

Inequality, world health, and global governance

Richard Horton¹ correctly states that good health depends on political, economic, and social forces that shape conditions of living. To address health care on a global scale, immediate and comprehensive efforts both on an international and national level have to be realised. The most imminent and relevant global issue that is closely linked to world health is probably climate change.² Climate change has direct negative local effects (eg, droughts, flooding, and famine) and supraregional repercussions (eg, migration). Although the biggest portion of medical resources is allocated to the so-called developed world, most of the affected people live in low-income and middle-income regions.³

Important results have materialised from global collaboration on this issue (eg, the Paris climate agreement). However, to achieve sustainable solutions, the concept of global governance—ie, Weltinnenpolitik, a term first coined by Carl Friedrich von Weizsäcker—will have to be implemented.⁴ This concept, which builds on the role of multilateralism and strong international institutions, has been under constant attack since its first introduction, and this criticism has only been intensified by current statesmen and stateswomen favouring nationalism over international collaboration.

Furthermore, inequality in wealth does not only exist between different countries, but also within countries, leading to widened inequalities with regard to life expectancy and to stunted life expectancy gains in the economically most deprived regions.⁵ Notably, “while there may be underlying economic forces at play, politics have shaped the market, and shaped it in ways that advantage the top at the expense of the rest”⁶—with both financial and subsequent health-related consequences.

Unequal distribution of wealth will be a constant stimulus to

populistic, right-wing movements as seen throughout many countries in Europe. These movements have a strong tendency to promote myopic, national solutions, rather than tackling problems of inequality on both a national and international scale. Although political internationalism (built on close cooperation of nations worldwide) aims to achieve better equality between and within countries and differs substantially from the political concept endorsed by Rosa Luxemburg, it has the potential to provide sustainable solutions to the most important and relevant health issues. Moreover, successful and fair redistribution of wealth has the potential to reign in centrifugal, nationalistic tendencies. In doing so, a fair, democratic, and still competitive political process is promoted, thus providing the basis for improving the quality of health and life around the globe—an aim that Rosa Luxemburg would have fully subscribed to.

I declare no competing interests.

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- Horton R. Offline: Rosa Luxemburg and the struggle for health. *Lancet* 2019; **393**: 114.
- Watts N, Amann M, Arnell N, et al. The 2018 report of the *Lancet* Countdown on health and climate change: shaping the health of nations for centuries to come. *Lancet* 2018; **392**: 2479–514.
- Meyer S, Willhelm C, Girisch W, Gottschling S, Gräber S, Gortner L. The role of developing countries in generating Cochrane meta-analyses in the field of pediatrics (neonatology and neuropediatrics): a systematic analysis. *World Health Popul* 2013; **14**: 24–32.
- Bartosch U, Gansczyk K. Weltinnenpolitik für das 21. Jahrhundert verpflichtet. Carl-Friedrich von Weizsäcker [In German]. Berlin: Weltinnenpolitische Colloquien Bd. 1, LIT-Verlag, 2009.
- Bennett JE, Pearson-Stuttard J, Kontis V, Capewell S, Wolfe I, Ezzati M. Contributions of diseases and injuries to widening life expectancy inequalities in England from 2001 to 2016: a population-based analysis of vital registration data. *Lancet Public Health* 2018; **3**: e586–97.
- Stiglitz JE. The price of inequality: how today's divided society endangers our future. New York: W W Norton & Company, 2012.

Health of migrants: simple questions can improve care



The UCL–*Lancet* Commission on Migration and Health by Ibrahim Abubakar and colleagues¹ was dedicated to the complex relation between international migration and population health. This Commission updated the discussion on this complex relationship and illustrated, with real-world evidence, the positive effect of migration above and beyond possible limitations and pervasive myths.^{2,3}

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Panel: Some useful questions to ask migrants in health-care settings

Demographic questions

- What is your ethnic background?
- What is your legal migration status?*
- Were you born abroad? Were any of your parents born abroad?
- What is your country of origin?*
- What is your nationality or nationalities?
- What is your length of stay in the country?*

Migratory experience

- Why did you migrate to this country?
- How did you migrate (which transportation)?
- Did you travel alone or with family or friends?*
- Did you have family or friends waiting for you at arrival?*
- How would you assess your experience overall? (eg, 1–10)

Arriving and living in the host country

- How did you enter the country (formal or informal entry)?
- Are you living alone or with family or friends?*
- Where do you live?
- Are you working? Where? Do you have a contract?

Red flag questions

- Are you registered in the health-care system?* Is your family (especially children) registered? (Refer to social worker)
- Are you and your family living in a single room?* Or, are there more than 3 people sleeping in the same room? (Refer to social worker)
- In the past week or month, have you felt life is not worth living?* (Refer to mental health screening)
- Have you or any family member had a cough for over 2 weeks? (Refer to tuberculosis screening)
- In the past 3 months, have you had unprotected sexual intercourse with a new partner? (Refer to HIV screening)

*These questions have shown a substantial association with several health conditions, including mental health, chronic conditions, and disability.^{4,5}

As a health-care professional who has done research on the health of international migrants for over 10 years in Latin America and Europe, I have learnt that much can be improved from health-care settings to protect the health of the migrant population through simple, straightforward innovations. For example, 3 years ago I implemented a Welcome Health Plan in a public primary clinic in Chile, which has been used by over 1800 migrant families to date. Health researchers and practitioners at Universidad del Desarrollo in Chile have created a set of brief questions for 30-min interviews that guide our work and allow us to improve health-care registries for monitoring and evaluation purposes (panel). These brief questions came from our own research and have been adapted and improved over time. They are focused on the migratory experience and their settlement in the country, and some key health questions act to identify red flags for immediate reference to special care.

Sharing successful health-care innovations can catalyse the implementation of low-cost interventions in many locations simultaneously.⁶ Migrants tend to underuse most health-care services globally, and gaps in access to and culturally pertinent care need urgent consideration. Sometimes, simple questions can get the most valuable answers.

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- 1 Abubakar I, Aldridge RW, Devakumar D, et al. The UCL-Lancet Commission on Migration and Health: the health of a world on the move. *Lancet* 2018; **392**: 2606–54.
- 2 Fellmeth G, Rose-Clarke K, Zhao C, et al. Health impacts of parental migration on left-behind children and adolescents: a systematic review and meta-analysis. *Lancet* 2018; **392**: 2567–82.
- 3 Aldridge RW, Nellums LB, Bartlett S, et al. Global patterns of mortality in international migrants: a systematic review and meta-analysis. *Lancet* 2018; **392**: 2553–66.

- 4 Cabieses B, Pickett KE, Tunstall H. Comparing factors associated with disability between immigrants and the local population in Chile: are there different stories to tell? *Int J Environ Res Public Health* 2012; **9**: 4403–32.
- 5 Cabieses B, Tunstall H, Pickett KE, Gideon J. Understanding differences in access and use of healthcare between international immigrants and the Chilean-born: a repeated cross-sectional population-based study in Chile. *Int J Equity Health* 2012; **11**: 68.
- 6 Cabieses B, Espinoza MA. Translational research and its contribution to the decision making process in health policies (in Spanish). *Rev Peru Med Exp Salud Publica* 2011; **28**: 288–97.

Authors' reply

We thank Baltica Cabieses for describing the importance of simple innovation in addressing some of the challenges reported in the UCL-Lancet Commission on Migration and Health,¹ particularly regarding clinical consultations and the operationalisation of care pathways for migrants. The examples cited are consistent with the approach proposed in the Commission report and with the Commission's recommendation about implementing evidence-based health interventions, alongside analysis of effect and effectiveness. Although the novelty of the approach should be welcomed, it is essential that new measures to improve access to and quality of health care undergo evaluation to ensure effective services that meet the needs of all migrants.

The questionnaire proposes starting a health-care consultation by enquiring upfront about the patient's legal status. With appropriate confidentiality and in systems with true universal access, such sensitive information can be obtained to inform which funding source will be used to provide health care. However, for migrants in many contexts (eg, irregular migrants), this approach might be inappropriate, and risks dissuading migrants from seeking health care because of the potential for misuse of this information by immigration authorities. Universal rights to access, regardless of legal status, and a firewall between health and immigration data are needed before health providers record such information.

Chile is one of South America's most economically and politically stable nations with a history of supporting migrant health.² The approach described by Cabieses aligns with the Ministry of Health of Chile's principles for dealing with migrants who require access to health care.³

Health actions for migrants need to be addressed within the wider context of health-care access, particularly for the local marginalised populations, and be supported by a political will to reduce inequality. In the context of the current humanitarian crisis in Venezuela, it is important to note the positive developments in social protection mechanisms and the expansion of the health system in South America over the past few decades. These achievements should be protected, since they are under threat from several neoliberal South American governments, including in Chile. The crisis illustrates the scarcity of tolerance and solidarity, which makes one of the key messages from our Commission ever more pertinent: we must "confront urgently, vigorously, and persistently divisive myths and discriminatory rhetoric about migrants".¹ Health-care professionals are once again in the forefront to show solidarity for the values and societal benefits of public health. Although we welcome innovation by health-care workers, nations must support this innovation by meeting their human rights obligations to provide truly universal health access.

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