

Researcher

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Health Risks and Migration in Sub-Saharan Countries

Health risks are among the most severe risks confronting poor households in sub-Saharan Africa, especially in areas where affordable and quality health care is scarce and access to health insurance is limited. Individuals may travel long distances or even move to seek treatment, escape from infectious diseases, or help their families overcome financial hardship resulting from high medical expenditures and loss of income due to illness. Such relationships between health risks and migration are rarely explicitly studied despite their important consequences for the planning, targeting, and effectiveness of health policies. Our research will investigate the role of migration in dealing with the risks of chronic and acute illnesses, injuries, hospitalizations, and communicable diseases that may not only affect the health of people but also their economic situation.

Countries where the research will take place

Nigeria and Tanzania

How does the research describe the impact of population/reproductive health on poverty reduction and/or economic growth?

These countries are strongly affected by infectious diseases such as malaria and HIV/AIDS and by noncommunicable diseases. Health care facilities that provide good quality care are often unavailable for poor households, especially in rural areas. Poor households do not have access to well-functioning insurance and credit markets to help them cope with the financial consequences of health problems.

The research will investigate how migration may ease such problems.

How will the research address a policy need, and what kind of policy lesson is expected?

Migration may offer at least three channels to ease such problems, which we investigate in our project by addressing the following questions:

- How important is temporary migration as a health-seeking strategy for individuals who experience health problems and seek affordable and good quality care?
- What is the role of migration as a risk-coping strategy to mitigate the impacts of health shocks on poverty?
- What are the relationships between migration, infectious diseases, and development?

Our findings will be particularly relevant to health and development policy in Africa where access to health care is

unequally distributed; credit and formal insurance schemes are mostly unaffordable to the poor; and infectious diseases have a high incidence. Rural-urban migration in African countries has often been seen as the cause of surplus of labor and congestion problems in urban centers. However, if migration allows households to efficiently cope with health-related risks, then curbing migration patterns through stringent policy measures may hurt families, in particular those most vulnerable: without access to health care, insurance, and credit. One of the main contributions of our research is to deepen our understanding of migration as a coping mechanism to deal ex-post with the consequences of health shocks and ex-ante, to mitigate these risks by diversifying income in the context of missing financial markets and to decrease the risk of catching communicable diseases. It is also important to understand how migration restrictions under the form of quarantine measures may contribute to slowing the spread of infectious diseases and to favoring human and economic development. Understanding the circumstances under which such measures may be effective, or even counteracting, is an important part of our research agenda.

Methods used

We will first use descriptive data on migration, health, transfers, and epidemiology collected in Nigeria and Tanzania to document the relative importance of the three channels that link health and migration. We will then build behavioral economic models of migration, remittances, demand for health care, and prevention against infectious diseases. This involves modeling a number of important factors such as imperfect information and liquidity constraints that the households in our sample are likely to face. We will test for the relevancy and predictions of our models using the two main sources of data described below.

Data used

We are actively contributing to the data collections of longitudinal household surveys in Nigeria and Tanzania in collaboration with large interdisciplinary teams of local

and international scientists and practitioners. For the specific purpose of our research, we will design additional survey instruments in cooperation with local researchers and partners.