



International Organization for Migration (IOM)

EYE on Migration & Health

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on Migration and Health in East and Southern Africa

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IOM Addresses the Health of Migrants in the Southern Africa Mining Sector



IOM has launched a regional programme aimed at addressing health vulnerabilities of 20,000 migrant mine-workers, their families and affected communities in southern Africa from January 2013.

on Health and Mobility in the Mining Sector of Southern Africa – is being funded by the Ministry of Foreign Trade and International Cooperation of the Netherlands and will run until December 2015.

to the economies of southern Africa, either through the extraction of minerals or the provision of labour to neighbouring countries. The new project will focus on mine worker sending, transit, and destination communities in Mozambique, South Africa, Lesotho and Swaziland.

The EUR 4.9 million project - Partnership

The mining industry is a major contributor

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Editorial



Migration Health Regional Coordinator and IOM South Africa Acting Chief of Mission.

The east and southern Africa represents regions of diverse migration patterns, historical and contemporary, including the movement of people within countries, across borders and between different continents. This movement is primarily driven by the search for better life, conflict and climate change.

In this issue, we focus on IOM's efforts to support governments in these regions to integrate the health needs of migrants into national and regional plans, policies and strategies, taking into account their human rights, including the right to health.

The IOM Health Promotion Strategy for East and Southern Africa, 2012 – 2017, identifies the need to strengthen multi-sectoral partnerships and coordination with government and other stakeholders as a strategic objective. This is essential to strengthen mutual output and for the successful implementation of programmes and policies addressing health vulnerabilities of migrants and migration affected communities.

In, Southern Africa, IOM has started implementing a regional programme called the Partnership on Health and Mobility in the Mining Sector of Southern Africa. The mining industry is a major contributor to the economies of southern Africa. The USD 6.5 million regional programme is aimed at addressing health vulnerabilities of migrant mine-workers, their families and affected communities in the SADC region.

TB remains a major cause of death in southern Africa especially in the mining industry; Recently, IOM joined health leaders from government, international organizations and civil society in the Kingdom of Swaziland to sign a pledge towards an accelerated response to TB/HIV dual epidemic in Southern Africa.

IOM is also deeply concerned about the high prevalence of HIV, AIDS and STI among mobile populations in the transport corridors. In Mozambique, IOM is partnering with the United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF) to implement a set of combination prevention activities targeting migration-affected communities along the southern transport corridors, mainly vulnerable women and girls in hotspots along this corridor.

From East Africa, we report on a successful partnership between IOM and the Government of Kenya that has resulted in the launch of a National Strategy on HIV and AIDS and STI Programming along Transport Corridors. The strategy will provide national framework within which HIV programming can be implemented by various stakeholders providing HIV services along the transport corridors.

The East and Southern Africa Region continues to experience a significant rise in mixed and irregular migration flows. These flows that mostly originate from the Horn region, particularly Ethiopia and Somalia, consist of refugees, asylum seekers, economic migrants, and victims of trafficking, including women and children. IOM commissioned a study to look at the health vulnerabilities of migrants in these mixed migration flows.

This study will help governments and other stakeholders in origin, transit and destination countries to gain a better understanding of the different vulnerabilities, including health vulnerabilities, faced by migrants undertaking this journey and to comprehensively respond to their needs.

Finally, this issue features stories of change agents impacting their communities and peers in Zambia. Led by network of IOM migration and health implementing partners, change agents provide peer education on HIV/AIDS and TB behavioural change.

We would like to express of gratitude to our donors for their generous support and commitment to IOM Migration and Health initiatives in east and southern Africa.

We welcome your feedback, please get in touch. You can follow our activities by visiting our website at www.iom.org.za and subscribing to our monthly electronic newsletter.

Thank you,

Dr. Erick Ventura



ANNOUNCEMENT

We have a **NEW** website!

The IOM South Africa website is being changed from www.iom.org.za to southafrica.iom.int

The 'old' address will be functional until August 2014 however you will be redirected to the new website.

IOM, APHRC agree to jointly pursue migrant health research in Africa



IOM and the African Population and Health Research Centre (APHRC) have signed a cooperation agreement to engage jointly in migration health research in the African continent.

The agreement will enable the two organizations to join hands in documenting health cases of migrants and mobile populations in Africa, and to generate health evidences that will support policies and new researches.

The agreement also will foster collaboration in conducting researches that will provide a better understanding of migration and health; promotion of migration and health as an important research agenda for academia and research institutions; joint publication in peer-reviewed journals and provision of capacity building initiatives for IOM and APHRC employees.

“Migrants and mobile populations face many obstacles in accessing healthcare services because of factors such as irregular immigration status, language barriers, absence of inclusive health policies and lack of access,” says Dr. Erick Ventura, IOM Migration Health Coordinator in South Africa.

IOM's vision is that migrants and mobile populations should benefit from an improved standard of physical, mental and social well-being, to enable them to make substantial contributions towards social and economic development of their home communities and host societies, he notes.

IOM Addresses the Health of Migrants in the Southern Africa Mining Sector

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South Africa, as the leading producer of various minerals in southern Africa, attracts migrant labour from neighbouring countries. According to TEBA Ltd, over a third of their mine workers in South Africa come from the neighbouring countries of Lesotho, Mozambique and Swaziland.

Mineworkers are disproportionately affected by TB and HIV due to a number of structural, environmental and individual factors. These include poor living and working conditions, few recreational activities, access to sex workers and multiple and concurrent sexual partnerships. TB is closely linked to the gold mining sector due to several factors, including long term exposure to silica dust.

As mineworkers frequently move between urban and rural areas and

across borders, they often encounter difficulties in accessing health care services due to lack of harmonized treatment regimens and cross-border referral mechanisms. These challenges contribute to lack of adherence to treatment and continuity of care, which often creates drug resistance.

Migrant sending communities also face health vulnerabilities due to their poor socioeconomic status.

“There is need for improved collaboration and coordination among key stakeholders working on a health response in the mining sector. This project is a step in the right direction towards a regional approach to address HIV and TB vulnerability in the Southern African mining sector,” says Dr. Erick Ventura, Migration Health Regional Coordinator and IOM South Africa Acting

Chief of Mission.

Through research and information dissemination, the new project will contribute to improved and increased strategic information on health, HIV and TB within the mining sector of Southern Africa to inform programme and policy development.

The project will also pilot interventions which will directly improve access to health services for mine worker destination, sending and transit communities.

The project responds to the recently signed SADC Declaration on TB in the Mining Sector, which is an expression of the highest political will towards a policy environment that supports improved health outcomes for mineworkers, their families and affected communities.

IOM Supports Accelerated Response to Eliminate TB/HIV in Southern Africa



IOM joined health leaders from government, international organizations and civil society to sign the pledge towards an accelerated response to TB/HIV dual epidemic in southern Africa. The pledge, named, *the Swaziland Statement*, was signed in Mbabane Swaziland on the 21st of March 2013.

With 1000 days remaining to achieve targets set on the Millennium Development goals, *the Swaziland Statement* is a sign of re-newed commitment and momentum by political leaders and international organizations to achieve the international targets of cutting deaths associated with TB/HIV by half by 2015.

According to the statement, SADC countries are still in the midst of severe TB/HIV co-epidemic especially in the mining sector and without accelerated efforts, and if the status quo prevails, TB will kill over 4 million people between 2013 and 2015.

IOM committed its support to the response by announcing a US\$ 6.5 million programme on health and mobility in the southern African

mining sector. The programme will contribute to improving the health of 20,000 migrant mine workers, their families and affected communities in Southern Africa with particular focus on mine worker sending, transit and destination communities of Swaziland, Lesotho, Mozambique and South Africa.

Other international organizations including the Global Fund, UK Department for International Development and Stop TB Partnership pledged TB/HIV investments and supporting activities worth US \$120 million to kick start the response.

TB is especially closely linked to the mining sector, particularly gold mining. This is due to several factors, one of which is silica dust exposure: TB rates can be three times higher in those with silicosis.

"TB remains a major cause of death in our sub-region and we will not defeat HIV without concerted offensive responses. We must prioritize action in the hot spots, and one of the hottest of these is TB in the mining industry," said Aaron Motsoaledi, Minister of Health of South Africa.

"We cannot reduce HIV/TB in Southern Africa without looking at the migration angle. Migrants fill important gaps in the labour market in southern Africa. We see high levels of TB/HIV burden in migrants-sending communities in for example Mozambique, Lesotho and Swaziland," said IOM South Africa Acting Chief of Mission Dr. Erick Ventura.

Migration is a key factor in the progression of HIV and TB epidemics in the southern African region. The high levels of mobility and migration for work and other reasons make migrants, and host communities, including their families back home, highly vulnerable to HIV and TB.

"IOM remains committed to support SADC Member States to address TB and HIV towards the realisation of healthy migrants in healthy communities. This will greatly contribute to achieving the World Health Assembly Resolution 61.17 on Health of Migrants which calls upon Member States to 'promote equitable access to health promotion, disease prevention and care for migrants,'" concluded Ventura.

Improving Migrants Access to Health in Ekurhuleni, Gauteng Province

Despite progressive legislation and policies promoting universal access to health services, migrants still experience challenges in accessing their right to basic health services in South Africa.

On the 7th of June 2013, IOM South Africa in partnership with the Ekurhuleni Metropolitan Municipality conducted a training workshop on migration and health for health care providers in Gauteng's East Rand.

Fifty TB nurses, community health workers from Non-Governmental Organizations, Private Service Providers and TB focal persons in the Municipality Clinics were trained on the link between migration and health as well as how they can create a conducive environment to facilitate access to health for migrants in their communities. The training workshop also discussed challenges experienced by migrants in accessing health care and how health care providers can address these challenges.

"Healthcare providers have an important role to play in ensuring access to healthcare for all. Through these training workshops, we hope the municipalities will come up with interventions at facility level to improve access to health care for all including migrant populations," says Dabea Gaboutloeloe, IOM Migration Health Coordinator for South Africa.

There is a gap between legal provisions and practical access. The Constitution, national legislation and official policy statements, all uphold the right of migrants to access health care. But in practice at the level of hospitals and clinics, these rights are often not recognized due to ignorance or xenophobia.

Since 2008, IOM has been involved in a series of similar interventions in the Limpopo Province, Vhembe District. As a result, the Vhembe District department of health has reported significant improved access to health

services and strengthened local response to address the health and social needs of migrants in the province.

South Africa is a signatory to several international protocols and treaties related to human rights, migration issues, HIV and AIDS. IOM continues to support the Government of South Africa at national, provincial, district and local levels to implement the recommendations and commitments of the World Health Assembly Resolution 61.17, on the Health of Migrants.

The training workshop forms part of the expanded IOM Ripfumelo HIV/AIDS/STI & TB Prevention and Care Programme for Migrants, Mobile Populations and Communities Affected by Migration in Gauteng, Mpumalanga, Limpopo, and Kwa Zulu Natal provinces, funded by USAID/PEPFAR.

IOM Implementing Partner Wins Africa's Most Influential Women in Business and Government Award



Christine du Preez, the Director of Hlokomela was awarded Africa's Most Influential Women in Business and Government award at a gala dinner held at Gallagher Convention Centre in Midrand, Johannesburg on 31 July 2013.

The Most Influential Women in Business and Government Award recognises women of note who are having a positive impact in their sectors across the continent.

Hlokomela is an IOM partner implementing the Ripfumelo HIV

Prevention and Care Programme for Migrants and Host Communities in Hoedspruit, South Africa.

The organization provides a range of health programmes aimed improving and reducing health vulnerability of migrant and permanent farm workers and their families in the Hoedspruit area.

"I am proud because I only received this award because of my team at Hlokomela and all the support of our funders and farm workers!" says Christine.

"Well Done Christine, IOM is proud to be your partner in improving the lives of migrants and host communities," says Dabea Gaboutloeloe, IOM South Africa Migration and Health Coordinator.

ZAMBIA: CHANGED FOR CHANGE

Stories of Change Agents Impacting their Communities and Peers.



Esther Kayumba is a 43-year-old Tanzanian sex worker living in Nairobi, Kenya. For the last 20 years she has been

working for less than one dollar a day. We hear her story...

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Tanzanian sex worker living in Nairobi, Kenya. For the last 20 years she has been working for less than one dollar a day. We

Mumba

Mumba is a middle aged long distance truck driver who was chosen by his company to undergo training as a social and behaviour change communication Change Agent in his workplace. The training was conducted over a period of 3 days and was facilitated by trainers from both the IOM and Truck Drivers Association of Zambia (TDAZ) – a body to which Mumba is a member. Mumba lives in Lusaka, Zambia's capital but his duties as a driver take him across the country and into several countries in the region.

A few months after having been trained, "I visited a friend who had not been well for some time. He had been coughing for some time and had lost a lot of weight", says Mumba. Mumba's friend, Phiri is also a long distance truck driver and had been

ill for over two months, during which time he had been unable to work.

On arrival, noting his friend's state, Mumba realized that he needed to act promptly to help his friend. Using the health and HIV knowledge and counselling skills he got through the training, he engaged Phiri on his health. After much deliberation they agreed that it would be best for Phiri to seek medical care and also consider having an HIV test.

Two weeks later, Mumba visited Phiri again and was pleased to find out that he had sought medical care and had been tested for HIV and also screened for TB). Phiri had tested positive for both HIV and TB. Mumba commended him for having made a wise choice regarding his health

and stressed that being HIV and TB co-infected need not mean the end of his productive life as both conditions can now be successfully managed and treated respectively.

Phiri has since commenced treatment for both HIV and TB. "I visit him regularly. His health has greatly improved and he has since resumed work after a long absence of more than four months" says Mumba. On Mumba's last visit to Phiri, Phiri expressed heart felt appreciation for the support and counseling he had given him. "I am proud and happy to be a change agent; it is heartening to see the improvement in my colleague's health. I really appreciate the training and knowledge I gained as a change agent" says Mumba.

Mwape

Since the advent of HIV a number of traditional healers and proponents of traditional medicine have made claims to have found a cure for the virus. Mwape is a married 38 year old truck driver who

resides in Ndola, Copperbelt province. He had been ill for some time and reportedly sought medical help with no improvement in his condition. In desperation he decided to seek the

services of a traditional healer, traveling to Central province where a well known healer resides. the company's long serving drivers.

Mwape *continues*

On arrival the healer informed him that his condition was quite serious and needed quick intervention, blaming the cause of his illness on witchcraft by family members envious of his success. He was advised that the cost of his treatment would be 4 cows or cash equivalent to their current market value (USD925). Furthermore he, together with his wife would have to stay at the healer's home for a while, undergoing treatment.

Meanwhile, Mwape's wife who had remained in Ndola met one of his colleagues who had been trained as a change agent. The change agent invited her to a VCT session that was going to be held at their workplace for employees and their families. She decided to attend the session and be tested for HIV. On

being told her results, that she was HIV positive, she realized that this could be the same condition afflicting her husband. She quickly decided to follow her husband to the healer's home. However, on arrival she was not able to convince her husband to leave the healer; she thus stayed with him.

After a few weeks the change agent who had invited Mwape's wife decided to visit her and found that she had gone to the traditional healer as well. Relatives reported that Mwape's condition continued to deteriorate rapidly. Acting swiftly, the change agent informed the Truck Drivers Association of Zambia (TDAZ) Secretariat, a body to which both drivers are members. They resolved to go and see Mwape and his wife and

encourage them to seek medical care at the government health facility. After some discussions with the Mwapes and heated exchanges with the traditional healer they left with the husband and wife and took them straight to a hospital.

Mwape underwent a number of tests at the hospital, including HIV testing and was found to be HIV positive. He immediately commenced Anti-Retroviral Treatment (ART). Since then, his condition has improved markedly and he hopes to be able to return to work soon. His employer is also pleased with his improvement and is looking forward to his return to work; he is one of the company's long serving drivers.

Mwansa

Traditionally, long distance truck driving entails long hours spent on the road. Mwansa is a 45 year old long distance truck driver whose duties take him across several countries in the East and Southern Africa regions.

To take his mind off of the demands of his job, Mwansa occasionally takes stops to relieve himself, buy some food, stretch, or to sleep. On one of his trips to South Africa via Zimbabwe, he stopped at the side of the road along the Zambian highway. He wanted to buy some fruit as he remembered distinctly the lesson on nutrition during his training as a change agent. While buying his fruits two women rushed to him and asked for a lift to Zimbabwe. He agreed on condition he could check their luggage to see that they were not carrying prohibited drugs or

other merchandise. Once satisfied with his check they commenced their journey. Throughout the journey the women mostly talked amongst themselves but occasionally engaged him in conversation. Periodically, they would doze off and he would listen to music on his radio.

"When we crossed into Zimbabwe, one of them said that she did not have enough money to pay for her trip and that she was ready to pay in kind" says Mwansa. He realized that what the lady meant was that he could have casual sex as payment for transport. During the change agents training this issue had been raised by a number of truck drivers who felt that women put them in a compromising position by offering sexual favours for giving them lifts. Mwansa further

narrates that he did not respond to this offer, but diplomatically started to talk to them about the challenges drivers face on the road and how he missed his family. "I also talked to them about the dangers of engaging in casual sex".

"We had a lengthy discussion and they asked a lot of questions on HIV and AIDS and related issues until they reached their destination". On their arrival his parting words to them were; "You are my sisters, how can I take advantage of you when you have my nephews and nieces to worry about? Please take care of yourself so that you can live long healthy lives". Mwansa said he felt good, as he had empowered the two women with information on casual sex and had taken a firm stand in protecting his health.



Launch of the National Strategy on HIV, AIDS and STI Programming Along the Transport Corridors

Kenya has a major gap in reaching out to mobile populations along transport corridors with effective HIV/STI prevention, treatment, care and support programmes. This is according to a HIV/ AIDS strategy launched today by the National AIDS Control Council (NACC) and the National AIDS and STI Control Programme (NAS COP) and facilitated by the International Organization for Migration (IOM).

The research carried out by NAS COP and NACC and guided by the Kenya National AIDS Strategic Plan of 2009-2013 notes that due to the migratory nature of their occupation, truck drivers tend to have multiple sexual partners, fuelling the spread of the epidemic and are twice as likely to be infected by HIV infection as workers in 'low-risk' occupations. They also serve as bridge populations linking with the general population.

Transport corridors, defined as highways, waterways, ports and border points that come together in the transport of people and goods, are areas of high HIV prevalence and a primary risk environment for these key populations.

Although prevalence has shown a relative decline since the beginning of the HIV and AIDS epidemic, by the end of 2011, HIV prevalence stood at 6.2% among individuals aged between 15 and 49 years of age. Currently more than 1.6 million people in Kenya are living with HIV and women represent 59% of those infected. Previous studies indicate that at least 15% of new infections in Kenya are attributed to men who have sex with men; 4% to injecting drug users; and 14% to sex workers. A separate study also found that truckers, sex workers and members of the fishing community have higher infection rates than the national average. This population is therefore considered 'drivers' of the HIV and AIDS epidemic.

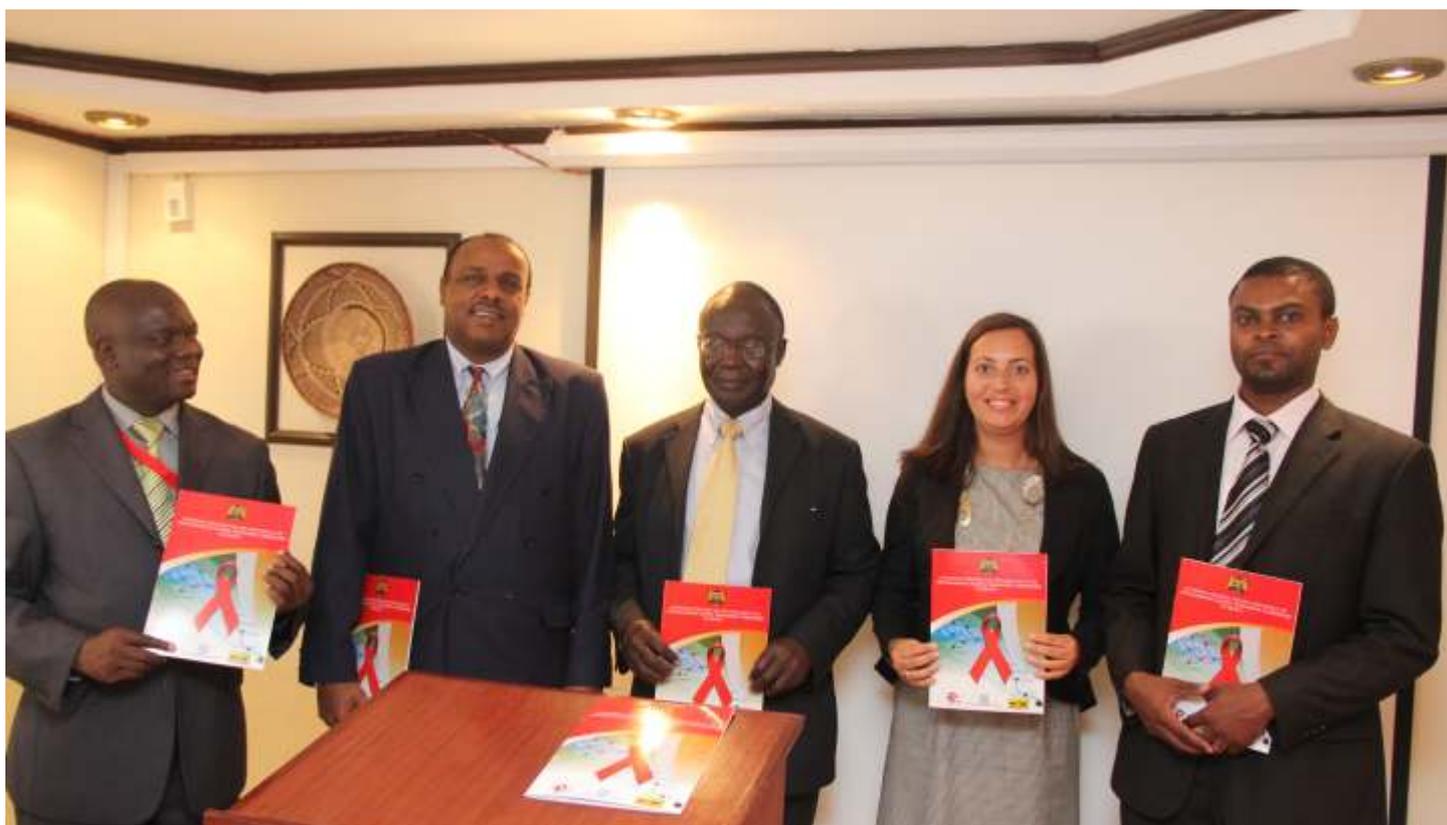
The National Strategy on HIV and AIDS & STI Programming along Transport Corridors in Kenya aims to benefit truckers, female sex workers, and men who have sex with men along with the communities they interact with such as border officials, police officers and the general population. The strategy will further provide a national framework

within which HIV programming can be implemented by various stakeholders providing HIV services along the transport corridors in Kenya.

Speaking at the launch in Nairobi, IOM's Regional Director for East and Horn of Africa, Ashraf El Nour lauded the Government for taking great steps in the promotion of health for mobile populations.

"IOM is well placed to assist stakeholders in Kenya to collaborate in designing a more comprehensive, targeted, and cohesive response under the leadership of the National AIDS Control Council, National AIDS and STI Control Programme, and other stakeholders," he added.

Sex trade along transport corridors take place in bars and lodges. Poverty and lack of opportunity are compounded by factors such as high frequency of multiple concurrent partners and inconsistency of condom use to create this risk environment and make them vulnerable to the transmission of HIV and AIDS.



IOM, UNFPA and UNICEF implement HIV-Prevention Activities in Migration-Affected Communities in Southern Mozambique.



According to the 2009 Mozambique National Survey on Prevalence, Behavioural Risk and Information on HIV and AIDS, the southern provinces of Mozambique have extremely high levels of HIV and TB.

Nurse Kuku of the Muhalaze health care clinic in Matola, Maputo province says the high amount of migration to and from South Africa is partly to blame. "Men," she says, "come back [from south Africa] infected [with HIV]". A few weeks ago, for example, Nurse Kuku had to call a migrant man into the clinic after his wife's test results came back positive. "He knew he was HIV positive," she recounts, "but didn't tell his wife he was told about it in South Africa. And that's how it spreads."

The southern region of Mozambique, which includes the capital city, Maputo, borders both South Africa and Swaziland, and features two high-traffic transport corridors which link Maputo with Johannesburg and the Swazi capital, Mbabane. Qualitative research undertaken by IOM and UNDP in 2012 concluded that the corridor and border towns of Namaacha, Goba, Boane, and Ressano Garcia are characterised by high

levels of sex work and transactional sex. People are engaging in multiple sexual partnerships with inconsistent condom use, despite having good knowledge of HIV prevention, and high reported uptake of HIV testing.

Under a new project, IOM Mozambique is partnering with UNFPA and UNICEF to implement a set of combination prevention activities targeting migration-affected communities along the southern transport corridors. The main aim is to reduce the vulnerability to HIV of women and girls in hotspots along this corridor.

IOM is working with two local organisations: the Mozambican Association for the Development of the Family (AMODEFA) and the Coalition for Mozambican Youth (COALIZÃO). These organisations are implementing on-the-ground activities to address HIV vulnerabilities related to migration. In March 2013, IOM ran a six-day training for AMODEFA and COALIZÃO senior trainers and other local stakeholders including community radio staff, using the IOM Gender, Migration and HIV curriculum.

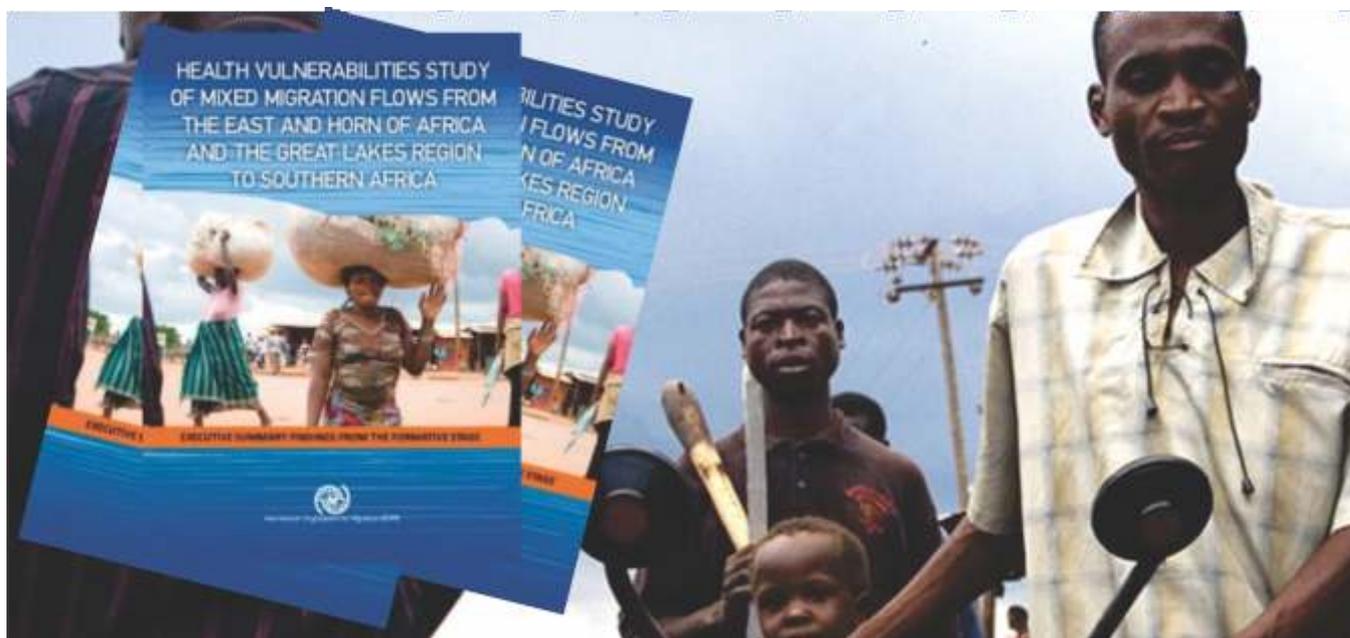
In June and July, AMODEFA and COALIZÃO

will begin training a pool of change agents to integrate Gender, Migration and HIV into their community mobilization and sensitisation activities. The training aims to better equip change agents to understand and respond to the impact of migration on the health of their communities.

Following the trainings and with technical support from IOM, AMODEFA and COALIZÃO will establish District Dialogue Groups bringing together a broad spectrum of community stakeholders (traditional and religious leaders, peer educators, district authorities, school staff, civil society, health care personnel and migration officials). The groups will meet monthly to discuss issues relating to the health of their community, especially HIV and AIDS, and issues around migration, including addressing stigma.

To access the research reports Risks and Vulnerability to HIV: Analysis of Key Determinants along the Nacala Transport Corridor (July 2012) and Determinants of HIV in Key Hotspots on the Southern Corridor: Maputo to Swaziland (April 2012), please go to: <http://southafrica.iom.int>.

Health Vulnerabilities of Migrants in Mixed Migration Flows from the East and Horn of Africa and the Great Lakes to Southern Africa



The IOM Partnership on Health and Mobility in East and Southern Africa (PHAMESA) programme has released a summary of initial findings of a study on health vulnerabilities of mixed migration flows from East, the Horn of Africa and the Great Lakes to Southern Africa.

The findings were presented at the 2nd Ministerial Conference on the Migration Dialogue for Southern Africa (MIDSA) in Maputo, Mozambique.

The study was commissioned by IOM in 2012 as a direct response to the growing phenomenon of mixed or irregular migration from the three regions to Southern Africa. The main aim of the study was to generate data that responds to the policy needs of mixed migration flows between the concerned regions and to improve the health conditions of migrants throughout the process.

In addition the study sought to collect further data and update the findings of the 2009 IOM study, "In Pursuit of the Southern Dream," which assessed the trafficking of men and boys from Eastern Africa to Southern Africa, focusing on populations

migrating from Ethiopia, Kenya and Somalia.

The study investigated and analysed mixed migration movements from the Democratic Republic of the Congo (DRC), Ethiopia and Somalia en route to Southern Africa. While South Africa is still considered to be the traditional destination country for these migrants, countries such as Malawi, Mozambique and Zambia are increasingly being viewed as alternative destinations.

The precise number of migrants who undertake this journey is unknown, as they have to pass through several transit countries. There are reportedly growing numbers from the DRC, Ethiopia and Somalia arriving in South Africa. But many remain in transit countries like Mozambique to take up jobs, particularly in the booming mining sector.

Although the majority of the migrants involved in mixed migration flows are young men, there are growing numbers of young women from Ethiopia and Somalia making these journeys. Migrant groups from the DRC include more families, including elderly people, mothers and children.

There is also growing evidence of more unaccompanied minors making the journey.

Better life and opportunities in South Africa remain the main pull factors. But most of the migrants interviewed cited war, poverty and political violence as the main reasons for leaving their countries.

By land, the most popular transit countries include Kenya, Malawi, Mozambique, Tanzania, Zambia and Zimbabwe. Container trucks, boats and travel on foot are the usual modes of transport for most migrants, although some use commercial transport including buses and air. Travel by boat has apparently declined.

Conditions under which many migrants are transported or detained pose serious health risks. Migrants often travel in container trucks, which pose serious risks of suffocation and sometimes death. They also lack access to water, food and shelter along the route. Women, in particular, suffer physical and gender based violence resulting, inter alia, in serious psychological harm.

Health Vulnerabilities of Migrants in Mixed Migration Flows from the East and Horn of Africa and the Great Lakes to Southern Africa *continues*

Detention in transit countries can also pose significant health risks, including exposure to tuberculosis (TB) and in some cases multi-drug resistant TB, as there are very few screening programmes in prisons and detention centres in the region.

The study also found that smugglers play an important role in facilitating the movement and transit of most migrant groups, especially the Ethiopians and Somalis. Migrants can pay up to US\$ 5,000 for a journey through transit countries like Zambia and Mozambique. The smugglers assist with various local issues in transit such as paying bribes, arranging local transport and guides. The complete journey may

take up to six weeks, including stops in 'safe houses', refugee camps and other transit centres along the route.

Corruption is also rampant. While some migrants may have legal travel documents, there is evidence that forged documents including passports, border passes and visas obtained from some transit countries are also used. Smugglers collude with immigration and border officials to facilitate smooth transit of undocumented migrants.

There continues to be mixed feelings towards migrants in various transit and destination countries. There is reported discrimination against

Somali and Ethiopian migrants in several transit countries as they are not recognized as 'real' refugees and are sometimes referred to as "illegal immigrants" by law enforcement and immigration officials.

"This study will help governments and other stakeholders in origin, transit and destination countries gain a better understanding of the different vulnerabilities, including health vulnerabilities, faced by migrants undertaking this journey and to comprehensively respond to their needs," says Dr. Erick Ventura, IOM Migration and Health Regional Coordinator.

Global: Backing Efforts to Reduce Malaria among Migrants in Southern Africa



Coinciding with the 66th World Health Assembly held in May in Geneva, IOM, jointly with the Southern Africa Development Community (SADC), Southern African Roll Back Malaria Network (SARN) and with the support of the World Health Organization (WHO) Global Malaria Program, organised an Informal Meeting on Population Mobility and Malaria Disease Control and Elimination in Southern Africa.

The event was attended by senior Ministry of Health officials from malaria elimination "E-8" countries, including

Angola, Botswana, Mozambique, South Africa and Zimbabwe.

The meeting was designed to strengthen collaborative efforts to reduce and eliminate malaria among migrants and mobile populations. It also aimed to support malaria elimination in E-8 countries and the move towards universal access to health services for vulnerable populations in Southern Africa.

Malaria continues to be a major global public health problem impacting 109 countries globally and is ranked as the fifth cause of death from communicable

diseases worldwide. There were an estimated 655,000 malaria deaths in 2010, of which 91 per cent were in Africa.

Internal and cross-border movements of people in Southern Africa continue to increase for various reasons. Mobile populations face complex obstacles in accessing essential health care, including malaria prevention, screening and treatment, as they enter and leave endemic or non-endemic areas on a daily basis.

"As partners and stakeholders, we need to advocate for the inclusion of migrant health in discussions of the post-2015 Development Agenda. Universal health coverage includes monitoring health outcomes of marginalized populations including migrants, as referenced in the 2008 61st World Health Assembly Resolution on the Health of Migrants," says Dr. Davide Mosca, Director of IOM's Migration Health Division.

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