



Infosheet No 7 Migration and health

There is a dynamic and complex relationship between migration and health. Migration can lead to greater exposure to health risks, such as those migrant workers working in conditions of precarious employment with limited access to affordable health care. Migration can also be linked to improved health – for instance, after moving from a context of persecution and fear of violence to a safe environment. This chapter examines the four key aspects of migration and health: (a) the health

of individual migrants (“migrant health”); (b) the ways in which migration can affect the health of populations (“public health”); (c) health-care systems responses; and (d) the global governance of migration and health. The chapter examines these four key issues.

The chapter starts with a brief overview of definitions and determinants. It then provides an overview of the factors that determine the health vulnerabilities and resilience factors of diverse migrant groups. Systems responses, and an overview of current approaches to the governance of migration and health, are then outlined. Key evidence gaps are highlighted, and the chapter concludes by emphasizing the importance of investing in effective migration and health governance, and how current approaches could be strengthened.

Migration and health: Key facts

- *Good health encompasses mental, social and physical well-being.* The field of migration and health encompasses health concerns arising from human mobility, such as the transmission of infectious diseases, and should engage with all aspects of well-being in the context of migration and with all who are affected, including families of migrants and the public health of communities with whom migrants interact during all phases of the migration journey.

- *People who move are often healthier than those who stay behind and may display what is known as the “Healthy Migrant Effect”.* This means that those who move tend to be healthier and live longer than people living in both the communities they leave and those to which they arrive. Health vulnerabilities and resilience factors are dynamic and change over time, and this elevated health status – if migration is not managed properly – can be eroded due to the poor living and working conditions experienced post-migration.
- *Migrants are not automatically vulnerable to poor health outcomes.* It is the conditions associated with different phases of the migration journey (pre-migration, transit, arrival and return) that may negatively or positively affect health.
- *Many migrants struggle to access health care.* Despite human rights norms on the right to health, and promotion of UHC for all, States are only obligated to provide a minimum basic package of emergency medical care to irregular migrants. Even regular migrants sometimes face legal barriers, racism and corruption, which inhibits health-care access. Plus, migrants often underutilize health-care services and delay seeking health care.
- *Healthy migration can benefit the health of communities.* For example, ensuring the good health of migrant workers can – through remittances sent home – enhance the socioeconomic status of family members, therefore promoting access to health care and education.
- *Health-care providers face challenges in managing care for migrants,* including: language and cultural barriers, resource constraints within health systems to deliver services, and the contradiction between professional norms/ethics and domestic laws that limit migrants’ right to health care.
- *Strategic leadership and investment in building alliances between migration management systems and the health sector is needed.* Multisectoral action is needed to support alliance-building between immigration and health actors across multiple governance groups: the State, civil society – including migrant groups – the private sector and academia.
- *Investment in the field of migration and health supports social and economic development.* Investment in monitoring and mitigating health risks is key to maintaining the health of migrants which, as a result, supports progress towards the Sustainable Development Goals and global health targets.
- *Migration and health research capacity needs to be built globally,* particularly within low and middle-income countries. Existing research output focuses disproportionately on a few categories of migrants and health concerns, and on migration to and from high-income countries

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