

The views expressed in this paper are the views of the author and do not necessarily reflect the views or policies of the Asian Development Bank Institute (ADBI), the Asian Development Bank (ADB), or its Board of Directors, or the governments they represent. ADBI does not guarantee the accuracy of the data included in this paper and **accepts no responsibility for any consequences of their use**. Terminology used may not necessarily be consistent with ADB official terms.

Module 7 Migration and Health

3 November 2006, 9:00 – 12:30

MIGRATION AND HEALTH

Dr. Nnette Motus
Migration Health Regional Programme Manager
IOM Regional Office for Southeast Asia, Thailand

LINKING AND BRIDGING THE GAPS: PUBLIC HEALTH CONCERNS OF MIGRANTS AND HOST COMMUNITIES

If all international migrants lived in the same place, it would be the planet's fifth biggest country. **1 out of 35 persons is an international migrant.**

- 175 million international migrants worldwide in year 2000, up from 84 million in 1975 (UN)
- 5 to 10 million international migrants (including undocumented) every year
- Increased feminization of migration, ~ 48% are women (IOM, 2000)
- Migrant population represents 2.9 % of total world population (UN)
- 80-97 million migrant workers/dependents in countries outside their own; no less than 15% have an irregular status (ILO, 2002)

This presentation aims to briefly a) highlight linkage between migrant health and population mobility; b) illustrate significant public health implications and migration; and c) outline key health determinants and priorities in addressing migrant health and public health policies.

Migration has always been a central and necessary part of economic and social development everywhere and has required the relatively free movement of people across and within borders. Recent times have showed some **important changes**: a) **PACE**: migration is much faster than ever and is available to more people. Modern travel allows moving to any place in the world in a matter of a couple of days maximum; and b) more **DIVERSITY** than

ever before: Diversity in types of migrants and where they come from and go to.

Health is not just about diseases. The World Health Organization (WHO) defines health as a *'state of physical, mental and social well-being, and not merely the absence of disease or infirmity.'*¹ In the context of migration, health means the physical, mental and social well-being of migrants and of mobile populations.

Health and migration are **linked and interdependent**, are **dynamic** processes and continue to **evolve** in today's globalized world. This was acknowledged as early as the 14th century during the plague epidemic in Europe. Countries eventually developed formal systems of

quarantine to stem the spread of infectious disease through travel as manifested in border entry requirements and immigration laws. Since 1951, the World Health Assembly's International Health Regulations have aimed to manage the connection between international travel and public health.

Public health is defined as the science and art of promoting health, preventing disease and prolonging life through organized efforts of society.² Public health practices focus on interventions that require collective or organized actions, sustainability (such as embedding policies within supporting systems), population-wide health improvement and reduction of health inequities.³

Migration health is a specialized field within the field of medical science. It focuses on the well being of all types of mobile populations, including immigrants, internally displaced, refugees, returnees, trafficked populations, irregular migrants and labor migrants, and throughout all phases of the migration process: pre-departure, during transit, upon arrival in the host communities and upon return.⁴

A) MIGRANT HEALTH AND POPULATION MOBILITY

The patterns of population mobility have impacts on **individual health** and on **health of the communities**. As more people travel faster and to various destinations across the globe, migration health becomes a major public health concern. Migrants are people with his/her own health profile such as personal health history, cultural beliefs, social and economic and environmental health beliefs. The ability of a migrant to integrate into a host community is based on combined mental, physical, cultural and social being. The absence of physical

¹ <http://www.who.int/about/definition/en/>

² WHO. Adapted from Acheson, D. (1998). Public Health in England, Cmnd 289, HMSO).

³ WHO. "Ministerial Round Table: Future Directions for Public Health in the Region", Regional Committee for the Western Pacific Fifty-fourth Session, Manila, 22 July 2003.

⁴ IOM Council Document MC/INF275 88th Session: "Migrant Health for the Benefit of All", 08 November 2004

ill-health is not by itself is not considered a successful integration in a host society.

Adequate response to these health challenges related to migration will benefit not only the migrants as well as the host communities. Well-managed holistic health services should aim to reach out to migrants/host communities because in the long term, **healthy and integrated migrants – in particular labor migrants – are a valuable resource to the host country**. Investing in inclusive, culturally/gender-appropriate prevention, health education, early diagnosis and treatment policies are considered cost-effective measures for host countries.

The **traditional pre-departure health interventions** (such as refugee/immigrant health screening) are only relevant to a small fraction of the population. In comparison, it is increasingly recognized that health of migrants and mobile populations go **beyond infectious diseases and includes non-communicable conditions and psychosocial illnesses**. National health policies need to take into account these factors :

- most chronic conditions
- health beliefs and behaviours
- cultural attitude towards illness and health
- most mental health issues
- pre-dispositions to health conditions (genetic make up),
- health conditions of the receiving communities, among others

This presents a great challenge for decision makers and public health services providers to plan and provide effective and responsive health services for communities with diverse languages, cultural backgrounds, migration circumstances and socio economic status. While there are a number of international and national legal instruments and policies that link migration and health, they may be not specifically designed to offer equitable, culturally sensitive and appropriate health services to migrant and mobile populations.

Documented migrants may have the advantage of having access to health care services of the host country; will allow them certain level of health protection as well as their receiving communities. People with no legal status become more disadvantaged to accessing social and health services. But as we know, even if they do have legal status, they may not necessary use available health services if they do not know about them, if they do not understand, or if the services offered to them are 'foreign' to their cultural and religious beliefs.

B) PUBLIC HEALTH IMPLICATIONS OF MIGRATION

The relationship between **population mobility and the emergence of previously unknown diseases** such as HIV or SARS – and now Avian Influenza - , as well as the re-emergence of known diseases such as TB, and malaria is now increasing being recognized. The faster paced movement of people is often shorter than the incubation period of an infection agent. A

recent example is the response to SARS which was a regional outbreak in one country that spread within weeks along the routes of international air travel to over 25 countries and five continents.

However, **health care systems of host countries, including public health, may not recognize migrants' personal health history and beliefs about health.** Language, religion, rituals can influence if the migrant may want to avail of health services in his/her new community or to comply with preventive health measures of the country. Even if migrants have equal access to health services (such as Canada, Australia) the use of these services by migrants is less than that to the local population. Could the reasons be – *are some migrants are healthier, they are less likely to seek help from western medicine, they are not aware of services available, or they do not recognise certain health conditions as problematic?*

Other **health risk factors are related to travel conditions.** The planned movement of a migrant facilitated by the host country will be safer than the journey of a smuggled or a trafficked person or of a person fleeing natural or man-made disasters.

Human rights issues are highly relevant to migration health policy particularly when trauma, rape, torture or other inhuman or degrading experiences are part of a migrant's background. Major adjustments to his/her new environment to ensure that appropriate health/mental health interventions must be in place.

SOME PRINCIPAL EXAMPLES

- **Communicable diseases**

Data show many people/refugees migrate from areas in the world with high prevalence rate of certain diseases such as HIV/AIDS, TB, malaria, hepatitis B, to areas in the world where these diseases are of lower prevalence. TB has re-emerged in the industrialized world and is largely associated with increased arrival of people coming from geographical areas of high TB-prevalence. If untreated, one person can infect between 10-15 other persons every year. The cost of not paying attention to public health in managing migration is high.

- **Reproductive/sexual health and women's health**

Facing difficult socio-economic conditions and massive unemployment, an increasing number of women seek unskilled, low wage employment abroad and are highly vulnerable of being trafficked. The vulnerability of women and children cannot be more emphasized with the increased feminization of migration in the past decade.

Not only do most migrant women come from poor backgrounds, they continue to live and work in conditions that impose behavioural risk to reproductive health, they lack information on how to protect their sexual lives. The question is whether information was available to migrants, whether it reached the

migrant population and whether it was culturally adapted to the migrants. (Carballo 2001)

Women's lack of decision making power in all spheres of life undermines efforts to strengthen women's health and rights. Women's rights need to take a more prominent place in advocacy and policy strategies.

An illustration concerning labor migrants: *"If you wanted to spread a sexually transmitted disease, you'd take thousands of men away from their families, isolate them in single sex hostels and give them easy access to alcohol and commercial sex. Then to spread the disease, you'd send them home every once in a while to their wives and girlfriends"* (Mark Lurie, S African Medical Research Council, 1999).

- **Mental health**

Migrants will usually undergo tremendous individual, family and social pressures that will bear significant effects on their psychological conditions. Psychosocial problems often underlie many of the other health problems experienced by migrants. (IOM Council Document 2002)

Alcohol and drug abuse are also relevant problems in the context of migration. In a study in South Korea, migrant workers pointed to fighting among themselves, and excessive alcohol intake which may indicate their emotional instability and aggressiveness owing to difficult environments.

Reasons behind substance abuse can be a manifestation of social marginalization and expression of anger and frustration as well as family disorganization, and vulnerability to fall in the hands of drug dealers. (Carballo 1998)

C) OUTLINE SEVERAL HEALTH DETERMINANTS AND PRIORITIES IN ADDRESSING MIGRANT HEALTH AND PUBLIC HEALTH POLICIES.

To not address the importance of migration and population mobility can lead to more than the spread of a disease. The economic burden goes beyond health issues and affects: trade, political relationships, and financial positions in a global economy and travel in affected regions.

What are some **key health determinants**?

It is important to understand what determines the health status of migrants, so that health care services delivery can be focused in addressing the health concerns of migrants. These determinants are:

- Innate genetic make up
- the epidemiology from place of origin and experience of traumatic events before departure
- social and economic status

- knowledge of language of host community
- similarities of cultural values between home and host communities
- education level
- age
- gender
- legal status in host community
- being alone or with family
- health conditions of receiving community
- existing policies, discrimination and attitudes of receiving community

All of the above will determine risk behaviour; help seeking behaviour and access to health care services which eventually will lead to the health status of the migrants.

What are some public health measures, strategies and services that may be developed by countries?

- **Migration Health Assessments**

Pre-departure migration health assessments are one process to address population health mobility and public health concerns. Two main reasons are: **protection of public health and safety and reduction of burden on publicly funded health and social services.** For example, health assessments are conducted for prospective immigrants before arrival in receiving countries (US, Canada, Australia, New Zealand). These assessments will include data on : detailed history and physical examination, clinical or laboratory investigations, blood examinations (syphilis, voluntary HIV testing), chest x-ray, tests for urine, specialist referrals, HIV pre- and post-test counselling, providing immunization and treatment for some medical conditions before departure (tuberculosis, parasitic infestation, syphilis, leprosy, malaria), completion of medical documentation and immigration health forms, transmission of relevant medical information/document to appropriate immigration and/or public health institutions taking into account confidentiality of medical data.

- **Developing Integration and Prevention Strategies**

This will contribute to **decreasing stigmatization and discrimination between migrant and host country communities** such as, improving communication and removing language barriers in health care (use of bilingual health care providers, multilingual information technology) , improving cross-cultural awareness between native born health professions and migrants, use of culturally appropriate media information strategies, etc

Above all, effective strategies must ensure to facilitate ethnic community participation in policy design, program planning and evaluation to ensure that services are appropriate and migrants will make use of the health services.

- **Improving Access to Health Care**

Governments to ensure that all migrants will have **equal access** to the same health care services as the host communities irregardless of their immigration or residence status. Specific attention and care to be given to the already marginalized or vulnerable groups who for various reasons may not readily have nor want to get adequate health care.

- **Strengthening of Information and Surveillance Systems**

Enhance and strengthen existing public health surveillance systems within countries, regions and implementing an international surveillance and information exchange system between sending, transit and destination countries.

- **Capacity Building and changes in education**

Building capacities within public health systems of source, transit and destination countries especially in the control of spread of infectious diseases like tuberculosis or HIV/AIDS, or Avian Influenza.

But also for **health education care providers, social scientists, health planners, policy makers and medical educators** need to address health care issues associated with moving masses and disparities in health between locations

- **Supporting Public Health Research**

This will ensure that acceptable standards or treatment and assessments for migrants at maintained with best practice.

In conclusion, it is envisioned that this session will provide a forum on how you can as policy makers and practitioners plan and design **more effective and inclusive** public health interventions for all members within communities

The underlying response to the complex inter-relationship between public health policies and migration management policies health problems is a priority of respective governments. Migration health policies must be comprehensively integrated into the **broader framework of migration policies at the national level**. There must be a strong political will to also include migration health issues into **regional and interregional agreements** to ensure equal access to quality health services for migrants including irregular migrants and other vulnerable and marginalized mobile populations, and will also benefit host communities.

