Migration and Health
Section 2.7

Topics:
Health and Mobility
Public Health Concerns
Particularly Vulnerable Migrants
The health of migrants and the health of host communities are linked. This section explores these connections and develops concepts for a coordinated approach to health and migration that will:

- adopt a holistic and comprehensive definition of health that includes the physical, mental, social, and cultural components of well-being
- be part of a broader migration policy framework that can coordinate the policies of origin, transit, destination, and return countries into a coherent and comprehensive spectrum of public and migrant health services
- promote access for all migrants to the same health care services as their host communities. Access to health care will be improved and should not depend on immigration or residence status
- provide specific attention and care to already marginalized or vulnerable groups who have special health needs due to situations surrounding the migration process
- help decrease harmful stereotyping and discrimination between migrant and host communities
- strengthen health information and surveillance systems
- ethically and culturally adapt information sharing related to migrant health as well as to public health issues between origin, transit, and destination countries
- build capacity within the public health systems of source, transit, and destination countries, especially in the control of spread of infectious diseases including tuberculosis (TB), HIV/AIDS, or Severe Acute Respiratory Syndrome (SARS)
- support research to ensure that acceptable standards of health services for migrants are maintained.

Learning Objectives

- apply the broad definition of health advanced by the World Health Organization (WHO) to migrant health
The relationship between migration (movement of people) and disease has long been acknowledged. But it is only during the last century, and as a result of progress in medical sciences, that public health linked to mobility has been explored.

In 1951, the World Health Assembly adopted the *International Sanitary Regulations*, which were revised in 1969 and renamed the *International Health Regulations*. These regulations aim to reduce the risk of international spread of diseases of global public health importance. Some immigration countries introduced health assessments into their immigration application processes in order to deny entry to persons considered to be a risk to public health. One of many factors contributing to the emerging field of migration health is mounting evidence that worldwide TB control and surveillance systems have failed to appreciate the scope and patterns of population mobility.

Migration health is a specialized field of health sciences that addresses the individual health concerns of migrants as well as public health issues related to the migratory movement of people. Links between migration health and public health involve partners in all phases of a migrant’s journey, including in communities of origin, transit, destination and return, and all mobility patterns, including irregular migration and circular migration.

Globalization has changed not only the scope but also the patterns of migratory movements, from traditional, more or less permanent movement in one direction, to a repeated and bi-directional
movement of people that is referred to as circulatory migration or repeated return. Migration today flows in all directions, including from poor countries to rich ones, and from rural to urban areas.

The “mobility” factor is the key to understanding the link between migration and public health.

- Mobility can take the form of planned movement accepted by a host country, or be conducted in an irregular fashion, as in the case of smuggling.
- A given country may be at the same time a country of emigration, of immigration, of transit, and/or of return.
- The journey can be international, transnational, or intra-regional.
- The journey can be permanent, temporary, or seasonal.
- Mobility implies not only the physical displacement of a person or population, but also the mobility of culture, health beliefs, and epidemiological factors.
- The patterns of mobility define the conditions of the journey and the consequent impact on health.
- The legal status of the migrant in the host country determines access to health and social services.

Guiding Questions

1. To what extent are your State’s public health policies and migration policies designed to support each other and aim at objectives that are consistent with each other?

2. How effective are your State’s current practices for assessing and protecting migrant health?

3. What are the areas where migration policy in your State needs to be modified and expanded to better address public health concerns?
What are the areas where migration policy in your State needs to be modified or expanded to address the health requirements of its migrant population?

Which mobility patterns are of greatest concern to your State?

How is your State addressing the health problems linked to irregular migration?

Key Message

Migration-related health policies and practices require constant review and development in order to respond to new and complicated challenges. Complex challenges are presented, for example, by globalization, re-emerging diseases, rapid changes in migration patterns, and advancement of technology. Migration health policies combined with the goals of public health will support successful integration of migrants.

Understanding migrant health profiles and beliefs + Access to culturally appropriate health services for migrants = Improved chances for successful integration of migrants in host communities

Terms and Concepts

Circular migration
The movements of migrants who stay in the host country on a short-term basis and return to their country of origin

Health
Health requires a state of physical, mental, and social well-being, not only the absence of disease or infirmity. In the context of migration, health means the physical, mental, and social well-being of migrants and of mobile populations.
**Irregular migration**
Migration that does not follow the laws, policies, and regulations of States is irregular migration. Irregular migration, including human trafficking, can result in migrants hiding in host countries. Public health and individual migrant health risks are increased under conditions of irregular migration.

**Migration**
The movement of a person or group of persons across an administrative or political border from one geographical unit to another for temporary or permanent settlement

**Migration health**
A specialized field of health sciences, characterized by its focus on the well-being of migrants and communities in countries and regions of origin, transit, destination, and return. It has a dual focus, addressing individual migrants’ needs as well as the public health of host communities.

**Mobility pattern**
A pattern of migration that repeats itself is recognized as a mobility pattern. Movement from poor countries to rich countries, rural to urban areas, are examples of mobility patterns.

**Psychosocial**
An approach to understanding and managing human behaviour and wellness that places equal importance on individual psychological factors and on social factors.

**Public health**
The process of protecting populations and communities from disease or ill-being and/or establishing policies and programmes that promote healthy living conditions for everyone.

**Trauma**
A wound to the mind or body that causes physical or psychological injury, impairs well-being, and requires healing. Trauma is closely linked to stress and mental health problems. Repeated or serious trauma can be diagnosed as post traumatic stress syndrome.
Topic One

Health and Mobility

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.” In the context of migration, this means the physical, mental, and social well-being of migrants and of mobile populations.

Patterns of migratory movement have impacts on individual health and on public health. These impacts are most apparent when migrant health and public health are understood, in line with the WHO definition, to include psychological and social factors. The ability of a migrant to integrate into a host society is based on combined mental, physical, cultural, and social well-being. Absence of physical ill-health is not by itself sufficient for successful integration in a host society.

The relationship between migration and health is governed by a number of international and national legal instruments. These define the framework within which policy makers concerned with the health aspects of migration management operate. While some of these instruments apply to people in general, and are not specifically designed to promote the health of mobile populations, it is important to ensure that their application includes mobile populations.

Important Points

1. Effective public health includes all members within communities. Public health protects populations and communities from disease or ill-being and/or establishes policies and programmes that promote healthy living conditions for everyone. It is distinguished from health care per se by focusing on communities’ concerns rather than individual concerns. In the context of migration, the promotion of healthy living conditions for everyone requires public health policies and practices that will include all members within communities, regardless of citizenship and migration status.

2. A person’s health profile includes his or her personal health history, and his or her cultural, social, economic, and environmental health beliefs. 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 ill-health, and can affect their ability to adapt to a new living environment.
Health care systems of host countries, including public health, may not recognize migrants’ personal health history and beliefs about health. Migrants bring with them social conditions, ritual practices, epidemiological risk factors, and medical background of their country of origin that may be different from, and unknown to, that of the host community. Language, religion, and rituals can influence whether or not to make use of available health services and comply with preventive health recommendations in host societies.

- Migrants may carry a higher risk of infectious diseases, for example, TB, due to a higher disease prevalence in a country/region they travelled from or through.
- Migrants may experience a “collision of cultures” within mixed communities that prevents successful compliance with global public health.

Human rights issues are particularly relevant to migration health policy when trauma, rape, torture, or other inhuman or degrading experiences are part of a migrant’s background. Adjustment in a host society may be difficult for migrants who must deal with the suffering caused by violations of their human rights. Their integration will be hampered without measures that address health problems resulting from such violations.

Integration into a host society is an important condition for a successful migration outcome. This notion has led to a comprehensive interpretation of “migrant health” in line with the WHO definition of health.

Addressing migrant health provides benefits to host societies. Well-managed health services will include everyone living in the community. Inclusion of migrants into health programmes will facilitate the integration of migrants within communities. Poor migrant health can lead to increased discrimination and xenophobia because host societies perceive migrants as carriers of infectious disease and as unproductive members of the community.

- Early diagnosis and treatment, and prevention and health education can spare financial, social, and political costs later on.
- Healthy migrants are more receptive to education, employment, and social activities/integration.
- Healthy migrants contribute more to host societies.

Regular or irregular mobility patterns and related legal status often define the level of vulnerability of migrants in a society. Patterns of mobility describe the conditions of the journey and their impact on migrant health. A planned movement that is accepted and regulated by a host country will likely pose fewer health risks than the journey of a person being smuggled into a country. Mobility patterns must be understood when developing public health and migration management policies.
The legal status of a migrant in receiving societies defines his or her eligibility to have access to health and social services. People who have no legal status in a country—for example, irregular migrants—may be hesitant to seek health, social, and educational services for fear of deportation. A migrant who is granted permanent residence enjoys the same privileges in accessing services as the citizens of the host society.

8 Some mobility patterns (in particular the irregular ones) have implications that harm migrant health. Migrants are increasingly exposed to irregular and unsafe conditions through smuggling, undocumented labour, sexual exploitation, and risk of entrapment into criminal networks of human trafficking. These conditions create patterns of mobility that are harmful to migrant health.

9 Mobility involves more than the physical displacement of a person or of populations. It also implies crossing geographical boundaries, each with its specific biological and environmental risks. People who travel bring with them their culture, their religion, their traditions, and their health beliefs. Even people who have legal status may not use available health services if they do not know about them, if they do not understand them, or if the services offered are “foreign” to their cultural and religious beliefs.

Apply What You Have Learned

1. What benefits to communities can you identify that flow from good migrant health?

2. What risks to communities can you identify that result from poor migrant health?

3. Identify the mobility patterns of greatest concern to your State. What are the implications for the health of migrants? How important is irregular migration to policy development?
4 How serious a public health problem are infectious diseases such as TB and HIV in your State?

5 Give a summary of your State’s approach to this formula. How inclusive are your health services? What health services have been found most effective to address migrant health? What would improve the integration of migrants?
Public Health Concerns

Protection Against Communicable Diseases

Travel time between destinations is often shorter than the incubation period of an infectious agent. The relationship between population mobility and the emergence of previously unknown diseases such as HIV or SARS, as well as the re-emergence of known diseases such as TB and malaria, is increasingly being recognized. There are valuable lessons to be learned about the importance of integrating health into a strategy of comprehensive management of population mobility.

- More and more people are on the move, patterns of movement are constantly changing, and travel time is faster.
- Mobile people interact with and potentially affect and adopt the health profile of all communities along their migration route.
- Ignoring the importance of health in the context of mobility and of public health can do more than spread a disease. The cost to societies can go beyond health to affect:
  - trade
  - political relationships
  - financial position in a global economy
  - travel in affected regions.

Example

Severe Acute Respiratory Syndrome (SARS) is a recent example of a regional outbreak in one country that spread within weeks along the routes of international air travel to over 25 countries and five continents. As a result, the World Health Organization established SARS-related travel advice, requiring travellers to postpone all but essential travel in affected areas, in order to protect global public health and reduce further opportunities for international spread.
Tuberculosis (TB)

TB has re-emerged in the industrialized world and this is largely associated with the increased arrival of people coming from geographical areas of high TB-prevalence. There is mounting evidence that public health control and surveillance systems for TB, worldwide, are not effective. Most have failed to appreciate the scope and patterns of population mobility.

One-third of the world’s population is infected with the TB microbe. Ninety-five per cent of TB cases occur in the developing world.

Untreated, one person with active TB will infect between 10 and 15 other persons every year. In the case of this one disease, the cost of not paying attention to public health in managing migration is high.

TB is an infectious disease that can be easily screened and treated. Prophylaxis treatment is easily available when there is latent infection, and the disease can be easily treated with drugs that are readily available worldwide at a low cost.

National public health measures have not always effectively reached out to migrants and mobile people even when these measures bring about a national decline or stabilization of TB cases. State strategies usually target their own citizens, certain categories of migrants whose residency status allows access to health care, those who are easily reached in well-defined areas, or those in regular migration processing programmes. Many other migrants and mobile populations, i.e., irregular migrants, are falling between the cracks of national and regional public health systems.

Although effective pre-arrival health assessment would appear to be the ideal model to prevent the importation of TB or other diseases of public health concerns, it could only address well organized, regular, and planned migration movements, and possibly only a fraction of the global mobile population. It is not applicable to millions of migrants, such as irregular migrants, travellers, or visitors.
Migration Health Assessment

Effective public health measures could prevent the introduction of infectious or communicable diseases associated with mobility of people. Pre-departure migration health assessment is one way of addressing population mobility and public health concerns. Such assessments detect and treat communicable diseases as well as non-communicable diseases that may be carried by mobile people (such as migrants, refugees, tourists, business persons, students). In addition, pre-departure health assessment may reduce the need for quarantine in international travel and immigration.

Countries usually have a legislative basis for immigration requirements that includes a pre-departure health assessment. The rationale is twofold:

1. the protection of public health and safety
2. the reduction of burdens on publicly funded health and social services

The primary rationale for pre-departure health assessment is the protection of public health and safety. Health conditions that are of public health concern (for example, TB) are screened and treated before departure. If treatment is required, a migrant is allowed to migrate to the hosting country once his or her health condition is assessed as no longer posing a threat to public health.

The reduction of burdens on publicly funded services aims at reducing the demands for health care or social services that may be required by migrants after arrival. Attention is therefore focused on chronic, high treatment-cost diseases. This principle is most often applied in countries that have State-supported national insurance health plans, for example, Australia and Canada.

Important Points

1. The legislative base for immigration health assessment is found at three different levels.
   • The first level is the World Health Organization’s *International Health Regulations*, adopted in 1971 and currently under revision. These regulations are designed to “ensure maximum security against the international spread of diseases with a minimum interference with world traffic” and aim to reduce the risk of international dissemination of diseases of global public health importance. The International Health Regulations are the only international regulatory health instrument and continue to be used as an international standard.
   • The second level is national quarantine legislation and regulations governing a country’s activity in managing infectious diseases at the national level.
• The third level is found in specific immigration health laws or regulations designed to manage health and disease concerns in migrant populations.

2 Health assessments are done before arrival by the traditional receiving countries on persons accepted for immigration (Australia, Canada, New Zealand, and the United States).

3 Health assessments are done after arrival by most European countries where the focus is on asylum and protection policies rather than on immigration health policies and practice. A post-arrival immigration health assessment is usually triggered by a requirement to obtain a work permit or simply by the immigration status of being a refugee.

4 Health assessment focuses on infectious or communicable diseases including TB, vaccine-preventable diseases, parasitic diseases, and sexually transmitted diseases. Immigrants and refugees and, in some States, long-term visitors such as students, are usually the main groups targeted.

5 When pre-arrival health assessment discloses a condition posing a risk to public health, the response may be quarantine, pre-departure treatment, containment, and exclusion. Public health surveillance programmes in receiving countries usually follow high-risk cases for several years.

6 Pre-departure health assessment by a traditional receiving country focuses on TB, vaccine-preventable diseases, parasitic diseases, and sexually transmitted infections. The assessment includes all or some of the following:
  • detailed history and physical examination
  • clinical or laboratory investigations
  • serological (syphilis, HIV)
  • radiological (chest)
  • chemical (blood/urine)
  • referral or consultation with health specialist
  • review of immunization history
  • HIV pre- and post-test counselling
  • provision of, or arranging for, administration of vaccines and/or treatment for some conditions (parasitic infestations, TB, syphilis, leprosy, malaria)
  • preparation of required immigration health forms and documents
  • transmission of relevant information or documentation to appropriate immigration and/or public health authorities.
The criteria to determine who will be assessed prior to arrival are usually based on three considerations:

- the prevalence of a specific infectious disease in the person’s country of origin
- the category of application
- the migrant’s intended occupation and the migrant’s expected length of stay in the host country

What Do You Think?

Visitors can threaten public health in the context of modern migratory movements and disease transmission.

A recent US study found non-immigrant visitors to be an important source of TB morbidity, reporting more multi-resistant TB, more HIV positive, and lengthier hospitalizations than permanent residents. This observation challenges the practice of screening migrants based on immigration status, and suggests that public health policies should not use health surveillance programmes exclusively on refugees and permanent residents.

Consequently, the visa category of an immigrant application or the migrant’s expected length of stay in the host country are not the most important factors that should determine who will be required to have a pre-arrival health assessment. An approach based on visa category and length of stay can actually take away from efforts to develop effective migration and public health management policies.

There are a number of potential benefits to the pre-departure or on-arrival health assessment of migrants.

- Health assessments can help reduce and better manage the public health impact of population mobility on receiving countries as well as facilitate integration of migrants. This is done through detection and the cost-effective management of health conditions and medical documentation of migrants.
- Health assessments offer an opportunity to promote the health of migrants because they provide an occasion to take preventive and curative steps for conditions that, if left untreated, could have a negative impact on the migrants’ health status and/or on public health of the host communities.
- Culturally sensitive pre-departure and on-arrival health services for the most vulnerable migrants can set in motion a healing process towards physical and mental health during the period in which they are waiting for a visa or for regularization of status. When these services are integrated with host country health systems, rapid referral of migrants in need
of special services such as counselling for victims of torture or of rape and pre-departure/on-arrival psycho-social interventions can occur. These steps will be a public health investment in well-being for migrants by supporting their successful integration in host societies.

Health assessments should be entered into a data system that, while respecting the rights of mobile populations to confidentiality, will share relevant health-related information between health care systems in countries of origin, transit, and destination. This bridging process will increase the public health protection of host populations from emerging infectious threats, facilitate the continuity of health care services (both curative and preventive) for the mobile person, and contribute to sustainable public health in both source and host communities.

Migration and Reproductive Health

Health policies in relation to reproductive health should be based on:

- migrants’ right to reproductive health
- migrants’ right to healthy working and living conditions
- migrants’ right to reproductive health education
- the right to affordable and accessible health care services for all migrant populations, irrespective of their legal status
- attention to gender disparities and to gender/power relationships that frequently govern women’s access to information and health care.

Migrant women and children may have lower health status, including poorer pregnancy outcomes, when compared to non-migrant women in host societies. This is true even after the link between poverty and lower health for both groups is taken into account.

What You Need To Know About...

The Health Status of Migrant Women and Children

The reasons for the poorer pregnancy outcome of migrant women are still not well understood. During the 1970s, the blame was put on immigrant mothers for wanting large families, booking late for antenatal care, and being generally unable to adjust to Western lifestyle. More recently, causes outside the control of immigrant mothers have been identified:

- the stress of migration
- the rupture of previous social networks
- religious and cultural factors, including culturally insensitive reproductive health services
The health of migrant communities, and of women and children in particular, needs to be tackled by multidimensional policies that increase protection, economic integration, and participation in social life.

There is a well-established link between poverty and poor health, both for native and migrant communities. A growing body of evidence documents that harm to health comes not only from material deprivation but also from social and psychological problems resulting from living in relative poverty and being excluded from social participation. Those who are socially marginalized, such as the unemployed, the homeless, poor immigrants and refugees, often experience worse health outcomes than the general population.

It is likely that social policies combined with policies focused at increasing access to health care have a positive effect on the reproductive health of migrant communities.

Important lessons can be learned from countries where multidimensional policies and practices are
Migration and Health

Migrants experience losses that affect their mental well-being by contributing to depression, disorientation, and marginalization. These losses can include:

- loss of home
- separation from family and community
- loss of a sense of belonging
- loss of a job, career, position in society
- loss of identity
- loss of support networks
- loss of traditions and values.

The risk of mental health problems increases after settlement in host countries as a result of trauma making people vulnerable. Experiences prior to departure, such as war, hunger, environmental catastrophes, human rights violations, or other pre-migratory traumatic experiences, will mean that some migrants are particularly vulnerable.

Important Points

1. Migrants experience losses that affect their mental well-being by contributing to depression, disorientation, and marginalization. These losses can include:
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   - separation from family and community
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   - loss of support networks
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Public policies in Canada, Australia, and Sweden are noteworthy because they involve the development over time of broader policies aimed at the social and political integration of immigrants and refugees that respect cultural identities. Within this context, specific policies have been developed to promote training and employment opportunities, as well as to identify and systematically reduce linguistic and cultural barriers in order to facilitate access to health and social services.

Migration and Mental Health

The migration process is an experience that can lead to mental health difficulties for many migrants. Migration can produce an uncertain future for the individual or the family. Being uprooted from their culture and confronted with unfamiliar and perhaps confusing codes of conduct can deprive migrants of a stable set of references that allow them to understand the world around them, anticipate events, and thus master the unexpected.

Trauma makes people vulnerable. Experiences prior to departure, such as war, hunger, environmental catastrophes, human rights violations, or other pre-migratory traumatic experiences, will mean that some migrants are particularly vulnerable.
many factors, including:

- concerns about legal status
- difficulties related to acculturation
- racism
- housing and health problems
- communication problems
- isolation

3. Language barriers make communication difficult and lead to a feeling of loneliness and helplessness. In addition, patients and their families are faced with the language barrier, which limits communication, mutual trust, and understanding. It might be necessary to work with representatives of the community of origin who can serve as “cultural mediators” and/or counsellors.

4. It is not rare to witness migrants who arrive in an apparently good mental state, even after having undergone trauma, become increasingly marginal and fragile after several years in the host country. Events in the home country can produce worry about family, friends, and material possessions and make return to active life all the more difficult, especially if the migrant feels powerless in the face of these problems.

5. After arriving in a destination country, vulnerability to health problems can continue. Many programmes to provide assistance in countries of asylum are operated in such a way that these migrants are kept in a state of economic dependency, thus increasing rather than alleviating the effects of previously experienced trauma. Such migrants are often forced to live for prolonged periods in a state of uncertainty about their future, making it impossible to advance their life plans.

6. In the context of post-conflict or post-emergency situations, attending to the mental well-being of the affected population is an important contribution to future peace and reconstruction. When return is possible, migrants may find their home destroyed and see few possibilities of employment or schooling for their children. This is all the more difficult if there has been an over-idealization of the home country during the period of exile.

7. Clinical work with migrants in host countries confirms that problems linked to migration or to the status of migrants survive through several generations. Studies on the transmission of trauma from one generation to another have shown the risk of re-emergence of pathologies, as well as a repetition of violence, sometimes several generations later.
A multidisciplinary approach is required to address migrant mental health problems. Depending on the phase of the migration process and the migrant population, primary health care personnel, psychiatrists, clinical psychologists, anthropologists, historians, legal specialists, and many others may need to be mobilized to deal with the mental well-being of migrant populations.

Those who have “chronic mental illnesses”, i.e., those who need specialized psychiatric care because they cannot take care of themselves independently, for example, schizophrenic patients, are extremely vulnerable.

Interventions that combine psychological services with social services under the category of mental health can be a useful way to address migrant mental health.

What Do You Think?

Migrant health services must be effective across different understandings of mental illness, as well as across different cultures, languages, and locations. Public health based support for mental well-being will have an effect on transmission to future generations. However, when care is provided for people who have behavioural problems, it is generally carried out within the host country’s psychiatric services. These services can understand the origin of the problem and the best ways of dealing with it in ways that are very different from the migrant’s community of origin. As a result, the treatment is not necessarily right for the problem, and more and more studies show resistance to treatment.

Societies that have undergone traumatic events or other events that destabilize the community require that policy developers understand:

- the way in which families and communities influence each other
- the place given to the dead
- the rituals that structure society
- gender balance and roles
- legal structures and customary law.

Policy developers should not reduce the status of traumatized migrants to one of victims. Resilience and coping mechanisms should not be underestimated, and it is important to recognize the inner resources that can help different groups respond to the difficult situations that challenge them.
Apply What You Have Learned

1. What infectious diseases are of greatest concern in your State? Are mobile populations, i.e., irregular migrants, falling between the cracks of national and regional public health systems?

2. What policies and practices are in place to address TB in your State? How adequate are they? What could be improved?

3. What criteria are used to determine who should have a health assessment before or after entering your country? How adequate are these criteria in protecting public health?

4. Should public health measures be directed at visitors? What policies and practices would you recommend?

5. What kind of information sharing would best support international efforts on behalf of public health?

6. What should be done to promote women’s health and reproductive health for migrant women? What cultural sensitivities are important in your country as a receiver and as a source of migration?

7. Summarize the links between public health and migration health.

8. To what extent are your State’s public health policies and migration policies designed to support each other and aim at objectives that are consistent with each other?
9 How effective are your State’s current practices for assessing migrant health and protecting migrant health related to the type and nature of the migration it is experiencing?

10 Outline the principles that should guide public health policy in today’s migration context.

11 How is mental health understood in your country? What are the issues for migrants arriving with a different concept of mental health? How should treatment methods be chosen?

12 What mental health services specifically aimed at trauma and recovery are offered to migrants in your country? What are the needs? What could be done?

13 What can be done to help migrants mobilize their own resources for dealing with trauma associated with the circumstances of their migration journey?

14 How should a multidisciplinary approach address the mental health concerns of migrants?

15 Explain how someone developing migration health policies from your country should take the following points into account:

- the way in which families and communities influence each other
- the place given to the dead
- the rituals that structure society
- gender balance and roles
- legal structures and customary law
- isolation and marginalization

16 What can be done to address the health needs of migrant women, adolescents, and children?
Topic Three

Particularly Vulnerable Migrants

Irregular Migration

One of the biggest challenges resulting from globalization is the management of irregular migration, including the management of individuals’ health and of global public health. Present immigration legislation rules and regulations, which have been designed for orderly, regulated, and accepted migratory movements, are less effective in addressing the challenges of new and emerging patterns of movements.

While the demands for health services for irregular migrants, such as trafficked populations and asylum-seekers, are growing, the irregular nature of the migration process complicates access to health services and access to a healthy environment.

Section 3.12, Irregular Migration, has more information on the types, causes, and impacts of irregular migration.

Important Points

1  Being “undocumented” means that migrants with irregular status such as trafficked persons, smuggled persons, economic migrants and certain subgroups of migrant workers, labour migrants, and asylum-seekers are more exposed to various and significant health risks.

2  Common health conditions found in irregular migrant populations include:
   - infectious diseases (tuberculosis, hepatitis)
   - sexually transmitted infections
   - non-infectious conditions (cardiovascular, gastrointestinal, oral/dental)
   - unwanted pregnancy
   - mental and psychosocial illnesses
   - injuries due to violence
   - substance abuse
   - occupational illnesses
The irregular movement of migrants poses individual and public health risks and, as such, has medical consequences. Very little is known about the health concerns and well-being of irregular or undocumented migrants. By being “undocumented or irregular”, it is even more difficult to get more data on these clandestine or hidden populations. Consequently, sub-acute, long incubation infectious diseases, sequelae of infectious diseases, and non-infectious conditions of public health interest are unlikely to be detected. Additionally, the conditions of the journey itself may increase health risks and the morbidity and mortality of these migrants.

**Human Trafficking**

Trafficking in human beings has been a profitable trade for centuries, but recent opportunities created by globalization have contributed to an increase in the numbers of persons trafficked. Women, girls, and adolescents are particularly vulnerable to trafficking for sexual exploitation.

**Important Points**

1. Persons trafficked for sexual exploitation face significant risks to their mental and reproductive health, such as sexual violence, unwanted and unsafe pregnancy and motherhood, and sexually transmitted infections including HIV. They also have increased risks for substance abuse and for infectious diseases such as hepatitis and TB. Trafficked persons are often raped. The rate of contracting a sexually transmitted illness is six to sixteen times higher for those involved in prostitution.

2. Children and adolescents, as compared to adults, are more susceptible to die or suffer serious consequences from the violence associated with rape. The sexual abuse of children accelerates the spread of HIV. Sexually exploited children are also at higher risk of acquiring HIV. Ignorance about the HIV transmission, and the mistaken belief that having sex with a child is less risky because the child is “clean”, less prone to transmit diseases, and less likely infected with HIV, fuel the demand
for very young girls and boys.

3. From a public health point of view, it makes sense to look at trafficked adolescents and children differently from trafficked adults. Roughly 70 per cent of premature deaths among adults are due to behaviours initiated in adolescence (WHO 1998). Suicide and sexual and reproductive ill-health are among the major causes of morbidity and mortality in young people. Adolescents are seen as “gateways to health” because behavioural patterns acquired during this period tend to last throughout adult life.

4. The stress faced by trafficked persons and irregular migrants living in an abusive environment significantly affect mental health. These migrants usually live in detention-like conditions of violence, threat, and lack of control. They have often been deprived of food, sleep, space, and security, and lack access to health and social care and support. The psychological reactions to this are complex, harmful, and often long term.

Example

Almost 100 per cent of the trafficking victims returning to Moldova who were forced into prostitution manifest various forms of post traumatic disorders, depression, anxiety, and mental illness.

In Ukraine, of the 249 trafficking victims assisted by IOM, 185 women had psychological problems and 59 women were reported to have psychiatric disorders.

5. Irregular migrants employed in illegal and hidden operations often find themselves in awful working environments. They will be engaged in low skilled, low paid, temporary employment. They will lack supervision, training, and benefits. In most instances, they won’t know how to use modern machinery safely, and may be too afraid to ask questions or to complain about unsafe work conditions.

What Do You Think?

Acceptance of a human rights-based approach requires that, wherever possible, health care and public health measures should provide access to physical and mental health assistance, health education, and promotion to irregular migrants. Irregular migrants deserve health care.
This implies striking a balance between rights and responsibilities of the migrants, and the responsibilities and obligations of States. The obligation of a State to give protection from persecution increasingly clashes with the State’s right to sovereignty and its responsibility to protect its constituents from the consequences of abusive claims of protection. The human right to freedom of movement does not necessarily mean a right to stay in a host community of one’s choice. The issue involves the question of where a government’s obligation to protect ceases and the migrant’s responsibilities begin.

Apply What You Have Learned

1. Should undocumented (i.e., irregular) migrants be given health services? What is your position on the issue of where does a government’s obligation to protect cease and where do the migrant’s responsibilities begin? How does a human rights-based approach influence your position? How does your understanding of State authority influence your position?

2. Discuss the five points under human trafficking. What is your experience with the conditions described? How serious is the problem in your country? Your region?

3. What can be done to protect people from trafficking?

4. What is the current situation in your State regarding the occurrence and prevention of human trafficking?
Concluding Remarks

This Section explores the complex inter-relationship between public health policies and migration management policies. It outlines some key issues and considerations that must be addressed in an integrated approach to migration and health.

A number of international and national legal instruments provide the framework for organizations that are concerned with the health aspects of migration management. Political, administrative, legal, and human rights issues related to migration management are included in the policy issues of migration health and public health.

To find constructive solutions to these issues, migration health policies need to be developed. These should be comprehensively integrated within the broader framework of migration policies and should bridge the policies of source, transit, destination, and return countries. Human rights, including migrants’ rights to health, need to have a central place in such policies.

Migration health linked to public health systems is increasingly becoming a priority for governments and health activists worldwide. This priority is being addressed by increasing efforts to promote, advocate, and implement programmes that provide better access to health services for migrants, including irregular migrants. These initiatives are designed to avoid any further marginalization and stigmatization of migrants while also preventing any overburdening of health care systems.

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Endnotes

1 Sequelae: A pathological condition resulting from a disease; a secondary consequence or result