



HEALTH AND CHILDREN ON THE MOVE

BACKGROUND

In 2020, the number of international migrants reached 281 million, of which 82.4 million were forcibly displaced, 20.7 million were refugees, and 36 million were children.¹ In addition, another 20.4 million children were displaced within their own country by conflict and violence. Millions more were uprooted from their homes due to disasters or the impacts of climate change.²

The reasons why and the circumstances in which children move vary greatly. While for many, migration may increase their access to essential health services in a destination community, often children displaced within their own country or moving across borders face financial, legal, administrative, cultural, or other practical barriers that restrict access to health services when needed. This holds particularly true for undocumented or stateless children, forcibly displaced children,³ and those who experienced trauma, exploitation and abuse, or suffered forms of gender-based violence (GBV), including sexual violence, during their flight or migratory journey.⁴

But not only those leaving their homes face specific health barriers. Children and families who return to their countries and communities of origin often lack awareness about services, including mental health and psychosocial support services (MHPSS), and experience discrimination and stigmatization.

In 2015, only eight European Union Member States granted undocumented migrant children the same level of health care as national children; six totally restricted their entitlements to emergency care only; and 12 allowed undocumented migrants limited access to specialist services.⁵

Barriers related to a child's nationality or migration status are often compounded by poor living conditions and access to safe water and hygiene well below basic standards.⁶ Both forcibly displaced and undocumented migrant families tend to live in densely populated areas (i.e. camps, urban slums or other makeshift housing), where toilets are often communal – shared by up to 50 people⁷ – and collecting water or accessing routine health care services (if available) require long distances and hours of queuing. This explains why children on the move are particularly vulnerable and prone to health issues, including vaccine preventable diseases such as measles,⁸ respiratory infections, and gastrointestinal illnesses.

Half of the studies from a systematic review on access to health care for migrants conducted in Europe and North America found that migrants use healthcare services less than the host population.⁹ Similar results were found in the Horn of Africa.¹⁰ Immunisation rates are also consistently lower among migrant children than their peers in host countries.¹¹

To address the health care needs and promote positive psychological wellbeing in children on the move and their families, effective public health strategies and investments are needed to ensure preventive and routine child health programmes are inclusive and accessible for all children in a country. Health knows no borders and access to health care is a fundamental child right.

THE COVID-19 CONTEXT

The COVID-19 pandemic has both highlighted the disproportionate impact on people on the move who find themselves at heightened risk with limited tools to protect themselves and the important contributions of migrants – including those in irregular and precarious situations – in ensuring essential sectors, such as health care, transportation and food supply chains, keep functioning.

Around 50 per cent of countries in which UNICEF has active humanitarian operations reported a reduction in access to health care among displaced and refugee populations due to the pandemic.¹² Restrictions and mandatory lockdowns enacted in response to COVID-19 have further undermined access to services for children on the move. Lockdowns have also increased risks related to gender-based violence while reducing access to response services.¹³

Undocumented migrant children are particularly vulnerable, as many are excluded from national programmes for health promotion, disease prevention, treatment and care, or social protection schemes that facilitate access to health and social services. Children on the move at particular risk also include those held in immigration detention, families and children stranded due to travel restrictions or separated due to sudden border closures.¹⁴

The introduction of the COVID-19 vaccine has reinforced existing marginalisation in some contexts: not only do refugees and migrants, and undocumented migrants in particular, face barriers in accessing COVID-19 vaccines, but as countries introduced requirements for vaccination certificates to access public services and civic spaces the risk of discrimination and exclusion has increased further.¹⁵

The exclusion of children on the move and their families harms everyone: exclusion makes the implementation of public health response measures such as testing, diagnosis, contact tracing, vaccination and seeking care for COVID-19 difficult and increases the risk of further spread.¹⁶ **Inclusion, on the other hand, is good for all:** migrant-inclusive public health and socio-economic responses are essential to reducing the death and disease burden of COVID-19 and allow migrants to contribute to a meaningful socio-economic recovery. Several countries therefore opted for an inclusive approach that ensures equitable and non-discriminatory access to information and health services,¹⁷ including vaccines.

THE ISSUE

Health care is routinely disrupted or halted when children and families move or spend extended periods in displacement. Below are some examples:

- In many countries, access to health services is linked to migration or refugee status, citizenship, or residency, in law or in practice. For example, in countries where firewalls¹⁸ between service providers and immigration authorities are not in place, undocumented migrants



may be reluctant to access health services due to fear of being detected, detained, or deported. In some countries, even Internally Displaced Persons (IDPs) face restrictions in accessing health services, as access to basic services remains linked to their place of previous residence.

- Access to health services for children on the move and their families can also be hindered by prohibitive costs, and exclusion from health insurance and other social protection schemes, which can particularly affect undocumented migrants. This may have a negative impact on access to preventative care, including routine immunisations, and pre- and postnatal care.
- Additional barriers to accessing services include discrimination and negative attitudes of service providers and residents in receiving societies, where children on the move are often perceived to be taking resources and opportunities from host communities. Absorbing the additional needs of newly arrived children and families on the move can be particularly challenging for communities where service providers are already ill-equipped to provide quality health services for the host population.
- Children on the move and their families can also face barriers to accessing health services due to poor health literacy and lack of awareness of one's right to health care. This is particularly relevant where information is not available in a language or format which is understandable or via channels used and trusted by children on the move and their families.
- Children on the move may have additional health, nutrition and protection needs due to the physical and emotional stress of being on the move, particularly children who are displaced or are held in detention. Psychosocial disorders such as post-traumatic stress are common among children who experienced major disruption to their lives, trauma, abuse or violence during their migratory journey.¹⁹ Returning to their community of origin may also be traumatic, especially for children who are forcibly returned or lack the language skills or a sense of belonging and connection to the country.
- A child's gender, sex and disability status may further compound risks for children on the move along their journey – from the decision to leave home, throughout the child's journey, and when trying to integrate or reintegrate into a community. Some children on the move are parents themselves, which can have implications for their legal rights and ability to make decisions on behalf of their own children.
- Data on health indicators for children on the move are scarce and available only in some industrialised countries.²⁰ The COVID-19 pandemic has highlighted these data gaps particularly in difficult-to-reach and vulnerable contexts. Better data is key to identify in which contexts children on the move are missing out on health services, who is most affected, and what their health needs are. Efforts to strengthen data need to go hand in hand with putting in place firewalls to ensure data collected by service providers and immigration authorities protects undocumented migrants.



United Republic of Tanzania: Community health workers reach refugees and save lives

In three refugee camps hosted by the Government of Tanzania, the challenge of limited access to health care services is met with essential and preventive health services supported by 295 Health Information Teams, who work with the refugee community through several approaches, including public meetings, community events, household visits, music performances and school visits. They provide vital health and hygiene information, including on vaccination and growth monitoring, utilisation of mosquito nets, utilisation of antenatal services, health facility delivery, safe handling of excreta, environmental sanitation, and infant and young child feeding.²¹

UNICEF'S RESPONSE

UNICEF prioritises strengthening the public health system to support the inclusion of children on the move in national health systems, as opposed to setting up parallel services. When parallel services are necessary, they should be temporary and serve specific needs. Responding to forced displacement after humanitarian emergencies, UNICEF's commitment to linking humanitarian and development work includes re-establishing routine health services, supporting decentralization, strengthening of primary health care, and fostering capacity and resilience of existing community and health infrastructure so that they can cater to the needs of all children, including forcibly displaced and undocumented children, as well as children of host communities. Depending on the country context and national capacities, UNICEF responses may include technical support, programme delivery, policy advocacy, coalition and partnership building, strengthening data collection, analysis, and use, and community engagement.

To support children's fundamental rights to health, safety and security at every step of their journey, whether they are on the move (in transit or returning to communities of origin) or living in destination countries, **UNICEF directly supports and/or advocates for the following:**

- **Support governments** to ensure that nationality, citizenship, or migration status are never a barrier to accessing health services by advocating **for inclusive**

legal frameworks, policies, programmes and removing identification requirements. Setting up firewalls at national and local levels is key to **prohibit the sharing of personal data by service providers with immigration authorities.**

- **Support the establishment and strengthening of quality and universal service provision**, including comprehensive access to primary health care and preventive services such as immunization, nutrition, and hygiene, as well as an inclusive public health response and mitigation of the socio-economic impacts of COVID-19.
- **Adjust and expand social protection programmes** to address poverty and vulnerability of children on the move, including **access to national health insurance schemes.**
- **Provide specialised services for children on the move and their families** by ensuring that survivors of GBV, including sexual violence, have timely and safe access to gender-sensitive, age-appropriate health services and psychosocial support. Basic services, such as health, nutrition and education should also be provided. There should also be proactive identification and mitigation of GBV risks for children on the move linked to service delivery.²² Processes need to be in place to facilitate access to specialised care and assistive devices for children on the move with disabilities.
- **Extend MHPSS services beyond acute response phases** and prioritise this support in contexts of return in countries or communities of origin to support children's reintegration.
- Provide technical support and build capacity of authorities and service providers to facilitate the integration of the needs of children on the move in service provision. **Ensuring such services are provided in a culturally sensitive manner and in a language spoken by children on the move and their families is key to foster trust in service providers and increase use of services.** This must be accompanied with building the capacity of health care workers to recognise signs of abuse in children on the move and compassionately communicate with them.
- **Strengthen collaboration and referrals between health, child protection, and GBV response services** to ensure protection needs are addressed alongside health needs.
- **Address racism, xenophobia and discrimination in institutions and social service providers through education and capacity building.** This should take into consideration intersecting forms of discrimination based on gender, sex, migration, and disability status, along with **strengthening feedback and accountability mechanisms.**

- **Provide information** to children on the move and their families on their rights and the available access to health services. This includes **leveraging trusted communication channels and community networks** to distribute information.
- **Strengthen use of existing data, improve data collection and safe data sharing** at local, national and international levels. Ensure all data are managed and used ethically, collected to allow disaggregation by migratory status, age, sex, and disability status, analysed and disseminated in a timely manner. Data are key to inform migrants' and other vulnerable populations' epidemiological profiles, understand barriers and opportunities determining their access and use of health services and inform the design and delivery of programmes and policies that address their needs and those of host communities.
- **Capacitate and hold UNICEF staff accountable to include children on the move in all of UNICEF's programming** while considering how migration status intersects with gender, sex, and disability status, leading to heightened risks and opportunities.

including the U.S. border response, and extending South towards Panama

- Latin America, including the Venezuelan outflow to neighbouring countries
- Southern route for migration in Africa,²⁵ as well as emergency contexts in Mozambique, Somalia and South Sudan
- Migration from Sub-Saharan Africa and North Africa via Eastern and Central Mediterranean routes,²⁶ and migration corridors along countries in the Balkans
- Emergency contexts in West and Central Africa: Burkina Faso, Democratic Republic of the Congo, Niger, Mali
- East Asia: labour migration between ASEAN countries,²⁷ including in countries such as Thailand
- South Asia: Emergency responses in Afghanistan and Bangladesh (Rohingya) and labour migration routes from South Asia towards the Gulf
- Middle East and North Africa: Syria, Iraq, Sudan and Yemen hosting large numbers of internally displaced as well as neighbouring countries in the region hosting refugees.

GEOGRAPHIC AREAS OF INTEREST

UNICEF is active in over 190 countries and regions around the world, working in more than 40 countries/ geographical areas that are considered emergency and fragile contexts.²³ UNICEF's migration and displacement response spans both emergency contexts and low-income countries receiving a large influx of migrant and displaced populations fleeing from their countries of origin, but also middle- and high-income countries in which migration and displacement have been identified as key issues.

UNICEF applies a route-based approach to strengthen collaboration between country and regional offices and National Committees along major migratory routes. Contexts in which UNICEF has a strong focus on children on the move include:

- Countries along the migratory route from Central America to Mexico and the United States,²⁴

THE WAY FORWARD

Under the Convention on the Rights of the Child, Member States have a responsibility to ensure the right to health of all children *in* a country, not *of* a country, regardless of their citizenship, nationality, or legal status. A child's migration status should not be a barrier to accessing essential services. The collective effort of governments, communities and the private sector is critical to provide quality health services for children.

Around the world, countries and national governments are recognising the right of migrant and displaced children to health, education and safety.²⁸ When able to access routine immunisation, nutrition and child health services, children can survive and thrive, even when far from their home.





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