

Child Health: Response to the Global Compact for Safe, Orderly and Regular Migration

We applaud the initiative of the United Nations (UN), and endorse the principles of the Global Compact on Safe, Orderly and Regular Migration (GCM). In particular, the intention that the Compact should be 'child-sensitive' and uphold the best interests of the child at all times is particularly relevant to our concerns as medical/child health organisations. Migration can and should be a positive process for children. Migrant children not only offer great potential to their countries of destination and origin if they are protected and encouraged, but they are often also instrumental in facilitating the integration of their families in destination countries, and positively influence generational attitudes and narratives around migration. Therefore children must be central to the GCM.

However, writing as organisations of child health and public health professionals, with a duty to advocate for children and for human rights, we feel that the GCM has an obligation to go further in its recommendations in line with the United Nations Convention on the Rights of the Child (UNCRC) in addition to resting on the numerous international declarations and conventions listed in the introduction. In this document we set out our recommendations, structured as ordered responses to each section of the GCM.

Addressing the pre-amble:

Firstly, we believe that all children, regardless of their migration status, should be afforded the rights enshrined in the UNCRC and, while the GCM is not legally binding, it should, as a minimum, reaffirm these rights. Below we outline specific suggestions that would improve the health of migrant children.

Secondly, we note the overarching intention of states to distinguish between refugees and other migrants, and the opening statement that migrants may not be 'inherently vulnerable'. However, migrants and refugees share many commonalities, and indeed the distinction between the two categories of person is not always clear, and states must recognise that misclassification may and does occur. It must be recognised that refugees and migrants, while covered by different legal frameworks, both have the same universal human rights and fundamental freedoms.

Objective 4: Provide all migrants with proof of legal identity, proper identification and documentation

We strongly support objective 4(f) which aims to abolish requirements to prove citizenship or nationality at service delivery centres to ensure migrants are not precluded from accessing basic services. This is particularly so for health services, where delays in access can lead to serious harm to children and their families and community. Thus, explicitly including healthcare access is essential.

Objective 5: Enhance availability and flexibility of pathways for regular migration

Objective 5(g), facilitating family reunification, is particularly relevant to child health. The physical and mental health of children is closely linked to that of their close family and caregivers, with the family unit, in its many forms, being a crucial protective factor for optimal health and development. Therefore, consideration with regards to immigration practice should not only include whether someone is a child, but should also consider

whether adults are parents. In particular, immigration laws should not result in migrants being forcibly separated from their families and children when no criminal offence has been committed, upholding that migration itself is not criminalised.

Objective 7: Address and reduce vulnerabilities in migration

We endorse objective 7, in particular the objective of integrating the principle of best interests of the child, and the protection of unaccompanied and separated children.

Unaccompanied children may be particularly vulnerable and access to health, education, and legal representation, potentially with dedicated specialist services, is needed. We add that reference to the UNCRC would be important to highlight in this objective.

Objective 8: Save lives and establish coordinated international efforts on missing migrants

While we support the commitment to save lives and prevent migrant deaths and injuries, we would refer to the '*right of everyone to the enjoyment of the highest attainable standard of physical and mental health*' enshrined in article 12 of the International Covenant on Economic, Social and Cultural Rights (ESCR), upon which the GCM is based. We feel that this would place more emphasis on health of migrants, rather than the limited focus on preventing deaths and injuries. In addition, we would assert that the provision of life saving humanitarian assistance to migrants should never be criminalised.

Objective 10: Prevent and combat trafficking in persons in the context of international migration

Highlighting the need to address the vulnerabilities of boys and girls who may be victims of trafficking is essential but the detail on this must be described. These children face both immediate harm that should be managed in appropriate settings that address all aspects of their health needs. Steps should also be put in place to help them once they return to the homes and for many years later. Resources at the local and national level must be devoted to child health services to ensure that their needs are met. This is especially so when children have been victims of abuse or violence.

Objective 13: Use migration detention only as a measure of last resort and work towards alternatives

We are encouraged that objective 13 upholds that immigration detention should only be used as a last resort, and that its negative effects on mental health should be minimised. However we would go further, and assert that immigration detention should be abolished, in particular for children. On the road to abolition of immigration detention, states should be encouraged to set legal limits on the length of immigration detention, and we would assert that detention for immigration purposes should never separate a parent from their children.

Objective 15: Provide access to basic services for migrants

We endorse the guiding principle of the GCM that ensures the fulfilment of the human rights for all migrants, regardless of their immigration status. We would therefore add to objective 15(b), that laws should be enacted which prohibit discrimination on all grounds,

including migration status. We would also add to objective 15, that the GCM should reaffirm, as stated in article 12 of the ESCR, the '*right of everyone to the enjoyment of the highest attainable standard of physical and mental health*', which goes further than the commitment only to access 'basic services'. The content and character of basic services is not defined in this document, which leaves the GCM open to a minimal interpretation. They should include both preventive and curative healthcare and social services.

We commend the inclusion of objective 15(c), ensuring that personal data is not reported to immigration enforcement authorities when migrants access services. The importance of this in healthcare could be emphasised, as the negative consequences of deterring sick patients from seeking care can be disastrous and are well documented. We also congratulate objective 15(e), mandating independent institutions to monitor complaints about denial of services to migrants but would add that organisations should be held accountable for denying migrants access to services they have a right to. We are concerned that objective 15(g), which mentions non-formal education for those for whom the 'formal system is inaccessible', may be open to the interpretation that closing the formal system of education to migrant children is acceptable. The UNCRC affords the right to education for all children. This statement should be clarified.

Objective 16: Empower migrants and societies to realize full inclusion and social cohesion

We are particularly encouraged by objective 16(k), as support for integration in schools is fundamental to integration of migrant families. We would add that children should not be discouraged from attending school because of fear of their data being shared with authorities for immigration purposes.

Objective 22: Establish mechanisms for the portability of social security entitlements and earned benefits

Objective 22, including bilateral, multilateral and regional agreements, is to be commended, but should not imply that migrants from countries without such agreement do not have a right to access services.

Other important objectives

Aside from the objectives already outlined in the GCM, we would like to highlight important elements that have not been included. The statement neglects to address the health of children left behind when parents migrate. This group constitutes tens, potentially hundreds, of millions of children. Parents generally move seeking better employment but their children often face increases in mental illness and malnutrition. Policies in both origin and destination countries should be aware of this and aim to support families in this situation.

The GCM neglects to mention the health needs of groups such as pregnant women and sexual and reproductive health more broadly. The importance of access to quality healthcare for pregnant migrant women is paramount, as is the importance of access to all sexual and reproductive health services.

Furthermore, we feel the GCM inadequately addresses the issue of forced migration due to climate change, which may both increase vulnerability of populations as well as increase their exposure to hazards. People displaced due to the effects of climate change may not

be adequately protected by the refugee convention, even if they cross a border. The GCM should recognise this gap in protection and consider displacement due to climate change as a specific category.

We thank the UN for considering our contribution as child health and public health professionals, and we look forward to a better future for migrants, refugees and all people.

Signatories

- British Association for Child and Adolescent Public Health
- Care and Protection of Children Learning Network
- Doctors of the World
- Faculty of Public Health
- Heilbrunn Department of Population and Family Health, Columbia University Mailman School of Public Health
- International Child Health Group
- International Society for Social Pediatrics and Child Health
- Medact
- Royal College of Paediatrics and Child Health
- UCL-*Lancet* Commission on Migration and Health