

## IFMSA Policy Proposal

# Migrants' Health

Proposed by Team of Officials

Adopted in the 71st IFMSA General Assembly August Meeting 2022

### Policy Commission

- Beth Elinor Stinchcombe, SfGH-UK, [beth.elinor@gmail.com](mailto:beth.elinor@gmail.com)
- Mateus Nogara Stábile, DENEM-Brazil, [mateusnstabile.unb@gmail.com](mailto:mateusnstabile.unb@gmail.com)
- Mahmood Al-Hamody, IFMSA Liaison Officer for Human Rights and Peace Issues, [lrp@ifmsa.org](mailto:lrp@ifmsa.org)

### Policy Contributors

- Alberto Sebastian Cadena Alegria, AEMPPI-Ecuador, [albertocadenaalegria@gmail.com](mailto:albertocadenaalegria@gmail.com)
- Enas Osama Hassan Omer, MedSIN-Sudan, [enasosama@gmail.com](mailto:enasosama@gmail.com)
- Jaime Lam, AMSAHK - Hong Kong, [jaime.lam@amsahk.org](mailto:jaime.lam@amsahk.org)
- Kheloud Abdelnasser Eid, IFMSA-Egypt, [Kheloudabdelnassereid@gmail.com](mailto:Kheloudabdelnassereid@gmail.com)
- Mahmoud Mohamed Abdelnaiem, IFMSA-Egypt, [mahmoud.naiem8420@gmail.com](mailto:mahmoud.naiem8420@gmail.com)
- Mariem Galaaoui, AssociaMed-Tunisia, [mariem.galaaoui@gmail.com](mailto:mariem.galaaoui@gmail.com)
- Reem Mansour, LeMSIC-Lebanon, [reem.mmansour@gmail.com](mailto:reem.mmansour@gmail.com)
- Ovgu Dila Nisa Sevil, TurkMSIC-Turkey, [vgdlns@gmail.com](mailto:vgdlns@gmail.com)
- Sebastián Matías Moreno Cautín, IFMSA-Chile, [sebamoreno2000@gmail.com](mailto:sebamoreno2000@gmail.com)

## Policy Statement

### Introduction:

Human mobility is a longstanding and natural human phenomenon and is a central component of social and economic life. People move to look for better living conditions, better lives and better futures. This makes health and its determinants fundamental considerations in any discussion on migration. Furthermore, migrants are not vulnerable by nature. Rather, vulnerabilities are imposed on people on the move as they are impacted by the inequitable and limiting conditions through their migration routes and in their final settlements. It is, hence, important to recognize the overarching influence of human rights, social inclusion and social justice as crucial determinants of the health status of migrants. As human rights are indivisible and interdependent, the right to health cannot be fulfilled without underpinning the other rights. As such, medical students and health care workers have an indispensable role in the fulfilment of the right to health of migrants.

### IFMSA position:

The International Federation of Medical Students Associations (IFMSA) believes that every individual, regardless of their background and legal status, must be treated with compassion, respect, and dignity, as well as enjoy the right to the highest attainable standard of health. The IFMSA reaffirms the need to change the perception of migration as a crisis to be perceived as an opportunity and a component of social development. Furthermore, the IFMSA believes that the proactive fulfilment of human rights and addressing disparities is essential to promote physical and mental health and social and economic livelihood for migrants. On the other hand, the IFMSA recognises the existence of deficits in healthcare services between migrants and non-migrants in most of the healthcare systems worldwide. Thus, the IFMSA affirms the need for strengthening the inclusion of migrants in the health system and ensuring the availability, accessibility, acceptability and quality of healthcare services for migrants. Last, the IFMSA affirms its stance in advocating that migrants should be able to access the same standard of health care and emphasises that a proactive whole-of-society and whole-of-government approaches are paramount to improving migration governance and the living condition of migrants.

### Call to Action:

Therefore, IFMSA calls on:

Governments 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 national migrant health policies to ensure evidence-based programming and policy development;
- Ensure the provision of confidential, accessible, and affordable health services to migrants 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;
- Promote social justice and strengthen the underlying conditions as a cornerstone for better health and well-being of migrants. This requires proactively working on creating and ensuring dignified and equitable living conditions as well as access to basic services, equal education, healthy working conditions, legal support and social protection.
- Work collaboratively and cooperatively across borders and internationally to ensure the continuity of healthcare for migrants and to reduce threats to the health of migrants both in transit, on borders and upon settling in new territories.

- 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, never engaging in indefinite detention, never separating children from their caregivers, and ensuring 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 about migrants' health issues.

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

- Advocate and remove barriers to 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.

The health sector, 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 administer any nonmedically justified investigation or treatment, such as sedatives to facilitate deportation.

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

- Undertake 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 of migrants as a vulnerable group;
- Strengthen the collaboration with other student organizations and all relevant stakeholders to advocate for the health and rights of migrants.

## Position Paper

### Background information:

According to the World Migration Report of 2022, the population of international migrants is estimated to have passed 281 million by the end of 2020, about 3.6 percent of the total world population [1]. However, migration is not a new phenomenon and is rather as old as humankind as people used to move looking for better living conditions [2]. Furthermore, the rights of migrants, including the right to health, are enshrined in numerous international and regional agreements and declarations. The right to health is explicitly mentioned in Article 12 [3] of the International Covenant on Economic, Social and Cultural Rights and has been repeatedly confirmed by various bodies and relevant actors [4]. The migrants' right to health without any form of discrimination is also enshrined in the Constitution of the World Health Organization [5]. However, despite such normative frameworks, 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. Through this position paper, we aim to examine the intersection between health and migration and identify priority areas of concern for migrants' health.

### Discussion:

#### 1. Understanding human mobility

##### **1.1. Definitions**

According to the International Organization for Migration, **migration** is defined as the process of population movement, "either across an international border, or within a State" and "whatever its length, composition and causes" [6]. This definition entails the migration of refugees as well as displacement. Despite this definition, there's no universally agreed definition of migrant. The term '**migrant**' is commonly used to refer to any individual who decides to migrate on their own, for "personal convenience," without the intervention of a compelling external motive [6].

The process of migration entails **emigration**, which is the act of leaving one State on a voluntary basis with a view to settling in another, and **immigration**, which is the act of moving into a country by non-nationals for the purpose of settlement [6]. Furthermore, migration could be classified according to the destination into **international migration**, which is the movement of people out of their country of usual residence and so crossing international borders, and **internal migration**, which is the movement of people from one part of a country to another for residence and so remaining within the country border [6].

According to regulatory norms and national legislations, migrations can also be classified into orderly and irregular migration [6]. Whereas there is no definition of **irregular migration** universally accepted, it encompasses the movement of people that takes place without abiding by national or global legislation and regulatory frameworks. This definition entails a lack of the necessary authorization or documentation to leave, enter, stay, work or access services in a country [6]. To address this issue, states may "allow aliens in an irregular situation to obtain legal status in the country", a process known as **regularization** (or also known as "legalization") [6]. Orderly migration, on the other hand, is the migration that is in line with "the laws and regulations governing exit of the country of origin and travel, transit and entry into the host country" [6].

##### **1.2. Drivers of human mobility**

###### **a) Social, economic and demographic drivers**

Human growth and development in different parts of the world are extremely imbalanced, and the disparity is widening. The United Nations Development Program's Human Development Measure (HDI) reflects this imbalance with stark differences in the scores of different countries and regions [7].

Inequitable conditions such as low pay, hazardous working conditions, and limited access to legal and social protection and resources drive people away from home in search of employment and better economic and social opportunities [8] [9]. Furthermore, such conditions especially propel high-skilled and experienced individuals to move seeking better working conditions [9], which ends up draining the countries of origin and exacerbating existing inequities.

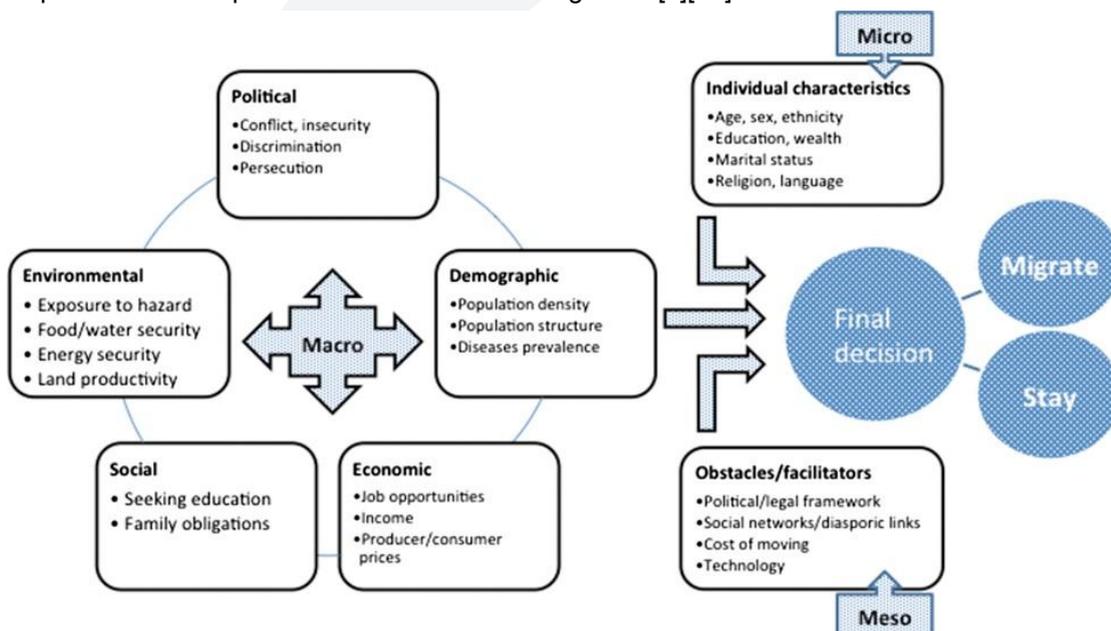
Furthermore, socio-economic conditions are firmly linked to demographic change, amplifying the drive for migration. Economic growth and resource distribution are largely impacted by population growth. If current population trends continue, the global labour force is expected to grow to roughly 520-560 million individuals by 2030 [8]. As a result, labour shortages in certain areas will coincide with employment shortages in others, propelling younger, unemployed, and underemployed people to seek opportunities in areas with older, wealthier populations and labour shortages [8]. In addition, demographic changes are also linked to poverty and food insecurity, adding to the multitude of factors driving human mobility [8].

### b) Environmental drivers

The impact of climate change is rapidly progressing and is disproportionately affecting the world. Adverse consequences of climate change, such as extreme temperatures, drought, desertification, flooding, and increases in arthropod-borne infections have a severe impact on the availability of water, food, agricultural resources and healthy living conditions [8][10]. These effects reflect on the livelihood of local populations and undermine their fundamental rights, such as the right to water, food, housing, health and self-determination, which drives people to migrate in search of a less hostile environment [8].

### c) Political drivers

Conflicts and political instability continue to be a major cause of deteriorating socio-economic and living conditions, of people around the world [8]. The subsequent lack of safety and security and lack of access to fundamental human rights and services force many people to move. People who are displaced due to conflict are referred to as internally displaced persons or refugees according to the destination [8]. In addition, high levels of corruption, persecution and discrimination, interpersonal and structural, as well as societal pressure are all perceived to be drivers of migration [8][10].



**Figure 2.** Complex drivers of migration: macro-, meso- and micro-factors.

**Source:** Foresight: Migration and Global Environmental Change (2011) Final Project Report The Government Office for Science, London, modified

## **2. Migration in Normative and Legal Framework**

### ***2.1. International Human Rights Law***

Migrants are protected by international human rights law (IHRL) from their fundamental dignity and rights as human beings. Although there is no universal legal definition of a 'migrant', it is agreed that this term refers to "any person who is outside a State of which they are a citizen or national, or, in the case of a stateless person, their State of birth or habitual residence" [11]. International migration law is deliberately broad in scope to include all migrants regardless of their motivations, legal status or duration of stay.[12] Even though the legal frameworks surrounding the treatment of refugees and migrants are distinct, their core rights set out in human rights treaties are universal and non-derogable.[13]

As outlined within the International Bill of Human Rights (the Universal Declaration of Human Rights [UDHR], International Covenant on Civil and Political Rights [ICCPR] and the International Covenant on Economic, Social and Cultural Rights [ICESCR]), migrants and all people on the move are entitled to all the rights and freedoms set out. Under the UDHR, everyone's right to freedom of movement and residence in all states is affirmed in Article 13, in addition to the right to seek and enjoy asylum from persecution in Article 14 and the right to a nationality in Article 15.[3]

Furthermore, the ICESCR calls on all states to ensure that individuals, including migrants, have access and means to affordable health care, education, adequate food, decent work, housing and an adequate standard of living.[11] Specific to migrants, the Covenant also guarantees their right to equal treatment and non-discrimination regardless of nationality or legal status.[14] Echoing this, Article 26 and 27 of the ICCPR affirms the protection against discrimination for all persons and particularly highlights the rights of minorities. Linking to migrants' rights in situations of immigration detention and refoulement, the ICCPR upholds their right to liberty, no arbitrary arrest or detention, as well as protection against torture and cruel or inhuman treatment [11].

Aside from the International Bill of Human Rights, other core IHRL instruments also cover migrants' rights. In the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD), Article 5 guarantees the right to equality "regardless of race, colour, national or ethnic origin", and especially relevant to migrants' health is Article 5(e)(iv) on "the right to public health, medical care, social security and social services".[15] In regards to the responsibilities of member states, ICERD also specifies in Article 2 that governments are obligated to take "concrete measures" and review existing policies to ensure that all races are equally protected [15][16]. This is particularly important in ensuring that there is no racial preference, restrictions or differentiation between migrants of different immigration statuses within policies and practices.

Migrant children's rights are addressed in detail within the Convention on the Rights of the Child (CRC). States are obligated to ensure the safety and protection of all children, including in situations where they are attempting to enter territories, such as in international waters or migration control areas. Furthermore, the CRC grants children the right to not be forcibly separated from their families, and in situations where this has occurred, they are entitled to special protection to ensure their right to life, survival and development, as well as assistance in family reunification. Children are also entitled to have their opinion and participation heard, including during immigration and asylum processes.[17] Overall, the CRC guarantees children's rights to liberty, nationality, health, social security, education, and protection against violence and economic exploitation, and obliges states to act in the child's best interests and prioritise their well-being above everything else [18].

### ***2.2 Global Compact for Migration***

Prepared under the United Nations, the Global Compact for Migration (GCM) is the first human rights document that comprehensively addresses all facets of international migration. Its development involved

a range of relevant stakeholders including civil society, academic institutions, governmental organisations, migrant organisations and others to build the compact's 23 objectives and corresponding commitments and actions.[19] It is a cooperative framework aimed at strengthening human rights protections for all migrants, reducing the risks and challenges individuals face during the migration cycle, creating environments for migrants to enrich their societies, and overall improving global migration governance.[20][19] Rooted in IHRL, the compact is also firmly established within Goal 10 of Reduced Inequalities in the UN's Sustainable Development Goals (SDGs) – in particular goal 10.7 on facilitating orderly, safe, regular and responsible migration. Moreover, it aims to minimise the adverse factors that drive migrants to leave their country of origin, which also promotes the implementation of a range of SDGs including but not limited to good health and well-being, zero hunger, decent work and economic growth, gender equality and more [21].

Although the GCM is a non-binding document, inter-governmental follow-up and review mechanisms are in place to ensure effective implementation and international cooperation. The International Migration Review Forum takes place every 4 years, with the first edition convening in 2022. It is a global platform for all delegations to discuss, share progress and make measurable pledges toward advancing policies and practices on ensuring migrants' well-being.[22][23] After the forum's conclusion, a Progress Declaration is published and adopted, which enumerates recommendations for different domains to consider and address to support national and international collaborative efforts. In the recent forum, key issues that have been highlighted include promoting inclusive access to essential health services in the context of the COVID-19 pandemic, implementing policies against xenophobia, developing gender-responsive and child-sensitive migration policies in line with IHRL, and enhancing migrant skill recognition to facilitate their reintegration into society [24].

### **2.3. Global Action Plan on Migrants and Refugees Health**

In its 72nd session in 2019, the World Health Assembly adopted the draft Global Action Plan (GAP) on Promoting the health of refugees and migrants, which, in turn, was developed based on consultations and in cooperation with Member States [25]. The Global Action Plan identifies major challenges and barriers to the promotion of migrants' and refugees' health as well as the roles and responsibilities of the different stakeholders Accordingly, the GAP identifies 6 priority actions to promote the health of refugees and migrants focusing on [25]:

1. Utilizing a mix of short and long term public health interventions to promote the health of refugees and migrants;
2. Ensuring the continuity and quality of essential health care to refugees and migrants;
3. Mainstreaming of refugee and migrant health into global, regional and country agendas, policies and mechanisms;
4. Tackling the social determinants of health through joint and multisectoral action in all public health policies and in all migration policies;
5. Strengthening health monitoring and evidence generation; and
6. Addressing misinformation about migrants and refugees' health and improving evidence-based health communication.

While the plan presents a progressive vision, it is faced with major challenges including disproportionate distribution of migrants and refugees worldwide, insufficient resources and weak political will [26]. As the current GAP ends in 2023 and in developing a new action plan, it is, hence, crucial that the action plan is contextualized and further developed according to regional and national contexts so as to overcome these challenges. Furthermore, it's also important that the implementation of the action plans is supported by better global governance and accountability mechanisms [27].

### **3. The Health Impacts of migration:**

#### **3.1. Underlying Conditions and Social Determinants of migrants' health**

Social determinants of health are recognized as the conditions in which people are born, grow up, live, work and age [28] and these conditions are shaped by political, social and economic forces. The social determinants associated with migration are indeed notorious, in fact, immigration is both a consequence of the social determinants of health and a social determinant of health in its own right [29]. Taking the above analysis into account, we can look at a new way of examining the links between immigration and health.

The migration processes can positively or negatively impact health outcomes just as health status can affect migration outcomes. Migration itself is not a risk to health. Instead, it is the conditions surrounding the migration process that can intensify the vulnerability to poor health. This is especially true for those who migrate involuntarily, fleeing natural or man-made disasters and human rights violations; and those who find themselves in irregular situations, for example, those who migrate through clandestine means or who find themselves in exploitative situations [30].

Furthermore, migrant populations often have poor or no access to basic services, precarious housing, poor or no access to health services, poor living conditions and poor or no access to jobs (due to the need for identification papers). Migrants often work in environments that can expose them to risk factors for both communicable and non-communicable diseases. Unskilled migrant workers tend to have a higher risk of work-related injuries and long-term occupational-related illnesses. Migrants without legal documents are vulnerable to exploitation, seeing themselves forced to accept bad working conditions as they fear deportation if they claim better conditions. Furthermore, this socio-economic inequality imposes risks not only to the individual migrants themselves but also to the health of their families, especially to the health of children. Not to mention country-specific risks such as oppression and discrimination against immigrants, social inequality, gender hierarchies, stigmatisation and xenophobia etc [29][31][32]. In addition, migrants are vulnerable to discrimination, stigmatization and xenophobia. These factors interact with social inequalities and can both result in and be a result of social exclusion which has also been recognized as a social determinant of health [33].

Research has suggested that social inclusion and cohesion, underpinned by national policies and political decisions, may influence individual health by providing equal opportunity and mitigating poverty, disparity, and social exclusion [34]. For example, relevant policies provide opportunities for citizens to participate in social, economic, and political activities within communities, which would further enhance well-being. Social cohesion manifested in policies that deliberately intervene in unemployment, poverty, and health inequality can also have a positive effect on health through the reallocation of social and health resources. A more cohesive society may invest more in public infrastructure such as education, social welfare, and health services, which narrow down health inequality and reduce unequal access to health services [35].

In short, migration itself is a strong determinant of physical and mental health [32]. To level the playing field between the migrant population and the host country population, it is necessary to develop and strengthen partnerships between various sectors to:

- Develop and execute integration and preventative initiatives for migrant groups to minimize stigma, social exclusion, discrimination, and marginalization.[36]
- Provide services that are sensitive to language, culture, and gender, and encourage minority populations to take an active part in the delivery of healthcare and policy development [36].
- Guarantee that national policies and regulations protect the rights of migrants and that all migrants, regardless of legal status, have improved access to health promotion, prevention, care, and treatment [36][37].

### **3.2. Health services to migrants: Availability, Accessibility, Acceptability and Quality**

Migrants face specific difficulties with respect to their right to health. The migration process is complex and dynamic and most migrants worldwide face several structural and interpersonal barriers to accessing healthcare. [38]

The AAAQ framework considers access to health care from a human rights perspective. According to this framework, there must be adequate and efficient health services (availability) that are physically accessible and affordable to all without discrimination (accessibility). Similarly, the health services must be ethically and culturally appropriate for people from different backgrounds (acceptability). Furthermore, health services must be scientifically sound with high quality (quality) [39].

However, migrants' health care services may be inadequately covered by state health systems and unaffordable health insurance; cultural barriers; difficulties accessing information on health services and health-related issues. As even when legal accessibility is available, differences and inequalities still exist in accessing healthcare [40][41].

Furthermore, a literature review that scoped 77 papers from 9 European countries concluded that, although there is an aspiration to make healthcare services more accessible and equal; the evidence shows that there is still a gap between migrants and non-migrants in access to healthcare services. For example, globally, migrants report lower access and utilization of most healthcare services, except for emergency care which in some cases can be higher amongst migrants, as it appears to be a result of poor access to preventive services and poor quality of living standards for some of them, especially those undocumented [42]. The evidence also indicates that the healthcare needs were not efficiently fulfilled especially in mental and dental health and that there are existing challenges and barriers in accessing healthcare. Preventive care (immunization), long-term care of chronic diseases, especially in the older population of migrants, and mental health are identified as priorities that need more attention.[43]

Research also indicates that migrants tend to have a higher prevalence of mental distress compared to non-migrants in Europe.[43] Another study concluded that in the older population, there is an association between depressive symptoms and migration status.[44] Screening for mental health was conducted in Sicily which showed that the most common mental health disorders were PTSD, and depression, respectively[45] and a further study highlighted the link between psychosis and being an irregular migrant.[46]

An example of services that were not accessible or acceptable was found in research regarding FGC (FGM) in which there was a reported difficulty in communication due to language barriers within the healthcare facility. Language barriers have a negative effect on access to care and prevention services, adherence to treatments and timely follow-ups. Short of offering proper translation services, the healthcare service offered may be delayed and misunderstandings, as well as clinical errors, could occur leading to aberrations in the service and even death. Therefore, interpretation services remain imperative throughout the process and especially to ensure that patients get the same quality of service and treatment, understand the consent forms for their interventions and are guaranteed confidentiality and privacy [47][48].

### **3.3. Legal determinants of migrants' health**

Law exerts a powerful influence on health by structuring, perpetuating, and mediating the risk factors and underlying conditions known as the social determinants of health. [49] As such, law can be a powerful tool for securing and advancing health and equity. It can be used to set and defend the norms and standards of good health, establish and strengthen resilient health systems, and hold actors and institutions accountable.

Law is crucial for protecting the health and well-being of society and this is evidently seen in the four main pillars of the legal determinants of health which include [50]:

1. Law provides the mechanisms, frameworks, and accountability measures to achieve the Sustainable Development Goals.
2. Law can strengthen the governance of national and global health institutions.
3. Law can be used to implement fair and evidence-based health interventions.
4. Law can build legal capacities for health.

Legal instruments and litigation have crucial roles in global health and such a framework provides opportunities for the specific use of human rights law [51] as a way of decreasing migrants' vulnerability and supporting their social rights in international law given that many states still restrict the full realization of the right to health for migrants especially those in an irregular situation. However, the implementation of such laws can be suboptimal because of weak enforcement and inadequate compliance. In fact, in some states, migrants are still reported to be excluded from national health systems be it emergency care or admission and residence [52].

Laws and policies that limit migrants' access to different social services including healthcare facilities are usually endorsed by the idea that ensuring healthcare for everyone, including irregular migrants, requires a high cost that taxpayers need to cover [53]. It is argued by such States that excluding migrants from receiving social benefits would deter future irregular migration. [48] However, despite the lack of empirical evidence to prove this claim, several countries continue to use it thus limiting access to social benefits including public health services to migrants regardless of their status [53]. In fact, one study reported a tendency of European Union (EU) Member States to discourage the entry of new migrants' by limiting access to health services, among other entitlements, for the undocumented migrants leading to the inaccessibility of health and care services, including emergency care. The same study has demonstrated that despite the countries' commitment to ensuring access to healthcare for all migrants, only five of the 27 EU countries are doing so and as few as four (Netherlands, France, Portugal and Spain) are offering migrants the same medical services as nationals considering they meet pre-conditions [54].

Thus, in practice, however, access to health services for migrants in irregular situations remains limited in many countries. This even includes emergency treatment and, when provided, this type of care is offered at the migrants' own expense, in many countries, which explains the delays in seeking help and starting the treatment until absolutely needed [55]. These practices hinder the realisation of the right to health, fuel inequality and social exclusion and increase the poor health outcomes of migrants. Further, health outcomes are further worsened due to the lack of financial and legal protection and the delays in seeking treatment. This ends up creating a higher cost and posing a public health challenge for host countries. Therefore, following a rights-based approach to migrants' health is a public health imperative. It is beneficial for the host country but also crucial for the realisation of the right to health. It decreases the health vulnerability of migrants and its costs to the hosting country, promotes social cohesion and equality and ensures the respect of human rights principles [56].

### **3.4. Public policy and political determinants of migrants' health**

The health systems of migrant-receiving nations are well equipped and skilled in the diagnosis and treatment of common communicable and noncommunicable illnesses, and they should be ready to provide such care to migrants. All nations must have adequate disease surveillance and reporting systems, as well as the ability to investigate, manage, and respond to outbreaks, according to the International Health Regulations (2005) [29][36].

In fact, the European migration/refugee crisis of 2015-2016 challenged the European Union's political, economic, and health systems. Looking at these improvements, we see a major issue: a lack of data on

the health of migrants. Many publications stated, without proof, that immigration posed a threat to the health of host communities as soon as the issue began. Despite the fact that most research corroborated WHO and DG SANTE's assumptions that migration would not represent a considerable risk to the local population. At the same time, some particular health risks must be assessed and prioritised based on their likelihood and magnitude of impact. The risk assessment must be carried out by a multidisciplinary group of specialists using precise logistical data. As has already been demonstrated over the last decade in dealing with imported cases of Lassa fever, Ebola virus disease, Marburg virus, and MERS, Europe has become prepared to deal with the importation of rare exotic pathogens, because European states have good laboratory capacity, treatment facilities with isolation rooms, qualified health care workers, and contact tracing systems.[57][58][59]

Responding quickly and effectively to the arrival of large numbers of people from abroad requires effective coordination and cooperation between and within countries, as well as across sectors. A good response to the challenges faced by migrant groups requires adequate preparedness: preparedness is the basis for building adequate medium- and long-term capacity requires reliable epidemiological data on migrants, care planning, training and most importantly compliance with human rights principles. Identifying contingency plans to adequately respond to a country's current or potential large influx of migrants will improve coordination among many stakeholders, increase resilience and prevent health systems from being overwhelmed.[60][61]

Furthermore, children's health can deteriorate over time if they do not receive proper medical care, hence vulnerable populations such as young children should be assured access to emergency care for common and severe illnesses. Health professionals must understand how to diagnose and treat infectious infections that they cannot ordinarily see if required. They must also learn to communicate with persons who speak other languages and come from different cultural backgrounds (through interpretation or otherwise). Health-care systems alone can not ensure high-quality treatment for refugee and migrant populations. Education, work, social security, and housing are all socioeconomic determinants of health that have a significant influence on the health of migratory communities [60][61][62].

The host country's public policy is one of the most important social determinants of migration. Undocumented migrants, who are at the bottom of the civic stratification pyramid [63], often do not have access to all of the healthcare benefits that citizens and legal residents do. Previous research has shown that the legal, social, and material barriers faced by undocumented immigrants vary depending on the policies enacted by national and subnational governments, but it has not provided conclusive empirical evidence that inclusive health care policies result in better outcomes for undocumented immigrants [64][65][66].

#### **4. Modern-day Challenges to Migration**

##### ***4.1. Labour Migration and Skills Recognition***

A "migrant worker" is defined in the International Labour Organization (ILO) instruments as a person who migrates from one country to another (or who has migrated from one country to another) with a view to being employed other than on his own account, and includes any person regularly admitted as a migrant for employment [67]. There were an estimated 169 million migrant workers globally in 2019, making up nearly five percent of the global labour force [68].

Because Europeans are living longer and having fewer children, their economy may confront labour shortages in the next thirty years if immigration is not allowed [69][70][71]. Other countries, such as Japan, the Russian Federation, and South Korea, may face a similar scenario [69] Shifts in demographic and economic patterns are driving an increasing number of workers to cross borders in search of work. Many migrant labourers work in high-risk, dangerous industries, including mining, agriculture, and

construction. In the informal economy, they are frequently subjected to subcontracting schemes and unstable occupations. They contribute significantly to both their host and their home nations' economies, yet they face a severe lack of labour protections and social security as well as being subjected to both exploitation and abuse. Because they may be undocumented or reliant on their employer for documentation that allows them to stay legally, many migrant workers are afraid of being arrested and deported, making it difficult for them to speak up against labour rights violations [72]. On the other hand, migrant workers who are having trouble getting their foreign education or qualifications recognized, have periods of dislocation or unemployment on their resumes or are from underrepresented minorities. They are all at a disadvantage in the labour market and have difficulties in finding work. Migrant workers are at risk of skill mismatch. Some of the skills and knowledge that migrants bring with them may not be recognized in the host nation, for example, because of barriers to qualification transferability. Work experience gained abroad may be devalued, and language barriers may prevent other skills from being fully utilized [73].

#### **4.2. Child detention and separation**

Every year, a large number of children are forced to migrate, both with and without their families. These migrations, which have various backgrounds, result in child detention and separation due to the current policies of the countries. Separation and detention can occur as many different types. Mainly, these are placing children in childcare centres, children detention with their detained family members for not separating the children from the family, and children detention because of undocumented crossing international borders. However, there are not enough data sources, both quantitative and qualitative, for child detention [74]. It is estimated that in more than a hundred countries children are detained due to immigration and immigration-related reasons.

Detention's negative effects on child development and psychology are an undeniable fact. All detentions, from the shortest to the longest, increase the risk of suffering from mental health issues, specifically depression, anxiety and PTSD. Not only the children but also society is also affected by the detentions' negative consequences. Many countries are aware that child detention is against the Universal Declaration of the Rights of the Child and does not constitute a solution. Thus, many governments started to produce alternative solutions to Child Detention [75].

Well-planned reporting systems without detention are one of the alternatives most likely to succeed. Correct planning here is basically related to reporting frequency. Frequency should be where the freedom of individuals is not restricted, but the status of individuals is followed. Another alternative is directed resistance, in which individuals are released on the condition they settle at a specific address in a particular administrative region and forward this address to the authorities. They should inform authorities at any address change. Moreover, community supervision arrangements are an option. In this option, which covers a very wide application, the adaptation of people to the new life should be provided by the authorities. During the adaptation process, it is recommended that the necessary guidance be given to the immigrants within their wishes, without being obligatory [76].

#### **4.3. Climate change**

Climate change can be defined as a long-term and effective change in the weather and environmental conditions of a certain region in a certain period of time with atmospheric conditions that change directly or indirectly due to human activities [77]. One of the most obvious consequences of climate change can be called extreme weather events such as floods, droughts and storms, which have been more clearly observed in the last decade. It should not be forgotten that these extreme weather events are disasters and their effects on large-scale human movements [78]. When we consider the world's climate change in the last decades, human mobilisation and migration, like other humanitarian crises and actions, have been affected in various ways and have affected climate change. Climate change negatively affects

people's access to safe food due to extreme weather events. This situation puts people in difficult situations before, during and after migration [79].

One of the biggest impacts of climate change on migration is thought to be access to safe food. It has been determined that a large part of the family budget, approximately sixty-six percent, is spent on food, especially in the Dry Corridor countries in Central America, together with the changing climatic conditions. Most families need to resort to emergency solutions. A few of the most common stress coping mechanisms are migration of people to fertile lands or sale of available lands and utilisation of income from sales in different ways. The sale of lands creates a vicious circle by making it difficult to reach food. The correlation between food security and migration is an undeniable fact. Therefore, this vicious circle causes experts to worry [80].

When we can divide human mobility into three subtitles: displacement, migration and planned relocation. Displacement is defined as people being forced to change their locations. Migration means mainly voluntary location changes. It is supported that migration is one of the adaptation strategies toward climate change. To create alternatives for human mobility, vulnerable communities and households should be promoted in many ways like creating accessible jobs and providing special benefits [81]. One example solution for migration caused by climate change is from the Government of Bangladesh. It is a methodical approach, like disaster medicine approaches, consisting of monitoring, addressing and preventing the displacement associated with disasters and climate change [82].

## References

1. McAuliffe M, Triandafyllidou A, et al. World Migration Report 2022. International Organization for Migration (IOM), Geneva. 2021. Available from: <https://publications.iom.int/books/world-migration-report-2022>
2. Castelli F. Drivers of migration: why do people move?. Journal of Travel Medicine. 2018;25(1):1-7. Available from: <https://doi.org/10.1093/jtm/tay040>
3. United Nations. Universal Declaration of Human Rights. 1948. Available from: <https://www.un.org/en/about-us/universal-declaration-of-human-rights>
4. United Nations. International Covenant on Economic, Social and Cultural Rights. 1966. Available at: <http://www.refworld.org/docid/3ae6b36c0.html>
5. The World Health Organization. The Preamble of the Constitution of the World Health Organization. 1948. Available from: [https://treaties.un.org/doc/Treaties/1948/04/19480407%2010-51%20PM/Ch\\_IX\\_01p.pdf](https://treaties.un.org/doc/Treaties/1948/04/19480407%2010-51%20PM/Ch_IX_01p.pdf)
6. International Organization for Migration, International Migration Law: Glossary On Migration. Available from: [https://publications.iom.int/system/files/pdf/iiml\\_1\\_en.pdf](https://publications.iom.int/system/files/pdf/iiml_1_en.pdf)
7. United Nation Development Program, The Human Development Index. Available from: <https://hdr.undp.org/data-center/human-development-index#/indicies/HDI>
8. Issue Brief, Addressing drivers of migration, including adverse effects of climate change, natural disasters and human-made crises, through protection and assistance, sustainable development, poverty eradication, conflict prevention and resolution. Available from: [https://refugeesmigrants.un.org/sites/default/files/final\\_issue\\_brief\\_2.pdf](https://refugeesmigrants.un.org/sites/default/files/final_issue_brief_2.pdf)
9. World Bank. Economic Drivers of Migration Decisions. Available from: [https://elibrary.worldbank.org/doi/10.1596/978-1-4648-1281-1\\_ch2](https://elibrary.worldbank.org/doi/10.1596/978-1-4648-1281-1_ch2)
10. Francesco Castelli. Drivers of Migration: Who do people move? Available from: <https://academic.oup.com/jtm/article/25/1/tay040/5056445>
11. United Nations Human Rights Office Of The High Commissioner OHCHR. Principles and Guidelines supported by the practical guidance on the human rights protection of migrants in vulnerable situations. Available from: <https://www.ohchr.org/sites/default/files/Documents/Issues/Migration/PrinciplesAndGuidelines.pdf>
12. Vincent Chetail, International Migration Law. Available from: <https://opil.ouplaw.com/view/10.1093/law/9780199668267.001.0001/law-9780199668267-chapter-1>
13. United Nations High Commissioner for Refugees UNHCR. Refugees and Migrants, Frequently Asked Questions (FAQs). Available from: <https://www.refworld.org/docid/56e81c0d4.html>
14. United Nations Economic and Social Council. Duties of States towards refugees and migrants under the International Covenant on Economic, Social and Cultural Rights. Available from: <https://www.refworld.org/docid/5bbe0bc04.html>
15. United Nations Human Rights Office Of The High Commissioner OHCHR. International Convention on the Elimination of All Forms of Racial Discrimination. Available from: <https://www.ohchr.org/en/instruments-mechanisms/instruments/international-convention-elimination-all-forms-racial>
16. Human Rights Watch. US Immigration Enforcement and US Obligations Under the International Convention on the Elimination of Racial Discrimination (ICERD). Available from: <https://www.hrw.org/news/2022/04/28/us-immigration-enforcement-and-us-obligations-under-international-convention>
17. United Nations and Save the Children. Where I go, my rights go with me. I'm a child migrant, and these are my rights. Available from:

- [https://violenceagainstchildren.un.org/sites/violenceagainstchildren.un.org/files/children\\_on\\_the\\_move/where\\_i\\_go\\_english\\_finalindd\\_002.pdf](https://violenceagainstchildren.un.org/sites/violenceagainstchildren.un.org/files/children_on_the_move/where_i_go_english_finalindd_002.pdf)
18. United Nations Human Rights Office Of The High Commissioner OHCHR. Convention on the Rights of the Child. Available from:  
<https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>
  19. International Organization for Migration. Global Compact for Migration. Available from:  
<https://www.iom.int/global-compact-migration>
  20. United Nations Human Rights Office Of The High Commissioner OHCHR. Global Compact for Safe, Orderly and Regular Migration (GCM). Available from:  
<https://www.ohchr.org/en/migration/global-compact-safe-orderly-and-regular-migration-gcm>
  21. United Nations. Sustainable Development Goals. Available from:  
<https://www.unodc.org/roseap/en/sustainable-development-goals.html>
  22. United Nations Network on Migration. International Migration Review Forum 2022. Available from: <https://migrationnetwork.un.org/international-migration-review-forum-2022>
  23. United Nations Network on Migration. International Migration Review Forum 2022, Background information. Available from:  
[https://migrationnetwork.un.org/sites/g/files/tmzbd416/files/resources\\_files/IMRF%20Background%20Note.pdf](https://migrationnetwork.un.org/sites/g/files/tmzbd416/files/resources_files/IMRF%20Background%20Note.pdf)
  24. United Nations General Assembly. International Migration Review Forum. Available from:  
<https://migrationnetwork.un.org/system/files/docs/A%20AC.293%202022%20L.1%20English.pdf>
  25. World Health Assembly, 72. (2019). Promoting the health of refugees and migrants: draft global action plan, 2019–2023: report by the Director-General. World Health Organization.  
<https://apps.who.int/iris/handle/10665/328690>
  26. Gostin LO. WHO Global Action Plan to Promote the Health of Refugees and Migrants. Milbank Q. 2019 Sep;97(3):631-635. Available from: <https://doi.org/10.1111/1468-0009.12404>.
  27. Onarheim KH, Rached DH. Searching for accountability: can the WHO global action plan for refugees and migrants deliver? BMJ Global Health 2020;5:e002095. Available from:  
<https://doi.org/10.1136/bmjgh-2019-002095>.
  28. The World Health Organization. Closing the gap in a generation: health equity through action on the social determinants of health - Final report of the commission on social determinants of health. Available from: <https://www.who.int/publications/i/item/WHO-IER-CSDH-08.1>
  29. Castañeda, H., S. M. Holes, D. S. Madrigal, M.-E. DeTrinidad Young, N. Beyeler, and J. Quesada. 2015. Immigration as a social determinant of health. Annual Review of Public Health. Available from:  
<https://www.annualreviews.org/doi/abs/10.1146/annurev-publhealth-032013-182419>
  30. Clapham, A. & Robinson, M., 2009. Realizing the Right to Health, Zurich: rüffer & rub. Available from: <https://searchlibrary.ohchr.org/record/9910>
  31. National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Roundtable on the Promotion of Health Equity. Immigration as a Social Determinant of Health. Available from:  
<https://www.ncbi.nlm.nih.gov/books/NBK535943/>
  32. Anita Davies, Anna Basten, Chiara Frattini. Migration: A Social Determinant of the Health of Migrants. Available from:  
<https://migrationhealthresearch.iom.int/migration-social-determinant-health-migrants>
  33. The World Health Organization. European Programme of Work: United Action for Better Health. Available from: <https://www.who.int/europe/home?v=welcome>
  34. Phillips, D. (2003), 'Social cohesion, social exclusion and social cohesion: tensions in a post-industrial world.' Available from:

- <https://www.semanticscholar.org/paper/SOCIAL-INCLUSION%2C-SOCIAL-EXCLUSION-AND-SOCIAL-IN-A-Phillips/94c4d7dc11bf375c48d95467d7829dbf7024a392>
35. Anne-marie Boxall & Stephanie D Short. Political economy and population health: is Australia exceptional? Available from:  
<https://anzhealthpolicy.biomedcentral.com/articles/10.1186/1743-8462-3-6>
  36. International Migration Law. Migration and the Right to Health: A Review of International Law. Available from: [https://publications.iom.int/system/files/pdf/iml\\_19.pdf](https://publications.iom.int/system/files/pdf/iml_19.pdf)
  37. International Organization for Migration. World Migration Report 2022. Available from:  
<https://publications.iom.int/books/world-migration-report-2022>
  38. Báltica Cabieses, PhD1, Macarena Chepo, MSc1, Alexandra Obach, PhD, Manuel Espinoza, PhD2. Towards universal coverage for international Migrants In Chile: accessibility and acceptability indicators from a multi-methods study. Available from:  
<https://esmed.org/MRA/mra/article/view/1889/1943>
  39. Jagamaya Shrestha-Ranjit, Deborah Payne, Jane Koziol-McLain, Ineke Crezee, Elizabeth Manias. Availability, Accessibility, Acceptability, and Quality of Interpreting Services to Refugee Women in New Zealand. Available from:  
<https://journals.sagepub.com/doi/10.1177/1049732320924360>
  40. Mara Tognetti\*, Health Inequalities: Access to Services by Immigrants in Italy. Available from:  
<https://www.scirp.org/journal/paperinformation.aspx?paperid=55118>
  41. Scarica Responsabilità ed equità per la salute dei migranti: un impegno da condividere. Atti del XIII Congresso nazionale SIMM (Agrigento, 14-17 maggio 2014). Available from:  
<https://docs.google.com/document/d/1vbgTHMw6YTdZ2GuDfrpgpYk3mVVonPNUwPbpMDRiyhE/edit>
  42. Gideon, Jasmine. International Journal of Migration, Health, and Social Care; Hove Vol. 7, Iss. 4, (2011): 197-208. Exploring migrants' health seeking strategies: the case of Latin American migrants in London. Available from: <https://www.proquest.com/docview/1012138158>
  43. Adele Lebano, Sarah Hamed, Hannah Bradby, Alejandro Gil-Salmerón, Estrella Durá-Ferrandis, Jorge Garcés-Ferrer, Fabienne Azzedine, Elena Riza, Pania Karnaki, Dina Zota & Athena Linos. Migrants' and refugees' health status and healthcare in Europe: a scoping literature review. Available from: <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-08749-8>
  44. Marion Aichberger, Michael A. Rapp. Migranten im Alter. Available from:  
<https://www.sciencedirect.com/science/article/pii/B9783437245701100285?via%3Dihub>
  45. Anna Crepet, Francesco Rita, Anthony Reid, Wilma Van den Boogaard, Pina Deiana, Gaia Quaranta, Aurelia Barbieri, Francesco Bongiorno & Stefano Di Carlo. Mental health and trauma in asylum seekers landing in Sicily in 2015: a descriptive study of neglected invisible wounds. Available from: <https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-017-0103-3>
  46. Nathalie Simonnot, Annabel Rodriguez, Mabel Nuenberg, François Fille, Patricio-Ezequiel Aranda-Fernandez, Pierre Chauvin. Access to healthcare for people facing multiple vulnerabilities in health in 31 cities in 12 countries. Available from:  
<https://hal.archives-ouvertes.fr/hal-01493906/document>
  47. Sarah Fredsted Villadsen 1, Laust Hvas Mortensen 2, Anne-Marie Nybo Andersen 2. Care during pregnancy and childbirth for migrant women: How do we advance? Development of intervention studies--the case of the MAMA ACT intervention in Denmark. Available from:  
<https://pubmed.ncbi.nlm.nih.gov/26472711/>
  48. The International Organization for Migration. International Migration, Health and Human Rights. Available from:  
[https://www.ohchr.org/sites/default/files/Documents/Issues/Migration/WHO\\_IOM\\_UNOHCHRPublication.pdf](https://www.ohchr.org/sites/default/files/Documents/Issues/Migration/WHO_IOM_UNOHCHRPublication.pdf)
  49. Scott Burris, JDa. Law in a Social Determinants Strategy: A Public Health Law Research Perspective. Available from: <https://journals.sagepub.com/doi/pdf/10.1177/00333549111260S305>
  50. Selina Lo, Richard Horton. Legal determinants of health: facing global health challenges. Available from: [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(19\)30808-6.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(19)30808-6.pdf)

51. Carmel Williams, Paul Hunt. Health rights are the bridge between law and health. Available from: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30809-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30809-8/fulltext)
52. Helena Legido-Quigley, associate professor<sup>1 2 3</sup>, Nicola Pocock, assistant professor<sup>2 4</sup>, Sok Teng Tan, research associate<sup>1</sup>, Leire Pajin, director<sup>5</sup>, Repeepong Suphanchaimat, researcher<sup>6</sup>, Kol Wickramage, coordinator<sup>7</sup>, Martin McKee, professor<sup>2</sup>, Kevin Pottie, professor. Healthcare is not universal if undocumented migrants are excluded. Available from: <https://www.bmj.com/content/366/bmj.l4160>
53. The International Organization for Migration. International Migration, Health and Human Rights. 2013. Available from: [https://www.ohchr.org/sites/default/files/Documents/Issues/Migration/WHO\\_IOM\\_UNOHCHRPublication.pdf](https://www.ohchr.org/sites/default/files/Documents/Issues/Migration/WHO_IOM_UNOHCHRPublication.pdf)
54. Stephen A. Matlin, Anneliese Depoux, Stefanie Schütte, Antoine Flahault & Luciano Saso. Migrants' and refugees' health: towards an agenda of solutions. Available from: <https://publichealthreviews.biomedcentral.com/articles/10.1186/s40985-018-0104-9>
55. Save the children. Access to Health Care for Undocumented Migrants in Europe. Available from: <https://resourcecentre.savethechildren.net/document/access-health-care-undocumented-migrants-europe/>
56. The World Health Organization. Refugee and migrant health. Available from: <https://www.who.int/news-room/fact-sheets/detail/refugee-and-migrant-health>
57. Mihaylova-Garnizova, R., & Garnizov, V. (2018). Refugee Crisis As a Potential Threat to Public Health. Defence Against Bioterrorism: Methods for Prevention and Control, 25–42. [https://doi.org/10.1007/978-94-024-1263-5\\_4](https://doi.org/10.1007/978-94-024-1263-5_4)
58. Allard Willem de Smalen <sup>1</sup>, Hatem Ghorab <sup>1</sup>, Moataz Abd El Ghany <sup>2</sup>, Grant A Hill-Cawthorne <sup>3</sup>. Refugees and antimicrobial resistance: A systematic review. Available from: <https://pubmed.ncbi.nlm.nih.gov/27919742/>
59. ECDC (2014). European Centre for Disease Prevention and Control. Assessing the burden of key infectious diseases among migrant populations in the EU/EEA. Stockholm: ECDC, 2014. doi: 10.2900/28792. Available from: <https://www.ecdc.europa.eu/sites/default/files/media/en/publications/Publications/assessing-burden-disease-migrant-populations.pdf>
60. Davies, A., Basten, A., & Frattini, C. Migration: a social determinant of the health of migrants. In the framework of the: "Assisting Migrants and Communities (AMAC): Analysis of Social Determinants of Health and Health Inequalities" project. International Organization for Migration (IOM), 2006. Available from: [https://ec.europa.eu/migrant-integration/sites/default/files/2009-10/doc1\\_9914\\_392596992.pdf](https://ec.europa.eu/migrant-integration/sites/default/files/2009-10/doc1_9914_392596992.pdf)
61. National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Roundtable on the Promotion of Health Equity. Immigration as a Social Determinant of Health: Proceedings of a Workshop. Washington (DC): National Academies Press (US); 2018 Aug 30. 3, Immigration and the Social Determinants of Health. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK535940/>
62. PICCOLI, Lorenzo, WANNER, Philippe, The political determinants of the health of undocumented immigrants : a comparative analysis of mortality patterns in Switzerland, BMC public health, 2022, Vol. 22, No. 804, OnlineOnly [Migration Policy Centre]. Available from: <http://hdl.handle.net/1814/74500>
63. Morris L. Managing contradiction: civic stratification and migrants' rights. Int Migr Rev. 2003;37(1):74–10. Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1747-7379.2003.tb00130.x>
64. Torres JM, Waldinger R. Civic stratification and the exclusion of undocumented immigrants from cross-border health care. J Health Soc Behav. 2015;56(4):438–59.
65. Joseph TD. Falling through the coverage cracks: how documentation status minimizes immigrants' access to health care. J Health Polit Policy Law. 2017;42(5):961–84.
66. Wallace SP, Young MEDT, Rodríguez MA, Brindis CD. A social determinants framework identifying state-level immigrant policies and their influence on health. SSM Popul Health. 2019;7(100316):1–9.
67. The World Health Organization, Regional Office for Europe (2015). Public Health Aspects of

- Migrant Health: A Review of the Evidence on Health Status for Labour Migrants in the European Region. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK379428/>
68. International Organization for Migration. Global Migration Indicators (2021). Available from: [https://publications.iom.int/system/files/pdf/Global-Migration-Indicators-2021\\_0.pdf](https://publications.iom.int/system/files/pdf/Global-Migration-Indicators-2021_0.pdf)
  69. Kofi Annan, Why Europe needs an immigration strategy. Available from: <https://www.un.org/sg/en/content/sg/articles/2004-01-29/why-europe-needs-immigration-strategy#:~:text=There%20can%20be%20no%20doubt,is%20not%20alone%20in%20this>
  70. Jeremy Gaines. Center for Global Development (2021). Available from: <https://www.cgdev.org/article/europe-be-short-44-million-workers-2050-without-increased-immigration-new-study-finds>
  71. Lindsay F. European Economies Need African Migrants And There's No Way Around It. Forbes. 15 June 2021. Available from: <https://www.forbes.com/sites/freylindsay/2021/06/15/european-economies-need-african-migrants-and-theres-no-way-around-it/?sh=43b3a86c166c>
  72. International Labor Rights Forum. Workers are on the move, often into uncertain and potentially exploitative labor. Available from: <https://laborrights.org/issues/migrant-labor>
  73. Marco Pecoraro & Philippe Wanner (14 February 2019). Does the Recognition of Foreign Credentials Decrease the Risk for Immigrants of Being Mismatched in Education or Skills? Available from: [https://link.springer.com/chapter/10.1007/978-3-030-05671-1\\_7](https://link.springer.com/chapter/10.1007/978-3-030-05671-1_7)
  74. End Immigration Detention Of Children. Available from: <https://endchilddetention.org/toolbox/issue-child-immigration-detention/>
  75. United Nations Children's Fund UNICEF(2019). Alternatives to Immigration Detention of Children. Available from: [https://www.unicef.org/media/58351/file/Alternatives%20to%20Immigration%20Detention%20of%20Children%20\(ENG\).pdf](https://www.unicef.org/media/58351/file/Alternatives%20to%20Immigration%20Detention%20of%20Children%20(ENG).pdf)
  76. United Nations High Commissioner for Refugees UNHCR. Detention Guidelines: Guidelines on the Applicable Criteria and Standards relating to the Detention of Asylum-Seekers and Alternatives to Detention. Available from: <https://www.unhcr.org/publications/legal/505b10ee9/unhcr-detention-guidelines.html>
  77. United Nations. United Nations Framework Convention on Climate Change. 1992. Available from: <https://unfccc.int/resource/docs/convkp/conveng.pdf>
  78. Weerasinghe S. What We Know About Climate Change and Migration. Institute for the Study of International Migration (ISIM) at Georgetown University. 2021. Available from: <https://cmsny.org/wp-content/uploads/2021/02/What-We-Know-About-Climate-Change-and-Migration-Final.pdf>
  79. Intergovernmental Panel on Climate Change. Climate Change 2022: Impacts, Adaptation and Vulnerability. 2022. Available from: [https://www.ipcc.ch/report/ar6/wg2/downloads/report/IPCC\\_AR6\\_WGII\\_SummaryForPolicymakers.pdf](https://www.ipcc.ch/report/ar6/wg2/downloads/report/IPCC_AR6_WGII_SummaryForPolicymakers.pdf)
  80. United Nations World Food Programme. Food Security and Emigration: Why people flee and the impact on family members left behind in El Salvador, Guatemala and Honduras. 2017. Available from: [https://docs.wfp.org/api/documents/WFP-0000022124/download/?\\_ga=2.172372522.88366865.1610477714-496810651.1609883398](https://docs.wfp.org/api/documents/WFP-0000022124/download/?_ga=2.172372522.88366865.1610477714-496810651.1609883398)
  81. The Advisory Group on Climate Change and Human Mobility. Human Mobility in the Context of Climate Change. 2014. Available from: [https://www.iom.int/sites/g/files/tmzbd1486/files/migrated\\_files/pbn/docs/Human-Mobility-in-the-context-of-Climate-Change.pdf](https://www.iom.int/sites/g/files/tmzbd1486/files/migrated_files/pbn/docs/Human-Mobility-in-the-context-of-Climate-Change.pdf)
  82. Internal Displacement Monitoring Centre (IDMC). Global Report on Internal Displacement 2022. 2022. Available from: [https://www.internal-displacement.org/sites/default/files/publications/documents/IDMC\\_GRID\\_2022\\_LR.pdf](https://www.internal-displacement.org/sites/default/files/publications/documents/IDMC_GRID_2022_LR.pdf)