ASEF and Casa Asia

Social Determinants of Migrants’ Health across Asia and Europe
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Paradigm shifts in the discourse on migration and health
Outline of talk

1. Growth of international migration
2. Paradigms of migrant health
3. Promoting research and policy-making on migrant health
1. The growth of international migration
International migration 1965-2005

The diagram shows the trend of international migration from 1965 to 2005. The y-axis represents the number of millions of migrants, ranging from 0 to 200. The x-axis represents the years 1965, 1975, 1985, 1995, and 2005. The bars indicate the increase in the number of migrants over these years.
Growth of world population
1965-2005

- World population (m)
International migration as percentage of the world population, 1965-2005
2. Paradigms of migrant health

A. The migrant as a source of infection
Medical examination
Ellis Island, 1910 (1)
Global incidence of TB, 1980-2005 (WHO)
Estimated incidence of TB in 2006 (WHO) (per 100,000 population)
TB world-wide 1990 - 2015
Estimated number of people living with HIV by region (1990-2006) (UNICEF)
A global view of HIV infection
39.5 million people [34.1-47.1] living with HIV in 2006
Paradigms of migrant health

A. The migrant as a source of infection
B. Migrant health as a wider public health issue
Two main issues concerning the health of migrants

1. Their *state of health* is sometimes worse and they may be exposed to particular *health risks*.

2. They may not have good *access* to health services and the *quality* may be poor (low effectiveness).
Paradigms of migrant health

A. The migrant as a source of infection
B. Migrant health as a public health issue
C. Global approach to migrant health
Need for a joined-up approach

i. Joining up receiver countries and sender countries
Need for a joined-up approach

i. Joining up *receiver* countries and *sender* countries

ii. Joining up *internal* and *international* migration
The Demographic Transition

- **Birth Rate**
- **Death Rate**
- **Total Population**

**Stage 1:** High birth rate; high, but fluctuating death rate

**Stage 2:** Declining death rates and continuing high birth rates

**Stage 3:** Declining birth and death rates

**Stage 4:** Low death rates and low, but fluctuating birth rates
Epidemiologic Transition


Epidemiological transition in the USA, 1900 - 1970
WARNING - THIS WAY OF LIFE CAN DAMAGE YOUR HEALTH!
3. Promoting research and policy-making on migrant health
Do countries with more migrants have more “migrant-friendly” policies?
Support for migrant health at global level

**UN**
1948- Numerous Declarations and Conventions supporting human rights, migrants and the right to health, and opposing discrimination. (NB 2000: Special rapporteur on the right to health)

**WHO**
2008 World Health Assembly, *Resolution concerning the Health of Migrants*
2010 Global Consultation on Migrant Health, Madrid

**IOM**
2009 EU-Level Consultation on Migration Health, Lisbon: *Better Health for All*
(as well as many other initiatives on migrant health)
World Health Organisation

1. WHO Global Consultation on Migrant Health, 3-5 March 2010, Madrid, Spain. Report: 

Health of Migrants – The Way Forward


2. WHO Euro policy briefing:

How health systems can address health inequities linked to migration and ethnicity

http://bit.ly/hKAe3T
HEALTH OF MIGRANTS — THE WAY FORWARD
Report of a global consultation
Madrid, Spain, 3–6 March 2010

How health systems can address health inequities linked to migration and ethnicity

Briefing on policy issues produced through the WHO/European Commission equity project