

Migration Health Research in North Macedonia: A Scoping Review

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Abstract

While North Macedonia remains one of the main transit routes for migrants to Western Europe, the information regarding the migrants' health is limited. This scoping review aimed to fill this gap by evaluating existing research on migrants' health in the country and identifying areas requiring further exploration. Utilizing the 2016 World Health Organization Strategy (WHO) and Action Plan for Refugee and Migrant Health, a comprehensive search was conducted across various data sources for articles in English and Macedonian Languages published between 2015 and December 2023. Out of 444 screened articles, 16 papers were identified, mainly focusing on collaborative action frameworks, public health preparedness, and strengthening health systems. Yet, critical gaps remain regarding migrants' healthcare rights, social determinants of health, communicable and noncommunicable diseases, screening efficacy, and health information system. Improving health policies and services for migrants is crucial to overcome these barriers and improve the overall healthcare in North Macedonia.

Keywords: Migrants, Health, Scoping review, North Macedonia, WHO-SAAP.

1. Introduction

Despite being mainly a country of emigration, North Macedonia saw an influx of migrants in 2015, with 694,679 migrants mostly from Africa and Middle East, transited through on their way to EU countries (Mileski, 2018). Although the number of refugees since 2015 has decreased, North Macedonia remains a key transit route for irregular migration to Western Europe, with a 263% and 17,4% increase of irregular movement in 2000, compared to 2018 and 2019, respectively (Stojanovski et al., 2021). International migration involves people relocating between countries (Sweileh et al., 2018), including labor migrants, students, family reunion, those fleeing conflicts, trafficked individuals (Sweileh et al., 2018), stateless persons, irregular migrants, refugees, and asylum-seekers (Szilárd et al., 2020).

Stojanovski (2018) outlines the migrant crisis in North Macedonia in three periods: pre-2015, during 2015, and post -2015 (Stojanovski, 2018). During the first period migrants and refugees crossed the border illegally, were detention and subjected to mistreatment (Kosevaliska & Nikodinovska Krstevska, 2020; Stojanovski, 2018). The second period, from June 2015 to March 2016, is marked by illegal entries until legislative amendments were made in response to the 2015 refugee crisis, aligning North Macedonia's migration laws with EU standards (Kosevaliska & Nikodinovska Krstevska, 2020). During this period the transition of migrants was legalized, registration procedures were introduced

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upon entering the country, and application for asylum or departure within 72 hours was applied (Stojanovski, 2018). Furthermore, migrants gained access to public transport and medical care (Kosevaliska & Nikodinovska Krstevska, 2020). In the third period, from March 2016 onwards, the EU countries halted migrant acceptance, the Balkan route was closed and free migrant movement was prohibited (Kogovšek Šalamon, 2016; Kosevaliska & Nikodinovska Krstevska, 2020; Mileski, 2018; Stojanovski, 2018).

During the refugee crisis in 2015, North Macedonia established two Refugee Transit Camps (RTCs): RTC Vinojug on the southern and RTC Tabanovce on the northern border (Kjoseva Kostadinovska & Bozhinovska Siljanovska, 2019). Illegal migrants not seeking asylum are sent to the Transition Centre for Foreigners in Gazi Baba in Skopje, while asylum seekers are transferred to the asylum Reception Center in Vizbegovo, near Skopje (Tozija, 2018).

While potentially beneficial for migrants (Sweileh et al., 2018), addressing adequately their health needs can be challenging (Villarroel et al., 2019). The migration process poses risks to public health, can impact the access of migrants to healthcare (Sweileh et al., 2018), and can be damaging to their health (WHO, 2022). Oftentimes refugees and asylum seekers experience trauma and mental health issues (Filges et al., 2018), and may be vulnerable to infectious diseases (Giambi et al., 2017). This highlights, the necessity for comprehensive health support addressing both physical and mental health of migrants.

The World Health Organization (WHO) Strategy and Action Plan (SAAP) for Refugees and Migrants in Europe outlines nine strategic areas for advancing migrants' health (Villarroel et al., 2019; WHO, 2016). Hence, mapping the existing research is crucial to understand and identify evidence gaps (Lebano et al., 2020). Reviews on migrants' in transit and destination countries stress the importance of identifying available evidence on their health status and healthcare access (Bradby et al., 2015; Burns et al., 2021; Cuadra, 2012; Lebano et al., 2020; Sweileh et al., 2018; Villarroel et al., 2019), which is essential for host or transitioning countries health system and policies (Lebano 2020). Effective implementation of this strategies requires current national evidence for policymakers and practitioners (Villarroel et al., 2019).

Currently, there is no assessment or mapping of migrants' health research in North Macedonia, leaving the countries' migrant health status unclear (Tozija, 2018). This study aims therefore to conduct a scoping review of existing research on migrants' health in North Macedonia, utilizing WHO-SAAP to identify evidence gaps (Villarroel et al., 2019). By providing insights into migrants' health status, it will support evidence based decision-making in migration health policy and practice (Sweileh et al., 2018; Villarroel et al., 2019).

2. Methods

Due to unexplored nature of this topic in North Macedonia, a scoping review instead of systematic review was conducted. The scoping review aims to identify and map existing research on the topic rather than assess the quality of the conducted research. This scoping review was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) guideline (Tricco et al., 2018). In accordance with a similar review conducted in Republic of Ireland (Villarroel et al., 2019), the current review followed a five stage approach to scoping reviews including: developing the research question, searching for relevant studies, the study selection, data charting, collection, summarizing and result reporting (Villarroel et al., 2019):

Stage one: Developing research question for the review

Research question: What is the scope, main topics and gaps in evidence in the existing literature on health of migrants in North Macedonia?

Stage two: Information sources and search for relevant studies

We conducted search in PubMed, Google Scholar, EBSCO, and Google.com, alongside the governmental and non-governmental organizations in NM for articles in English, Macedonian and Albanian Languages published from January 2015 to December 2023. We also screened the citations of included articles. These time frame aligns with the onset of migration crisis in North Macedonia and adoption of relevant migration laws (Stojanovski et al., 2021). Search terms included “health” or “mental health” or “dental care”, “migrants” or “refugees” or “asylum seekers” and “North Macedonia” or “Former Yugoslav Republic of Macedonia”. Due to limited peer-reviewed studies, we included gray literature to ensure comprehensive coverage.

Stage three: Study selection

We included articles on migrants’ health in North Macedonia that included primary or secondary data. This included empirical research, reviews and gray literature covering various study designs, interventions and migrant groups. Articles were excluded if studies were conducted outside NM, were not related to migrants’ health and full text was accessible.

Stage four: Data extraction and coding (Data Charting)

Retrieved studies and extracted data were organized using EndNOTE, categorizing them by authors, publication year, study title, design, target population, data collection methods, main research topic, and whether the primarily focused on migrant’ health (Villarroel et al., 2019).

Stage five: Collating, summarizing and reporting results

Every paper was assessed and categorized according to the WHO’s SAAP strategic areas described in Table 1. UDSH and EBO completed the first round of analysis. UDSH and DP conducted independent second run of analysis. The findings were shared with EBO. Final analysis was agreed by all authors.

Table 1. WHO Europe strategy and action plan for refugee and migrant health: strategic areas
Strategic are 1: Establishing framework for collaborative action
Strategic area 2: Advocating for the right to health of refugees, asylum seekers and migrants
Strategic are 3: Social determinants of health
Strategic area 4: Achieving public health preparedness and insuring effective response and providing evidence on the health needs of refugees and asylum seekers
Strategic area 5: Strengthening health system and their resilience, accessibility, and barriers to health care
Strategic area 6: Preventing communicable diseases
Strategic area 7: Preventing and reducing the risk posed by non-communicable diseases
Strategic area 8: Ensuring ethical and effective health screening and assessment
Strategic area 9: improving health information and communication

Source: Modified from WHO, Strategy and Action Plan for refugee and migrant health in the WHO European Region, 2016 (WHO, 2016)

3. Results

In the initial screening, 416 out of 444 screened articles were excluded as they were either unrelated to migrants’ health in North Macedonia or conducted outside the country. In the

subsequent phase, 28 full text articles were reviewed, with only 16 meeting inclusion criteria. Reasons for exclusion included studies on Macedonian citizen emigrants returning from EU countries, lack of primary or secondary data, and general analysis of migrant policies. We identified 16 papers on migrants' health, comprising of eight peer reviewed journal articles and eight were gray literature reports coauthored by academic, community, government, or health care entities, as well as national or international organizations.

A Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram in Fig. 1. Illustrates this process. Most studies (n=14) focused primarily on migrant, while two did not assess directly migrants health, but provided information on migrants health status (Amet, 2018; Brmbeska, 2018). The migrant population in the reviewed articles mainly consisted of migrants from Pakistan, Iran, Afghanistan, Morocco (Szilárd et al., 2020), Syria and Iraq (UNICEF, 2016).

Table 2. details study designs and participants. Of the 16 included studies, 10 had qualitative and six quantitative study design. Qualitative peer-reviewed studies, included one case study, four reviews, focusing on health policies and accessibility of migrants to health care and five studies conducted among different stakeholders, national experts, or academia (Amet, 2018; Brmbeska, 2018; International Organization for Migration, 2016; Solano, 2020; Stojanovski et al., 2021). Quantitative studies (N=6) were all cross-sectional, with two conducted in transition refugee centers (Szilárd et al., 2020; UNICEF, 2016), one among health care workers in one hospital who treated migrants (Jankulovska et al., 2020), in two studies participants were national experts, academia, international organizations and NGOs (Giambi et al., 2017; Poposka et al., 2022) and one was a retrospective study (Oncheva & Spasenovska, 2015). We noted that grey literature accounted for 50% of the reviewed articles.

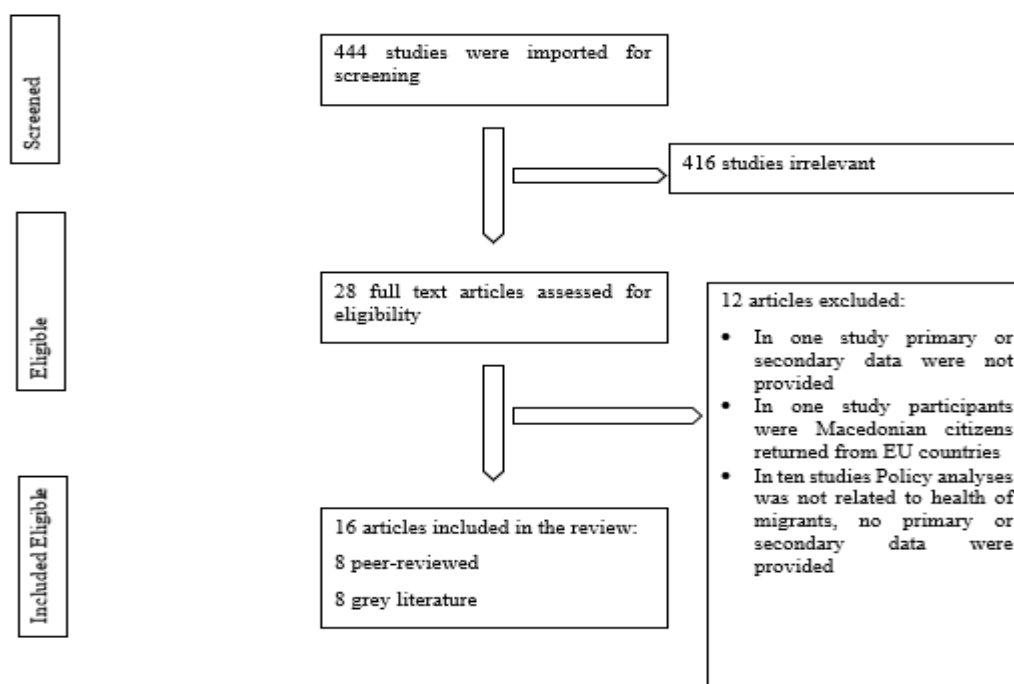


Figure 1. Prisma Flow Chart

3.1. Categorization of included studies according to the WHO - SAAP strategic area

To identify gaps in evidence, all studies were categorized into the WHO -SAAP strategic area (Table 2). There were no studies relevant to strategic area 3, social determinants of health, communicable (strategic area 6) and noncommunicable diseases (strategic area 7)

and improving the collection and access to information on the health status of migrants (strategic area 9).

Strategic area 1 focuses on establishing framework for collaborative action among, international, national, local organizations and institutions and advocating.

Eight studies in our review focused on regional collaboration, incorporating data from North Macedonia into broader regional and international studies. These multi-country studies aimed to strengthen the collaboration efforts on migrant' health issues among regional, national and local organizations (Amet, 2018; Brmbeska, 2018; Giambi et al., 2017; International Organization for Migration, 2016; Poposka et al., 2022; Solano, 2020; Stojanovski et al., 2021; Szilárd et al., 2020). One study within the Migration, Asylum, Refugee Regional Initiative (MARRI) countries identified gaps and needs of migration stakeholders in adapting to the COVID-19 pandemics (Stojanovski et al., 2021). Others assessed migrants' health status and access to services in Balkan countries (Szilárd et al., 2020), immunization strategies of migrants in non-EU Countries of the Mediterranean Basin and Black Sea (Giambi et al., 2017), and to connect civil society organizations from North Macedonia and Serbia and establish networks for refugees and migrants' right protection (Amet, 2018; Brmbeska, 2018). Additionally, reports from the Migrant Integration Policy Index (MIPEX) examined immigration health care coverage and access to services (International Organization for Migration, 2016; Solano, 2020). MIPEX tool which measures policies to integrate migrants in 56 countries across 8 policy areas 2015 (International Organization for Migration, 2016).

Strategic area 2 focuses on advocating for the migrants rights to health.

Five studies that addressed the migrants' rights to health, also classified under the strategic area 1, 4 or 5. One study assessed health care workers attitudes towards migrants' patients (Jankulovska et al., 2020). Two studies focused on migrants' health rights during the COVID – 19 pandemic (Poposka et al., 2022; Stojanovski et al., 2021). Additionally two other studies provided important data about discrimination of migrants in need for health care (Amet, 2018; Brmbeska, 2018).

Strategic area 4 focuses on achieving public health preparedness and addressing health needs of migrants during mass migration.

Seven articles in our review focused on migrants' health needs and health status in NM (Amet, 2018; Brmbeska, 2018; Oncheva & Spasenovska, 2015; Stankovska, 2019; Stojanovski et al., 2021; Szilárd et al., 2020; UNICEF, 2016). Two articles reported on migrants' health aspects (Oncheva & Spasenovska, 2015) and child mental health (Stankovska, 2019), while the other five (grey literature) evaluated migrants' health status and system responsiveness (Szilárd et al., 2020), migrants' children health during mass migration in 2015 (UNICEF, 2016), and the health's system capacity to respond to the migrants need during the COVID-19 (Stojanovski et al., 2021). Two articles highlighted health issues of migrants during 2017 and 2028 (Amet, 2018; Brmbeska, 2018). Most of these studies were conducted in the transit refugee camps and overlapped with other strategic areas.

Item ID	Citation	Type of study	Primary focus on Migrants' Health Yes or No	Study Design	Information on data collected relevant to migration and sample size	WHO-SAAP Strategic Area
1	(Jankulovska et al., 2020)	Scholarly article	Yes	Quantitative / Cross-Sectional by Questionnaire	Health Workers (n=30)	2, 5
2	(Jankulovska & Tozija, 2020)	Scholarly article	Yes	Review article	Migrants	5

3	(Tozija & Lizana, 2020)	Scholarly article	Yes	Review article	Migrants	4,5
4	(Stankovska, 2019)	Scholarly article	Yes	Quantitative / Case Study	Refugee Children (n=2)	4
5	(Tozija, 2018)	Scholarly article	Yes	Review Article	Migrants	4,5
6	(Tozija & Memeti, 2015)	Scholarly article	Yes	Review Article	Migrants	5
7	(Giambi et al., 2017)	Scholarly article	Yes	Cross - Sectional / Quantitative by Questionnaire	Experts, Institute of Public Health, RNM	1, 6
8	(Oncheva & Spasenovska, 2015)	Scholarly article	Yes	Retrospective Empirical	Migrants and Refugees	4
9	(Poposka et al., 2022)	Grey Literature/Report	Yes	Quantitative/Comparative Analysis / by Tailored d Questionnaire and Semi - Structured Interviews	Refugees, migrants, and relevant stakeholders	1, 2, 5, 6
10.	(Stojanovski et al., 2021)	Grey Literature/Report	Yes	Qualitative / Desk research, interviews	Stakeholders, NGO, Academia, International Organizations in RNM	1, 2, 4, 6
11	(Solano, 2020)	Report for the IOM	Yes	Qualitative by Questionnaire	National Experts in NM	1, 4,5
12	(Szilárd et al., 2020)	Grey Literature / Analytical Report	Yes	Quantitative /Cros-sectional	Migrants in NM (n=34)	1, 4, 5
13	(Brmbeska, 2018)	Grey Literature / Annual Report 2017 by the Helsinki Committee	No	Qualitative / Focus Groups/ Interviews	Representatives from civil society organizations, stakeholders, journalists.	1, 2, 4
14	(Amet, 2018)	Grey Literature / Annual Report 2018 by the Helsinki Committee	No	Qualitative / Focus groups/ Interviews	Representatives of civil society organizations, stakeholders, journalists	1, 2, 4
15	(UNICEF, 2016)	Grey Literature/Report	Yes	Quantitative / Case Study	Migrant Children (n=376 children)	1,4
16	(International Organization for Migration, 2016)	Report for the IOM	Yes	Qualitative by Questionnaire	National Experts in NM	1,4,5

Strategic area 5 focuses on strengthening health system, improve accessibility and addressing barriers to health care.

Most of the studies (n=9) in the current review focused on this area, exploring migrants' rights to health care in NM (Giambi et al., 2017; International Organization for Migration, 2016; Jankulovska & Tozija, 2020; Solano, 2020; Stojanovski et al., 2021; Szilárd et al., 2020; Tozija, 2018; Tozija & Lizana, 2020; Tozija & Memeti, 2015). Four were review studies. Additionally, one study examined the impact of COVID-19 on migration (Stojanovski et al., 2021), and the other one analyzed the vaccination policies in NM (Giambi et al., 2017).

Strategic area 8 highlights the importance of ethical health screening and treatment access. One study investigated health screening practices for migrants in NM transition centers (Szilárd et al., 2020), while the other explored migrants' immunization policies (Giambi et al., 2017). Details about these studies are provided in table 1.

4. Discussion

This scoping review provides an overview of published research about migrants' health in North Macedonia. To our best knowledge, it is the only review of peer-reviewed and gray literature published research on migrant health in the country. The review makes a major contribution to the field, because it uses the WHO-SAAP, 2016 (WHO, 2016) as a framework to analyze the findings and identify gaps in the evidence. It highlights the need for more research on migrants' health and develops recommendations for policy, practice and research.

We found that research on migrants' health in North Macedonia is very limited. Most studies were related to regional collaborative action, advocacy and human rights, public health preparedness and health system adaptation (strategic area 1, 2, 4 and 5 respectively). One study categorized to strategic areas 8, on migrants' health screening. Most of the studies in these categories overlapped and categorized in more than one strategic area. Research gaps in the North Macedonia, include inadequate exploration of lack of studies about social determinates of health, communicable and noncommunicable diseases, migrants' health screening as well as health information and communication (strategic areas 3, 6,7,9, respectively), Given the importance of addressing these areas, future studies should prioritize the factors influencing migrants' health outcomes and enhancing health care capacity to respond effectively.

Most included studies were descriptive and qualitative in nature. The quantitative research was predominantly grey literature and was conducted mostly with the supported of international organizations in cooperation with local experts and/or organizations and institutions. As has been found in several other scoping reviews on migrants health (Burns et al., 2021; Sweileh et al., 2018; Villarroel et al., 2019), the current review highlights a lack of differentiation between migrants subgroups. It was suggested that public experts in NM used often "refugees" and "migrants" interchangeably due to their inability to use only one word (Brmbeska, 2018). Standardizing definitions and disaggregating migrant data is important for tailored strategies and services, ensuring comprehensive understanding and inclusive health care for different migrant populations (Burns et al., 2021). Furthermore, most research was conducted in the transit caps like Vinoyug and Tabanoce, revealing a gap in the evidence base about the health of migrants in other settings.

4.1. Summary of results and connection with existing literature

The current review highlights a significant focus of research on regional collaboration (strategic area 1), contrasting the findings of a scoping review in Ireland, where lack of collaborative studies was noted (Villarroel et al., 2019). Inter-regional and inter-country collaboration on migrant health research is vital for sharing experiences good practices on migrant health (World Health Organization, 2016). While the establishment of the Interdepartmental Advisory Body in North Macedonia is a significant progress forward for policy and practice (Villarroel et al., 2019), better coordination and information sharing is necessary on migration management (Stojanovski, 2018). The review noted insufficient regional cooperation during COVID 19, recommending enhanced collaboration, institutional connectivity, and information sharing (Stojanovski et al., 2021).

Effective responses to mass migration episodes were largely attributed to collaborative efforts involving international organizations including UNHCR, World Health Organization (WHO) / Europe, UNICEF, national institutions and local NGO's (Oncheva & Spasenovska, 2015), underlining the importance of interagency cooperation. Similarly, in Bosnia-Herzegovina health care services to migrants were predominantly delivered by NGOs, while in Montenegro, local public health authorities provided medical services in 90% of cases (Stojanovski et al., 2021).

Regarding migrants' rights to health (strategic area 2), studies revealed concerning attitudes among health professionals towards migrant patients (Jankulovska et al., 2020). Furthermore, the review shows the violation of migrants' rights during the COVID-19 pandemics, alongside discrimination in COVID measures (Poposka et al., 2022). These findings underscore the need for developing strategies to combat negative attitudes and stereotypes among health care professionals (Jankulovska et al., 2020), increase public awareness to reduce xenophobia, and align national policies with international standards (Amet, 2018; Brmbeska, 2018; Poposka et al., 2022).

A significant number of studies in the current review focused on public health preparedness and health system adaptation (strategic area 4 and 5, respectively), which is consistent with findings from a scoping review on migrants health in the Republic of Ireland (Villarroel et al., 2019). The review showed that, according to the Law on Foreigners, health coverage of legal migrants in NM equals that of national citizens, although additional requirements such as permission to stay in the country and employment are needed (Tozija, 2018). Similarly, documented migrants and asylum seekers have unconditional access to health services (International Organization for Migration, 2016), including compulsory health insurance with basic benefits and co-payment obligations (Tozija & Lizana, 2020). However UDMs lack the right to free health care except in emergencies, requiring them to cover the full costs themselves or obtain private insurance (Tozija & Lizana, 2020).

Despite migrants posing minimal risk in spreading infectious diseases (Burns et al., 2021), NM as a transit country, must ensure adequate capacity for public health measures, including migrant health examination, reporting, diagnosis and treatment, alongside immunization programs. Prevention of communicable and non - communicable diseases is crucial for transit and recipient countries (Lebano et al., 2020). Our findings contrast with previous scoping reviews on migrant health of migrants in UK (Burns et al., 2021), Spain (Lebano et al., 2020) and Latin American migrants in Europe (Roura et al., 2021), where the research on communicable diseases was a predominate. Conversely, research in Republic of Ireland focused more on social determinants of health and less on communicable diseases and health screening (Villarroel et al., 2019).

Furthermore, the review highlighted the shortage of research in health information and communication (strategic area 9). Existing literature underlines the absence of standardized data collection on migrants health in general and migrants' health in particular (Solano, 2020) hindering the identification and registration of asylum seekers and the processing of asylum (Kogovšek Šalamon, 2016). This deficiency extends to MARRI members, posing challenges to effectively manage migration not only for NM but for the region as whole (Stojanovski et al., 2021). Accurate and disaggregated data are key for informed decision making, necessitating collaborative research among governmental stakeholders to improve data collection (Stojanovski et al., 2021).

4.2. Implications for future migration health research, policy and practice

Efforts to expand our understanding of migrants' health involve addressing the knowledge gaps identified by the WHO - SAAP framework. This includes raising public awareness to mitigate xenophobia and stereotypes toward migrants, social determinants of health, communicable and noncommunicable diseases, improving the health information system for migrant health data collection, and enhancing health communication and promotion. Involving academia and migrants themselves in the research process is crucial for improving migrants healthcare services (Burns et al., 2021; Lebano et al., 2020).

Future research should also address the specific health needs of migrant subgroups such as asylum seekers, migrant workers and undocumented migrants, to reduce existing health disparities (Burns et al., 2021). Such evidence based approaches are essential for promoting migrant health and wellbeing. The finding from this review should be

disseminated to key migrant stakeholders in North Macedonia such as Government, policy makers, NGOs, and researchers to inform evidence-based policy responses on migration.

4.3. Strengths and Limitations

This scoping review serves as a foundation for future research on migrants' health in North Macedonia, identifying research gaps and synthesizing findings around the WHO – SAAP framework. Moreover, we noted that grey literature accounted for 50% of the reviewed articles and offered valuable insight in understanding migrants health status in the country. Inclusion of gray literature alongside peer-reviewed studies increased the comprehensiveness of our analysis. Nevertheless, there is a limitation to our review. While the breadth of our research included both peer-reviewed and gray literature in three languages, our data search included databases within our capacity and accessibility. Hence, there is a possibility that we may have missed some sources.

5. Conclusion

This review offers the first comprehensive analyzes of peer-reviewed and grey literature research on migrants' health in North Macedonia. Utilizing the WHO-SAAP framework, it identifies the key gaps in migrants' health research, emphasizing the need for improved data collection on migrants health and health information system, further research on health needs and barriers, social determinants of health, and advocacy for migrants health. NM must address these issues to improve registration, screening and referral procedures at borders, ensuring comprehensive management of migrants flows (Stojanovski et al., 2021). Urgent measures are required to strengthen migrant healthcare, refine national policies, and address their specific health needs in North Macedonia (Solano, 2020).

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