

No public health without migrant health

1 billion people in the world today are on the move. There are an estimated 244 million international migrants (3.3% of the world's population)—an increase from 155 million in 2000. Internal migration is most prevalent, with more than 740 million people who have migrated within their own country of birth. According to the International Organisation for Migration (IOM), the UN migration agency, we are facing the highest levels of forced displacement globally recorded since World War 2, with a dramatic increase in the number of refugees, asylum-seekers, and internally displaced people across various regions of the world. But this so-called migrant crisis is not a crisis of numbers, it is a crisis of policies—of policies not keeping pace with today's challenges. For Antonio Guterres, UN Secretary General, we face a choice: "Do we want migration to be a source of prosperity and international solidarity, or a byword for inhumanity and social friction?"

Can public health professionals inform that choice and challenge governments and their policies?

For the 700 participants from 50 countries who gathered on May 17–19, 2018, in Edinburgh, UK, for the first World Congress on Migration, Ethnicity, Race and Health, these objectives were certainly their intention to deliver. For Raj Bhopal, who chaired the congress, there was an urgent need to unite the strengths of the public health community to respond to the challenges and opportunities associated with migration and diversity in health. Writing in *The Lancet Public Health* earlier this year, he noted the imperative to enhance the progress made in the study of migration, ethnicity, race, and indigenous health, but also the common ground between these subjects—"such as in the quest for equity, social equality and an end to discrimination, fairness in the delivery services, and identification of ways to enable effective communication across language and cultural barriers."

There was also a clear consensus on the need to collect accurate and disaggregated data as a basis for evidence-based policies for decision makers and service providers. "We need evidence" stressed Santino Severoni from WHO. But importantly, we need evidence not only to inform policy but also to inform the public. We need better dissemination of the evidence, and we need it to go beyond experts and specialists.

Public opinion on migration plays an important part in the political response and in the design and effectiveness

of migration and integration policies. Alarming, there is a mismatch between public perception and current evidence about migration. First, regarding numbers, as highlighted by Uma Segal (University of St Louis, USA), Americans estimate their country has a 42% immigrant population, while it is actually 14%; perceived versus actual numbers are 32% versus 13% in the UK, and 25% versus 12% in France. Second, regarding the benefits of migrations, these are too often lost in public debate. Migrants make substantial contributions to both their host countries and countries of origin.

According to a recent IOM-Gallup report on public perceptions of migration worldwide, people are more likely to be in favour of migration than against it, with the important exception of Europe. Indeed, of the 183 000 adults in 140 countries interviewed between 2012 and 2014, Europeans were the most negative towards immigration globally, with a slight majority (52%) believing that immigration levels should be decreased.

Migrants too often face serious inequalities in their health status and inequities in access to health care and other essential services. More broadly, there is an overarching need to tackle racism and structural inequity, as powerfully argued by Camara Jones (Morehouse School of Medicine, USA). Political responses have been weak and might well remain so in view of the rise of populism and nationalism in European and American politics. Public health professionals and their organisations, at the forefront of the quest for equity and social justice, are well placed to challenge the hostile environment surrounding migrants' health and wellbeing and the public's perception. With the Edinburgh Declaration, agreed upon at the meeting, the public health community now has a consensus and commitment to respond to the challenges and opportunities that migration and diversity presents for health. The Declaration should influence the UN Global Compact on Migration, the first, intergovernmentally negotiated agreement. For governments, politicians, and citizens to fully live up to these aspirations, we need to reverse the negative narrative around migration and diversity. The evidence is there. Now the message needs to get out there. ■ *The Lancet Public Health*

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For the **IOM Gallup report** see <https://www.iom.int/news/how-world-views-migration-results-new-iomgallup-report>

For the **Edinburgh Declaration** see <http://www.merhcongress.com/welcome/edinburgh-declaration/>

For the **UN Global Compact** see <https://refugeesmigrants.un.org/migration-compact>