

Perspective

Health Security as Catalyst in Migration Governance: A Practice-Based Case Study Building Trust Through Cross-Border Cooperation in North Africa

Michela Martini 

Migration Health Department, Regional Office for Middle East and North Africa, International Organization for Migration, Cairo 11211, Egypt; mmartini@iom.int

Abstract

This paper examines how sequenced cross-border health initiatives may contribute to confidence-building and, ultimately, serve as catalyst toward more coherent cross-border migration-related governance in North Africa. Using a practice-based case study approach, it analyzes a series of regional processes implemented in 2024 and 2025 by the International Organization for Migration (IOM), in collaboration with the WHO Regional Office for the Eastern Mediterranean (WHO EMRO) and Africa CDC, including two technical workshops in Tunis, a sub-regional simulation exercise in Cairo, and a Mediterranean Forum. The analysis draws on process documentation, institutional outputs, and the authors' direct involvement in these initiatives to trace how repeated technical engagement supported procedural alignment and the gradual building of confidence for cross-border collaboration. Key outputs included a draft operational plan, a technical white paper, and regional policy recommendations. The paper argues that, in politically sensitive migration settings, cross-border health cooperation—jointly engaging ministries of health, interior, and foreign affairs—can provide an entry point for dialogue, joint problem-solving, and confidence-building across countries and sectors, thereby enhancing collaborative governance. While such collaboration does not directly determine migration policy, it may contribute to health diplomacy efforts that foster a more coherent governance environment capable of supporting safer, more orderly, and better-coordinated migration processes. Although several operational questions remain unresolved and more studies are needed, this paper seeks to open further dialogue and encourage new evidence and reflection on the potential role of health as a catalyst for collaborative governance and confidence-building between countries.

Keywords: health security; migration health governance; cross-border health coordination; North Africa; International Health Regulations (2005); collaborative governance; confidence-building



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1. Introduction

This paper originates from a persistent paradox: while migration-related health risks are inherently transboundary, the regional governance frameworks designed to manage them remain fragmented, operating within rigid sectoral and national silos (Vearey et al. 2019; Aziz and Kapilashrami 2025). In North Africa and along the Central Mediterranean route, mobile populations move across health, protection, and border management systems that often remain weakly coordinated, generating recurrent gaps in preparedness, continuity of care, and cross-border response. There is no sufficient attention paid to understanding

if regional health cooperation processes can incrementally foster collaborative governance between countries in migration-sensitive contexts.

This paper addresses that gap by examining recent cross-border health initiatives in North Africa as a practice-based case and by exploring whether sustained technical cooperation can serve not only operational public health objectives but also contribute to confidence-building and more coherent regional collaborative governance between countries and health–interior–foreign affairs sectors.

1.1. The Collaborative Governance

In this paper, collaborative governance refers to sustained and structured interaction among state institutions, international organizations, and sectoral actors to address shared cross-border challenges through expressed willingness to collaborate, procedural alignment, and co-produced outputs. Drawing on [Ansell and Gash \(2008\)](#), [Emerson et al. \(2012\)](#), and [Ansell et al. \(2025\)](#), the paper understands collaborative governance not simply as coordination, but as an iterative process through which actors develop shared motivation, procedural clarity, and capacity for joint action. Confidence-building is treated as an inferred dimension of this process rather than as a directly measured attitudinal variable. It refers to the willingness of relevant actors, particularly ministries of health, interior, and foreign affairs, as well as partner organizations, to engage in sustained cross-border interaction, joint problem-solving, and coordinated action. This framing is especially relevant in migration-sensitive settings, where the effects of cooperation may be more meaningfully captured through process-based developments than through direct measures of inter-institutional trust.

1.2. Fragmented Cross-Border Health Governance and Migrant Protection Vacuum

The North African region represents one of the world's most complex migration spaces, characterized by overlapping dynamics that include high volumes of regular migration, irregular land-crossing routes, and intra-regional and extra-regional mobility associated with diverse and often acute health vulnerabilities. Patterns are shaped by economic precarity, South–South mobility, political instability, conflict and environmental stress ([IOM 2025](#)), while exposing mobile populations to uneven access to health, protection, and border management systems. Across this corridor, weak interoperability, fragmented referral pathways, and limited continuity of care generate persistent cross-border health governance gaps.

Historically, the intersection of migration and public health has been addressed through fragmented and predominantly emergency-driven interventions, mainly focused on disease control rather than broader dialogue integrating migrants into national health strategies and universal health coverage discourses ([Fidler 2004](#); [Wickramage et al. 2019](#)). The emergence of global health threats, including COVID-19, alongside sustained migration pressures, has underscored that national health security is inseparable from the health of mobile populations and host populations alike ([Davies and Wenham 2019](#); [Heymann and Shindo 2020](#); [Fawcett 2021](#)), and that regional cooperation in managing public health emergencies is of paramount importance ([Mackie 2013](#); [Rahman-Shepherd et al. 2025](#)).

Despite this, a de facto “protection vacuum” for migrants and other mobile populations still persists, characterized by reduced humanitarian space ([UNHCR and IOM 2023](#); [Amnesty International 2025](#)), negative media representation influencing restrictive migration policies ([Vétois et al. 2025](#)), inconsistent access to care, exposure to violence and detention, and systemic inequities across borders ([ICJ 2025](#); [OHCHR 2026](#); [IOM 2025](#)). Global frameworks, listed in Box 1, increasingly emphasize migrant-inclusive health systems and continuity of care ([WHO 2008a, 2010, 2017, 2018, 2019, 2023, 2024](#); [WHO et al.](#)

2017); however, these rights remain difficult to guarantee in practice, particularly in transit settings and at borders where legal status is precarious and institutional responsibilities are fragmented.

Box 1. Global and regional framework concerning Migration Health.

International Health Regulations (2005) (IHR 2005). A legally binding global framework for preventing, detecting, assessing, reporting, and responding to public health risks with potential cross-border implications. It is highly relevant to the paper's focus on surveillance, preparedness, points of entry, notification, and cross-border coordination.

World Health Assembly resolutions on migrant, refugee and migrant health. WHA61.17 (2008) established migrant health as a global public health priority, while WHA70.15 (2017) advanced the agenda for refugees and migrants by requesting a framework of priorities and guiding principles and laying the policy basis for subsequent global action.

Global Consultations on migrant, refugee and migrant health. The Madrid (2010), Colombo (2017) and Rabat (2023) consultations progressively translated global mandates into operational priorities, linking migrant, refugee and migrant health to monitoring, policy and legal frameworks, migrant-sensitive health systems, partnerships, UHC, SDGs, equity, inclusion, accountability, meaningful participation, social determinants of health, and stronger data and research.

Sustainable Development Goals (2015–2030). Particularly SDG 3 on health and well-being and SDG 10.7 on safe, orderly, regular, and responsible migration. The SDGs provide a broad development-policy framework for inclusive health systems and migration governance.

WHO Framework of Priorities and Guiding Principles to Promote the Health of Refugees and Migrants (2018). A key rights-based and health system-oriented framework emphasizing non-discrimination, equitable access, people-centred services, intersectoral action, and attention to the social determinants of health.

Global Compact for Safe, Orderly and Regular Migration (2018). The first intergovernmental agreement covering all dimensions of international migration. Objective 15 links health to migration governance, access to basic services, whole-of-government approaches, international cooperation, and migrant protection.

WHO Global Action Plan on Promoting the Health of Refugees and Migrants, 2019–2023; extended to 2030. A central global framework for migrant- and refugee-inclusive health systems, UHC, intersectoral coordination, health information systems, and the integration of refugee and migrant health into national, regional, and global agendas. In 2023, the World Health Assembly extended the plan to 2030. [who.int]

IOM Health, Border and Mobility Management Framework (2021) Particularly relevant to this article because it operationally connects human mobility, communicable disease preparedness, border health, surveillance, points of entry, and multisectoral cross-border coordination. [publications.iom.int]

WHO Eastern Mediterranean Region Strategy to Promote the Health and Well-Being of Refugees, Migrants, Internally Displaced Persons and Other Displaced Groups (2023) It situates refugee and migrant health within regional health systems, equity, preparedness, and displacement-related priorities.

In this context, limited harmonized cross-border surveillance, weak coordination, and the absence of regional response mechanisms may leave mobile populations falling between national systems, resulting in disrupted continuity of care, exclusion from preventive services, and systemic inequities, while also creating broader public health risks (Abubakar et al. 2018). These gaps generate surveillance blind spots, weaken early warning systems, and reduce the effectiveness of cross-border response mechanisms. The protection vacuum is therefore not only a humanitarian and rights-based concern, but also a health security challenge.

In North Africa and along the Central Mediterranean route, these challenges are further exacerbated by the externalization of migration governance, whereby responsibilities are increasingly shifted to transit countries that often face constrained institutional capacity to manage growing flows of migrants incentivizes increasingly restrictive national policies, ultimately driving more migrants without protection. The result is not only a protection gap, but also a broader health governance gap, where limited coordination and the absence of harmonized protocols undermine collective health security efforts. Addressing this dual gap requires moving beyond ad hoc humanitarian responses toward institutionalized

cross-border health governance (Zimmerman et al. 2011), grounded in shared standards, accountability, and coordinated action. Over time, these processes may also create practical space for collaborative governance, including confidence-building and joint problem-solving across countries, reducing asymmetries in capacity and perception and enabling more coherent approaches to migration management.

1.3. Cross-Border Health Coordination as Catalyst for Confidence-Building

In migration-sensitive contexts, where formal political dialogue may be constrained, repeated collaboration on shared public health risks can create an alternative space for interaction, transparency, reciprocity, and incremental confidence-building by fostering regular engagement among ministries of health, interior, and foreign affairs. Over time, such cooperation can help align interests along migration routes and reduce asymmetries in perception and capacity, with effects that may extend beyond the health sector into broader diplomatic relations. By examining these processes, this paper suggests that structured cross-border health cooperation does more than protect public health: it may also create enabling conditions for confidence-building between Member States, thereby supporting more resilient, inclusive, and regular migration pathways across the Central Mediterranean route.

1.4. Health Security

In this paper, health security is understood in a specific operational and governance sense, referring to the capacities, institutional arrangements, and cross-border coordination mechanisms required to prevent, prepare for, detect, and respond to public health threats associated with population mobility, in line with the International Health Regulations (2005). The term is used to denote the practical and institutional conditions necessary to manage mobility-related health risks across borders. Similarly, preparedness is understood not only as technical readiness for outbreak response, but also as the multisectoral and cross-border capacity to anticipate, coordinate, and sustain joint action in mobility-affected settings.

Building on these premises, this paper analyzes a series of strategic initiatives led by the International Organization for Migration (IOM), in collaboration with WHO EMRO and Africa CDC, throughout 2024 and 2025. These initiatives—including two technical workshops, a high-level Mediterranean Forum, and a multi-country simulation exercise (SimEx) in Cairo—were designed to operationalize the International Health Regulations (2005) (WHO 2008b) within migration contexts engaging both health and border authorities. The process resulted in key outputs, including a Member State-led regional workplan and a white paper on cross-border coordination.

By examining these developments, the paper reflects on how sequenced cross-border health cooperation can move from dialogue to tangible deliverables, fostering inter-country confidence-building and collaborative governance.

2. Materials and Methods

This paper adopts a practice-based case study approach to examine the evolution of cross-border health coordination in North Africa. The analysis focuses on a sequence of regional initiatives conducted in 2024 and 2025 and examines how these processes contributed to more structured forms of cross-border coordination in migration-related health contexts. It draws on process documentation, institutional outputs, and observed coordination dynamics rather than on primary data collection. This approach enables an in-depth examination of how governance processes unfold in practice, particularly in complex, multi-actor settings. The study is guided by a multi-level governance lens, focusing on interactions between national authorities, regional platforms, and international partners. Attention is given to cross-sectoral coordination among ministries of health,

interior, and foreign affairs, as well as to the role of international organizations in facilitating alignment across levels and sectors. A process-oriented analytical approach is used to trace how successive engagements contributed to a shift from ad hoc technical collaboration toward more structured and institutionalized regional coordination. Rather than treating individual events in isolation, the analysis examines their cumulative and iterative effects. The reflection is structured around four key initiatives:

- (i) The first Tunis workshop on cross-border disease surveillance (May 2024), which established an initial multisectoral platform and generated a commitment to advance cross border collaboration and a first set of regional recommendations;
- (ii) The second Tunis workshop, “Regional Workshop on Cross-Border Disease Surveillance in Tunisia, Algeria and Libya” (February 2025), which supported further cross-ministerial alignment and resulted in the renewal of the recommendations from the first Tunis workshop and a draft regional implementation workplan ([IOM Tunis and IOM MENA 2025b](#));
- (iii) The sub-regional tabletop simulation exercise, “Enhancing Cross-Border Collaboration for Human Mobility and Access to Healthcare” (Cairo SimEx) (August 2025), expanded the geographic coverage to Sudan and Egypt and served a dual purpose: it operationally tested cross-border coordination mechanisms and facilitated a comprehensive revision of the regional workplan, culminating in a complementary technical white paper ([WHO EMRO 2025](#); [IOM MENA and WHO EMRO 2025](#));
- (iv) The Mediterranean Forum, “Strengthening Multisectoral Partnerships for Resilient Public Health Systems” (September 2025), which expanded engagement to European partners and generated regional recommendations ([IOM Tunis and IOM MENA 2025a](#)).

The materials were analyzed using a process-oriented qualitative approach to trace collaborative governance dynamics over time. Drawing on collaborative governance literature, particularly [Ansell and Gash \(2008\)](#) and [Emerson et al. \(2012\)](#), the analysis focuses on four observable dimensions: (1) multisectoral participation of ministries of health, interior, and foreign affairs; (2) procedural harmonization; (3) co-production of outputs and endorsement of shared recommendations; and (4) collaborative problem-solving. These dimensions served as the main analytical categories through which collaborative governance processes were examined in practice. Consistent with the conceptual framework outlined in the introduction, confidence-building was not treated as a directly measurable attitudinal variable, but rather inferred from observable collaborative processes across these four dimensions.

The authors’ embedded perspective provided access to under-documented institutional processes, but it also introduces the possibility of interpretive bias. To mitigate this limitation, the analysis is grounded in documented outputs and verifiable institutional processes, and the paper is presented as an illustrative case study rather than a generalizable evaluation. While similar initiatives are ongoing in the field of cross-border health, this paper emphasizes the sequencing of these initiatives as a key strength in building collaborative governance. It is intended to contribute to broader reflection on whether and how sequenced cross-border health coordination can be identified, analyzed, and conceptualized as a lens for understanding governance dynamics in migration-sensitive contexts.

3. Results

The findings are organized around four interlinked strategic initiatives implemented in 2024 and 2025: two Tunis workshops, the Cairo Simulation Exercise (SimEx), and the Mediterranean Forum which represent a progressive shift from fragmented technical exchanges toward a more coordinated and institutionalized regional process. For each initiative, the analysis considers four elements: the coordination gap being addressed, the

actors involved, the outputs produced, and the governance significance of the process. Across all initiatives, a consistent feature was the systematic inclusion of ministries of health, interior, and foreign affairs, supported by international partners. Rather than isolated events, these events are understood as consecutive and interlinked steps in a broader process of governance consolidation.

The roles of ministries of interior and foreign affairs in these processes were critical, particularly in facilitating intergovernmental dialogue, supporting the translation of technical discussions into diplomatic or bilateral engagement, and helping frame cross-border health coordination within broader regional cooperation processes.

3.1. *The First Tunis Workshop: Establishing a Foundation for Cross-Sectoral Coordination*

The first Tunis workshop, held in May 2024, marked the initial regional effort to bring together officials from Algeria, Libya, and Tunisia around cross-border disease surveillance and border coordination along the Central Mediterranean route. Convening representatives from ministries of health and interior, the ministry of transport, and national disease control institutions, the workshop created an initial multisectoral platform to discuss gaps in surveillance, information-sharing, and preparedness at points of entry and along migration routes. It also reviewed the status of key normative and operational frameworks—including the International Health Regulations (2005), Joint External Evaluation processes, and IOM’s Health, Border and Mobility Management approach—while generating a first set of recommendations, presented in Table 1, on legal frameworks, standard operating procedures, capacity-building, and digital information-sharing to support subsequent regional cooperation.

Table 1. Final recommendations from the first Tunis workshop.

First Tunis Workshop (May 2024) Final Recommendations	
1.	Develop a feasible legal and operational framework for sharing health information among the three countries, with strong data protection provisions and monitoring and evaluation mechanisms.
2.	Operationalize the framework through standard operating procedures for exchanging health information, samples, diagnostic capacity, and best practices, and establish a cross-border digital health information-sharing system for communicable disease reporting in line with the IHR (2005) .
3.	Allocate the human and financial resources needed to sustain agreed activities over time, with initial support from UN agencies to launch short-term operational follow-up.
4.	Ensure that staff responsible for disease surveillance at borders and points of entry have the necessary skills, expertise, equipment, and operational resources.
5.	Strengthen capacity through regular training and simulation exercises for surveillance staff and relevant non-health personnel working at borders and points of entry.
6.	Support innovation and technology by providing mobile laboratories at points of entry, expanding laboratory capacity for food and goods inspection, and ensuring access to communication tools, digital equipment, and internet connectivity where needed.

Across the three days, discussions converged on the need for stronger migration-health data and context-specific surveillance approaches, clearer national and cross-border procedures for information-sharing, and sustained multisectoral coordination involving both health and non-health actors. Participants also emphasized the importance of harmonized guidance, improved preparedness at points of entry and informal crossings, investment in trained personnel and digital systems, and stronger political endorsement to translate technical recommendations into durable regional cooperation. Despite notable operational challenges including agreement of data protection, a lack of harmonized case definitions, and the ongoing need for high-level political buy-in, the active engagement of technical authorities and the formulation of the final recommendations demonstrated a clear institutional commitment to advancing cross-border collaboration. This consensus provides the necessary momentum for UN agencies to continue facilitating these regional governance processes.

3.2. The Second Tunis Workshop: Consolidating Cross-Sectoral Coordination

The Tunis workshop, “Regional Workshop on Cross-Border Disease Surveillance in Tunisia, Algeria and Libya,” held in February 2025, marked a critical step toward structured regional collaboration. By convening representatives from ministries of health and interior from Algeria, Libya, and Tunisia, the workshop created a platform for aligning public health priorities with operational realities at borders and along migration routes. The workshop aimed to build on the recommendations of the first meeting, translate them into a common action plan with practical timelines, and strengthen cross-border collaboration among Tunisia, Algeria, and Libya toward a more sustainable framework for health surveillance, information-sharing, and a regional community of practice.

The discussions focused on strengthening regional cooperation to enhance public health security and ensure a coordinated response to health challenges affecting border communities. Over the course of two days, participants engaged in in-depth deliberations on best practices, challenges, and policy frameworks needed to improve cross-border health monitoring and crisis response mechanisms. Participants agreed that a route-based, context-sensitive approach is essential to effectively mitigate health risks at borders, strengthen early warning systems, and improve emergency preparedness. A key outcome was the renewal of recommendations from the first Tunis workshop and the development of a detailed workplan, presented respectively in Tables 2 and 3 (IOM Tunis and IOM MENA 2025b). The co-development of the action plan established an initial basis for shared ownership and provided a procedural foundation for subsequent cooperation, while also sustaining continuity with the commitments endorsed during the first workshop. According to participants, the successful implementation of these recommendations will require strong cooperation among all participating countries, UN agencies, and other partners. The workshop was organized by IOM in collaboration with the WHO Regional Office for the Eastern Mediterranean (WHO EMRO), with the active participation of Africa CDC. Analytically, this event demonstrates progress toward a shared technical planning process that can serve as an initial step in bridging institutional divides and transforming fragmented approaches into coordinated operational deliverables.

Table 2. Recommendations from the second Tunis workshop.

Second Regional Workshop on Cross-Border Disease Surveillance in Tunisia, Algeria and Libya Recommendations	
1.	Develop a feasible agreement and legal framework for sharing disease surveillance information among the three countries, including data protection, monitoring, and evaluation mechanisms.
2.	Operationalize the agreement by establishing standard operating procedures for exchanging health information, samples, diagnostic capacity, and best practices for public health purposes, and by creating a cross-border health information-sharing system for reporting communicable diseases in compliance with the IHR (2005).
3.	Strengthen capacity by ensuring that staff responsible for disease surveillance at borders and points of entry have the required skills and resources.
4.	Conduct a simulation exercise (SimEx) to assess the effectiveness of cross-border collaboration mechanisms.
5.	Support innovation and the use of technology by providing mobile laboratories at points of entry and laboratory capacity for analyzing food and other goods, and by ensuring access to communication tools, digital equipment, and internet connectivity where required.
6.	Develop emergency operational procedures for non-designated or informal crossing points and disease surveillance in situations such as rescue operations at sea or in desert areas, to guarantee migrants’ access to adequate health care and ensure early detection and timely notification.
7.	Continue dialogue to strengthen cross-border cooperation among the three countries and support the exchange of knowledge and best practices.
8.	Allocate the funds needed to sustain agreed activities over the long term, with initial support from UN agencies to launch short-term operational activities.

Table 3. Synthesized workplan from the operational plan developed during the second Tunis workshop.

Objective	Key Actions	Timeline	Responsible/Supporting Actors
1. Establish legal frameworks	Nominate national focal points and technical teams; hold regular technical meetings; organize national dialogues; draft and endorse a joint legal framework; and strengthen infrastructure for cross-border response.	2–12 months	MoH, NCDC, MoI, MoFA, and other sectoral ministries; support from IOM, WHO, and Africa CDC.
2. Operationalize frameworks	Develop SOPs for surveillance and coordination at points of entry; convene multidisciplinary review meetings; and develop common health protocols across the three countries.	~6 months	Multidisciplinary committees and MoH/IHR focal points; support from IOM, WHO, and Africa CDC.
3. Strengthen workforce and capacities	Assess point-of-entry capacity; finalize manuals and training packages; train health and non-health actors; and organize study visits and field epidemiology training.	3–6 months	NCDC and MoH; support from IOM, WHO, and Africa CDC.
4. Test preparedness through SimEx	Review and revise contingency plans; pilot implementation at selected points of entry; organize simulation exercises; and conduct joint supportive supervisory visits.	3–12 months	MoH, NCDC, MoI, and other border actors; support from IOM and WHO.
5. Support innovation and digitalization	Map digital platforms and information systems; assess needs; provide technical recommendations; harmonize systems through infrastructure, training, and SOPs; and monitor implementation.	3–9 months	MoH and NCDC; support from IOM and WHO.
6. Secure sustainable funding	Map domestic and international funding sources; convene coordination meetings with UN agencies and partners; and prepare joint proposals for future financing opportunities.	~6 months	Multidisciplinary committees and ministries; support from IOM, WHO, and Africa CDC.

3.3. The Cairo Simulation Exercise (SimEx) (August 2025): Stress-Testing IHR (2005) Capacities and Producing an Operational White Paper

The primary purpose of the “Enhancing Cross-Border Collaboration for Human Mobility and Access to Healthcare” Sub-Regional Tabletop Simulation Exercise (SimEx) was to assess and strengthen countries’ capacity to manage cross-border population movement and related public health threats effectively, in line with the International Health Regulations (2005). It also aimed to review the workplan developed during the second Tunis workshop and expand the geographic scope to include Sudan and Egypt. More specifically, the exercise sought to test the region’s preparedness and response mechanisms by assessing the functionality of multisectoral coordination systems for the prevention, preparedness, detection, and response to cross-border public health threats affecting travellers, refugees, and migrants; to examine information-sharing, communication, and joint planning arrangements across borders through IHR channels, alert protocols, and standard operating procedures; to assess the readiness of primary health care and referral systems, including surge capacity, triage, diagnostics, and continuity-of-care mechanisms for mobile populations; and to identify gaps, good practices, and actionable recommendations to strengthen preparedness, simulation capacity, and collaboration among health, transport, foreign affairs, border authorities, humanitarian actors, and international agencies.

The SimEx translated strategic recommendations from the Tunis workshops into operational testing. Through scenario-based simulations involving multidisciplinary teams, the exercise assessed the functionality of cross-border coordination mechanisms under realistic outbreak conditions. The sub-regional simulation exercise highlighted meaningful advances in cross-border public health preparedness. Discussions also showed that, while

technical knowledge of the International Health Regulations was generally strong, existing coordination still relies heavily on informal communication channels, uneven notification thresholds, and weak interoperability of surveillance and referral systems between neighboring countries, resulting in gaps in real-time data exchange and coordinated decision-making. The inclusion of ministries of interior proved essential in identifying bottlenecks related to border management and access to services for mobile populations that routine policy dialogue often leaves unaddressed. At the same time, the findings underscored that political will alone is insufficient without legal frameworks, sustainable financing, and follow-up mechanisms capable of translating draft coordination tools into routine practice. The SimEx generated a technical synthesis of key coordination gaps and proposed actions, translating operational observations into recommendations on governance, surveillance, points of entry, migrant-sensitive services, and sustainability, presented in Table 4 (IOM MENA and WHO EMRO 2025). This milestone highlights the importance of operational stress-testing as a mechanism to surface hidden coordination failures and demonstrates how joint exercises can deepen trust by exposing and addressing shared challenges.

Table 4. Key findings and recommendations from the SimEx.

Key Findings	Recommendations
- Coordination and Governance: Political will exists, but formal agreements, joint steering committees, and standard operating procedures remain absent. - Surveillance and Early Warning: National systems are functional, but joint case definitions, alert thresholds, laboratory referral pathways, and information-sharing protocols remain inconsistent, with continued reliance on informal channels. - Points of Entry (PoEs): Designated PoEs exist, but capacity is uneven, contingency planning for public health emergencies remains insufficient, and capacity at informal ground crossings is inadequate. - Migrants' Health: Basic services are available, but referral pathways, financing mechanisms, and specialized services for vulnerable groups remain inadequate. - Capacity-Building and Sustainability: Draft bilateral coordination frameworks and a capacity-building plan were developed, but they still require formalization, the integration of non-health actors, and sustainable financing.	- Finalize bilateral and sub-regional frameworks for cross-border collaboration. - Institutionalize regular meetings of technical working groups (quarterly) and steering committees (biannually) to sustain momentum. - Harmonize case definitions, surveillance systems, joint alert thresholds, and data-sharing practices. - Develop and implement a secure common electronic platform for real-time data sharing, including a common list of priority diseases. - Develop joint contingency plans and conduct regular PoE-based drills. - Expand migrant-sensitive health services and clarify cost-sharing arrangements for undocumented migrants. - Secure sustainable financing, integrate non-health actors, and establish monitoring mechanisms for cross-border collaboration.

3.4. The Mediterranean Forum (September 2025): Advancing a Route-Based Governance Model and Regional Recommendations

The Mediterranean Forum, “Strengthening Multisectoral Partnerships for Resilient Public Health Systems,” held in Tunisia in September 2025, expanded the scope of dialogue by bringing together representatives from North African and European countries—namely Algeria, Libya, Tunisia, Morocco, Egypt, Italy, Malta, and Spain—alongside UN agencies, Africa CDC, civil society, and academia to address health challenges along the Mediterranean route. Anchored in a route-based approach, the forum shifted the focus from country-specific interventions to the continuum of risks and responses along migration pathways. The Mediterranean Forum added a technical and systems-oriented layer to the discussion by focusing on cross-regional governance, cross-border disease surveillance, migrant-inclusive health systems, and migration-health data and digital innovation, while also incorporating emerging challenges such as climate-related mobility. Discussions emphasized the need to standardize surveillance indicators, improve interoperability between health and mobility data systems, and integrate migration variables into national information systems to support continuity of care and preparedness. Participants also highlighted the importance of formal inter-ministerial coordination mechanisms, legal and operational frameworks for cross-border referral and emergency response, and the

use of digital tools—such as electronic health records, telemedicine, AI-supported health literacy tools, and predictive models combining migration, epidemiological, and climate data—to strengthen service delivery and early warning capacities along Mediterranean migration routes.

The joint participation of ministries of health and interior remained central, enabling a more comprehensive discussion of governance and operational coordination. Following two days of technical exchange and in-depth discussion, the third day was dedicated to structured working groups that brought together participants to identify good practices, assess persistent gaps across Mediterranean countries, and formulate a set of actionable regional policy and operational recommendations (Table 5), reinforcing the need for standardized protocols, improved data interoperability, and stronger coordination mechanisms. This forum illustrates how broadening participation and reframing the problem at the route level can support wider collaborative governance and stronger cross-regional ownership of migration-health challenges. It also highlighted the importance of North–South and South–South cooperation in addressing shared vulnerabilities and ensuring equitable access to health services along migration routes. This collaborative process aimed not only to consolidate lessons learned from previous meetings but also to define concrete next steps to address identified challenges and scale effective approaches (IOM Tunis and IOM MENA 2025a).

Table 5. Recommendations from the Mediterranean Forum, “Strengthening Multisectoral Partnerships for Resilient Public Health Systems,” 24–26 September 2025, Tunis, Tunisia.

Thematic Area	Recommendations
Cross-Border Cooperation and Governance	- Strengthen cross-regional migration health cooperation among countries of origin, transit, and destination in the Mediterranean through a route-based approach that promotes policy coherence, harmonized protocols, data sharing, and continuity of care along migration pathways. - Leverage existing migration dialogue platforms to mainstream health and advocate for the inclusion of health in pooled funds and climate-related financing instruments.
Multisectoral Partnerships	- Institutionalize a migration health approach by formalizing inter-ministerial coordination mechanisms among the health, interior, education, and labor sectors, supported by a shared budget to address the social determinants of health and respond holistically to migrants’ health needs. - Document and scale up proven cross-sectoral practices from across the Mediterranean to expand health-care access and improve migrant health outcomes.
Data, Research, and Analysis	- Develop robust data and evidence systems on migrant health by integrating migration status variables into routine health information systems and national censuses. - Expand health modules within IOM’s Displacement Tracking Matrix. - Conduct targeted and integrated surveys. - Support digitalization and capacity-building for ethical data management. - Establish a regional tool to assess data gaps and identify solutions, building on the Migrant Health Country Profile piloted in Morocco and Tunisia. - Conduct regular data analysis and dissemination to adapt service delivery and inform policy decisions. - Strengthen research and develop a regional research agenda on refugee and migrant health in the Mediterranean.

Table 5. *Cont.*

Thematic Area	Recommendations
Digital Innovation	- Promote digital innovation in migration health to ensure continuity of care, strengthen surveillance, optimize planning and resource allocation, and analyze integrated migration–health–climate datasets to improve health system preparedness and response. - Scale up existing initiatives such as digital medical records, diaspora-led telemedicine, AI-based chatbots for health literacy, and portable diagnostic tools for remote areas. - Develop predictive models that combine mobility, epidemiology, and climate hazard data to generate timely, actionable insights for health facilities, communities, and decision-makers, thereby improving surveillance and early warning systems.
Health System Strengthening in the Context of Migration and Climate Change	- Support governments in developing migrant-inclusive and climate-resilient health systems aligned with the SDGs, the Global Compact for Migration, the Global Action Plan on Refugee and Migrant Health, the Sendai Framework, and UNFCCC commitments. - Enhance the skills of health personnel through competency-based training on culturally and gender-sensitive care, as well as risk communication and community engagement (RCCE). - Promote public awareness among migrants regarding health entitlements and service pathways. - Embed mobility and displacement considerations in national health and climate strategies, drawing on WHO–IOM–UNDRR initiatives in Iraq, Lebanon, and Jordan. - Institutionalize joint cross-border coordination mechanisms for preparedness, referral, and emergency response to mobility-linked crises.
Financing and Resource Mobilization	- Mobilize multi-year, predictable funding through joint efforts with international partners, development banks, and the private sector. - Ensure dedicated financing to sustain priority migration health interventions.

3.5. Lessons from Sequenced Technical Cooperation

Taken together, these strategic events illustrate a clear progression from fragmented, event-based collaboration toward a more structured model of cross-border health governance. Four main lessons emerge:

First, repeated technical engagement matters: simulation exercises, joint workshops, and follow-up discussions enabled countries to move from declarative commitment to practical coordination by testing procedures, clarifying roles, and identifying operational bottlenecks.

Second, health can function as a catalyst for collaborative governance: multisectoral health coordination may create a workable space for engagement on politically sensitive issues. By convening ministries of health, interior, and foreign affairs around shared public health concerns, these processes allowed migration-related challenges to be addressed through technical problem-solving rather than through securitized or politically contentious debate.

Third, the value of sequenced initiatives lies not only in dialogue, but also in the co-production of concrete outputs—including recommendations, draft frameworks, work-plans, and white papers—which help translate cooperation into joint operational reference points for future action. The coherence of these deliverables underscores the importance of sequenced initiatives in building, sustaining, and advancing engagement over time.

Fourth, sustainability depends on continuity mechanisms. Without regular coordination platforms, agreed follow-up processes, and institutional ownership, the gains of one-off events are unlikely to be consolidated into lasting governance practice. Across

all stages, collaboration among WHO, IOM, and Africa CDC also proved important in aligning normative guidance, operational support, and regional coordination functions, thereby reducing fragmentation and reinforcing the credibility of the process.

4. Discussion

The novelty of this paper does not lie in identifying entirely new operational challenges, many of which are already well recognized in the cross-border health literature. Rather, its contribution lies in showing how a deliberately sequenced set of co-operation platforms—technical workshops, simulation-based testing, and regional policy dialogue—can function cumulatively as a collaborative governance process. By examining the Tunis workshops, the Cairo Simulation Exercise, and the Mediterranean Forum as interlinked steps rather than isolated interventions, the paper highlights how repeated multisectoral engagement can support the alignment of priorities, the co-production of shared tools, and the gradual strengthening of inter-institutional confidence. In doing so, it reframes cross-border health coordination in migration-affected contexts not only as a technical or humanitarian activity, but also as a strategic entry point for collaborative governance and regional cooperation.

4.1. Reducing Uncertainty Through Standardized Cross-Border Coordination

Standardized health protocols and structured cross-border coordination play a critical role in mitigating the uncertainty associated with perceived migration-related risk for host countries (Vétois et al. 2025). By establishing clear procedures for screening, surveillance, referral, and case management along mobility corridors, countries can reduce uncertainty about the health status of incoming populations and ensure timely detection and containment of potential public health threats. Coordinated mechanisms—such as information-sharing between ministries of health and border authorities, joint simulation exercises, and harmonized response protocols—also enhance the transparency and predictability of mobility-related health governance. This predictability could strengthen confidence among host governments that migration-related health risks are being actively managed rather than left to ad hoc or reactive emergency measures. Ultimately, when health risks are addressed through coordinated and technically robust systems, they are less likely to be framed as uncontrolled or destabilizing threats. In this way, collaborative health governance becomes a strategic tool for both risk mitigation and trust-building between countries of origin, transit, and destination. By demonstrating the capacity to manage migration-related health risks in a transparent, predictable, and technically robust manner, North African states can also signal reliability and responsibility to one another and to their European counterparts. A shared commitment to preparedness, governance, and operational coordination may facilitate constructive dialogue, reduce tensions around mobility management, and strengthen political confidence.

4.2. Transitioning from Ad Hoc Emergency Aid to Institutionalized Cross-Border Health Governance

The findings also point to a broader transition from emergency-driven responses—through which migrants' health is often perceived toward more institutionalized forms of cross-border health governance. This transition is not simply a matter of system strengthening but reflects a reconfiguration of how coordination is organized across sectors and countries. In this sense, cross-border institutionalization is less about creating new structures and more about making coordination routine, expected, and politically valuable. It also reflects a shift in temporality: from short funding cycles and crisis peaks to continuous risk management along mobility routes, where preparedness, detection, and response are treated as interconnected functions rather than isolated actions. Importantly, it introduces a logic of mutual interdependence, whereby

countries recognize that managing health risks is not solely a national responsibility but a shared regional good consistent with the principles of the IHR (2005). As a result, governance becomes less hierarchical and more networked, relying on sustained exchanges, iterative learning, and incremental trust-building. Countries retain sovereignty over their systems while progressively aligning practices, standards, and expectations through repeated interaction and agreement, including through tools such as the regional workplan and technical white paper.

4.3. Cross-Border Health Coordination as a Catalyst for Confidence-Building

In Mediterranean migration discourse, countries may perceive cross-border data sharing as a potential compromise of authority; yet, participation in structured, low-risk technical simulations can create a safe space in which states test collaborative practices without immediate political consequences. Repeated interaction in such settings can foster incremental trust-building, supported by transparency, reciprocity, and shared problem-solving. Simulation exercises provide a practical arena for testing coordination mechanisms, enabling countries to experiment with cooperation and build confidence in joint approaches. Over time, these processes may contribute to collaborative governance and institutionalized trust, where expectations of cooperation become embedded in governance practices, including during high-stakes crises such as outbreaks or mass mobility events.

4.4. Implications for Migration Governance and Regular Pathways

The analysis does not suggest that cross-border health coordination directly determines migration policy or automatically generates regular pathways. Rather, it indicates that sustained health cooperation may contribute to more enabling conditions for coherent governance by reducing fragmentation, strengthening inter-ministerial and cross-border coordination, and supporting confidence among relevant actors factors that may be relevant to the broader evolution of migration governance. In this sense, cross-border health coordination and direct engagement of border authorities can be seen as one component of a wider governance architecture through which states and partners manage mobility-related risks more coherently. Its contribution is therefore indirect but significant by helping institutionalize collaboration in one sensitive domain, it may support more resilient, inclusive, and predictable approaches to migration governance over time. The framework is presented in Figure 1.

When destination and transit countries harmonize their health standards and surveillance protocols and closely engaged border authorities and ministry of interior, the perceived risk associated with human mobility may be reduced. Rather than positioning health as a direct driver of regular migration pathways or migration governance, the findings suggest that health cooperation can support coherence, reduce fragmentation, and facilitate dialogue among origin, transit, and destination countries in ways that may be relevant to broader mobility governance.

The figure illustrates how a context marked by fragmented migration-health governance, cross-border mobility, public health threats, protection gaps, and limited sustained coordination can give rise to sequenced cooperation platforms including workshops, simulation exercises, dialogue, and forums that interact with collaborative governance processes such as repeated engagement, joint problem-solving, information-sharing, procedural harmonization, and the co-production of tools. These dynamics may generate intermediate governance effects, including confidence-building, reduced uncertainty, improved interoperability, shared ownership, and more institutionalized coordination. In turn, these processes may indirectly contribute to enabling conditions for more coherent migration governance. The framework does not suggest that health coordination directly determines

migration policy; rather, it highlights its potential to create enabling conditions for more coherent governance in migration-sensitive settings.

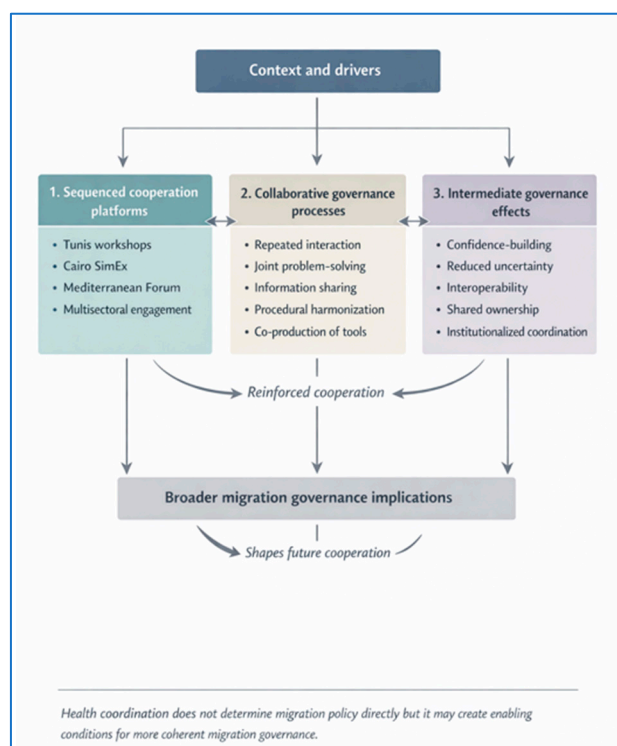
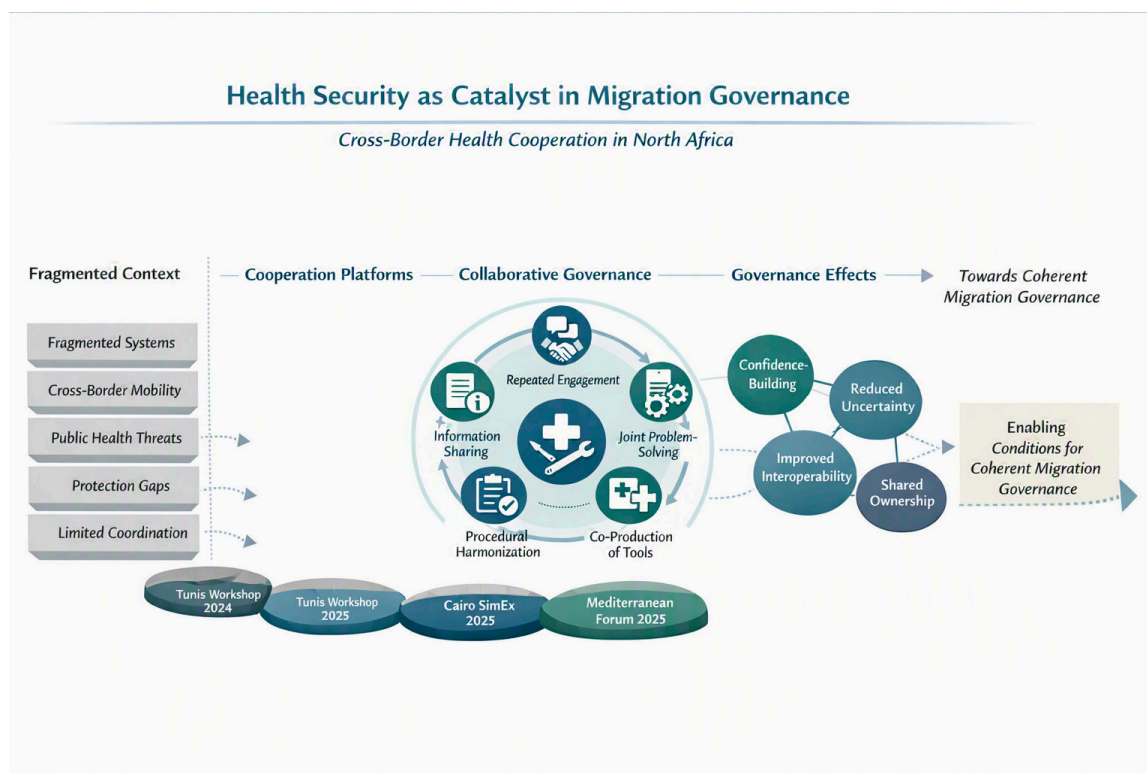


Figure 1. Cross-border health as a catalyst for collaborative governance: framework.

5. Conclusions and Moving Forward

Evidence from the sequenced 2024 and 2025 initiatives examined in this paper suggests that when technical dialogue, operational drills, and policy dialogue are strategically sequenced, they can move cross-border cooperation from isolated initiatives toward more

sustained and structured forms of institutional engagement and collaborative governance represented by concrete and coherent deliverables. This process contributes to embedding coordination into routine practice, strengthening shared ownership, and progressively building confidence across institutions and countries. The regional workplan and technical white paper provide concrete instruments to support this transition. Their value lies less in formal adoption alone than in their capacity to anchor continued interaction, alignment, and implementation across sectors and borders. This paper suggests that cross-border health governance, despite its challenges, is not only a technical necessity, but can also function as a catalyst for more coherent coordination and collaborative governance by reducing uncertainty, supporting procedural alignment, and creating conditions for confidence-building. The successful implementation of these recommendations will require strong cooperation among participating countries, UN agencies, and other partners. Moving forward, sustained political commitment and resource mobilization will be crucial to translating these recommendations into actions that enhance health security and border resilience in the region. Future efforts should prioritize tracking the long-term impact of these mechanisms and assessing the extent to which regional frameworks translate into sustained national practice, institutional integration, and measurable improvements in cross-border coordination.

The real test lies in moving from these initial outputs to concrete implementation. This requires translating collective commitments into formal agreements, operational protocols, and adequately resourced action plans that can be sustained over time. Embedding these elements within national systems and aligning them across countries will be essential to ensure consistency, credibility, and durability. The UN agencies are currently working toward supporting.

6. Limitations

This study is based on a practice-based case study and draws partly on the authors' direct involvement in the initiatives analyzed. This embedded perspective provided access to under-documented governance processes and practical insight into how coordination evolved across events, but it also introduces the possibility of interpretive bias.

The analysis is grounded in documented outputs and verifiable institutional processes; however, it does not measure outcomes quantitatively and does not claim causal proof of confidence-building or policy change. Instead, it offers an analytical account of how sequenced technical engagement may contribute to procedural alignment, multisectoral coordination, and the gradual institutionalization of cross-border cooperation and collaborative governance. The findings are context-specific and illustrative rather than generalizable, but they may offer useful insights for other migration-affected settings where health cooperation is used as an entry point for broader governance coordination.

Although this paper is not an implementation evaluation, the outputs discussed provide an initial basis for operational follow-up, including continued technical dialogue and the identification of priority areas for formalization. At the same time, implementation remains uneven and preliminary, and many recommendations still require formal endorsement, which may take time and further negotiation. Resourcing and anchoring institutional operationalization to move from draft outputs to sustained practice remain significant challenges. As a next step, UN agencies have planned additional online simulation exercises and policy dialogue in 2026 to strengthen the operational plan and facilitate bilateral dialogue between countries.

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Abbreviations

The following abbreviations are used in this manuscript:

IHR (2005)	International Health Regulations (2005)
IOM	International Organization for Migration
MENA	Middle East and North Africa
MoH	Ministry of Health
MoI	Ministry of Interior
NA-HPC	North Africa Health Partner Coalition
RCC	Regional Collaborative Center
SimEx	Simulation Exercise
WHO EMRO	World Health Organization Regional Office for the Eastern Mediterranean
CDC	Centers for Disease Control and Prevention/Africa Centres for Disease Control and Prevention

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