Children and adolescents on the move. What does the Global Compact for Migration mean for their health?

Authors

Dr Delan Devakumar, PhD, Institute for Global Health, UCL, 30 Guilford St, London, UK

Dr Neal Russell, MRCPCH, St George's University of London, London

Dr Lisa Murphy, MBChB, Public Health England

Dr Kolitha Wickramage, PhD, International Organization for Migration

Professor Susan M Sawyer, MD, Department of Paediatrics, University of Melbourne; Centre for Adolescent Health, Royal Children's Hospital; and Murdoch Children's Research Institute, Parkville, VIC, Australia

Professor Ibrahim Abubakar, FRCP, Institute for Global Health, UCL, 30 Guilford St, London, UK

***Corresponding author**: Dr Delan Devakumar, UCL Institute for Global Health, 30 Guilford St, London. WC1N 1EH Tel: +44 (0)20 7905 2839 or +44 (0)7894 579082

d.devakumar@ucl.ac.uk

The Lancet Commission on Migration and Health shows that migration can have huge benefits for the health and wellbeing of populations.[1] Families, children and adolescents move seeking a new life and to escape hardships, such as poverty and conflict. When conditions are optimal, they integrate quickly and successfully into societies. But migration also poses risks, including perilous journeys, trafficking, and transit and destination locations lacking the basic requirements of nutrition, shelter, health services and education. Underlying this is the pernicious anti-migrant sentiment that pervades many societies and contemporary political discourse about the 'migration crisis'. In this context, the United Nations recently launched the Global Compact for Safe, Orderly and Regular Migration (GCM),[2] a non-binding agreement to improve the conditions of international migration. A parallel process led to the Global Compact on Refugees, which upholds the principles of the 1951 refugee convention and its 1967 protocol, and advocates more equitable sharing of the responsibility for refugees between countries. Here we focus on the GCM and the extent to which it promotes the health of child and adolescent migrants.

The GCM represents an intention to move away from reactive approaches to migration governance and identify concrete measures that benefit both migrants and states. These include establishing and facilitating regular migration channels, family reunification, skills recognition, stronger measures to counter racism and xenophobia, and upholding human rights. The GCM provides a framework but its implementation will ultimately be up to States, all of whom have committed to sign it, apart from the USA, Hungary, and Austria at the time of writing.

The GCM recognises migrants' right to health by reference to human rights treaties including the United Nations Convention on the Rights of the Child, and in its endorsement of the 'WHO Framework of Priorities and Guiding principles for promoting the health of refugees and migrants',[3] which promotes inclusion of refugees and migrants in universal health coverage and the Sustainable Development Goal agenda to 'leave no-one behind'.[3]

All of the GCM objectives relate to children and adolescents, but some are especially important for their health. The imperative to 'save lives' is unequivocally stated, standing in contrast to the prevention and criminalisation of humanitarian aid experienced in the Mediterranean, where many

have died. To ensure that children not only survive but thrive, the GCM also emphasises a 'child-sensitive' approach and upholds the principle of 'the best interests of the child at all times'. This begins with registration of newborns- particularly those who may otherwise be stateless, facilitating the regularisation of 'irregular' (undocumented) migrants, and providing nationality to children born in another territory.

Inclusive and equitable specialist services, including healthcare, education and national child protection procedures, must be provided for the most vulnerable groups of migrant children, including those with disabilities, trafficked children and unaccompanied minors. In addition to higher risks of poor health, including poor mental health, unaccompanied or separated children and adolescents face particular challenges proving their age.[1] The GCM is clear that access to healthcare services, including mental health, must be provided and that a 'multi-disciplinary, independent and child-sensitive age assessment' process should be put in place for adolescents who claim to be children. To minimise barriers to access, the GCM recognises the need to 'review and revise requirements to prove nationality' at service delivery points. This is particularly timely given increasingly restrictive policies in some countries including the UK[4], where such requirements create barriers to healthcare for undocumented migrants including children and pregnant women.[5] Equally, the GCM advocates an end to cooperation between services and immigration authorities where this compromises access or privacy, as has occurred with data-sharing between health services and immigration enforcement, deterring migrants from seeking healthcare.[6] Beyond acute health conditions, increasing emphasis on continuity of care is warranted, given that children and adolescents also migrate with developmental and non-communicable diseases that must be managed across borders and migration settings.

While the GCM is a significant milestone in international cooperation on migration, it falls short of being a reference for the highest aspirations for health. After much lobbying, the GCM promotes ending child detention, an ongoing practice with well documented negative effects[7], but stops short of advocating an end to detention for all people or imposing time limits. The right to family life however could be extended to advocate against the separation of families due to parental detention. Despite its 'gender-sensitive approach', conspicuously absent is reference to sexual and reproductive health

rights and safe maternity care, which impact directly on newborn, child and adolescent health. Even in high-income countries, cost and fear of immigration enforcement are barriers to accessing healthcare services that must be addressed. Importantly, the GCM does not address preventive healthcare such as immunisations, on which many states lack specific guidance.[8] This a particular challenge as children who cross borders risk missing routine vaccinations. Finally, the GCM refers to international but not internal migrants, who are approximately three times more numerous[9], and there is no mention of the children and adolescents 'left behind' when parents migrate, who face higher risks of mental illness and malnutrition.[10]

As health advocates, how can we build on the GCM? Firstly, migration must be prioritised as a key field of research, consistent with its importance as a determinant of health related to the difficult environmental and social conditions that migrant children and adolescents face.[1] For clinicians, this means training on migration and health and with a stronger focus on the impact of migration within health consultations. Secondly, we must hold signatories to account. The non-binding nature of the document and political marginalisation of migrants, means that authorities must be pressured by their citizens to abide by it. For countries who have not signed, the principles may nevertheless provide reference for advocacy, and other treaties still hold. Thirdly, we must advocate for what is missing in the GCM. The health of the child cannot be viewed in isolation, but must be considered in the context of their family and with a developmental lens.

The GCM provides the child and adolescent health community the opportunity to advocate against the structural forms of violence and social exclusion that result in poor health outcomes for young migrants. In our current climate of populist anti-migrant rhetoric, we must unite behind it, and use it as a tool to push for policies and services that protect children, their families and their health.

Ethics approval

Not applicable.

Author contributions

DD conceived the work. DD, LM, and NR wrote the first draft. All authors interpreted and critically revised the draft.

Funding

DD and IA (SRF-2011-04-001; NF-SI-0616-10037) receive salary support from National Institute for Health Research (NIHR). This article presents independent research funded by NIHR. The views expressed are those of the author and not necessarily those of the NHS, the NIHR or the Department of Health. The views expressed in this article do not necessarily reflect the views and policy positions of the UN migration agency.

Conflicts of interest

IA, and DD undertook paid consultancy work in support of the Doctors of the World 2017 Observatory report—Falling through the cracks: the failure of universal healthcare coverage in Europe.

References

1. Abubakar I, Aldridge R, Devakumar D, et al. The UCL Lancet Commission on Migration and Health: The world on the move. *The Lancet* 2018; **In press**.
2. UN. Global Compact for Safe, Orderly and Regular Migration: Final Draft https://refugeesmigrants.un.org/sites/default/files/180711_final_draft_0.pdf: United Nations, 2018.
3. WHO. Promoting the health of refugees and migrants: Framework of priorities and guiding principles to promote the health of refugees and migrants. http://www.who.int/migrants/about/framework_refugees-migrants.pdf: World Health Organisation 2017.
4. DoTW. Closing the gaps in healthcare acesss: the United Kingdom https://www.doctorsoftheworld.org.uk/Handlers/Download.ashx?IDMF=6b5c34a2-ae3a-4cd4-a24f-cffa88be7fee: Doctors of the World / European Network to Reduce Vulnerabilities in Health 2017.
5. Stubbe Østergaard L, Norredam M, Mock-Munoz de Luna C, Blair M, Goldfeld S, Hjern A. Restricted health care entitlements for child migrants in Europe and Australia. *European Journal of Public Health* 2017; **27**(5): 869-73.
6. DoTW. Response to the Independent Chief Inspector of Borders and Immigration's call for evidence: Home Office partnership working with other government deparments. https://www.doctorsoftheworld.org.uk/Handlers/Download.ashx?IDMF=0ab1fbff-bdb6-4d22-a662-d5dbbdca9020: Doctors of the World 2018.
7. Wood LCN. Impact of punitive immigration policies, parent-child separation and child detention on the mental health and development of children. *BMJ paediatrics open* 2018; **2**(1): e000338-e.

8. Hargreaves S, Nellums LB, Ravensbergen SJ, Friedland JS, Stienstra Y, On Behalf Of The Esgitm Working Group On Vaccination In M. Divergent approaches in the vaccination of recently arrived migrants to Europe: a survey of national experts from 32 countries, 2017. *Euro Surveill* 2018; **23**(41).
9. International Organization for Migration. World Migration Report 2018. 2018.
10. Fellmeth G, Rose-Clarke K, Zhao C, et al. Health impacts of parental migration on left-behind children and adolescents: a systematic review and meta-analysis. *The Lancet* 2018; **In Press**.