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EDITORIAL

Advancing a unified, global effort to address health disadvantages associated with migration, ethnicity and race

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At a time when human migration is a matter of global political and humanitarian concern as perhaps never before, the 1st World Congress on Migration, Ethnicity, Race and Health (MERH) focuses on the health implications of the movement and diversity of people around the globe within broad historical, political, social and environmental contexts. The congress is held under the auspices of the European Public Health Association (EUPHA), the University of Edinburgh and National Health Service Scotland in close collaboration with experts and organisations (including International Organisation for Migration (IOM) and WHO) from other regions of the world. This EJPH supplement provides 9 abstracts of presentations by invited speakers, and about 33 abstracts of workshops, 279 oral and 271 poster presentations.

Rationale

In many countries, severe health disadvantages associated with migrant status may be hidden in the national health statistics of host countries. Moreover, such disadvantages may overlap with severe health disadvantages affecting native-born ethnic and racial minority populations in these same countries. The inclusion of “race” in the Congress title is a deliberate attempt to bring together scholars and practitioners who focus on classical “migrant health” issues (e.g., health disadvantages of recent migrants or their descendants), with those who focus on classical “minority health” issues (e.g. health disadvantages associated with skin colour and ancestry, applicable to indigenous populations in North America, Australia and New Zealand, Roma in Europe, Black Americans and Hispanics in the USA).

The Congress builds upon six previous conferences convened by the Section of Migration, Ethnicity and Health of EUPHA, but this is the first with a truly global perspective. The timing of an intensified and combined focus on global migrant and minority health issues could not be more critical given escalating tensions associated with migration from war-torn countries, politically-charged language, including fear-mongering, but also trends of continued neglect or renewed policies that amount to human rights violations and oppression of those defined as ethnic or racial minorities in a given societal context. Integrated dialogue can reveal the substantial commonalities in causes of health disadvantages as well as pressing health service needs emanating from migrant or minority status. The MERH Congress will be a first, major step forward in generating shared understanding and unity of purpose among these global communities of scholars and practitioners. One of the goals is to debate the need for a new Global Society for the study of the subject.

Driven by economic globalisation and regional conflicts, and often distorted by the global media, human migration may be viewed by some as a new phenomenon, threatening to some and promising for others. However, migration is, and always has been, an essential ingredient of human survival and prosperity. Throughout human history, there have been global movements of people across lands

and seas, with much admixture (1). These movements have permitted genetic and cultural diversification, resulting in increased vigour, resilience and creativity (2). Conflicts have occurred based on ignorance, fear and struggles for power and resources that may be unrelated to the potential for new, positive possibilities and perspectives in the longer term. Thus, while migration has led to prosperity for some, it has brought oppression upon others. The outcomes depend on a complex mix of circumstances (including health status) up to, during, and after migration as well as the ethnocultural and linguistic similarities and differences of migrants and those in the host country, and the associated sociocultural and political factors. In many situations, migrants or ethnic or racial minorities, including indigenous populations, experience a combination of social, economic and health deprivation (3). In others, minority groups may enjoy better average health than the majority population. By studying these differences, we can learn important lessons about the causes of diseases and the potential to prevent them.

Content

The invited presentations, oral and poster presentations relate to a wide range of countries, topics and disciplines illustrating the global and multidisciplinary scope of the Congress theme. IOM and WHO provide global scans on some of the main challenges, other presenters explore and discuss the historical development of multiethnic societies and the varied national and international categorisations of migrants and ethnic minorities. The way people are defined and categorised by themselves and others is a constant power struggle with implications for research, policy and practice, not least in relation to concepts such as migrants, undocumented or irregular, ethnicity, indigenous and race (4).

A cross-cutting issue is health as a human right. General principles, as well as national and international trends are discussed and strategic and practical solutions identified. Racism, xenophobia and prejudice are addressed explicitly or implicitly by many abstracts as well as the effects of discrimination, exclusion and exploitation on the mental and physical health of individuals and groups. Both alarming and inspiring studies from all corners of the world are presented, demonstrating the experiences of migrants or members of ethnic minorities regarding their access to and use of health services. They show how the consequences for health and wellbeing can vary enormously depending on the historical and political context, the composition and changing nature of the population and the organisation of services. An important aspect of efforts to improve the health service experience of migrants and ethnic minorities is how to achieve their engagement in research and health service planning. Many examples of good practice can be found in sessions on research methods, health policies and health services.

Numerous abstracts focus on particularly vulnerable groups including survivors of torture, trafficked people and migrants in

irregular situations. Special sessions are devoted to refugees and asylum seekers; and exclusion, exploitation and discrimination, including around twenty presentations addressing violence against women and girls. A plenary presentation focuses on the enormous task of providing health care for Syrian refugees in Turkey and several other presentations consider the experience of Syrian refugees in other countries.

Migration inevitably changes our environment and lifestyle, with potentially major effects on our health. This is highlighted in a plenary presentation focusing on overweight and obesity in migrant populations, supported by many other abstracts on the subject. With about 75 abstracts, mental health emerges as one of the major themes of the congress. Preventing and treating cardiovascular disease is addressed by many contributors, whilst the particular challenges facing migrant groups at higher risk of blood-borne viruses, tuberculosis and other infections are also well covered. Meeting the health needs of women and children are explored in over forty presentations. The importance of an intersectional approach—taking account of individuals' interacting characteristics such as gender, sexuality, educational status and occupation—is underlined, as are the difficulties of communication when health professionals and patients do not speak the same language.

One workshop explores the role of disciplines such as philosophy, history and drama – the “health humanities” – in understanding and tackling ethnic and racial inequities. Another examines the ethical dimensions. The conference themes have attracted numerous different disciplines, applying a wide range of theoretical approaches and methods.

The Congress is located in Scotland and besides a presentation by the Deputy First Minister of Scotland about Scotland's perspectives you will find many inspiring home-grown presentations covering the Scottish Health and Ethnicity Linkage Study, Scotland's inclusive health policies and its innovative public health and clinical practice (5). These and many other abstracts study specific population groups and health problems in a unique local or national context. Each adds new pieces of evidence and insight that help us build up a clearer global picture.

By bringing together people from across the world to share understanding, seek solutions and promote health and wellbeing, the Congress symbolises the promise of what migration and diversity can give the world when the associated and often momentous challenges are overcome.

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