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EIGHTY-EIGHTH SESSION

MIGRANT HEALTH FOR THE BENEFIT OF ALL

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SUMMARY

1. Health and migration are linked and interdependent. Indeed, many of the same disparities that drive the global spread of disease also drive migration. That is not to say that movement should be stopped, but rather that the health implications and opportunities have to be managed. Well-managed migration health, including public health, promotes the well-being of all, and can facilitate the integration of migrants within communities by promoting inclusion and understanding, contributing to stable societies and enhanced development.

2. Health issues concern all mobile populations and their host and home communities, and potentially cut across all areas of IOM's work. IOM's role is to promote migrants' physical, mental and social health, to deliver high quality health services to migrants, and to respond to the needs for migration health management strategies through research, technical cooperation and policy guidance.

I. THE CONCEPTS OF MIGRATION AND HEALTH

3. Migration is the "movement of a person or group of persons from one geographical unit to another, across an administrative or political border, to settle definitively or temporarily in a place ... migration often does not occur directly between these two places but involves one or several places of transit. Various types and practices of migration include orderly migration, return migration, forced migration, irregular migration, smuggling, and trafficking".¹

4. 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".² In the context of migration, this translates into the physical, mental and social well-being of mobile populations and communities affected by migration.

5. Public health is defined as the science and art of promoting health, preventing disease, and prolonging life through the organized efforts of society.³ Public health practices focus on interventions that require collective or organized actions, sustainability (i.e. embedding policies within supportive systems), population-wide health improvement and the reduction of health inequalities.⁴

¹ Adapted from IOM. World Migration Report, IOM, Geneva (2003).

² <http://www.who.int/about/definition/en/> (Last accessed on 2 September 2004).

³ WHO. Adapted from Acheson, D. (1998). *Public Health in England*, Cmnd 289, HMSO.

⁴ 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.

6. In response to rapidly growing global mobility-induced public health challenges, migration health has become a specialized domain within the field of medical science. It focuses on the well-being of all types of mobile populations, including immigrants, internally displaced, internal migrants, refugees, returnees, trafficked populations, irregular migrants and labour migrants and throughout all phases of the migration process: pre-departure, during transit, upon arrival in host communities and upon return. In this document, the term “migrant” will be used to include this broad spectrum of mobile populations.

7. Migration health addresses the needs of individual migrants as well as the public health needs of host communities through policies and practices corresponding to the emerging challenges facing mobile populations today. The approach needs to be comprehensive, covering infectious disease control, emergency interventions, chronic diseases, mental health, the understanding of culture and health beliefs, human rights issues, migration health management concerns and many other factors that impact on the health of migrants and the communities they reside in or pass through.

II. THE LINK BETWEEN MIGRATION AND HEALTH

An old but evolving issue

8. The fact that human health and disease can be affected by migration was acknowledged as early as the 14th century during the plague epidemic in Europe. Formal systems of quarantine to stem the spread of infectious disease through travel are part of the oldest frontier and border entry requirements and predate immigration laws. Since 1951, the World Health Assembly’s International Health Regulations have aimed to manage the connection between international travel and public health. In recent years globalization has changed the scope and patterns of migratory movements, underlining the fact that the links and interdependencies between migration and health are not static but evolve with the same complexity characterizing migratory flows.⁵

Migrants bridge disparities

9. With more people travelling faster and to more destinations,⁶ migration health is today a major public health concern. The re-emergence of tuberculosis in developed parts of the world, the rapid spread of HIV (Human Immunodeficiency Virus) and SARS (Severe Acute Respiratory Syndrome) are only a few examples of the critical relationship between population mobility and health. As people move, temporarily, seasonally or permanently, they connect individual and environmental health factors between one community and another. Migrants travel with their health profiles and beliefs, reflecting the socio-economic and cultural background and disease prevalence of their community of origin. Often such profiles and beliefs are different from those of the host communities. These disparities may have an impact on the health and related services

⁵ IOM. World Migration Report. IOM, Geneva (2003).

⁶ The volume of migrants has more than doubled in the last 25 years, from 84 million in 1975 to 175 million in 2000. Worldwide, one out of every 35 persons is an international migrant.

of the host communities (for example, when diseases are introduced through the arrival of migrants) as well as on the health of the migrants (such as when culturally appropriate services are lacking or diseases unknown to the migrant's place of origin are present in the transit or host community).

The health consequences of migration

10. While migration itself is not, under normal circumstances, a risk to health, conditions surrounding the migration process can increase vulnerability for ill health.

- Some of the health risk factors are related to the circumstances before departure. A person fleeing conflict or human rights abuses, or leaving a high disease prevalent area with limited access to health care may have a different health profile from that of a person leaving a country where health services are optimal and disease prevalence is low. The presence and nature of such pre-existing health determinants are important predictors of the subsequent health impact associated with the process of migration.
- Other 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 person or of a person fleeing natural or man-made disasters.
- Risk factors related to the arrival or transit stage are often linked to the legal status of migrants, which determines the level of access to health and social services. Further factors defining vulnerability to ill health and risk behaviour are stigma, discrimination, differences in language and culture, separation from family and sociocultural norms.
- Finally, the return of migrants to their place of origin may imply returning to a location with high disease prevalence compared to the place where the migrant resided temporarily, or, conversely, it may imply the introduction of health conditions acquired during the migration process, into the home community.

III. MIGRATION HEALTH POLICIES TODAY: FROM EXCLUSION TO INCLUSION

11. Host communities may have needs that include protection of native populations from potential disease threats introduced by migrating populations, and the sustainability of publicly funded health and social services which could be challenged by the health needs of migrants. On the other hand, migrants have needs that include access to medical treatment and interventions.⁷ In addition, international human rights instruments explicitly recognize that human rights, including specific health-related rights, apply to all persons, including migrants.⁸

⁷ S. Maloney. Migration Health Policies: Shifting the Paradigm from Exclusion to Inclusion. Seminar on Health and Migration, Geneva, 9-11 June 2004. Available at: <http://www.iom.int>.

⁸ WHO. International Migration, Health and Human Rights. WHO, Geneva, December, 2003.

12. Migration is now an inevitable component of the economic and social life of every State and every region. Preventing the introduction of disease into communities through traditional exclusionary immigration policies has led at times to ineffective and discriminatory migration health policies. Policy-making that takes account of the physical, mental, and social well-being of individual migrants, their families and their communities, and that builds the necessary bridges between the health concerns and needs of communities of origin, transit and destination with those of migrant populations can lead to improved health for all. Moreover, well-managed migration health can contribute to the stabilization of societies, facilitating the integration of migrants in host communities. Migrants in a state of physical and mental well-being will be more receptive to education and employment. Discrimination, xenophobia and marginalization are exacerbated when host societies perceive migrants as vectors of disease.

13. To improve the management of international public health, partnerships need to be developed or strengthened between governments and organizations at the community, national, and regional level to:

- Build capacity within the public health systems of source, transit and destination countries and regions to minimize and better manage the transmission of disease. This includes training and educating health-care providers, policy makers, health management planners and health educators on how to address health-care issues associated with population mobility and disparities of health services between geographical locations.
- Develop integration and prevention strategies to decrease stigmatization, discrimination and vulnerability of migrant populations (e.g. improve communication by language, culture and gender sensitive services); and to facilitate ethnic community participation in health services delivery, policy design, programme planning and evaluation.
- Improve access to health care and preventive services for all mobile populations regardless of their immigration or residence status.
- Bridge public health policies and health management strategies between source, transit, destination and return communities.
- Support public health research to enhance national and international surveillance and information systems optimizing the exchanges between communities of origin, transit, destination and return.
- Include ethical and human rights approaches in order to ensure acceptable standards of treatment and research concerning migrants are maintained.

IV. MIGRATION HEALTH: A CROSS-CUTTING ISSUE FOR IOM

14. The provision of good quality health assistance for migrants has been a function of IOM since its creation in 1951. The delivery of medical services by IOM began with the recognition of the need for medical assistance during the movement of European migrants displaced as a result of the Second World War. Activities have evolved and responsibilities expanded over the years in response to the changing needs of migrants and governments, an increased international awareness of migration health matters, and better integration of health into the activities of the Organization.

15. Today, IOM has migration health activities in over 40 countries worldwide, compared with 12 countries five years ago. The yearly expenditures on migration health activities have doubled over the past five years. Activities are carried out in partnership with (inter)national agencies, universities, governments and other key partners. Close coordination with principal partner agencies in the domain of health (e.g. World Health Organization, Joint United Nations Programme on HIV/AIDS) are reflected in agreements and memoranda of understanding.

16. Health issues can affect all migrants and potentially cut across all areas of IOM's work. The Migration Health Department seeks to ensure that the health of migrants is appropriately addressed throughout all IOM's activities. In addition to global programme management and policy and strategy setting, the Department's core functions, as carried out by both Headquarters and Field-based staff members and specialized units, are the following:

Direct Health Assistance responds to the needs of any type of migrant population. Migrants' health needs are addressed in all phases of the migration process, including post-emergency situations, through preventive health interventions, diagnostic services, medical treatment, medical evacuations, mental health and psychosocial assistance,⁹ health promotion, health education, environmental hygiene and control, local capacity-building and rehabilitation of health infrastructures. Such services, implemented by IOM staff or partners, are supervised and undergo quality control by strategically located IOM health professionals in all areas of the world.

Health Operations Coordination supports IOM Offices in finding appropriate responses to demands in the domain of migration health, and provides technical guidance and backstopping for the development of activities where needed. In addition, this unit ensures inter-agency liaison with key partners and governments, as well as close collaboration with other IOM departments and units to ensure that health issues are integrated wherever relevant. The development and management of projects is largely entrusted to Field Offices.

⁹ IOM. Position Paper on Psychosocial and Mental Well-Being of Migrants. IOM Geneva, MC/INF/271, November 2003.

Health Promotion and Advice supports partners, governments and IOM colleagues in the management of migration health issues and related strategy, as well as policy development. In response to increased international interest in migration health, the Department provides a forum for dialogue among policy makers, experts and partners, aiming at bridging the gap between migration and health policy makers, and promoting the health of migrants through the integration of migrant health concerns into public health policies globally.

Public Health Studies responds to the needs of governments and agencies for evidence-based information on migrant health, making use of modern information systems. Quantitative as well as qualitative research data on migrant health are analysed and disseminated for advocacy purposes, and guide public health policy development and strategy setting. In addition, based on research, appropriate interventions and prevention strategies are recommended to decrease ill health among migrants and their host communities.

V. MANAGING MIGRATION HEALTH FOR THE BENEFIT OF ALL

17. Health is an essential element of effective migration management. Better understanding of the issues and linkages, and enhanced partnerships at all levels are needed to turn challenges into opportunities for improving global health for the benefit of all. IOM's Migration Health Department is well positioned to fulfil the Organization's mission to assist Member States in the orderly and humane management of migration.