Seminar on Health and Migration, 9-11 June 2004
Session I: Health and Migration Challenges
Bridging health and migration, Dr. Danielle GRONDIN

WHY? …Magnitude

- 1 out of 35
- 3% world population
- 175 million (2002)
- Feminization (50%+)

Migration will continue as long as economic imbalances and conflicts exist.

WHY? …Complex Patterns

- South → North
- Rural → Urban
- Poor → Rich
- Unsafe → Safe
- Controlled → Irregular
- Unidirectional → Bidirectional circular

WHAT is …MOBILITY?

… of people:

Pattern defines conditions of the journey and its impact on health
Legal status often defines access to health & social services
Pattern and status enhance vulnerability
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WHAT is ...MOBILITY?

... of people
... of culture:
  language, religion, behaviour
  → impact on preventive health,
  → access to health.

WHAT is ...MOBILITY?

... of people
... of culture
... of epidemiological factors:

Travel between zones of different diseases' prevalence (Tb, HIV, malaria, CVD)
Bring pre-existing conditions
Acquire health problems prevalent in host communities

WHAT is ...MOBILITY?

... of people
... of culture
... of epidemiological factors
... of life experiences:
  Sequelae of traumatism: fear/terror, torture, rape, loss

WHAT is ...MOBILITY?

... of people
... of culture
... of epidemiological factors
... of life experiences

→ challenge policies and management of migration health
  (including of global public health)
WHAT is ...Migration Health?

... addresses the state of physical, mental and social well-being of migrants and mobile populations

(IOM adapted from WHO’s definition of health)

WHAT happens? ...the case of infectious diseases

Thailand: The Burmese migrant workers have twice the risk to become HIV+ (4.9%) general Thai (2.5%) and Burmese (1.9%) populations (Srithanaviboonchai et al., AIDS 2002, Vol16,No6)


An illustration concerning labor migrants:

“ If you wanted to spread a sexually transmitted disease, you’d take thousands of men away from their families, isolate them in single sex hostels and give them easy access to alcohol and commercial sex. Then to spread the disease, you’d send them home every once in a while to their wives and girlfriends.”

(Mark Lurie, S African Medical Research Council)
WHAT happens? … disparities in health care

> Germany: Undocumented or « illegal » migrants have the least access to health and support services; seeking formal help or treatment may result in detention or deportation (Aubin & al, France: 5000 children Confer,., Ronnie, 2001)

> South Africa: Urban refugees with right to access health services: 99% do not have an identity card that give access (Spiegel PB, Qassam M, The Forgotten refugees and other displaced populations, The Lancet, Vol 352 July 2003.)


WHY … bridging migration and health?

> Migrant have a right to health

> Benefits communities and society at large

integration

stabilization of societies: peace & security development

HOW?

• Harmonize policies to include the needs of the migrants & communities
  ➔ Develop policy research
  ➔ Policy comprehensiveness
  ➔ Evidence – based advocacy

• Capacity Building
  ➔ Training

• Co-operation & Partnership
  ➔ Source, transit, destination & return countries/regions

• Policies of Prevention & Care Strategies
  ➔ Inclusion rather than exclusion
  ➔ To reduce vulnerability
  ➔ Access to health care

WHO? You