



## The UCL-*Lancet* Commission on Migration and Health

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

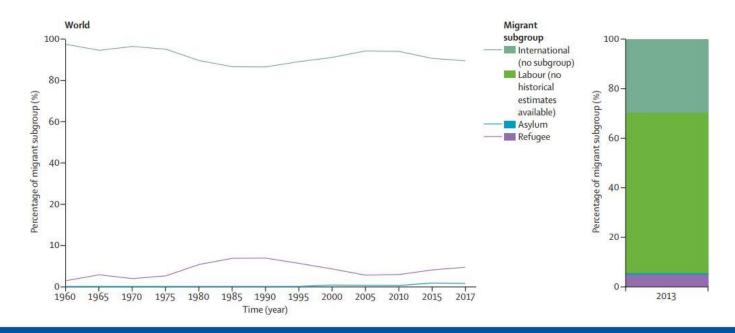
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Professor Ibrahim Abubakar, PhD, FRCP Institute for Global Health, University College London

#LancetMigration

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

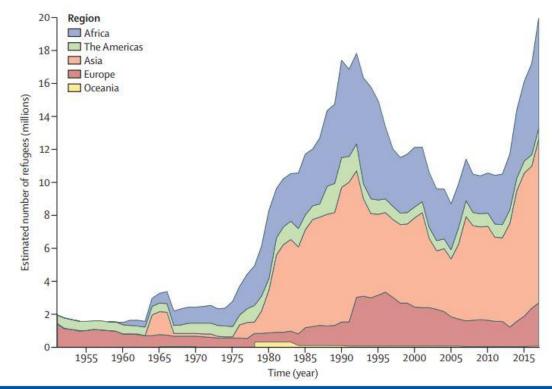
Little change in % migrants (from 2.9% to 3.4% from 1990 to 2017 globally) with diversity in geographical location of migrants.





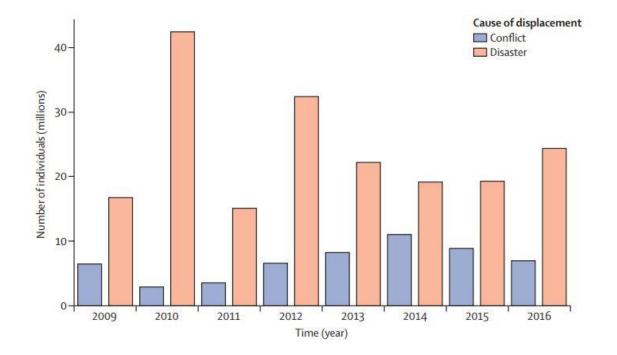
Majority of global migration in low-income and middle-income countries.

>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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### Causes and impact of displacement



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

### 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

Total migrants (millions)

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

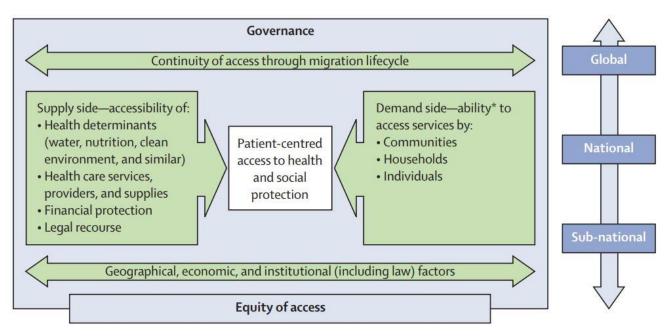
Migrants should be explicitly included in universal health coverage commitments.

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### 3. Health Access

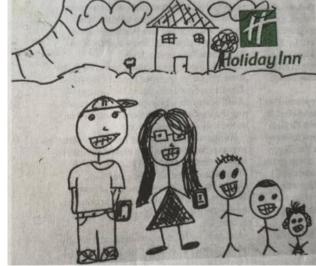
- Growing trend of states limiting access to health, despite commitments to provide "health for all."
  - e.g. UK hostile environment policy Windrush scandal 2018 and upfront charging regulations



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## 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.



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## 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



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

The UCL-Lancet Commission on Migration and Health

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The best science for better lives

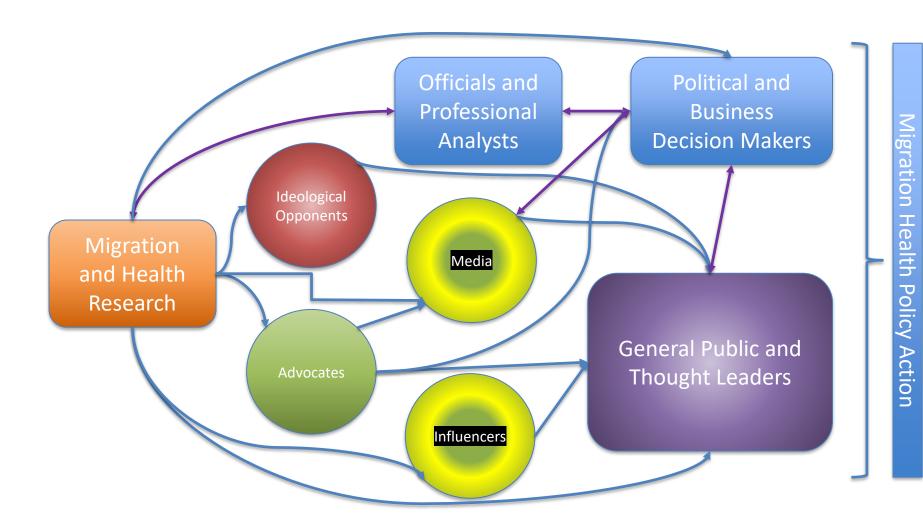
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## 6. Research

- 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



### UCL-LANCET COMMISSION ON **MIGRATION & HEALTH**

### **RESEARCH** & **POLICY IMPACT**

### December 2018 - December 2019

### GLOBAL POLICY EVENTS

Migration, Morocco

### GLOBAL POLICY EVENTS

### **RESEARCH EVENTS**

### DEC 2018-DEC 2019

Middle East, Beirut

Universal health coverage and migration in Southern Africa

South America, Peru

**DEC 2018-APRIL 2019** 

**REGIONAL POLICY EVENTS** 

March 2019 - South American Health system response to Venezuelan migration (Peru) Co-organised with IOM South America

May 2019 - UK Parliamentary Policy Roundtable on Improving Migration Health Global Governance, London

### **REGIONAL POLICY EVENTS**

### IUNE-DEC 2019

July 2019 - Southern African Universal Health Coverage and Migration Policy Roundtable (Johannesburg)

November 2019 - Migration and mental health in the Middle East (Turkey)

December 2019 - South American health system response to mass migration

UCL-LANCET COMMISSION ON **MIGRATION & HEALTH** 

### **RESEARCH** & **POLICY OUTPUTS**

### December 2018 - December 2019

### **GLOBAL POLICY EVENTS**

### **GLOBAL POLICY EVENTS**

### **REGIONAL POLICY EVENTS**

### LANCET MIGRATION

### **NEXT STEPS**

October 2019 onwards

	PLANNED EVENT	S
with IOM, WHO, lealth: The Key to stainable intergovernmental al Compact lith for all migrants lity roundtable recommendations mendations to WHO ft of the Global lith of migrants and	October 2019 - Lancet Migratio Workshop, Frankfurt, German Nov 2019 - Lancet Migration Launch Londo December 2019 - onward Research output and policy work on ke thematic	
endations to lel	GLOBAL POLICY EVENT	
omprised of IOM, res cess for UHC r meeting and to the UN HLM RO regional ion and health	December 2019 - Climate Chang Conference, Chile (COP 25/CM) To organise side event on climate chang and migration healt May 2020 - World Health Assemb To organise side event o migration and health da	Assembly   To organise side event on climate change and migration health   Other: engagement with the WHO Global Action Plan on the health of construction of the sector of
meetings of the outh America on the health	REGIONAL POLICY PRIORITIES	•
te Green's office to migration health in	on priority issues by region: - South America - health system response	-North America: securitisation, deterrence,
ll the UK Royal e recommendations	to mass displacement - Southern Africa: xenophobia, migration	- Europe: charging regulations and
The Lancet on NHS ging	and health	exclusion from healthcare of vulnerable groups
ded to the Elders <sup>F</sup> migrants in NHI alth and President	- Asia: labour migration and health	- Middle East: mental health and forced migration

--> Policy briefing provi who raised inclusion of with the Minister of He

## 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.

# 

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# Thank you for listening #LancetMigration

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Facebook: https://www.facebook.com/MIGHCommission/

Instagram: https://www.instagram.com/migrationhealth



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