The UCL-Lancet Commission on Migration and Health

Worldwide mobility is our future—regardless of laws and walls.

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#LancetMigration
Migration is a global reality - one billion people on the move in 2018.

Little change in % migrants (from 2.9% to 3.4% from 1990 to 2017 globally) with diversity in geographical location of migrants.
Majority of global migration in low-income and middle-income countries.

>50% of the world’s refugees from the Syrian Arab Republic (5.5 million), Afghanistan (2.5 million) and Somalia (1 million).
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The Commission

Convened in 2016 to articulate evidence-based approaches to inform public discourse and policy in migration and health. 46 authors from all world regions – writing team expertise spanning sociology, politics, public health science, law, humanitarianism, and anthropology
1. Leadership and policy

• We examined multisector determinants of health vs current sector-siloed approaches.
  – The health of people who migrate depends greatly on structural and political factors that determine the impetus for migration, the conditions of their journey, and their destination.

• Policy making in migration should give greater prominence to health:
  – Health Envoy at UN level
  – Invite health representatives to high level policy making forums on migration and engaged in dialogues on the macroeconomic forces that affect population mobility
2. Myths: Populist discourse demonises migrants

Our commission concludes that migrants uphold economies, bolster social services, and contribute to health services in both origin and destination locations. Despite economic, social, and cultural dividends of migration attention focuses largely on security concerns.
2. Myths: Populist discourse demonises migrants

Our commission determined that migrants and do not spread disease. While infections can spread to susceptible populations, data suggests the risk is in migrant populations and not outbreaks in general populations.
2. Myths: Populist discourse demonises migrants

Migrants on average live longer although some vulnerable groups have higher burden and poorer access.

Public leaders and elected officials have a political, social, and legal responsibility to oppose xenophobia and racism fuelling prejudice and exclusion.
3. Health Access

• We examined equity in access to health.
  – International Covenant on Economic, Social and Cultural Rights, guarantee “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”
  – Refugee convention

Migrants should be explicitly included in universal health coverage commitments.

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3. Health Access

• Growing trend of states limiting access to health, despite commitments to provide “health for all.”
  — e.g. UK hostile environment policy - Windrush scandal 2018 and upfront charging regulations
4. Human rights

- Health restrictions on entry: e.g.
  - 35 countries impose travel restriction on people with HIV and five bar entry if HIV-positive (UNAIDS, June 2015)
  - However, this is impermissible on both public health and human rights grounds

- International law violation: treating unauthorised border crossing as a criminal offence and detaining immigrants, regardless of circumstances – including children and pregnant women despite evidence of harm (38 studies)

- Linking health status to enforcement reinforces distrust of the health system.
5. Accountability

• There is an urgent need to ensure adequate monitoring and evaluation to support the implementation of the Global Compacts

• We call on the UN system, states and civil society to create an accountability framework and generate indicators and data

"The Global Compact for Safe, Orderly and Regular Migration is people-centred because it promotes the wellbeing not only of migrants but also of communities in countries of origin, transit, and destination.”
—Louise Arbour, United Nations
6. Research

• High quality data collection on migration and health needed including
  – Demographic and longitudinal data
  – Health related drivers and outcomes
  – Disaggregation to tackle inequities
  – Qualitative and behavioural sciences
  – Health policy – finance, law and information systems

• Should be ethical and funded
7. Impact

- Officials and Professional Analysts
- Political and Business Decision Makers
- General Public and Thought Leaders
- Ideological Opponents
- Advocates
- Influencers
- Media

Migration and Health Research

Migration Health Policy Action
Conclusions

• We appeal to our collective humanity and to our political leaders to address SDG goals in relation to migration and health.
• We have established a standing migration commission - a collaboration between the Lancet and academic stakeholders: “LANCET MIGRATION”
• Lancet Migration will continue to generate the evidence, engage society and shape policy.
Thank you for listening

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