INTERNATIONAL CENTRE FOR MIGRATION AND HEALTH

WHO COLLABORATING CENTRE FOR HEALTH-RELATED ISSUES AMONG PEOPLE DISPLACED BY DISASTERS

The Challenge of Migration and Health

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Migration has become an essential part of economic development everywhere, and more people are now moving than ever before as part of that process. They are also moving much faster and further, crossing vast ecological, climatic and "disease zones" as they do. Migration is not new. Poverty, land pressures, climate change, famine, war, persecution and the desire to explore have always pushed or attracted people to move. In some instances immigration has also been fostered by receiving countries as a way of populating new lands and stimulating their economies. Today when real and relative poverty is becoming more marked in many parts of the world, and when the gap between rich and poor countries is growing, people are being pushed in even greater numbers to seek work elsewhere. At the same time, richer countries are still actively recruiting people from other parts of the world to help meet their emerging labour needs, transport is becoming cheaper and the media is constantly providing images of what life could be like in other countries. For all these reasons migration is not likely to stop any time soon. Indeed there is reason to believe that in the years to come, both rural-to-urban migration and migration across borders will grow. The implications of this growing migration for those who move, those they leave behind and the societies that host migrants need to be factored in to national health plans and international agreements.

Health and where people come from

Migrants, like all people, carry with them personal health "prints" that are made up of any ethnic or family disease susceptibilities they may have inherited, the personal health experiences they may have had, including their access or lack of access to healthcare. The health prints people carry with them also reflect the ways in which cultures have adapted to their health environments and the beliefs they have developed to deal with life, illness and death. These prints can continue to define the health and the health behaviour of migrants long after they have arrived and settled in host countries. Because migrants tend to move from situations of relative poverty to better-off social settings, it is not unusual for diseases that are classically associated with poverty, such as tuberculosis and hepatitis, to be more common among them than they are in the societies they move to.

Health and how migrants move

Migration is always difficult, no matter whether it is forced or so-called voluntary. It typically involves uprooting, leaving some family members and friends behind and breaking with social customs and values that have provided a sense of continuity. In many cases, it means leaving without guarantee of work or successful

resettlement. Indeed, in today's world of hardening policies on migration it means leaving home and family knowing the chances of real success may be limited at best and negligible at worst. Nowhere is this more so than in the case of the growing number of people moving clandestinely across borders, being smuggled or trafficked and being placed in situations that threaten physical and psychological health in unique and far-reaching ways. For all these reasons, the physical and psychological health of migrants is affected by the circumstances under which they move. While this is most evident in the case of people who are forced to move as a result of conflicts and violent persecution where the potential for serious insult and damage is always high, it is also the case for all migrants.

Health and resettlement

The health of migrants is influenced by the overall social and economic conditions into which they move. Migrants, especially but by no means only clandestine migrants, tend to move into low status, poor paying jobs. They also orientate towards cheap and often overcrowded poor quality housing that allows them to save enough money to send remittances back home. The health profiles that migrants develop after they arrive reflect all of this, and no matter where they go, diseases and problems of poverty continue to haunt them. Ironically, for some migrants, the first real confrontation with diseases of poverty, including tuberculosis, sometimes comes in the richer countries they move into. The type of work they do is often hard, risky from an accident and disease perspective, and for which they are afforded poor training because they are seen as transitory and difficult to reach because of language. The mental health of migrants is influenced by a mix of culture shock, language problems, homesickness, difficulties staying in touch with families left behind, anxiety about work insecurity, and in the case of clandestine migrants and asylum seekers, the constant fear of deportation. Coping with these conditions assumes many forms; tobacco and alcohol abuse are not uncommon. Depression and other psychological problems are also frequent and cultural and linguistic differences often make the timely and correct diagnosis and treatment of these and other problems, difficult and complex.

Health, gender and migration

Today's changing job market is prompting new gender profiles in migration and new public health challenges. For the first time in history, women are moving as much if not more than men. They are also moving alone in response to labour demands and policy exigencies that do not permit couples to move together. Often finding themselves with little social support, women are placed at risk of sexual abuse and exploitation. In addition, many arrive from countries where the availability of reproductive health care, including family planning, has traditionally been poor and from where they bring little knowledge and experience with such services. Not surprisingly the rate of unwanted pregnancies among migrant women is high, and requests for abortion by migrant women tend to be three to four times higher than in host populations. Their experience with pregnancy and gynaecological health also tends to be different and more problematic; they tend to seek care late and when they do have problems, they have much worse outcomes than other women in the host population.

Emerging health concerns

In addition to the many health problems that have typically been associated with migration, a number of other less well-documented ones are now emerging and call for special attention. For a variety of social and biological reasons, including chronic stress, poor dietary adaptation, and rapidly changing lifestyles, migrants appear to be more vulnerable than host populations, to Type 2 diabetes and to cardiovascular problems such as hypertension and stroke. Moreover, when they do experience these diseases they tend to have more difficulty managing them and then shoulder higher socioeconomic burdens than others because they are often alone and unable to access and use local health and social services easily or well.

Barriers to health care of migrants

Even in countries that provide universal coverage and access to healthcare, migrants often fail to benefit from what services are available. There are a number of reasons for this. Language barriers and poor communication between migrants and health care personnel is probably one of the main reasons, but how migrants perceive their health and what they can do about it is another important one. Migrants often live with misperceptions about what local health care systems are willing to provide for them, and frequently interpret what is said or gestured as meaning that health personnel do not understand them or wish to share services with them. The reality is also that many migrants, especially clandestine ones, easily fall outside the parameters of organised healthcare and insurance schemes and end up having to resort to emergency services when their health problems become too unbearable. In some cases, there are logistical problems to be surmounted as well. Some migrants are simply not be able to, or are afraid to take time off work. Others do not know where to go for healthcare, and even if they do, they do not always have the right to the services ideally called for.

Migration of health personnel

Not all migration involves the movement of low-skilled workers. The last few decades have seen a growing recruitment of trained personnel from poor countries by richer ones that are unable to otherwise meet their domestic needs. Unfortunately many of the same countries that are training and providing qualified medical migrants to the "north" are so poor that they have never been able to approximate the goal of universal access to even basic healthcare for their people and in the context of the current brain drain, they are even less likely to be able to do so.

The challenge

How best to respond to the health dilemmas that are now emerging in the context of contemporary migration calls for concerted action by all countries, be they so-called sending or receiving countries. They are dilemmas that have been neglected for too long and that are now assuming a more urgent character than ever before. Unless these dilemmas are taken up in ways that respect principles of international cooperation, human dignity, and the right of all people to health, they could become a source of social and political disruption as well as a profound insult to public health. Taking up the challenge of migrant health could also provide valuable insights into the healthcare needs of other groups who often

tend to fall outside the scope of national health care systems. The poor, rural people, the elderly, and those with disabilities of one kind or another could all benefit from more attention being given to migrants and their health promotion and protection. If further problems and human wastage is to be averted, healthcare systems should begin to pay more attention to the changing demographic, social and cultural character of today's world and try to understand how migration is affecting health and health care needs. Understanding the emerging equation of health and migration and tailoring services accordingly could go far in creating more harmony in health. Planning and tailoring services according to today's reality and getting healthcare providers, be they doctors, nurses or other staff, to look for, recognise and be sensitive to the needs of migrants and their life experience could equally contribute to getting us closer to achieving health for all.

Dr Manuel Carballo is Executive Director of the ***International Centre for Migration and Health*** *(ICMH). ICMH assists governments, international and national organisations and NGOs to respond to the emerging health challenges associated with migration. ICMH believes the right to health applies to everyone, including all people on the move. It also believes that by responding to the needs of migrants, refugees and asylum seekers and others, the health and human security of the larger public is also better served. ICMH is a WHO Collaborating Centre and a UNFPA implementing partner.*

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