

# Low-Status and Immigrants: A Call for Inclusion in the 25x25 Global Initiative

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### Commentary

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The 2013–20 World Health Organization (WHO) Global Action Plan for the Prevention and Control of Non-Communicable Diseases (NCDs) targets seven major risk factors, comprising the harmful use of alcohol, current tobacco use, raised blood pressure, intake of salt or sodium, insufficient physical activity, diabetes, and obesity. These are known as the 25 × 25 risk factors, with the aim of reducing premature mortality from NCDs by 25% by 2025 [1]. This plan is extremely relevant and urgent to population health in most countries, as it could significantly reduce premature death and promote economic growth, human development and wellbeing. However, it needs further attention to socioeconomic position and international migration as additional key risk factors to human health.

Regarding socioeconomic status, a recent paper by Stringhini et al. [2] demonstrated that low socioeconomic status is one of the strongest predictors of morbidity and premature mortality worldwide. In her multicohort study with individual-level data from 48 independent prospective cohort studies, participants with low socioeconomic status had greater mortality compared with those with high socioeconomic status. Low socioeconomic status relates to poor health through several complex mechanisms, including poor material living conditions, behavioural and cultural traditions, low self-esteem and sense of self-value in society, and poor quality jobs. These factors are often related to high socioeconomic inequalities within societies, which are led by structural policies that dismiss the idea of balancing opportunities as well as living conditions between the socioeconomic groups [3].

In terms of international migration status, it is a crucial social determinant of health that is rapidly reshaping the world [4]. International labour migrants are increasingly

flowing among low-income and middle-income nations in Asia, Africa, and the Middle East [5]. In Latin America, intra-regional migration has deepened socioeconomic inequality over the last decades [6]. Many international migrants experience stress, which in turn affects their mental [7] and physical health over time [8] through processes of social exclusion, discrimination, poverty, and poor-quality occupational environments. This occurs despite the “healthy migrant effect” observed amongst international migrants at arrival and during their first years in the host country [9]. Moreover, low-status immigrants experience worse health status than well-off migrants and local population [10].

There is significant evidence supporting the fact that low-status international migrants are at high risk of poor health globally. Hence, both poor socioeconomic circumstances and international migration need to be considered modifiable risk factors in global health strategies, including the 25x25 initiative.

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