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Academic Health Centers, Universities and National Academies

## **M8 Alliance Webinar Series on Migrant and Refugee Health**

**Organized by the M8 Alliance  
under the leadership of the Sapienza University of Rome,  
in collaboration with *Lancet-Migration***

### ***The Health of Children on the Move***

**28 February 2022, 15:00 – 17:00 CET (GMT+1)**

**Registration (free of charge but compulsory):**

<https://www.worldhealthsummit.org/m8-alliance/migrant-refugee-health.html>

The M8 Alliance Webinar Series on **Migrant and Refugee Health** aims at bringing together experts from across the M8 Alliance to discuss global, develop innovative and collaborative answers and promote science-based policy advice. Each event will involve panelists from within the M8 Alliance and beyond.

## INTRODUCTION

### The context.

According to UNICEF, more girls and boys than ever are on the move. In 2020, more than 35.5 million children were living outside their country of birth (i.e. roughly 15% of international migrants), while an additional 23.3 million were displaced internally (i.e. more than 50% of IDPs worldwide). More than half of these girls and boys, have fled violence and insecurity, increasing conflicts often lasting and unresolved, rising inequality and the growing impact of climate change. The number of child refugees under the United Nations High Commissioner for Refugees' (UNHCR) mandate has more than doubled in just 10 years. The overwhelming majority of these children reside in countries of low or middle incomes that are neighbours to zones of armed conflict. In recent years, million of these migrant children have reached a destination country after long and difficult journeys with limited or no access to care. Many come from countries with collapsed health care systems, overwhelmed by both victims of conflict and disaster and the consequences of destroyed infrastructure. Many have been exposed to armed conflict in their country of origin before leaving and face new, unfamiliar and often hostile surroundings in the countries of destination. These circumstances lead not only to accumulated individual health care needs, but also to a need for effective public health strategies to update preventive child health programmes and promote positive psychological well-being.

**'Children on the Move'** is an *umbrella* definition that includes children who have been trafficked, children who migrate (e.g. to pursue better life opportunities, look for work or education or to escape exploitative or abusive situations at home), children displaced by conflict and natural disasters (IOM). All of these children might find themselves at risk, especially of being exposed to various forms of abuse and exploitation, and negative health consequences. While the determinants of health risk for most of these children are common, differences exist, and are linked to circumstances, gender, age, resilience, and individual child agency. Policy responses to protect and support these migrant children are often fragmented and inconsistent, and while children on the move have become a recognised part of today's global and mixed migration flows they are still largely invisible in debates on both child protection, health and migration. This calls for focused interventions based on evidence and knowledge and coherent policies that place the protection and the health and well-being of the child at the centre of attention in migration management.

Children migration is a phenomenon now affecting every region. Afghanistan is number one on the list of the top 10 countries of origin – with the largest number of unaccompanied children seeking asylum in Europe. Two out of five international child migrants were born in Asia – more than any other region in the world. Millions of migrants move along the Eastern route in Africa, through Somalia, Djibouti, the Gulf of Aden and Yemen heading to the Arabic Peninsula. They often use the services of smugglers, putting their lives at risk. This includes an increasingly higher number of unaccompanied migrant children (UMCs) who takes dangerous journey that cuts through desert regions, the sea and war-torn areas. In the Americas, a surge of migrant children has swamped detention centers at the U.S.-Mexico border, while in the Darien Gap, a jungle that separates Colombia and Panama and one of the most dangerous places for migrants attempting to reach North America, the number of migrant children who cross it on foot has hit an all-time high. According to UNICEF, more than 1 in 5 migrants crossing the border between Colombia and Panama are children. Half of them

are below the age of five. Children are particularly exposed to violence, including sexual abuse, repeated trauma, trafficking and extortion from criminal gangs, and in adverse environments such as the Darien Gap are also at risk of getting diarrhea, respiratory diseases, dehydration and other ailments that might require immediate attention.

### **Migrant children health risks**

Children move for a variety of reasons, voluntarily or involuntarily, within or between countries, with or without their parents or other primary caregivers. While migration can benefit children and their families, it can also place children in situations of risk and vulnerability, especially when they move outside of safe and legal pathways, and are forced to live with extremely limited access to shelter, health care, food and water. According to IOM, UMCs often leave their homes without information about the journey ahead. Some are not even aware that they will be crossing a body of water or passing through conflict areas. Many, do not inform their families of their decision to migrate before their departure, most commonly due to fear their family would have prevented them from going or because they did not want to worry them. Two categories of particularly vulnerable migrant children in a social perspective are asylum seekers and children in an irregular situation. While seeking asylum, they live under circumstances characterized by temporality and uncertainty about their situation and future. These children often live “under the radar” in precarious situations with no or limited access to basic social rights and exposed to poverty, exploitation, social exclusion and violence

According to literature, medical care for chronic disorders and rehabilitation for disabilities are often the most pressing needs of migrant children. In addition, migrant children from low- and middle-income countries have a higher burden of chronic infectious disorders compared with those from high-income countries, and these disorders need to be identified and treated. Lack of access to preventive health care in the countries of origin make vaccination programmes a high priority to prevent outbreaks of measles and other vaccine-preventable disorders. To address mental health needs, a holistic and family-oriented public health strategy for promoting mental health and psychological well-being is needed. This should include collaboration between many different sectors of society, with education in schools and pre-schools being particularly important. There is some evidence also to support the effectiveness of more specific interventions to promote well-being, for example psychoeducational approaches to cope with psychological trauma, culturally sensitive parent-support programmes and interventions in the school environment. A general finding in the literature is that differences in health status between children in different migrant groups are greater than the differences between migrant children and local populations. Country of origin is an important predictor, but also the social background of the family in the country of origin and the living conditions in the destination country. Consequently, health assessment/screening procedures should be individualized, preferably as soon as possible after the child arrives in the country of destination, and can identify health care needs that might otherwise go undetected for prolonged periods of time. It also allows screening for potentially communicable disorders and updating of vaccinations. The provision of medical interpreters and cultural mediators is important to make care provision for migrant children more equitable with that for the host population.

### **Themes and scope of the webinar**

The Panel will bring together experts from different regions and backgrounds, to include UN agencies; civil society organisations, both humanitarian and development and

human rights-focused; and academia, to lead an interactive discussion with the webinar's audience.

Themes addressed by the panelists will include:

- Magnitude, dynamics, and monitoring mechanisms on the mobility of migrant children
- Health risks, health promotion and public health strategies
- The protection of children in conditions of vulnerability
- Mental health and psychosocial aspects
- Priorities, challenges, and unaddressed issues
- Lessons learnt from the COVID-19 pandemic

The interactive discussion with the audience will aim at:

- assessing progress in the implementation of existing commitments related to the health of children on the move,
- discussing concrete steps, gaps and recommendations on key priorities,
- bringing in the experience of national and regional initiatives and learn from innovative solutions and exchanges of promising practices,
- explore opportunities for action, partnership, and mobilization

## PROGRAM

**WELCOME by Luciano Saso**, Sapienza University of Rome, Coordinator M8 Alliance Webinar Series on Migrant and Refugee Health

**PANEL SESSION** moderated by **Davide T. Mosca**, *Lancet*-Migration UK; CEO-Realizing Health SDGs for Migrants, Displaced, and Communities, Kenya

**Children on the Move: trends, dynamics, challenges, by Frank Laczko**, Director Global Migration Data Analysis Centre, Berlin (GMDAC), IOM-International Organization for Migration; (10')

**The Health of Migrant Children: an overview, by Delan Devakumar**, Clinical Associate Professor in Child and Adolescent Health, UCL Institute for Global Health, UK (10')

**Current perspectives on Health and Migration, by Santino Severoni**, Director of the Global Health and Migration Programme, Office of the Deputy Director-General, at the WHO Headquarters in Geneva, (10')

**The Experience of Migrant Children, by Lynne Jones**, FRCPsych, PhD Harvard FXB, Child and Adolescent Psychiatrist, US (10')

**Protecting and supporting children on the move, by Daniela Reale**, Global Lead, Refugee, Migrant and Displaced Children, Save the Children (10')

**Children on the move in Latin America and the Caribbean: dynamics, challenges and priorities to protect the health of all, by Báltica Cabieses**, Programa de Estudios Sociales en Salud , ICIM Universidad del Desarrollo, Chile; (10')

**DISCUSSION (30')**

## Biographies



**Prof. Luciano Saso** (Faculty of Pharmacy and Medicine, Sapienza University of Rome, Italy) is author of more than 300 scientific articles published in peer reviewed international journals with impact factor (H-index Google Scholar 54, Scopus 44). He coordinated several research projects and has been referee for many national and international funding agencies and international scientific journals in the last 30 years. Prof. Saso has extensive experience in international relations and he is currently Vice-Rector for European University Networks at Sapienza University of Rome. In the last 15 years, he participated in

several projects and has been speaker and chair at many international conferences organised by the UNICA network of the universities from the Capitals of Europe (<http://www.unica-network.eu/>) and other university associations. Prof. Saso has been Member of the Steering Committee of UNICA for two mandates (2011-2015) and he is currently President of UNICA (2015-2023). Prof. Saso is a member of the executive committee of the M8 Alliance of Academic Health Centers, Universities and National Academies (<https://www.worldhealthsummit.org/m8-alliance.html>) and Coordinator of the M8 Alliance webinar series on Migrant and Refugee Health <https://www.worldhealthsummit.org/m8-alliance/topics/migrant-and-refugee-health.html>



**Davide T. Mosca**, is a medical doctor with forty years' experience in global and migrant health, humanitarian response and emergencies, with more than twenty-five years at field level in Africa and the Middle East, first as a surgeon and emergency specialist, shifting later to public health. A former *Director of Migration Health* at the *International Organization for Migration* (IOM) – the UN Migration Agency – during his ten years tenure in the position he has contributed in advancing the global migration health agenda participating in the processes that led to the adoption of two World Health Assembly resolutions on migrant health (2008 and 2017) and two Global Consultations in Madrid (2010) and Colombo (2017), Prof. Mosca has contributed as well in the mainstreaming of health

aspects within the *Global Compact for Safe, Orderly and Regular Migration* (2018), and the adoption of migration health policies at global level and in various countries. He has published several publications and studies, has contributed to several review panels and international commissions on migration health and global health issues, and has provided training, teaching, and lectures in migrant health world-wide. He was one of the Commissioners of the UCL-*Lancet* Commission on Migration and Health, and is a Consultant to WHO, IOM, and the UN Migration Network, and founder of the advocacy network *Realizing Health SDGs for Migrants, Displaced and Communities*. Davide Mosca is contract professor with various Universities, an Honorary Associate Professor at the UCL Institute of Global Health, and an affiliate with the Center for Humanitarian Health, John Hopkins Bloomberg School of Public Health.



**Frank Laczko** is the Director of IOM's [Global Migration Data Analysis Centre \(GMDAC\)](#) in Berlin. He was previously based in Geneva, where he led IOM's Migration Research Division. He is the co-chair of the Data and Research Group of the Global Migration Group, editor of IOM/Springer Global Migration Issues book series and co-editor of *Migration Policy Practice*, a journal for migration policymakers and practitioners. Among the many publications he has led are the ***World Migration Report 2013***, which focused on migrant well-being and development, ***Fatal Journeys – Tracking Lives Lost During Migration***, a report about migrant fatalities globally, and ***How the World Views Migration***, a report about public opinion towards migration around the world; ***Europe's Migration 'Crisis' – Making sense of the***

***numbers,*** a paper on the challenges around data and information about asylum seekers in Europe to be published in *Forced Migration Review*.



**Delan Devakumar**, Clinical Associate Professor in Child and Adolescent Health, UCL Institute for Global Health. Delan is an Associate Professor in Child and Adolescent Health in the UCL Institute for Global Health and an Honorary Consultant in Public Health. He is a public health specialist with clinical expertise in paediatrics and has worked in humanitarian contexts with Médecins Sans Frontières. In addition to migration, his research focuses on child and adolescent health in humanitarian crises and conflict, violence, racism and xenophobia.

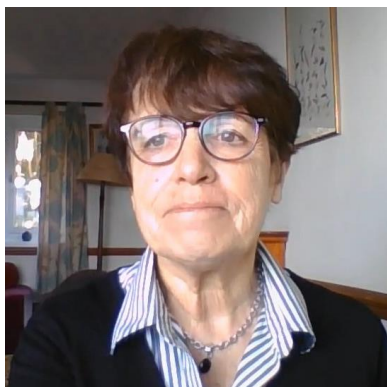
He was a Commissioner and on the steering group of the UCL-Lancet Commission on Migration and Health and is now Child and Adolescent Health in Lancet Migration. He is also Director of the UCL 'Centre for the Health of Women, Children and Adolescents', chair of the International Child Health Group, and co-founder and chair of the non-profit Race & Health.



**Dr. Santino Severoni** is Director of the Global Health and Migration Programme, Office of the Deputy Director-General, at the WHO Headquarters in Geneva. He is a medical doctor, health economist, epidemiologist, and experienced systems management. He has over 24 years of experience as an international senior technical advisor and executive, worked for WHO, governments, NGOs, and foundations in Eastern Africa, the Balkans, Central Asia, and Europe. He has dedicated his work to global health, focusing on health sector reforms, health systems strengthening, health diplomacy, aid coordination/effectiveness, management of complex emergencies, and a WHO

Representative in Albania and Tajikistan. Since 2011 have been leading the WHO EURO work on health and migration. In 2019 he was appointed EURO Special

Representative on health & migration and Director a.i. on health systems and public health. In June 2020, he was appointed Director of the Global Health and Migration Programme at the WHO Headquarters in Geneva to lead the WHO global work on health and migration.



**Lynne Jones OBE, FRCPsych.**, is a child psychiatrist, relief worker, and writer. She has spent much of the last 30 years establishing and running mental health programs in areas of conflict or natural disaster including the Balkans, East and West Africa, South East Asia, the Middle East, Haiti and Central America. Most recently she has worked in the migrant crisis in Europe and Central America through which she has established a storytelling project for children: [migrantchildstorytelling.org](http://migrantchildstorytelling.org). Stories and pictures from this project are included in her new book: *The Migrant Diaries* (Refuge Press 2021). Her other published works include: *Outside the Asylum: A Memoir*

*of War, Disaster and Humanitarian Psychiatry* ([Orion 2017](#)) and [Then They Started Shooting: Children of the Bosnian War and the Adults They Become](#), ([Bellevue Literary Press 2013](#)) She is a cofounder and course director for the annual training course on Mental Health in Complex emergencies at the Institute of International Humanitarian Affairs at Fordham University. She regularly consults for WHO and UNICEF, is an honorary consultant at and is a visiting scientist at the François-Xavier Bagnoud Centre for Health and Human Rights, Harvard University.



**Daniela Reale, Global Lead, Refugee, Migrant and Displaced Children**

**Save the Children.** Ms Reale is Save the Children's Global Lead on Refugee, Migrant and Displaced Children. She has over 15 years' experience working on child protection, child migration, children in refugee situations, child labour and child trafficking, supporting both direct programmes globally and leading on policy and advocacy on children on the move for Save the Children. Daniela pioneered the Children on the Move framework, successfully advocating for this approach to be adopted in a variety of contexts and by different agencies.

She also co-chairs the Initiative for Child Rights in the Global Compacts, a multi-agency network that she established in 2017 and which works to ensure that children are at the heart of refugee and migration frameworks and prior to that the Inter-agency group on children on the move. During her career, Daniela has worked in both humanitarian and development contexts on themes relating to human rights, child rights and sustainable development.





**Báltica Cabieses**, Nurse-midwife (2002 UC Chile), diploma in university teaching, Master in Epidemiology (2008 UC Chile) and PhD in Health Sciences (social epidemiology) from the University of York, England (2011). Professor and former director of the Social Studies in Health Program at Universidad del Desarrollo in Chile. Senior visiting scholar at the Department of Health Sciences at the University of York. Co-leader of Lancet Migration for Latin America and national coordinator of the Chilean network of research on health and migration RECHISAM. International consultant on health equity, health of migrants and implementation science

research/action in socially and culturally diverse communities. Research lines: social inequities in health, health of international migrants and patients' research. Has edited 7 academic books, participated in over 50 research projects in Chile, Latin America and abroad and has over 140 scientific publications.

This webinar is part of the **M8 Alliance Webinar Series on Migrant and Refugee Health**, organized by the M8 Alliance under the leadership of Prof. Luciano Saso.



The **M8 Alliance of Academic Health Centers, Universities and National Academies** is an unique international network of 30 leading international academic health centers, universities and research institutions, all of which are committed to improving global health and working with political and economic decision-makers to develop science-based solutions to health challenges worldwide.

**Migrant and Refugee Health** has been a focus topic of the M8 Alliance since 2016. Regular sessions at the World Health Summit and dedicated expert meetings have laid the basis for effective international research networks. The webinar series builds on this tradition and uses the opportunities of digital technologies to involve even more experts from around the world.

**Contact:**

Prof. Luciano Saso, Sapienza University of Rome [luciano.saso@uniroma1.it](mailto:luciano.saso@uniroma1.it)

**Further information:**

<https://www.worldhealthsummit.org/m8-alliance/topics/migrant-and-refugee-health.html>

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