



## Bridging Health and Migration

D.GRONDIN, MD FRCPC  
 DIRECTOR, MIGRATION HEALTH SERVICES  
 INTERNATIONAL ORGANIZATION FOR MIGRATION

Geneva, June 2004

Seminar on Health and Migration

### WHY? ...Magnitude

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

(IOM World Migration 2003)



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

Geneva, June 2004

Seminar on Health and Migration

### WHY? ...Complex Patterns

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

↔ circular ↔

Geneva, June 2004

Seminar on Health and Migration

### 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*



Geneva, June 2004

Seminar on Health and Migration



**WHAT is ...MOBILITY?**

... of people

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




Geneva, June 2004 Seminar on Health and Migration

**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



Geneva, June 2004 Seminar on Health and Migration

**WHAT is ...MOBILITY?**

... of people

... of culture

... of epidemiological factors

of life experiences:  
 Sequelae of traumatism: fear/terror, torture, rape, loss



Geneva, June 2004 Seminar on Health and Migration

**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)



Geneva, June 2004 Seminar on Health and Migration



IOM International Organization for Migration  
 OIM Organisation Internationale pour les Migrations  
 OIM Organización Internacional para las Migraciones



**IOM's International Dialogue on Migration**  
 Co-sponsored by WHO and CDC

Seminar on Health and Migration, 9-11 June 2004

Session I: Health and Migration Challenges

Bridging health and migration, Dr. Danielle GRONDIN

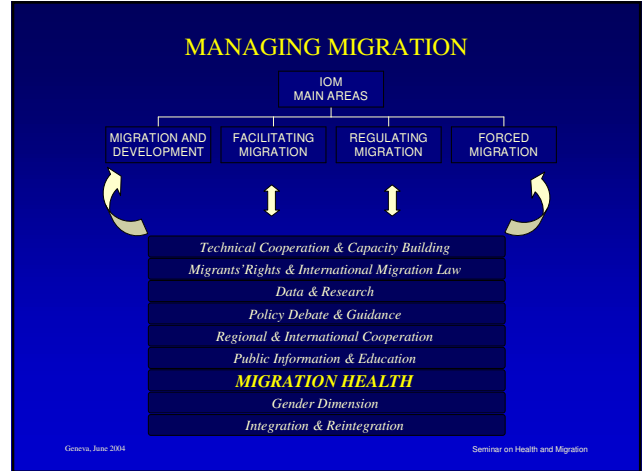


**WHAT is**  
**...Migration Health?**

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

*(IOM adapted from WHO's definition of health)*

Geneva, June 2004 Seminar on Health and Migration



**WHAT happens?**  
**...the case of infectious diseases**

Thailand: The Burmese migrant workers have twice the risk to become HIV + (4.9%) general Thai (2.2%) and Burmese (1.9%) populations *(Srihanaviboonchai & al. AIDS 2002, Vol16,266)*

Australia: TB rate in migrants in immigration detention centres comparable with rates in sources countries *(King & Vodicka, MedJ.Aus. 2001)*



Geneva, June 2004 Seminar on Health and Migration

**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 )*

Geneva, June 2004 Seminar on Health and Migration



IOM International Organization for Migration  
 OIM Organisation Internationale pour les Migrations  
 OIM Organización Internacional para las Migraciones



**IOM's International Dialogue on Migration**  
 Co-sponsored by WHO and CDC

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

## 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 (*Edubio & al. Poster, XIV Int.AIDS Conf.Barcelona, 2002*)
- > South Africa: Urban refugees with right to access health services: 99% do not have an identity card that give access (*Spiegel FB, Qassam M, The Forgotten refugees and other displaced populations, The Lancet Vol.362 July 2003.*)
- > Pakistan: Reproductive health-related mortality - leading cause of death (22%) in Afghan refugees (*Bartlett LA&al. Maternal mortality among Afghan refugees in Pakistan, 1999-2000, The Lancet, Vol.359 Feb23,2002,643-649*)

Geneva, June 2004

Seminar on Health and Migration

## WHY ...bridging migration and health?

- ☞ *Migrant have a right to health*
- ☞ *Benefits communities and society at large*  
*integration*  
*stabilization of societies: peace & security*  
*development*

Geneva, June 2004

Seminar on Health and Migration

## 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

Geneva, June 2004

Seminar on Health and Migration