

Economic arguments in migration and health – a call for interdisciplinary action

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Summary

Economic considerations remain underexplored in migration and health research, despite their relevance for policy, equity and health system sustainability. This viewpoint synthesises insights from a rapid literature review, an expert survey and a workshop to explore how economic arguments are framed within scientific debates at the intersection of migration and health. Findings reveal that while cost-related aspects are frequently discussed with reference to migrants' health and health-care utilisation, they are rarely grounded in empirical data or formal economic evaluations, and collaboration between health economists and migration health researchers remains limited. Experts emphasised the importance of understanding both the short- and long-term costs of inclusion and exclusion of migrants in healthcare systems, as well as the broader societal impacts. Strengthening interdisciplinary and interprofessional collaboration will be essential to generate robust, context-sensitive evidence that informs equitable, sustainable and human rights-based health policies.

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Introduction

The human right to the highest achievable standard of health obliges countries to ensure universal and timely access to high-quality healthcare and to address the underlying factors contributing to health disparities [1]. Yet, access remains uneven: people with low incomes, insecure residence status or communication difficulties often face restricted access to healthcare, disadvantages that disproportionately affect and accumulate in migrant populations [2, 3]. Ensuring inclusive access is therefore not only a matter of equity but also essential for effective public health. In order to combat inequitable access to healthcare, decision-makers and other stakeholders in the field of migration and health need high-quality evidence on what works effectively and sustainably to overcome barriers, at what cost and in what context [4]. While many high-income health systems explicitly take into account health economic criteria when making reimbursement decisions, this evidence base remains comparatively limited when it comes to migration health policies [5].

In health policy debates, economic arguments are frequently invoked to frame migration as a cost pressure on public health systems and to justify cost-containment measures. For example, subsidies for translation services have been cut or user fees introduced, often on the grounds of short-term public savings [6, 7]. Such decisions typically focus on direct expenditures while overlooking potential adverse health and broader long-term consequences of inadequate communication, including increased costs associated with delayed care, medical errors, avoidable complications and additional healthcare use [8]. From both a health systems and human rights perspective, addressing language barriers is integral to quality and equitable care; neglecting them can lead to avoidable health harms and higher societal costs.

Economic arguments increasingly intersect with claims that universal health coverage is essential for global sustainable development [9]. This has shifted attention towards the costs of inaction, particularly the economic implications of excluding migrants and refugees from healthcare systems [10–13]. Yet despite growing policy relevance, robust evidence remains limited. The WHO Global Research Agenda identifies health financing for migrants and displaced populations as an

understudied topic and highlights the need for studies on the cost-effectiveness of inclusion policies [14]. Thus, the economic case for equitable access to healthcare for migrants remains insufficiently developed.

This viewpoint examines how economic considerations are addressed in migration and health research and expert discourse, aims to raise awareness of critical evidence gaps and outlines the next steps required to develop robust, context-sensitive economic evidence for equitable migrant health policies.

Insights from scientific literature and experts

Rapid literature review

A rapid review examining how economic considerations were addressed in migration and health research between 2013 and 2023 identified 192 relevant studies, which were thematically analysed. Six principal themes emerged (see table S1 in the appendix). Most articles discussed costs as barriers to equitable healthcare access, primarily from migrants' or providers' perspectives. Fewer studies addressed policy discussions and analyses regarding migrant healthcare, economic evaluations and cost analyses, or cost-effectiveness assessments of health technologies, programmes and strategies. Only a few studies explored the effects of remittances or precarious financial conditions on migrant health. Across themes, economic aspects were largely treated descriptively with limited empirical grounding. Formal economic evaluations, particularly of the costs of exclusion or delayed access to care, were rare. Overall, the findings suggest that when economic arguments are raised in migration and health debates, they are seldom supported by systematic economic studies or evaluations. Further methodological details and thematic findings are provided in the appendix.

Expert consultations

To complement the review, we conducted two expert consultations: an online survey among members of the Migration Health and Development Research Initiative (MHADRI; described in the appendix) and a workshop held at the 2nd World Congress on Migration, Ethnicity, Race & Health. Across both consultations, economic perspectives were considered highly relevant to migration health debates.

The survey was presented and discussed in the Steering Committee of the Migration Health and Development Research Initiative (MHADRI) meeting for approval. The Steering Committee approved its conduct and did not see the necessity for additional ethical approval as the survey questionnaire does not ask for sensitive data.

A key concern was the cost of providing healthcare to migrants for health systems, societies and for migrants themselves, as well as the economic consequences of excluding vulnerable groups such as undocumented migrants and refugees from care. Participants stressed the importance of examining not only direct expenditures but also longer-term and societal costs, including those resulting from delayed access, inadequate communication or lack of professional interpretation. They also highlighted broader economic dimensions, including the effects of migration on host economies, labour market integration, the impact of remittances on families, and the role of economic structures and policies as social determinants of health. Key evidence gaps concerned the costs of inaction and opportunity costs. Experts called for improved data availability, interdisciplinary collaboration, cross-border dialogue between host and home countries and context-sensitive case studies to showcase good practice models and make economic evidence more tangible for policy dialogue and practice. Further details are provided in the appendix.

Discussion

Economic perspectives remain peripheral in migration and health research. The review and expert consultations are indicative that cost arguments are frequently invoked but rarely supported by robust data. Formal economic evaluations seem to be scarce, despite the fact that many studies collect data that could inform cost analyses. This suggests a missed opportunity, likely reflecting limited collaboration between economists and migration health researchers. Several factors may explain the persistent evidence gap. Disciplinary differences in language and terminology, methods and priorities can hinder collaboration. In addition, researchers may hesitate because of concerns about potential misuse of economic evidence in restrictive policy discourses, including fears that

analyses might reveal high costs of care or be taken out of context to further marginalise migrant groups in increasingly hostile policy discourses [15]. Although economic arguments may appear detached from human rights principles, they can strengthen rather than undermine the case for equitable healthcare access by demonstrating both the costs of exclusion and the broader societal benefits of inclusion.

Structural and institutional factors further shape the limited economic evidence base and influence which economic questions are investigated. Health financing mechanisms may disincentivise investment in services for refugees and undocumented migrants particularly where benefits are perceived as uncertain or linked to populations seen as only temporarily present in the country. For example, economic evaluations were more common for interventions framed as benefiting host populations (e.g. communicable disease screening) than for services primarily benefiting migrant groups [16]. In addition, migrants and refugees often have a limited voice in priority-setting processes, while services for migrants are frequently funded by international agencies and NGOs rather than national governments, leading to differing decision-making criteria, responsibilities and incentives. These structural dynamics underscore the need for closer collaboration between health economists, public health professionals, anthropologists, community representatives and migration specialists, as well as for research that captures both the costs and broader societal benefits (including contributions to labour markets and social cohesion) of investing in the health of migrants, while also considering previously neglected benefits for the resident population of host countries in the short- and long-term. Promising directions for future research include distributional cost-effectiveness studies, vignette-based studies or quasi-experimental designs as well as linked administrative and routine data to inform these topics. Interdisciplinary collaboration ensures that research questions, methods, assumptions and outcomes are context-sensitive and equity-oriented. Emerging national examples demonstrate that meaningful economic analyses in migration and health are feasible using existing data [17], suggesting that progress can be made without large additional funding.

Some limitations must be kept in mind for this viewpoint. The rapid review, based on two databases and restricted to English-language sources, may not have captured all relevant studies, potentially affecting comprehensiveness and generalisability of the findings. The survey and workshop reflect perspectives from specific expert communities in migration and health and had relatively low response rates; they do not represent the full diversity of stakeholders in the field. An important next step is to engage a broader range of stakeholders, including decision-makers and health economists to advance more inclusive and policy-relevant economic analyses in the field of migration health.

Conclusions

This Viewpoint highlights the need for robust, interdisciplinary research on the economic dimensions of migration health. Priorities include assessing the short- and long-term costs of inclusion and exclusion, examining broader economic determinants of migration health and developing context-sensitive case studies. Strengthening interdisciplinary collaboration will be essential to build the evidence base needed for advancing equitable, sustainable and human rights-based healthcare systems that recognise economic considerations not as barriers, but as catalysts for inclusion.

Open science statement

The data presented in this study are available on request from the corresponding author.

Notes

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Appendix

Rapid literature review

A rapid review was conducted to explore how economic considerations are reflected in migration and health research. Systematic searches in *SCOPUS* and *Web of Science* (May 2023) combined the terms *migrant*, *healthcare*, and *expenditure/cost/cost-effectiveness*. Peer-reviewed English-language articles published between 2013 and 2023 were included if they addressed costs of providing or not providing healthcare to migrants. Studies focusing solely on labor migration or health technology assessments were excluded. After screening and applying the inclusion criteria, 192 relevant studies were thematically analyzed (inductive thematic analysis, based on the article titles and abstracts).

Six principal themes emerged from the literature (Table 1), with the majority of articles discussing costs as barriers to equitable healthcare access, followed by policy discussions, economic evaluations and cost analyses of migrant healthcare, assessments of health technologies, programs and strategies, and analyses of remittances and financial precarity. Overall, the review revealed a limited empirical foundation and few formal economic evaluations in the field.

Articles addressing costs as barriers to equitable healthcare mainly take a migrant perspective and apply qualitative approaches to study equity aspects, e.g., interviews with different migrant groups exploring their experiences regarding access to healthcare. Costs appear mostly in the results section as one of the identified barriers and are not explored further. Some articles focus on the providers' perspective and refer to costs as barriers to implementing services for migrants. They discuss the difficulties in service implementation and provision resulting from scarce financing, cutbacks in service financing, or consequences of economic crises, without concrete exploration of the cost dimension. Few articles focus on migrants' out-of-pocket expenditures on healthcare, but if so, they are mostly quantitative studies assessing the amount of migrant spending as well as associated factors.

The second most prevalent theme concerns policy discussions and analyses regarding healthcare provision for migrants. The literature within this theme is predominantly theoretical, conceptual, and policy-oriented, examining how healthcare systems, governance structures, and political discourses shape migrants' access to healthcare. Several articles focus on policy barriers and inequities in migrant healthcare access, including discrimination, racism, language barriers, fragmented healthcare systems, austerity measures, and broader socioeconomic inequalities. A prominent subtheme concerns access to healthcare for undocumented migrants, with studies addressing legal entitlement, exclusion from coverage, and rights-based debates. Other articles examine policy frameworks and governance responses to migrant health, analysing healthcare models, screening and vaccination policies, regional variation in service provision, and health system responses to migration-related health needs. Finally, a smaller group of studies discusses the economic and ethical dimensions of migrant health policy, exploring how economic arguments, political ideologies, and ethical considerations influence policy development and decisions regarding migrants' access to healthcare.

The third theme concerns economic evaluations and cost analyses of migrant healthcare. Most studies use quantitative approaches to examine healthcare expenditure, service utilisation, reimbursement patterns, and the fiscal impact of migration on healthcare systems. A second group of articles assesses the economic benefits of healthcare access and inclusion, demonstrating potential cost savings or efficiency gains associated with preventive care, insurance coverage, outreach programs, and improved access to services. A smaller subtheme focuses on the costs of exclusion of migrants from healthcare systems and delayed access to care, highlighting the economic and public health consequences of restricted healthcare access.

The fourth theme comprises assessments of health technologies, programmes, and strategies from a cost or cost-effectiveness perspective. These studies evaluate specific interventions, screening programmes, service models, and healthcare strategies targeting migrant populations or conditions disproportionately affecting migrants. In contrast to the broader economic analyses in the previous theme, these articles focus on the economic performance and efficiency of particular healthcare interventions and programmes.

Other emerging themes include the need for migrants to send money back to their families (remittances) and how this impacts the health and access to healthcare of both recipients and remittance senders, as well as helping to alleviate general precarious financial and economic conditions that are key determinants of the health and well-being of migrants and their families.

Table 1. Principal themes that emerged in rapid review

	N	% of all relevant articles	% within the main theme
1. Costs as barriers to equitable healthcare <i>Subthemes:</i>	104	54%	
➤ <i>from a migrant perspective</i>	73		70%
➤ <i>out-of-pocket expenditures</i>	18		17%
➤ <i>from the provider perspective (costs as barriers to implementing services for migrants)</i>	11		11%
➤ <i>travelling between countries to save costs on healthcare</i>	2		2%
2. Policy discussion and analysis regarding healthcare provision for migrants <i>Subthemes:</i>	24	13%	
➤ <i>policy barriers and inequities in migrant healthcare access</i>	8		33%
➤ <i>access to healthcare for undocumented migrants</i>	7		29%
➤ <i>policy frameworks and governance responses to migrant health</i>	6		25%
➤ <i>economic and ethical dimensions of migrant health policy</i>	3		13%
3. Economic evaluations and cost analyses of migrant healthcare <i>Subtheme:</i>	22	11%	
➤ <i>healthcare expenditure and utilization patterns among migrant populations</i>	10		45,5%
➤ <i>economic benefits of healthcare access and inclusion</i>	10		45,5%
➤ <i>the costs of exclusion of migrants from the healthcare system & delayed access to healthcare</i>	2		9%
4. Cost and cost-effectiveness assessments of health technologies, programs and strategies	18	9%	
5. Effect of remittances on migrant's & recipient's health and healthcare expenditures	9	5%	
6. Precarious financial conditions as a determinant of health (effect of financial difficulties, including economic crises on health outcomes)	6	3%	
Total	183	95%	

Note: N = number of articles included in each theme. Percentages refer to all 192 relevant articles. Nine articles could not be assigned to any of the six main themes, which is why the percentages do not sum to 100%.

Expert survey

To complement the review, a short online survey was distributed to members of the Migration Health and Development Research Initiative (MHADRI) in June 2023. Respondents rated the relevance of economic perspectives in migration health on a 0–10 scale and identified key research questions in an open-ended format. The qualitative responses were analyzed using inductive content analysis. Thirty-seven experts of the 197 MHADRI members responded, representing diverse geographic and disciplinary backgrounds. 43% of the respondents are migrants themselves, currently living in a country not being their country of birth. Most rated the economic perspective as highly relevant (mean 8.9/10).

The main theme within the qualitative responses addressed the costs related to the provision of healthcare to migrants for society and the healthcare system, as well as costs for migrants themselves. This also includes considerations on costs of exclusion of vulnerable migrant groups, such as undocumented migrants or refugees, from healthcare and insurance schemes. Additional themes experts considered to be important relate to:

- labour migration addressing the economic integration of migrants and their contribution to the economies of host countries, e.g., by filling labor market shortages in the health sector,
- living conditions of labour migrants and the impacts of sending remittances on wellbeing of migrants and their extended families,
- the economy as a social determinant of health, addressing the global and national economies' impact on migrant health, and policies and interventions offsetting economic disparities that lead to poor migration health outcomes,
- core topics from the migration and health debate, addressing, e.g., universal health coverage and health promotion interventions, but not explicitly considering economic questions,
- the impact of migration on economies and labour markets in host communities.

Expert workshop

During a workshop held at the 2nd World Congress on Migration, Ethnicity, Race & Health (GSMERH 09/2025), participants—predominantly public health researchers, nurses, and physicians working in Kenya, India, Germany, the UK, Portugal, Denmark, Switzerland, and the United States—reflected on the economic considerations in migrant and refugee health. The group identified critical evidence gaps, including the lack of data on the cost of not providing healthcare, insufficient quantification of secondary cost drivers such as missing interpreter services, and limited understanding of long-term (economic) consequences. Participants emphasized that economic considerations must extend beyond short-term expenditures to account for broader societal and opportunity costs. To advance the field, they called for democratized and shareable data, the identification of good practice models, interdisciplinary collaboration among economists, anthropologists, human rights advocates, community leaders/voices, and health professionals, and cross-border dialogue between host and home countries. Translating this evidence into policy and practice requires country-specific approaches, clear communication with lawmakers, and the use of context-sensitive narratives, e.g., case studies or vignettes, to make economic arguments more tangible and compelling for decision-makers.

Migration Health and Development Research Initiative (MHADRI)

Founded in 2016, the Migration Health and Development Research Initiative (MHADRI) is a global network of migration health scholars, with 432 members in 2026. MHADRI aims to advance evidence-informed global migration health policies and practices to improve the health and wellbeing of people and communities affected by migration. MHADRI's governance structure is led by an international Steering Committee with migration and health researchers from the Global North and the Global South and supported by an Executive Director, providing strategic direction for the network's research and collaboration activities.