation to Fiji, the Solomon Islands and the outer islands facing climate-related urbanization pressures, island coastal communities facing challenges related to sea level rise, storm surges and climate change, and remote and rural communities across the Region. Participants highlighted gaps in research on Pacific-origin diaspora health outcomes in destination countries, including Australia and New Zealand.

Box 1 lists specific groups in the Pacific Subregion that lack both research and support.

Box 1. Underresearched and underserved migrant, refugee and displaced populations identified in the Pacific Subregion (unranked)

- Internally displaced people
- Climate-affected migrants and displaced people (slow-onset and sudden-onset disasters, managed retreat, planned relocation)
- Migrants from small island developing states
- Stateless people and those at risk of statelessness (cultural, physical and spiritual)
- Young people (children, adolescents, young mothers)
- Left-behind children
- Elders and knowledge holders (including left-behind elderly)
- LGBTQIA+ populations
- Migrant women and girls (including pregnant and postpartum women, survivors of gender-based violence)
- Migrant workers in vulnerable sectors (e.g. sugarcane workers in Fiji facing climate-related economic decline)
- Migrants experiencing health risks due to poverty
- Irregular and undocumented migrants (and their children)
- People with disabilities among migrant and displaced groups
- Indigenous and First Nations peoples affected by displacement
- Remote and hard-to-reach populations
- Low-literacy and nonliterate populations

4. Results: priority research subthemes for the Asian Subregion

This section presents the 12 priority research themes that emerged from the agenda-setting process. These consist of four core themes and one cross-cutting theme.

4.1 Core theme 1: generate evidence on inclusive UHC for migrants, refugees and other displaced populations

The three highest-priority research subthemes identified under this theme were:

- financing and insuring health coverage
- health system integration and access
- maternal, child and reproductive health.

Other research subthemes identified (unranked) and specific examples of priority research gaps for each subtheme (ranked by top three) under this core theme are detailed in Table 5.

Table 5. Regional research priorities for core theme 1 for the Asian Subregion[a]

Subthemes	Priority research gaps
Financing and insuring health coverage	*Top three priorities ranked under this subtheme* 1. Lack of evidence on effectiveness of cash-based incentives for health care utilization 2. Reduce barriers to health care access due to poor insurance coverage and financing options 3. Increase participation in social insurance schemes and impact on migrant health inequalities *Other priorities under this subtheme (unranked):* • role of remittances in health and health care seeking among migrants • availability and effectiveness of host and portable insurance products • actual costs of health care seeking (transportation, lost wages, risk of job loss)

Table 5. contd

Subthemes	Priority research gaps
Health system integration and access	*Top three priorities ranked under this subtheme* 1. Insufficient data on key drivers (e.g. structural, health behaviours) contributing to health inequalities 2. Limited research on resilient and inclusive health systems to reduce access barriers 3. Lack of evidence on health service utilization for communicable diseases, noncommunicable diseases, preventive care, travel health vaccines, hygiene *Other priorities under this subtheme (unranked):* • limited evidence on effective management of health conditions during long-term migration and displacement • insufficient research addressing vaccination among transient or undocumented migrant populations • lack of evidence on specific contributors driving inequality in service utilization • insufficient data regarding practical implementation of health as a human right • understanding employer-mediated access barriers to health care • reducing barriers to accessing health services for refugees and asylum seekers, including language, culture and distance • role of citizenship/residency on access to health care and health outcomes
Maternal, child and reproductive health	*Top three priorities ranked under this subtheme* 1. Reduce barriers to accessing antenatal, postnatal and paediatric care for migrant women and children and improve data collection on utilization of maternal and child health services by migrant populations 2. Develop culturally sensitive interventions for maternal and child health 3. Understand immunization, nutrition and mental health service needs *Other priorities under this subtheme (unranked):* • impact of increasing prenatal care visits on maternal health outcomes • effective tuberculosis, HIV and sexually transmitted infection treatment and prevention services for migrants • role of schools and education in health outcomes for children, adolescents and women

Table 5. contd

Subthemes	Priority research gaps
Data systems and monitoring	*Top three priorities ranked under this subtheme* 1. Improve data gaps on birth outcomes, neonatal mortality and immunization coverage 2. Include migration-specific variables in national health data systems 3. Lack of disaggregated data by migratory status *Other priorities under this subtheme (unranked):* • insufficient mechanisms for tracking migration-sensitive health indicators • access to and inclusion of migrants in national health records systems
Workforce enhancement and collaboration	*Top three priorities ranked under this subtheme* 1. Limited research on workforce adaptation to migrant-specific needs through targeted training and resource allocation 2. Insufficient evidence on engaging migrant communities in task shifting and educational pathways 3. Provider-level barriers, including language, multilingualism and cultural competence *Other priorities under this subtheme (unranked):* • impact of enhancing collaboration across health and non-health services on service delivery

[a] The list indicates all of the findings from the technical consultation, with the items not listed in any specific order.

4.1.1 Main findings on research subthemes for core theme 1

Participants identified the need for deeper exploration of the management of health conditions in the context of long-term migration and displacement, with, currently, limited evidence on how health systems address chronic disease management and continuity of care for mobile and undocumented populations.

Regarding financing and insurance coverage, gaps were identified in understanding how the lack of insurance, inadequate coverage for illness and absence of portable insurance products undermine health security for both migrants and host communities. The costs of health care seeking, including transportation, wage loss and risks of job loss, were identified as underresearched.

Participants also stressed the need for research on resilient and inclusive models that specifically reduce access barriers for migrants, refugees and displaced populations, regardless of citizenship status, for example related to immunizations and travel-related health care.

Participants called for more evidence on how legal status, employer practices and structural barriers contribute to disparities in health service utilization and outcomes among migrant populations and the importance of understanding the key structural and behavioural drivers of health inequalities.

Understanding barriers to accessing antenatal, postnatal, paediatric and reproductive health services among migrant and displaced women was highlighted, along with the need for culturally sensitive interventions in underserved settings. Gaps were noted related to the development of interventions and effectiveness trials to address mental health, nutrition and immunization needs for these populations.

In terms of data, the absence of migration-specific variables in national health data systems, the lack of disaggregated health data by migratory status and insufficient tracking of migration-sensitive health indicators all hinder evidence-informed policy and programming. Enhancing data collection methods and asking specific questions related to subpopulations and specific health indicators are needed to address these gaps.

Finally, participants stressed the systemic barriers to research, including political sensitivities, resource and bureaucratic obstacles. They called for interdisciplinary approaches that integrate health, law, sociology and political science to advance a more comprehensive understanding of migrant health challenges and solutions.

4.2 Core theme 2: improve knowledge generation on the inclusion of migrants, refugees and other displaced populations in preparedness and response to (health) emergencies

The three highest-priority research subthemes identified under this theme were:

- disease surveillance and control
- pandemic and health system preparedness
- health in emergencies.

Specific examples of priority research gaps for each subtheme (ranked by top three) under this core theme are detailed in Table 6.

Table 6. Regional research priorities for core theme 2 for the Asian Subregion[a]

Subthemes	Priority research gaps
Disease surveillance and control	*Top three priorities ranked under this subtheme* 1. Insufficient data regarding proactive case detection strategies among vulnerable migrants (e.g. migrant domestic workers) and their link to necessary interventions 2. Limited research on effective ways to improve migrant participation in active (e.g. screening programmes) and passive (e.g. self-reporting) disease surveillance strategies 3. Lack of research to better understand systems for (cross-national) data collection and sharing of notifiable diseases and outbreaks that can include data on migrants/displaced people

Table 6. contd

Subthemes	Priority research gaps
Disease surveillance and control	*Other priorities under this subtheme (unranked):* • lack of systematic data collection on migrants/displaced people and their health status • need for better understanding of the health-seeking behaviours of migrants and of government-issued health directives, particularly regarding vaccination • lack of evidence on infection prevention and control measures/ nonpharmaceutical interventions and mitigation strategies to implement in high-density lodging (e.g. dormitories) and prevent spread of diseases and their impact on migrants • limited evidence on effective stratification/grouping of migrants according to their main reasons for being migrants (going beyond demographics) • limited evidence of what health considerations migrants make before migrating vis-a-vis the import/export of diseases • minimal research available on control strategies for tuberculosis and other infectious diseases among migrants
Pandemic and health system preparedness	*Top three priorities ranked under this subtheme* 1. Limited research on the inclusion of migrants and migrant workers in health systems responses and preparedness planning in the context of pandemics 2. Lack of evidence for the factors influencing vaccine availability, hesitancy and coverage among migrant populations during the COVID-19 pandemic 3. Insufficient data regarding the adequacy of protections and rapid health communication provided to migrant workers during health crises to safeguard their human rights and dignity and improve awareness and preparedness *Other priorities under this subtheme (unranked):* • limited understanding of the impact of public health and social measures (e.g. lockdowns) on certain sectors while preserving others and specific impacts on migrants • financial situations of migrant workers (e.g. remittances/paying off agency fees) and their impacts on health • lack of evidence for effective cross-border emergency response coordination strategies that include migrant populations • limited research focusing on inclusive interventions for migrants and how they are successfully implemented (process evaluation) • inclusion of migrants in national surveys and other data collection mechanisms (e.g. mortality figures) during outbreaks

Table 6. contd

Subthemes	Priority research gaps
Health in emergencies	*Top three priorities ranked under this subtheme* 1. Limited evidence on how migrants are affected by and adapt to the health impacts of disasters such as heat-waves, air pollution, floods 2. Limited research on the development of inclusive models for disaster and emergency responses that effectively address the needs of migrant populations 3. Lack of evidence for the effective implementation of components of humanitarian responses to include migrants and displaced populations within the Region (Sphere providing the core humanitarian standards, mental health and psychosocial support focusing on the psychological well-being of people in crises, and the Inter-Agency Standing Committee guidelines and frameworks) *Other priorities under this subtheme (unranked):* • limited research on the influence of food insecurity on migrant health outcomes • granular analysis needed to account for context-specific dynamics such as socioeconomic versus environmental factors impacting migration • limited research on effective strategies for managing health conditions in the context of long-term displacement within humanitarian settings

[a] The list indicates all of the findings from the technical consultation, with the items not listed in any specific order.

4.2.1 Main findings on research subthemes for core theme 2

Participants identified disease surveillance and control as the top research priority under this theme. Participants emphasized the lack of effective systems for international data collection and sharing regarding notifiable diseases and outbreaks, with migrants often excluded from surveillance mechanisms. Participants highlighted insufficient data on proactive case detection strategies for vulnerable migrants, particularly domestic workers, and noted the need for research on strategies on how to enhance migrant participation in disease surveillance systems. Limited evidence exists on cross-border emergency response coordination that effectively incorporates migrant populations.

Gaps were identified in understanding migrants' health-seeking behaviours, the health considerations influencing migration decisions and the stratification of migrants beyond demographic categories. There is limited evidence on infection prevention and control measures, nonpharmaceutical interventions and mitigation strategies tailored to high-density migrant housing settings such as dormitories.

Research on ways to improve pandemic and health system preparedness was identified as lacking. Participants pointed to research gaps around the inclusion of migrants in national pandemic response plans and the lack of rapid and targeted health communication strategies. The financial vulnerabilities of migrants, including remittance obligations and agency fees, and their impact on health outcomes were also recognized as underresearched areas.

Participants also stressed the need for research on how migrants are affected by and adapt to disasters such as heat-waves, air pollution and floods. Inclusive models for disaster and emergency response that effectively address the specific needs of migrants were noted as scarce. Participants highlighted the lack of evidence on the application of international guidelines for humanitarian responses that included migrants during emergencies (such as Sphere providing the core humanitarian standards, mental health and psychosocial support for people in crises, and the Inter-Agency Standing Committee guidelines and frameworks). Food insecurity among migrants and its impact on health outcomes, as well as the health challenges associated with long-term displacement, were identified as additional research gaps.

4.3 Core theme 3: generate multisectoral research on addressing the determinants of health of migrants, refugees and other displaced populations

The three highest-priority research subthemes identified under this theme were:

- social determinants of migrant health
- structural determinants of migrant health
- interventions to improve migrant health.

Other research subthemes identified (unranked) and specific examples of priority research gaps for each subtheme (ranked by top three) under this core theme are detailed in Table 7.

Table 7. Regional research priorities for core theme 3 for the Asian Subregion[a]

Subthemes	Priority research gaps
Social determinants of migrant health	*Top three priorities ranked under this subtheme* 1. lack of research on the role of stigma as a barrier to accessing care among migrant populations 2. Lack of evidence for how social determinants of health, such as discrimination and social networks, act as risk factors and effect modifiers of migrant health and well-being 3. Limited research on the impact of environmental factors, such as the food environment and built environment, including neighbourhood effects, on migrant health outcomes
	Other priorities under this subtheme (unranked): • insufficient data regarding how social networks and social supports, both informal and formal, influence health behaviours, disease risk and care seeking among migrants

Table 7. contd

Subthemes	Priority research gaps
Social determinants of migrant health	• lack of comprehensive research on the cultural aspects of health, including how diseases are defined within migrant communities • insufficient evidence on the influence of religion, spirituality and the freedom to practise religion as determinants of health among migrant populations • lack of focused research on loneliness and social isolation and their impact on health and well-being • little understanding of a life-course approach and the experiences of migrant and displaced populations
Structural determinants of health	*Top three priorities ranked under this subtheme* 1. Measure how political will and system-level decision-making influence health policy design and responsiveness to migrant needs 2. Lack of regional grouping of visa types and migration regimes for comparative analysis to determine if they influence long-term health outcomes 3. Different visa statuses (temporary, permanent) and possible variations in vulnerabilities and service access barriers *Other priorities under this subtheme (unranked):* • understanding the drivers of migration, including conflict and commercial determinants • lack of research on labour laws and regulations and their impact on health
Interventions	*Top three priorities ranked under this subtheme* 1. Lack of evidence-informed health education and communication programmes to enhance health literacy among migrant populations 2. Limited research on how migrant communities perceive their levels of risk regarding safe medicine use, antibiotics and antimicrobial resistance, particularly in the context of climate change 3. Insufficient data on the effectiveness of health promotion intervention programmes specifically targeting overweight and obesity among migrant populations *Other priorities under this subtheme (unranked):* • insufficient evidence on the effectiveness of prevention programming for mental health, substance abuse, suicide and self-harm among migrant populations • limited research on digital mental health and other technology-based approaches to improve migrant health • underdeveloped research on translating research into policy

Table 7. contd

Subthemes	Priority research gaps
Approaches to research/ research methods	*Top three priorities ranked under this subtheme* 1. Lack of comprehensive needs assessments 2. Country comparisons and understanding visa types and how these influences health 3. Understand the long-term health impact of migration, particularly in the return phase *Other priorities under this subtheme (unranked):* • calls for blending a universal population health approach with specific migration policy analysis to address systemic barriers • translational research • missing focus on policy and translating research into policy and practice • using community engagement and feedback loops • rapid research that sets up mechanisms for long-term collaboration • develop models to enhance consistent collaboration from government, academics, communities and other stakeholders
Occupational health	*Top three priorities ranked under this subtheme* 1. Lack of evidence for the role of employment agencies and indebtedness as key commercial determinants of migrant health and well-being 2. Limited data on workplace accidents and hazardous working conditions affecting migrants 3. Understand employer perspectives on migrant workers and the accessibility to health care
Gender and special populations	*Top three priorities ranked under this subtheme* 1. Limited research on the impact of traumatic events (including gender-based violence) across the migration continuum (pre, peri-, post-migration and return) on migrant health and well-being 2. Limited research utilizing a life-course/family approach perspective to develop a nuanced understanding of migrant health across the lifespan 3. Very few studies on sexual and gender minority migrants *Other priorities under this subtheme (unranked):* • specific population groups – the left behind (not just children and young people, also older adults)

[a] The list indicates all of the findings from the technical consultation, with the items not listed in any specific order.

4.3.1 Main findings on research subthemes for core theme 3

Participants identified understanding the social determinants of health as the highest research priority, including the impact of discrimination, stigma, social exclusion, precarious housing, limited social supports and cultural barriers on migrant health outcomes. The role of loneliness, isolation, religion, spirituality and the built environment in shaping migrant health also requires deeper investigation.

Structural drivers determining social determinants of health were identified as the second major research priority. Participants stressed the importance of understanding the political economy influencing migrant health, including governance structures, labour policies, visa regimes and systemic decision-making processes that shape access to services. Understanding the effects of different migration pathways and visa types (such as temporary versus permanent) as vulnerabilities and barriers to health care access was also discussed. Participants noted the limited evidence on the health impacts of exploitative employment practices, hazardous working conditions, debt cycles driven by employment agencies and employer-mediated access to health care.

Participants noted gaps in understanding and evaluating evidence-informed interventions, such as health education programmes, digital mental health initiatives, prevention strategies for mental health and noncommunicable diseases and interventions to address antimicrobial resistance. The need to translate research findings into effective policies and practice was emphasized.

Approaches to research/ research methods were a major theme. Participants called for comprehensive needs assessments, participatory research frameworks and translational research approaches that bridge evidence and action. They emphasized embedding research within a systems-thinking perspective and fostering collaboration between government, affected communities and researchers.

Gender and specific population groups were recognized as areas needing greater focus. Participants highlighted gaps in research on the health impacts of traumatic events across the migration continuum, the experiences of sexual- and gender-minority migrants and the specific vulnerabilities of left-behind populations, including children and older adults. A life-course and family centred approach to understanding migrant health trajectories was encouraged.

4.4 Core theme 4: generate evidence on health, migration and displacement in the context of climate change

The three highest-priority research subthemes identified under this theme were:

- climate-related migration, displacement and health systems preparedness
- evidence of link between climate-related migration/displacement and health
- migrant health outcomes in relation to climate-related events.

Other research subthemes identified (unranked) and specific examples of priority research gaps for each subtheme (ranked by top three) under this core theme are detailed in Table 8.

Table 8. Regional research priorities for core theme 5 for the Asian Subregion[a]

Subthemes	Priority research gaps
Climate-related migration, displacement and health systems preparedness	*Top three priorities ranked under this subtheme* 1. Lack of regional analyses examining the effects of climate-related migration displacement on health care demand, particularly for management of noncommunicable diseases in displaced populations 2. Lack of data on how health systems can be improved to effectively respond to climate-related migration, displacement and seasonal migration 3. Limited research on context-specific planning and climate adaptation strategies, including investments in climate resilience and foundations for health in cities, peri-urban settlements and rural areas *Other priorities under this subtheme (unranked):* • limited research on the impact of planned relocation on communities and livelihoods, particularly for migrants affected by climate change • inadequate documentation and research on occupational health risks in climate-vulnerable sectors such as agriculture and construction • few studies on extreme temperature (heat-waves and extreme cold) and preparedness
Evidence of link between climate-related migration, displacement and health	*Top three priorities ranked under this subtheme* 1. Lack of research on One Health and Planetary Health approaches to understanding the health of migrants in relation to climate and environmental factors 2. Insufficient evidence for the explicit connection between climate change as a cause of migration and its impact on poor health outcomes across the migration continuum 3. Limited studies on the social determinants of migration and health within the context of climate change *Other priorities under this subtheme (unranked):* • limited availability of disaggregated data on standardized health metrics for both host and migrant communities affected by climate-related migration and displacement • methodological classification of movement categories, climate events (extreme events) and long term (related to sea level rises, flood, drought) changes and their impact on health • limited data on population mobility in the Region, lack of up-to-date data, and whether climate change is a driver • lack of studies on the intersection of conflict (climate change driven) and migration

Table 8. contd

Subthemes	Priority research gaps
Health outcomes in relation to climate-related events	*Top three priorities ranked under this subtheme* 1. Limited research on the direct impact of sea level rise, droughts and extreme weather on migrant health outcomes in the WHO Western Pacific Region 2. Limited research on the effects of drought and flood, including food insecurity, as both a driver of migration and a risk to migrant health 3. Insufficient research on the impact of air pollution on migrant health outcomes *Other priorities under this subtheme (unranked):* • a lack of comprehensive research on the effects of disasters on migrant communities, including both direct exposure in the host country and indirect through exposure of family members and property in their country of origin • little evidence on climate change and migration related to cold/harsh winter and heat-waves • need to define climate-sensitive diseases and what is the status and estimated projections at country level • linkages between climate change, malnutrition and undernutrition and migrants not well understood • lack of data on the impact of foreign, diplomatic and migration policies and their impact on migration and health in the context of climate change • limited data on the impact of moving from outer islands to informal settlements on health and well-being
Interventions to address migrant health, climate-related migration and displacement	*Top three priorities ranked under this subtheme* 1. Limited evaluations on the effectiveness of psychosocial interventions for climate-displaced communities 2. Insufficient evidence on effective strategies to improve disaster preparedness in high-risk areas and enhance collaboration with employers to support migrant communities 3. Lack of evidence for how human mobility is addressed in climate change action and adaptation plans, such as climate-related planned relocation policies and disaster-displacement responses

[a] The list indicates all of the findings from the technical consultation, with the items not listed in any specific order.

4.4.1 Main findings on research subthemes for core theme 4

Participants emphasized that climate change exacerbates existing vulnerabilities, compounding risks to health, livelihoods and social protection systems across the Region. The consultation underscored the need for large-scale epidemiological studies, the collection of disaggregated health data and the quantification of uncertainties in the context of climate change to inform more targeted, evidence-informed interventions.

There is a lack of regional analyses examining how climate-related migration and displacement are impacting health system demands, particularly in the management of noncommunicable diseases, mental health, maternal and child health and disaster-related health care needs. Research is needed to understand how health systems, both rural and urban, can be strengthened to respond to mobility patterns driven by climate pressures. Specific groups, including young people, young mothers and women, were identified as requiring focused research attention due to their disproportionate vulnerabilities in the context of climate-related migration.

Participants highlighted gaps in explicitly linking climate change to migration and health outcomes across the migration journey and phases. There are limited data on internal displacement, the health impacts of peri-urban growth and the vulnerabilities of populations moving into informal settlements. Occupational health risks in climate-vulnerable sectors such as agriculture and construction were noted as underresearched areas. Participants also stressed the need to understand how loss of livelihoods, food insecurity and environmental degradation drive temporary labour migration, often with poor access to health services and legal protections.

Participants also emphasized limited evaluations of psychosocial support initiatives, disaster preparedness strategies, employer collaboration for migrant protections and the management of planned relocations in a community-driven, climate-resilient way.

Cross-cutting themes included the intersection of climate change with conflict-driven migration, the underrepresentation of traditional and indigenous knowledge systems in climate-health planning and the need for regional cooperation frameworks that protect the rights and health of climate-affected mobile populations.

4.5 Cross-cutting theme: strengthen evidence on underresearched migrants, refugees and displaced groups and their contexts

Participants highlighted that risks and resilience factors vary widely not only across population groups, but also across stages of the migration and displacement journey, and that many migrants move from low- and middle-income countries to higher-income territories within the WHO Western Pacific Region. They further emphasized that migrant workers are among the most vulnerable subgroups in the Region, as they face hazardous working conditions, long hours and employer exploitation. Left-behind populations, in particular elderly people and children, also face unique challenges to their physical and mental health. While

displacement due to climate change is a key concern in the Region, there remains key gaps in researching intervention development and evaluation, policy reviews and epidemiological studies to be able to draw causal associations between climate-related migration and displacement and health outcomes.

Participants emphasized geographical gaps, as the majority of studies to date have been concentrated in Australia, China (including Hong Kong Special Administrative Region, Macao Special Administrative Region and Province of Taiwan) and the Republic of Korea. Malaysia, Singapore and many other south-east Asian countries were found to be substantially underrepresented in research, despite also having large migrant and displaced populations. Additionally, very few studies have focused on low- and middle-income countries across the Pacific and Asian Subregions of the WHO Western Pacific Region, despite their vulnerability to climate change, displacement and migration pressures. Both rural and urban settings require additional research, for example on the effect of heat on migrant health in urban settings. Addressing these research gaps requires a more integrated approach that considers the complex and interconnected drivers of migration, including economic pressures, climate change and social exclusion.

Box 2 lists specific population groups in the Asian Subregion that lack both research and support.

Box 2. Underresearched and underserved migrant, refugee and displaced populations identified in the Asian Subregion (unranked)

- Internal migrants (rural-to-urban movement, peri-urban informal settlements)
- Internally displaced people
- Climate-affected migrants and displaced people (slow- and sudden-onset disasters)
- Migrants from small island developing states
- Stateless people and those at risk of statelessness
- Asylum seekers
- Returnees
- International students
- Young people (children, adolescents, young mothers)
- Left-behind children
- Older adults (including left-behind elderly people)
- People living in informal settlements
- Sexual- and gender-minority migrants (LGBTQIA+ populations)
- Migrant women (including pregnant and postpartum women, survivors of gender-based violence)
- Migrant workers in high-risk sectors (domestic, agricultural, construction and hospitality workers)

Box 2. contd

- Migrant workers facing employer-mediated barriers to health care
- Irregular and undocumented migrants (and their children)
- Migrants affected by food insecurity
- Migrants experiencing health risks due to indebtedness or recruitment practices
- People migrating due to environmental degradation and economic loss
- People with disabilities among migrant and displaced groups
- Indigenous and First Nations peoples affected by displacement
- Displaced populations affected by conflict, disasters and economic crises
- Migrant and displaced populations facing secondary trauma (e.g. from conflict or social media exposure)
- Populations exposed to occupational health risks (e.g. hazardous working conditions)
- Migrant families undergoing planned relocation (including children and older adults)
- People in detention centres
- Survivors of torture
- People who have experienced forced family separation and deportation
- People experiencing homelessness
- People who use and inject drugs
- Sex workers
- Missing migrants

5. Results: regional cross-cutting theme

While Cross-cutting theme 1 was specific to each subregion, a regional cross-cutting theme 2 was identified (strengthen equitable and inclusive research collaborations on health, migration and displacement and knowledge translation into policy and practice at all levels) was consolidated from the consultations in both the Pacific and the Asian Subregions.

It highlights the need to strengthen equitable and inclusive research collaborations on health, migration and displacement, while improving the translation of research into policy and practice across regional, national and subnational levels.

Stakeholders across both subregions identified five main areas for action.

Research governance, leadership and stewardship: enhance national and regional research governance and leadership, ensuring local ownership for research agenda implementation.

Data systems and knowledge exchange: improve data collection systems, integrate migration variables and strengthen regional knowledge-sharing platforms. This includes advancing systems for data harmonization, public reporting and building regional and national research hubs.

Sustainable, flexible funding: secure sustainable and flexible funding mechanisms that are responsive to the priorities of migrant, refugee and displaced populations and support the development of local research infrastructure.

Translating research into action: align evidence generation with policy-maker needs and support the uptake of research findings into national and subnational policy frameworks. This requires building dynamic feedback loops between researchers, policy-makers and implementers and fostering government–community–academic collaborations.

Capacity-building and intersectoral coordination: build regional, national and local capacity to implement the research agenda through tailored technical support, guidance and intersectoral coordination, including the integration of indigenous and traditional knowledge.

Methodological approaches recommended by stakeholders for achieving the greatest policy impact included the following:

- participatory action research that empowers migrants, displaced communities and indigenous peoples with lived experience as co-researchers;
- mixed-methods approaches combining epidemiological data, ethnographic insights and narrative research;
- implementation research to identify and address context-specific barriers and drivers of successful interventions;
- longitudinal cohort studies capturing the full migration journey;
- data analysis through systems thinking approaches to understand interactions across health, migration, labour, climate and education sectors; and
- intersectional, intergenerational, gender-sensitive and life-course research frameworks.

6. Implementation and research roadmap and action plan for the WHO Western Pacific Region

The Regional research agenda developed through consultation across the WHO Western Pacific Region offers a vital platform to guide evidence generation on health, migration and displacement that is contextually relevant and action oriented. Stakeholders (including Member States; WHO regional and country offices; United Nations agencies; global research funders such as international donors, philanthropic organizations and private donors; academic institutions; CSOs; NGOs; intergovernmental organizations; and international organizations) can utilize the agenda to support implementing research or develop localized research agendas on health, migration and displacement. Implementation needs to be adaptive and responsive to changing local and/or regional circumstances and need. Following from this initial work in the Region, priority-setting and research agenda-setting should be conducted regularly (at least every 5 years).

While the thematic structure and methodology for research agenda-setting can be informed by global principles, its implementation must be tailored to reflect local realities, capacities and priorities. For this reason, the assessment has been divided into the Pacific and the Asian Subregions.

6.1 The Pacific Subregion: roadmap and climate change responses

Recognizing the diversity of the WHO Western Pacific Region, research agendas should remain flexible in order to adapt to local governance structures and cultural contexts. Participants emphasized that implementation of the research agenda must be rooted in Indigenous values, traditional knowledge systems and the lived experience of climate vulnerability and geographical isolation. The process needs to be participatory, involving community leaders, CSOs and national research institutions to cocreate priorities that reflect pressing needs around displacement, environmental degradation and health system resilience. A research agenda must also serve as a mechanism to assert Pacific leadership and ownership over knowledge production and policy influence.

Successful research implementation in the Pacific Subregion depends on establishing long-term mechanisms and structures for implementation, capacity-building, monitoring and feedback. These mechanisms should enable regional ownership, foster institutional partnerships and ensure that research findings translate into improving health and human rights for migrant and displaced populations. Implementation should be adaptive and responsive to changing local and/or regional circumstances and need.

6.1.1 Proposed roadmap for a shared commitment to the Regional research agenda in the Pacific Subregion

The roadmap emphasizes the integration of Indigenous knowledge, local leadership and culturally anchored health frameworks. The Pacific roadmap is grounded in the existential threat of climate change and its intersection with cultural identity and sovereignty. Migration here is often involuntary and closely linked to environmental degradation, with far-reaching implications for health, land rights and community cohesion. Health is, therefore, framed not only as a development issue but also as a matter of justice and survival. Capacity-building for Pacific-led research and governance is a dominant theme, alongside the need to resist extractive research models and promote Pacific research sovereignty.

Stakeholders highlighted a uniquely complex interplay of environmental vulnerability, colonial legacies and the imperative of safeguarding cultural identity and called for a research agenda that not only addresses health needs but also uplifts Pacific voices, traditions and agency. The effects of climate change are already experienced as immediate disruptions to daily life, health infrastructure and mobility patterns. Pacific island countries and territories face displacement, food insecurity, saltwater intrusion and increasing frequency of extreme weather events, all of which intersect with migration and health.

Research must reflect local cosmologies, respect community protocols and move beyond extractive models towards mutual accountability and ownership. Participants emphasized the importance of ensuring that community members are not just informants but co-investigators, priority-setters and advocates.

The roadmap prioritizes research on climate-linked displacement and its health consequences, including loss of land, disruption of traditional governance and psychological trauma associated with dislocation. The health impacts are compounded by limited access to care, fragmented data systems and constrained national research capacities.

Consequently, the Pacific Subregion needs capacity strengthening, particularly to build up locally rooted research institutions, technical expertise and publication pipelines. South–South mentorship, long-term investment in Pacific-led research programmes and sustainable funding mechanisms are particularly important.

Participants also highlighted the need to establish a regional coordination and advocacy platform, hosted by a trusted Pacific institution, to pool efforts, harmonize methodologies and amplify regional voices on the global stage. A final key recommendation was to reframe health not only as a development concern but as a matter of justice, sovereignty and survival, particularly in the context of climate-related mobility and threatened national identities.

Together, these components form a roadmap that centres equity, resilience and sovereignty in building a Pacific-led migration and health research ecosystem.

6.1.2 Climate change and health roadmap for the Pacific Subregion: climate change the Pacific context: climate change as an existential and cultural threat

In the Pacific Subregion of the WHO Western Pacific Region, climate change is positioned not just as a health determinant but as an existential threat deeply tied to cultural identity, sovereignty and the continuity of Pacific island communities. The technical consultation findings and roadmap on climate change-related migration and displacement highlighted several issues.

- Climate-linked displacement is a key research priority, particularly concerning its health impacts, including mental and spiritual well-being resulting from the loss of ancestral lands and forced relocation.
- The health system's ability to adapt to increased mobility caused by environmental disruptions (e.g. cyclones, sea level rise) is vital. This includes preparing for both sudden disasters and long-term migration trends.
- Traditional knowledge systems and community governance must be integrated into both health responses and research agendas to ensure cultural appropriateness and sustainability.
- Health in the climate context is reframed as a matter of justice and survival, demanding a rights-based, locally led approach to both knowledge generation and policy action.

6.2 The Asian Subregion: roadmap and climate change responses

In the Asian Subregion, implementation of the research agenda should focus on managing the complexities of diverse migration patterns, legal regimes and health system capacities across a large and populous region. A coordinated regional structure that supports country-level customization is needed to align with national strategies, fostering collaboration on transnational health and migration issues. Implementation activities will necessarily involve a wide range of actors, including labour ministries, public health authorities, NGOs, academia and migrant-led organizations. Special attention must be paid to ensuring that marginalized groups, such as undocumented migrants, displaced ethnic minorities and informal workers, are included in consultations and that ethical and rights-based approaches guide the process.

Successful national level research agenda-setting in the Asian Subregion depends on establishing long-term mechanisms for follow-through, including structures for implementation, capacity-building, monitoring and feedback. These mechanisms should enable regional ownership, foster institutional partnerships and ensure that research findings translate into health system improvement and protection of migrant rights. Research approaches need to be flexible and responsive to changing local and/or regional circumstances and need.

6.2.1 Proposed roadmap for a shared commitment to the Regional research agenda in the Asian Subregion

The technical consultation session focused on the Asian Subregion illustrated the complexity and diversity of migration pathways across the Region, including – at times overlapping – labour migration, forced displacement, irregular migration and climate-related movement. The migration landscape in Asia is vast and rapidly evolving, with many countries playing multiple roles as countries of origin, transit, destination and return. Participants underscored the need for a robust, flexible and policy-responsive research agenda that can guide multisectoral action to improve the health of migrations and displaced populations.

A primary concern raised was the gap between evidence and policy uptake. Despite growing bodies of research, there is limited integration of findings into national policies and programmes. The roadmap developed, therefore, prioritizes efforts to institutionalize research-to-policy translation through embedding researchers in decision-making spaces, fostering ongoing dialogue between academics and policy-makers and producing context-specific, accessible policy briefs.

Participants also stressed the importance of multisector collaboration, acknowledging that the health of migrants cannot be addressed by the health sector alone. Meaningful progress depends on coordinated action with sectors such as labour, finance, education and social welfare. This includes joint agenda setting, collaborative funding calls and interoperable data systems to track and respond to migrant needs.

The roadmap for the Asian Subregion calls for a sharper focus on structural determinants of health leading to health inequality, including legal status, working conditions and labour relations and barriers faced by undocumented and informal workers. Research must interrogate the legal, policy and economic frameworks that produce and sustain disparities, with a commitment to advancing rights-based and gender-sensitive approaches.

Concerns around data privacy and surveillance were also raised, particularly in highly bureaucratic contexts. Therefore, a key priority is to support ethical migrant data collection, ensuring voluntary consent, secure storage and safeguards against misuse. Additionally, further inclusion of migrant data in national health systems is essential to plan more effective services and monitor outcomes.

Finally, the roadmap underscores the importance of regional accountability and learning mechanisms, such as periodic reviews, regional research forums and shared impact indicators. The goal is to maintain momentum, ensure follow-through and build a culture of continuous improvement and shared ownership across the Region.

The roadmap for the Asian Subregion is shaped by the complexity of the Region's high-volume labour migration, irregular movement and structural legal and policy barriers. It presents a more systems-oriented and institutional focus, calling for reforms to laws, employer practices, insurance systems and regional accountability frameworks. Migrant health in this Region is deeply entangled with the status of labour

migrants, working conditions and variable access to social protection entitlements. The roadmap stresses legal and structural analysis, data governance and rights-based accountability as pathways to reform. Multicountry coordination is also highlighted given the cross-border nature of migration and displacement. The Asian Subregion roadmap calls for pragmatic, rights-anchored and systemically informed approaches that bridge research and action to improve the health of migrant and displaced populations across a dynamic and diverse region.

6.2.2 Climate change and health roadmap for the Asian Subregion: climate change as a driver within complex migration systems

In the Asian Subregion of the WHO Western Pacific Region, climate change is acknowledged primarily as a threat multiplier, where labour, legal status and urbanization intersect with environmental change. The climate change roadmap highlights:

- the need for multisectoral coordination to address climate-related migration and its cascading impacts on health, particularly in urban and peri-urban settings where displaced people may congregate;
- how policy and legal analyses are essential to understand how climate-related mobility is governed and how this shapes health entitlements, insurance coverage and access to care;
- that data systems must be enhanced to capture the health needs of populations affected by slow-onset climate stressors (e.g. droughts, heat-waves) as well as sudden-onset events (e.g. floods, typhoons); and
- that emphasis must be placed on rights-based accountability frameworks to ensure that health responses to climate-related displacement are equitable and do not marginalize vulnerable migrant populations.

7. Next steps and summary

7.1 Limitations

The consultations were as wide as possible but there are certain limitations that must be considered.

Scope: the agenda addresses regional priorities but does not cover every specific population, disease or country context; further localization is encouraged.

Representation: despite broad engagement, some groups (e.g. irregular migrants, stateless people, remote communities) remain underrepresented due to barriers in recruitment or participation.

Data gaps: persistent challenges in migration-specific data collection, disaggregation and sharing may limit the precision of research priorities and hinder evidence-informed policy.

Implementation: translation of research into policy and practice depends on sustained funding, political will and capacity, which may vary across settings and over time.

Geographical gaps: most research to date has focused on a limited number of countries (e.g. Australia, China, the Republic of Korea), with substantial gaps in low- and middle-income countries and small island states.

7.2 The four core themes

The Regional research agenda for the WHO Western Pacific Region identifies four core research themes, each with prioritized subthemes, reflecting the most pressing evidence gaps at the intersection of health, migration and displacement in the WHO Western Pacific Region and the Asian part of the Region.

Core theme 1: inclusive UHC and primary health care. Priorities include health system integration and access; strengthening data systems and monitoring; maternal, child and reproductive health; and, in the Asian Subregion, financing and insurance coverage. Research gaps focus on barriers to health care access, data disaggregation by migration status and the effectiveness of inclusive models for migrant health.

Core theme 2: preparedness and response to health emergencies. Prioritized subthemes are pandemic and health system preparedness, health in emergencies and disease surveillance and control. Gaps include the integration of migrants in emergency planning, participatory approaches, effective communication during crises and the inclusion of migrants in disease surveillance systems.

Core theme 3: determinants of health. This theme covers social and structural determinants of health. It includes governance, laws, regulations and commercial drivers of migration and impact on health, and strengthening understanding of the link between migration/displacement health research and broader social determinant of health frameworks (housing, education, labour, gender equity). Attention is required

to intersectional vulnerabilities (gender, age, disability, indigeneity, socioeconomic status). Research needs to include understanding the effects of discrimination, colonization and social exclusion; trust and stigma in health systems; and the effectiveness of health education and communication programmes.

Core theme 4: health, migration and displacement in the context of climate change. Priorities focus on climate-related migration/displacement and health systems preparedness, evidence of the link between climate change and health and health outcomes related to climate events. Gaps include the lack of regional analyses, integration of traditional knowledge and research on the direct and indirect health impacts of climate change on migrants.

7.3 The two cross-cutting themes

One cross-cutting theme (strengthening evidence on underresearched migrant, refugee and displaced groups and their contexts, with an emphasis on intersectionality and geographical gaps) was examined for both subregions separately. The following key points were emphasized.

Diversity and inclusion. It is important to ensure representation across gender, geography, subregion and migration status and apply intersectional frameworks to capture overlapping vulnerabilities (e.g. gender, age, disability, statelessness). There is a particular need to place stronger emphasis on women migrant workers, care economy inequities and unpaid/underpaid care burdens.

Integration of indigenous and traditional knowledge. This is a particular issue for the Pacific Subregion. Research must centre indigenous perspectives, cultural identity and sovereignty, moving away from extractive models towards mutual accountability and ownership.

Geographical gaps in research. Migration and displacement health studies in both the Asian and the Pacific Subregions are disproportionately concentrated in Australia, China (including Hong Kong Special Administrative Region, Macao Special Administrative Region and Province of Taiwan) and the Republic of Korea, while low- and middle-income countries in the Association of Southeast Asian Nations, the WHO Western Pacific Region islands and outer rural and remote communities remain critically underresearched.

Potentially vulnerable migrant populations. Migrant workers – particularly in domestic, agricultural and construction sectors – face significant health risks due to exploitation, poor working conditions and limited access to health care. Other vulnerable groups include irregular migrants, stateless people, displaced indigenous peoples and LGBTQIA+ individuals.

Populations left behind or overlooked. The health and mental well-being of left-behind children and elderly family members are often neglected, as are those of young people and international students, many of whom face barriers in education, mental health and basic health care in host countries.

A further cross-cutting theme examined the Region as a whole (strengthen equitable and inclusive research collaborations on health, migration and displacement and knowledge translation into policy and practice at all levels) that was informed by consultations across both the Pacific and Asian Subregion. It identified the imperative for participatory, ethical and context-sensitive research and the translation of

that evidence into policy and practice at all levels. Involving migrant and displaced communities directly in research design, data collection and interpretation is essential to ensure that evidence reflects lived experiences, builds trust and strengthens the relevance and uptake of findings.

The agenda-setting process emphasized the following.

Participatory health research. Engaging stakeholders with lived migration experience, including refugee- and migrant-led organizations, in all phases of research is essential, from agenda setting to dissemination.

Intersectional, strengths-based research. There is a pressing need for research that recognizes intersecting vulnerabilities (e.g. gender, age, disability, geography), while also capturing the strengths, resilience and cultural knowledge of migrant and displaced communities – particularly in hard-to-reach and rural settings.

Collaboration and knowledge exchange. Fostering multisectoral partnerships, data harmonization and regional research networks will enhance research capacity and translation of evidence into policy and practice.

Utilizing rigorous research designs. Mixed-methods approaches that combines epidemiological (including cohorts) and qualitative research with quantitative and ethnographic insights will provide a more nuanced picture.

Data and knowledge translation. Mechanisms should be established that not only generate evidence but also translate it into national policies and local practice. Data systems should be enhanced to capture migration status (disaggregated data, interoperability, digital health solutions).

Healthy settings research. Migration and displacement health research should be aligned with the frameworks set out in Healthy Cities, Healthy Islands and Healthy Schools. Research in these settings can generate evidence on community-based and intersectoral interventions and provide insights into how schools, cities and islands adapt services to meet the needs of migrants and displaced populations.

7.4 Summary of the roadmap

The roadmap outlines coordinated, multisectoral and multilevel actions for research generation, translation and uptake, tailored to the unique contexts of the Pacific and Asian Subregions of the WHO Western Pacific Region, aligned with programmatic focus areas and ongoing activities set out by the WHO Regional Office for the WHO Western Pacific Region (Table 9).

Table 9. Key components for focus areas and ongoing activities

Action area	Key activities	Stakeholders
Knowledge generation	Conduct research on UHC, emergencies, determinants and climate-health links; fill data and evidence gaps	Academia, CSOs, United Nations agencies, governments
Capacity-building	Strengthen research infrastructure, support training and build inclusive research teams	Governments, funders, academic partners
Evidence translation	Develop policy briefs, guidelines and tools to inform policy and practice; support implementation research	Policy-makers, implementers, researchers
Collaboration and exchange	Facilitate regional/national research networks, knowledge sharing and cross-sectoral partnerships	All stakeholders
Monitoring and evaluation	Establish indicators and processes for tracking research impact and agenda implementation	WHO, regional bodies, Member States

7.5 Roadmap priorities and timeline for the Pacific Subregion

The core priorities were established:

- establish a Pacific-led coordination platform for migration and health research;
- support community-led research and ethical engagement frameworks;
- prioritize research on climate-related displacement and cultural loss;
- expand investment in Pacific research capacity and promote sustainable funding for locally initiated research agendas; and
- integrate climate resilience into health system planning for migrant and displaced populations.

Table 10 shows the detailed roadmap for these.

Table 10. Roadmap priorities and timeline for the Pacific Subregion

Opportunity	Action	Details	Proposed timelines
Establish Pacific-led research coordination and governance	Create a regional Pacific-led coordination platform/network	Set up a network/platform hosted by a trusted Pacific institution to coordinate research, harmonize methodologies and amplify Pacific research voices, with a focus on climate change, displacement and health	Initiate within 12 months; ongoing thereafter
Centre indigenous knowledge and community leadership	Support community-led and ethical research frameworks	Develop participatory research frameworks that empower local knowledge holders, elders and Indigenous researchers; ensure community members are coinvestigators and priority setters	Frameworks in place within 18 months; ongoing
Address existential threat of climate-linked displacement	Prioritize research on health impacts of climate-related displacement and cultural loss	Conduct studies on the health effects of climate-linked displacement, including mental, spiritual and physical health, and document community-driven relocation experiences and lessons learned	Begin studies within 12 months; initial findings by third year
Build Pacific research capacity and infrastructure	Expand investment in Pacific research capacity	Implement fellowships, technical training and publication support for Pacific researchers; focus on South–South mentorship and build local publication pipelines	Launch capacity programmes within 12 months; scale up over 5 years
Secure sustainable funding for Pacific-owned research	Promote long-term, sustainable funding for Pacific research	Engage donors and regional bodies to align funding with Pacific priorities; avoid extractive research models and ensure funding supports locally initiated studies and institutions	Advocacy and funding proposals within 12 months; review annually
Integrate climate resilience into health research and planning	Conduct place-based research on climate-linked displacement	Undertake research integrating traditional ecological knowledge and Indigenous health frameworks to inform climate-resilient health system planning for migrants and displaced populations	Initiate research within 18 months; inform policy by fifthyear
Enhance regional knowledge exchange	Facilitate regular knowledge sharing and harmonization	Organize regional forums, workshops and collaborative research dissemination events to harmonize methods and share findings across Pacific countries and territories	First forum within 18 months; biennial thereafter

7.6 Roadmap priorities and timeline for the Asian Subregion

The core priorities were established:

- create an Asia-led coordination platform for migration and health research;
- promote multisectoral research collaborations and legal/structural analyses of health barriers;
- improve migration-sensitive data systems with protections for privacy and consent;
- foster regional forums for progress review and shared accountability; and
- expand funding for interdisciplinary and rights-based research on migration health inequities.

Table 11 shows the detailed roadmap for these.

Table 11 Roadmap and timeline for the priorities in the Asian Subregion

Opportunity	Action	Details	Proposed timelines
Build coordinated regional research structure	Establish an Asian-led coordination platform/ network	Create a regional research network to support country-level customization, facilitate shared accountability and align research with national strategies on health, migration and displacement	Platform established within 12 months; ongoing
Institutionalize research-to-policy translation	Create regional/ national mechanisms for research-policy translation	Embed researchers in decision-making spaces, foster ongoing dialogue between academics and policy-makers and produce context-specific, accessible policy briefs to bridge evidence and implementation	Mechanisms piloted within 18 months; review after 2 years
Promote multisectoral and interdisciplinary research collaborations	Foster cross-sectoral research partnerships	Develop collaborative projects involving health, labour, education and social protection sectors; encourage joint agenda setting and collaborative funding calls	Launch partnerships within 12 months; scale up over 5 years
Advance legal and structural analysis of health barriers	Conduct legal and policy research on migrant health barriers	Undertake studies on legal status, labour protections, employer practices and the impact of undocumented/informal status on health access and outcomes; focus on rights-based and gender-sensitive approaches	Begin studies within 12 months; initial outputs by third year
Improve migration-sensitive data systems and evidence	Enhance data systems with privacy and consent safeguards	Strengthen migration-sensitive data collection, ensure disaggregation by status, gender, age and disability; implement protections for privacy and secure data usage; address gaps in international data sharing and digital inclusion	Data system upgrades initiated within 18 months; ongoing monitoring

Table 9. contd

Opportunity	Action	Details	Proposed timelines
Expand funding for interdisciplinary, rights-based research	Advocate for increased and diversified research funding	Engage donors, regional bodies and philanthropic organizations to align funding with regional research priorities and support researchers from low- and middle-income countries; produce evidence reviews to advocate for funding	Advocacy ongoing; new funding streams within 2 years
Foster regional forums for progress review and shared learning	Organize regular regional research forums and progress reviews	Convene regional forums for dissemination, shared learning and progress review; develop interoperable data systems and joint monitoring indicators for research impact	First forum within 18 months; biennial thereafter
Develop systems-based research on climate change as a migration driver	Conduct studies on climate change, migration and health systems	Implement research on how climate change acts as a threat multiplier, affecting migration pathways and health outcomes, with focus on urban/peri-urban settings, insurance, legal access and policy responses	Initiate studies within 18 months; policy briefs by fourth year

7.7 Next steps

National and local adaptation. Member States and regional actors are encouraged to develop or refine national research agendas using the WHO toolkit, tailoring priorities to local contexts and needs.

Resource mobilization. Sustainable funding and capacity-building support should be secured to implement the agenda and roadmaps, with a focus on building regional and local research infrastructure.

Implementation and monitoring. Mechanisms should be established for regular monitoring, evaluation and reporting on research progress, policy uptake and impact.

Ongoing collaboration. Existing stakeholder engagement should be maintained and expanded, including migrants and displaced populations, throughout the research cycle.

Knowledge translation. The translation of research findings into actionable policies and programmes should be prioritized, ensuring that evidence informs real-world improvements in health outcomes for all mobile populations in the Region.

Periodic reviews. Research priorities should be reviewed regularly (at least every 5 years) to ensure responsiveness to emerging trends and evolving regional needs.

10. Conclusions

Faced with increasing migration and displacement, in particular in the context of climate change and environmental impacts, the WHO Western Pacific Region stands at a pivotal moment in advancing health and health equity for migrants, refugees and displaced populations. This Regional research agenda provides a robust, context-specific framework for generating high-quality evidence to inform policy and practice, supporting regional leadership, including through the WHO Asia-Pacific Centre for Environment and Health. By identifying priority themes and subthemes and emphasizing participatory, ethical and multisectoral approaches, the agenda supports the achievement of UHC, resilient emergency responses and climate-adaptive health systems. It aligns with global commitments such as the SDGs, the Global Compact for Safe, Orderly and Regular Migration, the Global Compact on Refugees and the GAP, and it responds to the Rabat Declaration's call for evidence-informed action. The focus is on the unique needs and rights of mobile populations, supporting healthier, more resilient societies across the WHO Western Pacific Region.

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Annex 1. Attendees of the technical consultations

Day 1

- David Abbott, Pacific Islands Forum Secretariat, Fiji
- Rajendra Acharya, UNI Asia & Pacific, Singapore
- Pascal Agbadi, James Cook University, Australia
- Shahbaz Akbar, Speak Trust, Pakistan
- Altanzagas Badrakh, WHO Mongolia, Mongolia
- Ashley Arashiro, WHO Regional Office for the Western Pacific
- Loise Au, Pacific Migration Partners, Fiji
- Maria Emilia Deogracias Bayubay, Windsor University School of Medicine, Saint Kitts and Nevis
- Karen Block, University of Melbourne, Australia
- Emma Callon, WHO Regional Office for the Western Pacific
- Decaterina Candelaria, Asia Pacific Mission for Migrants, China
- Nadia Charania, Auckland University of Technology, New Zealand
- Wen Chen, Sun Yat-sen University, China
- Hae Kyung Cho, WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region
- Cordia Chu, Griffith University, Australia
- Annie Chu, WHO Regional Office for the Western Pacific
- Daniel Cueva, WHO Regional Office for the Western Pacific
- Angela Dawson, University of Technology Sydney, Australia
- Angus Dawson, National University of Singapore, Singapore
- Sandro Demaio, WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region
- Patrick Duigan, International Organization for Migration, Thailand
- Sally Edwards, WHO Regional Office for the Western Pacific
- Isabel C. Espinosa, WHO Regional Office for the Western Pacific
- Aysha Farwin, Saw Swee Hock School of Public Health, Singapore
- Kuta Joseph Fonorito, Pacific Youth Platform, Fiji
- Zendie Gabitanan, WHO Regional Office for the Western Pacific
- Sylvia Garry, WHO Special Initiative on Health and Migration
- Bernie Goulding, Diversity Network, Australia
- Brian J. Hall, New York University Shanghai, China
- Ivan Hanigan, Curtin University, Australia
- Xiaopeng Jiang, WHO Regional Office for the Western Pacific
- Lucy Jordan, James Cook University, Australia
- Dain Jung, WHO Regional Office for the Western Pacific
- Anis Kazi, WHO Special Initiative on Health and Migration

- Sora Kim, WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region
- Pefi Kingi, Pacific Migration Partners, Fiji
- Tauraoi Kirite, Pacific Migration Partners, Fiji
- Melaia Kubuabola, Pacific Islands Association, Fiji
- Joana Lima Madureira, WHO Regional Office for the Western Pacific
- Tharani Loganathan, University of Malaya, Malaysia
- Pita Loloma, National Youth Council of Fiji, Fiji
- Celia McMichael, University of Melbourne, Australia
- Constanze Meier, Curtin University, Australia
- Liam Moore, James Cook University, Australia
- Karlos Moresi, Pacific Islands Forum Secretariat, Fiji
- Colette Mortreux, Monash University, Australia
- Josselyn Mothe, WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region
- Kate Murray, Queensland University of Technology, Australia
- Elizabeth Newnham, Curtin University, Australia
- Makelesi Ngata, Pacific Women's Indigenous Network, Australia
- Miriam Orcutt, WHO Special Initiative on Health and Migration
- Zelinna Pablo, Torrens University Australia, Australia
- Anne Pakoa, Vanuatu Human Rights Coalition, Vanuatu
- Jungsoo Park, WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region
- Georgia Paxton, Royal Children's Hospital, Australia
- Davoud Pourmarzi, Australian National University, Australia
- Ravi Reddy, Massey University, Australia
- Erlyn Sana, University of the Philippines, Philippines
- Vomboe Molly Shem, Pacific Migration Partners, Fiji
- Timothy S. Sumerlin, New York University Shanghai, China
- Tammy Tabe, University of Hawaii, United States of America
- Fasihah Taleo, WHO Country Office, Vanuatu
- Ulaiasi Tuikoro, Pacific Youth Council, Fiji
- Lieke Visser, WHO Regional Office for the Western Pacific
- Ema Vueti, Pacific Islands Council of Queensland, Australia
- Robin Ward, WHO Country Office, Fiji
- Johanna Wegerdt, WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region
- Niña Yanilla, University of the Philippines, Philippines
- Jin Won Yi, WHO Regional Office for the Western Pacific

Day 2

- Rajendra Acharya, UNI Asia Pacific, Singapore
- Altanzagas Badrakh, WHO Mongolia, Mongolia
- An An, Hong Kong Federation of Asian Domestic Workers Unions, China, Hong Kong SAR
- Ashley Arashiro, WHO Regional Office for the Western Pacific
- Lindsey Atienza, United Nations High Commissioner for Refugees, Philippines
- Maria Emilia Deogracias Bayubay, Windsor University School of Medicine, Saint Kitts and Nevis
- Karen Block, University of Melbourne, Australia
- Richard Bryant, University of New South Wales, Australia
- Emma Callon, WHO Regional Office for the Western Pacific
- Decaterina Candelaria, Asia Pacific Mission for Migrants, China
- Clarice Canonizado, Asia Pacific Mission for Migrants, China
- Josephine Cedillo, Manila Episcopal Area, Philippines
- Wen Chen, Sun Yat-sen University, China
- Hae Kyung Cho, WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region
- Annie Chu, WHO Regional Office for the Western Pacific
- Cordia Chu, Griffith University, Australia
- Angus Dawson, National University of Singapore, Singapore
- Sandro Demaio, WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region
- Patrick Duigan, International Organization for Migration, Thailand
- Sally Edwards, WHO Regional Office for the Western Pacific
- Isabel C. Espinosa, WHO Regional Office for the Western Pacific
- Aysha Farwin, Saw Swee Hock School of Public Health, Singapore
- Romuel Flores, United Methodist Committee on Relief, Philippines
- Zendie Gabitanan, WHO Regional Office for the Western Pacific
- Ma Clerhizza Gabut, WHO Regional Office for the Western Pacific
- Sylvia Garry, WHO Special Initiative on Health and Migration
- Renzo Guinto, National University of Singapore, Singapore
- Brian J. Hall, New York University Shanghai, China
- Montira Inkochasan, International Organization for Migration, Thailand
- Lucy Jordan, James Cook University, Australia
- Dain Jung, WHO Regional Office for the Western Pacific
- Anis Kazi, WHO Special Initiative on Health and Migration
- Sora Kim, WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region
- Tauraoi Kirite, Pacific Migration Partners, Fiji
- Eunyoung Ko, WHO Country Office, Philippines
- Isimeli Koroi, Climate Custodians, Fiji
- Rachel Li, HELP for Domestic Workers, China
- Belinda Liddell, University of Newcastle, Australia
- Vernaeve Lieven, Malaria Consortium, Viet Nam
- Joana Lima Madureira, WHO Regional Office for the Western Pacific

- Oyuntogos Lkhasuren, WHO Country Office, Lao People's Democratic Republic
- Tharani Loganathan, University of Malaya, Malaysia
- Pita Loloma, National Youth Council of Fiji, Fiji
- Bonifacio Magtibay, WHO Regional Office for the Western Pacific
- Nuha Mahmoud, WHO Country Office, Fiji
- Sakiul Millat Morshed, Shikkha Shastha Unnayan Karzakram, Bangladesh
- Colette Mortreux, Monash University, Australia
- Josselyn Mothe, WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region
- Kate Murray, Queensland University of Technology, Australia
- Tanisha Naqvi, National University of Singapore, Singapore
- Elizabeth Newnham, Curtin University, Australia
- Makelesi Ngata, Pacific Women's Indigenous Network, Australia
- Angela Nickerson, University of New South Wales, Australia
- Hiromasa Okayasu, WHO Regional Office for the Western Pacific
- Miriam Orcutt, WHO Special Initiative on Health and Migration
- Anne Pakoa, Vanuatu Human Rights Coalition, Vanuatu
- Jungsoo Park, WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region
- Georgia Paxton, Royal Children's Hospital, Australia
- Sapna Pradip Sadarangani, National Centre for Infectious Disease, Singapore
- Erlyn Sana, University of the Philippines, Philippines
- Jotika Sharma, Fiji Trades Union Congress, Fiji
- Julia Dongwhan Shin, WHO Regional Office for the Western Pacific
- Enkhtsetseg Shinee, WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region
- Timothy S. Sumerlin, New York University Shanghai, China
- Tammy Tabe, University of Hawaii, United States of America
- Fasihah Taleo, WHO Country Office, Vanuatu
- Iris Joy Tayag, United Nations High Commissioner for Refugees, Philippines
- Vani Tuvuki, Fiji Council of Social Services, Fiji
- Shawn Vasoo, National Centre for Infectious Diseases, Singapore
- Sharuna Verghis, Monash University Malaysia, Malaysia
- Lieke Visser, WHO Regional Office for the Western Pacific
- Paul Ward, Torrens University Australia, Australia
- Johanna Wegerdt, WHO Asia-Pacific Centre for Environment and Health in the Western Pacific Region
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- Anna Ziersch, Flinders University, Australia

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