



«Drivers of migration. Why do people move?»

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UNESCO Chair on Training and Empowering Human Resources for Health Development in Resource-Limited Countries
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Abstract

More than 244 million international migrants were estimated to live in a foreign country in 2015, leaving apart the massive number of people that have been relocated in their own country. Furthermore, a substantial proportion of international migrants from southern countries do not reach western nations but resettle in neighbouring, low-income countries in the same geographical area. Migration is a complex phenomenon, where 'macro-', 'meso'- and 'micro'-factors act together to inform the final individual decision to migrate, integrating the simpler previous push-pull theory. Among the 'macro-factors', the political, demographic, socio-economic and environmental situations are major contributors to migration. These are the main drivers of forced migration, either international or internal, and largely out of individuals' control. Among the 'meso-factors', communication technology, land grabbing and diasporic links play an important role. In particular, social media attract people out of their origin countries by raising awareness of living conditions in the affluent world, albeit often grossly exaggerated, with the diaspora link also acting as an attractor. However, 'micro-factors' such as education, religion, marital status and personal attitude to migration also have a key role in making the final decision to migrate an individual choice. The stereotype of the illiterate, poor and rural migrant reaching the borders of affluent countries has to be abandoned. The poorest people simply do not have the means to escape war and poverty and remain trapped in their country or in the neighbouring one. Once in the destination country, migrants have to undergo a difficult and often conflictive integration process in the hosting community. From the health standpoint, newly arrived migrants are mostly healthy (healthy migrant effect), but they may harbour latent infections that need appropriate screening policies. Cultural barriers may sometimes hamper the relation between the migrant patient and the health care provider. The acquisition of western lifestyles is leading to an increase of non-communicable chronic diseases that require attention. Destination countries have to reconsider the positive medium/long-term potential of migration and need to be prepared to receive migrants for the benefit of the migrants themselves and their native population.

