



**SDG target 3:** ensure healthy lives and promote well-being for all at all ages.



**SDG target 10.7:** facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies.

## Fact sheets on sustainable development goals: health targets

# Migration and Health

Migration and development are highly interdependent processes. The positive contribution of migrants for inclusive growth and sustainable development has been recognized in the 2030 Agenda for Sustainable Development (1). Migrants, refugees and internally displaced people<sup>1</sup> are recognized in this Agenda as populations in vulnerable situations that must be empowered (1). The health and well-being of migrants and refugees is essential to the achievement of the Sustainable Development Goals (SDGs) concerned with poverty, health security and the reduction of inequalities. Action is necessary across sectors and settings to protect and improve the health of refugee and migrant populations and that of the population as a whole.

## Overview

The number of international migrants worldwide reached 244 million in 2015 (3). According to the Office of the United Nations High Commissioner for Refugees (UNHCR), there were approximately 65.6 million people forcibly displaced worldwide by the end of 2016 as a result of persecution, conflict, generalized violence or human rights violation (4), the highest number ever recorded since the Second World War. Just in 2016 in the European Region, more than 3.1 million Syrian refugees were living in Turkey (5), more than 360 000 migrants and refugees arrived by the Mediterranean Sea, and more than 5000 migrants and refugees are known to have died or are missing at sea (6). It is estimated that 9.6% of the 902 million people living in the WHO European Region in 2015 were migrants (over 87 million) (7). Most migrants and refugees are usually young adults; nevertheless, migrant populations arriving in the European Region include many elderly and disabled people, as well as an increasing number of minors, many of whom are unaccompanied children (8).



<sup>1</sup> There is no universally accepted definition of migrant, and policy-makers, practitioners, international agencies and researchers use multiple terms to describe migrant populations (see key definitions) (2). The fact sheet uses the term migrants and refugees to refer to all groups of migrants, including refugees, unless otherwise specified.

There are two types of migration phenomena: structural long-term migration patterns owing to global inequalities, and large population movements resulting from war, conflict and natural disasters (forced migration). While the positive perspective remains important, the recent large population movements have given rise to a number of key political, social and economic challenges, as well as epidemiological and health system challenges, to which public health and health systems must adjust (8).

Being a migrant or refugee is a specific health risk factor or health determinant in itself, but the impact clearly will depend on the type of migration, the conditions and stresses endured during the journey and health care provision in transit and destination countries. Moreover, migrant and refugee health can be adversely influenced by several social determinants, such as poverty and the conditions associated with it (9–12).

Because of the complexity of the topic, the health challenges posed by migration sometimes lie outside the health sector and are, therefore, also part of other ministerial remits and responsibilities.

## Migration and health and SDGs: facts and figures



Although the health problems of migrants and refugees are similar to those of the host population, statistics, where available, generally indicate that migrants and refugees may be at risk for worse health outcomes and have a higher prevalence of certain diseases because of their status as migrants and refugees (8). Migrant health can be adversely influenced by several social determinants, such as gender, poor governance, ethnicity and poverty, with its associated issues, as well as by economic, environmental and other determinants of health (9–13).

**Reduce maternal, newborn and child mortality:** migrant women in general have higher infant and maternal health morbidity and mortality and poorer sexual and reproductive health outcomes than women of the host population (Box 1).

- A recent meta-analysis showed that migrant women in western European countries had a twofold increase in risk of dying during or after pregnancy compared with women of the host population (13). The elevated perinatal mortality observed among migrant women in the WHO European Region indicates unequal and restrictive access to maternal health care (12,13).

**End the epidemics of communicable diseases:** in general, migrants do not pose an additional threat with respect to the transmission of communicable diseases; however, they are a priority group for communicable disease prevention and control efforts because of their potential exposure to poor living conditions and exhausting journeys, which make them more vulnerable for contracting and developing communicable diseases (8,14). With targeted action, the opportunity exists for communicable diseases programmes to initiate and scale-up screening, to increase availability of diagnostic tests and ensure access to effective treatment for all (8).

- End the HIV epidemic: in 2015, migrants (people originating from outside the reporting country) represented 27% of people newly diagnosed with HIV in the European Region, including 18% non-European migrants and 9% European migrants. A proportion of these, even those originating from HIV endemic areas, acquire HIV after arrival in the European Union/European Economic Area (15). Further disentangling of the trends among non-native people revealed a 29% decrease among non-European migrants (people originating from outside the WHO European Region) but a 59% increase among European migrants (i.e. people originating from a European country other than the country of report) (15).
- End the tuberculosis epidemic: of the tuberculosis cases reported in 2015 in the European Union, 29.8% were of foreign origin (people originating from outside the reporting country), an increase of 1.9% since 2011. Compared with the overall decreasing notification rates observed in most countries, this trend suggests that migrants are not benefiting from the overall downward trend, and further efforts would be required to ensure good access to health care services for this population (16,17).

- Initial screening – not limited to infectious diseases – can be an effective public health instrument if it is non-discriminatory, non-stigmatizing and linked to access to treatment, care and support. However, it has been reported that in certain areas migrants are screened for employment purposes for tuberculosis, hepatitis B and C, HIV and syphilis, and those who screen positive are forced to leave the country; while in other areas, irregular migrants are not entitled to access screening or treatment for any infectious diseases (14).

**Reduce premature mortality from noncommunicable diseases (NCDs) and mental health:** the conditions in which migrants and refugees travel can acutely exacerbate or cause a life-threatening deterioration in the health of those with NCDs.

- Exposure to psychosocial disorders, reproductive health problems, drug use, nutrition disorders, alcoholism and violence increase the vulnerability of migrants and refugees to NCDs (14).
- Evidence also suggests higher prevalence of mental distress among migrants, with increased risk for women, older people and those who have experienced trauma; a further risk is lack of social support and increased stress after migration, especially with extended asylum procedures and where the risk of deportation exists (9).
- **Reduce deaths and illnesses from environmental exposures:** hygiene and inadequate water supplies are among the main concerns for migrant and refugee health. Health outcomes in migrants and refugees have been shown to improve with better housing, reduction of environmental health hazards, improved transport and other amenities such as stable settlement and social support (9–13).

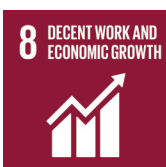
**Achieve universal health coverage:** regardless of status, accessible and adequate care is a central tenet of the response to the health needs of migrants and refugees arriving in the European Region; however, this is rarely available in Member States. Achieving universal health coverage is vital not only for overall population health but also as an acknowledgement of the fundamental human right to health for all (14,18).

- Some common barriers to access for health care and public health services have been identified, regardless of a person’s legal status: language and communication problems, lack of a social network, service opening hours and distance to services (10–12).
- Migrants and refugees should be provided with vaccines without unnecessary delays, with priority given to vaccinations against measles, mumps, rubella and polio (8,18,19).



**Eliminate all forms of discrimination and violence against women and girls:** women, including pregnant women, make up half of all migrants and refugees but are often disproportionately overrepresented in vulnerable groups, such as victims of gender-based violence, human trafficking and sexual exploitation (13).

- Gender differences in health status of migrants are also evident: women are more exposed to sexual violence, abuse and trafficking (9–13), while men to occupational hazards (10).



**Protect labour rights and promote safe and secure working environments for all:** migrants account for an important proportion of the workforce in Europe, filling important niches both in fast-growing and declining sectors of the economy and contributing significantly to labour-market flexibility, human capital development, technological progress and, consequently, to economic growth (20).

- However, migrants, especially undocumented migrants, are more likely to be employed on insecure, temporary and illegal contracts and exposed to discrimination and dangerous working conditions. These can contribute to social exclusion, depression and early-onset cardiovascular diseases (10). Unemployment is in itself a risk factor for mental disorders (9).
- Gender differences have also been observed in occupations taken up by migrants and the consequent exposure to occupational hazards. Women are more often employed in household services while men work in the construction services (10).



**Facilitate orderly, safe, regular and responsible migration and mobility of people:** many of the health, social and economic challenges associated with migration are the product of global inequity; integrated global, interregional and cross-border public health interventions and programmes are needed. Emphasis should be placed on the approaches required to address the different needs of migrants and refugees, such as poorer mental and physical health, suboptimal access to health care, racism and poverty (8). Such approaches should also address the immediate and long-term health requirements and social determinants of health (Box 2) (3).

- In countries near to a frontier or to a border with a conflict, the significant migrant flow, especially if made up of a high number of refugees, can mean that access to health care is very limited (10–12).
- The post-migration environment in a country is an important social determinant of health for migrants and refugees. General stressors, such as poverty, violence and threats, racism, acculturation stress and loss of family and friends, can pose risks to health (10–12).



**Provision of legal identity for all:** the legal status of an individual is an important factor determining access to health care and affects social determinants of health (14). In general, where health infrastructure is underdeveloped or where refugees and other groups of migrants are not legally recognized, access to health care is inevitably poor (10–12).

- UNHCR estimated that at least 10 million people were stateless or at risk of statelessness in 2016 around the world. However, data captured by governments and reported to UNHCR were limited to 3.2 million stateless individuals in 75 countries, globally (4).
- However, having legal status does not guarantee access to health services and social insurance-based systems are particularly problematic for asylum seekers and refugees, since registration is more complex than in tax-funded systems (10–12).



**Data, monitoring and accountability:** the lack of a single set of available data and the substantial variations from country to country mean that detecting European Region-wide patterns or trends is difficult. As a result, migration trends in the European Region are highly complex, and differences between countries in the quality of data and in collection methods compound problems in any attempt to characterize them. Therefore, the morbidity and mortality profile of migrants cannot be generalized (14).

### Box 1. Leaving no one behind...

**Right to health care for migrant and refugee women:** a number of frameworks exist that enshrine protection for the right to health care for migrant women. However, access to maternal health care in the WHO European Region is not as universal as the international frameworks would support.

Within the European Union at national level, although the right of access to care for pregnant migrants is often mentioned in legal frameworks on the right to reproductive and maternal care for migrants, in practice several countries tend to restrict access to “emergency care”, often without clearly defining emergency, creating uncertainty within countries and over time. Inclusion of pregnant women in a national framework does not, however, necessarily ensure their appropriate care.

Moreover, national laws often distinguish between migrant subgroups, a further breach to universality. Recently, the European Parliament recognized that access to care, and notably to reproductive care, for migrant women with irregular status widely differs from one Member State to another.

In addition, the increasing “criminalization of migration” affects migrants’ realization of their right to health as it restricts their access. As a result, entitlement to care throughout the European Union remains patchy.

The same is seen in the other countries in the European Region: while some are trying to improve health outcomes and access to health care services for migrants, others are making their laws more restrictive (12).



## Commitment to act

Member States have committed at the United Nations General Assembly in September 2015 to “cooperate internationally to ensure safe, orderly and regular migration involving full respect of human rights and the humane treatment of migrants regardless of migration status, of refugees and of displaced persons” (1,22).

In the WHO European Region, ministries of health and representatives committed “to protect and improve the health of refugee and migrant populations, within a framework of humanity and solidarity and without prejudice to the effectiveness of health care provided to the host population” by adopting the Strategy and action plan for refugee and migrant health in the WHO European Region at the Regional Committee in September 2016 (8).

To this end, the WHO Regional Office for Europe advocates for a health system response that addresses all three phases of migration: (i) arrival in transition or destination countries, (ii) reception and processing of asylum applications in destination countries, and (iii) integration into the host society (8, 18).

The health sector has a key role in ensuring that the health aspects of migration are considered in the context of broader government policy and in engaging and partnering with other sectors to find joint solutions that benefit the health of migrants and refugees (8). Another important role of the health sector is to liaise with other sectors to ensure the provision of basic services, such as water and sanitation (8). The first three strategic areas in the Strategy and action plan (8) reflect those roles:

- **strategic area 1:** establishing a framework for collaborative action
- **strategic area 2:** advocating for the right to health of refugees, asylum seekers and migrants
- **strategic area 3:** addressing the social determinants of health.

To respond to the health needs associated with the migration process, including ensuring the availability, accessibility, acceptability, affordability and quality of health and social services in transit and host environments, as well as basic services, the Strategy and action plan (8) proposes the following strategic areas:

- **strategic area 4:** achieving public health preparedness and ensuring an effective response
- **strategic area 5:** strengthening health systems and their resilience
- **strategic area 6:** preventing communicable diseases
- **strategic area 7:** preventing and reducing risk posed by NCDs
- **strategic area 8:** ensuring ethical and effective health screening and assessment
- **strategic area 9:** improving health information and communication.

### Box 2. Intersectoral action

**Joint actions to address the public health aspects of migration:** migration creates short-, medium- and long-term public health issues that differ but affect all 53 countries in the European Region. Despite the different subregional migration dynamics, common public health questions and challenges need to be addressed and require a cross-regional dialogue to ensure coordinated and sustainable public health and health system interventions and to improve the health of migrants and the population as a whole.

The migration process – the conditions migrants go through in the countries of origin and transit, during the journey, in the countries of destination and during the return process – entails potential exposure to health risks that can affect the physical, mental and social well-being of migrants. Most of these risk factors lie outside the health care sector. Understanding the possible health hazards arising through this process and the actors involved at each stage is essential when intending to embark on intersectoral joint actions to intervene in these determinants and address the public health aspects of migration. A number of joint policies and interventions have been identified by the WHO Regional Office for Europe and can be considered, such as international cross-border cooperation; reducing systemic barriers in access to health, supported by cultural mediators; migrant-specific training for health professionals; and offering standardized culturally inclusive and sensitive health care (21). These policies and interventions must be performed with full respect for the principle of non-discrimination and, overall, following a human rights approach.

## Monitoring progress

WHO Regional Office for Europe is developing a joint monitoring framework for the Health 2020, the Sustainable Development Goals and NCD indicators<sup>2</sup> to facilitate reporting in Member States and to enable a consistent and timely way to measure progress. Health aspects of migration involves all Health 2020 targets (23). The following, as proposed in the global indicators framework of the United Nations Economic and Social Council (ECOSOC), will support monitoring progress in improving the health of migrant and refugee populations, and the population as a whole (24). In addition, the WHO Regional Office for Europe will collect national data from Member States to assess progress on the implementation of the Strategy and action plan for refugee and migrant health in the Region (8).

### ECOSOC indicator

#### 10.7.2. Number of countries that have implemented well-managed migration policies

## WHO support to its Member States

The WHO Regional Office for Europe is committed to ensure the implementation of a coherent and consolidated national and international response to the health needs of migrant and refugee populations in countries of transit and destination, for the short- and longer-term public health aspects of migrant and refugee health.

To achieve these goals, the key role for WHO, globally, regionally and at country level, is to coordinate the health sector's response, working together and collaboratively with all sectors, partners and stakeholders involved. The WHO Regional Office for Europe provides specific support for the implementation of the Strategy and action plan by providing technical assistance, supporting the production of evidence and research, enabling advocacy and communications, developing policy and deploying experts to help countries to analyse and upgrade their health responses to the migrant and refugee influx.

In addition, in November 2016, the WHO Regional Office for Europe launched the Knowledge Hub on Health and Migration. The Knowledge Hub will support work on health and migration by providing training to professionals working on different health aspects of migration and bringing together sectors that have a major impact on the health of migrants and refugees.

## Resources

- Strategy and action plan for refugee and migrant health in the WHO European Region  
[http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0004/314725/66wd08e\\_MigrantHealthStrategyActionPlan\\_160424.pdf](http://www.euro.who.int/__data/assets/pdf_file/0004/314725/66wd08e_MigrantHealthStrategyActionPlan_160424.pdf)
- Toolkit for assessing health system capacity to manage large influxes of migrants in the acute phase  
<http://www.euro.who.int/en/publications/abstracts/toolkit-for-assessing-health-system-capacity-to-manage-large-influxes-of-refugees,-asylum-seekers-and-migrants-2016>
- Health 2020: multisectoral action for the health of migrants  
[http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0006/324627/Health-2020-Multisectoral-action-for-the-health-of-migrants-en.pdf](http://www.euro.who.int/__data/assets/pdf_file/0006/324627/Health-2020-Multisectoral-action-for-the-health-of-migrants-en.pdf)
- PHAME newsletter  
<http://www.euro.who.int/en/health-topics/health-determinants/migration-and-health/phame-newsletter>
- Health Evidence Network (HEN) synthesis reports  
<http://www.euro.who.int/en/health-topics/health-determinants/migration-and-health/publications/health-evidence-network-hen-synthesis-reports>
- World Health Assembly resolution WHA61.17 on health of migrants and accompanying report  
[http://apps.who.int/iris/bitstream/10665/23533/1/A61\\_R17-en.pdf](http://apps.who.int/iris/bitstream/10665/23533/1/A61_R17-en.pdf) [http://apps.who.int/iris/bitstream/10665/23467/1/A61\\_12-en.pdf](http://apps.who.int/iris/bitstream/10665/23467/1/A61_12-en.pdf)
- World Health Assembly resolution WHA61.17 on promoting the health of refugees and migrants  
[http://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/WHA\\_RES\\_70.15.pdf](http://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/WHA_RES_70.15.pdf)

## Key definitions

- **Stateless person.** An individual who is not considered a citizen or national under the operation of the laws of any country (25).

The following are the working definitions as in the Strategy and action plan for refugee and migrant health in the WHO European Region and applied in accordance with the 1951 Refugee Convention and as recommended by UNHCR and the International Organization for Migration (26,27).

<sup>2</sup> EUR/RC67/Inf.Doc./1: Joint monitoring framework: proposal for reducing the reporting burden on Member States.

- **Asylum seeker.** An individual who is seeking international protection and sanctuary in a country other than the one of his/her usual settlement. In countries with individualized procedures, an asylum seeker is someone whose claim has not yet been finally decided on by the country in which he or she has submitted it. Not every asylum seeker will ultimately be recognized as a refugee, but every refugee is initially an asylum seeker.
- **Irregular migrant.** Someone who, owing to illegal entry or the expiry of his or her visa, lacks legal status in a transit or host country. The term applies to migrants who infringe a country's admission rules and any other person not authorized to remain in the host country (also known as clandestine/illegal/undocumented migrant or migrant in an irregular situation).
- **Migrant.** At the international level, there is no universally accepted definition of the term migrant. Migrants may remain in the home country or host country (settlers), move on to another country (transit migrants) or move back and forth between countries (circular migrants, such as seasonal workers).
- **Migration.** The movement of a person or a group of people from one geographical unit to another for temporary or permanent settlement. Temporary travel abroad for purposes of recreation, holiday, business, medical treatment or religious pilgrimage does not entail an act of migration because there is no change in the country of usual residence.
- **Refugee.** A person who, owing to well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinions, is outside the country of his or her nationality and is unable or, owing to such fear, is unwilling to avail him- or herself of the protection of that country.
- **Unaccompanied minor.** A minor who arrives on the territory of the Member States unaccompanied by an adult responsible for him or her, whether by law or by the practice of the Member State concerned, and for as long as he or she is not effectively taken into the care of such an adult; it includes a minor who is left unaccompanied after he or she has entered the territory of Member States.

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**World Health Organization Regional Office for Europe**  
 UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark  
 Tel.: +45 45 33 70 00 Fax: +45 45 33 70 01  
 E-mail: [euphame@who.int](mailto:euphame@who.int)