

# THE OTTAWA PROCESS

## Building health systems and health equity for populations affected by migration

An international evidence-based research and policy Task Force scientific meeting hosted by Campbell and Cochrane Equity Method Group, Bruyère Research Institute, University of Ottawa, International Organization for Migration

Ottawa, 16-17 May 2016

### PROCEEDINGS



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## Contents

I. Background and aims of The Ottawa Process.....	4
II. Agenda and participants.....	5
III. Workshop summary.....	11
IV. Next steps and future considerations.....	16
V. Acknowledgements.....	17

## Background and aims of The Ottawa Process

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The Ottawa Process is a two day **interactive forum** using a Health Equity Impact Assessment framework. Speakers focused on 2 key policy challenges: **Overseas Vaccination** for Refugees to Canada, new **IOM's early conceptual framework on migration health (FMH)** applied to case study of Lebanon.

### The Ottawa Process main objectives:

1. Pilot an evidence-based Task Force approach to improve policies for disadvantaged persons affected by migration.
2. Debate and consensus review: Immigration, Refugee, and Citizenship Canada overseas vaccination for refugees- policy proposal.
3. Debate and consensus review: International Organization for Migration (IOM)'s early conceptual framework on migration health (FMH).

**Key Policy Workshops:** International Organization for Migration (IOM) early conceptual framework on migration health (FMH) and Overseas Vaccinations

**Activities:** Networking dinner, workshops to review consensus on building health systems for populations affected by migration, workshops on emerging opportunities including Syrian Refugees in Lebanon, overseas vaccination, and plan for future research.

**Deliverables:** A meeting report focusing on evidence informed process and mechanisms for developing migration and health system policy. Two methods papers based on key themes from the meeting, and a viable research project.

**Special Keynote Guests:**

- Dr Elie Akl, American University of Beirut, Lebanon
- Dr Claire Brindis, UCLA SF, United States
- Teymur Noori, European Centre for Disease Prevention and Control, Sweden (TBC)
- Dr Davide Mosca, Director, International Organization of Migration

This scientific meeting brings together leaders and innovators in the field of migrant health and provides face-to-face collaborative workshops to seek common ground on evidence, process and methods relevant for evidence informed decision-making. The meeting builds on a recent Delphi Consensus aimed at advancing understanding of evidence and process to build policies and programs for persons affected by migration. The small group workshops, in this meeting, examine how evidence based guidelines can be used in building health system and migration policy, such as the new ECDC evidence based guidance project for infectious diseases among migrants to the EU/EEA, WHO Essential Drug List, and Smart Cards for Mobile Migrants.

## Agenda and participants

### AGENDA

<b>MONDAY May 16, 2016</b>	8:00am-8:10am	Welcome to Bruyère  Goals and ground rules of meeting  <b>Evidence informed policy approach focusing on two policy challenges:</b> 1)Overseas vaccination and 2)IOM conceptual framework on migration health (FMH)	<b>Meeting Chair:</b> Kevin Pottie, MD
	8:10am-9:00am	Participants' introduction and personal objective for meeting	
	9:00am-9:20am	Present objectives and HEIA policy review process <b>Scoping, Potential Impacts, Mitigation, and Monitoring, Dissemination</b>	<b>Presenters:</b> Kevin Pottie, MD Charles Hui, MD
	9:25am-10:10am	<b>GRADE Evidence to Decision Framework potential application for vaccination policies</b> (7 minutes)  <b>Social Determinants of Migrant Health relative to IOM Migrant Health Framework</b> (7 minutes)  <b>Policy brief presentations:</b> Overseas Vaccination (3 minutes) Migrant Health Framework (3 minutes)  <b>Policy challenge rebuttals:</b> IRCC Overseas Vaccination (7 minutes)  <b>Policy challenge response:</b> IOM Migrant Health Framework (7 minutes) and Lebanon scenario	<b>Presenters:</b> Elie Akl, MD  Claire Brindis, PhD  Prinon Rahman, Seraphine Zeitouny, Ayesha Ratnayake  Elaine Barrett-Cramer, MD  Dr. Davide Mosca, MD, Kolitha Wickramage, PhD, MD

	10:10am-10:40am	Coffee Break	Networking
	10:40am-12:30am	Small Groups- 7/group  Discuss the 2 policy challenges (4 small groups)  <b>Focus on “Scoping of Policy” and “Potential Impacts of Policy”</b>	<b>Facilitators:</b> Claire Brindis, PhD Elie Akl, MD Teymur Noori Christina Greenway, MD
	12:00am-12:30pm	Small Groups: Reporters TBA  Focus on Scoping and Potential Impacts	
	12:30pm-1:30pm	Lunch: Yangtze Restaurant	
	1:30pm-3:00pm	<b>Migrant Health Framework relevance for Evidence and Policies in China and relevance for Lebanon</b> (7 minutes)  <b>Role of linked databases in overseas vaccination and migrant policy and research in Canada</b> (7minutes)  <b>Resource, cost and cost effectiveness implication for overseas vaccination</b> (7 minutes)  <b>Potential legal implications for new migrant health framework</b> (7 minutes)	<b>Presenters:</b> Li Ling, PhD  Edward Ng, PhD  Kednapa Thavorn, PhD  Yin Yuan Chen, PhD
	3:00pm-4:30pm	<b>Small Group Discussion:</b>  “Mitigation of harm, including unintended consequences”  “Monitoring practices to reduce harms and health inequities”	<b>Facilitators:</b> David Ponka, MD Rukshanda Ahmad, MD Leanne Maidment, PhD Michael MacKinnon, PhD
	4:30pm	Walk to Tulip Festival and then to dinner in Ottawa’s Byward Market	Dinner at Brothers’ Beer Bistro in Market

			6:00pm
<b>TUESDAY May 17, 2016</b>	8:30am-9:00am	<b>Reporting back from day one of the workshops:</b>  Policy frameworks and processes for developing health systems; Evidence to Decision Processes for Adaptation, and HEIA from current policies	<b>Questions and Commentary:</b> Denise L. Spitzer, Ph.D.
	9:00am-10:30am	<b>PAHO/Latin American commentary on migrant health framework</b> (7 minutes)  <b>Community Broker implications for overseas vaccination</b> (7 minutes)  <b>Small Group discussion:</b>  Revisit and Review the HEIA – scoping, impact, mitigation, monitoring and dissemination discussion to date on overseas vaccination and new migrant health framework	<b>Presenters:</b> Lucia Ruggiero, PhD  Sara Torres, PhD  <b>Facilitators:</b> Davide Mosca, MD Claire Brindis, PhD Alain Mayhew Vivian Welch, PhD
	10:30am-11:00am	Coffee Break	
	11:00am-12:30pm	Reporting from small groups	
	12:30pm-1:30pm	Lunch On-site	
	1:30pm-4:00pm	<b>Summary, Next Steps, Group Discussion</b> -Discuss opportunities for papers and ongoing research related to policies: methods of Task Force meeting, overseas vaccination and migrant health framework -Discuss next steps for funding, research and collaboration -Review of workshop, and discussion on next steps	<b>Presenters:</b> Kevin Pottie, MD Charles Hui, MD Michael MacKinnon, PhD Peter Tugwell, MD

## PARTICIPANTS

Name	Designation	Institution/Organization
Ahmad, Rukshanda	Medical Advisor for the Centre for Public Health Infrastructure	Public Health Agency of Canada
Akl, Elie	General Internist Clinical Epidemiologist Director of the Clinical Research Institute and the AUB GRADE center	American University of Beirut
Barrett-Cramer, Elaine	Physician, Migration Health Branch	Immigration, Refugees and Citizenship Canada
Brindis, Claire	Director of the Philip R. Lee Institute for Health Policy Studies and Director of the Bixby Center for Global Reproductive Health	University of California
Chen, Y.Y. Brandon	Assistant Professor at the University of Ottawa's Faculty of Law	University of Ottawa
Derbew, Brhanu	Master of Work, Organizational and Personnel Psychology	University of Valencia
Greenaway, Christina	Associate Professor of Medicine Principle Investigator at the Centre for Clinical Epidemiology at the Lady Davis Institute for Medical Research Physician at the JD Maclean Tropical Medicine Center	McGill University, Jewish General Hospital
Hatcher Roberts, Janet	Co-Director, WHO Collaborating Center for Knowledge Translation and Health Technology Assessment in Health Equity	Bruyère Research Institute
Hui, Chuck	Associate Professor of Paediatrics Chief of Infectious Diseases	University of Ottawa, Children's Hospital of Eastern Ontario
Ling, Li	Professor in Faculty of Medical Statistics and	Sun Yat-sen University (SYSU)



	Epidemiology, School of Public Health	
MacKinnon, Michael	Senior Director	Immigration, Refugees and Citizenship Canada
Maidment, Leanne	Executive Director of the Centre for Public Health Infrastructure	Public Health Agency of Canada
Mayhew, Alain	Research Associate	C.T. Lamont Primary Health Care Research Centre at the Bruyère Research Institute (BRI)
McLeod, Tatum	Master of Public Health student	Simon Fraser University
Menjivar Ponce, Luisa	Research Assistant	C.T. Lamont Primary Health Care Research Centre at the Bruyère Research Institute
Mosca, Davide	Director, Migration Health Department	International Organization for Migration
Ng, Edward	Senior Analyst with the Health Analysis Division	Statistics Canada
Noori, Teymur	Public Health Specialist	European Centre for Disease Prevention and Control (ECDC)
Paradis, Michelle	Communications, Community Outreach	The Ottawa Hospital
Ponka, David	Medical Advisor Associate Professor	Immigration Refugees and Citizenship Canada, University of Ottawa
Pottie, Kevin	Associate Professor and Physician, Departments of Family Medicine and Epidemiology & Community Medicine	University of Ottawa, Bruyère Research Institute, GRADE Methods Working Group, Canadian Task Force on Preventive Health Care
Rahman, Prinon	Graduate student with a Masters of Community Health and Epidemiology	Dalhousie University
Ratnayake, Ayesha	Research Assistant	C.T. Lamont Primary Health Care Research Centre at the Bruyère Research Institute
Shehata, Nourhan	Medical Doctor	The University of Alexandria Faculty of Medicine, French Department
Spitzer, Denise	Professor, Institute of Feminist and Gender Studies	University of Ottawa
Thavorn, Kednapa	Scientist and Health	The Ottawa Hospital Research

	Economist	Institute
Torres, Sara	Assistant Professor at the School of Social Work	Dalhousie University
Tugwell, Peter	Director for the Centre for Global Health Co-director of WHO Collaborating Centre for Knowledge Translation & Health Technology	University of Ottawa
Welch, Vivian	Director of the Methods Centre Assistant Professor, School of Epidemiology, Public Health and Preventive Medicine	Bruyère Research Institute, University of Ottawa
Wickramage, Kolitha	Technical Advisor, Migration Health Division	International Organization for Migration
Zeitouny, Seraphine	Public Health Professional and student of the Population Health PhD program	University of Ottawa

## Workshop summary

### Day 1- Highlights

Dr. Kevin Pottie opened the meeting by discussing the HEIA process and complexity of equity considerations in migrant policy development. Dr. Charles Hui gave meeting participants a brief overview to the global migrant health agenda: peaked at 2009 World Health Assembly; initial migrant health framework created, Madrid 2010; at present, still trying to gain traction with limited recognition in the SDGs. This meeting was an opportunity to look at two policy issues— 1. overseas vaccination for refugees coming to Canada (micro issue) and 2. a tentative migrant health framework (macro issue)—and shape the process moving forward.

Dr. Elie Akl presented the GRADE Evidence to Decision Framework tool for decision making processes when formulating recommendations. This tool allows for a systematic, explicit and transparent decision-making process that takes into consideration the following: quality of evidence; balance of benefits and harms; values and preferences of those subject to recommendations; resources available; equity; feasibility; and acceptability. It is important to note that evidence must also be considered within contextual elements.



Dr. Elie Akl

Following Dr. Akl's presentation, the students guided the group through two brief overviews of the main policy challenges and a case study on Lebanon that will be discussed throughout the meeting. Key points from this section are below.

#### *Key Points: Prinon Rahman on Overseas Vaccinations*

- Newly arriving refugees are often under-immunized and lack proper documentation; vulnerable to infectious diseases, potential for large cost
- Need to consider timely vaccinations; could lower stress of Canadian-based physicians
- Address quality of vaccines abroad
- Should consider this policy in terms of F.A.C.E through a social determinants lens

#### *Key Points: Seraphine Zeitouny on Lebanon Case Study*

- Lebanon has a long history of forced migration; hosting Armenians, those fleeing from Egypt, etc.
- Lebanon not part of 1951 UN Refugee Convention or 1967 protocol therefore Lebanon does not have obligation to refugees outside of Human Rights Conventions

- Every 3rd person is a refugee
- Registered refugees are medically covered by UNHCR; for Syrians (75-100% coverage) for emergency situations and not addressing non-communicable disease burden
- How is this effecting Lebanese? Many citizens (over 50%) don't have health insurance and many (44%) are paying out-of-pocket; decreased quality of care; over crowding

*Key Points: Ayesha Ratnayake on Migrant Health Framework*

- Early conceptual framework; integration approach to address the health of migrants
- A methodological action framework with academic considerations

During the discussion, some participants brought up concerns about strong anti-immigrant sentiment in Lebanon; cost for providing living costs could be as much as 3.5 billion dollars.



To further provide an in-depth understanding of the overseas vaccination policy issue, Dr. Elaine Barrett-Cramer discussed the current situation: Canada is leading a project on vaccine services internationally and is looking at what US and New Zealand are doing; consider vaccines as barrier for a Syrian refugee's rapid integration into Canadian school system, for example, incompatibility (i.e. Polio vaccines) revaccination/over vaccination issues; other critical issues include lack of documentation and nothing is streamlined.

Dr. Davide Mosca and Dr. Kolitha Wickramage gave participants an in-depth look at migrant framework policy issue. They discussed two dynamics: 1. large, intense influx of irregular migrants; and 2. structural landscape, economy and disparity driven system. These dynamics complicate an approach forward to policy implementation. They also discussed the importance of human mobility. Human mobility is the dynamic of the future—more barriers implemented equals more people that will come via irregular means. The IOM needs



**Dr. Li Ling**

consensus and support of the research community to respond to the situation.

After these presentations, participants formed small groups to focus on ‘scoping and impacts’ of the two policy challenges presented during the morning. Members agreed that there needs to be monitoring and evaluation of the framework itself. Main discussion points around the migrant framework included the following feedback: need a simplistic diagram that is useable; human rights should be one of the goals; the points on the left need to be broken down to understand the real granular issues. Concerns about the vaccination policy included operational challenges, financing, criteria for identifying priorities, and vaccine perceptions.

The afternoon kicked off with Dr. Li Ling’s presentation on migrant evidence and policies in China. Migrants to China faced the issue of poor accessibility to health services—the allocation of resources matched local registered residents, not migrants. Migrants also faced poor mental health status. To combat this, The Department of Services and Management of the Migrant Population, established in 2008 for migrant surveillance, was able to improve the availability of



**Dr. Edmond Ng**

health insurance through transferable medical insurance schemes and reimbursement of cross-city health care services. The innovations also saw an improvement of universal access to basic occupational health services.

The next speaker, Dr. Edward Ng, discussed some Canadian innovations by Statistics Canada and their role in linked databases in overseas

vaccination and migrant policy and research. The goal is to develop new data for policy decision-making. Dr. Ng’s research group is currently linking immigrant landing file data to hospitalization data across decades. The group discussed how this can shed light on and compare group health outcome data of migrants between industrialized countries.

Dr. Kednapa Thavorn gave the group an economist’s perspective on the economic impact of overseas refugee vaccination program. Dr. Thavorn showed a comparison of costs overseas and those consequences, with the costs and consequences of post-arrival. She concluded that it was cheaper to vaccinate overseas; 9 out of 10 recommended vaccines were less costly when administered overseas; and most cost savings were for adults. Discussion followed around the compliance and accounting for repeated vaccinations in cost-calculation and costs of side effects.

The last presenter of the day, Dr. Y.Y. Brandon Chen, encouraged participants to view migrant health and vaccination through a legal implications lens. Topics included legal liability, legal obligations under Human Rights Law, issue of consent, and privacy standards that needs to confirm to Canadian law.

Participants once again formed small groups—this time to discuss mitigation of harms and monitoring practices. Participants identified areas of concern: risks of delayed vaccines; costs to implement; social issues (trust building, rapport); quality assurance; stigmatization; sustainability; evaluation process; patient-centred approach; government responsibility; and consent issues.

## Day 2- Highlights

The second day began with Dr. Charles Hui giving a brief re-cap on consensus reached from the



**Dr. Charles Hui**

day before about adapting Migrant Health Conceptual Framework. Comments included the importance of simplicity; a framework across the individual, community, population levels; overarching themes (one agenda, health equity, human rights); concentric circles the core in the centre; and adding global agendas and paradigms on a second page.

Dr. Denise Spitzer also commented on the

importance of language use throughout this discussion, for example, although we talk about ‘vulnerable people,’ no one is born vulnerable, they are made vulnerable. It is also imperative to keep in mind the heterogeneity of migrants, validation of evidence, and the social aspects of migration. Teymur Noori cautioned the group about tailing to “right now” and emphasized the need to create long-term models. Dr. David Ponka reminded the group to consider target audience of the Framework while proceeding and brought up the question of needing different versions for different audiences. Dr. Christina Greenaway discussed the shortcomings of the phrase ‘those affected by migration.’ Leanne Maidment encouraged the group to consider the political lens in developing and presenting policy, stressing that we have to demonstrate we understand the consequences.

Following the re-cap, Dr. Claire Brindis led the discussion on social determinants of migrant health relative to IOM migrant health framework. Dr. Brindis focused on diversity among migrants, which goes beyond status and ethnicity and racial identity. These factors further



interact with class, gender, disability, age at migration, current age, and orientation. We also need to consider diversity of status to include those that are not recent arrivals, as many are considered ‘perpetual foreigners.’ There is need for trans-disciplinary approach to migrant health. Claire ended the discussion by highlighting importance of exploring context in country of origin – are those in receiving countries doing better than those in country of origin?



Dr. Sara Torres presented her work and experiences with Community Health Workers and the CHW potential for supporting migrant health. CHWs know both systems—grassroots community level and policy level. However, some challenges exist, such as medicalization of the role, and potential gender hierarchy.

Small group discussions were held after the presentations. Participants talked about migration as a determinant of health. Participants suggested that the short term goal for IRCC is to flush out and implement the overseas vaccination. A few participants suggested that ‘pre-departure’ is too limiting since it doesn’t consider multiple places and spaces; interactions between different stages; and non-linear events.



**Y.Y. Chen, Dr. Claire Brindis, Alain Mayhew**

Small group discussions about the IOM framework brought forward some key elements to address: value/opportunity of international network; the importance of education for health, employment and other settlement issues; and the need for international networks to have methods at the core of the group.

## Next steps and future considerations

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### Participant Perspectives: Future Considerations

Participants were asked to provide feedback on what they would like to see occur as a consequence of this meeting. A few common suggestions are listed:

- Continued international, cross-disciplinary collaboration (e.g. including CHW) and stronger intersectoral networking
- Build capacity in both arrival/host country
- A need for a global level structure to lead the charge in terms of migration policy
- National level, operational, migration strategy and a strong monitoring framework
- Ability to use existing international traditional and non-traditional platforms to advance IOM framework
- Stakeholder involvement from host community
- A revised and simplified IOM framework showing an expanded/detailed global agenda; on-going Ottawa Process, need country ownership, engagement into the next roadmap of continuity where fragmentation is over
- A practical tool (e.g. checklist) that takes the concepts discussed for developing policy for host countries/in transit/ health systems etc.
- Continued work on descriptive epidemiology & economic evaluation along continuum of migration

### Meeting Conclusion

In the coming months, the Task Force will be preparing a publishable article as tool for future migrant health leadership and policy-makers. For both policy challenges, the emphasis is on evidence and its quality. IOM, moving forward, on a 'roadmap,' has situated the Ottawa Process towards global consultation (Colombo 2016) and beyond. This meeting is to work towards the IOM conceptual migrant health framework, to be tested among international agencies and as a validation exercise at headquarter level. IOM plans on presenting the conceptual model at WHA—a first exposure for member states.



## Acknowledgements

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