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Migrant Health: Healthy Migrant Effect and the Need to Prioritize Migrant Health

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Authors' contributions

This work was carried out in collaboration between both authors. Author QS conceived the idea and drafted the manuscript. Author JK reviewed the first draft and drafted the subsequent versions of the manuscript. Both authors read and approved the final manuscript.

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ABSTRACT

Globally, the number of international migrants is about 258 million with over 60% of these living in Asia and Europe and the rest of the 40% living in Northern America, Africa, Latin America and the Caribbean and Oceania. We aimed to describe the healthy migrant effect, the public health challenges faced by migrants and approaches that host countries can adopt to improve migrant health. We used literature searched from key databases such as Google Scholar, PubMed, among others, to collect relevant and recent information about migrant health. Several studies have shown recent migrants to be healthier than native-born populations. Several studies have concluded that with a longer stay in a host country, the health of migrants tends to deteriorate which could be as a result of low living and working conditions and adoption of risky health behaviour. Communicable diseases, non-communicable diseases (NCDs), mental and social problems, contribute significantly to the morbidity burden of new migrants in host countries. Migrants in host countries are less likely to access or fully benefit from the healthcare system as they face various challenges such as language barrier, denial of access basing on the lack of documentation, and negative healthcare provider attitudes. This mini-review identifies that in order to ensure the health of migrants, host

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countries have to effectively coordinate and collaborate with other countries and sectors. Furthermore, it highlights a need to promote migrant-sensitive health policies aimed at improving the health of migrants, promoting equitable access to health protection and care for migrants and advocating migrants' health rights.

Keywords: Migrant health; healthy migrant effect; refugees.

1. INTRODUCTION

According to the United Nations Convention on the Rights of Migrants, *"the term 'migrant' in article 1.1 (a) covers all cases where the decision to migrate is taken freely by the individual concerned, for reasons of 'personal convenience' and without the intervention of a compelling external factor"* [1]. The same convention defines a refugee as a person who is outside of his or her country, and unable to be protected by that country 'owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion' [1].

Globally, the number of international migrants is about 258 million with over 60% of these living in Asia and Europe and the rest of the 40% living in Northern America, Africa, Latin America and the Caribbean and Oceania [2]. Women comprise about 48% of all the global international migrants [2]. Africa hosts over 22 million international migrants, including 6.3 million refugees [2]. Over 80% of the migration in Africa occurs within the continent, with intraregional emigration in Sub-Saharan Africa being the most massive south-south movement of people in the world [3].

People migrate for different reasons such as family reunification, educational opportunities, job opportunities and better quality of life [4]. Their legal standing may change as some may be able to secure employment, whereas others with no job prospects may become asylum seekers [5]. Upon arrival, most immigrants are healthier than the host countries' natives [4,6,7]. This healthy immigrant effect has been attributed to factors related to immigration selection criteria, such as rigorous health screening [4]. However, this healthy immigrant effect diminishes over time as the health of the immigrants worsens with time [4].

Migrants in host countries are less likely to access or fully benefit from the healthcare system, as they face various challenges such as language barriers, negative healthcare provider attitudes and denial of access to health services on the basis of lack of documentation [2,8,9]. Communicable diseases, non-communicable diseases (NCDs), mental and social problems, contribute significantly to the morbidity burden of new migrants in host countries [10]. Migrants are at higher risk of mental disorders than natives of the host European Countries [11].

In this mini-review, we aimed to describe the healthy migrant effect, the public health challenges faced by migrants and approaches that host countries can adopt to improve migrant health. We carried out a literature search in multiple databases, including; PubMed, Google Scholar, Scopus, UN and WHO databases using the following keywords in both the title and abstract: "migrant health'', ''healthy migrant effect'' and ''refugee''. We sought relevant and recent studies that investigated the healthy migrant effect, the public health challenges faced by migrants and approaches that host countries can adopt to improve migrant health globally. Besides, only articles and classified reports published in English were considered.

2. THE HEALTHY MIGRANT EFFECT

Several studies have shown recent migrants to be healthier than native-born populations [12-17]. Immigrant self-selection, cultural buffering, pre-migration health screening, and overestimation of health conditions/lack of data are the possible explanations for this effect [4,12]. Immigrants tend to be different from their compatriots who do not migrate [13] as they are usually more educated, less risk exposed, more entrepreneurial and better prepared to confront stressful situations [14]. This, in turn, is a good factor for the host country as such migrants are usually healthier, more productive and easily integrate into the new environment [14]. Cultural buffering explains the fact that immigrants from less modern societies tend to have healthier lifestyles than native-born people [14]. This concerns significant risk factors, such as cigarette smoking, alcohol consumption, substance abuse and over-nutrition. Social networks, formed by immigrants upon arrival, help to create an environment that favours

positive health behaviours and provides psychological support [18].

Even in host countries with accessible health services, the services may not be culturally, linguistically or clinically sensitive to migrants hence leading to undiagnosed diseases or ineffective treatment [19]. The administrative hurdles might also affect awareness of the availability of health services [19]. All these might lead to under-reporting and hence making migrants appear healthier.

The administrative hurdles and job requirements might make some migrants under-report their pathologic conditions to the host country authorities, which false statistics, in turn, makes them appear healthier [13]. This might as well lead to the host country to provide fewer funds for the migrants' health based on false statistics. However, the healthy immigrant effect is not evident among refugees, as they have often displayed health deficits due to the poor living conditions in camps [13]. Studies have shown this evidence against the healthy migrant effect in refugees [20,21]. In addition, several studies have concluded that with a more extended stay in a host country, the health of migrants tends to deteriorate which could be as a result of unsatisfactory living and working conditions and adoption of risky health behaviour [4,13].

3. WHY WE NEED TO PRIORITISE MIGRANT HEALTH

Migration is regarded as a significant social determinant of health and has effects on the individuals' and communities' well-being [19]. Despite the fact that most migrants are young and healthy at the point of emigration from their native countries, the process of migration usually exposes them to health risks and poor health outcomes due to unsafe travel conditions [19,22]. The very young and old, unaccompanied minors, women and those with low skills may be more vulnerable during the migration process and even during arrival in the host countries [19]. Conversely, the migration process can also lead to better health outcomes as some migrants get access to better education, job opportunities, higher income which makes them to easily access health services [19]. The high influx of migrants may negatively affect the health systems of host countries that may not have the capacity to handle migrant health needs of the high number of migrants [19]. Due to the stigma, discrimination, lack of legal status, language, cultural barriers and low-income levels, migrants may be left out from accessing primary healthcare services, including vaccination campaigns and health-promotion interventions [22].

It is crucial to discuss migrants' health in host countries to limit disparities in health status and access to health services of the migrants and the host population and also protect the host population against imported diseases [23]. Migrants travel with their epidemiologic profiles; some are exposed to communicable diseases; some have lifestyle-related risk factors and negative health beliefs [23]. Conversely, migrants are at risk of being exposed to diseases in the host countries and hence take them back to their countries of origin [2].

Ensuring migrants' health rights and equity in their ability to access and utilize health services is critical as some migrants endure human rights violations, abuse, and discrimination, especially women and children [2]. Furthermore, they often undertake long, exhausting journeys that increase their risks for diseases [1]. Limited access to healthcare, especially during the transit and settlement phases of migration, increases the resultant burden of untreated non-communicable conditions [24]. Besides, most migrants lack access to and are unaware of the availability of various health services in the host country, making them prone to late diagnoses and adverse health outcomes [16]. Migrants usually earn less yet work for longer hours compared to citizens of host countries and are mostly the first to lose their jobs in the event of an economic downturn which further affects their ability to access healthcare [1]. Low skilled migrants are usually employed in job opportunities that are among the most dangerous with low salaries and bad working conditions, which further puts their health at risk [19].

Minimizing the negative impact of the migration process on migrants' health outcomes is also crucial regarding migrants' health in host countries [23]. Migration associated risks like psychosocial disorders, reproductive health problems, drug abuse, nutrition disorders, alcoholism, and violence increase vulnerability to NCDs [25]. NCDs need continuous care provision, are associated with acute complications that might necessitate emergency, require proper coordination of care among various health professionals and settings, and may require palliative care [25]. All the above and the stress of resettling in the host country predisposes the migrants to poor mental

health which affects not only the adults but also the development of their children [26,27].

Demand for labour is a fundamental reason for migration, and even those that migrate for other reasons still look for work in the host countries [28]. Health promotion and training programs related to occupational safety and health may not reach immigrants due to language, cultural and/or economic barriers [29] hence occupational health is also another public health concern to be dealt with [30]. Health information on migrants' health and their access to health services is also scarce in many host countries, and therefore the host countries need to put in place mechanisms to improve on this for proper planning and better service delivery [2,23].

4. BETTER APPROACH TO IMPROVE MIGRANT HEALTH

Dealing with migrants' health requires effective coordination and collaboration between and within countries as well as between sectors. Preparedness is crucial to enable adequate capacity in the medium and long-term, careful planning, training and, ensuring adherence to the principles of human rights [31]. Traditionally, approaches concerning migrant health have focused on the identification and management of specific diseases or health concerns in migrants at the time and place of their arrival [31]. These have often been based on the principles of protecting the host population through policies of exclusion directed at the migrant, and much focus is directed towards communicable diseases [32]. However, recently attention is also being focused on pre-existing non-infectious diseases and other health domains, including behaviour, however, more effort is needed in this area [33].

Vulnerable groups like young children, pregnant women and the elderly need special attention as their health can deteriorate quickly. Where necessary, healthcare professionals should learn to detect and treat communicable diseases that are not common in the host country [25] and also need to learn about the cultural background of migrant patients [34]. Social support is crucial in preventing mental health issues and enables easy integration, so migrants from similar backgrounds should be able to live close to each other. However, social support can as well be offered by statutory or voluntary agencies from outside the migrants' communities in line with local informal and formal structures and networks [26].

At the health systems level, host countries need to strengthen and enhance clinical and laboratory capacities for imported, rare or exotic diseases, as well as continuous education of healthcare providers in global health issues, global health programs in universities and development of specialized reference centres and international networks [31]. Increasing access and utilization of health services by migrants, host countries need to provide translation and interpretation services, increase migration of healthcare providers from migrants' countries of origin, training of migrants as healthcare providers and interpreters, cultural awareness and sensitivity programs for host countries' healthcare providers [23]. Assessing migrants' health and trends in their health, identifying gaps in service delivery to meet migrants' health needs, as well as disaggregating health information by gender, age and origin and by socio-economic and migratory status would help inform migrant sensitive health policies. Furthermore, there is a need to promote migrant-sensitive health policies that follow the principles of a public health approach, meant to improve the health of migrants, promote equitable access to health protection and care for migrants, and to advocate migrants' health rights [23].

5. CONCLUSION

Migrants are continuously increasing in numbers worldwide. Despite the healthy migrant effect, it has been shown that with more prolonged stay in the host countries, the health of migrants tends to deteriorate which could be as a result of unsatisfactory living and working conditions and adoption of risky health behaviour. In order to ensure the health of migrants, host countries have to effectively coordinate and collaborate with other countries and relevant sectors. Furthermore, there is need to promote migrant-sensitive health policies which adhere to the principles of a public health approach; these should be aimed at improving the health of migrants, promoting equitable access to health protection and care for migrants, and advocating migrants' health rights.

DISCLAIMER

The products used for this research are commonly and predominantly use products in our area of research and country. There is absolutely no conflict of interest between the authors and producers of the products because we do not intend to use these products as an avenue for

any litigation but for the advancement of knowledge. Also, the research was not funded by the producing company rather, it was funded by the personal efforts of the authors.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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