

Well-managed migrants' health benefits all

Danielle Grondin¹

Human mobility is a fact of modern life. Liberalization of trade and capital, associated with the development of communication technologies and easier travel — compounded by political instability, economic mismanagement contributing to poverty, and high unemployment in many parts of the world — has changed the scope and the pattern of migration. Worldwide, one out every 35 persons is an international migrant (1). People move from one place to another in search of economic opportunity, to join family members, or because of war, human rights abuses and persecution. Migration appears to be a natural reaction to cope with adverse conditions. It will continue as long as economic imbalances and conflicts exist, and movement is an essential element in today's global economy.

Societies are becoming more ethnically diverse. While in the past the bulk of migration involved the permanent resettlement in traditional countries of immigration, today there is a wide variety of groups such as labour migrants, asylum seekers, migrants with irregular status including those without identity documents, internally displaced persons, and other vulnerable people such as unaccompanied children and trafficked persons.

Contemporary migration is complex, challenging not only migration policy but also linking with other policy domains such as public health. As people move, they connect individual and environmental health factors between one country and another. The patterns of mobility define the conditions of the journey and their impact on health. For instance, the planned movement of a recruited health-care worker will be safer than the journey of a person being smuggled into a country. The legal status of migrants in receiving societies often determines access to health and social services. For example, a migrant who is granted permanent residence enjoys the same access to services as the citizens of the host society, but this is

not usually the case for labour migrants or irregular migrants.

Mobility has repercussions that go beyond the physical displacement of persons or populations. People travel with their culture, religion, traditions and health beliefs. For example, language, religion and rituals can influence whether or not to make use of available health services and affect compliance with preventive health recommendations in host societies. Migrants also bring their genetic material and their socioeconomic, environmental and epidemiological backgrounds that shape their health; they may carry with them a higher risk of infectious diseases (e.g. tuberculosis) because of a higher prevalence in a region they travelled from or through (2), which can impact on host public health systems and communities. People also carry their personal history: events and traumas experienced by migrants before or during the journey, such as loss of loved ones, fear, torture and rape, may put them at a higher risk for health problems, including mental health problems, and can affect their ability to adapt to a new living environment (3). These determinants to migration health present a challenge to decision-makers and service providers to plan and provide effective and accessible health services for communities with diverse languages, cultural backgrounds, migration circumstances and socioeconomic status. Here, too, the issue is not to stop movement but to manage the health implications and opportunities linked to migration.

At each stage of the migration process (from the decision to the journey, reception and integration in a new community, and return to the country of origin), the physical, mental, and social well-being of individual migrants, their families and their communities need to be considered in policy-making and practice. Well-managed migrants' health promotes understanding, inclusion and cohesion in mixed communities: it can be a tool to facilitate the integration of migrants, stabilize societies and enhance

development. The importance of integration (i.e. autonomous participation and contribution to society) with respect to a successful migration outcome has therefore called for a comprehensive interpretation of migration health, beyond infectious disease control towards inclusion of chronic noncommunicable conditions, mental health concerns, and health and human rights issues. Migrants in a state of well-being will be more receptive to education and employment and therefore more inclined to contribute to the social fabric of the host country; migrants not perceived as a health threat will be less exposed to discrimination and xenophobia and will be more likely to be included as equal participants in their new communities.

In June 2004, the International Organization for Migration organized a Seminar on Health and Migration, co-sponsored by WHO and the United States Centers for Disease Control and Prevention. For the first time, health and migration officials met to exchange views on health and migration policy concerns (4). The seminar highlighted the need to consider health as an integrated part of migration management and to make a commitment to partnerships and co-responsibilities. Partnerships need to be built or strengthened between governments, organizations and communities at national, regional and international levels.

Well-managed migrants' health presents opportunities for improving global health, for the benefit of all societies. ■

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¹ Director, Migration Health Department, International Organization for Migration, 1211 Geneva 22, Switzerland (email: dgrondin@iom.int). Ref. No. 04-015800