

NHSMUN50

National High School Model United Nations



IOM

BACKGROUND GUIDE



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Anya Prasad
Joseph Rojek
Amira Samih
Zaheer Sooliman
Terry Wang
Ellie White

Dear Delegates,

Welcome to NHSMUN 2024! My name is Sanya Majmudar, and I will be your Session I Director for the International Organization for Migration (IOM). I am super excited to meet all of you in New York City and see all of you grow in this committee!

I was born and raised in Franklin, New Jersey. I am currently a junior at the New Jersey Institute of Technology studying biomedical engineering with a concentration in biomaterials. I decided to study engineering due to my curiosity about the relationship between medicine and engineering. As biomedical engineering is a new field, I truly love being able to create new engineering solutions that allow me to work with medical professionals and researchers to understand human anatomy and physiology. I am currently researching at a bioinstrumentation lab to understand the brain with a device called Functional Near-Infrared Spectroscopy (fNIRS). I am also the New Jersey District Treasurer for Circle K (collegiate level of Key Club), President of the Society of Women Engineers (go women in STEM!), and have my own non-profit organization. I also love Formula 1, bingeing Netflix shows, and sloths. As an engineering major, you will always find me buried in college homework, exams, and lectures, as well as running around campus trying to fit in a quick gym session.

As a high school Model UN delegate for four years, I went to many Model UN conferences. My favorite was NHSMUN, of course. Although I only had the chance to attend once in person and once online, the interactions I had with international delegates and the committee sessions themselves were impactful and priceless. I remember being shocked at how many delegates came from all over the country and had amazing solutions to deliver. I was able to end my high school years on a bittersweet note by interacting with more delegates and focusing on new solutions based on the emerging COVID-19 pandemic. I have always had so much admiration for this conference, as it was the first time I truly felt supported when stepping out of my shell. NHSMUN, to me, is not just a conference but a place where you can improve your MUN skills and work with different backgrounds for one common goal. When I am not MUN-ing, I am always reading books, trying to bake new things, and working out. I have a Goodreads goal of 20 books this year.

I am so excited to meet you all, and I hope you all are ready for great debating, memorable experiences, and interesting conversations with us. NHSMUN is a friendly and teachable environment, so you should not feel scared at all! Feel free to reach out to me for any questions about NHSMUN, the background guide, my personal life, or even for advice! I am here for you all as a resource.

Best,

Sanya Majmudar
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Terry Wang
Ellie White

Dear Delegates,

I am so excited to welcome you all to NHSMUN 2024—the 50th anniversary of our conference! We are about to be a part of the biggest high school Model UN conferences in the world, and I am so grateful to have you in the International Organization for Migration. My name is Amogh Chaubey, and I will be your Session II director for our committee. I look forward to seeing you at the Hilton!

I'm currently a junior at the University of Connecticut studying computer science and mathematics. Competitive debate has always been a huge part of my life; I competed for four years in high school in policy and Lincoln Douglas debate, as well as two years of Model UN. Now, I compete on the UConn Mock Trial team as a closing attorney and witness. Speech and debate have given me some of my closest friends and fondest memories over the past six years, and all I ask is that you put the same amount of energy that you have in researching and crafting solutions into meeting new people and making new friends. This will be my fourth NHSMUN and my third year on staff—I'm hoping to make it the best one yet!

In my free time, I'm a total basketball nerd, a mediocre chess player, as well as an avid enthusiast of watching rich guys race fast cars (Formula One). I also love to read, and I'm currently making my way through the *Lord of the Rings* trilogy. On campus, I'm interning with the UConn Office of Sustainability, helping analyze and publish reports on sustainability data all over UConn, as well as creating an environmental research network on campus to get students easily involved in any cool research opportunity, I also spend time on campus working with the Undergraduate Student Labour Advocacy group, working to push for better conditions for all student workers across UConn.

I am so excited to see the innovative and creative solutions you all bring to the table when discussing how to improve the conditions of migrant women across the globe. Our topic is a serious and important one, but I know that your months of preparation, research, and hard work will make our debate just as engaging as it will be productive. In your week spent at the conference, I hope you can create exciting memories with your friends, spark interesting debate and conversation, and get to experience the full collaborative, supportive, and educational environment NHSMUN offers. If you have any questions, formula one opinions, or just want to say hi, know that I'm available to you at any time via email. I look forward to meeting you all soon!

Sincerely,

Amogh Chaubey
Session II Director
International Organization for Migration
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A Note on the NHSMUN Difference

Esteemed Faculty and Delegates,

Welcome to NHSMUN 2024! We are Dennis Zhang and Christian Hernandez, and we are this year's Secretary-General and Director-General. Thank you for choosing to attend NHSMUN, the world's largest and most diverse Model United Nations conference for secondary school students. This year is particularly special as NHSMUN celebrates its **50th Anniversary**, and we are thrilled to welcome you to our hometown, New York City, this March for this landmark year!

As a space for collaboration, consensus, and compromise, NHSMUN strives to transform today's brightest thinkers, speakers, and collaborators into tomorrow's leaders. Our organization provides a uniquely tailored experience for all through innovative and accessible programming. We believe that an emphasis on education through simulation is paramount to the Model UN experience, and this idea permeates throughout numerous aspects of the conference:

Realism and accuracy: Although a perfect simulation of the UN is never possible, we believe that one of the core educational responsibilities of MUN conferences is to educate students about how the UN System works. Each NHSMUN committee is a simulation of a real deliberative body so that delegates can research what their country has said in the committee. Our topics are chosen from the issues currently on the agenda of that committee (except historical committees, which take topics from the appropriate time period). We also strive to invite real UN, NGO, and field experts into each committee through our committee speakers program. Moreover, we arrange meetings between students and the actual UN Permanent Mission of the country they are representing. Our delegates have the incredible opportunity to conduct first-hand research, asking thought-provoking questions to current UN representatives and experts in their respective fields of study. These exclusive resources are only available due to IMUNA's formal association with the United Nations Department of Global Communications and consultative status with the Economic and Social Council. No other conference goes so far to deeply immerse students into the UN System.

Educational emphasis, even for awards: At the heart of NHSMUN lies education and compromise. Part of what makes NHSMUN so special is its diverse delegate base. As such, when NHSMUN distributes awards, we strongly de-emphasize their importance in comparison to the educational value of Model UN as an activity. NHSMUN seeks to reward students who excel in the arts of compromise and diplomacy. More importantly, we seek to develop an environment in which delegates can employ their critical thought processes and share ideas with their counterparts from around the world. Given our delegates' plurality of perspectives and experiences, we center our programming around the values of diplomacy and teamwork. In particular, our daises look for and promote constructive leadership that strives towards consensus, as real ambassadors do in the United Nations.

Debate founded on strong knowledge and accessibility: With knowledgeable staff members and delegates from over 70 countries, NHSMUN can facilitate an enriching experience reliant on substantively rigorous debate. To ensure this high quality of debate, our staff members produce detailed, accessible, and comprehensive topic guides (like the one below) to prepare delegates for the nuances inherent in each global issue. This process takes over six months, during which the Directors who lead our committees develop their topics with the valuable input of expert contributors. Because these topics are always changing and evolving, NHSMUN also produces update papers intended to bridge the gap of time between when the background guides are published and when committee starts in March. As such, this guide is designed to be a launching point from which delegates should delve further into their topics. The detailed knowledge that our Directors provide in this background guide through diligent research aims to increase critical thinking within delegates at NHSMUN.

Extremely engaged staff: At NHSMUN, our staffers care deeply about delegates' experiences and what they take away from

their time at NHSMUN. Before the conference, our Directors and Assistant Directors are trained rigorously through hours of workshops and exercises both virtual and in-person to provide the best conference experience possible. At the conference, delegates will have the opportunity to meet their dais members prior to the first committee session, where they may engage one-on-one to discuss their committees and topics. Our Directors and Assistant Directors are trained and empowered to be experts on their topics and they are always available to rapidly answer any questions delegates may have prior to the conference. Our Directors and Assistant Directors read every position paper submitted to NHSMUN and provide thoughtful comments on those submitted by the feedback deadline. Our staff aims not only to tailor the committee experience to delegates' reflections and research but also to facilitate an environment where all delegates' thoughts can be heard.

Empowering participation: The UN relies on the voices of all of its member states to create resolutions most likely to make a meaningful impact on the world. That is our philosophy at NHSMUN too. We believe that to properly delve into an issue and produce fruitful debate, it is crucial to focus the entire energy and attention of the room on the topic at hand. Our Rules of Procedure and our staff focus on making every voice in the committee heard, regardless of each delegate's country assignment or skill level. Additionally, unlike many other conferences, we also emphasize delegate participation after the conference. MUN delegates are well researched and aware of the UN's priorities, and they can serve as the vanguard for action on the Sustainable Development Goals (SDGs). Therefore, we are proud to connect students with other action-oriented organizations to encourage further work on the topics.

Focused committee time: We feel strongly that face-to-face interpersonal connections during debate are critical to producing superior committee experiences and allow for the free flow of ideas. Ensuring policies based on equality and inclusion is one way in which NHSMUN guarantees that every delegate has an equal opportunity to succeed in committee. In order to allow communication and collaboration to be maximized during committee, we have a very dedicated administrative team who work throughout the conference to type up, format, and print draft resolutions and working papers.

As always, we welcome any questions or concerns about the substantive program at NHSMUN 2024 and would be happy to discuss NHSMUN pedagogy with faculty or delegates.

Delegates, it is our sincerest hope that your time at NHSMUN will be thought-provoking and stimulating. NHSMUN is an incredible time to learn, grow, and embrace new opportunities. We look forward to seeing you work both as students and global citizens at the conference.

Best,

Dennis Zhang
Secretary-General

Christian Hernandez
Director-General

A Note on Research and Preparation

Delegate research and preparation is a critical element of attending NHSMUN and enjoying the debate experience. We have provided this Background Guide to introduce the topics that will be discussed in your committee. We encourage and expect each of you to critically explore the selected topics and be able to identify and analyze their intricacies upon arrival to NHSMUN in March.

The task of preparing for the conference can be challenging, but to assist delegates, we have updated our [Beginner Delegate Guide](#) and [Advanced Delegate Guide](#). In particular, these guides contain more detailed instructions on how to prepare a position paper and excellent sources that delegates can use for research. Use these resources to your advantage. They can help transform a sometimes overwhelming task into what it should be: an engaging, interesting, and rewarding experience.

To accurately represent a country, delegates must be able to articulate its policies. Accordingly, NHSMUN requires each delegation (the one or two delegates representing a country in a committee) to write a position paper for each topic on the committee's agenda. In delegations with two students, we strongly encourage each student to research each topic to ensure that they are prepared to debate no matter which topic is selected first. More information about how to write and format position papers can be found in the NHSMUN Research Guide. To summarize, position papers should be structured into three sections:

I: Topic Background – This section should describe the history of the topic as it would be described by the delegate's country. Delegates do not need to give an exhaustive account of the topic, but rather focus on the details that are most important to the delegation's policy and proposed solutions.

II: Country Policy – This section should discuss the delegation's policy regarding the topic. Each paper should state the policy in plain terms and include the relevant statements, statistics, and research that support the effectiveness of the policy. Comparisons with other global issues are also appropriate here.

III. Proposed Solutions – This section should detail the delegation's proposed solutions to address the topic. Descriptions of each solution should be thorough. Each idea should clearly connect to the specific problem it aims to solve and identify potential obstacles to implementation and how they can be avoided. The solution should be a natural extension of the country's policy.

Each topic's position paper should be **no more than 10 pages** long double-spaced with standard margins and font size. **We recommend 3–5 pages per topic as a suitable length.** The paper must be written from the perspective of your assigned country and should articulate the policies you will espouse at the conference.

Each delegation is responsible for sending a copy of its papers to their committee Directors via [myDais](#) on or before **February 23, 2024**. If a delegate wishes to receive detailed feedback from the committee's dais, a position must be submitted on or before **February 2, 2024**. The papers received by this earlier deadline will be reviewed by the dais of each committee and returned prior to your arrival at the conference.

Complete instructions for how to submit position papers will be sent to faculty advisers via email. If delegations are unable to submit their position papers on time, please contact us at info@imuna.org.

Delegations that do not submit position papers will be ineligible for awards.

Committee History

The International Organization for Migration (IOM) is a leading United Nations organization focusing on world migration.¹ Founded in 1951 as a consequence of the commotion of internally displaced people in Western Europe, IOM has now acquired an important role in the international community, seen as it is present in more than 100 countries. With 175 member states, it promotes a mission to contribute to an orderly and humane migration characterized by protecting migrant’s rights and well-being with a series of directions and guidance to the governments around the world.² Regarding the operation of the Organization, IOM’s highest authority is the Council.³ The organ encompasses 49 rules of procedure, primarily designating that the Member States will meet once a year, in Geneva, where IOM’s official headquarters is located.⁴ On the other hand, the official Constitution establishes a foundation for the Organization’s goals, functions, legal position, finances, membership, and other concerns, structuring its goals and methods.

Nevertheless, its mission has experienced a series of changes during the past year. Today, the IOM not only focuses on helping the European governments by aiding the people uprooted by the war, but it has a powerful inclination for sustainable development and humanitarian aid inside four main areas of engagement: migration, migration regulation, forced migration and finally, development.⁵ Additionally, the Organization uses a Migration Governance Framework (MIGOF) which contains three primary principles of action. The first is an implementation of international standards and the fulfillment of migrants rights. Secondly, there is the use of evidence and analysis of government approaches to formulate migration policies, and finally, the creation of strong partnerships inside governance in order to achieve a good migration in different countries.⁶ The Organization’s uniqueness also shines through the application of these principles in the international ground. An example of this is IOM’s constant calls for humanitarian assistance regarding the refugee crisis in Niger, which has left more than 71,000 refugees seeking asylum.⁷

Within IOM’s attempt to promote orderly migration, the Organization collaborates with various UN agencies, such as the United Nations High Commissioner for Refugees and the World Health Fund.⁸ Historically, one of IOM’s main partners has been civil society organizations, such as the International Red Cross and Red Crescent Movement. All of these institutions work together to aid the mobility crisis. In 2022 alone, IOM’s assistance reached 31.1 million people, including internally displaced people, refugees and migrants. Specifically, during the Ukraine conflict, IOM provided life-saving assistance and protection while increasing efforts to address longer-term socioeconomic impacts in Ukraine and its neighboring countries.⁹

It is evident that IOM aims for a constant call of action to all the governments and intergovernmental organizations around the world regarding a safe and secure migration. More specifically, it focuses on maintaining international coordination and collaboration on migration policy developments and changes, always thinking about migrant’s rights and an efficient international system to protect them.¹⁰

1 “Who we are,” UN International Organization for Migration, accessed September 20, 2023. <https://www.iom.int/who-we-are>.

2 “Mission,” UN International Organization for Migration, accessed September 20, 2023. <https://www.iom.int/mission>.

3 “Where We Work | International Organization for Migration, IOM.” 2021. Iom.int. 2021. <https://www.iom.int/where-we-work>.

4 Rules of Procedure of the Council. Disponível em: <<https://www.iom.int/rules-procedure-council>>. Acesso em: 21 set. 2023.

5 “Mission,” UN International Organization for Migration, accessed September 20, 2023. <https://www.iom.int/mission>; “IOM-Strategic-Vision” International Organization for Migration , Accessed September 20, 2023. <https://publications.iom.int/books/strategic-vision-setting-course-iom>.

6 “Migration governance Framework” International Organization for Migration, accessed September 21, 2023. https://www.iom.int/sites/g/files/tmzbd1486/files/about-iom/migof_brochure_a4_en.pdf.

7 “IOM Calls for Urgent Action to Prevent Escalation of Crises in Niger” International Organization for Migration , Accessed September 20, 2023. <https://www.iom.int/news/iom-calls-urgent-action-prevent-escalation-crises-niger>.

8 “International Cooperation and Partnerships.” n.d. International Organization for Migration. Accessed September 21, 2023. <https://www.iom.int/international-cooperation-and-partnerships>.

9 International Organization for Migration. Annual Report 2022 (italico). Geneva, 19 June 2023, C/114/INF/1, <https://publications.iom.int/books/annual-report-2022-11>.

10 “Migrant Protection and Assistance.” n.d. International Organization for Migration. <https://www.iom.int/migrant-protection-and-assistance>.



IOM

NHSMUN 2024

TOPIC A:
ACCESS TO HEALTHCARE AND INFORMATION SERVICES FOR MIGRANTS

Photo Credit: Dorothea Lange

Introduction

In an increasingly interconnected world, migration has become a defining feature of our global landscape. People move across borders to seek better opportunities, reunite with their families, or escape adverse conditions. Among these migrants, a significant group comprises migrant workers who travel to foreign lands to work. Migrant workers contribute to the economic growth of host nations and support their families back home. However, these individuals often face numerous challenges, particularly when it comes to accessing vital healthcare services and information.

The wellbeing of migrant workers is a critical concern that involves public health, human rights, and social justice. Migrant workers leave behind their homes, cultures, and often their support systems. They embark on a journey that can lead to a brighter future, yet it exposes them to vulnerabilities. They face unique circumstances, such as limited access to healthcare, legal uncertainties, and language barriers. This can result in diminished access to essential services. Furthermore, the lack of proper access to information can worsen these challenges. This leaves migrant workers unaware of their rights, available services, and ways to seek help.

Ensuring access to healthcare stands at the core of any society's commitment to human dignity. Migrant workers, however, often confront obstacles that hinder their ability to receive adequate medical attention. Cultural differences, unfamiliar healthcare systems, financial constraints, and legal concerns can prevent these individuals from seeking healthcare when needed. This not only endangers their personal health but can also lead to broader public health risks. Communicable diseases can spread more easily when a portion of the population lacks access to healthcare, underscoring the interconnectedness of public health on a global scale. Furthermore, access to accurate and timely information is a fundamental right that empowers individuals to make informed decisions about their lives.

Migrant workers face two specific challenges. First, is understanding their host country's legal and healthcare systems. The second is staying connected with developments in their home country. These two create enormous amounts of pressure on the individuals. Further, language barriers,

misinformation, and a lack of resources can harm their ability to access necessary information. This leaves them vulnerable to exploitation, abuse, and neglect. Addressing these issues requires a comprehensive approach that involves collaboration between governments, international organizations, civil society, and the private sector. Ensuring access to healthcare for migrant workers needs policies that are inclusive, non-discriminatory, and considerate of their unique needs. Adequate healthcare services should be available, affordable, and culturally sensitive. Delegates are encouraged to explore solutions that will provide migrant workers with accurate and comprehensible information for safeguarding their rights, well-being, and integration into host communities.

History and Description of the Issue

Health-Related Challenges Faced by Migrants

Migrants deal with many challenges when changing environments and working in low income neighborhoods, especially when it comes to health. There have already been major health studies that show migrants face increased blood pressure, stress, and risk of cardiovascular disease due to harmful working environments.¹ Recently, the World Health Organization (WHO) found that 17 million migrants from 16 countries were less likely to use healthcare services when injured at work than non-migrants.² This is partly because migrant workers' healthcare statuses are often not recorded, especially in developing countries where access to healthcare is not guaranteed.³ This makes it difficult to track progress on

¹ Talma Rosenthal, "Migrating Populations and Health: Risk Factors for Cardiovascular Disease and Metabolic Syndrome," June 15, 2022, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9198623/>.

² United Nations, "Who Calls for Action to Provide Migrant and Refugee Healthcare," *UN News*, July 20, 2022, <https://news.un.org/en/story/2022/07/1122872>.

³ United Nations, "Who Calls for Action to Provide Migrant and Refugee Healthcare," *UN News*, July 20, 2022, <https://news.un.org/en/story/2022/07/1122872>.

migrant health and make informed decisions about how to improve it.

Migrants face harsh conditions such as leaving their family and countries, potentially living on their own and getting used to a new home. This can result in mental and behavioral health issues. Numerous articles show that refugees also struggle more with mental and physical health compared to natives in their new country.⁴ Providing materials that can allow migrants a safe space to open up and talk about their experiences with a licensed healthcare professional is important in order to address this. Mental, emotional, or physical health is not considered because migrants cannot afford help to deal with these issues.

Mental health issues are heightened by cultural and language differences. Poor communication between workers and natives can affect how migrants view themselves. Because migrants are constantly surrounded by natives of their new country, it can be hard for them to assimilate into their new environment. This can take a mental and emotional toll. In Europe, newly migrants and refugees had higher mental and social difficulties.⁵ In Belgium and The Netherlands, migrants that needed asylum had experienced violence, psychological issues, and low social status. These themes are common for most countries.⁶

Another important consideration is the stigma behind mental health. Many barriers that migrants experience start from stigmas, which can be started by healthcare providers and society. A WHO report shows how isolating temporary homes, constant moving, and growing up in developing countries with many diseases can have an effect on migrants'

mental health.⁷ Gender-based stigmas can also impact mental health. When migrant men are asked to talk about their feelings, many believe that answering honestly would show "depleted masculinity." The report also said male migrants from Bangladesh and Pakistan working in Greece drove them to show their masculinity on how well they were performing in front of their employers.⁸ In health clinics, there have been male sexual assault cases that have not been addressed due to the lack of understanding for migrants. A Danish study found medical professionals did not know how to communicate well with the migrants, a lot of cultural insensitivity, and reduced desire for migrants to want to get healthcare.⁹

Evidence suggests that migrants not only have mental health and trauma symptoms, but experience organized violence, resettlement, torture, and physical problems.¹⁰ Refugees additionally have a high range of malnutrition, infectious diseases, and more.¹¹ Most home countries do offer some medical screening, but follow-ups are not scheduled unless migrants have proper documentation and insurance. This is extremely rare, as there are no programs in place to help them get the documents they need. In Europe and some countries, access to health-care services relies on being in a detention center. Host countries also wait a long time before granting health care services to refugees.¹²

Other studies show that differences in cultures, countries of origin, and host countries can affect these factors.¹³ For example, a constant flow of migrants has been taking place in Germany, Sweden, and Italy. This has been due to decreased economic and social opportunities.¹⁴ It has been shown that the healthcare system is lacking inclusivity towards people of

4 Elizabeth Mangrio and Katarina Forss, "Refugees' experience of healthcare in the host country: a scoping review," December 2017, <https://pubmed.ncbi.nlm.nih.gov/29216876/>.

5 Androula Pavli and Helena Maltezou, "Health problems of newly arrived migrants and refugees in Europe," July 1, 2017, <https://pubmed.ncbi.nlm.nih.gov/28426115/>.

6 Jane Cramm and Anna Nieboer, "Acculturation is associated with older Turkish immigrants' self-management abilities," NCBI, September 5, 2019, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6727562/>.

7 Clare Roth, "How stigmas impact refugee, migrant health," *Deutsche Welle*, July 22, 2022, <https://www.dw.com/en/how-stigmas-impact-refugee-and-migrant-health/a-62565783>.

8 Roth, "How stigmas impact refugee, migrant health."

9 Roth, "How stigmas impact refugee, migrant health."

10 Angela Burnett, "The health of survivors of torture and organized violence," NCBI, March 10, 2001, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1119795/>.

11 Jonathan Gornwall, "Healthcare for Syrian Refugees," *BMJ*, August 4, 2015, ;351:h4150. doi: 10.1136/bmj.h4150. PMID: 26243793.

12 "Uninsured immigrant and refugee children presenting to Canadian pediatric emergency departments: Disparities in help-seeking and service delivery," *Pediatrician Child Health*, November 18, 2013, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3885101/>.

13 Rosenthal, "Migrating Populations and Health: Risk Factors for Cardiovascular Disease and Metabolic Syndrome."

14 Tobias Schilling, "Migrants and Refugees in Europe: Challenges, Experiences and Contributions," July 19, 2017, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5624244/>.

different backgrounds. As more immigrants come into a host country, there is more burden and less resources for these people. When there are less resources, the healthcare system cannot be changed.

In terms of technology, numerous studies have shown that digital health can help refugees access medical care. An interesting example is in Afghanistan, where the recent refugee crisis has taken a toll on the country. Many Afghan people have fled their homes, so Airbnb has committed to providing housing for 20 thousand Afghan refugees for no cost.¹⁵ They are also working with the International Rescue Committee, Church World Service, and HIAs to resettle migrants. Airbnb has connected these migrants to homes in various areas of the United States (US) Inspired by Airbnb's efforts, Hims and Hers, telehealth programs, have donated 10,000 primary care and mental health visits to relocated Afghan refugees.¹⁶ Cera, a UK tech home care provider, has also promised to work with the government to give 500 incoming refugees a job.¹⁷ As exemplified, addressing the condition migrants face can allow

countries to address access to healthcare and information services.

Using data as part of technology can help to understand the conditions of migrants. For example, a study in China found that migrant workers who chose healthcare-seeking behavior after illness was relatively low.¹⁸ Those experiencing diarrhea, fever, common cold, and skin rash did not seek as much care as the national average. These findings show that migrant workers are weaker after arriving in cities with better medical conditions. This shows how there is a lack of understanding and awareness of health services to help bridge this gap. Migrant workers also face modern slavery, discrimination, contract violations, abuse, exploitation, and unsafe working conditions. To understand how this can affect the health needs of migrant workers, numerous studies looked into physical and psychiatric barriers they had to face. Among the 3,890 migrant workers, 22 percent had experienced an accident or injury within the workplace.¹⁹ It was also shown that more data on migrant health is needed to address these issues, migrant

15 "Airbnb.org announces 20,000 Afghan refugees have received housing, including in Canada," Airbnb, February 22, 2022, <https://news.airbnb.com/airbnb-org-announces-20000-afghan-refugees-have-received-housing-including-in-canada/>.

16 "Hims & Hers to Donate 10,000 Primary Care & Mental Health Visits to Relocated Afghan Refugees," Medium, August 25, 2021, <https://medium.com/hims-hers/hims-hers-to-donate-10-000-primary-care-mental-health-visits-to-relocated-afghan-refugees-9c9ae21b0dde>.

17 Jemma Crew, "Care home giant pledges to hire 500 Afghan refugees as carers," *Mirror*, August 26, 2021, <https://www.mirror.co.uk/news/politics/care-home-giant-pledges-hire-24842118>.

18 "Effect of Health Education on Healthcare-Seeking Behavior of Migrant Workers in China," *Int J Environ Res Public Health*, March 30, 2020, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7177837/>.

19 Marie Norredam, "Tackling the health challenges of international migrant workers," *The Lancet*, May 20, 2019, [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(19\)30224-4/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30224-4/fulltext).



A migrant group from New Mexico, US
Credit: Mennonite Church USA Archives

workers are affected by their personal and work standards to get mental health, and also have more policies.

The Impact of Working Conditions on Migrant's Health

In today's world, migrant workers play a crucial role in many industries, yet face many more hardships than everyday people. Addressing these struggles needs to be addressed by governments, organizations, and societies. Providing accessible healthcare facilities, multilingual support, and information services can improve the lives of migrant workers.

Many reports have supported these claims. During COVID-19, perceived barriers for accessing healthcare were questioned for workers in Thailand. Due to the vulnerability and limited opportunities to access health services, there are greater health issues.²⁰ These migrant workers lacked health insurance, resulting in less COVID-19 and primary care screenings. Unstable employment status was a major issue, as many migrants were laid off due to COVID-19. Many were affected by not receiving visas, keeping them stuck at home. In Malaysia, it was found that healthcare services were not accessible to migrant workers because of barriers outside of the health sector.²¹ This included discrimination, xenophobia, lack of work permits, and employer-related barriers. Also, language barriers were shown to affect migrant workers as there is not a good relationship between migrant workers and governments.

Different sectors such as rural, agricultural, or city areas have various working conditions for migrant workers. For example, food system industries disproportionately employ workers from immigrant and migrant backgrounds. Industries like these want to rely on foreign workers due to the harder work and unsafe working conditions. Twenty five percent of meat and poultry processing workers and 70 percent of

farm laborers cannot speak English fluently.²² Transnational migrant workers are either working in North America, or in Europe (mainly Northern, Southern and Western). For these migrants, many are lacking work permissions and are at risk of losing their jobs. Another issue is in the incidents and costs for occupational injuries, as many migrants do work at construction sites across rural, urban, and agriculture areas. This means workplace injuries are really common. Using the European Working Conditions Survey, 30,000 migrant workers in 31 European countries experienced higher temperatures, loud noises, strong vibrations, and faster work speeds than natives.²³ They were also working without contracts and had unfavorable work schedules. ⁴

Dangerous chemicals is another setting that is common in many of the industries where migrants work. Workers employed as housekeepers in residences or hotels can be exposed to dermatitis, respiratory diseases, and different cancers.²⁴ They also are known to work with dangerous chemicals such as ammonia. This is extremely harmful for the migrant workers as even smelling or touching chemicals can cause diseases. Housekeepers also work in fast-paced and demanding environments, which can cause more physical injuries than normal ones. Migrants in construction may also work with high elevations, large cutting tools, and heavy lifting.²⁵

Other issues include the lack of safety standards, workplace abuse, and human trafficking. Regulations to protect migrants are not in place. For instance, poultry farm migrant workers report that personal protective equipment (PPE) is supplied by employers, but it is the employee's responsibility to purchase it.²⁶ PPE does not always fit properly, or it may interfere with work, so it is not strictly enforced. This does not protect migrant workers and instead puts them at risk. Interviews with Indian and Mexican immigrants to Canada

20 Int J Environ Res Public Health, "Perceived Barriers of Accessing Healthcare among Migrant Workers in Thailand during the Coronavirus Disease," May 10, 2023, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10217862/>.

21 Tharani Loganathan, "Breaking down the barriers: Understanding migrant workers' access to healthcare in Malaysia," July 3, 2019, <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0218669>.

22 "Unique Vulnerabilities of Agricultural and Migrant Workers in the COVID-19 pandemic," The Center for Migrant's Rights, January 25, 2023, <https://www.hhs.gov/sites/default/files/unique-vulnerabilities-agricultural-migrant-workers.pdf>.

23 Sally Moyce, "Migrant Workers and Their Occupational Health and Safety," *Annual Reviews*, January 14, 2018, <https://www.annualreviews.org/doi/10.1146/annurev-publhealth-040617-013714>.

24 Moyce, "Migrant Workers and Their Occupational Health and Safety."

25 Moyce, "Migrant Workers and Their Occupational Health and Safety."

26 Moyce, "Migrant Workers and Their Occupational Health and Safety."



Migrant workers on a construction site in the Seychelles
Credit: Seychelles Nation

describe migrant workers saying they worked with aggressive and abusive bosses.²⁷ Another study with Latina hotel workers reported that immigrants were also experiencing disrespect, unfair work assignments, and verbal abuse from managers. In Portugal, these workers experienced sexual harassment, withholding of food, discrimination, and delayed payment.²⁸ Finally, trafficking and forced labor has increased. The United States has the most trafficked people, and largely are women and girls. These migrants are recruited from their workplaces and promised a better future, money, and work to be later sold across the world. For example, Filipina workers in a Japanese club were forced to give payment to their employer and received low wages.²⁹

IOM's approach to address labor migration and health through the Sustainable Development Goals (SDGs). For example, providing accessible and quality health services, health information, and access to primary healthcare can help migrant workers and their families. If migrant workers do not have access to public health, they can be untreated, which can

lead to more diseases spreading and danger for their families.³⁰ The main reason why migrant workers do not receive the right attention is because of documentation, arrest, financial costs, or lack of time.³¹ Along with IOM support, there are various non-profit organizations that help migrant workers with their health and barriers they may face. In the US, Gather distributes nutritious food and information, and the Migrant Health Program provides care to migrant farm workers and their families through a network of migrant health centers.³² However, there is a lot of improvement that needs to be done to help migrant workers and their struggles.

Health Literacy and Information Services

The United States Department of Health and Human Services (HHS) defines personal health literacy as the degree as to which people have the ability to find, understand and use information services to inform themselves about health-related decisions and actions. On the other hand, organizational health literacy means the same, except it includes how organizations allow in an equitable way individuals to access their information

27 Moyce, "Migrant Workers and Their Occupational Health and Safety."

28 Moyce, "Migrant Workers and Their Occupational Health and Safety."

29 Moyce, "Migrant Workers and Their Occupational Health and Safety."

30 International Organization for Migration, *The Health of Migrant Workers & Left-Behind Families*, (Switzerland: IOM, 2008), https://www.iom.int/sites/g/files/tmzbd1486/files/our_work/DMM/Migration-Health/mhd_infosheet_migrant_workers_and_left-behind_families_10.09.2018.pdf .

31 International Organization for Migration, *The Health of Migrant Workers & Left-Behind Families*.

32 Stephanie Haywood, "Essential Resources to Support Struggling Migrant Workers," *The Migration News*, <https://www.themigrationnews.com/news/essential-resources-to-support-struggling-migrant-workers/> .

services.³³ According to the Centers for Disease Control and Prevention (CDC), health literacy “is important for everyone because, at some point in our lives, we all need to be able to find, understand, and use health information and services”. Especially because health literacy is part of our everyday lives, not just when people are sick since it can help prevent health problems and diseases to know how to protect ourselves from them and understand how to manage problems when they arise.³⁴

Health literacy becomes relevant, not only because as mentioned above it is part of our daily lives, but because people can come across health literacy issues when they are not familiar with medical terms or the way the body is built or how it works, when they have to try to understand big statistics to evaluate risks, they are diagnosed with a serious condition and want to know more about it but they actually end up feeling more confused, lost and/or scared, when they have a health problem that needs complicated self-care and they could actually be in need of assistance, and many others. Currently, the CDC identifies that there is a health literacy problem mostly because when organizations or even people create or give people information about their health it could be too difficult for them to understand for the reasons previously explored. In the CDC’s words “When we expect them to figure out health services with many unfamiliar, confusing or even conflicting steps, we also create a health literacy problem”.³⁵

Talking about migrants specifically, promoting health literacy in this population is key to intervening in health promotion and to reduce inequalities in accessing healthcare services. Studies in Europe have shown a phenomenon called the “healthy migrant effect” which is based on the self-perception of a good health status from migrants when they arrive to new host countries. However, as migrants stay in host countries,

it is most likely for them to report a decline in their health, mostly related to chronic diseases and disabilities. This is why the health of migrants must be a unified agenda when tackling the issue, since it involves global health, universal coverage, sustainable development and social health determinants.³⁶

As the world develops, technology is in different shapes and forms depending on the resources in each country. Technology can enhance a refugee’s wellbeing through education, empowerment, and support.³⁷ According to a 2017 study with Syrian and Iraqi refugees, the three items most refugees take are water, food, and their phone.³⁸ With a working mobile phone and internet connection, refugees are able to have access to a safe home and find alternatives for their family. UN Organizations such as the IOM, UNHCR, and ILO use online websites to pass information to anyone around the world. However, refugees are still 50 percent less likely to have a stable internet connection and phone.³⁹ This needs to be looked into as refugees cannot have access to any education or resources online and need to rely on themselves for in-person information. This can be challenging as most migrants are unfamiliar with their host country and do not have enough connections.

The 2018 Global Compact for Refugees stresses the need for access to identity documents using biometric technology. Introduced by UNHCR in 2002, it is able to take refugees’ fingerprints and run scans to get their records.⁴⁰ This is more secure as most refugees do not have legal documents or access to them. However, the digital footprint can be an issue because of breaches. UNHCR is continuing to build partnerships with non-governmental organizations (NGOs) to provide host countries and refugees with the internet.

Internet and mobile communication is important for migrants

33 “Health Literacy,” National Institutes of Health, Reviewed July 7, 2021. <https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication/health-literacy>

34 “Understanding Health Literacy,” Centers for Disease Control and Prevention, Reviewed May 19, 2023. <https://www.cdc.gov/healthliteracy/learn/Understanding.html>

35 Centers for Disease Control and Prevention, “Understanding Health Literacy”.

36 Patricia Medina et al, “Health Literacy and Migrant Communities in Primary Health Care,” *Frontiers Public Health*. Vol 9. 2021. <https://www.frontiersin.org/articles/10.3389/fpubh.2021.798222/full>

37 Digit Health, “Exploring low-income migrant workers’ health information-seeking behavior during COVID-19 in Taiwan: A qualitative study,” October 26, 2022, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9608031/>.

38 “Empowering Refugees through Technology,” United Nations Human Rights Council, accessed September 18, 2023, <https://www.unhcr.org/media/empowering-refugees-through-technology>.

39 United Nations Human Rights Council, “Empowering Refugees through Technology.”

40 United Nations Human Rights Council, “Empowering Refugees through Technology.”

to use. A recent study by Accenture and UNHCR showed that refugees need technology and prioritize it over healthcare, education, and clothing.⁴¹ 15 percent of the migrant population has a disability, so providing technology can help these migrants live their life in the unknown better. Connectivity can also help with connecting family members to make sure they are safe. For example, the Syrian refugees were able to communicate with their family members through phones while traveling in a boat from Greece. In northern Uganda, more than half a million refugees have come to the West Nile region.⁴² With minimal infrastructure, and only some land for these migrants. UNHCR's Innovation System has given these migrants 3G signals so they can communicate with phones and the internet. Now, 150,000 refugees are now covered within this area. Free SIM cards, cheaper pricing plans, and more resources have been provided. This is an example that needs to be implemented into developing countries.

IOM has also found that there is a lack of post-screening tools and procedures. This means that services after pre-screening for physical and mental issues were not good, which is dangerous.⁴³ Also, there was a lack of coordination between health needs and government organizations. This means that since medical bills are expensive, there are no systems in place making it easier to receive the care they need. Because countries have starkly different healthcare systems, it is hard to find one universal way to do this. IOM collaborated on a study with the African Centre for Migration and the University of Witwatersrand. They found migrants from Gambia, Georgia, Pakistan, and Senegal had good health before migration, showing that the “healthy migrant effect” does not last. Researchers found a strong relationship between poor health and poor reintegration outcomes. This means that the worse the existing refugees' health, it worsens overall when entering a new country. Lastly, they found exposure to

environments during migration has an extreme effect on the health. IOM plans to figure out a way to make refugee health more important.

Health literacy in migrants can be shown as many migrants come to a country not having any knowledge of diseases, disorders, and illnesses they may have. Research shows that although having a migrant background can contribute to health imbalances, social status, income, and age matters as well.⁴⁴ For example, certain health risks affect women (childbirth, pregnancy, trafficking) versus men (stress, work hazards, accidents).⁴⁵ For migrants in South and Southeast Asians in Japan, researchers found many community-level barriers such as not knowing Japanese, not being able to read websites in Japanese or English, and how much information there was.⁴⁶ Many migrants were not aware of the information centers in Japan, whether it was for COVID-19 protection or general information. Most information about COVID-19 was shared by word of mouth among these migrants, which is not reliable. Health literacy is an issue that must be addressed in committee. Migrants have joined Facebook communities to talk about their experiences with locals, which shows the true power of technology. Access to healthcare can be in many ways, such as technology, health literacy, and research, but it is important for migrants from the beginning to end in their journey to survive.

Barriers Facing Women and Children

The most recent report on migrant health by the World Health Organization, shows that as of 2020, about 48 percent of international migrants were women and 36 million are children.⁴⁷ Migrants, especially children, are more likely to struggle with post-traumatic stress disorder (PTSD), anxiety, stress, depression, substance abuse, and/or suicide.⁴⁸

41 “Connecting Refugees,” United Nations Human Rights Council, June 2016, https://www.unhcr.org/innovation/wp-content/uploads/2018/02/20160707-Connecting-Refugees-Web_with-signature.pdf.

42 United Nations Human Rights Council, “Connecting Refugees.”

43 International Organization for Migration, *Health and Integration*, (Switzerland: IOM, December 2022), https://returnandreintegration.iom.int/system/files/resources/22dd8c68-ed1c-44fc-8204-d44c23ade50/document/iom_kmh_healthandreintegration_digital.pdf?type=node&id=2756&lang=en.

44 Ganahl Dahlvik et al, *Health literacy in persons with a migration background from Turkey and former Yugoslavia in Austria. Results of a quantitative and qualitative study*, (Vienna: Ludwig Boltzmann Institute for Health Promotion Research, 2016).

45 “Study on Female Refugees,” Charite, accessed September 18, 2023, <https://female-refugee-study.charite.de/en/>.

46 Sadatoshi Matsuoka, “Access to Health-Related Information, Health Services, and Welfare Services among South and Southeast Asian Immigrants in Japan: A Qualitative Study,” MDPI, September 22, 2022, <https://www.mdpi.com/1660-4601/19/19/12234>.

47 Mario Fabrizio et al, *World report on the health of refugees and migrants*, (Geneva: WHO, 2023), <https://www.who.int/publications/i/item/9789240054462>.

48 “Behavioral Health,” Migrant Clinician, accessed September 18, 2023, <https://www.migrantclinician.org/explore-issues-migrant-health/>



A member of the US Navy assists a migrant mother and her baby

Credit: U.S. Navy photo by Mass Communication Specialist 2nd Class Daniel Barker

However, there is not much research on children’s behavioral health when it comes to migration.

In many countries, migrant women face more miscarriages, baby growth issues, premature birth, and not enough pregnancy follow ups.⁴⁹ Those without any medical insurance are even more susceptible to this, as the inadequate pregnancy monitoring exposes them to severe complications during childbirth and consequences for the future health of the child⁵⁰. Once migrant women reach out for medical help it is too late. Also, they experience more c-sections, postpartum depression, and diseases (such as HIV/AIDS).⁵¹ IOM has partnered with the World Health Organization (WHO) to compile studies across different countries on migrant women and health. In Portugal, a study showed that newborns have higher morbidity in migrant families than Portuguese

residents.⁵² In New York City, immigrant women represent 50 percent of births, and many of them have elevated risk for poor maternal health outcomes.⁵³ However, among immigrant women, 43 percent did not visit a health care professional in the year before pregnancy, compared to 27 percent of women born in the United States.⁵⁴ The differences in healthcare utilization can be partly attributed to the type of insurance, the parent’s country of origin, the mother’s education level or her ethnicity.⁵⁵

Prenatal care for migrant women has been connected with sexual and reproductive health (SRH). SRH has led to deaths and suffering of migrant women that are able to get pregnant.⁵⁶ A lot of times, the increased risk of morbidity and mortality is overlooked.⁵⁷ They are also exposed more to sexually transmitted diseases such as AIDS/HIV, rape, sexual

behavioral-health.html.

49 “Interventions Facilitating Access to Perinatal Care for Migrant Women without Medical Insurance: A Scoping Review Protocol,” PLoS One, March 14, 2022, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8920260/>.

50 PLoS One, “Interventions Facilitating Access to Perinatal Care for Migrant Women without Medical Insurance: A Scoping Review Protocol.”

51 PLoS One, “Interventions Facilitating Access to Perinatal Care for Migrant Women without Medical Insurance: A Scoping Review Protocol.”

52 PLoS One, “Interventions Facilitating Access to Perinatal Care for Migrant Women without Medical Insurance: A Scoping Review Protocol.”

53 Sheela Maru, “Utilization of Maternal Health Care Among Immigrant Mothers in New York City,” *Springer*, November 22, 2021, <https://link.springer.com/article/10.1007/s11524-021-00584-5>.

54 Maru, “Utilization of Maternal Health Care Among Immigrant Mothers in New York City.”

55 Maru, “Utilization of Maternal Health Care Among Immigrant Mothers in New York City.”

56 Bianca Amaral, “Maternal Health in Crisis: A Scoping Review of Barriers and Facilitators to Safe Abortion Care in Humanitarian Crises,” NCBI, September 21, 2021, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8594037/>.

57 Shalika Hegde, “Unsafe abortion as a birth control method: maternal mortality risks among unmarried Cambodian migrant women on the Thai-Cambodia border,” May 5, 2011, <https://pubmed.ncbi.nlm.nih.gov/21551135/>.

violence, and unwanted pregnancies.⁵⁸ The most common causes of maternal injury are excessive blood, infection, high blood pressure, unsafe abortion, anemia, malaria, and heart disease.⁵⁹ Migrant women are more likely to face these issues while carrying their child. Another study investigated 1,210 migrants and 1,400 native women who gave birth in Portugal. Scientists found significant gaps within language barriers, which did not allow women to receive good health communication.⁶⁰ Overall, access to healthcare for prenatal migrant women has not been great and needs to improve.

Another important consideration is that there is not much research with transnational prenatal care (TPC) for migrant women. TPC is a set of treatments such as receiving medications, receiving advice through health networks, and traveling to another country to get healthcare. Being an undocumented immigrant does not help with this since it makes it harder for migrants to receive TPC. A study in Montreal, Canada found that migrant women tended to diagnose themselves within the pregnancy, which can be extremely dangerous, as it can lead to inappropriate or delays in treatment.⁶¹ Another community-based participatory research study was done in Sweden, in the program Collaborative Innovations for Health Promotion in a socially disadvantaged area, to identify conditions of health promotion in migrant women. Participants included residents and 21 migrant women.⁶² This study found two main health issues, mental-health and long-term pain. The stories relate to how migrant women do not get the right resources, support, and health promotion. The women also felt let down by healthcare, and did not understand the new healthcare system in their host country.⁶³ They showed interest in learning more

about the healthcare system, and how to complain about it.

For migrant women already carrying their child, there are more issues attached. About one in every four births in the US is to an immigrant or non-native.⁶⁴ Another important consideration is what migrant women go through when facing violence in their country. IOM says women and children, especially expecting single mothers, are at risk for harming their unborn child because of the lack of access to healthcare.⁶⁵ In developing countries with warzones, single mothers are not able to access proper food and prenatal care. A report conducted in Iraq 2006, showed that children that are born are not fed properly and have an increase in diseases. Many children do not get vaccinated, where most of the vaccines are given at a young age. Violence and insecurity is causing these migrant women and children to move. However, they are not given much to start with. This has also led to an increase in divorce and domestic violence, making it an unsafe environment for migrant women and their children.⁶⁶

Once migrant children are born, they have specific health needs and have many problems accessing healthcare. Children born to immigrant mothers have higher rates of stillbirth, dental cavities, infectious diseases, premature delivery, and obesity.⁶⁷ A study found that access to healthcare was lower utilized with vaccines, oral health, and mental health.⁶⁸ Across Europe, there are increasing numbers of migrant women who can give birth at their age. Another study found that these women need culturally-based healthcare providers who understand their struggles and can provide supportive healthcare.⁶⁹ Also, this brings into question the existing models

58 Hegde, "Unsafe abortion as a birth control method: maternal mortality risks among unmarried Cambodian migrant women on the Thai-Cambodia border."

59 "Maternal Health," International Organization for Migration, https://www.who.int/health-topics/maternal-health#tab=tab_1.

60 Sousan Hamwi, "Migrant and native women's perceptions of prenatal care communication quality: the role of host-country language proficiency," NCBI, February 9, 2023, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9909846/>.

61 Lisa Merry, "Transnational prenatal care among migrant women from low-and-middle-income countries who gave birth in Montreal, Canada," April 26, 2023, 23(1):292. doi: 10.1186/s12884-023-05582-w. PMID: 37101137; PMCID: PMC10131434.

62 Cecilia Lindsjo, "Health promotion focusing on migrant women through a community based participatory research approach," October 16, 2021, <https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-021-01506-y>.

63 Lindsjo, "Health promotion focusing on migrant women through a community based participatory research approach."

64 "Vital Statistics Rapid Release- Births," Center for Disease Control and Prevention, May 2022, <https://www.cdc.gov/nchs/data/vsrr/vsrr020.pdf>.

65 "Women and Children at Increasing Risk from Effects of Violence in Iraq, Says IOM," International Organization for Migration, November 21, 2006, <https://www.iom.int/statements/women-and-children-increasing-risk-effects-violence-iraq-says-iom>.

66 International Organization for Migration, "Women and Children at Increasing Risk from Effects of Violence in Iraq, Says IOM."

67 Niina Markkula, "Use of health services among international migrant children – a systematic review," May 16, 2018, <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-018-0370-9>.

68 Markkula, "Use of health services among international migrant children – a systematic review."

69 Frankie Fair, "Migrant women's experiences of pregnancy, childbirth, and maternity care in European countries: A systematic review," PLoS, February 11, 2020, <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0228378>.

of maternity healthcare and questions if providers need to go into training to help migrants.

NGOs have been helping migrant women improve their maternal and childcare across the world. For example, a women's health center has been implemented for reproductive health consultations, youth friendly services, information about migration, health check-ups, and psychological services.⁷⁰ Through implementing more of these centers, women are able to receive therapy for the journey they face as a migrant, have check-ups for their and their children's health, as well as work with medical professionals that have training. Another important organization called Every Mother Counts works to make pregnancy and childbirth safe for every mother.⁷¹ Over USD 30 million have been invested for public education and community engagement. This is supported by over 40 programs in 16 countries that work towards maternal health. These efforts have impacted over one million people combined. ARMMAN is an India-based non-profit leveraging Health to create solutions for pregnant women and mothers.⁷² An example to do so is adopting a tech plus approach, leveraging the health worker network of the government and partner NGOs. They have been able to provide preventative care information to women through pregnancy and infancy enabling them to seek care in time. This organization also trains and supports health workers for detection and management of high-risk conditions.

In order to prevent future diseases for migrant women and children, healthcare workers need to be trained to understand the struggles migrants go through. This was extremely important during the COVID-19 pandemic, where frontline workers were able to become selfless and adapt. This needs to be the same attitude for incoming migrants, as many deal with physical, psychological, and personal issues that cannot be solved with a regular healthcare system. Medical professionals must also understand other consequences these migrants face,

like lack of healthcare and insurance. UNICEF also encourages establishing surveillance and response systems to make sure there are effective testing and reporting systems. For example, if there is a new virus variant (similar to COVID-19 variants), it can be easily documented and watched through data. Building confidence in health services through community health is extremely important. Many countries have set up temporary clinics and mobile health units to help migrants in rural and developing areas. However, none of this can be done without the use of supplies from developed countries. Overall, access to prenatal, postnatal, and pediatric care for migrant women and children is lacking and must be addressed in committee.

Ethical, Legal, and International Considerations

Existing legal rules allow migrants to be protected within the UN jurisdiction based on their background, gender, sexuality, income, etc. Some of these regulations are based on equality and non-discrimination, accountability and rule of law, and participation/inclusion.⁷³ However, these rules are not always followed by countries. IOM works with many other UN organizations such as WHO, UNHCR, ILO, etc. to ensure these rules are respected. The World Health Organization (WHO) has already called for action to give migrants the healthcare they deserve. In a study, WHO showed that 17 million participants from 16 countries found migrant workers less likely to use health services, and have an injury when working.⁷⁴ Today, the number of international migrants is 272 million (2019). International migrants comprised 3.5 percent of the global population in 2019, compared to 2.8 percent in 2000.⁷⁵ Because of poorer health outcomes due to education, income, and housing, migrants are forced to stay in their current situation.

There are also legal and ethical considerations when trying to give migrants access to healthcare and information services. In Switzerland, there are rules that protect these migrants such

70 "Guide on NGOs that provide services to migrants," UN Women, 2016, <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2016/29-Guide-on-NGOs-that-provide-services-to-migrants-2016-en.pdf>.

71 "Our Story," Every Mother Counts, 2010, <https://everymothercounts.org/>.

72 "Our Story, Armman, 2008, <https://armman.org/about-us/>.

73 United Nations Human Rights, *International Standards Governing Migration Policy*, (Switzerland: OHCHR, 2023), <https://www.ohchr.org/en/migration/international-standards-governing-migration-policy>.

74 United Nations, "Who Calls for Action to Provide Migrant and Refugee Healthcare," *UN News*, July 20, 2022, <https://news.un.org/en/story/2022/07/1122872>.

75 "Global Issues: Migration," United Nations, 2023, <https://www.un.org/en/global-issues/migration>.

as immigration policies based on international human rights agreements. The responsibility for healthcare in Switzerland is shared by the government and smaller administrative areas (cantons).⁷⁶ However, there is an ethical dilemma on the topic of providing healthcare and information services to illegal migrants. For example, the United Kingdom (UK) is legally obligated to provide healthcare to everyone, regardless of their immigration status, as stated in the UN's Universal Declaration of Human Rights⁷⁷. However, providing healthcare to illegal immigrants can be seen as a use of the country's resources by someone who does not contribute in the same way citizens or residents do (for example, by paying taxes). Because of this dilemma, the UK was not able to establish a clear standard for providing healthcare to illegal immigrants. In practice, this is left up to each hospital, which can present a disadvantage for migrants.

Within cross-border efforts, there are also legal and ethical viewpoints that need to be considered. In order to provide cross-border humanitarian aid, it is necessary to obtain the consent of the government of the country in which the aid is being provided, as the government has the sovereign right to

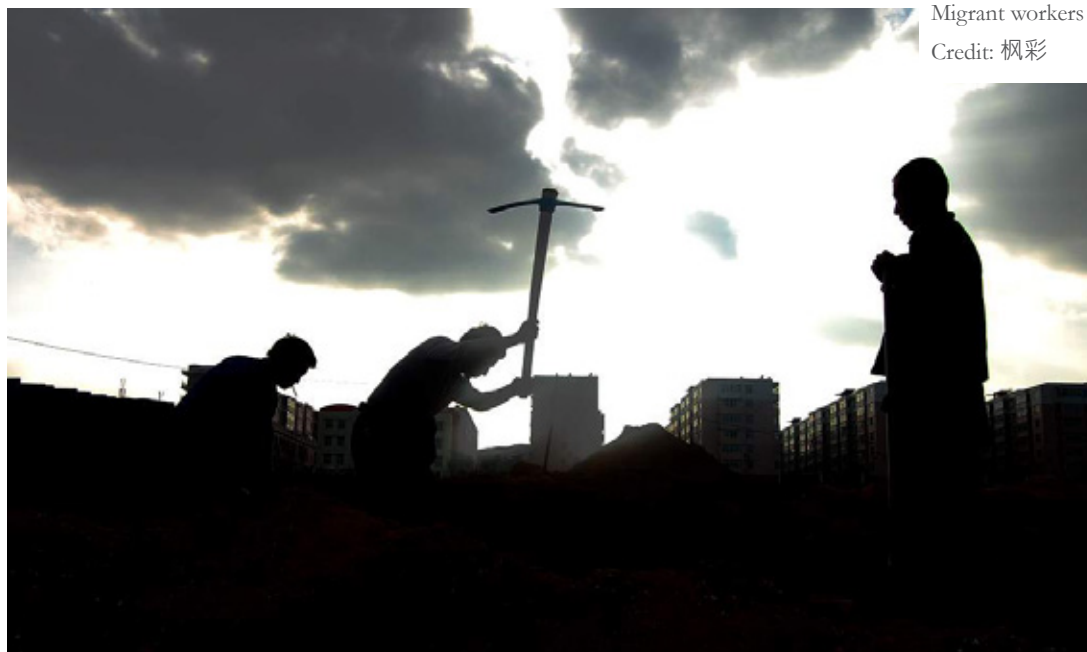
control what happens within its borders. However, there are cases where the government may refuse to give consent. In the Nigerian War from 1967- 1970, the Joint Church Aid worked to flow 66 thousand tons of relief supplies. Unfortunately, their planes were shot down by the Nigerian air force.⁷⁸ A more recent case was the international humanitarian aid for the COVID-19 pandemic. In the case of the Syrian conflict, the government has denied consent to many humanitarian organizations, making it difficult for the help to reach those who needed it.

Moreover, there are many legal and ethical considerations when using data to help keep track of health measures to be taken. In today's world, we are generating more data than ever before. All of this data has brought problems, especially with migration. Data is the only way scientists internationally can understand how people move within countries and across borders, since it is complicated. Because of this, we need accurate and detailed information to understand how we can help migrants. Social media, mobile phones, and satellites help us understand these patterns. However, many developing countries do not have access to artificial intelligence, machine

⁷⁶ Geraldine Marks-Sultan, "The legal and ethical aspects of the right to health of migrants in Switzerland," October 6, 2016, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5809828/>.

⁷⁷ Gen J Br Pract, "Access to healthcare for illegal migrants: ethical implications of a new health policy in the UK," February 2019, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6355273/>.

⁷⁸ Hugo Slim, "Ethical and legal perspectives on cross-border humanitarian operations," *Humanitarian Practice Network*, November 26, *Issue 59, Article 2*, 2013, <https://odihpn.org/publication/ethical-and-legal-perspectives-on-cross-border-humanitarian-operations/>



Migrant workers in China working in harsh conditions
Credit: 枫彩

learning, and even satellites, so it is impossible to help migrants who are starting their journey.

One of the main issues when using data is making sure it is used responsibly and ethically. Many efforts internationally, regionally, and country-by-country have been made to set some guidelines in order to protect migrants and their privacy. This data can be really useful in understanding migration, but needs to be used properly.

For example, the COVID-19 pandemic has made new data sources more important because it's been hard to collect data in the usual ways. Organizations have been working with private companies to use anonymized data from mobile phones to see how the pandemic can affect migrant communities internationally. The Business-to-Government initiative between the EC and European mobile network operators (MNOs) to see how migrants were affected across 19 EU member states.⁷⁹ Closely modeling the pandemic was the tuberculosis (TB) pandemics throughout history. The UK has already implemented pre-entry TB screenings for migrants when they first enter, which has shown promising results. The US has also implemented similar protocols, as well as looking at treatment and diagnosis criteria.⁸⁰ This is nothing new, as migrant health assessments have already been used in international migration, based on rules outlined by the International Health Regulations. These assessments help make sure migrants can integrate into the community, have health issues addressed quickly, and provide accurate information for their families. IOM has partnered with other UN organizations to add an extra step to the assessment for COVID-19 during the pandemic, as a lot of countries need to keep track of who may be affected or not.

IOM has already collected information on more than 60 projects, and has already formed two pillars of their Internal Displacement Data Strategy from 2021–2025. This is used to collaborate with the Knowledge Center on Migration

and Demography (KCMD) and the European Commission (EC) to bridge the gap between public and private sectors. It makes sure data partnerships are made to have good practices, build capacities, and make sure ethical practices with data are taking place.⁸¹ The EU Data Strategy and UN Data Strategy have another relationship that emphasized data-sharing partnerships globally.^a

There are already some data platforms that are being used to keep track of migrants. Passenger Name Records (PNR) and Advance Passenger Information (API) can be used to support health measures taken by border control agencies during the border process.⁸² Some countries can be legally licensed to use these two tools, and have already done so during the Ebola outbreak. API and PNR data is collected by the airlines and shared with governments to ensure migrants reach their destination. This allows medical professionals to see where they have come from, as some countries have more prevalent diseases than others. Another example of IOM's use for technology is the Migration Information and Data Analysis System (MIDAS).⁸³ This system can be connected to e-visas, API messages, and customs data. However, they need to make sure the data is protected and can be used for not only health but immigration, security, and trade.

International considerations for migrants come down to how effective traveling and cross-border control is. Refugee integration is a serious topic that needs to be further understood as it first starts when the migrants enter the border. The legality of being a migrant worker or asylum seeker is extremely difficult and hard for those wanting to seek citizenship. For example, United States immigration officers conduct interviews to determine the status of immigrants and their reason to seek asylum in the country. Those allowed to stay in the country are granted asylum but are subjected to further immigration hearings.⁸⁴ Since many migrants are unfamiliar with immigration law, this can lead to abuse at these borders and lack of understanding. It is also extremely

79 International Organization for Migration, "Ethical Considerations in Re-Using Private Sector Data for Migration-Related Policy."
 80 International Organization for Migration, *Cross-Border Human Mobility Amid and After COVID-19*, (Switzerland: IOM, July 21, 2020), https://www.iom.int/sites/g/files/tmzbd1486/files/documents/issue_brief_cross-border_human_mobility.pdf .
 81 International Organization for Migration, "Ethical Considerations in Re-Using Private Sector Data for Migration-Related Policy."
 82 International Organization for Migration, *Cross-Border Human Mobility Amid and After COVID-19*.
 83 International Organization for Migration, *Cross-Border Human Mobility Amid and After COVID-19*.
 84 "Editorial: There's a crisis at the border all right, but one created by political posturing," Los Angeles Times, September 20, 2022, <https://www.latimes.com/opinion/story/2022-09-20/editorial-immigrants-flights-buses-political-posturing>

dependent on the environment migrants are surrounded by. The Brazilian border state of Roraima has faced struggles with inequities between migrants and non-migrants. The amount of TB cases has increased, due to the border areas not having enough medical resources. Also, there is a lack of education, sanitations, and vaccinations.⁸⁵ These are because of how the refugee camp was structured, which is where they were forced to go after crossing the border. If governmental organizations can regulate and support migrants when they first arrive through giving them proper refugee housing, food, and healthcare, this gap can be closed. A bigger mental strain is more prevalent in detention centers, where migrants are forced to locate into less costly housing. These detention centers have protocols to follow, however many migrants have described their experiences as harmful to their mental health.⁸⁶

Along with mental health struggles, transmission rates at borders and detention centers have increased. COVID-19 rates have increased similarly to the 2009 H1N1 influenza virus. Immigration detention centers were not prepared for both of these situations, and many migrants did contract the viruses. Many governments and NGOs have given some migrants refugee status. In the United States of America, the Biden administration has given some migrants in Mexico refugee status.⁸⁷ This initiative will allow migrants from Cuba, Haiti, Nicaragua, and Venezuela who are living in Mexico to come with a refugee status. What this status means is that it can help them gain permanent residency and citizenship and give them government assistance. Over 60 NGOs hold Observer status with IOM.⁸⁸ This means that IOM is collaborating with these NGOs to increase migrant policy conversations. IOM also has regular annual consultations and briefings for a wider NGO audience. IOM works toward counter-trafficking, emergency and post conflict, labor migration, and

migration health. For example, IOM's Medical Health team works with these NGOs to manage health assessments for migrants and refugees. Overall, ethical, legal, and international considerations for migrant workers and their families must be urgently considered in order to design effective policies that facilitate migrant's access to healthcare.

Current Status

Case Study: Migrants in Ukraine

Russia's invasion of Ukraine has displaced the most people Europe has seen since World War II. Approximately 7.8 million Ukrainians have fled to the European Union (EU), and an additional 2.9 million went to Russia.⁸⁹ Some migrants even went to North America or Japan. Across the world, countries have implemented different types of policies to aid these refugees. The Japanese government has given Ukrainians residency and work permits for up to a year, provided temporary housing, food, and living expenses. However, Japan expects them to return to Ukraine after the war.⁹⁰ In the EU, Ukrainians were also able to file for 90 days of a visa pre-invasion.⁹¹ Additionally, EU leaders also offered Ukrainians residence and rights to work, education, and benefits through the Temporary Protection Directive.

However, there are still many issues Ukrainians are facing even with these benefits. With the situation in Ukraine not showing any signs of resolution, many are forced to ask themselves how they can survive once their visa period is over. Within one year of Russia's assault, 628 health facilities were damaged, 215 health workers were killed, and 287 health workers kidnapped across the world.⁹² More than a third of all reported attacks on healthcare globally in 2022 were

85 Débora de Almeida Soares, Ricardo Arcêncio, and Inês Fronteira, "Inequities between migrants and non-migrants with TB: Surveillance evidence from the Brazilian border State of Roraima," *One Health* 16 (2023), <https://doi.org/10.1016/j.onehlt.2022.100473>.

86 UNHCR, *Global Strategy Beyond Detention: Final Progress Report* (Geneva: UN High Commissioner for Refugees, 2010), <https://www.refworld.org/pdfile/5f452dce4.pdf>.

87 Camilo Montoya-Galvez, "Biden administration to give some migrants in Mexico refugee status in U.S.," *CBS News*, July 28, 2023, <https://www.cbsnews.com/news/biden-administration-to-give-some-migrants-in-mexico-refugee-status-in-u-s/>.

88 "Civil Society and NGOs," International Organization for Migration, <https://www.iom.int/civil-society-and-ngos>.

89 United Nations High Commissioner for Refugees, Ukraine Refugee Situation, Accessed August 10, 2023, <https://data.unhcr.org/en/situations/ukraine>.

90 Anthony Kuhn, "Japan's Treatment of Ukrainians contrasts with its prior refugee policy," *Morning Edition*, September 23, 2022, <https://www.npr.org/2022/09/23/1124662853/japans-treatment-of-ukrainians-contrasts-with-its-prior-refugee-policy>.

91 "Top 10 Migration Issues of 2022," Migration Policy Institute, accessed August 10, 2023, <https://www.migrationpolicy.org/programs/migration-information-source/top-10-migration-issues-2022#ukraine>.

92 Insecurity Insight, *Destruction and Devastation: One Year of Russia's Assault on Ukraine's Health Care System*, (February 21, 2023), <https://>

because of the Ukrainian crisis.⁹³ There have been numerous repeated attacks on hospitals and healthcare clinics within Ukraine. These attacks make it hard for migrant workers and their families to continue to work and seek help in their own country. This has further escalated the humanitarian crisis in the country. Access to healthcare is already impacted due to security concerns, restricted mobility, broken supply chains, and mass displacement. By Russia postponing care, Ukrainians are not able to receive the care they need through healthcare systems. In an effort to remedy this, the WHO is delivering medical supplies to isolated regions such as Lviv, Ukraine.⁹⁴

An important consideration is the age of Ukrainians. Because one in four citizens are over 60, the impact of those with disabilities and higher medical needs is important to consider. Between March and June of 2022, Emergency Medical Teams (EMTs) in Ukraine responded to 16 percent of infectious disease, 14 percent trauma, and the majority were acute respiratory infection cases.⁹⁵ The WHO Surveillance System for Attacks on Health Care (SSA) publishes attacks on health facilities and workers.⁹⁶ Mental health is also a concern for these refugees. WHO estimated that nearly 10 million Ukrainians may be suffering from mental health conditions such as depression or anxiety.⁹⁷ In another study published by Ukraine's Ministry of Health, it found more than 70 percent of people said they were stressed or nervous because of the war.⁹⁸ The UN Children's Fund (UNICEF) also estimates that 1.5 million children in Ukraine are at risk of depression, anxiety, post-traumatic stress disorder, and other conditions.⁹⁹ About 55 percent of Ukrainian mothers reported that their children were somewhat bothered by the loud sounds caused

by the bombings. 41 percent of kids were irritated.¹⁰⁰ As Ukrainian refugees try to exit their home country due to these attacks and lack of resources, they deal with long-term challenges. More specifically, if they are able to still receive the right care and resources even while not being a citizen of their host country.

In terms of technology, the US office of refugee resettlement links key resources and contacts to support Ukrainians. For example, links include "Human Trafficking Resources for Individuals from Ukraine," "Health Coverage Options," and partners of this organization.¹⁰¹ The UNHCR has also established their own resources to call a walk-in counseling number, email the UNHCR Ukraine email, and information on fleeing Ukraine.¹⁰² While most refugees have access to phones and the internet, Ukrainian refugees are not facing challenges of rural network coverage and device and data plans.¹⁰³ Although Ukrainians are forced to leave from one place to another, having access to technology is not much of an issue. For example, digitization has been important for Ukrainian refugees as most are staying in private residences in Poland and across Europe.¹⁰⁴ The main reason for this instead of staying in central areas is because there is more access to real-time information, resources, and support without being able to be tracked. However, these tools come with risks. A lot of these technological solutions have created gaps in protection, which is about refugees' safety and privacy because of the large number of people.

Biometric technology has played a big role in processing Ukrainians. Over 13 million Ukrainians (one third of the adult population) in 2021 were using Diia. This smartphone is

reliefweb.int/report/ukraine/destruction-and-devastation-one-year-russias-assault-ukraines-health-care-system.

93 Insecurity Insight, *Destruction and Devastation: One Year of Russia's Assault on Ukraine's Health Care System*.

94 Marta Dzhus, "Impact of Ukrainian-Russian War on Health Care and Humanitarian Crisis," *Cambridge*, December 7, 2022, <https://www.cambridge.org/core/journals/disaster-medicine-and-public-health-preparedness/article/impact-of-ukrainian-russian-war-on-health-care-and-humanitarian-crisis/4F3D9B7220368DD24A1D0F9B698DCD00>.

95 Dzhus, "Impact of Ukrainian-Russian War on Health Care and Humanitarian Crisis."

96 "Surveillance system for attacks on health care," WHO, accessed April 28, 2022, <https://extranet.who.int/ssa/Index.aspx>

97 Laurin-Whitney Gottbrath, "The silent toll of war: Ukraine's growing mental health crisis," *Axios*, February 24, 2023, <https://www.axios.com/2023/02/24/ukraine-war-mental-health-russia-invasion-children>.

98 Gottbrath, "The silent toll of war: Ukraine's growing mental health crisis."

99 Gottbrath, "The silent toll of war: Ukraine's growing mental health crisis."

100 Gottbrath, "The silent toll of war: Ukraine's growing mental health crisis."

101 Office of Refugee Resettlement, Ukrainian Assistance Resources, May 18, 2023, <https://www.acf.hhs.gov/orr/programs/refugees/ukrainian-assistance-resources>.

102 "Help," United Nations High Commissioner For Refugees, accessed August 10, 2023, <https://help.unhcr.org/ukraine/>.

103 Lauren Burke, "Ukrainian Refugees: Forced Displacement Response Goes Fully Digital," *CSIS*, June 23, 2022, <https://www.csis.org/analysis/ukrainian-refugees-forced-displacement-response-goes-fully-digital>.

104 Wiktor Babinski, "We cannot afford to be a weak link on the eastern flank of the alliance," *Politico*, May 10, 2022, <https://www.politico.com/news/magazine/2022/05/10/eastern-flank-alliance-warsaw-poland-democracy-00031386>.

used as a digital wallet for electronic versions of many official Ukrainian government documents. This includes passports and driver's licenses, which hold the same legal status as physical ones. Diia can also be used to send financial assistance to displaced migrants in the invasion. Ukrainians can register with their biometric data, producing a PIN that allows them to collect cash at ATMs. This is powerful because it allows refugees to be able to use their phones and keep electronic records if they are in a situation where they need to prove their identity. Some countries have already raised concerns about privacy protections, saying they are impossible because there are limited human resources and storage capabilities.¹⁰⁵ Ireland has also said how well personal data can be interpreted where Ukrainians that do not know their rights may be asked to share information and be coerced. Under the International Refugee Law, asylum seekers and refugees are not required to share their information with authorities. The UNHCR also uses iris recognition technology to distribute cash assistance at Jordanian ATMs and supermarkets.¹⁰⁶ Ukrainian refugees must be educated about their rights as a refugee and understand the danger they may be in with this information. This can be done by allowing governments, multilateral institutions, NGOs, and the private sector to help support refugees. For the future, refugees can use multimodal systems such as biometric scans, artificial intelligence processing, and computer algorithms to help fast-track visa applications, and their refugee status.

Labor Shortages in the Healthcare Sector

Immigration has long been a controversial issue, since many people believe that immigrants take jobs away from local residents of the country all over the world. The reality has shown to be otherwise, as most of the times immigrants take the jobs residents normally do not want to do. Additionally, labor shortages have been on the rise in recent years, so many countries are being forced to change their policies and laws to tackle this issue and promote immigration as a whole.

Ever since the COVID-19 pandemic, many people have lost

or quit their job. Australia, the United States, Canada and the EU, which are popular regions for immigrants, have a great demand for foreign workers nowadays. During the pandemic, common causes for people to lose their jobs were either retirement or unfulfilling positions, causing people to quit. However, nowadays other common factors as to why people no longer have jobs are related to issues like declining fertility rates, population aging and baby boomers retiring. Labor shortages such as these, are tied to displaced Ukrainians in the EU to settle in new societies, and they are doing this very quickly.¹⁰⁷

Strained Immigration Systems filled with backlogs, are causing governments to take longer on being able to proceed with efforts to grant all types of visas. Backlogs are a buildup of cases that have not yet been processed. They can occur for a variety of reasons, such as a lack of resources, staff shortages, or delays in the application process. For example, in Australia the backlogs meant that 962,000 possible migrants were stuck in the void as of May, that included at least 150,000 highly skilled workers that could not access a job. Thankfully, in the next few months the government made efforts to make a more efficient system. In the United States, most of their consulates were reopened fully to process visas by late 2022, but the government officials were stuck between the piles of work that they accumulated in the two years before that. By late October, there were approximately 385,000 permanent residence applicants awaiting an interview at the consulate. The US consulate in India was one of the most congested, since people looking for a tourist visa had to wait almost 1,000 days to get it. As of June, there were 8.8 million applications awaiting processing, this was a 54 percent increase over late 2019, which was even before the pandemic.¹⁰⁸

According to research provided by the University of California–Davis (UC Davis), at the end of 2022, there were almost two million fewer immigrants at a working age in the US than there would have been if immigration remained unchanged even before the pandemic. In March 2020, there

¹⁰⁵ Council of the European Union, *Institutional File*, (Brussels: EU, 2022), <https://www.statewatch.org/media/3328/eu-council-eurodac-temporary-protection-sar-comments-9103-22.pdf>.

¹⁰⁶ Tyler Choi, "Biometrics secure UNHCR direct cash payments to Ukrainian refugees," *Biometric Update*, April 18, 2022, <https://www.biometricupdate.com/202204/biometrics-secure-unhcr-direct-cash-payments-to-ukrainian-refugees>.

¹⁰⁷ Migration Policy Institute, "Top 10 Migration Issues of 2022."

¹⁰⁸ Migration Policy Institute, "Top 10 Migration Issues of 2022."



A young migrant at the US-Mexico border

Credit: CBP Photography

was a new law passed in the US to prevent the spread of COVID-19, known as “Title 42.” Its effect was to keep many migrants and possible asylum seekers out of the country. These people are allowed to work legally in the US while they wait for their cases to be resolved. During this waiting period, asylum seekers and migrants are able to apply for work permits, but this process usually can take up to 180 days before they are authorized. The decrease in legal immigration over the last few years has hurt many American companies and businesses—especially those like construction, agriculture, and hospitality which require low skilled labor. Jerome Powell, Chairman of the US Federal Reserve, has stated that in addition to an aging workforce there is a lack of foreign labor contributing to the shortages, this has pushed wages higher and fueled higher inflation as well. The UC Davis research also showed that the biggest impact in labor shortages are in different industries, but the one with the biggest impact is hospitality. Currently there are about 10.3 million open jobs in the United States, out of those 377,000 are in construction and 1.6 million in hospitality and the number keeps rising. The hospitality industry used to employ around 30-40 percent of foreign born workers, but this has stopped with the more recent labor shortages.¹⁰⁹ The UC Davis research found that about half of the two million potential immigrants that were

lost during the pandemic had a college degree. This should make them “high-skilled workers” These are job multipliers, since for each high-skilled worker, 2.5 new jobs are created according to another report conducted by the University of California–Berkeley.

For the healthcare sector specifically, the World Health Organization predicts a shortfall of 15 million health care workers around the world by 2030, and especially in low and lower-middle income countries. The increasing international migration of health workers in these countries may be complicating further the health workforce shortfalls. Human resources for health information services are normally not strong enough to take stock of selected health workers from the public sector. In general, the health sector has a vital role in helping build the resilience of communities and health systems to be able to respond to disasters caused by artificial or natural risks, as well as related environmental, technological and biological hazards. 67 percent of the health and social sectors are women, and investing in the health workforce is an opportunity to create great employment chances for women and youth particularly. In addition, strengthening the health workforce with migrant workers may help give them access to healthcare and tackle two issues at the same time.¹¹⁰

¹⁰⁹ Vanessa Yurkevich, “America needs immigrants to solve its labor shortage,” *CNN*. December 22, 2022. <https://edition.cnn.com/2022/12/22/economy/immigration-jobs/index.html>

¹¹⁰ “Health Workforce,” World Health Organization, accessed August 26, 2023. <https://www.who.int/health-topics/health->

The University of Southern California (USC) found that the healthcare provider shortage is not only an inconvenience, but a public health crisis as well, since it has been building over the years even before the COVID-19 pandemic. Having health staff shortages leads to poor patient outcomes such as infections acquired at hospitals, patient falls and increases chances of death, the American Association of Colleges of Nursing warns. Reasons as to why there is a lack of staffers in the healthcare sector can be related to the lack of investment in training the workforce in low-income countries. However, wealthier countries have been able to partly solve this problem by hiring workers from other countries, this is where migration becomes relevant to address and solve the issue as well. By providing economic incentives for health care workers to emigrate they can make the decision to leave for better opportunities. Long-term strategies that should be considered to tackle the staff shortages are investing in public health, hiring nurse practitioners, recruiting minorities since having professionals with the same cultural background as patients can improve the quality care in those populations, and telemedicine which is being able to attend a doctor's appointment virtually instead of in person.¹¹¹

For decades, the health system in Somalia was severely weak due to conflict and humanitarian crises that led to the displacement of more than 2.6 million Somalis. In 2021, there were approximately 6000 health workers in Somalia, and with a 15 million population that meant that there were only four health workers per 10,000 Somalis, which is a lot below the WHO's recommendations, since it identifies countries with less than 23 workers per 10,000 people as failing to achieve correct coverage on primary health care. A new project by the IOM is part of the many plans and solutions to address the health care delivery shortage by using video cameras, screens, personal computers and digital mobile devices to enhance the diagnosis and treatment of patients. This project was pushed by Kerry Kyaa, an IOM senior health expert, since she believes

that the project links doctors in Somalia with experts abroad to complement treatment and healthcare access. Actually, IOM Somalia had been supporting the health capacity through Migration for Development in Africa (MIDA) program, which is a program created by the IOM. The program is based on placing Somalia health experts from the diaspora into the country's hospitals and clinics. The telemedicine program would help address the lack of a balanced, motivated, well distributed and managed health workforce with appropriate skills. The greatest contribution that telemedicine can do is that through videoconferences, the doctors participating will be able to help those on the frontlines with diagnoses and offer real time solutions for patient management.¹¹²

A 2023 study on how integrating immigrant health professionals has its barriers, showed that immigrant healthcare workers who are internationally educated face skill underuse when working in lower-skilled healthcare positions or outside healthcare settings. Examples of the barriers that immigrant health professionals face include lack of access to resources, financial limitations, language difficulties, challenges with their credentials, prejudice, and investment in current jobs. At the same time, barriers that assistance programs face include eligibility restrictions, funding challenges, workforce instability, recruitment difficulties, keeping connections and pandemic challenges in general.¹¹³

In the case of the United States, immigrants are a key factor to their healthcare workforce since they are employed in many different positions. In 2018, 15.6 percent of healthcare professionals and technical occupations and 22.4 percent of healthcare support workers were immigrants. Approximately 263,000 refugees and immigrants with four-year degrees or higher in a health field are placed in the US by unemployment and underemployment. With the COVID-19 pandemic, it would have been good to use these immigrant talents to provide care and support for patients who were sick during

workforce#tab=tab_1

111 "A Public Health Crisis: Staffing Shortages in Health Care," Kech School of Medicine of USC, March 13, 2023. <https://mphdegree.usc.edu/blog/staffing-shortages-in-health-care/>

112 "IOM Somalia Supports New "Telemedicine" Enhancement for Migrants and Host Communities," IOM. January 15, 2021. <https://www.iom.int/news/iom-somalia-supports-new-telemedicine-enhancement-migrants-and-host-communities>

113 Morhaf Al Achkar et al, "Integrating Immigrant Health Professionals into the U.S. Healthcare Workforce: Barriers and Solutions," *Journal of Immigration Minor Health*. April 21, 2023. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10119818/>

this time.¹¹⁴

Today, doctors, NGOs, and medical professionals are looking for new ways to help developing countries access medical services for their migrants. For example, there have been telehealth visits to a refugee camp, efforts to help migrants find housing and technology, as well as NGOs providing in-person medical support.¹¹⁵ GlobalRise is a non-profit that works to improve nutrition and health for children in developing countries, and has worked with Uganda. Uganda has hosted more than 1.4 million refugees.¹¹⁶ Another study showed that providers in Lebanon did not have time or resources to invest in technology, which did not help the Syrian refugee population.¹¹⁷ Because healthcare systems are not big enough due to resources, it is hard for refugees to be even using technology. Many refugees do not have the literacy skills to use technology and understand health, which is where medical providers must come in and provide support. This company was able to start solving the problem by putting in community radio shows that connected Syrian refugees to healthcare providers in Lebanon. There, they would be able to make an informed choice about whether they needed to visit a clinic or not. These migrants are also able to connect one-on-one with their medical providers, can ask questions if they are unsure, and meet regularly.

In 2022, many governments across the world created long-term strategies to start recruiting immigrants in order to fill labor gaps. Canada was one of the most active governments to do this, since more than a fifth of its population is foreign. In November, Ottawa declared a goal of attracting 1.45 million immigrants between the years of 2023 and 2025. In this goal, the purpose is to attract foreign-born workers in areas such as healthcare, manufacturing and in-demand fields in general. It is important to mention that at least two-thirds of these new arrivals have a university degree, but only 40 percent work in jobs that require that level of education. In

the case of the United States, between 2020 and 2021 granted 750,000 fewer permanent residence green cards. Even though its numbers balanced back again in 2022, the country still has millions of job openings. The Congress is on the sidelines of immigration policy, and the Biden administration announced their goal in fiscal year 2023 is to issue at least 65,000 extra H-2B temporary nonagricultural visas.¹¹⁸

Apart from the United States and Canada, there are countries all around the world trying to tackle the labor shortage crisis by prioritizing immigration inclusion. Australia, which was one of the countries with the most pandemic restrictions, a governmental change was made to increase their cap on permanent migrants from 35,000 to 195,000. Prime Minister Anthony Albanese's new government is prioritizing visa processing, with the support of AUD 36 million to create staff and streamline affairs. New Zealand, has record-low unemployment rates, nonetheless it has created a plan to streamline the immigration system and make residence permits easier for foreign-born workers in high-skill and sought-after areas. It also expected to temporarily double the number of temporary work visas while it recovered from almost total border closures related to COVID-19.¹¹⁹

In the European Union, the government of France glanced at a plan to legalize irregular migrants who often engage in working sectors with labor shortages. Germany is estimated to need around 400,000 immigrants per year to keep its economy at bay, did legal changes to promote migration and tackle labor shortages, these legal changes included easing the access to citizenship. For Ukrainians displaced all over Europe, large numbers have taken their first job instead of the job that is better suited for their skills and education level.¹²⁰

All around the world, the post-pandemic labor market needs are pressing, but 2022 showed only the beginning of efforts that can help address the issue. Adam Ozimek, the

114 Morhaf et al, "Integrating Immigrant Health Professionals into the U.S. Healthcare Workforce: Barriers and Solutions."

115 Laura Lovett, "How digital health can help refugees access medical care," *Mobi Health News*, September 1, 2021. <https://www.mobihealthnews.com/news/how-digital-health-can-help-refugees-access-medical-care>.

116 "Refugee Population by country or territory of asylum- Uganda," The World Bank, <https://data.worldbank.org/indicator/SM.POP.RE.FG?end=2020&locations=UG&start=2020&view=map>.

117 Reem Talhouk, "Integrating Health Technologies in Health Services for Syrian Refugees in Lebanon: Qualitative Study," *JMIR*, July 2020, <https://www.jmir.org/2020/7/e14283/>.

118 Migration Policy Institute, "Top 10 Migration Issues of 2022."

119 Migration Policy Institute, "Top 10 Migration Issues of 2022."

120 Migration Policy Institute, "Top 10 Migration Issues of 2022."

chief economist at the Economic Innovation Group stated that “High skilled immigration is incredibly important. We shouldn’t think of it as something that addresses short-term shortages, but something that is really important for the long run: innovation, productivity, growth, and health of the economy”. During December 2022, the American Farm Bureau Federation with another 350 agricultural groups reached out to the Senate to approve an agricultural reform bill to address the farm labor crisis, since it hinders production and contributes to food price inflation.¹²¹

Sustainable Development Goals (SDGs)

In 2015 the United Nations created an agenda with goals to be followed in the next years as a call to action to tackle many issues that the world is facing. There are 17 of these goals, and they are expected to be fulfilled by 2030. The goals are known as the “Sustainable Development Goals” (SDGs) and they address challenges such as poverty, inequalities, environmental issues, responsibility, and many others.¹²²

The core Sustainable Development Goal for this topic is SDG 3: Good Health and Well-Being. The purpose of this goal is to ensure healthy lives and promote well-being for all at all ages.¹²³ SDG 3 calls towards reducing maternal and child mortality, combat infectious diseases, and ensure essential access to healthcare services. This is extremely important for migrant workers, as they are known to be at a disadvantage when receiving these services. This goal recognizes that good health is the state of tackling various challenges that can affect our health. For example, the COVID-19 virus has already affected more than 500 million people worldwide.¹²⁴ There have been excessive amounts of deaths, disrupted health services, more levels of anxiety and depression, and stopped health coverage from growing. For example, immunization coverage dropped for the first time in 10 years, as well as deaths from tuberculosis

and malaria increased. This means that although the pandemic is over, there must be more work that needs to be done.

Some of the goals set by this SDG 3 is to reduce the global mortality ratio to less than 70 per 100,000 births, end epidemics of AIDS, TB, malaria, and hepatitis, reduce one third of premature mortality diseases, and provide treatment of substance abuse by 2030.¹²⁵ In 2020, the prevalence for anxiety and depression increased by an estimated 25 percent. For a migrant context, this means ensuring universal health coverage and access, medicines and vaccines, and support. Migrant workers and their families go through extreme conditions when trying to escape their country, causing anxiety, depression, and PTSD. They also do not have many resources and may bring in illnesses that cannot be treated. By supporting research and development of vaccines and medicines all diseases will reduce spread and help protect migrants. Additionally, providing financial support, healthcare, and clinics is important to improve access to healthcare.

SDG 10: Reduced Inequalities tries to ensure that no one is left behind and that by 2030, there is empowerment and promotion of social, economic and political inclusion regardless of people’s age, sex, disability, race, ethnicity, origin, religion or economic status. This goal is tied to the protection of migrant workers since within its targets it also includes removing discriminatory laws, policies and practices and instead adopting protective policies. Finally, the most relevant target of the goal is to make safe, regular and responsible migration and people mobility through well-managed migration policies and reducing to less than three percent migrant transaction costs of fees and removing those with costs higher than five percent.¹²⁶ Overall, these SDGs highlight important parts of the discussion for migrant workers and must be addressed in committee and proposed solutions.

121 Yurkevich, “America needs immigrants to solve its labor shortage.”

122 “Sustainable Development Goals.” United Nations, accessed August 25, 2023. <https://www.un.org/sustainabledevelopment/sustainable-development-goals/>

123 “Goal 3,” United Nations, accessed August 25, 2023. <https://sdgs.un.org/goals/goal3>

124 United Nations, “Goal 3.”

125 “Targets of Sustainable Development Goal 3,” United Nations, <https://www.who.int/europe/about-us/our-work/sustainable-development-goals/targets-of-sustainable-development-goal-3>.

126 “Goal 10: Reduce inequality within and among countries,” United Nations, accessed August 25, 2023. <https://www.un.org/sustainabledevelopment/inequality/>

Bloc Analysis

Points of Division

In June of 2023, 30 countries signed the Rabat declaration.¹²⁷ This declaration argued that migrants and refugees should be included in national and international health systems and should be given full coverage through these programs. This resolution was groundbreaking, as many talks have been carried out on this topic since 2017 with no progress.¹²⁸ By signing this declaration, countries committed to creating inclusive health systems and incorporating considerations for migrants into these institutions. However, with only 30 countries as signatories, there is a long way to go for other countries.

Countries who did not sign this declaration may be facing different challenges to implementation. While some countries have growing refugee and migrant populations, others are countries from which migrants are leaving. These countries will face different challenges based on how large their migrant populations are. The blocs have thus been divided according to signatory and non-signatory countries of the Rabat declaration, the latter being further divided into countries with high or low migrant populations. The World Bank provides data on migrant populations per country, having collected data on the number of migrants entering a country each year.¹²⁹

Because there are so many differences in individual countries' situations when it comes to migrants, it can be difficult to find similarities. However, cooperation is essential to ensuring that this issue is addressed at a global scale. Based on the information presented in this Guide, we have outlined three blocs. The blocs provided here will give delegates an idea of which countries they can expect to work with during the committee. However, delegates should also conduct their own research in order to better understand their own country's specific situation.

Countries Signatory to the Rabat Declaration

Countries in this bloc have signed the Rabat declaration, indicating that they are dedicated to improving conditions for migrants in their countries. This includes countries such as Turkey, Jordan, and Morocco, as well as Italy, Greece, and the USA.¹³⁰ These countries have agreed to dedicate resources to migrants' health care, and are on their way to implementing programs that will benefit them. Countries here are keen on fostering cooperation between origin, transit, and destination countries, ensuring a rights-based approach to healthcare, and exchanging best practices.. For countries in this bloc, the priority will be to strengthen their national health policies so that migrants are able to access these resources. Additionally, these countries may be looking for creative solutions on how they can introduce migrants to the healthcare systems without placing additional strain on overwhelmed systems. An example of this is Italy. In Italy, migrants are able to access emergency healthcare, as well as support for mental health and disabilities. Individuals can register at a public office or have someone come to them if they are unable to access an office.¹³¹ However, the COVID-19 pandemic exposed many weaknesses in the healthcare system, as 23 percent of individuals reported not being able to access healthcare services.¹³² Despite making progress, there is still room for improvement in countries in this bloc. Delegates in this bloc should prioritize innovative solutions that will help them to better integrate migrants into healthcare systems. They should also work to help countries that have not yet strengthened their own healthcare systems.

Non-Signatory Countries with a Growing Migrant Population

Countries in this bloc have not signed the Rabat declaration, but they have migrant populations of over 100,000. This includes countries such as Canada, the United Kingdom, Germany,

¹²⁷ Anderson and Fletcher, "30 Countries Sign Political Declaration to Include Refugees in National Health Systems."

¹²⁸ Anderson and Fletcher, "30 Countries Sign Political Declaration to Include Refugees in National Health Systems."

¹²⁹ "Refugee population by territory or country of asylum," The World Bank, accessed September 14, 2023, <https://data.worldbank.org/indicator/SM.POP.REFG?view=map>.

¹³⁰ Anderson and Fletcher, "30 Countries Sign Political Declaration to Include Refugees in National Health Systems."

¹³¹ "Health Services," UNHCR, accessed September 14, 2023, <https://help.unhcr.org/italy/services/health/>.

¹³² European Commission, *State of Health in the EU: Italy Country Health Profile 2021* (Brussels: European Commission, 2021), https://eurohealthobservatory.who.int/docs/librariesprovider3/country-health-profiles/chp2021pdf/italy-countryhealthprofile2021.pdf?sfvrsn=2da292f3_5&download=true.

and Algeria.¹³³ These countries attended the talks in Morocco for the Rabat declaration, but chose to prioritize domestic healthcare and access for migrants through individual bilateral agreements. This is to avoid concentrations of migrant influx to keep their populations and infrastructure under control. These countries may propose strengthening domestic healthcare infrastructure, creating integration programs, and initiating bilateral agreements with key migrant-origin and transit nations. They aim to ensure healthcare access for both citizens and migrants, promote cultural understanding, and enhance collaboration with neighboring countries. A notable example here as well is Algeria, which is a non-signatory country but has a migrant population of about 115,000.¹³⁴ Part of the declaration included integration of migrants into the registered healthcare system which Algeria opposed. Many of the countries mentioned above followed suit and chose not to join the Declaration. Thus, this bloc would look at solutions that prioritize their own needs, but also aim to compromise with the origin and destination countries for greater cooperation.

Non-Signatory Countries with Small Migrant Populations

Non-signatory countries in this bloc, including nations like Slovakia, Fiji, and Georgia, with small migrant populations, concentrate on optimizing limited healthcare resources and addressing potential future migration challenges. Due to their small migrant populations, they aren't because severe challenges as some of the other countries around the world. They are able to efficiently allocate existing healthcare infrastructure, providing essential healthcare services to both citizens and the smaller migrant population. Additionally, they prioritize proactive planning to adapt healthcare systems for potential increases in migration in the future while promoting language and cultural integration programs and engaging in regional dialogues to share best practices and prepare for shifts in migration dynamics. The emphasis is on implementable solutions that align with national development goals, ensuring effective healthcare delivery and stability within the context of

smaller migrant populations.

Committee Mission

The International Organization for Migration's mandate is providing special assistance to migrants and States concerned by migration, helping countries develop services and searching for practical solutions in every migration aspect. The IOM provides migrants in need with humanitarian assistance and the general goal of the organization is to make sure that no migrant is left behind or alone. It has four specific mandates: "Assist in meeting the growing operational challenges of migration management, advance understanding of migration issues, encourage social and economic development through migration, and uphold the human dignity and well-being of migrants."¹³⁵

The IOM supports comprehensive health programs for migrants at all stages of their journey, from before they leave their home country to after they arrive in their destination country. The IOM is well-placed to address the remaining challenges of providing uninterrupted mental and physical health care to migrants, responding quickly to emergencies, and ensuring that countries have the resources they need.

Policymakers must consider policy changes and meaningful partnerships that can provide concrete assistance to migrants, who are often excluded from recovery plans. The committee must also address the practical barriers to accessing healthcare for migrants, such as lack of information, lack of awareness of available services, restricted transportation, and limited financial means. It is important to understand the root causes of migrant's lack of access to healthcare and information services so that effective solutions can be developed to ensure they have the same rights and opportunities as everyone else.

¹³³ Anderson and Fletcher, "30 Countries Sign Political Declaration to Include Refugees in National Health Systems."

¹³⁴ Anderson and Fletcher, "30 Countries Sign Political Declaration to Include Refugees in National Health Systems."

¹³⁵ Albert Camus. "The Practical Guide to Humanitarian Law," accessed August 25, 2023. <https://guide-humanitarian-law.org/content/article/3/international-organization-for-migration/>



IOM

NHSMUN 2024



TOPIC B: EMPOWERING AND PROTECTING MIGRANT WOMEN

Photo Credit: USA for UNFPA

Introduction

The world is no stranger to migration. Since humanity has existed, humans have constantly been on the move to search for better conditions to build a stronger life for future generations. Some historians argue that the first instance of migration was more than 1.75 million years ago. Nearly two million years later, the world has now passed a new milestone for migration: the majority of migrants are now women.¹

These women face a more difficult journey than ever before, and it is the globe's responsibility to protect and empower these migrant women. Because migration has been around for so long, the causes of migration are complex, unique, and varied. Some people are left trapped in the barren conditions of war-torn countries, having no choice but to turn to the migration journey. Climate change, an undeniable reality of our times, has also been a cause of migration, forcing migrants to balance adaptation and displacement at the same time. For others, some simply want to find new opportunities for their own families.

The first step of empowering migrant women is reducing the situations that cause migration in the first place. The world must take steps to address climate change, deescalate situations of violence across the globe, and economically revitalizing countries that face poverty. Of all the different reasons those choose to migrate, there is one commonality: being a woman makes the journey significantly more difficult. Every situation that migrants flee from is one where migrant women face unique challenges and are left vulnerable.

The shadow of gender-based violence (GBV) looms largely over the story of migrant women. At every step of the journey, exploitation and abuse is common. As migration paths become more and more irregular, migrant women are left vulnerable to being attacked and taken advantage of. Smugglers, promising women a safe journey, turn around to exploit women for more money or coerce them into being victims of human trafficking. Even border workers and police officers have been known to exploit migrant women and use their power dynamic in a harmful way.

Unfortunately, the combination of poverty and social

insecurity makes women easy targets for human traffickers. To confront and reduce gender-based violence, the global community must first work to understand and increase awareness on the vulnerability migrant women face and the ways exploitation manifests. Policy frameworks must work to establish safer migration pathways, resource and support centers for migrant women, as well as educate those women on their rights and support services. Communities, governments, and organizations must work together to challenge this unfortunate reality.

Beyond the concern of GBV, there are several other challenges that migrant women face. Access to essential services, such as childcare, healthcare, and social services, is a defining factor on the journey for migrant women. Both before and after they have been settled in their new country, migrant women must be able to take care of their families and themselves, as these services ultimately determine how well they can rebuild their lives. Lack of literacy, transportation, and culturally-insensitive healthcare practices only work to deepen the accessibility barriers to these services. For all migrant women, they must have access to quality and affordable childcare, health services, education, and psychological support. This lack of services also extend directly to the issues migrant women face when entering the workforce. The lack of childcare makes it difficult for migrant women to support their family and protect their children simultaneously. When migrant women can find work, language barriers and a lack of legal protections for migrant women often cause them to enter into dangerously exploitative employment contracts that give them no bargaining power or flexibility whatsoever. The empowerment of migrant women through education and vocational training can be a powerful tool against exploitation, but it has not been implemented

¹ Julia Cusick, "10 Facts You Need to Know about Immigrant Women," Center for American Progress, August 10, 2023, <https://www.americanprogress.org/article/10-facts-you-need-to-know-about-immigrant-women/>.

on a wide enough scale. Giving migrant women skills and knowledge, both working knowledge and knowledge of their own rights, they gain more resilience and resourcefulness along their journey. When migrant women are attempting to piece their lives back together, they deserve a government policy structure that works to protect them – in the employment sector, healthcare sector, educational sector, and more.

Ultimately, the story of migrant women should not be one of isolation, but rather, of integration. In their new community, migrant women feel welcomed and have the same rights, opportunities, and services as natural citizens. This extends beyond just legal protections and support services; migrant women should feel emotionally attached and a part of their own community, actively interested in seeing it prosper and grow. At the same time, natural citizens must not look at migrant women as anything other than fellow citizens and companions within their own community. Destigmatizing the experience of migrant women and building inclusive communities will help dismantle the situations that cause exploitation and violence.

The International Organization for Migration (IOM) is asking the global community to understand the needs and wants of migrant women. Each country is tasked with the duty to smash down the obstacles that crowd the journey of these women. Every step taken, every policy enacted, and every moment taken to help empower migrant women has the potential to change vulnerability to agency, despair to hope, and broken homes to new communities. The time for collaboration is now, where the world can work towards giving migrant women nothing but safety, security, and opportunity along their journey.

History and Description of the Issue

War and Migration

Throughout history, the human race has always been on the

move. Some people seek employment and economic prospects and others aim to reunite with family or pursue education. Others move to avoid conflict, persecution, terrorism, and human rights abuses. In more recent history, many people are moving as a result of the harmful impacts of climate change, natural disasters, or other environmental circumstances. It is also clear that the number of migrants across the world has been rising year after year.² In understanding why this trend is occurring, it is important to first look at who exactly is classified as a migrant as well as the different causes of migration itself. Migrants represent anyone that leaves their home—voluntarily or involuntarily—to find a better life. The definition of migrants includes refugees, asylum seekers, and displaced people. Most people associate migrants with “displaced people”—people that are leaving their homes involuntarily due to conflict, violence, or disasters. According to the United Nations High Commissioner for Refugees’ Global Trends Report, there are 108.4 million forcibly displaced people worldwide.³ Refugees, on the other hand, represent people that are leaving to escape persecution, violence, or any situation that as a result requires international protection. Regardless of the type or reason one becomes a migrant, they deserve the full support of the international community, especially those most vulnerable along the journey. While it is clear that there are many reasons as to why people become migrants, inarguably one of the most common reasons is war.

The causes of migration are diverse and can be sparked by a number of world issues or country policies. For example, after the September 11 attacks on the United States, then President George W. Bush announced a global “war on terror.” What resulted was several conflicts that caused a mass displacement of people internationally. At least 37 million people have fled their homes in eight different wars, concentrated mainly in the Middle East, that the United States launched or participated in, though many experts say this is a conservative estimate.⁴ Some are refugees seeking safety in another country, while others are displaced people within their own home. These wars, taken place in at least 24 countries, have displaced more

² Anusha Natarajan, “Key Facts about Recent Trends in Global Migration,” Pew Research Center, December 16, 2022, <https://www.pewresearch.org/short-reads/2022/12/16/key-facts-about-recent-trends-in-global-migration/>.

³ International Organization for Migration, *World Report 2022*, (Geneva: International Organization for Migration, 2023) <https://publications.iom.int/books/world-migration-report-2022>

⁴ David Vine et al, “Creating refugees: Displacement caused by the United States’ Post-9/11 wars.” *Costs of War Project* 175, no. 6 (2020).



A migrant woman and her children await processing at a border

Credit: The New York Times

people than any other war or disaster since World War II.⁵ These conflicts include the Afghanistan/Pakistan war, the post-2003 war in Iraq, as well as armed conflicts in Libya, Syria, Yemen, Somalia, and the Philippines.

While the United States has accepted hundreds of thousands of refugees since, most refugees from these conflicts have been hosted in countries in the Middle East. While 25.3 million people have returned after being displaced, this does not mean they have returned to their original homes, way of living, or to a secure life in general. It is also important to recognize that the damage displacement causes to migrants cannot be displayed by numbers. Losing one's home, belongings, community, as well as the potential loss of life to family and friends, causes incalculable harm to individuals. Furthermore, it hurts entire countries, socially and economically. These conflicts have contributed to the large rise in migrants in recent years. Between 2010 and 2019, the total number of refugees and displaced persons basically doubled from 41 million to 79.5 million.⁶ A commitment to preventing future refugees is a commitment to de-escalating global conflicts.

There are several clear examples of how war is a clear

cause of migration—and even more that showcase just how vulnerable women are to its effects. For example, the situation in Afghanistan paints a clear picture of the specific disadvantages women face. Refugee women are vulnerable to trauma, sexual violence, and deepening poverty. Additionally, political leaders often restrict women's mobility in new land, meaning few women are able to find employment or better opportunities. That being said, over one-third of Afghan refugee women are widows, yet nothing is done to help them in their unique situation. Furthermore, women's voices are missing in policy discussions about the creation and planning of refugee camps, despite the fact that they account for 75 percent of the refugee population.⁷

Another example of the issues migrant women face can be seen in Syria. The majority of Syrian refugees are in Turkey, which also hosts the largest number of refugees out of any country in the world. Women account for 1.7 million (46 percent) of Turkey's refugees from Syria.⁸ For these women, the job opportunities available to them are irregular and limited. Low levels of education already make it difficult to find employment, yet even those with higher education

⁵ Vine et al, "Creating refugees: Displacement caused by the United States' Post-9/11 wars."

⁶ UNHCR, *Global Trends: Forced Displacement in 2019* (Geneva: United Nations, 2020)

⁷ Mahwash Bhimjee, "Afghan Refugee Women in Pakistan: The Invisible Casualties of the War in Afghanistan," *Contemporary UK Feminism*, October 19, 2019, https://thefword.org.uk/2013/03/afghan_refugee_women.

⁸ "Refugee Response," UN Women – Europe and Central Asia, July 13, 2023, <https://eca.unwomen.org/en/where-we-are/turkey/peace-and-security>.

levels are still not employed. Refugee women also struggle to find working hours in Turkey that allow them to keep a job and take care of their children. Furthermore, employer's preference for younger people causes older women to find difficulty in getting jobs.

The war in Ukraine has also led to a large displacement of people in Europe. According to the UNHCR's annual report in June 2022, around six million Ukrainians were displaced within the country, and approximately 5.7 million had sought refuge in other countries. As the crisis goes on, vulnerable communities across the globe still feel its impacts. The conflict has caused death and destruction all over the region. Energy infrastructure, access to water and electricity, healthcare, and education have all been disrupted, causing many Ukrainians to migrate. Poland has accepted the greatest number of Ukrainian refugees, while other neighboring countries such as Hungary and Moldova have accepted others as well. As the war persists, the humanitarian needs in Ukraine are growing and expanding. It has been estimated that in 2023, approximately 17.6 million people in the country will require humanitarian assistance. Of the refugees in Ukraine, an estimated 90 percent are women and children.⁹ This means that the global community must prevent and respond to gender-based violence, sexual exploitation and abuse, trafficking, and work to protect children.

Another issue migrant women face is having to become the primary breadwinner of their family without prior experience. An example of this comes from the violence and war in Yemen – one of the world's worst humanitarian crises.¹⁰ After nearly a decade of violence beginning in 2015, almost 90 percent of the population has no publicly supplied electricity, or employment. As an impact of the violence, now one in four displaced families in Yemen is headed by a woman or girl.¹¹ They have no choice but to shoulder the burden of displacement, poverty, and starvation. This all

while having limited access to basic services, healthcare, and work opportunities. As a result, many girls and women are forced to drop out of school and marry early to deal with their poverty. Amidst this poverty, gender-based violence and abuse are common and undealt with, and many migrant women report only eating once a day and having no fuel or firewood. However, beyond these issues, one of the biggest issues that must be addressed is the lack of access to education for migrant women. In Yemen, approximately 78 percent of refugee mothers and caregivers are illiterate. Both the violence in the country and the structural inequalities have hindered girl's access to education, creating a growing gender gap in literacy. Ensuring that migrants and refugees can continue their education is essential to empowering their families and communities.

Another clear cause of migration is persecution. This can stem from hostility on the basis of ethnicity, religion, political beliefs, and more. These migrants frequently leave behind their entire lives, often including loved ones, and flee with little more than their basic possessions. Many persecuted refugees flee to their immediate neighboring countries, partially so they can return home when possible.¹² The most prominent example of this is the persecution of the Rohingya people by Myanmar. The Rohingya have suffered decades of discrimination and persecution, culminating in massive violence that broke out against them in 2017. In the midst of families being killed and villages being burnt down, over one million left the country, a majority of which started seeking refuge in Bangladesh. Women and girls make up 52 percent of the Rohingya refugees in Bangladesh and are often living in fear of kidnappings, shootings, and the threat of sexual violence.¹³ Work must be done to help persecuted refugees, among the most marginalized groups in the world, gain a safe and protective environment. In the meantime, and more importantly, women refugees must have protection and

⁹ "Individual Refugees from Ukraine recorded across Europe," United Nations High Commissioner for Refugees, accessed July 18, 2023, <https://reporting.unhcr.org/operational/situations/ukraine-situation>

¹⁰ "Yemen Refugee Crisis: Aid, Statistics and News: USA FOR UNHCR," USA for UNHCR. The Un Refugee Agency, accessed August 15, 2023, <https://www.unrefugees.org/emergencies/yemen/>.

¹¹ "What Is It Like to Be a Woman in Yemen?," USA for UNHCR. The Un Refugee Agency, accessed August 15, 2023, <https://www.unrefugees.org/news/women-in-yemen/>.

¹² Zachary Laub, "No Refuge Why the World's Swelling Refugee Population Has Shrinking Options," Council for Foreign Relations, Accessed July 16, 2023, <https://www.cfr.org/refugee-crisis/>

¹³ Farzana Hossen and Syed Samiul Basher Anik, "Dwindling Aid Leaves Rohingya Women Exposed to Rising Violence," *The New Humanitarian*, May 17, 2023, <https://www.thenewhumanitarian.org/news-feature/2023/05/09/aid-rohingya-women-violence-bangladesh>.

security within their temporary settlements.

War is one of the largest causes of migration. This violence not only displaces and destroys families, communities, and countries, but it uniquely hurts women and children. Amidst the violence, women are often left to be the breadwinner of the family and are facing poverty, sexual assault, lack of employment, and limited education. The global community has a responsibility to de-escalate current situations of violence, prevent future situations of violence, and help those trapped in the migration cycle because of it. Empowering migrant women is a complicated task, but it must include dealing with gender-based violence, increasing education access, and financially revitalizing communities that are stuck in poverty and unemployment.

Climate Change & Migration

Millions of people across the world, including settled refugees, are facing extreme weather, rising sea levels, and degraded ecosystems. Some groups estimate that there could be 1.2 billion climate migrants by the year 2050.¹⁴ Climate change must be addressed, and the challenges of climate migration must be understood to those displaced by environmental events. It is first important to understand that climate change is both a threat-creator of migration as well as a thread-magnifier. While climate change is causing natural disasters – which frequently cause migration – it also limits natural resources making them increasingly scarce in parts of the world that host refugees. Crops and livestock are being threatened by climate change, and therefore livelihoods as well. As Filippo Grandi, Commissioner of the United Nations High Commission for Refugees, put it, “We need to invest now in preparedness to mitigate future protection needs and prevent further climate-caused displacement. Waiting for disaster to strike is not an option.”¹⁵

According to the UNHCR, between 2008 and 2016, 21.5 million people per year were displaced each year by weather-related events.¹⁶ This number is only expected to increase with climate change worsening year after year. Climate refugees are a relatively new concept, but one that is increasingly well established in international law. In 2017, of the 68.5 million people forcibly displaced, approximately one-third of them were forced by “sudden-onset” weather events.¹⁷ For example, in 2020 two Category 4 hurricanes hit Honduras, Guatemala, and El Salvador. This resulted in many people migrating to Mexico as well as the United States. Cold weather meant they lost their homes, livelihoods, communities, and access to clean water. Climate change is only expected to make natural disasters stronger and more deadly. Natural disasters are not the only way in which climate change causes migration. Prior to the Syrian Civil War, there was a five-year drought where crop yield plummeted. 800,000 people lost their income, 85 percent of the country’s livestock died, and 1.5 million rural workers were displaced.¹⁸ In Bangladesh, home to more than 900,000 Rohingya that have fled Myanmar, the annual monsoon season puts the lives of all refugees at risk. Many Rohingya refugees are living in the southern region of Bangladesh, which faces devastating monsoons year after year.¹⁹

As is the unfortunate trend, the most vulnerable climate migrants are women. The simple truth is that when women are displaced, they are at greater risk of violence and harm. Climate change not only poses a greater threat to women refugees, but also disproportionately creates more of them. In middle and low-income countries, women are heavily reliant on agriculture, one of the most at-risk industries of the climate crisis. Intense and recurrent weather events push millions into food insecurity and climate migration, with pregnant women being among the most impacted by malnutrition.²⁰ Not only are women and children more than 14 times more likely to be killed

14 Sean McAllister, “There could be 1.2 billion climate refugees by 2050. Here’s what you need to know,” June 3, 2023, <https://www.zurich.com/en/media/magazine/2022/there-could-be-1-2-billion-climate-refugees-by-2050-here-s-what-you-need-to-know>.

15 “Climate Change and Disaster Displacement,” UNHCR UK, accessed July 18, 2023, <https://www.unhcr.org/uk/what-we-do/how-we-work/environment-disasters-and-climate-change/climate-change-and-disaster>.

16 “Frequently Asked Questions on Climate Change and Disaster Displacement,” UNHCR UK, November 6, 2016, <https://www.unhcr.org/uk/news/stories/frequently-asked-questions-climate-change-and-disaster-displacement>.

17 Elizabeth Ferris, “The climate crisis, migration, and refugees,” *Brookings*, March 9, 2022, <https://www.brookings.edu/articles/the-climate-crisis-migration-and-refugees/>.

18 McAllister, “There could be 1.2 billion climate refugees by 2050. Here’s what you need to know.”

19 “Top Climate Emergencies Impacting Refugees in 2022,” United Nations High Commissioner for Refugees, last modified August 31, 2022. <https://www.unrefugees.org/news/top-climate-emergencies-impacting-refugees-in-2022/>

20 United Nations High Commissioner For Refugees. *Gender, Displacement, and Climate Change*. (Geneva: UNHCR, November 2022), <https://>

by climate disasters, but displacement from climate disasters also exposes women to greater risks. Women displaced due to environmental disasters are frequently placed in crowded evacuation centers or temporary settlements, leaving them vulnerable to gender-based violence. Furthermore, disasters often cause the disruption of critical reproductive health care, as well as social protection.

The regions most vulnerable to climate change are Latin America, South Asia, and sub-Saharan Africa. Over half of the developing world’s population lives in those regions, and the effects of climate change will likely cause large increases in internal and international migration.²¹ The World Bank estimates that 143 million climate migrants will come from these areas of the globe. In Latin America, prominently in El Salvador, Guatemala, and Honduras, climate change has caused increasing food insecurity. Drought has caused frequent crop failure throughout the region, while hurricanes have also devastated several countries in the region.²² Because of the effect climate change has on those dependent on agriculture, this increases rural-to-urban migration. However, within Latin

America, violence and gang control of urban areas have made this migration difficult. Between 2012 and 2019, many states in Honduras saw seven percent of their family units arriving on the US border. Many of these families did not have the means or income to pursue this journey voluntarily, they were forced to migrate due to drought, violence, and a lack of response from the government. Broadly, Latin America’s internal climate migrants are well over 17 million people, nearly 3 percent of the region’s population.²³ Climate migrants often move from areas with lower water availability and crop productivity, or areas facing rising sea levels and storm surges. In this region, the extreme variations in weather and conditions uniquely affect women climate migrants. The lack of rainfall in the Central American Dry Corridor region forces women and girls to walk longer distances to access water or lose access to water pathways for traveling. This increases their vulnerability to violence and abuse. Furthermore, water shortage has a direct and clear impact on access to education, as girls’ school enrollment and attendance decrease as the distance to find water increases.²⁴

www.unhcr.org/sites/default/files/legacy-pdf/5f21565b4.pdf

21 Mia Prange, “Climate change is fueling migration. Do climate migrants have legal protections?,” December 19, 2022, <https://www.cfr.org/in-brief/climate-change-fueling-migration-do-climate-migrants-have-legal-protections>.

22 David Leblang et al., “Climate Migration and Climate Finance: Lessons from Central America,” *Brookings Institute*, March 9, 2022, <https://www.brookings.edu/articles/climate-migration-and-climate-finance-lessons-from-central-america/>.

23 Kanta Kumari Rigaud et al. “Groundswell.” (2018).

24 Erika Pires Ramos and Keila McFarland Dias, *Achieving gender equality and the empowerment of all women and girls in the context of climate change, environmental and disaster risk reduction policies and programmes*, (New York, UN Women, October 2021). https://wrdd.unwomen.org/sites/default/files/2022-06/Erika%20RAMOS_CS66%20Expert%20Paper.pdf

Stranded residents in a natural disaster receive aid

Credit: Win Henderson



South Asia is facing increasing temperatures and sea levels, more frequent flooding, and other extreme weather events that are exacerbating migration. South Asia is estimated to face a crisis of 50 million climate refugees per year by 2050, resulting from both floods and cyclones to sea-level rise and soil degradation.²⁵ In the past ten years, nearly 700 million people within the region have been impacted by at least one climate-related disaster.²⁶ Climate-induced migration is becoming far more common in South Asia. In 2009, Cyclone Aila displaced 2.3 million in India and another million in Bangladesh. In Pakistan, 2010 floods destroyed over a million homes and displaced 11 million people - many of whom never returned home. Short-term climate disasters have not been the only cause of migration in the region. Water shortages and droughts have caused farmers, fishermen, and other water-dependent people to migrate. Most of the climate-induced migration is domestic, but cross-border migration has become more common, specifically from Bangladesh. Intensifying climate migration in South Asia is a looming crisis and stability risk. Many already overcrowded cities are now under strain to provide more than their means. This often leads to greater violence within these cities, only further endangering migrants trying to settle. An example of this comes from India, where border police have gunned down Bangladeshi migrants trying to cross it. As future climate events cause greater migrations, this violence and tension can only deepen unless addressed.²⁷

Sub-Saharan Africa (SSA) faces drought, sea levels, and desertification, which also destabilizes the routes migrants travel on and the countries they are headed towards. Because of this, displacement numbers have been rising year after year. In Mali, climate change is increasing difficulty around land use and access to natural resources, causing greater displacement. In the Horn of Africa, 1.2 million people in 2020 were displaced by floods, storms, and droughts. Like other regions dealing with climate migration, climate change is intensifying conflict and violence in a fragile region. SSA, like

the rest of Africa, has been hit hard by climate disasters in the past ten years. Despite the region accounting for only a small portion of the world's greenhouse gases, large events have been destabilizing the region for years. Some of these include 2019's Cyclone Idai which hit Mozambique, or a large food insecurity threat caused by an invasion of desert locusts, both of which are linked to climate change.²⁸ Largely though, the region's greatest threat and cause of climate migration comes from climate-change-related food insecurity. The brunt of this is faced by African women. In SSA, women are responsible for 80 percent of food production, and the majority of employed women work in agriculture.²⁹ In general, labor markets across the region are gender-segregated with many women occupying insecure and low-paying jobs. Their work often relies more on natural resources and climate-sensitive sectors, meaning that climate change hurts their sources of income disproportionately.

As climate impacts become more and more severe, the coping mechanisms of communities often use women and girls as shock absorbers. This plays out in various ways: they are exposed to gender-based violence and abuse, face poverty head-on, or lose access to education. Even within the family, oftentimes women will get food last, their unpaid care burden will increase, and the mortality and malnutrition rates increase among them disproportionately. Governments must ensure the safety of women and enable them access to facilities and services, nutrition, and medical care both during climate events and across their journey. They must also work to reduce the impacts of climate change, prevent it, and help all climate migrants settle and eventually return home.

Gender-Based Violence and Exploitation of Migrant Women

As shown in other aspects of the migration journey, being a migrant greatly increases the risk of gender-based violence (GBV) throughout the entire journey—the country of origin,

25 Mahika Khosla, "Why South Asia Should Embrace Climate Migration," *Stimson Center*, March 24, 2023, <https://www.stimson.org/2023/why-south-asia-should-embrace-climate-migration/>.

26 Michael Kugelman, "Climate-Induced Displacement: South Asia's Clear and Present Danger," *Wilson Center*, September 30, 2020

27 Kugelman, "Climate-Induced Displacement: South Asia's Clear and Present Danger" <https://www.wilsoncenter.org/article/climate-induced-displacement-south-asias-clear-and-present-danger>.

28 David Herbling, "World Bank: 86 Million Africans at Risk of Climate Migration," *Time*, October 27, 2021, <https://time.com/6110836/african-climate-migration-world-bank/>.

29 "African Women Bear the Brunt of Climate Change," *ISS Africa*, March 6, 2023, <https://issafrica.org/pscreport/psc-insights/african-women-bear-the-brunt-of-climate-change>.

transit, the new host country, and the return. Not only is the discrimination these refugees face to blame, but also the result of structural gender inequalities that must be addressed. At all stages of migration, there are present incidences of violence against women. These incidents come from a variety of sources, including smugglers, human traffickers, and even government authorities. There are simply no appropriate words to describe the dangers that women face on the migration journey, and it is a global failure that must be addressed immediately.

First, it's important to understand that many migrant women take on the journey because they are fleeing GBV. The threat or experience of GBV is a factor in compelling women and girls to migrate. In the Horn of Africa, many people migrate to escape practices such as child marriage and mutilation. During the Bosnian war, more than 20,000 Muslim women were sexually assaulted, causing mass migration.³⁰ Central America is a clear example of how gender-based violence can cause women to take the journey of migration. Driven largely by violence or poverty in the region, many women and children make the journey north to escape the violence they experienced, whether by family members or organized crime groups. In 2013, El Salvador had the highest rate of gender-motivated killing of women in the world, with both Guatemala and Honduras also in the top ten countries³¹. Of these murders, fewer than three percent were resolved by the justice system. In this region, GBV is often used to maintain control over territories and populations, as gangs in control often punish women and girls for not complying with their demands. While GBV is a large cause of migration, it is unfortunately a larger risk along the journey.

Once in transit, GBV is committed by a variety of individuals including smugglers, police and border guards, human

traffickers, and even other migrants. Smugglers often target women and girls traveling alone by attempting to coerce those with limited financial resources.³² In a study done on those who experienced or witnessed GBV along the East and Horn of Africa migration route, smugglers were responsible for 90 percent of it.³³ Smugglers are known for charging exorbitant prices for migrants to continue their journey, often resulting in large debt which increases migrant women's risk of forced labor and exploitation. Many migrant women now take precautions to prevent unwanted pregnancy during the journey. Such precautions include taking injectable contraceptives or traveling while pregnant, in an effort to prevent the risk of violence. Many married women migrating through North Africa do so separately from their husbands, hoping to spare them from being killed for intervening during an assault.³⁴ This shows that many migrant women are aware of the risks of GBV during their journey, but choose to undertake it anyway. Refugee camps have also become a site of trauma and abuse for female refugees. One in four women staying in Cox's Bazar—home to one of the largest refugee camps in Bangladesh—have been affected by gender-based violence.³⁵ Within these camps, there are no formal justice systems and power-based violence pervades throughout the entire community, leaving women terrified to seek help from those who run the camp. Within migrant camps across the world, women and girls are often victims of sexual violence, either by other migrants or even government officials. Self-appointed leaders may squash attempts to punish the offenders, and these women are often forced to enter “protection marriages” to avoid assault.³⁶ Despite the epidemic violence against migrant women, these victims are frequently unable to be treated in public hospitals. Many hospitals or medical centers will turn away any migrants due to their status. Migrant women are

30 Anja Parish, “Gender-Based Violence against Women: Both Cause for Migration and Risk along the Journey,” *Migration Policy Institute*, April 29, 2021, <https://www.migrationpolicy.org/article/gender-based-violence-against-women-both-cause-migration-and-risk-along-journey>.

31 Parish, “Gender-Based Violence against Women: Both Cause for Migration and Risk along the Journey.”

32 Parish, “Gender-Based Violence against Women: Both Cause for Migration and Risk along the Journey.”

33 The United Nations Entity for Gender Equality and the Empowerment of Women, *From Evidence to Action: Tackling Gender-Based Violence Against Migrant Women and Girls*, (New York, UN Women, October 2021), <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2021/Policy-brief-From-evidence-to-action-Tackling-GBV-against-migrant-women-and-girls-en.pdf>

34 UN Women, *From Evidence to Action: Tackling Gender-Based Violence Against Migrant Women and Girls*,

35 Isabelle Brito, “Protecting Female Refugees from Gender-Based Violence in Camps,” *The International Affairs Review*, December 6, 2022, <https://www.iar-gwu.org/blog/iar-web/protectingfemale-refugees>

36 Maria Obradovic, “Protecting Female Refugees against Sexual and Gender-Based Violence in Camps,” United Nations University, October 23, 2015, <https://ourworld.unu.edu/en/protecting-female-refugees-against-sexual-and-gender-based-violence-in-camps>.



Refugee women and children yelling at a train station in Hungary

Credit: Mstyslav Chernov

left to depend on non-governmental organizations to obtain treatment and other support.³⁷ Furthermore, if the assault happens outside of their home country, many migrants do not go to law enforcement out of fear of deportation, lack of trust in the officials, and wanting to avoid a complicated bureaucratic system, ultimately choosing to continue their journey. Many don't hear about the protections they are entitled to, such as asylum-seeking or humanitarian visas, unless through shelters or other migrants.³⁸

Human trafficking is very prevalent and a large risk for migrant women. The combination of political, economic, and social insecurity makes women an easy target for traffickers. Because many migrants resort to the services of smugglers, they are put in situations where they are especially vulnerable to human traffickers.³⁹ Traffickers most commonly mislead victims by befriending them and making offers of kindness or fake jobs. This gradual coercion and exploitation often leads to imprisonment, forced labor, or sex trafficking. In Poland, several reports have been published about Ukrainian refugees

being taken advantage of and exploited because they “owed a debt.” In Romania, the prevalence of human trafficking is so large that 97 percent of respondents had heard of instances of human trafficking. More than half pinpointed women as the most at risk.⁴⁰ Human trafficking is a symptom of the migrant and refugee crisis. Whenever there is a disaster that causes a large amount of migration, it also causes a large amount of human trafficking. Since 2015, over 5 million people have fled Venezuela due to poverty and governmental collapse. In the neighboring countries of Ecuador, Brazil, and Colombia, traffickers have taken advantage of Venezuelan women and pushed them into sex trafficking rings.⁴¹ Traffickers in the Caribbean target migrant women, often from Jamaica and the Dominican Republic. In Costa Rica, LGBTQ+ people, particularly transgender women, are vulnerable and often sought out by sex traffickers. Women and girls from Nicaragua, the Dominican Republic, and other Latin American countries are often found in Costa Rica as victims of human trafficking. Furthermore, migrant women who are victims of trafficking often do not report their situation due to fear for personal

37 Beatriz Guillén, “The Reality of Migrant Women En Route to the US: Rapes and No Access to Hospitals,” *EL PAÍS English*, March 7, 2023, <https://english.elpais.com/international/2023-03-07/the-reality-of-migrant-women-en-route-to-the-united-states-raped-and-unable-to-access-a-hospital.html>.

38 Anna-Cat Brigida, “‘I Didn’t Have Anywhere to Run’: Migrant Women Are Facing a Rape Epidemic,” *VICE*, August 29, 2016, <https://www.vice.com/en/article/evgg9j/i-didnt-have-anywhere-to-run-migrant-women-are-facing-a-rape-epidemic>.

39 Sara McGeough, “Ukraine Crisis: The Connection between Human Trafficking and Refugees,” *The Exodus Road*, November 16, 2022, <https://theexodusroad.com/human-trafficking-and-refugees/>.

40 McGeough, “Ukraine Crisis: The Connection between Human Trafficking and Refugees,”

41 “Data Reveals Plight of Venezuelan Refugees and Migrants Evicted in Pandemic,” U.N. Human Rights Commission, October 25, 2021, <https://www.unhcr.org/us/news/stories/data-reveals-plaint-venezuelan-refugees-and-migrants-evicted-pandemic#>

safety, retaliation from their abusers, or ill-treatment from state authorities. Safe and regular migration pathways are the first step to reducing trafficking; preventing irregular migration paths reduces the need and use of smugglers, which would prevent exploitation due to middlemen and reduce exposure to GBV.

Migrant women already have a long list of traumatic experiences by the time they step foot out of their home community. They should not then have an accepted reality of future abuse and exploitation. Pursuing solutions that prevent gender-based violence, protect migrant women's health and well-being, and proactively reduce human trafficking must be a priority moving forward.

Migrant Women in the Workforce

As a whole, migrants face a variety of obstacles when entering the workforce of host countries. General barriers include lack of integration policies at the government level, lack of childcare, language barriers, poor health, and more. While these challenges are not unique to migrant women, entering the labor market is often gendered. Expectations to be the main caregiver for children, and discrimination and exploitation of women who are trying to find jobs are both factors that make these challenges worse.

Unfortunately, there is not much data available about the gender breakdown of jobs held by migrants. This alone is something that must be addressed. Data collection efforts are essential in understanding how to solve the problem. The US Migration Policy report shows, however, that the largest number of migrant women has been in the service sector.⁴² Demand for women workers in domestic services has been rising, as jobs most available to immigrant women are domestic work and other occupations that are considered unskilled. Paid domestic work is a highly gendered area of work, with women making up 70 percent of the 70 million global household employees. Of those women, 11 million are migrants.⁴³ In this sector, many of these workers are exposed

to workplace abuse in the forms of isolation, physical and sexual violence, intimidation and threats, retention of identity documents by their employer, withholding of wages, unpaid overtime, underpayment, and discrimination. All of this is combined with an often high-pressure work environment. These women often experience severe exploitation through degrading living conditions. Many domestic workers have to share rooms with the children they look after or other family members of the employer, some have to share a bed with their employer's children, while others sleep on the floor. Many migrant women within this role often work between 10 to 18 hours a day, including tasks outside their job description.⁴⁴

Sadly, gender-based violence against migrant women is often ignored, and victims of this exploitative servitude face large barriers in getting help or justice for these rights violations. In general, migrant work, especially domestic work, is low-wage and informal, leading to inconsistent jobs that are often precarious and have little oversight from any labor laws. In non-domestic work, the companies that hire immigrants often provide competitive and low-fee services to their customers, at the expense of the workers' small salaries and no benefits. Migrant women within these jobs have very few opportunities for advancement or any economic mobility. Another area with a clear lack of data is the occupational health of migrant women in informal workforces. Of the studies that are out there, women household service workers have been shown to have various negative health effects from skin burns, back injuries, fatigue, chemical exposure, and breathing difficulty. Research also shows that the probability of not receiving the required benefits is higher among women, new migrants, and part-time/temporary workers. The reality of job insecurity that migrant women face is directly correlated with poor psychological and physical health.

Lebanon is a clear example of the issues that migrant women workers face. Lebanon is home to over 250,000 migrant domestic workers in private households, the majority of whom are women from African and Asian countries. The

42 Bindu Panikkar et al., "They See Us as Machines: The Experience of Recent Immigrant Women in the Low Wage Informal Labor Sector," *PLoS ONE* 10, no. 11 (November 24, 2015), <https://doi.org/10.1371/journal.pone.0142686>.

43 Hannah Dreier and Kirsten Luce, "Alone and Exploited, Migrant Children Work Brutal Jobs across the U.S.," *The New York Times*, February 25, 2023, <https://www.nytimes.com/2023/02/25/us/unaccompanied-migrant-child-workers-exploitation.html>.

44 European Union Agency for Fundamental Rights, *Out of Sight: Migrant Women Exploited in Domestic Work*, (Vienna: EUFRA, 2018), http://fra.europa.eu/sites/default/files/fra_uploads/fra-2018-migrant-women-labour-exploitation-domestic-work_en.pdf

system in Lebanon is the abusive kafala system, where private citizens and companies get complete control over migrant’s immigration and employment status.⁴⁵ This means that if a migrant’s employment system ends, even due to abuse by the employer, the worker then loses their migration status. The Kafala system begins upon entering the country. To enter, every migrant worker must have a sponsor who must be their employer as well. These migrant women cannot even leave the airport unless accompanied by their employer. This immediately gives an employer the chance to coerce a worker into exploitative working conditions, because refusal or leaving the employer’s house often means being deported. Though the standard working laws in Lebanon set a maximum of ten hours per day and one day off per week, migrant women are frequently denied both of these requests. Some have reported working from 4 am until 10 pm every day, without being allowed to rest or take a day off.⁴⁶ That same standard contract requires the employer to pay the full salary at the end of each month, with a receipt signed by both parties. However, several workers report they are not paid at the end of each month and instead have their salary withheld for several months. Again, these workers are often unaware of any reporting lines they can use to get their wages back, and oftentimes these pathways lead to dead ends. Food deprivation is another large

issue for these workers. Many women are not allowed to open the refrigerator or prepare their own food. Many have to eat in secret, or salvage and buy food at their own expense. Furthermore, Lebanese law does not prohibit withholding a worker’s passport nor does the contract address this issue. At the airport, migrant women’s passports are usually confiscated and given to their employers. These practices are encouraged by the recruitment agencies that hire the migrants. A 2016 study found that, out of 1,200 employers surveyed, 94 percent withhold the worker’s passport. For domestic workers who want to change their employer, the employer must consent and sign a release. However, this often only happens when the migrants have to agree to settlements that leave them with unpaid wages and no compensation. The Kafala system is an unacceptable and tragic pattern of human and labor rights violations. Migrant domestic workers in Lebanon are abused, exploited, and unable to seek out any help or obtain new employment. It is a clear window into the experiences that migrant domestic workers, often women, face in the workforce, and how they are exploited and abused.

Another clear case of abuse and exploitation of female migrant domestic workers comes from the United Arab Emirates (UAE). Many women are recruited in their home countries with promises of good pay and high-quality working

⁴⁵ Amnesty International. ““Their house is my prison”: Exploitation of Migrant Domestic Workers in Lebanon.” (2019): 67.

⁴⁶ Amnesty International. ““Their house is my prison.”



Migrant woman laughing in a truck
Credit: UNICEF Ecuador

conditions. Convinced this is a route out of poverty and an opportunity to obtain an education, healthcare, and housing, many women see this as a golden opportunity. Similar to Lebanon, immediately after entering the country are the workers' passports confiscated. Some women report being physically abused and confined to their homes and seldom getting the full wages paid to them. In the UAE, domestic workers are explicitly excluded from any labor laws and basic protections offered to other workers. This includes limits on working hours and overtime pay. Inadequate food, living conditions, and access to medical care are common reports. One woman reported that her employer did not allow her to eat for three days as a "punishment" for "unsatisfactory work."⁴⁷ Within UAE law, domestic workers who leave their employers without consent have absconded and therefore can be deported and banned from future employment. Those who have turned to immigration officials or police often get a mixed response. Generally, efforts to attain justice are abandoned because the process is too long, and they are not allowed to work alone in the meantime. They have no choice but to go back to working unpaid.

Ultimately, a huge source of exploitation for migrant women comes from illegal recruiting agencies and employment promoters. These job placement agencies are abusive and costly, misleading migrant women into harsh lives of domestic servitude. Another aspect of these recruiters' abusive practices is finding jobs for "entertainment", often a code word for prostitution. Many women are contracted to work legitimate jobs but are then forced into prostitution. As domestic service and entertainment are frequently not covered by labor laws in most receiving countries, the options for these women are difficult. Even in countries where prostitution is legalized, female migrant prostitutes can expect no official protection or regulations.

For many migrant women workers, their lives are full of hardship, abuse, precarity, and insecurity. Through informal

workplace relationships, lack of legal protections, and unfair power dynamics, their struggles are unfortunately invisible. It is time to focus on the issues migrant women face in the workforce and create gender-sensitive policies and practices throughout all the stages of migration. Empowering migrant women means giving them autonomy, financial security, and access to housing and healthcare.

Childcare, Healthcare, and Access to Services for Migrant Women

Migrants are much more vulnerable to health issues compared to their host populations, and women are at the most at-risk. Furthermore, pregnant and parent migrant women struggle to access the healthcare system that they need. Unfortunately, but all too common, there is a lack of migrant-focused research on maternal and newborn health, despite a general abundance of research otherwise on the topic. Ultimately, though, when compared with women born in their host country, women from migrant and refugee backgrounds have an increased risk of mental health issues, maternal health issues, and lack of access to healthcare providers.

Migrant women show higher mortality rates compared with women from host countries, especially if the migrants are from lower-income countries.⁴⁸ In Europe, migrant women are twice as likely to die during or shortly after birth.⁴⁹ In Kyrgyzstan in 2013, a quarter of maternal deaths in migrant women were those who did not have access to pre-birth care from their providers. Maternal mortality is also attributed to unstable and harmful working conditions. These conditions include workplace harassment, constant threat of deportation, intensive manual labor outside the job description, and more. In France, maternal death is twice as high for women from Africa, North America, South America, and Asia compared to women in France.⁵⁰ Newly arrived women often have no or uncertain legal status, putting them at an increased risk of a lack of care and negative outcomes. Furthermore, there is a higher likelihood of disease in refugee and migrant women,

47 Human Rights Watch "I Already Bought You". *Abuse and Exploitation of Female Migrant Domestic Workers in the United Arab Emirates*. (New York: Human Rights Watch, 2014),

48 Maxime Eshier and Catherine Deneux-Tharaux, "Association between Migration and Severe Maternal Outcomes in High-Income Countries: Systematic Review and Meta-Analysis," *PLoS Medicine* 20, no. 6 (2023), <https://doi.org/10.1371/journal.pmed.1004257>.

49 World Health Organization, *Improving the health care of pregnant refugee and migrant women and newborn children*, (Geneva, WHO, December 2018), <https://apps.who.int/iris/handle/10665/342289>

50 World Health Organization, *Improving the health care of pregnant refugee and migrant women and newborn children*.

likely due to pre-existing conditions, socioeconomic status, and the dangerous journey they have been on. It is clear that most of the time there are worse maternal and newborn health outcomes for migrants. However, in the cases where there are equal or better outcomes, these come from informal but strong support networks and other high-quality health factors in the host countries, such as tobacco and alcohol use. Of course, there is a large variety of outcomes depending on the host country, the characteristics of the migrant, the region that the journey took them through, and more.

The main risk factors for worse health outcomes in migrant women are socioeconomic status and education. Oppositely, there are “healthy factors” that actually protect migrant women from being at a higher risk of ill maternal and newborn health. These include if the mother’s background and origin is from a high-resource country with greater levels of gender equity, higher socioeconomic status and education level of the women, knowledge of the local language and a strong social network, length of stay in the host country, and of course a country with a strong integration policy.⁵¹

There are several challenges in accessing services in a new country for migrant women. Cultural differences, limited health literacy, lack of support, lack of transportation, and lack of income are just some of the barriers in the way. A recurrent pattern is migrant women facing language and communication barriers, and having a poor understanding of medical terminology. Despite this, there is a large and inadequate use of interpreters within the healthcare system. This lack of communication and the insufficient information provided to migrant women impacts their ability to give informed consent or find and choose proper care options. Migrant women have large difficulty building a relationship with their care provider and therefore accessing proper care. Another issue prevalent is a lack of understanding between migrants and their healthcare providers in terms of their expectations for maternity care.⁵² This clearly points to the need for healthcare providers to be trained in culturally sensitive care to better understand migrant

women’s expectations and how to respond to them. This will reduce barriers to accessing healthcare services. Of course, women’s fear of deportation also greatly impacts access to any services that may be available to them, and a lack of awareness of any options they have in regards to maternity care. Healthcare providers must provide adequate support and alleviate any fears about deportation, which will ultimately reduce pregnancy complications.

Exposure to violence is another large risk factor in maternal and newborn health. Studies have shown that migrant women are particularly vulnerable to being killed by their partner and that migrant women are much more likely to be exposed to violence during pregnancy. Women who have been trafficked also have large difficulties accessing maternal care and are frequently afraid to share details about their issues.⁵³ Again, healthcare providers must be trained in recognizing signs of trafficking and giving appropriate care responses.

Another large injustice to migrant women is the lack of childcare options. As stated previously, many migrant women work in informal and unstable jobs, already making it difficult enough to take care of their own children. Furthermore, many migrant parents are barred from accessing child tax credits, child benefits, and other government policies, even if they are legally employed. Furthermore, the lack of information available to these migrants prevents them from even attempting to access it. A migrant’s unfamiliarity with their host country’s childcare system is a major barrier to formal childcare access. Many migrant women are put in between a rock and a hard place: they are forced to get a job, but unable to access childcare. Not being employed means they may be able to watch their children, but won’t be able to provide for their family or gain access to any childcare benefits. Formal childcare greatly helps integrate migrant children and positively affects their language and cognitive abilities.⁵⁴

The current war in Ukraine is a clear view of how childcare can become a critical need for women refugees. 90 percent

51 World Health Organization, *Improving the health care of pregnant refugee and migrant women and newborn children*.

52 Frankie Fair et al., “Migrant Women’s Experiences of Pregnancy, Childbirth and Maternity Care in European Countries: A Systematic Review,” *PLoS ONE* 15, no. 2 (2020), <https://doi.org/10.1371/journal.pone.0228378>.

53 World Health Organization, *Improving the health care of pregnant refugee and migrant women and newborn children*.

54 Verena Seibel, “What Do Migrants Know about Their Childcare Rights? A First Exploration in West Germany,” *Journal of International Migration and Integration* 22, no. 3 (2020): 1181–1202, <https://doi.org/10.1007/s12134-020-00791-0>.



A pile of children's shoes collected from fleeing migrants in Hungary

Credit: Mstyslav Chernov

of the Ukrainian refugees are women or children under 18. Millions of Ukrainian women now find themselves as the heads of their households, trying to find safety, stability, and employment, all while caring for children and dealing with their own mental health. Unless they get targeted support in the form of childcare, it will be very difficult for these women refugees to manage.⁵⁵ Unfortunately, of the countries taking in Ukrainian refugees, few efforts have been focused on children under five years old. This crisis shows that childcare must be implemented both along the migration route and into host countries' systems. Quality and affordable childcare must be available for migrant populations, and nutrition, health, and psychological support must all be available for these children. Without proper childcare, Ukrainian women will struggle to find time to work, secure food and housing, and carry out necessary tasks for the family. Resources must be allocated for childcare centers in these host countries to work with these displaced populations.

Ultimately, being a migrant makes it nearly impossible to properly access any healthcare or childcare. Migrant women are pulled in several directions, and it is the responsibility of all governments to ensure that they have access to the care

they need and deserve. Empowering migrant women is our best chance to demonstrate how childcare, healthcare, and maternal care can be made a central aspect of our response to any migrant or refugee crisis, and show why it is so important to prioritize it over the long run.

Social and Emotional Integration of Migrants

A migrant's well-being goes beyond having stability with their housing and employment, though of course, those aspects play a large role. Equally as important is the emotional integration of migrants, or the extent to which they see themselves as members of society and a part of their community.⁵⁶ This idea of integration can be understood as the degree to which migrants feel unified with their and/or have national pride. Overall, social and emotional integration is the idea that migrants feel a sense of belonging to the country they are living in. A successful program for empowering migrant women must aim to foster their social integration, through community events and other activities that help build a sense of unity. Emotional and social integration of migrants is not only beneficial for migrants but also for the entire country that is hosting them. High levels of emotional integration, specifically where migrants feel like they can identify themselves as part of

⁵⁵ Lucy Bassett and Mari Ullmann, "Childcare Is a Critical Need for Women Refugees. It Must Be Made a Priority," *The New Humanitarian*, November 8, 2022, <https://www.thenewhumanitarian.org/opinion/first-person/2022/05/23/Ukraine-childcare-women-refugees-aid>.

⁵⁶ Charlotte Clara Becker, "Migrants' Social Integration and Its Relevance for National Identification: An Empirical Comparison across Three Social Spheres," *Frontiers in Sociology* 6 (2022), <https://doi.org/10.3389/fsoc.2021.700580>.

the country they now live in, help boost national solidarity and an overall effective democracy.⁵⁷ Overall, social and emotional integration must ensure that migrants are a part of and have access to any community support that is already available.

Participating and being a part of the local community extends to the social, cultural, economic, and political life. The overall goal is to develop social unity between different cultural or racial groups, especially between migrants and native citizens within the host country.⁵⁸ Two important aspects of social integration are the sense of belonging and recognizing the actual rights and responsibilities one has as a citizen. When migrants feel this sense of identity and belonging to their host community, they become active members and contribute to its development and growth. One such method of boosting social integration comes from community activities. Formal community participation, often coming from organizations or organized activities, provides the opportunity for migrants to understand the cultural diversity between them and the local citizens, an important step to achieving social integration. These organizations can provide means for migrants to access valuable social resources, particularly for rural migrants. Active involvement within these organizations gives migrants the chance to adapt to their host country, gain more social resources, and become more present within their new homes. Informal community participation is the idea of common interactions between individuals, such as when a neighbor offers support. In essence, community participation is an essential part of developing migrant well-being and overall unity and cohesion in communities. Bolstering this participation has been run as a government initiative before. In Germany, several local integration projects were built to help increase contact between immigrants and local residents. They also did this in an effort to combat labor exclusion for migrants. In China, it was found that rural migrants engaged in more activities within neighborhoods and had better relationships with their native neighbors, compared to local residents. It also found that diverse neighborhoods -- those with both migrants

and native residents -- had stronger community activities and more trust within the neighborhood. Community programs in China also showed that they were essential in helping migrants manage the mental challenges from their adaptation and the community helped them effectively solve more of their problems.⁵⁹ Overall, community programs and support that can help migrants integrate only boost society in general.

A study by the European Migration Network (EMN) with funds provided by the European Union shows different key integration indicators with areas such as education, unemployment and self-employment, health, and overcrowding. The study showed that the educational attainment growth was higher among migrant women, even though this level was still low compared to the rest of the population. Between 2016 and 2019, migrant women's educational attainment went up from 28 to 32 percent. Regarding unemployment, since many female residents face barriers, the case is worse for migrant women, making their inclusion harder. Reported across many Member States, there is an emerging opportunity to increase acknowledgment of issues particularly faced by migrant women. Improving access to the labor market is one of the main areas of focus and priorities. To do this, the Czech Republic proposed raising awareness among migrants in general around the work-life balance, finding actions against discrimination, especially during pregnancy and early parenthood stages, and ensuring women's access to public services for integration. This study, also showed an overview of how policies in the EU address migrant women, where labor market and civic integration make up 34 percent of the efforts, followed by language training with 32 percent, education and training, and health with 29 and 24 percent respectively, finally housing with 12 percent and other areas with a total of 19 percent.⁶⁰ In general key takeaways from the previous study are that compared to men, there are slightly fewer first permits issued to third-country women, migrant women often fall behind the male counterpart and the total population, the labor market integration is one of

57 Barry Brian, *Culture and equality: An egalitarian critique of multiculturalism*. (Boston: Harvard university press, 2002),

58 Peng Xie et al., "The Effects of Social Participation on Social Integration," *Frontiers in Psychology* 13 (2022), <https://doi.org/10.3389/fpsyg.2022.919592>.

59 Yixin Zhang et al., "Migrants' Community Participation and Social Integration in Urban Areas: A Scoping Review," *Cities* 141 (October 2023): 104447, <https://doi.org/10.1016/j.cities.2023.104447>.

60 European Migration Network Study. "Integration of migrant women". *Home Affairs EU*. September 2022. https://home-affairs.ec.europa.eu/system/files/2022-09/EMN_STUDY_integration-migrant-women_23092022.pdf

the biggest challenges faced by the EU, raising awareness of the specific issues that migrant women face can help create opportunities, the extent to which Member States implement integration policies varies according to the policy areas and policy integration is a shared responsibility.⁶¹

The benefits of social support for migrants are clear. Individuals with supportive relationships, either with their family or community, have better physical and mental health than those with less quality support. Especially for refugees facing unique challenges, such as women, older and refugee children, this social connection is especially important for their psychosocial needs. As disruptive as the migrant journey is, governments must work to help migrants build supportive relationships with their communities. Many host countries have basic arrangements in place for resettled migrants, including basic integration resources and systems as well as some form of social support and assistance to build connections. However, these countries still fall short of what the long-term goal is, namely, to ensure that settled migrants have the same quality of services as native citizens and that refugees feel a part of their new community. Immediately after refugees arrive in their new country, they have intensive support needs that must be met by existing services available in the country.

Australia is a perfect example of this. Refugees arriving in the Humanitarian Settlement Program are eligible for furnished housing, with the first month being rent and utility-free.⁶² Immediately after refugees arrive in their new country, they have intensive support needs that are usually not being met by existing services offered by these countries. In truth, the quickest way to give migrants access to social and emotional support is to quickly immerse them in their new communities. The United Nations High Commissioner for Refugees (UNHCR) gives some guidance on what a sound integration program should look like. It should provide temporary income support following arrival, long enough for migrants to adjust,

acquire basic language skills, and orient themselves into their new home. There should also be a link between income support and job placement, help older refugees get onto any retirement needed, and ensure that appropriate support arrangements are made for those with specific needs, such as migrants with disabilities or migrants needing education.⁶³

The United Kingdom has a clear example of a community sponsorship program. Their program helps support Syrian Refugees and quickly matches them with sponsor groups, helping them join in and become a part of their new community quickly, as well as have immediate access to a support system. In Ireland, their community sponsorship program helps them achieve ambitious resettlement goals that were not being met with just the government policies for migrants. Now, Ireland is able to receive and quickly orient more migrants than ever before.⁶⁴

Overall, a successful integration program for migrants should engage government and non-government agencies, as well as the refugee and host communities to build proper social connections and support. Governments must work together to ensure that any social support services available to native citizens are available to resettled refugees. Broadly, integration programs should provide language assistance, engage refugees in planning and implementation, have an overall benefit for all stakeholders, and provide culturally sensitive and appropriate support. With all of the intense challenges that refugees face on their journey, their emotional and social health must be accounted for.

Current Status

Legal Protections and Support Services of Migrant Women

The number of legal protections and empowerment initiatives for migrant women is, unfortunately, and unsurprisingly, limited amongst international countries. This must be

61 European Migration Network Study, “Integration of migrant women”.

62 “Meeting Immediate Material Needs,” United Nations High Commissioner on Human Rights, accessed August 9, 2023, <https://www.unhcr.org/handbooks/ih/support-services/meeting-immediate-material-needs>.

63 United Nations High Commissioner on Human Rights, “Meeting Immediate Material Needs.”

64 “Promoting Integration through Social Connections,” United Nations High Commissioner on Human Rights, accessed August 9, 2023, <https://www.unhcr.org/handbooks/ih/social-connections/promoting-integration-through-social-connections#building-the-capacity-of-existing-social-support-services>.

addressed immediately. The United Nations specifically identifies social protection as a key human right as well as a core piece of the 2030 Sustainable Development Goals.⁶⁵ While many countries work to deliver this right for migrants, migrant women are excluded. While a more comprehensive protection framework must be developed, there are certain legal protections and supportive services being implemented currently. These systems and protections should be used as a building block when creating initiatives that respond to the needs of migrant women, both emotionally and legally.

Migrant women's exclusion from social protection systems is often because of a lack of informal employment. Especially if they have an irregular migration status, they often have limited options for help, as well as protection. In regards to informal work, an example that has already been discussed is migrant domestic workers. Globally, 15.7 percent of women domestic workers are migrants. This number jumps to nearly 71 percent in North America and 83 percent in West Asia and North Africa.⁶⁶ Domestic work is often poorly regulated and overlooked by labor regulations, if not excluded completely. This is evident in several countries that attempt to provide protection for migrant domestic workers, but ultimately fail. In South Africa, domestic workers are entitled to a minimum of four months of maternity leave, introduced by their Basic Conditions of Employment Act. This specifically targets migrant domestic workers. However, because employment relationships are not always registered and some migrant workers cannot get a work permit, there are large gaps in this coverage. Canada is another example of how legal protections can fall short for migrant women. Seasonal agricultural workers enrolled in their insurance fund are eligible for maternity leave if they've worked 600 hours in the past year. In practice, very few migrant workers are able to meet these requirements, or even are aware of their rights.⁶⁷ These are two clear examples of how well-intentioned protections for migrant women often fall well short of any meaningful impact. Comprehensive policies that actually respond to the

challenges migrant women face are needed. One example is direct cash benefits, something that has been more effective in reaching migrant women. Argentina's Universal Pregnancy Allowance for Social Protection gives pregnant women access to cash benefits. This applies to migrant women as long as they have been a legal resident for three years.⁶⁸

Since maternity protection is very difficult to get for migrant women, especially for those with irregular citizenship, access to healthcare is vitally important for migrant women. Currently, many migrants with irregular status are only entitled to emergency healthcare. In Spain, their 2012 national health reform specifically excluded migrants with irregular status, with the exception of children and pregnant women only in emergencies. This left vulnerable migrants as one of the only groups without free public health care. They later reversed this in 2018, giving all migrants, regardless of their citizenship status, the right to healthcare under the same conditions as Spanish citizens. They also worked to address migrants' knowledge of the rights afforded to them, launching a campaign that educated residents on their rights to health services and how to register and centers. This campaign also included information on what to do if a public health provider denies access to healthcare. This example is an encouraging sign that discriminatory or unsuccessful migrant programs can be improved upon, helping improve both access and knowledge. Another large shortcoming across migrant protection policies is language barriers, though there are current policies hoping to deal with that, such as greater resources for literacy education as well as more translators in government/healthcare offices. In Thailand—a major host country of migrants—there are extensive protections and rights afforded to them, including in their Universal Health Coverage scheme. The initiatives within that plan were meant to serve “hard to reach” migrant communities, with things such as mobile clinics, bilingual services and workers, workplace outreach, and pop-up health centers. Half of migrants with irregular status have ended up insured thanks to these programs—an encouraging result,

65 UN Women, *Leaving No-One Behind: Access to Social Protection for All Migrant Women* (New York, UN Women, 2014). <https://www.unwomen.org/en/digital-library/publications/2020/01/access-to-social-protection-for-all-migrant-women>

66 UN Women, *Leaving No-One Behind: Access to Social Protection for All Migrant Women*

67 Clara Van Panhuys et al, “Migrant access to social protection under Bilateral Labour Agreements a review of 120 countries and nine bilateral arrangements.” *ILO Working Papers* 994955792602676 (2017).

68 Van Panhuys et al, “Migrant access to social protection under Bilateral Labour Agreements a review of 120 countries and nine bilateral arrangements.”

but there is a lot more work to be done.⁶⁹ Shortcomings of this program include insurance payments being unaffordable for many migrants, as well as hospitals incorrectly requesting identity documents. Addressing these issues would make Thailand a leader in healthcare protection for migrant women.

Another model of legal protection for migrants is one where the sending and receiving countries agree to social protection coverages. One example comes from an agreement between Saudi Arabia and the Philippines, where the ultimate goal was protecting the rights of Filipino domestic workers in Saudi Arabia. The agreement required Saudi Arabia to ensure that the welfare and rights of domestic workers were promoted and protected. Unfortunately, the agreement is vague and does little to actually protect any migrant worker. It currently excludes many migrants from accessing any protection offered to it. Protections for migrant workers do not extend to “domestic servants.” Furthermore, any social-security benefits available for old-age, disability, and other vulnerable groups do not apply either. While an updated resolution now guarantees certain work rights, such as a weekly rest day and 30 days of sick leave, overall, the program does little to protect migrant workers or target migrant women. While global cooperation between sending and receiving countries is an important step in protecting migrant women, this example achieves little. Another example comes from Spain, which has entered into labor agreements with both Morocco and Ecuador. These agreements outline what obligations and benefits workers are owed, and specifically mention that all social security benefits will be provided through the Spanish system for migrants from Ecuador and Morocco. It goes on to say that there will be a clear equality of treatment between migrants from Ecuador and Morocco and Spanish national citizens, which is the exact framework that all integration policies should have.

On the note of social security benefits, the Belgian social security system is a clear example of inclusive policy. All those who work have access to social protection, extending to migrants and citizens alike. Furthermore, social security

benefits in Belgium generally do not require a minimum residence period. Most migrants are immediately eligible for social security benefits the moment they cross over the Belgium border. However, other benefits available to migrants do have some restrictions. Sick paid leave requires six months of residency, with 120 days of employment. Entitlement to maternity and paternity benefits also requires a six-month waiting period, which poses short-term difficulties to migrants with children once they cross the border. Furthermore, unless there is a joint agreement between the sending and receiving country on social security benefits, time worked in their original country does not determine migrants’ eligibility for unemployment benefits. For healthcare, migrant workers must register with health insurance and have a minimum amount of social security benefits as well. This requirement is an obstacle for new migrants or seasonal/temporary workers. Undocumented migrants are entitled to emergency medical care, but only if they don’t have the financial means to pay for their own medical care and a doctor certifying their care is urgent.⁷⁰ Overall, Belgium’s policy has clear shortcomings and short-term barriers, but in the long term is a clear step that helps Migrants integrate with the country better.

Over the last few years, there have been labor reform developments, especially regarding countries located around the Gulf. Thanks to Qatar winning the bid to host the 2022 FIFA World Cup, helped raise awareness and bring attention to new migrant laborers coming into the country. In addition, ever since the COVID-19 pandemic, there have been efforts to socially protect migrant workers in Qatar and the Gulf region. The way social protection is built relies mostly on public policies aiming to protect migrants against economic and social distress. The Gulf’s goal policies should be focusing on protecting migrants against unemployment and their wages which should not be low or even unpaid, and in addition, contract violation solutions.⁷¹ Across Arab Gulf societies, there are millions of migrant domestic women, and the vast majority of them are women. Even though there are a lot of these foreign workers present, information

69 Titiporn Tuangratananon, “In Thailand, Noncitizen Health Matters: Think Global Health,” Council on Foreign Relations, September 16, 2020, <https://www.thinkglobalhealth.org/article/thailand-noncitizen-health-matters>.

70 Van Panhuys et al, “Migrant access to social protection under Bilateral Labour Agreements a review of 120 countries and nine bilateral arrangements.”

71 Noha Aboueldahab, “Social Protection, not just Legal Protection: Migrant Laborers in the Gulf”. *Brookings DOHA Center*. August 2021. <https://www.brookings.edu/wp-content/uploads/2021/08/Migrant-laborers-in-the-gulf-English.pdf>

regarding their working conditions and treatment is limited. A survey of Filipino and Indonesian women that used to be migrant domestic workers in the Arab Gulf areas, showed that more than half of them were exposed to at least one form of mistreatment including excessive working hours, late salary payments, and one day off per week denied. In this same survey, a smaller percentage of these women reported limited access to food and health care, which is correlated with emotional and physical abuse.⁷²

In current legal policy, there are two large barriers to addressing gender-based violence for migrant women. The first is that migrant women often are unaware of their rights and any reporting mechanisms available to them. Second, is that even if migrant women are aware of their rights, many of them do not report any violence out of fear of detention and deportation. Migrant women deserve to be able to safely report violence without their migration status being shared with immigration officials. The Step-Up-Migrant Women campaign in the United Kingdom did exactly that, advocating for safe reporting and access to justice as a right. This campaign achieved significant policy change in the United Kingdom, notably that the police no longer automatically share the citizenship status of any victims of crimes.

The Association of Southeast Asian Nations (ASEAN) region has different ideas to tackle the issues that migrant women workers face regarding their rights and opportunities. This region is part of the Spotlight Initiative, which aims to delete violence against women and girls. It is a global multi-year initiative also adopted by the European Union and the United Nations. The International Labor Organization (ILO), UN Women, and the UNODC are the ones in charge of the project's implementation, and their purpose is to ensure migration labor is safe and fair for all women living in the ASEAN region. There are close to 5 million migrant women in the region, and they make valuable contributions to both the social and economic development of their communities

and countries of origin and/or destination. Including women in migration can be helpful for them since it is an essential income source for some single-mother women and their families. In addition, it can help them build different skills and most importantly empower them. Between 2018 and 2019, technical support was provided to 19 legal and policy instruments regarding labor migration regulations. The project also helped 235 organize worker unions and associations to facilitate the creation of a migrant domestic workers network. As of service provision, there were 9,132 women with psychosocial, health, social, legal services, and information and skills certifications. Finally, this project was able to reach 1,424,568 members through public campaigns to help change attitudes and behaviors towards migrant women and violations against them.⁷³

Simply put, the amount of successful legal protections and empowerment initiatives for migrant women is limited. That is why global cooperation is so paramount; countries must build on their own successes and failures and build a comprehensive migrant policy that works to understand the needs of migrant women and set them up for success.⁷⁴

Case Study: Finland's Migration Policy

Finland's comprehensive approach to migration policy and integration is one that guarantees equal rights, opportunities, and long-term security, both for migrants and natural citizens of the country. However, Finland is a great example of how successful migration policy can still overlook migrant women. Analyzing Finland's migrant policy can be useful in seeing what effective migration protections can look like, and in choosing how to extend those protections to migrant women. Last year, the number of immigrants in Finland was recorded to be around 49,998 when in previous years it used to have a range between 29,000 and 36,000.⁷⁵ It was reported that immigrants to Finland came from Russia, Sweden, India, Estonia, and the Philippines. The regions that received migration gains were in

72 Lisa Blaydes, "Assessing the Labor Conditions of Migrant Domestic Workers in the Arab Gulf States". *Sage Journals*. Vol. 76, 4. January 11, 2023. <https://doi.org/10.1177/00197939221147497>

73 "Safe and Fair: Realizing women migrant workers' rights and opportunities in the ASEAN region," International Labor Organization, November 2022. https://www.ilo.org/global/topics/working-conditions-2/WCMS_751783/lang-en/index.htm

74 "Protecting Women Human Rights Defenders in Migration Contexts," UN Women, June 2023. <https://www.unwomen.org/sites/default/files/2023-06/Policy-brief-Protecting-women-human-rights-defenders-in-migration-contexts-en.pdf>

75 Stat.fi, "Number of immigrations nearly 50,000 in 2022," Stat.fi, May 23, 2023. <https://www.stat.fi/en/publication/cl8n2djzw3b360cvz35t3up2r>

Pirkanmaa, Uusimaa, and Southwest Finland.⁷⁶

According to the Migration Integration Policy Index, Finland has one of the most thorough approaches to integration policy. Their policies not only help shape the public's eagerness to accept new migrants, but also in migrants' own "attitudes, belonging, participation, and even health in their home country."⁷⁷ Finland is a country that invests in migrant integration as an opportunity. Finland is ranked second on the index in labor market mobility and is working to create a more fair workforce by creating equal opportunities for new migrants. Compared to other countries on the index, migrants are more likely to be able to access adult education, workforce training, and language assistance in order to improve their workplace environment and a successful career. New migrants can immediately access the labor market, with only some hold coming when accessing higher education and social security. Migrant men and women are individually taken in and given recommendations on training and work experience. These policies are helping migrant men and women improve their language skills, careers, and general acceptance within the public. While Finland's approach to labor integration paves the way for more equal opportunities, there are also very clear shortcomings in terms of benefits and income. From 1990–2013, migrants from Afghanistan, Iraq, and Somalia had substantially lower employment rates and earned less money compared to any other migrant group as well as native Finnish citizens.⁷⁸ Though the gap between migrants and native citizens in employment and income has decreased over time, the gap is still large. Ten years after migrating to Finland, the average salary of migrant men was 22-38 percent of the average for native men. For migrant women, they earned even less.⁷⁹ Migrant women also face great difficulty in accessing jobs in the first place. Of migrant women in Finland, their employment rate was just 41 percent in 2020. For Finnish

women, this number is 72 percent.⁸⁰ The barriers many of these women face come from childcare and high language skills requirements. While Finland boasts and has impressive labor integration policies for migrants, there are clear areas where the policy can be improved. Finland is setting a clear example by making this a priority. Migrant women are specifically mentioned in the Finnish integration policy in regard to promoting their employment and is a large priority in the policy as a whole.

Education is another strong suit of Finland's migration policy. Finland's targeted laws are reaching migrant students and addressing many of their basic needs. Extending from preschool to university, many migrant students get academic and social support, as well as assistance learning their new language. Furthermore, Finland gives schools extra funds if they are in relatively poor areas or have a larger number of students with special needs or circumstances, including migrants.⁸¹ In general, Finland's education system is considered a very equal system where all students can get support and push themselves as far as their motivation will take them. Their education system is built on equity and access, and Finnish education is free of charge for nearly all levels of education. Furthermore, for migrant students within this system, multiple studies have found that students with migrant backgrounds show greater enthusiasm to schooling and education.⁸² However, the education system in Finland has shortcomings in addressing intercultural education and diversity across the curriculum as well as school activities as a whole. These policies may help close the achievement gaps for migrant children.⁸³ Finland has one of the biggest discrepancies between migrant and non-migrant student performance, as well as a large presence of bullying and exclusion that migrants face. A large structural problem prevalent is that school staff do not take forms of racism

76 Stat.fi, "Number of immigrations nearly 50,000 in 2022."

77 "Finland: MIPEX 2020," MIPEX, accessed August 15, 2023, <https://www.mipex.eu/finland>.

78 Matti Sarvimäki, "Labor market integration of refugees in Finland." *VATT research reports* 185 (2017).

79 Sarvimäki, "Labor market integration of refugees in Finland."

80 Finnish Broadcasting Company, *Report: Finland 'wasting' Unemployed Immigrant Women's Potential*, (Helsinki: FBC, November 25, 2022), <https://yle.fi/a/3-12681231>.

81 Jessica Shepherd, "Immigrant Children Benefit from Finnish Education," *The Guardian*, November 21, 2011, <https://www.theguardian.com/education/2011/nov/21/finland-education-immigrant-children>.

82 Shepherd, "Immigrant Children Benefit from Finnish Education"

83 Seung-Hwan Ham, Hyojun Song, and Kyung-Eun Yang, "Towards a Balanced Multiculturalism? Immigrant Integration Policies and Immigrant Children's Educational Performance," *Social Policy & Administration* 54, no. 5 (2020): 630–45, <https://doi.org/10.1111/spol.12561>.

seriously enough, and that teachers are not adapting the way they are teaching to migrant students. This can explain the large gap in performance between migrant and non-migrant students. Not only do migrant students perform more poorly, but they also get bullied significantly more. Addressing these shortcomings while maintaining the access to education provided by Finland's policies can help close the achievement gap and guarantee high-quality education for all.

Finland has worked to give migrant women greater access in their higher education systems. In higher education, migrant women tend to excel compared to other host countries. A relatively large proportion of migrant women in Finland have a higher education degree. In fact, being highly educated is equally common among migrant women and migrant men. Broadly though, improving education opportunities for migrant women is another priority for Finland. Training available to migrant women includes language studies, civic studies, as well as supplementary or entrepreneurial courses as well. Finland has worked on reforming their adult education to make it more flexible for migrant women. Unveiling part-time and lenient study plans, this helps stay-at-home mothers to still get an education if they choose to do so. This is a clear example of how inclusive policy planning can help empower Migrant women.

Another initiative is the program “Your turn, Mothers” project which works to help speed up migrant stay-at-home mothers into vocational studies and employment. In the first stage of the program, mothers study at the same school as their child, as they work to gain language and math literacy. At the same time, they gain resources for early childhood education and care for their younger children. In the second stage, the mothers gain access for a three-month work trial period in a wide range of sectors, including nursing, school assistant work, catering, and more. After the trial, the future career path is discussed and determined.

Anti-discrimination and violence is another focus on Finland's integration policy, with some key areas to improve upon. Finland has had a slow expansion of anti-discrimination

policies over the past several decades, which has helped reshape public attitudes. Though there are still clear levels of discrimination and xenophobia, research has found that migrants in Finland were more likely to know their rights and report any discrimination events to authorities compared to other countries in the EU.⁸⁴ In terms of violence against Migrant women, Finland has a specific Action plan working against this. The action plan cites that migrant women are more vulnerable to sexual assault, and provides training for police officers, prosecutors, judges, and legal counsels to understand that phenomena and how to work against it in an inclusive way.

In 2022, there were many developments that helped promote labor and education based migration and streamlined entry procedures in the country. There was a fast-track service that was created to enable highly qualified workers and their family members to get a residence permit within 14 days. Finland also introduced the “D Visa” which is a long-term visa which allows migrants to travel to Finland immediately after they get their residence permit without having to wait for a residence card abroad. This not only helps the expert recruitment process, but also makes Finland more attractive. The “Work in Finland” brought together measures supporting international staff recruitment and work-based immigration. Regarding education, some rules for students were created in April, and according to a legislative amendment, students will be granted a residence permit for the entire duration of their studies. The D Visa also applies to students, researchers and their family members. To help the financial status of migrants, in December a legal amendment removed the need for sufficient financial resources to grant a residence permit to the family member of a minor who is a beneficiary of Finnish international protection.⁸⁵

Overall, Finland boasts a strong integration program that does positive work to support migrants in all aspects of their settlement. Overall, Finland boasts a strong integration program that does positive work to support migrants in all aspects of their settlement. While there are several areas of improvement, Finnish integration policy is currently being

⁸⁴ MIPEX, “Finland.”

⁸⁵ European Migration Network. “Finland: EMN Country Factsheet 2022,” *Eurostat*. August 2023. https://home-affairs.ec.europa.eu/system/files/2023-08/EMN_Factsheets2022_FI_0.pdf



Migrant women posing for a photo, laughing
Credit: Immigrant Food

reformed. They are working to find local government offices to promote employment, have greater resources available for social and health care services, and improve their education access and decrease discrimination within the system. For migrant women in Finland, their level of education and programs available to them offer a good sign of the potential for their return to stability. Though finding employment and being paid properly is still an issue that must be addressed, both by Finland and the global community. Broadly, the overall and women-specific integration work of Finland is a clear example of how to empower and promote the well-being of migrant women, and now it is up to the rest of the world to not only catch up but to improve upon the work already set.

Sustainable Development Goals (SDGs)

The United Nations set out 17 key goals to be achieved by 2030. Named the Sustainable Development Goals (SDGs), each goal is a puzzle piece in a blueprint for global prosperity, sustainability, and peace. Each goal is a call to action for all countries to join in global partnership. Empowering migrant women not only furthers the development of these goals but upholds them. There are several key SDGs that directly apply to the current topic at hand. Because many of the solutions needed to support migrants involve large changes to

infrastructure within countries, the sustainable development goals are naturally uplifted by delivering those solutions.

The first and obvious SDG upheld by empowering migrant women is SDG 5: Gender Equality. Unfortunately, the world is not on track to achieve SDG 5 by 2030.⁸⁶ There is still a large gap in legal protection and anti-discriminatory laws, a lack of female representation in leadership, and a huge portion of women lack decision-making power over their bodies. Empowering migrant women is just one step the global community must take in order to achieve gender equality by 2030. Migration can offer women a chance to become financially independent, gain a choice to work, and even change power relations within the family. Giving migrant women access to childcare, vocational or job training, and education can help break the cycle of poverty or abuse that many migrants flee from. This in turn will help uplift future generations of women to come. Furthermore, addressing gender-based violence (GBV) is something that is long overdue by the global community. Migrant women are far more vulnerable to GBV at every stage of their migration journey. This abuse can come from other citizens, authorities, or even their employers and sponsors. Addressing this exploitation and abuse and making sure migrant women maintain their dignity and security is a high priority. Addressing gender-

⁸⁶ “Goal 5 | Department of Economic and Social Affairs,” United Nations, accessed August 15, 2023, <https://sdgs.un.org/goals/goal5>.

based violence will be another important milestone in helping complete this SDG. Ultimately, delegates must keep in mind that one of the ultimate goals on the agenda is achieving gender equality.

SDG 4: Quality Education is another critical goal that must be considered when discussing how to provide support for migrant women. Education first must be considered in the formal sense—many migrants lose access to educational opportunities when they migrate from their home country. Getting themselves, and their children, is a paramount priority in helping them resettle and restructure their lives. Migrant women and children particularly are vulnerable to lacking basic numeracy and literacy skills after they leave their country. Making sure education is affordable and accessible, both for academic schooling and vocational schooling, must be done. However, education can also be considered in the sense that migrants must have proper knowledge of their rights and avenues for support if needed. Migrant women in particular should know how to report any abuse done to them and where the proper avenues to do so without retribution. Broadly, education is a key step for helping support migrant women, and this sustainable development goal must not be forgotten when discussing solutions.

Finally, the SDG 8: Decent Work and Economic Growth is another goal that can be directly catalyzed by protecting migrant women. Protecting migrant women directly applies to financial stability and right to employment. Not only does this benefit the migrant and their family, but it also benefits both the sending country and receiving country. For example, a study on Pakistani migrant workers who had worked as mechanics, welders, or machinery operators had learned to organize their work and significantly improved their talents. When returning back to Pakistan, employers rated them much higher compared to non-migrant workers without international employment experience. Protecting migrant workers is a clear benefit to the global economy. For migrant women, who make up a large part of the domestic migrant workforce, working to secure income and employment stability also provides a large boost to the economy. These workers help drive the expansion of the work force and contribute to overall economic growth. Giving them the tools they need to provide for their family

in turn helps break the cycle of poverty and can provide long term benefit to the global GDP. Beyond economic growth, decent work must be secured by making sure that migrant women, whether in formal or informal sectors, have the same access to employment benefits and rights as natural citizens. This means child-care, sick leave, rest and vacation time, as well as economic mobility and opportunities through job training and professional development.

Bloc Analysis

Points of Division

There are very few countries that are not involved with discussion around migrants or migration policy. In contrast, the policy response of various countries and responses to taking in migrants is varied. While almost all countries emphasize the importance of making sure migrants are secure, there are some key points of divisions. The first of which comes between country policies and the varying levels of thoroughness exhibited in the plans of countries. Some countries are not doing enough to support the migrants within their own countries, while others have successful plans that can be built and improved upon. Another important point of division is the level of migrants host countries can take. Some countries' infrastructure has been stretched thin or they do not have the resources and means to continue taking in migrants. Finally, some countries are struggling with issues causing displacement within their own borders. These countries are going to look for resolutions to these issues as well as the short term and long-term support of their migrants.

Countries with a Slightly Favorable or Higher Score on the Migration Policy Index

The Migrant Integration Policy Index is a recent but unique tool that measures migrant integration policies in countries across six continents. As successful migrant policy is as complex as it is thorough, the index creates a multi-dimensional view of how migrants can integrate into their new countries given the countries' policies. The project looks at 8 specific policy areas that measure how well a migrant can integrate into their new country. These policy areas are scores on a range from 0-100,

and then averaged out to give a countries overall score. Any score above 60 is slightly favorable, with 80-100 being the highest range possible. The first policy area is labor market mobility, or how well the countries' employment policies give migrants equal rights and opportunities to access jobs and improve their skills. Successful policies mean newcomers can access public employment offices, higher education and job training, and access public sector jobs. The next area is education, specifically to the needs of immigrant children. This is one of the greatest weaknesses in integration policies for most countries.⁸⁷ Many migrant students receive very limited support when going through pre-school, higher education or vocational training. Migration policy should have clear systematic academic guidance and financial aid for migrant students. Political participation is also a policy area that is examined by this index. In many countries, foreign citizens are neither involved in the political system nor regularly informed. Migrants must have the right and opportunity to participate in political life. Access to nationality is also a key policy area. Simply migrants must not face a difficult process if they choose to become citizens, boosting integration outcomes. Finally, family reunion, health, permanent residence, and anti-discrimination are the other four key areas the Migration integration Policy Index looks for. It is important to mention that this index is not complete, and there are many countries that are not yet on the index. Slightly favorable countries are those that have a comprehensive approach to integration, yet may not encourage the public to see migrants as their equals and potential citizens. These countries should share their insights and findings from their own migrant policy index to help improve both their own and other region's migration integration policy. According to the index, countries that fall under this range include Iceland, Israel, Canada, Australia, USA, Morocco, Spain, Norway, Finland.

Countries with Existing Displacement Crises

As the global refugee crisis has doubled in scope in the past decade, there are several countries that currently have

displacement crises with many migrants leaving their country. Regardless of whatever reason these migrants may be fleeing, these countries must work with the global community to identify how to repair their own community, make sure their own migrants have temporary safe settlement, and then work towards the long term return of their migrants back to their home country. These are countries that currently are dealing with displacement as a result of violence, economic crisis, persecution, climate change, or more. These countries must look for inclusive and sustainable solutions to any violence or economic fragility within their countries, respond to the needs of refugees and find them resettlement, and help guarantee migrant children a better future and support displaced families rebuilding their lives. Countries that could be included within this block are Ukraine, Afghanistan, South Sudan, Myanmar, Democratic Republic of Congo, Somalia, Central African Republic. These countries are all facing their own reasons for displacement, and naturally the migrants and governments of these countries have their own unique needs. Ukrainian migrants, currently estimated at around seven million,⁸⁸ are currently facing a child-care crisis, as well as low level of language literacy in their new hosting country. Afghanistan has been facing nearly 40 years of conflict and natural disaster, resulting in persistent poverty and food insecurity for their eight million migrants.⁸⁹ Structural issues within the country must be addressed, as well as external aid for migrants. Each country within this block must be prepared to understand the root issue of their migrant crisis, the gender divide of the crisis itself, and how best to use global cooperation to their advantage.

Countries Taking in a Large Number of Refugees

These are countries that are currently taking in a large number of refugees, and must hold discussions on how to deal with the influx of migrants coming into their country, as well as examine the employment, labor, education, and healthcare provided to these migrants. In comparison with the first bloc, these are countries that at best may provide immigrants with basic rights and equal opportunities, but not a secure

⁸⁷ "Education: MIPEX 2020," MIPEX, accessed August 15, 2023, <https://www.mipex.eu/education>.

⁸⁸ "Current Migration Flows from Ukraine," Centre for Research & Analysis of Migration, accessed August 15, 2023, <https://cream-migration.org/ukraine-detail.htm?article=3573>

⁸⁹ "Afghanistan Refugee Crisis Explained," USA for UNHCR. The Un Refugee Agency, July 18, 2023, <https://www.unrefugees.org/news/afghanistan-refugee-crisis-explained>

future in the country. Many of these countries may not have equal opportunities for migrants or work to help diffuse discrimination, and not have long-term integration policies. These countries must share their own insights from their own migration policy, but specifically look for ways to improve their migration policy. Many of these countries might have equality on paper, but not provide migrants with any long-term security or stability. There should be no immigration without integration, and migrants must be afforded the same rights as native citizens. These countries include the United Kingdom, Netherlands, Czechia, Estonia, Korea, Lithuania, Poland, China, Moldova, Austria, and more. These countries have their own unique perspectives and challenges in taking in migrants. Some countries may no longer have the resources available to support the influx of migrants coming in, while other countries' policies simply need revisions and updates to make them more inclusive. For example, the United Kingdom's migration policy on family reunification needs serious work for helping migrants reunite with their family. While their discrimination policy is a bit stronger compared to others, their education policy is also slightly unfavorable. What will make these countries successful in committee is understanding the successes and shortcomings of their policy and preparing to act on it.

Committee Mission

In terms of the work the IOM does, it can be split up into four broad areas: migration management, crisis response, international cooperation, and migration data and research. Under migration management, the IOM works on the development of policy and global strategies for all mainstream migration sectors, such as labor, development, integration, counter-trafficking, healthcare, capacity-building, climate change and more.⁹⁰ Furthermore, they work to mitigate the conditions that force people from their homes, as well as

reducing disaster risk so that migration can be a choice, rather than a final option.⁹¹

The mission of the IOM is divided into several core frameworks.⁹² The first of which is a 12 point strategy which aims to guarantee secure, flexible, and cost-effective migration assistance while also ensuring humane treatment of migrants and their rights in accordance with international law. These objectives work to enhance government capacities and collaboration on migration issues, as well as use migration as a tool for economic and social development, in addition to facilitating and leading global migration dialogue.

IOM firmly believes that migration is an opportunity to empower women and boost their autonomy. Which is why ever since its establishment, addressing women's protection and equality when it comes to migration has been a priority for the Organization. With the United Nations' help, there have been 5 main components to explain women's empowerment: sense of self-worth, right to make choices, access to opportunities and resources, the power to control their lives within and outside of home, ability to influence social change's direction.⁹³ In 2022's International Women's Day, the IOM reaffirmed its commitment towards gender equality and empowering all women and girls around the world, especially those on the move. This thanks to the realization that gender is one of the factors with the most impact during a migration journey.⁹⁴

Across the globe, limited access to education about gender roles, stereotypes, and patriarchal structures lead to reduced agency for women in foreign countries. This is mainly because in many cases, women flee as "marriage dependent" which doesn't give them protection or include work permits in different countries. The IOM proposes creating public policies that include a gender perspective in transit and destination countries. These policies should have the goal of facilitating migrant women's access to formal jobs and essential services (health, education, etc.).⁹⁵

90 "International Cooperation" International Organization for Migration, accessed August 17, 2023, <https://www.iom.int/mission>.

91 "Crisis Response" International Organization for Migration, accessed August 17, 2023, <https://www.iom.int/mission>.

92 "Mission," International Organization for Migration, accessed August 17, 2023, <https://www.iom.int/mission>.

93 "Empowering Caribbean Women through Migration," International Organization for Migration, accessed September 9, 2023. <https://rosanjose.iom.int/en/blogs/empowering-caribbean-women-through-migration>

94 "International Women's Day 2022," International Organization for Migration, accessed September 9, 2023. <https://www.iom.int/international-womens-day-2022>

95 D. Roman, "Migrant Women Face More Difficulties to Regularize and Integrate, What can we do?," *International Organization for Migration*. March 7, 2023. <https://rosanjose.iom.int/en/blogs/migrant-women-face-more-difficulties-regularize-and-integrate-what-can-we-do>

Ultimately, the United Nations International Organization for Migration is a proud testament of the international community's commitment to addressing migration issues on a global scale. The IOM has demonstrated a clear devotion to directly assisting and leading collaborative efforts for migrants. As the migration trends and global dynamics continue to evolve, the IOM will remain fostering understanding and cooperation for the benefit of those who seek better lives beyond their communities.

Research and Preparation Questions

Your dais has prepared the following research and preparation questions as a means of providing guidance for your research process. These questions should be carefully considered, as they embody some of the main critical thought and learning objectives surrounding your topic.

Topic A

1. What specific healthcare, technological, and workforce issues do migrant workers have to face? What programs and initiatives are already in place to combat these? Do you identify any specific challenges for migrant workers?
2. What are your country's policies and stance on migrant worker healthcare, technology, and employment? Have there been social welfare programs that implement the support of migrant workers and their families?
3. How did the COVID-19 pandemic impact your country's healthcare systems? If so, what health and safety policies has your country implemented to protect migrants from getting infected?
4. How does forced displacement affect the health of migrants? How is this a problematic situation for the population of the host country?
5. What policies does your country implement to avoid migrant labor trafficking? Are there any specific anti-trafficking laws? If so, how are they implemented and enforced?

Topic B

1. What are some economical and social challenges migrant women have to face when entering your country? Based on this, what are some solutions your country has already implemented or wants to implement for migrant women and their families when first arriving?
2. Does your country have high rates of gender violence towards women? What is the cause of this and what are some solutions that can be implemented to prevent this?
3. What policies and programs does your country have in place to help and relieve the issues migrant women experience, such as trafficking, rape and family separation? What are some recognizable long-term impacts of these challenges, and how are these being addressed by your country?
4. Is your country collaborating with organizations to address the tragic reality of gender-based violence against migratory women? How does your country participate in international cooperation and coordination to solve such concerns?
5. Given the challenges that migrant women encounter in the workforce, does your country have a history in assisting these women via successful programs that can still be expanded? If not, how may this scenario be improved upon?
6. What are issues experienced by migrant women in your country when obtaining important services such as healthcare, childcare, and general social services? In this scope, how are policy frameworks developing migratory resources and support centers for migrant women in your country?

Important Documents

Topic A

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