Changing Patterns of Migration and Implications for Urban Health Systems

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...lacking the water and sanitation infrastructure needed to support its growing population, (2.4 mill.) ... the perfect breeding ground for a terrifying disease
…until mid-1800s
deaths exceeded births
and migration made up
almost 90% of growth

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since the mid-1980s fertility has dropped and migration again accounts for urban stasis if not growth

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in 2012 health indicators for “migrants” are consistently worse than for “natives”
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a safety valve ...
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an essential economic and demographic force …
The discovery of nearly 400 migrants from South Asia and Africa on “Marine 1,” a boat found drifting off the African coast, shows that Asian migrants are joining Africans on sea routes toward Europe. The exact origins of the migrants are difficult to determine, because they often destroy their papers or give inexact information to avoid deportation.

Some migrants claim to have left from Ivory Coast, although evidence suggests that the boat’s last port of call was Conakry in Guinea. The boat lost power in international waters between Mauritania and the Canary Islands.

Many migrants on “Marine 1” appear to be from South Asia. Some claim to be from the disputed region of Kashmir. Others are reportedly from Afghanistan, Myanmar and Sri Lanka.
EU 27 has 40 million in a total population of 500 million = 6%
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IMMIGRANTS IN EUROPE BY REGION OF ORIGIN 2005

European and African
large proportion going to Germany (7.2) and UK (4)
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essential
and wanted
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essential and tolerated
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needed but not wanted
EU = 235,900 in 2010,

UK = 22,100 claims = 6th largest recipient
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EU = 400,000
forced and invisible
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communicable diseases

• tuberculosis
• viral hepatitis
• hiv/aids
• vaccine preventable diseases
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non-communicable diseases

- obesity
- type 2 diabetes
- cardiovascular diseases
- psychosocial problems
- maternal & child health problems
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non-communicable & communicable

• substance abuse
a complicated process ....

pre-migration health experience

migration health experience

destination health exposure

continued mobility exposure

access to and use of care
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housing and poverty
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language: > 300 London schools
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cultural beliefs and attitudes
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medical insurance

legal eligibility

eligibility for what
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participatory based community based community evaluated
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evidence based
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cultural competency