

**REACH:** a European Academy of Pediatrics strategic advisory group on pediatric migrant health

**REACH-Network** (Refugees and Migrants in Europe - Adolescent and Child Health):

**Building a participatory, interdisciplinary network to overcome major health disparities for migrant children & adolescents in the EU**

**Representatives** (alphabetical order):

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**Chair:** Julia Brandenberger

**Co-chair:** Ruud Nijman

## Introduction

Migration is a driver and enabler of sustainable development [1] and migrant health an essential component of public health in all countries [2]. Yet many health systems continue to be tailored exclusively to the non-migrant population, leading to important health disparities for migrants and refugees [3, 4]. A lack of contextualized, high-quality evidence in this field prevents change. The World Health Organization launched the global research agenda on health, migration and displacement on October 30th 2023 and emphasized the need for intersectional, multidisciplinary research particularly in the field of pediatric migrant health [1]. To answer to this need, we create a strategic advisory group under the umbrella of the European Academy of Pediatrics entitled "REACH-network" (Refugees and Migrants in Europe - Adolescent and Child Health).

## Vision

Across Europe, migrants and refugees receive equitable quality of health care compared to their local peers, both in terms of access to, and continuity of care. Further, migrant and refugee patients and their caregivers have opportunities to communicate and build trusted relationships with health care professionals and collaborating disciplines.

## Mission

To assess, monitor and improve the health of pediatric migrants/refugees across Europe through interdisciplinary collaboration, co-creation, education, research, and advocacy.

## Objectives

objectives of the **REACH** network are to:

- Objective 1) **Network:** Initiate and establish a sustainable network, and mutually meaningful partnership of refugee/migrant children and adolescent caregivers and health workers across Europe.

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- Objective 2) **Participatory research priority setting:** Establish the top research priorities of pediatric immigrants/refugees, their caregivers and pediatric migrant health workers and prioritize areas of unmet need.
- Objective 3) **Research platform:** Develop a platform for larger intersectional, multidisciplinary, participatory European research projects focusing on key research priorities in pediatric migrant health.
- Objective 4) **Education and advocacy:** Synergize efforts in pediatric migrant health education and advocacy across Europe.

### **Workplan for the first two years (2024 and 2025)**

The first two years will be used as foundation years. First, the group will apply for funding to set up the network (first application for a networking grant of the Medical Academy for Sciences UK submitted on November, 10<sup>th</sup> 2023). As first main project, we aim to conduct a research priority setting project (**objective 2**) which will also help to reach **objective 1** as it motivates the group to concretely define research priorities in a systematic way, establishes a work infrastructure and flow and ensures participation of migrants. The grant for objective 2 also funds an in-person and several online meetings. The inclusion of migrant health in the EAP European Common Trunk Curriculum 2024/2025 for General Paediatric Training, as the conduction of several training sessions on pediatric migrant health at key conferences in 2024 and 2025 are additional important projects of the group (**objective 4**).

### **Methods main project (objective 1 and 2)**

The James Lind Alliance Priority Setting Partnership (JLA PSP) method [5] will be used to create an EU-wide research priority setting partnership. As per JLA standard, a steering committee (6 migrants/refugees and 6 pediatric migrant social and health care workers from different European countries and disciplines) will be established. In phase 1, the committee will facilitate, with the support of the JLA, an EU-wide survey to collect and summarize the most pressing paediatric migrant health research priorities. Survey responses will be used to develop key summary questions that will go through an evidence-checking process to verify if the question has already been answered. Unanswered questions will be brought to a phase 2 interim prioritization survey. The top 10 identified research questions will be established as **key research priorities** at a final priority setting workshop.

### **Timeline**

1. Ensuring funding (date of completion: March, 31st 2024)
2. Creation of the core group (6 migrant/refugee caregivers, 6 health/social workers; date of completion: May 31st 2024)
3. Facilitation of first survey round (date of completion: August 1st 2024)
4. Data cleaning, summary of responses (date of completion: October 1st 2024)
5. Evidence checking (date of completion: November 1st 2024)
6. Phase 2 interim priority setting (date of completion: December 14th 2024) in person in Basel
7. Final workshop (date of completion: February 1st 2025)
8. Publish and promote top 10 research priorities (date of publication: June 1st, 2025)

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### **Position papers and recommendations**

- A publication introducing the REACH group, the rationale for its foundation and its vision and mission is currently developed by its members
- Based on previous work of group members [6, 7] a position paper on medical care for migrant children in Europe - current state and exemplary models for improving care (lead: Albertine Baauw / Ulrich von Both)
- A comprehensive EU wide recommendation of the top 10 research priorities in pediatric migrant health will result out of objective 2

### **Communication with EAP**

**Julia Brandenberger** (Swiss delegate tertiary care EAP) will be responsible for biannual updates of the EAP and attendance of the regular EAP meetings on behalf of the group, including the spring meeting in Porto in 2024

### **Perspectives**

Future projects will expand on the 10 identified research priorities and, in collaboration with partner-networks, will seek to find evidence-based answers to the identified knowledge gaps (**objective 3**). A mid and long-term strategic plan will be developed, detailing potential priorities for activities beyond 2025. Those may include the improvement of continuity of care for European pediatric migrants through digitalization of health data and the improvement of communication in pediatric migrant health by advocating for interpreter communication as legal requirement during consultations with families with limited local language proficiency in European countries.

## References

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