IFMSA
International Federation of Medical Students' Associations

IFMSA Policy Document
Migrants' Health

Proposed by Team of Officials
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Policy Statement

Introduction:
According to the International Organization for Migration (IOM), migration is defined as the movement of a person or a group of persons, either across an international border or within a State. It is a population movement, encompassing any kind of movement of people, whatever its length, composition, and causes. It includes migration of refugees, displaced persons, economic migrants, and persons moving for other purposes, including family reunification. Migrants are often denied basic human rights, including access to social and health services. Human rights are universal and as such, should be respected and upheld irrespective of one's legal status.

IFMSA position:
IFMSA believes that every individual, regardless of their legal status, must be treated with compassion, respect, and dignity, as well as enjoy the right to enjoy the best attainable standard of health. Migrants should be able to access the same standard of health care services as any other person, and a proactive whole of society and governmental measures should be taken to meet the specific health needs of this often vulnerable group.

Call to Action:
IFMSA calls on:

Governing bodies to:

- Establish and reinforce comprehensive national migrant health policies that respect human rights, are multi-sectoral, participatory, and inclusive for migrants and civil society, the private sector, and other key actors;
- Ensure that national migrant health policies are based on the UN 2030 Agenda for Sustainable Development and the extension of Universal Health Coverage (UHC);
- Promote and conduct systematic research on migrants' health, including monitoring the outcomes of a/the national migrant health policy, to ensure evidence-based programming and policy development;
- Provide migrants with confidential, accessible, and affordable health services regardless of their legal status, and improve the provision of information about those services;
- Commit to reducing threats to the health of migrants both in transit and upon settling on their territory;
- Strengthen international and cross-border cooperation between countries to ensure the continuity of healthcare for migrants;
- Avoid obligatory screening of arriving migrant populations for diseases, but offer voluntary health checks and subsequent proper diagnosis, treatment, and follow up procedures;
- Never use health status as a reason or justification for border control measures;
- Ensure the inclusion of migrant health priorities as part of emergency national action plans and any public health efforts;
- Minimize the negative health outcomes of detention by limiting such procedures, to never engage in indefinite detention, to never separate children from their caregivers, and to ensure alternatives to detention are fully explored;
- Refrain from using methods such as medical age assessments to guide the migration process;
- Actively promote public awareness and reduce the spread of misinformation of migrants' health issues.

International organizations and non-governmental organizations (NGOs) to:

- Advocate and remove barriers for migrants' access to culturally and linguistically appropriate legal, medical, psychological, and social support;
- Conduct consensual research and collect data on the accessibility to culturally and linguistically appropriate legal, medical, psychological, and social support for migrants;
- Help establish effective communication between the government and the migrants;
- Incorporate migrants into medication programs in collaboration with governments;
- Play an active role in raising awareness and educating migrants about family planning, disease prevention, and disease control.

Healthcare providers and medical schools to:

- Commit to providing dignified, non-discriminatory, and culturally sensitive healthcare services to all migrants, regardless of their legal status;
- Refrain from reporting the immigration status of migrants to the police or immigration authorities under any circumstances, or using the health status of a person to influence their immigration status in any way;
- Equip healthcare professionals and support staff with skills and tools on cultural competence and include continuous training on the health of migrants for all healthcare professionals;
- Raise awareness among wider society to advocate for migrants' right to health;
- Never participate in any punitive or judicial action involving migrants or to administer any non-medically justified investigation or treatment, such as sedatives to facilitate deportation.

IFMSA National Member Organisations (NMOs) and medical students to:

- Undertake opportunities educational activities, and workshops on migrants' health and rights that will help medical students and others learn more about migrants' health;
- Advocate for the health and human rights of migrants;
- Engage in efforts to assess the inclusiveness of medical curricula and assessments to migrants as a vulnerable group;
- Strengthen the collaboration with other students' organizations and all relevant stakeholders to advocate for the health and rights of migrants.

Position Paper

Background information:

Introduction

The Universal Declaration of Human Rights states that "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including medical care and necessary social services" [1]. This fundamental human right has been reaffirmed by the International Covenant on Economic, Social and Cultural Rights - more than 160 states around the world are party to the Covenant and thereby recognize "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health" [2]. This is also outlined in the WHO Constitution [3].

Normative framework

The migrants' right to health and well-being is enshrined in numerous documents of international concern. The right to health is explicitly mentioned in Art. 12 [1] of the International Covenant on Economic, Social and Cultural Rights and has been repeatedly confirmed by various bodies and relevant actors [2]. The migrants' right to health without any form of discrimination is also enshrined in the Constitution of the World Health Organization [3]. Despite such normative frameworks, many migrants still lack access to health services and financial protection for health. Access to health services and especially the underlying determinants of health for migrants are not sufficiently addressed.

Discussion:

Health Impacts of migration:

Migrants and NCDs

The world is under a massive burden of non-communicable disease (NCD). According to 2016 WHO statistics, NCDs kill 40.5 million people each year, equivalent to 71% of all deaths globally. [4]. Migrant populations are not exempt from this burden, and are more vulnerable to NCDs, such as diabetes and poor mental health [5]. The impact on migrants' health may be due to factors such as the psychological stress associated with the migration process, living conditions in their countries of origin and host communities, as well as the context for their departure in certain situations [5,6]. Mortality and incidence of stroke are high among migrants to Europe of African origin, which may be attributable to a higher prevalence of risk factors, such as hypertension and diabetes [5,7].

The migration context is also relevant to the prevalence and outcomes of non-communicable disease and physical disability in this population. Migrants' health is vulnerable to disruptions of the infrastructure in the country of origin and any weaknesses inherent to the healthcare system of that country [8]. The process of migration, particularly when under fraught circumstances such as seeking asylum, interrupts the long-term management of chronic disease, interfering with the continuity of care and resulting in loss to follow-up. Migrants may face difficulties obtaining long-term medicines or accessing healthcare when in transit and upon arrival to their destination [8,9].

Migrants are heavily affected by environmental risk factors prevalent in the host countries, such as those for cardiovascular disease and events, as well as other NCDs [5,10,11,12]. Barriers to accessing care, the socio-economic determinants of health, and cultural attitudes to health and wellbeing also play a key role: We need to design prevention and treatment strategies considering the diversity of the population. [13,14]. As identified in the UCL-Lancet Commission on Migration and Health and the *Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region*, access to the full scope of preventative, screening and management of NCDs is limited for migrant populations, particularly at the earliest stages of integration to the host community. NCD care for migrants must be incorporated into health systems and strengthened when already present, with attention given to the social determinants of health and monitoring that includes migrants [8,14].

Migrants and communicable disease (CDs)

Communicable diseases such as malaria, tuberculosis (TB), HIV, AIDS, and any other outbreaks as that of coronavirus disease 2019, are all causes of major public health concern. Migrants are more vulnerable for both contracting communicable diseases, as well as not accessing the proper health check-ups and treatments for these diseases. Migrants can acquire CDs at their place of origin, particularly in the context of countries with a high burden of disease or conflicts that weaken health systems, as well as on transit routes. The UCL-*Lancet* Commission on Migration and Health (2018) found that infectious diseases have been understudied as a cause of death in migrant populations, despite their impact [8].

The higher burden of CDs within migrant communities in host countries can be attributed to cramped living conditions, deprivation, and poor access to care [8], which can increase the risk of respiratory, gastrointestinal and skin infections, particularly in children [9]. Water, sanitation and hygiene (WASH) facilities are often lacking, both during the journey and at reception or detention points, which can potentiate disease outbreaks [9]. Lack of awareness and accessibility to prevention and treatment options also contribute to increased risk of CDs at workplaces, such as that of sexually transmitted infections for migrant sex workers, as well as malaria and other parasitic infections for forestry and agricultural workers [15,16].This requires a strong preventative and curative response by the host health service to address the needs of this vulnerable population and strengthen global health security.

Migrants are also at increased risk of facing xenophobia due to misconception in the association between migration and the importation of communicable diseases. The risk of transmission to the host population is low, with spread being high among migrant households and communities [17,18]. Importation of disease, including antimicrobial-resistant strains, is more commonly associated with tourism than with migration. CDs are primarily associated with poverty, and addressing the inadequate living situations drastically reduces the spread. [19]

Migrants are particularly vulnerable in situations where a pandemic takes place, such as that of coronavirus disease 2019 (COVID-19) [20]. It is often impossible for the adequate implementation of public health measures such as social distancing and basic hygiene measures, given the poor living situations that migrants and refugees often have to live in. This situation is worsened when refugees and migrants are not included in national public health actions. The lack of culturally and linguistically accessible on both the screening and treatment of CDs, tightened borders, as well as suspended resettlement programs all further increase barriers of access to healthcare to migrants and refugees.

Mental health consequences

Refugees, asylum-seekers, and undocumented migrants tend to be more exposed to risk factors for mental health including the exposure to violence in their countries of origin, as well as stress during migration and after arrival in the host countries. A study shows that PTSD and other stress related disorders are the major psychiatric conditions that Migrants suffer from, as a consequence of stressful migration experience [21]. Evidence suggests that depression commonly co-occurs with post-traumatic stress disorder and other anxiety disorders [22], which can complicate its detection and treatment.

The use of professional interpreters or "trained culture brokers" is essential for effective diagnosis. [23]. Diagnosis of mental illness embodies different cultural significance. Specific challenges to migrants' mental health in respect to communication also include the effect of culture on the illness behaviour, differences in family structure and process affecting adaptation, acculturation and intergenerational conflicts, as well as reduced acceptance by the receiving society that affect one's integration, employment, and social status [24]. Furthermore, barriers to effective communication between the migrant and the healthcare professional can create feelings of isolation and of being "unwanted". The capacity to communicate can influence healthcare-seeking behavior, underreporting, poor explanation of health problems and symptoms, inappropriate diagnoses and reduce the capacity of immigrants to adhere to treatment regimens [25].

Fortunately, it has been found that "the majority of those who experience traumatic events will heal spontaneously after reaching safety" [26]. It is important for healthcare providers to empathize with and reassure the patients in regards to prognosis. Healthcare providers must be alert for signs and symptoms of the different psychiatric conditions and to have a high index of suspicion during the medical interview, to be able to detect those who have a mental illness and provide the necessary help [25].

Drivers of migration:

Migration is a complex phenomenon, with political, demographic, socio-economical, and environmental causes as some of the factors influencing an individual's decision to migrate [27]. Persecution and discrimination based on nationality, race, religion, political beliefs, sexual orientation or membership status in a particular social group could endanger people's lives and push them to flee their home country. Wars and armed conflicts are among the main causes of migration [28]. Considering environmental factors and the increasingly significant role of climate change, crop failure results mainly in food scarcity and loss of jobs in agriculture [29]. The pollution of water, air and soil create serious health risks to locals, sometimes forcing them to look for a safer place to live for themselves and their families [30]. Natural disasters such as tsunamis, hurricanes and earthquakes are also often responsible for mass migration due to lack of shelter, no provision for basic needs and the spread of diseases in the aftermath of these natural disasters [31].

Climate change is also considered as a migration factor: the effects of a warming world and more frequent extreme weather events are expected to exacerbate pre-existing vulnerabilities in the realm of food security, health issues, and fresh water supply [32]. Economically - In order to improve their financial situation people either move from poorer developing areas to richer areas where wages are higher, or from rural to urban areas in search of a better life. It is important to note however that the stereotype of illiterate poor rural migrants has to be abandoned, as the poorest people often don't have the means to migrate. [27]. Lastly, considering social factors, ensuring better opportunities for themselves or their family, such as better education or career growth can be a significant factor in favour of migration. This may also include searching for services such medical treatment that isn't available in their countries [33].

Challenges during migration:

Continuity of Healthcare for migrants

As defined in the Health Assessment for Refugees and Migrants for EU handbook, "continuity of care refers to the principle of establishing adequate mechanisms for the continuity of healthcare between countries of origin, transit and destination" [34]. Naturally, migrants often receive health care during different parts of their journeys, usually in several countries and health systems. This movement presents a significant challenge in ensuring the continuity of care, as well as sharing of health data and other components of health care. This lack of continuity of care can be a source of various problems, in particular for migrants with known chronic diseases requiring regular care, for individuals with foreseeable specialized needs such as surgery, pregnancy, or mental illnesses. This is also extremely relevant for patients with communicable diseases, whose discontinuation of treatment may have repercussions for public health [34].

In addition to posing a health risk to migrants with special care needs, the migration process itself is also a source of danger. Throughout their journey, migrants can be exposed to various threats, such as physical or environmental dangers, hunger, lack of access to basic services, exposure to violence (including sexual violence), and trauma. Many of these threats can persist for long periods of time until a safe haven is reached [35,36,37]. The travel and transit phase of migration is associated with high risks of mortality and morbidity for these reasons, at both land and sea borders, and the risks are greater for migrants in vulnerable situations, including women, children, victims of human trafficking, and the poor [35,36,37,38,39]. These increased risks during migration, combined with interruptions to access to healthcare, contribute to the poor living and health conditions of migrants.

Challenges in host country:

Barriers of access to healthcare:

Several factors can contribute to preventing adequate access to healthcare for migrants. There is great variability in access to healthcare for migrants among the different host countries. For example, access to health care for undocumented migrants can vary between no access and full access [40].

In some countries, the main barrier to accessing health care for migrants is their legal status. Some countries grant limited access to health services for migrants based on the assumption that it would be a burden for taxpayers to bear the costs of these services for all, and also that the refusal to offer these

services could reduce migration. There is no evidence to support this belief, and it goes against the fundamental migrants' rights defined in the WHO constitution [3].

Even in countries where partial access to health services is granted, economic limitations may prevent migrants from receiving adequate care. Others only provide emergency care to migrants. However, for financial reasons, some migrants are forced to delay their care until they reach a sometimes critical state in order to benefit from the legal coverage which is allowed to them, or, in other cases, to have recourse to suboptimal medical care. Thus, partial access to care is an important human right and public health issue [41].

In addition to the legal and economic barriers to accessing healthcare for migrants, there are linguistic and medical literacy issues. The ability to provide quality health care to linguistic minorities of which migrants are often a part becomes a major challenge: basic health care protocols such as informed consent, discussion of interventions and treatments and confidentiality when using an interpreter, and lastly patient adherence and follow-up may be affected by inadequate communication [42,43]. In addition, due to their arrival in a new society, migrants may not be aware of their health rights. In several countries, access to health care for migrants is severely hampered by the lack of available and accessible information and insufficient basic health education. This lack of awareness of the resources made available also manifests itself among health professionals, as there is an observed lack of training for health workers on migrant rights and health issues [41].

Healthcare personnel are not always qualified with the skills necessary to deliver "culturally sensitive" care, that is, the health care that demonstrates an ability to recognize the provider's own cultural biases and background while considering the patient's socio-cultural and clinical background [44]. Beyond a good cultural knowledge of patients, the provision of care for migrants also represents a challenge in terms of the epidemiological knowledge required by health professionals, who are sometimes confronted with symptoms or diagnoses with which they are unfamiliar [45].

Health screening of migrants

Health screening practices vary from no mandatory health screening recommended prior to or on arrival, to mandatory screening. Screening of migrants can occur: before arriving at the border (for example, on a boat when triage is performed), when entering the country or at the border, and while remaining in reception centers. The extent of screening differs as well, from very basic health status to specific infectious diseases, as do the consequences to their results, which can range from no action to deportation due to infectious diseases, pregnancy, mental illness or substance dependency [8,46]. The WHO does not recommend obligatory health screening processes of migrant populations, owing to the lack of clear scientific evidence of health and economic benefits and cost-effectiveness of this measure rather recommends offering voluntary health check-ups and this should be followed up alongside with other necessary healthcare interventions [8,9,14]. Screening interventions must be rooted in evidence, with appropriate risk assessments specific to individuals or groups meeting the Wilson and Jungner screening criteria [47,48]. It should also be offered as close to the point of entry into the territory in question as possible to ensure identification and management of health problems occurs in a timely manner [9,14].

Furthermore, all screenings must be performed in respect to the human rights, dignity and culture of migrants and should not be used as justification for restriction of entry or deportation of individuals, as this violates migrants' rights to health to live freely on an equal basis to others - despite the use of these criteria being permitted in the International Health Regulations [8,49,50,51]. Health professionals participating as immigration policy enforcers could compromise their professional and ethical integrity and also violate migrants' right to patient confidentiality and erode trust in healthcare professionals [8]. These health screenings could contribute to or drive xenophobic narratives surrounding the risks of communicable disease associated with migrants - as it has been shown that migrants do not significantly increase the risk of imported infectious diseases to the host population [8,9].

Medical age assessments

Policies regarding procedures for assessing age are laid out in the Convention on the Rights of the Child, 1989 (CRC) and the UNHCR-Guideline on International Protection: Child Asylum Claims under Articles 1(A) 2 and 1 (F) of the 1951 Convention and/or 1967 Protocol relating to the Status of Refugees

(2009), paragraph 75. Following these standards UNICEF concludes that age assessments should only be carried out in cases of serious doubt about the age of the individual [52].

Medical age assessments alone provide limited scientific evidence for accurate age determination [52,53] and should only be applied in exceptional cases when all other (non-medical) options were exploited [54,55]. The WHO recommends a holistic multidisciplinary approach to assessment [53] which includes evaluation of physical, psychological, developmental, environmental and cultural assessments of an individual. After seeking informed consent from the individual or a carer, medical age assessment should "follow the least intrusive method which upholds dignity and physical integrity of the child at all times and be gender and culturally appropriate" [52]. Ethical issues such as issues surrounding obtaining informed consent from a minor should also be considered. One requirement for obtaining informed consent is the competence of the individual to provide valid consent [56]. A minor's ability to fulfill this requirement is questionable due to young age, experienced trauma and immaturity [57,58]. The Convention on the Rights of the Child suggests that "in the event of remaining uncertainty, [the assessment] should accord the individual the benefit of the doubt such that if there is a possibility that the individual is a child, she or he should be treated as such" [59].

Detention of migrants

Article 9 of the Universal Declaration of Human Rights (UDHR) states that "no one shall be subjected to arbitrary arrest or detention". A similar principle is also enshrined in article 9 of the International Covenant on Civil and Political Rights (ICCPR), which states that "anyone who is deprived of his or her liberty by arrest or detention shall be entitled to take proceedings before a court, in order that the court may decide without delay on the lawfulness of his detention and order his or her release if the detention is not lawful" [60].

Detention is defined as the act of deprivation of liberty or confinement in a closed space, not allowing those detained to leave at will. Immigration detention is performed by many states as their right to ensure control of their borders, until a decision is made by immigration authorities to grant a refugee status or visa for the individual and allow them to access the community, or to repatriate them to their country of departure. Mandatory detention is the practice of compulsorily detaining or imprisoning people seeking political asylum, or who are considered to be illegal immigrants or unauthorised arrivals into a country.

According to Article 10 of the ICCPR: "All persons deprived of their liberty shall be treated with humanity and with respect for the inherent dignity of the human person" [61]. Due to lack of legislation or their binding aspect, some countries act against the basic dignity of humans and their rights. Some view in detention a means to dissuade irregular migration or applying for asylum in their territories [62], while others consider it as a means to prevent persons from gaining unauthorized entry, and ensure the enforcement of a deportation order. Countries also use detention in connection with the violation of immigration laws and regulations. Examples may include remaining in the country following the expiry of a permit, or a lack of suitable identification documents, such as a passport.

The Special Rapporteur on the Human Rights of Migrants has noted that the "mental and physical health of migrant detainees is often neglected" [63]. Migrants are often denied continued, off-site treatment, and facing language barriers which leads to a delay in the treatment process, that could be vital in some cases. [64]. Mental health symptoms were more common in immigrants who were detained as compared with immigrants who were not detained, and the symptoms were more severe for immigrants detained for longer durations [65]. Reproductive health care for women, especially pregnant women, is not available in all places of detention. Substandard detention conditions may potentially amount to inhuman or degrading treatment and may increase the risk of further violations of economic, social and cultural rights, including the right to health, food, drinking water, and sanitation. Prolonged or even indefinite detention often leads to premature death of individuals held in immigration detention facilities [66].

We believe that detention should be the exception rather than the rule; not even the most stringent detention policies deter irregular migration, and further, that there are workable alternatives to detention that can achieve governmental objectives of security, public order and the efficient processing of asylum applications. Therefore, detention should always be used as a measure of the last resort, always preserving people's human rights and dignity [63].

Detention of children

Numerous studies have shown that detention has a profound and negative impact on the child's health and development. The UN Committee on the Rights of the Child has confirmed that immigration detention of children is never in the best interests of the child and will always constitute a violation of a child's rights [67]. Detention, even for a very short time, is associated with higher rates of emotional, psychological and peer problems such as PTSD, conduct problems and hyperactivity. This is worse for children who are separated from their mothers, as they are more likely to develop these problems [68]. It can also significantly undermine children's psychological and physical health and well-being, and compromise their cognitive development. There is also a greater incidence of self-harm actions, suicide attempts, deaths by suicide, as well as risk of exposure to other forms of harm, including sexual and gender-based violence [69,70].

Reflecting on such profound consequences of detaining children, we believe that migrant children should never be detained and every possible measure should be implemented to ensure that children are not exposed to the unnecessary harms of detention. Furthermore, in cases of children who came into conflict with the law, all necessary steps should be taken to place children in a child-sensitive location, alternative to a detention facility, which protects children's rights, freedom of movement, and grants the protections that I children deserve. Where possible they should be released into the care of family members who already have residency within the asylum country. Whereas not possible, alternative care arrangements, such as foster placement or residential homes, should be made by the competent social care authorities, ensuring that the child receives appropriate supervision [71].

Labour migrants

Although no universally accepted definition exists, the International Labour Organisation (ILO) defines migrant workers as migrants of working age (15 years and older) that are unemployed or employed in the current country of residence. In 2017 labour migrants comprised the biggest group of migrants worldwide (164 million individuals) and men made up the majority of migrant workers [72]. International conventions that specify the right to healthcare for migrant workers include the *International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (ICMW), the Migration for Employment Convention (ILO No. 97) and the Domestic Workers Convention (ILO No. 189)*. As the health of labour migrants shows gender specific differences, the *Convention on the Elimination of All Forms of Discrimination against Women* (CEDAW) is also key, as it expands the right of women to healthcare to include reproductive healthcare [73]. Although in some countries migrant workers may be entitled to healthcare due to employment, a review by the WHO Regional Office for Europe identified a number of barriers such as language obstacles, poor communication and lack of information that prevent migrant workers from accessing health care [74].

Migrants are at particular risk of occupational injuries and accidents because they tend to take jobs that are temporary, require few skills, and that are largely unattractive to local labor forces. According to the International Labour Organization (ILO), around 2 million migrants die every year due to occupational related injuries. The majority of domestic migrant workers are women who are at high risk of exploitation and abuse - whether psychological, such as insults or threats, physical or even sexual. In addition, the nature of their work increases their risk of having musculoskeletal injuries, fractures, burns, and eye injuries, among others [75].

Relevance

Migrants' Health and Sustainable Development Goals (SDGs)

The UN 2030 Agenda for Sustainable Development puts people at the center of all actions, following the principle to "leave no one behind". This is especially emphasised in relation to the most marginalized and the most vulnerable communities, and migrant communities often fall under these categories. SDGs also acknowledge the development potential of migration, and migrants' contribution and participation to hosting societies.

In reflection to the global pledge to achieve SDGs in 2030, governments and all non-state actors should always think about the health aspects of migration. Health needs of migrants must be fully reflected and incorporated into global and national policies, programs and frameworks. Numerous SDGs and

their targets are directly or indirectly connected to migration, governments and non-state actors should always base their policies on these targets to ensure progress in achieving the SDGs [76,77].

Promoting the health of refugees and migrants: the draft Global Action Plan (2019-2023)

The 5 year Global Action Plan (2019-2023) focuses on achieving universal health coverage, including short and long-term steps to mainstream refugee and migrant health care; enhance partnerships; strengthen health monitoring and information systems and counter misperceptions about migrant and refugee health. The draft has been agreed upon by Member States at the World Health Assembly in 2019 to promote the health of refugees and migrants, and to contribute to the achievement of the vision of the 2030 Agenda for Sustainable Development.

The framework of priorities and guiding principles of the draft Global Action Plan were developed to promote the health of refugees and migrants. They took into consideration the New York Declaration for Refugees and Migrants, while acknowledging specific national approaches with respect to other instruments such as: the Global Compact for Safe, Orderly and Regular Migration, a non legally binding inter-governmentally negotiated agreement, endorsed by the United Nations General Assembly through resolution 73/195 (2018), in its action (e)on health needs, of Objective 15 (Provide access to basic services for migrants) in accordance with national contexts, priorities and legal frameworks; and the global compact on refugees, in its programme of action, areas in need of support, section 2.3 on Health [79,80].

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