Synergy between sectors: fostering the health of migrants through government joint actions

Migration has been recognized as one of the greatest challenges societies are facing and will face during the upcoming decades. There are about 215 million international migrants and 740 million internal migrants today worldwide. Human mobility causes an increase in diversity across societies, posing several integration and demographic challenges. Health systems must be flexible and adapt to people’s diverse health profiles and needs. Further, the right to health is a universal value inspiring many countries’ constitutional laws. The health of migrants must therefore be ensured in accordance with respecting human rights principles to enable migrating populations to contribute socially, economically and politically to societies. This notion formed the basis of resolution WHA61.17 on the health of migrants endorsed by the World Health Assembly in 2008.

Migrants are a heterogeneous population encompassing diverse and overlapping categories including labour migrants and their families, international students, undocumented migrants, internally displaced people, asylum-seekers, refugees, unaccompanied minors and victims of human trafficking. The lack of consensus on definitions highlights the complexity of this area. Moreover, addressing migration and health engages a variety of non-state and government actors, such as home and foreign affairs, justice, labour, social affairs, education and health, whose policies and interventions have implications across sectors. Multisectoral, multilevel and transnational approaches are the way forward to enable coordinated, structural and sustainable change in this area. This policy brief aims to provide policy-makers and leading government officials with an overview of the main government actors involved in this process as well as key intersectoral action to improve the health of migrants and their public health impact.
Social progress is best measured by objective indicators of health, health equity and well-being, and this includes the conditions in which people are born, live and work.

Health and wellbeing are public goods and assets for human development that contribute to strong, dynamic and creative societies.

HEALTH 2020

1. Health and wellbeing are public goods and assets for human development that contribute to strong, dynamic and creative societies.

2. Health and well-being are best achieved if the whole of government works together, and Health 2020 promotes whole-of-government and whole-of-society approaches.

3. Health and well-being can be improved and health inequalities reduced, through the right policies and working with other sectors.

4. Different countries, cities and communities are at different starting-points; each is unique and can pursue common goals through different pathways.

5. Social progress is best measured by objective indicators of health, health equity and well-being, and this includes the conditions in which people are born, live and work.

Key messages
The goal of Health 2020 is to significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality.
Setting the scene: migration and health in the WHO European Region

The population in the WHO European Region includes an estimated 8% migrants, or 77 million people (United Nations, Department of Economic and Social Affairs, 2013). Migration poses short-, medium- and long-term public health implications that differ but affect all 53 countries in the European Region. The southern Mediterranean countries mainly manage sudden and large mixed migration flows from North Africa and the Middle East, whereas the northern European countries are addressing the challenge of integrating mainly refugees and asylum-seekers because of their supportive welfare conditions. Countries in the eastern part of the Region are receiving a growing number of economic migrants. Despite the different subregional migration dynamics, common public health questions and challenges need to be addressed that 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.

8% estimated migrants of the population in the WHO European Region

77m people (2013)
The goal of Health 2020 is to significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality.

All Member States of the WHO European Region have agreed to monitor progress against six common targets:

1. Reduce premature mortality in the European Region by 2020
2. Increase life expectancy in the European Region
3. Reduce health inequalities in the European Region
4. Enhance the wellbeing of the European Region population
5. Ensure universal health coverage and the right to the highest attainable level of health
6. Set national goals and targets related to health in Member States.

What makes societies prosper and flourish can also make people healthy, and policies that recognize this have more impact. Building awareness and capacity to make health objectives part of society’s overall socio-economic and human development is essential. All policy fields, including health, need to reform their ways of working and use new forms and approaches to policy at the global, national and local levels.
The migration process as a determinant of the health of migrants

The migration process—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. Even though most of these risk factors lie outside the health-care sector, they strongly affect the health outcomes of this population group and the host community. For example, migrants might have limited access to preventive and health-care services in transit and destination countries, which increases their susceptibility to infectious and noncommunicable diseases. Because of the plurality of migrants’ profiles, the multi-staged migration process may differ greatly between individual migrants. Understanding the possible health hazards arising through this process and the actors involved at each stage is essential to embark on intersectoral joint actions that intervene in these determinants and address the public health aspects of migration.

**Fig. 1**

Determinants of the health of migrants during the migration process and main government actors involved.

Intersectoral policies and interventions to address the determinants of the health of migrants

As reflected in Fig. 1, given the diversity of government actors involved in the migration process, interventions within and outside the health sector are needed to address the underlying determinants of health. The following charts include examples of adequate joint actions throughout the different phases to improve the health of migrants.

### Pre-departure

<table>
<thead>
<tr>
<th>CHALLENGES</th>
<th>MAIN SECTORS INVOLVED</th>
<th>JOINT ACTIONS TO IMPROVE THE HEALTH OF MIGRANTS</th>
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<tbody>
<tr>
<td>Foreseeing large arrivals of international migrants with different epidemiological profiles, mental health issues, linguistic and cultural barriers</td>
<td>Foreign affairs, home and health</td>
<td>Besides international cross-border cooperation, intersectoral collaboration within governments and international organizations is needed to foresee potential large arrivals of migrants and plan according to their health needs; contingency plans are useful tools to coordinate these situations.</td>
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### Travel and transit

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<tbody>
<tr>
<td>Reducing mortality and morbidity among migrants during the rescue operations</td>
<td>Home and health</td>
<td>Considering the public health implications of the rescue operations, providing first aid when possible and needed.</td>
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<tr>
<td>Identifying migrants’ health needs and public health implications, protecting both the migrant and resident communities</td>
<td>Health, home and labour</td>
<td>Implementing public health measures to prevent and control the spread of diseases, in connection to proper diagnosis and treatment to ensure the right to health for migrants. From a public health perspective, the mixed migration flows arriving in Europe do not represent a threat to the health of the resident population but constitute a vulnerable population that needs to be protected from communicable diseases.</td>
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<tr>
<td>Reducing the negative effects of the criminal or administrative detention period on the physical, mental and social well-being of migrants</td>
<td>Home, justice, health, education, public order</td>
<td>Avoiding detention as a policy option in migration, using it as a last resort measure, exploring the use of non-custodial measures and sharing good practices among countries.</td>
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### Host community

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<tr>
<td>Reducing the negative effects of poor living and working conditions on the health of migrants</td>
<td>Labour, social affairs and health</td>
<td>Providing migrants with occupational health programmes. Providing economic empowerment, skills training and personal development for low-socioeconomic migrant populations.</td>
</tr>
<tr>
<td>Reducing inequities in obesity-, tobacco- and alcohol-related harm in migrant populations with low socioeconomic status</td>
<td>Education and health</td>
<td>Taking account of ethnic and social diversity in health education and promotion campaigns on healthy eating and physical activity, tobacco and alcohol</td>
</tr>
<tr>
<td>Improving the social inclusion of the migrant population, reducing discrimination and stigma</td>
<td>Labour, social affairs and health</td>
<td>Screening policies to avoid exacerbating the stigma and marginalization of migrant people; ensuring gender-sensitive anti-discrimination policies and equal opportunity to employment legislation; implementing broad interventions to improve the social inclusion of marginalized ethnic groups; and promoting knowledge about the positive effects of migration on hosting communities, including the attenuation of ageing demographics and the contribution to the national economy by being part of the labour workforce and increasing tax revenue</td>
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### Return

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<tr>
<td>Preventing unhealthy behaviour and health risks and permitting the maintenance of treatment and follow-up of diseases among migrants who return to their country of origin</td>
<td>Foreign affairs, finance, home and health</td>
<td>Establishing intercountry coordination mechanisms in foreign policy to foster collaboration between the health, foreign policy and finance sectors, minimizing economic concerns and constraints for providing health services between the countries of origin and destination</td>
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Intersectoral response to other key challenges beyond the migration process

Given the high political sensitivity of the topic, other challenges that go beyond the migration process are crucial to adequately address health and migration. The importance of migration for sustainable and equitable development has been widely recognized. Migrants contribute significantly to the economy in the host countries, being healthy active workforce members, and in their countries of origin, through remittances. Nevertheless, the misleading conception that migrants place a heavy financial burden on the host society and the health system’s limited financial resources has not encouraged the protection of the health of migrants. Neglecting migrants’ access to health care is often used as a policy option. Well-informed governments and populations are key aspects to improve migrants’ inclusion and reduce anti-migrant sentiments in resident communities. Because of their proximity, regional and local health authorities can play a fundamental role in engaging migrant communities. Further, given the fragmentation of institutional competencies in this specific area, coherence between national and subnational institutions is essential.

Reducing health inequalities
To reduce health inequalities, addressing the following is a good start:

LIFE-COURSE STAGE
- Social protection for women, mothers-to-be and young families
- Universal, high-quality and affordable early-years education and care system
- Eradication of unsafe work and access to employment and high quality work
- Coherent and effective intersectoral action to tackle inequalities at older ages

WIDER SOCIETY
- Improved social protection, according to need
- Co-creation and partnership with those targeted, civil society and civic partners
- Action to reduce social exclusion
- Gender equity approach

BROADER CONTEXT
- Promoting equity through tax and transfer payments
- Long-term planning through links with other policies

SYSTEMS
- Greater coherence across sectors
- Comprehensive responses
- Regular reporting and public scrutiny

Cross-cutting aspects
To reduce health inequalities and achieve health for all, the joint policies and interventions mentioned above must be performed with full respect for the principle of non-discrimination and, overall, following a human rights approach. Special attention must be given to migrant women and children, who may be vulnerable for several reasons. Applying an equity lens to health and non-health interventions, promoting understanding and scaling up dialogue among the health sector and the non-health sectors will make countries’ health systems more inclusive and will positively affect the macroeconomic indicators of a country, benefiting the migrant population as well as society as a whole.