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Review Article

The Positive and Negative Effects of Migration on Population Health

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Abstract: Migration is a fundamental demographic process with profound consequences for population health globally. Increasingly driven by economic inequality, conflict, environmental change, and social transformation, migration shapes the distribution of health risks and opportunities across populations. While migration can improve socioeconomic conditions, enhance access to services, and contribute to economic development, it also introduces complex vulnerabilities related to infectious diseases, non-communicable diseases, mental health, maternal and child health, and occupational hazards. This paper provides an expanded examination of the multifaceted relationship between migration and health, analyzing underlying determinants, health system responses, and the lived experiences of migrants across different contexts. Drawing on contemporary scholarship and international frameworks, this review explores the health implications of migration in low-, middle-, and high-income countries, emphasizing structural drivers, health inequities, and the role of policy in shaping outcomes. The findings demonstrate that migrant health outcomes are shaped by interconnected social, political, and economic factors and require multisectoral and rights-based approaches to ensure equitable access to healthcare and protection of vulnerable populations. Drawing on evidence from global studies and country-specific experiences, including Nigeria, the European Union, and the United States, the article highlights key pathways through which migration influences population health. It concludes with recommendations for policy, health systems strengthening, and future research directions.

Keywords: Positive, Negative, Effects, Migration, Population Health.

BACKGROUND

Migration has become an increasingly visible feature of global society, with millions of people moving across national borders or within countries each year. Migration is driven by a combination of economic aspirations, political instability, conflict, environmental degradation, and social networks. According to the International Organization for Migration (IOM), global migration continues to rise, reflecting widening inequalities, climate-related displacement, and shifting geopolitical dynamics (International Organization for Migration [IOM], 2022).

The total number of international migrants in the world in 2010 amounted to 214 million, equivalent to 3% of the world's population, of which Europe hosted around 70 million (2,3). In Denmark, immigrants (7.9%) and their descendants (2.5%) constituted 10.4% (580,461) of the population on 1 January 2012.

Migrants thus constitute a significant and increasing proportion of the population on an EU level and in Denmark. One of the great challenges of migration is managing migrants' health needs. This is especially important because migrants may: a) have been exposed

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to a number of health risks related to migration, b) differ in disease profiles from non-migrants, and c) experience barriers to accessing health services in immigration countries.

The International Organization for Migration (IOM) estimates that more than 280 million people currently live outside their countries of birth, representing approximately 3.6% of the global population. Migration takes many forms, including voluntary migration for economic opportunity, forced displacement due to conflict or environmental disasters, and internal migration within countries. Each form of migration carries unique implications for health outcomes and healthcare systems.

While migration has always been a fluid process subject to change, these changes must now be assessed in terms of the rate of change and global magnitude of population movement. During the past 50 years, the process of migration and concomitant movement of other mobile populations has been markedly influenced by:

1. The decolonialisation of many nations, including those in Africa, the Middle East, Asia, Latin America and the Caribbean;
2. Large refugee movements following conflicts and civil disturbances, including South East Asia, the Balkans, Central America and Central Africa; and
3. The political, social and economic consequences of the collapse of the former Soviet Union.

As a result of these events, between 1960 and 2000 the legal and administrative restrictions on the ability to travel, work and move internationally have changed for hundreds of millions of individuals. This has been associated with a profound shift in the demography of people on the move and the nature of migration itself (Trooper, 2006). In traditional migrant-receiving regions such as Australia and North America, patterns of migrant origin have shifted from Europe to source countries in Asia, Africa, Central and South America and the Middle East (Martin P, *et al*., 1999) in the timespan of little more than one generation.

This evolution has not been limited to regulated, traditional immigration and emigration. It has also involved refugee and humanitarian movements and an increase in irregular arrivals (refugee claimants, asylum seeking, smuggling and trafficking in humans). Complex humanitarian emergencies are often associated with large population displacements of refugees, humanitarian evacuees and other displaced populations. Unlike refugee movements before the Second World War that were often passive, modern international attention and efforts are frequently directed at assisting the international relocation of vulnerable migrant populations. International organizations such as the United Nations High Commission for Refugees and the International Organization for Migration (International Organization for Migration, 2006), as well as other infrastructures, now support and facilitate the selection, movement and resettlement of these populations. These activities are now global in scope and planning, involve an increasing number of nations and, when triggered, take place more rapidly than historical refugee resettlements (Toole, M.J, *et al*., 1997)

Against this backdrop of political, social and civil societal change, the nature, speed and access to international travel has also undergone marked evolution. Travel patterns have been affected by changes in transportation technology, accessibility, and affordability. Growth in air travel has functionally reduced previous limits on the rapid international movement of large numbers of individuals. In 1960, there were approximately 70 million international journeys globally. The number of similar international journeys in 2004 was in excess of 760 million (World Tourism Organization, 2006).

The high volume of international travel supports greater population exchange and return flows between migrant origin and destination locations. Increased international travel has also been an integral component of the growing process of globalization. The progressive integration of global economic and communications sectors has been accompanied, if not preceded by, a corresponding growth in the international demand and flow of labour and manpower.

The International Labour Organization estimates the foreign-born migrant labour force to be nearly 90 million persons worldwide. In several locations, there is a repetitive flow of workers between regions of origin and regions of employment. Some of these movements are regular and organized. However, modern population pressures and economic push-pull factors related to marked global differences in opportunity are increasingly associated with irregular population flows facilitated by either smuggling or trafficking of those seeking a better life (US State Department, 2006).

Migration and health are deeply intertwined. Migrants often experience a range of health risks due to the conditions under which they migrate and settle. These include exposure to infectious diseases, mental health disorders, occupational hazards, and challenges in accessing healthcare services. At the same time, migration can have positive health effects by enabling access to better healthcare, education, and improved living conditions.

Migrants represent a diverse population, including voluntary migrants seeking employment or education, refugees fleeing conflict or persecution, asylum seekers, internally displaced persons, and

undocumented migrants. Each group faces distinct health risks and barriers to care shaped by legal status, socioeconomic position, and access to services. Forced migrants, including refugees and displaced populations, often experience heightened vulnerability due to traumatic experiences, disrupted social networks, and limited healthcare access (Abubakar *et al*., 2018).

The migration–health relationship is bidirectional and complex. Migration can serve as a pathway to improved living conditions, access to healthcare, and economic opportunity. Conversely, migration can also expose individuals to health risks arising from precarious working conditions, discrimination, inadequate housing, and limited access to health systems. Social determinants such as employment conditions, legal status, education, and housing significantly influence migrant health outcomes.

The relationship between migration and health is mediated by social determinants, including socioeconomic status, legal status, living conditions, cultural practices, and access to health systems. Understanding these determinants is essential for developing effective policies and interventions that address the health needs of migrant populations and the communities in which they live.

Global health frameworks emphasize the need for migrant-sensitive health systems. The World Health Organization advocates for universal health coverage and equitable access to healthcare services for all individuals, including migrants, irrespective of legal status. Yet, gaps persist in health policy implementation, particularly in regions facing resource constraints or political challenges.

DISCUSSION

Migration can be defined as a movement of a person or group of persons for any length of time and includes both long-term and temporary migration as well as remigration and circular migration. Moreover, migration may take place across an international border or within a State (International Organization of Migration [IOM], 2011).

Also, a distinction must be made between forced and voluntarily migration, though the division between the two may sometimes be hazy, i.e. poverty may force people to immigrate. Forced migration implies that people have been forced to flee their homes to seek refuge elsewhere. Reasons include war, persecution, and natural disasters (Castles S, *et al*., 2009).

In contrast, voluntary migration signifies leaving one's home of one's own free will in search of a better life elsewhere. In this context, the forces behind migration are often described as a combination of push and pull factors. Push factors include poverty, demographic growth, war, and political repression while pull factors include demand for labour, good economic opportunities, political freedom, and social ties (Castles S., *et al*., 2009).

In short, migration is a multifaceted phenomenon that does not merely entail a geographical move but forms a complex dynamic social, economic, environmental, and cultural process of change. Migration may thus be viewed as a fundamental biographical life experience resulting in a change in life circumstances by which the migrant's life comes to differ from that of non-migrants (Schenk, 2007).

A population health-based approach considers the relationship between migration and health as a progressive, interactive process influenced by temporal and local variables. The observations are less related to the administrative mechanics of migration and more sensitive to the driving forces that cause people to migrate. A population-based approach also facilitates the consideration and study of the long-term consequences of movement between locations with different health determinants and health outcomes. Use of this approach supports the examination of the issues from a global perspective. Such methodologies are already in use in the health sector. The Global Fund approach to tuberculosis, malaria and HIV similarly represents an integrated, inter-regional action plan in the face of persistent global health challenges. The population health approach to migration health is based on the standardised examination of two factors: (1) sustained disparate health environments and (2) the movement of populations between regions of differential prevalence of health indicators and outcomes.

The Dynamics of Health Disparities

Some diseases or illnesses are sustained by differences that are purely geographic or environmental in origin. In other situations, differences in health outcomes, and the factors that determine or influence health outcomes, result from more complex interactions. The environment (Olden K, *et al*., 2005) socio-economics, genetics and biology, and behavioural factors influence population measurements of disease prevalence individually and in combination.

Examples of environmentally-limited diseases include vector-borne conditions, for which environmental factors determine the distribution of disease transmission, as observed in the global epidemiology of malaria, Chagas' disease, yellow fever and West Nile Virus. Environmentally-related non-communicable disease epidemiological disparities include micronutrient deficiencies (El Ghannam, 2003) and geographically-defined exposure risks, such as health outcomes related to extreme weather or altitude. Movement of the population out of the risk environment (i.e. African refugees in Europe and North America and malaria) or establishment of disease transmission outside of the usual environmental constraints (i.e. West Nile

Virus in North America) will impact on the epidemiology of the condition in the receiving region and on the local population health outcomes.

Social and economic influences can be significant factors in the creation and maintenance of differences in health and disease outcomes between populations. Poverty, education, housing and nutrition are directly related to disease prevalence and illness outcomes (Baodi K, *et al*., 2005).

The capacities and capabilities of medical and health sectors can affect health through the availability, accessibility and affordability of health promotion, disease prevention and treatment services. Additional factors that influence health risks and outcomes include language skills, behavioural and cultural practices, such as the use of tobacco, dietary practices and population norms for body mass and physical exercise (Bodenheimer, 2005).

Migrants and other mobile populations reflect the health characteristics of their place and environment of origin and carry several of these characteristics with them when they move. In addition, migrants are also subject to other specific influences that may affect their health. These factors result from the process of migration itself, for example, during the travel phase between origin and destination. This is frequently observed in refugees, displaced persons and disadvantaged migrant populations such as trafficked or smuggled persons (MacPherson, 2006), and includes events such as trauma and torture. Other migration-specific health influences are observed in migrant worker populations, the children of migrants and returning travellers who have been visiting family and friends (Angell, 2005).

Disparities in health determinants and disease outcomes are not absolute, but change over time. This temporal variability adds an important dimension of complexity to the analysis and investigation of migrant health concerns, which can affect cohort comparability. Economic and social environments can change rapidly in the modern world. If those changes influence health determinants, consequential changes in health outcomes can be observed over relatively short periods of time. For example, in the thirty years following 1965, the difference between life expectancy for males in the United Kingdom and Russia increased by more than ten years (range from 3.6 to 15.1 years). Basic public health improvements such as the provision of adequate, safe drinking water, improved sewerage and housing can significantly reduce the incidence and prevalence of diseases of major public health importance in the space of less than a generation. Similarly, conflict, environmental change, natural disasters and population growth can result in new risk exposures and acquisition of adverse health outcomes over short time periods. Genetic admixture and behavioural characteristics of individuals and populations that impact on health outcomes can also occur singly and in combination with other determinants vary over time.

Social Determinants of Health

The social determinants of health framework emphasizes that health outcomes are shaped by conditions in which individuals are born, grow, live, work, and age. For migrants, determinants such as legal status, employment conditions, housing quality, education, and access to healthcare play crucial roles in shaping health outcomes.

Life Course Perspective

The life course perspective highlights how health outcomes are influenced by cumulative exposures and experiences over time. Migrants often face multiple stressors across different stages of the migration journey—pre-migration, transit, and post-migration—which collectively shape their health trajectories.

Health Systems Framework

Health systems frameworks emphasize the importance of service delivery, workforce capacity, financing mechanisms, and governance structures in determining health outcomes. For migrants, health system responsiveness, cultural competence, and accessibility are critical factors.

Migration and Infectious Diseases

Migrants may face elevated risks of infectious diseases due to exposure during migration journeys, poor living conditions, and limited access to preventive services.

Tuberculosis remains a major concern among migrant populations, with risk factors including overcrowding, malnutrition, and limited healthcare access. Studies indicate that migrants are disproportionately represented among tuberculosis cases in several high-income countries, although this reflects social vulnerability rather than intrinsic disease risk (Zimmerman *et al*., 2011).

Tuberculosis

Tuberculosis remains a significant concern among migrant populations. Factors such as overcrowded housing, malnutrition, and limited access to healthcare increase susceptibility to infection and hinder treatment adherence.

HIV and Sexually Transmitted Infections

Migrants may be at increased risk of HIV and other sexually transmitted infections due to social marginalization, limited access to preventive services, and risky behaviors linked to social disruption.

COVID-19 Pandemic Lessons

The COVID-19 pandemic highlighted the vulnerabilities of migrant populations. Migrants often experienced higher exposure risks due to frontline work

roles, crowded living conditions, and limited access to healthcare services.

Non-Communicable Diseases (NCDs)

Non-communicable diseases, including Non-communicable diseases, including cardiovascular disease, diabetes, and cancer, are increasingly prevalent among migrant populations. Factors such as dietary changes, physical inactivity, stress, and limited access to preventive healthcare contribute to rising NCD burdens.

Mental Health and Psychosocial Well-Being

Migration can significantly affect mental health. Pre-migration trauma, dangerous migration journeys, and post-migration stressors such as discrimination and social exclusion contribute to mental health challenges, including depression, anxiety, and post-traumatic stress disorder.

Maternal and Child Health

Migrant women and children often face barriers to healthcare access, including antenatal care, safe delivery services, and immunization. These barriers contribute to higher maternal and child health risks among migrant populations.

Occupational Health Risks

Migrants frequently engage in high-risk occupations such as construction, agriculture, and domestic work. Occupational hazards, including injuries, exposure to toxic substances, and poor working conditions, significantly affect migrant health.

Environmental Health Risks

Many migrants live in informal settlements with poor sanitation, unsafe water, and inadequate housing. Environmental exposures, including air pollution and unsafe waste disposal, further increase health risks.

Access to Healthcare Services

Migrants often face barriers to healthcare access, including legal restrictions, language barriers, discrimination, and financial constraints. These barriers limit access to preventive, curative, and rehabilitative services.

Positive Health Impacts of Migration

Migration can improve health outcomes by providing access to better healthcare systems, improved nutrition, and safer living environments. Remittances can also enhance healthcare access and living conditions in migrants' countries of origin.

Policy and Health Systems Responses

Inclusive health policies, migrant-sensitive health services, and cross-sectoral collaboration are essential to improving migrant health outcomes. Health systems must address legal, financial, and cultural barriers to care.

Recently, the growing international importance of migration has stimulated new interest in other aspects of migrant health. In addition to communicable diseases, attention is now focused on pre-existing non-infectious diseases and other health domains, including behaviour morality (Aral, SO, *et al*., 2005) and genetic or ethnic profiles in migrant populations. Epidemiological studies now involve chronic illnesses such as malignancies, renal failure and severe cardiac disease as well as mental and psychosocial health and maternal and child health lifestyle-associated health issues, including tobacco use, alcohol consumption and substance abuse, are also being examined in relation to the process of migration in some migrant receiving countries (Acevedo- Garcia D, *et al*., 2005)

COUNTRY-SPECIFIC PERSPECTIVE

Nigeria

Internal migration in Nigeria is influenced by conflict, environmental degradation, and economic opportunity. Migrants face challenges including limited healthcare access, poor housing, and exposure to environmental hazards.

European Union

The European Union has developed migrant health policies emphasizing healthcare access, integration, and social inclusion.

United States

In the United States, migrants face disparities in healthcare access due to legal status, insurance coverage, and language barriers.

Research Gaps and Future Directions

Key research gaps include limited longitudinal studies, insufficient data on migrant subgroups, and limited evaluation of interventions aimed at improving migrant health.

In the absence of extensive international travel, population mobility and migration, the effects of differences in disease prevalence would have limited global significance. Nations and regions would strive to improve their domestic health capacities and reduce the domestic burden of disease and illness within their population much as they have done throughout history. However, expanding travel and migration across these prevalence differentials now function as an increasing, population-based bridge between the disparities. The net result is the global extension of what was predominantly a local risk.

Temporal Effects of Migration on Local Health and Disease Epidemiology

Migration-associated influences on the epidemiology of disease have both immediate and long-term effects on host country health indicators due to differentials in disease prevalence, as well as magnitude factors associated with population census shifts (because

of the number of migrants and births to the foreign-born cohort). For diseases of rare or limited occurrence, particularly where national incidence has been reduced to very low levels, the presentation of even a single case can have important implications locally and internationally. This can result in a heightened perception of threat to the public health of the local population and increase concerns regarding capacity and response of healthcare service delivery. Recent examples of this include the global public health control efforts resulting from the 2003 SARS events avian-to-human influenza transmission, periodic outbreaks of viral haemorrhagic fevers and the impact of HIV/AIDS cases in Europe and North America acquired abroad.

The continued arrival of new residents from high prevalence areas will contribute to the existing disease base of low incidence migrant-receiving locations. Over time, as observed with regard to globally prevalent but non-uniformly distributed diseases such as tuberculosis (Iadermaco MF, *et al*., 2003) imported cases among migrants and other mobile populations can come to represent the majority of the case load in the recipient nation. In these situations, where domestic epidemiology comes to reflect global disease distribution through the process of migration, health policy implications become apparent. Long-term healthcare policy and planning in migrant-receiving nations will have to encompass an international and more global focus to be effective. Reliance on historical, domestic epidemiology for policy implementation in these nations will have limited relevance when disease volumes and case-burdens originate beyond the mandate and jurisdiction of national prevention and control efforts.

Future Impact of Population Mobility on Global Health

Negative health outcomes resulting from migration and population mobility can be expected to increasingly exert major influences on both national and global health planning. Mobility is a basic and fundamental component of the rapidly expanding globalization process. Analysis suggests that the volume of immigration, travel and the migration of labour are expected to remain at current levels or increase for the foreseeable future. At the same time, current regional and global health disparities are anticipated to remain or increase, despite the international desire and efforts to reduce them. Global efforts aimed at reducing global disparities and impacts of disease and ill health, such as attempts to achieve the Millennium Development Goals, are currently underway. These are long-term initiatives that will take time, resources and extensive effort to achieve and maintain. The longer inter-regional disparities in health and health outcomes persist, the longer they will continue to influence the health of migrants, as well as mobile and non-mobile populations, and the greater the challenge and cost will be to effect control of these conditions.

SUMMARY

At the national and international level, the epidemiological outcomes and issues related to migration can be seen to result from the predictable effects of population flows between and across regional disparities and disease prevalence differentials.

The growing number of migrants of diverse nature is bridging existing and developing gaps in health outcome indicators. The dynamics of migration and population mobility are evolving at a rate that creates health challenges for existing policy and programme frameworks that differ from those observed in historic migratory movements.

The net result is an ongoing globalisation of health influences and indicators currently relevant at both national and global level. The epidemiological impact of population mobility is now evident in a considerable amount of infectious disease surveillance information, and similar impacts can be anticipated for non-infectious illnesses in immigration receiving nations.

As long as global health disparities and prevalence differentials exist, national health programs and policies in migrant receiving nations will continue to be challenged by illness and disease arising beyond their jurisdiction.

National control and regulatory systems alone will be unable to extend their immediate mandate or authority to the source of the problem. To be effective, the management of health issues resulting from population mobility will require an integration of national and global health initiatives for both infectious, and non-infectious disease conditions.

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