

Health of migrants

Report by the Secretariat

MIGRATION FLOWS AND THE GLOBALIZED WORLD

1. The volume of population movements, whether voluntary or forced, is increasing. Their impact – either as outpourings or influxes – is attracting considerable interest at regional, national and subnational levels, and from governments, civil society and the media.
2. Migration can be defined as “a process of moving, either across an international border, or within a State. It is a population movement, encompassing any kind of movement of people, whatever its length, composition and causes”.¹ Migrants themselves encompass the overlapping categories of migrant workers and their families, long-term and short-term immigrants, internal migrants, international students, internally displaced people, asylum seekers, refugees, returnees, irregular migrants and victims of human trafficking.
3. According to United Nations estimates, 120 million of the approximately 175 million migrants worldwide are migrant workers and their families. Documented and undocumented workers have a different status and, therefore, varying levels of access to basic social services. Though the majority of migrant workers are men, more women and children are becoming international labour migrants, thus rendering them more vulnerable to human trafficking.
4. A large proportion of migrants globally move through legal channels, and their migration does not necessarily have negative health impacts. Some of them, however, will have difficulty in accessing health care. The migration process itself, may have negative health implications for migrants, in particular among subgroups such as vulnerable migrants, trafficked persons, refugees and smuggled migrants, involving demonstrated health risks. Improved definition of the populations under consideration is necessary to allow the health status and access to health care of the various subgroups of migrants to be analysed in greater depth.
5. Migration may require humanitarian responses, especially to substantial displacements resulting from natural disasters or conflicts within or between countries. It also poses challenges to the organization and delivery of effective and culturally sensitive social services. Migrants’ fundamental health needs are not always adequately met, thus raising concerns with regard to equity, social cohesion and inclusiveness. There is also a strong association between population movements and the

¹ *Glossary on Migration, International Migration Law Series*, International Organization for Migration, 2004.

spread of disease. For all the above reasons, migrants' health is becoming an increasingly important public health matter, for Member States and for the work of the Secretariat. Consequently this report addresses two distinct but related issues: the health needs of vulnerable migrants and the public health implications of migration.

Basic principles of a public health approach to the health of migrants

6. A population health approach is necessary in order to align strategies, policy options and interventions for improving health outcomes among particular subgroups of migrants. Several basic principles influence the development of a public health approach for migrants. The main public health goal is to avoid disparities in health status and access to health services between migrants and the host population. The second, closely associated, principle is to ensure migrants' health rights. This entails limiting discrimination or stigmatization, and removing impediments to migrants' access to preventive and curative interventions, which are the basic health entitlements of the host population. The third principle, associated with migrations resulting from disaster or conflict, is to put in place life-saving interventions so as to reduce excess mortality and morbidity. The fourth principle is to minimize the negative impact of the migration process on migrants' health outcomes. Together, these four principles may be taken as the basis for a policy framework for defining public health strategies for migrants.

Determinants associated with the health of migrants

7. Population movements generally render migrants more vulnerable to health risks and expose them to potential hazards and greater stress arising from displacement, insertion into new environments and reinsertion into former environments.

8. Recent migrants often have to deal with poverty, marginality and limited access to social benefits and health services, especially during the early stages of insertion into a new environment (either inside or outside their country of origin or return). For their part, low-skilled and seasonal migrant workers are often concentrated in sectors and occupations with high levels of occupational health risks. Family members, including children, may also be involved in this work and thus exposed to these risks.

9. Victims of human trafficking, especially women and children, are particularly vulnerable to health problems and are more likely than other groups to suffer from communicable and noncommunicable diseases, as well as from mental health problems.

10. Migration, when triggered by disaster or conflict, food insecurity, disease, or climate change and other environmental hazards, is closely linked both to the destruction of livelihoods and, often, to disruptions to the health system.

11. Health inequities arise largely as a result of discrimination, inequalities in income, and unequal access to education, employment and social support networks, to all of which disadvantages vulnerable immigrant or refugee populations and trafficked persons are disproportionately prone. While equal access to health care is important, so too are health promotion and disease prevention measures, which are often overlooked when discussing the health of migrants.

12. Interventions that address the social determinants of health are possible through intersectoral actions that target the causes at societal level. Hence these economic, political, social and environmental determinants of migrants' health underline the importance of developing intersectoral

policies, including those aimed at reducing the risk of disasters that can influence both the migration process and its most serious health consequences.

Health issues stemming from migration

13. Health information on migrants' health and on their access to health services is scarce. Few country health information systems disaggregate data in a way that permits analysis of the main health issues either found among migrants or resulting directly from migration. Qualitative studies call attention to migrants' different perceptions of health and of approaches to health-seeking behaviour, which indicate that quantitative studies should be complemented with qualitative studies – though again, the relevant data are limited.

14. An important health dimension is the health risks that migrants carry with them and the public health implications. Migrants travel with their epidemiological profiles, their level of exposure to infectious agents, their genetic and lifestyle-related risk factors, their culture-based health beliefs, and their susceptibility to certain conditions. Also, they carry the vulnerability present in their original communities. If, for instance, immunization coverage is low in the country of origin or return, the original population risk will be carried to the destination country until coverage of migrants reaches the same level as that for the host population. Similarly, if the prevalence of a given communicable disease or any neglected disease is higher in the country of origin or return, there is an increased likelihood among migrants of being affected by the condition and/or transporting it across borders. Conversely, when diseases have a high prevalence in destination countries, migrants may become affected and take them back to their country of origin or return. There is also evidence that certain noncommunicable diseases, such as hypertension, cardiovascular diseases, diabetes and cancer, are an increasing burden on migrant populations and impose considerable demands on health systems of destination countries.

15. Some destination countries perform health assessments for prospective documented migrants, or have provisions imposing certain health conditions that may prevent documented migrants from entering the country. This issue poses a challenge in defining public health preventive and treatment measures that adhere to basic human rights. The challenge is even more complicated in dealing with undocumented migrants and forced internal or international migration, since there are no mechanisms to detect health conditions prior to migration.

16. Communicable diseases and sexually transmitted infections are often viewed from a single perspective: the risk migrants bring when entering (or transiting) a country. However, vulnerability must be addressed at all stages of the migration process. Moreover, the differences among migrants – in their patterns of movement, and in their socioeconomic and migratory status – must also be considered.

17. Exposure to risks associated with population movement raises migrants' vulnerability to psychosocial disorders, drug abuse, alcoholism and violence. In addition, limited access to health care during the transit and early insertion phases of migration increases the resultant burden of untreated noncommunicable conditions.

Migrants and health systems

18. The foregoing health issues highlight the challenges faced by national health systems. There is a need to reach out to migrants and address their special vulnerabilities and health-care needs. The response entails targeting interventions to reduce migrants' health risks and launching or strengthening

programmes and services that are “migrant sensitive”, that is, which include care that takes cultural, religious, linguistic and gender needs into consideration, and which offer guidance to migrants on how to deal with their new national health system.

19. In addition, there is the challenge of securing equitable access to health services for migrants. Ensuring such access may take many different approaches depending on the organization and financing of each health system. The aim is to promote financial protection mechanisms to prevent excessive expenditures among already economically vulnerable groups. Consideration should be given to providing sustained health insurance between countries of origin or return, transit and destination, especially for temporary migrants and irregular migrants whose legal status prevents their accessing health services. In certain countries, the rapid influx of migrants over short periods of time constitutes a particular challenge for national health systems.

20. Few workplaces employing migrants provide basic occupational health services, and few migrants benefit from national social security compensation or rehabilitation schemes for occupational disease or injury. Preventing such disease or injury requires the overhauling of working conditions in high-risk sectors as well as the introduction of culturally sensitive approaches to the provision of health and safety training and information in multicultural work settings. Furthermore, the workplace could be used as an entry point for health services delivery and to convey public health messages to migrant workers and their families.

Strategies for improving the health of migrants

21. Member States facing migration challenges have an increasing need to formulate and implement strategies to improve migrants’ health. Regional and global strategies can also supplement country-specific activities. Governments must ensure coherence between national policies for health, employment and migration. Further, intercountry collaboration is required to assess and subsequently tackle occupational risks and their health consequences before, during and after migrants’ period of work, both in their country of origin or return and destination.

22. Among the possible strategies for improving the health of migrants are the following:

- **advocacy and policy development:** promoting migrant-sensitive health policies that adhere to the principles of a public health approach aimed at improving the health of migrants; advocating migrants’ health rights; promoting equitable access to health protection and care for migrants; developing mechanisms to enhance social protection in health and safety for migrants; raising awareness of, and promoting international cooperation on, migrants’ health in countries of origin or return, transit and destination; encouraging collaboration among health, foreign affairs and other concerned ministries in all countries involved; strengthening interagency, interregional and international cooperation on migrants’ health with emphasis on developing partnerships with other organizations such as UNHCR and the International Organization for Migration; and promoting cooperation for health policies among central and local governments as well as among representatives of civil society
- **assessment, research and information dissemination:** assessing the health of migrants and trends in migrants’ health; identifying and filling gaps in service delivery to meet migrants’ health needs; disaggregating health information by gender, age and origin and by socioeconomic and migratory status; encouraging health and migration knowledge production, including both quantitative and qualitative studies; documenting and disseminating best practices and lessons learnt in addressing migrants’ health needs in

countries of origin or return, transit and destination; and disseminating good practices such as migrant-friendly hospitals to other regions of the globe

- **capacity building:** sensitizing and training relevant policy-makers and health stakeholders involved with migrants' health in countries of origin or return, transit and destination; promoting increased cultural, religious, linguistic and gender sensitivity associated with migrants' health among health service providers, and training health professionals in addressing the health aspects associated with population movements; creating a network of collaborating centres, academic institutions and other key partners for furthering research into migrants' health and for enhancing capacity for technical cooperation; and training health professionals about diseases and pathologies that prevail in the country of origin or return
- **service delivery:** initiating or reinforcing migrant-friendly public health services and health care delivery methods for migrants with special needs; strengthening health promotion and disease prevention initiatives to reach out to migrants in the community; establishing minimum standards of health care for all vulnerable migrant groups (particularly women, children, undocumented or irregular migrants, asylum seekers, refugees and victims of human trafficking); and publicizing existing services.

23. The Executive Board discussed an earlier version of this report at its 122nd session in January 2008. It also extensively discussed a draft resolution proposed by several Member States, before adopting resolution EB122.R5.

ACTION BY THE HEALTH ASSEMBLY

24. The Health Assembly is invited to consider the draft resolution contained in resolution EB122.R5.

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