

EDITORIAL

Migrants and health - what is the evidence?

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The *WHO European health report 2012: charting the way to well-being* identified migration as an important factor influencing the demographic transition of population growth in Europe. According to reported data, an estimated 73 million migrants currently live in the European Region, accounting for almost 8% of the population. This population inflow reflects a 5 million increase in the Region's population since 2005 and accounts for nearly 70% of the population growth between 2005 and 2010 [1].

The long-term effects of migration on population growth and structure remain somewhat uncertain, however. Some facts are well documented: migrants tend to be younger, less affluent and have poorer access to health services than the rest of the population, but the morbidity and mortality profile of migrants is not well understood, largely due to the fact that not all migrants have legal status in the countries in which they live and information about their health status remains below the official radar. Often, their health issues only come to the fore in the face of trans-border issues in communicable diseases, or when populist movements endeavour to have migrant populations perceived as transmitters of diseases. Even in the case of well-documented notifiable diseases, such as tuberculosis, there is in fact little evidence to show that migrants are a significant factor in transmitting diseases to native populations.

Few efforts have been made to systematically analyse existing health information available on migrants in order to achieve a more complete and differentiated picture. Before such a picture can be assembled, it is important to define what is meant by the term migrant. At the international level, no officially accepted definition exists for a migrant. The International Organization for Migration (IOM) describes migrant status as being "where the decision to migrate was taken freely by the individual concerned for reasons of

'personal convenience' and without intervention of an external compelling factor" (thus distinguishing migrants from refugees). The United Nations defines a migrant as "an individual who has resided in a foreign country for more than a year irrespective of the causes, voluntary or involuntary, and the means, regular or irregular, used to migrate" (thus including refugees) (2).

The term is therefore not clear and definitions may include: individuals who are either documented or "irregular" (also known as illegal) migrants; those who move for economic, political or other reasons; as well as short-term and long-term migrants.



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Migrants constitute a heterogeneous group of people that is likely to differ in its demographic, epidemiological and social profile; it is therefore important to arrive at a definition for the purposes of assembling the best evidence.

As a result of a recommendation by the European Advisory Committee on Health Research (EACHR) – which advises the WHO Regional Director for Europe – the Evidence and Information for Policy unit (EIP) within the Division of Information, Evidence, Research and Innovation (DIR) at WHO/Europe in collaboration with Public Health Aspects of Migration in Europe (PHAME) plans to commission several evidence syntheses in the context of the Health Evidence Network (HEN) in order to summarize the existing evidence in this area. The HEN reports will describe the definitions most widely in use and propose a suitable working definition (which may not include all migration groups). Moreover, it will summarize the health information available on migrants, along with other cross-sectoral indicators that describe the well-being of migrant populations (including access to health services) in alignment with the holistic set of core indicators set out in the European Health 2020 policy. As with all indicators of the Health 2020 policy, the information on migrants requires disaggregation by gender and age groups, and preferably also by socioeconomic status, in order to enhance understanding of the health profile of this group and

to identify inequalities within and compared to other population groups.

Such an analysis of existing evidence will inform policy-makers on the steps required to collect, analyse and integrate adequately the information on migrant populations in their national health information systems. This in turn will provide policy-makers with the necessary evidence to hone or establish health policies at the national and international levels. In addition, this work will be a key input to the agenda item on health and migration at the International Conference on Health in the Mediterranean Area convened under the current Presidency of the European Union (EU) by the Italian Ministry of Health in October 2014, thus providing direct evidence to inform the work of the EU.

For as long as human beings have walked the earth, they have migrated, bringing both challenges and new solutions with them. It is therefore high time to reliably describe and synthesize evidence on migrant health, not only for the purposes of European policy-making, but also to inform global policies across all sectors.

References

- 1) The European health report 2012: charting the way to well-being. Copenhagen: WHO Regional Office for Europe; 2013 (http://www.euro.who.int/__data/assets/pdf_file/0004/197113/EHR2012-Eng.pdf?ua=1, accessed 8 September 2014).
- 2) Key migration terms [web site]. Geneva: International Organization for Migration (IOM); 2014 (<http://www.iom.int/cms/en/sites/iom/home/about-migration/key-migration-terms-1.html>, accessed 19 May 2014).