The Health of Migrants – An Evidence brief

THEMATIC SUPPORT UNIT

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The purpose of this evidence brief is for Sida staff to have a mutual understanding of who is considered a migrant and to illuminate some of the barriers and opportunities migrants, particularly women and children, face in accessing health care and services. Box 1 provides an overview of different definitions of migrants and global data. However, refugees and migrants are often grouped together in the literature.

Being and staying healthy is a fundamental precondition for migrants, to work, be productive and contribute to the social and economic development of communities of origin and destination. 'Leaving no one behind', which is at the core of the UN 2030 Agenda for Sustainable Development, means that governments, humanitarian, and development actors should integrate the health needs of migrants into global and national plans, policies, and strategies across sectors and across borders in accordance with the 17 Sustainable Development Goals (SDGs) and their respective targets.[1] The 2030 Agenda itself is grounded in international human rights as expressed in the Declaration of Human Rights, article 25.1[2] and both the Committee on the Elimination of Racial Discrimination and on Economic, Social and Cultural Rights stresses all States to have the responsibility to uphold, including for migrants, adequate standard of physical and mental health care services.[3]

Below, five recent articles and reports are summarized to provide an overview of some of the challenges migrants, particularly women and children, face accessing health care and services worldwide.

WORLD MIGRATION REPORT 2022. THE IMPACT OF COVID-19

The IOM's 2022 report is focused on the impact of Covid-19 on the mobility of migrants. As the Covid-19 hit the entire world in the beginning of 2020 many governments and stakeholders implemented restrictions including lockdowns and quarantines and introduced remote schooling and work. When borders were closed, visa processes disrupted, flights canceled, and travel policies changed, the mobility of migrants was affected. For example, migrants who crossed the Mediterranean Sea to Europe were stranded during the pandemic, and faced issues like discrimination, stigmatization, sexual abuse, and trafficking. Low-skilled and low paid migrants lost their jobs, which meant they could no longer cover the cost of health and

Box 1 Different definitions

- International migrant (migrant) refers to "any person who is outside a State of which they are a citizen or national, or, in the case of a stateless person, their State of birth or habitual residence." There is no universal and legal definition of "migrant".[4]
- "Migrants choose to move not because of a direct threat of persecution or death, but mainly to improve their lives by finding work, or in some cases for education, family reunion, or other reasons. Unlike refugees who cannot safely return home, migrants face no such impediment to return. If they choose to return home, they will continue to receive the protection of their government."[5]
- "[A migrant is] an umbrella term, not defined under international law, reflecting the common lay understanding of a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons. The term includes a number of well-defined legal categories of people, such as migrant workers; persons whose particular types of movements are legally defined, such as smuggled migrants; as well as those whose status or means of movement are not specifically defined under international law, such as international students."[6]

Table 1:

281 million international migrants globally in 2020	↑ An increase from **272 million** in 2019
Out of the **281 million** international migrants globally in 2020; 36 million of them were children,	↑ An increase from around **24 million** during the period 1990-2000[7]
135 million international female migrants in 2020	↑ An increase from **130 million** in 2019
146 million international males globally in 2020	↑ An increase from **141 million** from 2019
169 million labor migrants globally in 2019	↑ An increase from **164 million** in 2017
Around **3,900** missing or dead migrants globally 2020[8]	↓ A decrease from almost **5,400** in 2019

1 International Organization for Migration. Migration Health & Sustainable Development.
2 Nations U. United Nations. United Nations. Universal Declaration of Human Rights.
3 OHCHR. Fact Sheet No. 31: The Right to Health.
4 PrinciplesAndGuidelines.pdf
5 UNHCR. UNHCR viewpoint: "Refugee" or "migrant" – Which is right?
6 International Organization for Migration. Who is a Migrant?
7 UNICEF DATA. Child Migration.
8 World Migration Report 2022.

employment insurance. The effects of the Covid-19 pandemic on health equity are still visible today. This report emphasizes the importance of taking actions to promote better policies regarding the health of migrants during public health emergencies.

SEXUAL AND REPRODUCTIVE HEALTH OF MIGRANTS: STRENGTHENING REGIONAL RESEARCH CAPACITY

The researchers of this paper highlight the challenges, stigma, and discrimination migrants face accessing health systems with the goal of raising awareness and present solutions to policy makers to act. Migrants are exposed to ethnic, political, social, and economic difficulties which affect the right to health. This issue was highlighted during the Covid-19 pandemic. Migrants' rights to sexual and reproductive health are usually not prioritized or recognized by their governments, host government and the international community. They face barriers in accessing maternal health services such as comprehensive abortion care, contraceptive services, prevention of sexually transmitted diseases and treatment of gender-based violence. The Venezuelan migrants in Colombia are one example in this paper, which describes their struggles to receive care within the area of gender-based violence, family planning and maternal health services. The researchers discuss the importance of conducting studies on migrants' lives but also mention the barriers of carrying out a study due to the stigma and fear among migrants of being exposed or entitled, therefore the methodology and design of the study must consider migrants voice and rights and be presented correctly.

MIGRANTS' HEALTH AND PERSISTING BARRIERS TO ACCESS HEALTH-CARE SERVICES

This article discusses the inequalities in accessibility to the health system by migrants. According to the European Union Agency for Fundamental Rights, 8 out of 28 countries within the EU allow access to primary, secondary, and emergency care to undocumented migrants. Another study shows that nine European countries (Malta, Italy, Sweden, Austria, Cyprus, France, Germany, Spain, and Greece) had more visits to emergency rooms than routine visits to primary care among migrants compared to non-migrants. A significant finding is the increased cases of caesarean section and complicated birth outcomes among pregnant migrant women compared to non-migrant women due to lower access to family planning and prenatal visits. Poor diet and nutritional status are more common among migrant children compared to native children. The action suggested to be taken concerning migrants' health and access to care services is to develop a more migrant-friendly and approachable healthcare system.

LANGUAGE BARRIERS BETWEEN NURSES AND PATIENTS: A SCOPING REVIEW

This scoping review includes 48 studies from 16 countries in Africa, Europe, America and Asia. The author discussed the challenges nurses faced while taking care of their migrant patients. Nurses identified language barrier as a gap in communication and giving the right information concerning the pain caused by the disease and how to describe the treatment process as well as the patient´s health status. Even with the help of interpreters, nurses were still concerned about the quality of translation. The article also discusses the diverse policies that countries have, such as providing a professional interpreter, and the encounters that come with getting help from interpreters, such as lack of trust, cultural differences, and competence level to interpret medical terms and describing patients' disease status. The nurses also experienced difficulties referring them to mental health services due to the linguistic barriers.

MENTAL HEALTH OF REFUGEES AND MIGRANTS: RISKS AND PROTECTIVE FACTORS AND ACCESS TO CARE

This report reviews the causes and factors of poor mental health outcomes amongst migrants, their barriers to accessing mental health, and the actions, policies and decision-making that are needed to improve the mental health of migrants. Migration affects the mental health of children and women in several diverse ways. Women are exposed to severe post-partum depression that causes difficulties with breastfeeding. Social isolation and exclusion increase depression among migrant perinatal women. Migrant children suffer ill mental health caused by discrimination and racism when moving from low or middle income to high-income countries, as well as from rural to urban areas, housing and food insecurity are also contributor for ill mental health Migrants themselves are also subject to stigma due to cultural understandings of mental health, which reduces their likelihood of seeking help for the traumatic events' they have experienced. Programs and policies that help migrants to integrate into their new society include addressing basic determinants for good mental health and strengthening the capacity and competence of the health care workers to be able to help and guide migrants through the system to get the right psychological help. The report covers a number of regions where migrants are settled, such as Africa, the Americas, South-East Asia, Eastern Mediterranean, Western Pacific regions, Europe, Australia and Canada.

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