Abstract

Background: The refugee problem has become a global concern with multidimensional characteristics. Monitoring migration flows over time and comparing the situation with a number of indicators can give clue(s) on how to manage the problem.

Aims: In this study, the global refugee issue was discussed by focusing on such data including the potential factors causing crises in the most affected countries.

Methods: In this ecological study, the analysis was completed for the countries that either “host” or “source” refugees between 2005 and 2015. Excel-dataset was formed for United Nations Development Programme (UNDP), World Bank and United Nations High Commissioner for Refugees (UNHCR) datasets and were converted to SPSS-23.0. Mapping was done via pixelmap.

Results: In 2005, Pakistan, Islamic Republic of Iran, and the United States of America were the first three on the hosting country list, while Germany ranked 8th and China 9th. In 2015, Turkey ranked first as hosting country while previously it was not even in the top 10 countries. Geographical proximity plays a crucial role during displacement. Countries differ from each other in selected Index values.
Conclusions: Global solutions integrated with local precautions to reduce the worldwide burden of migration are required.

Keywords: refugees, global migration, civil war, health determinants, public health

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Introduction

Immigration is considered as old as the history of Mankind. Societies or communities in the Ancient World have been recorded performing migrations from one region to another for the sake of a better environment and livelihood. Migration has a broad impact, and today it is estimated that 22.5 million (1) people around the world have been affected by migratory pressures and are considered as “vulnerable” populations (2).

Numerous aspects of migration in the 21st century have been addressed by scholars in various disciplines such as anthropology, public health, and sociology. Public health as an interdisciplinary study also focuses on this issue by examining the mental, social and physical well-being of refugees. The current refugee problem is a hotly debated topic globally due to the considerable number of people (millions in number) moving from one place to another every second worldwide, resulting in various migratory pressures and problems (3).

A number of scientific papers and reports, primarily from the European Union and the United Nations, have pointed out the effect of globalization, economic crises, conflicts, wars, etc. as the factors contributing to the refugee crises (4–8). Every country has its own approach to handling
the presence of refugees within its borders, and the literature emphasizes the importance of evidence-based policies to deal with refugees with regard to health risks and burden on health systems, and the importance of building inclusive cost-effective health services. In addition, it is important to acknowledge that conflicts, health and socioeconomic inequalities between high-income and low- and middle-income countries are major causes of the current refugee crisis, which need to be addressed when seeking long-term solutions (9).

As the scientific data/evidence accumulates, it will become clearer how to enact effective solutions; thus, it is crucial to assess the refugee situation at the global level in order to contribute to the literature on migration for health service planning following an interdisciplinary approach. Therefore, this article aimed to define the global refugee issue by focusing on the potential factors causing crises in severely affected countries.

**Methods**

This ecological study focuses on general disease trends seen as prevalent by analyzing the global data between 2005 and 2015, on countries which either hosted or gave refugees. An original excel dataset was formed by gathering UNDP World Bank and UNHCR open access datasets (10–12). The excel format was turned to SPSS 23.0, and data analysis was done by using this set. Mapping was done via pixelmap (13).

Number of refugees, Human Development Index (HDI), potential/possible reasons for refugee movement, gender-related indicators (female % and Gender Inequality Index [GII]), the status of the country (either hosting or source of refugees) were used as variables. The study was subject to the limitations of an ecological study. No ethical permission was required as the datasets are available to the public.

**Results**

The top 10 refugee/asylum seeker-hosting countries between 2005 and 2015 are listed in Table 1. In 2005, Pakistan, Islamic Republic of Iran and the United States of America were the top three countries on the list, while Germany ranked eighth and China ninth. In 2015, Turkey ranked first as hosting country while previously it was not even in the top 10 countries.

Table 2 lists the top 10 countries that were the source for refugees/asylum seekers between 2005 and 2015. In 2005 Afghanistan, Sudan and Iraq were the top three countries on the list.
The Syrian Arab Republic is the major “source” country in 2015, followed by Afghanistan and Somali.

The global picture of the geographical movement of refugees is indicated in Figure 1 and Figure 2. The major shift is from lower-income regions of the world to “relatively” high-income destinations. Border countries remain an important determinant for migratory paths.

Table 3 and Figure 3 show major “hosting” countries and source of refugees/asylum seekers. Geographical proximity plays a crucial role in displacement movements.

Hosting countries’ HDI values are higher than in source countries, although HDI values and Gender Inequality Index values vary between hosting countries (Table 4).

Discussion

This article briefly draws a global picture of the refugee situation for those countries affected since 2005. Migrations from low- and middle-income regions to relatively high-income destinations were instigated by factors such as regional war, conflict, hunger, etc. (14). In 2015, Turkey ranked first as hosting country in 2015 while previously it was not even in the top 10 countries (Table 1). The Syrian Arab Republic is significant as being the major source country for refugees/asylum seekers in 2015 (Table 2) due to the civil war which has been ongoing since 2011 (15,16).

In our study, we found that refugees flee primarily to neighboring countries to seek immediate safety from the ongoing life-threatening situation in their home countries. In addition, cultural and other common ties could be other strong motivational factors for fleeing to neighboring countries, as well presence of international agreements between countries that stipulate the displacement of civilians to humanitarian camps nearby.

Displaced people may consider middle and high-income countries as a future destination after securing their own safety first (14). Germany and the United States of America were not on the host country list until 2014.
Although we performed comparisons between refugee hosting and/or source countries using HDI and GII values, drawing conclusions may be premature with such limited data. Although host countries generally tend to have better HDIs than source countries, in some cases such indicators between the host and the source countries are in fact similar. This could be due to the fact that refugees select the nearest geographical safe countries rather than considering the degree of development.

**Limitations**

Since this is an ecological study, the analyses were conducted on communities and/or groups instead of individuals. Personal experiences and their effects due to displacement could not be fully addressed. Data were obtained from more than one source; this caused particular difficulty in adapting into the same data base. Only open access indicators could be discussed.

**Conclusion**

Considering the complex nature of the causes of migration, it is necessary to adopt a multi/inter-disciplinary approach to reduce/eliminate the adverse effects of migration on public health. More detailed data sets, including various indicators, will help to assist in finding solutions.

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**References**

1. UNHCR (http://www.unhcr.org/5943e8a34.pdf): p.2


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