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Photo: IOM
WHAT WE HAVE DONE

THE PARTNERSHIP ON HEALTH AND MOBILITY IN EAST AND SOUTHERN AFRICA (PHAMESA) is a regional, comprehensive initiative that aims to assist governments and other migration and development stakeholders mitigate the health risks and vulnerabilities associated with the ever-increasing movement of vulnerable populations within and between East and Southern Africa. In January 2014, the programme entered its second phase (PHAMESA II), which builds on 10 years of experience and lessons learned from the first phase (2010-2013) and the preceding Partnership on HIV and mobility in Southern Africa (PHAMS, 2004-2010).

The programme is supported with funds from the Swedish International Development Cooperation Agency (Sida), the Government of The Netherlands, PEPFAR/USAID, the Southern African Development Community (SADC). Also, as a member of UN Joint Teams, PHAMESA receives support from the Joint UN Programme of support of AIDS in Uganda and from the Joint UN Programme on Gender Based Violence in Zambia.

OUR VISION IS TO IMPROVE THE STANDARD OF PHYSICAL, MENTAL AND SOCIAL WELL-BEING OF MIGRANTS AND MIGRATION AFFECTED POPULATIONS IN EAST AND SOUTHERN AFRICA, ENABLING THEM TO SUBSTANTIALLY CONTRIBUTE TOWARDS THE SOCIAL AND ECONOMIC DEVELOPMENT OF THEIR COMMUNITIES.
PHAMESA is implemented in eleven countries in East and Southern Africa. In each country, we work with governments, UN agencies, civil society and academia. Our approach recognizes the need to address health holistically but has a specific focus on the three priority epidemics that are prevalent in East and Southern Africa: HIV, malaria and tuberculosis (TB).
OUR APPROACH

The PHAMESA programme contributes to effective and efficient migrant health programming and is supported by a strong monitoring infrastructures.

TOWARDS A RESULT-BASED MANAGEMENT APPROACH

With the shift from an activity-based design in PHAMESA I to a Result-Based Management (RBM) approach in PHAMESA II a systematic baseline was prioritized. The PHAMESA II BASELINE ASSESSMENT is being undertaken to determine the baseline status of programme indicators and to inform target setting.

THE SPACES OF VULNERABILITY APPROACH

PHAMESA uses a spaces of vulnerability approach that considers the impact of migration on the whole population within a geographical location. Spaces of vulnerability are those areas spaces where migrants live, work, pass through or originate from. The approach recognizes that health vulnerability stems not only from individual but also a range of environmental factors specific to the unique conditions of a location, including the relationships among migrants and sedentary populations.

PHAMESA has identified four main spaces of vulnerability which are connected to:

- EXTRACTIVE INDUSTRIES
- MIXED MIGRATION ROUTES
- TRANSPORT CORRIDORS AND WATERWAYS
- URBAN SETTINGS
PHAMESA supports the operationalization of The World Health Assembly (WHA) Resolution 61.17 on the Health of Migrants (2008). The programme responds to the following four pillars of the WHA Resolution:

**PHAMESA’S FOUR PILLARS**

- **Improved monitoring of migrants health to inform policy and practices.**
- **Policies and legislations make provisions for the health needs and rights of migrants and migration affected communities in line with international regional and national commitments.**
- **Migrants and migration affected communities have access and use migrant-sensitive health services in countries of origin, transit and destination.**
- **Strengthened multicountry/sectoral partnerships and networks for effective and sustainable response to migration and health challenges in East and Southern Africa.**
PHAMESA I revealed that evidence on migrant health is lacking, as regular national health monitoring data collection instruments do not include critical variables to help understand the health profiles and the needs of migrant populations and, over time, to monitor their health outcomes.

In 2014, a priority activity included engaging governments on the process of integrating migrants in national health monitoring systems. This involved dialogue on the benefits that inclusion of migration variables in national health surveillance systems can bring, especially in the context of East and Southern Africa where the risk of acquisition and transmission of communicable diseases such as HIV and TB through population interaction is very high.

**CASE STUDY**

IOM focuses on urban settings with large migrant populations, including informal settlements. In Kenya, the IOM’s Eastleigh Community Wellness Centre (ECWC), which is run by a local partner, Matibabu Foundation, offers free, comprehensive health care to urban migrants and the host community.

*Every month, the centre attends nearly 2,000 patients, 56 per cent of whom are migrants, mostly from Somalia.* IOM’s key partner at the ECWC is the Government of Kenya, particularly through the Kamukunji Sub-County Health Management Team (Ministry of Health).
FOR THE FIRST TIME, migration dynamics are going to be monitored and reported in Kenya in 2015. During 2014, through continued advocacy work, critical variables to understand the health profiles and needs of migrant populations were incorporated in the Kenya Demographic and Health Survey (DHS).

On RESEARCH for evidence generation, the IOM migration health research teams finalized regional research projects that were ongoing at the end of PHAMESA I. Studies published were:

- Mapping of health services along major transport corridors in East Africa (commissioned by the East African Community (EAC)).
  Launched during the Fifth Annual East African Health and Scientific Conference that took place in Kampala, Uganda, in March 2015.

- Health vulnerabilities of mobile and migrant populations in selected ports of in the SADC region.

- Regional synthesis on patterns and determinants of migrants’ health and associated vulnerabilities in urban settings of East and Southern Africa.

DOWNLOAD and read online the reports at:
http://publications.iom.int/bookstore/
BUILDING ON PREVIOUS ACHIEVEMENTS FROM PHAMESA I, we have been working with strategic partners to advocate for an enabling policy and legislative environment that supports the realization of migrants’ right to health.

PHAMESA advocacy work seeks to ensure that policymakers from relevant ministries, particularly from the Ministry of Health, mainstream migration in their policies, legislations and in their service delivery plans.

IN PHAMESA COUNTRIES where key health policy instruments on HIV and AIDS as well as sexually transmitted infections (STI) have been changed to reflect the right to health of migrants, gaps still exist in terms of initiatives and programmes to support the implementation of existing policies. In some countries there are still migration policies and legislations that overlook health; and health policies and legislation that do not address migration.

EFFECTIVELY ADDRESSING MIGRATION AND HEALTH ISSUES REQUIRES A MULTISECTORAL APPROACH AND COORDINATION BOTH IN POLICIES AND PROGRAMMES.
IN EAST AFRICA, IOM continued to support the EAC in the development of the Regional Strategy on Integrated Health and HIV Programming along Transport Corridors. This strategy will be in line with national policies and strategies that Kenya, Uganda and Zambia developed with IOM’s technical assistance during PHAMESA I. The strategy will be finalized in 2015, presented in the subsequent Ministerial conference and is expected to be endorsed by the Heads of States Summit in early 2016.

IN THE SADC REGION, IOM was actively involved in the finalization of the draft “Code of conduct on TB in the mining sector,” which is expected to be endorsed by SADC Ministers of Health in 2015.


In partnership with the regional and national ex-mine workers associations in Lesotho, Mozambique and Swaziland, IOM led the development of a regional advocacy strategy to improve conditions of health and social protection for migrant mineworkers and their families. The advocacy strategy was endorsed by the mineworkers associations and will set the defined agenda for advocacy change in the region to be accomplished by 2017.
PHAMESA’S ON-THE-GROUND INTERVENTIONS in East and Southern Africa are carried out in communities of origin, transit and destination.

OUR APPROACH TO HEALTH PROMOTION is tailored to address not just the health needs of migrants but the impact migration has on the health of the community as a whole. Interventions aim to strengthen the local community health systems and are undertaken in partnership with communities, local government and partners to address the impact of migration in specific communities.

Interventions are tailored to the needs of that community and are designed to:
- increase demand for health services through social and behavioural change communication;
- enhance the supply side of health services by:
  - a) either making existing services more migration friendly or
  - b) supporting partners to make services available; and
- create an enabling environment that considers and addresses the drivers of ill health in that community.

In 2014 seven of the eleven PHAMESA countries implemented on the ground interventions in spaces of vulnerability ranging from those associated with the extractive industries, transport, urbanization and agriculture. Implementing partners (IPs) and their networks of change agents deliver in these spaces of vulnerability.

The use of local IPs is a sustainability strategy to ensure that capacity is strengthened in institutions and structures that will remain at these sites after the programme phases out. We work with a range of IPs including local government municipalities, NGOs, community-based organizations, public and private sector health facilities and district and county-level health management teams. As of the end of 2014, a total of 11 IPs were implementing our approach.
In Lesotho, Swaziland and Mozambique

451 people were trained in small business enterprise.

Of the 451 trained beneficiaries, 384 were widows (many of whom are ex migrant mineworker widows who are living with HIV).

Of the 384 widows trained in small business skills, 135 started small income generating businesses.

CASE STUDY

In Mozambique IOM has been supporting Pfuka Lixile a community based organization in Ressano, a district located along the Maputo corridor and near the border of Mozambique and South Africa. Pfuka Lixile has been carrying out community-based HIV and TB education, prevention and impact mitigation. This has been done through home based care visits to patients with HIV and/or TB, health talks in target community spaces such as on the train and in the central market, round table discussions about migration and health, health fairs, and migration and health sensitization with border officials. Pfuka Lixile also carries out sensitization activities at the border during peak periods (Easter, Christmas and long weekend) to persuade migrants, in particular mineworkers, to get tested in their communities of origin or in places most convenient for them.

According to data collected by IOM in the last activity carried out at the border, 2108 migrants were reached and 198 of them were mineworkers. During the 5 day sensitization campaign (18 – 22 of December 2014) 10,816 condoms were distributed, and out of those 10,142 were male condoms and 674 female.
This outcome focuses on establishing and strengthening multisectoral partnerships, information sharing/communication, coordination and collaboration, with the ultimate aim of improving the efficiency, effectiveness and sustainability of interventions that promote and support migrants’ right to health:

Partnerships, coordination and collaboration complement and strengthen mutual outputs of IOM and other partners, making efficient use of available human and financial resources, as well as effort.

Addressing migration health concerns requires a multisectoral and multi-country or regional approach. Addressing the social determinants of health such as gender inequality, food insecurity, immigration status, employment conditions, social benefits, education, etc., cannot be achieved only through a health approach. Moreover, by its very nature, migration necessitates a multi-country and regional approach, requiring bilateral and multilateral cooperation among countries involved in the whole migratory process. Ultimately, partnerships, coordination and collaboration strengthen effectiveness, and in some cases, are prerequisites for an effective response to migration and health.

IOM’s vision is to have a cadre of partners – governmental, non-governmental, regional, national, local, UN, academic, employers, employee associations, etc. – promoting and supporting migrants’ right to health. Such institutional and programmatic shifts would allow for a sustainable response to reduce health vulnerability for people affected by migration.
Throughout 2014, IOM continued to play an active role in providing technical assistance to partners, coordinating responses to migration and health challenges, and exploring joint interventions and funding opportunities in East and Southern Africa.

**Technical Support to Regional Economic Communities (RECs), Civil Society and Migrants Associations**

IOM is a key technical partner of the Southern African Development Community (SADC). In 2014, IOM provided support to the development of the Global Fund HIV Cross Border Initiative Phase II proposal and the SADC Harmonized Regional Minimum Standards for preventative health services along the road transport corridor. IOM is also an active member of the SADC HIV International Cooperating Partners Meetings, SADC HIV Partnership Forum, and the SADC TB Partnership Forum.

IOM’s active role in the East African Community (EAC) task force and technical working groups developing regional strategies and initiatives allowed the opportunity to ensure migration and health is recognized as a key priority in these initiatives.

In partnership with the Indian Oceans Commission (IOC), IOM leads the development of the regional Migration and Health Strategy for the South West Indian Ocean Countries. In this context, IOM undertook regional and country level assessments and established National Migration and Health Task forces in Mauritius, Seychelles and Madagascar.

Moreover, IOM provides ongoing technical support to regional civil society partners and migrant associations. Of note, IOM provides organisational and advocacy support to the Southern Africa Mine Workers Association (SAMA), and is an active member of the Southern Africa Trust’s Regional Forum on the Portability and Access of Social Security Benefits by Former Mine Workers.

**Technical Support and Coordination on Global Fund Regional Proposals**

IOM provided technical support and facilitated regional coordination to various Global Fund regional proposal development processes including:

- Regional Response to TB in the Mining Sector in Southern Africa
- Acceleration of Malaria Elimination in Southern Africa
- Strengthening the Capacity of National Reference Laboratories to improve Laboratory Networks for TB Diagnosis in East and Southern Africa
- Cross-Border TB HIV Programmes in the IGAD Region
- Addressing HIV Vulnerabilities in the Fishing Community of the EAC
Coordinating Regional Responses

IOM actively participated in regional initiatives and mechanisms, strengthening relations with:

- The Southern Africa Regional Network (SARN) of the Roll Back Malaria (RBM) Initiative and its Racing Against Malaria Cross-Border Campaign to Eliminate Malaria in Southern Africa.
- Regional TB in the Mining Sector Initiative and the World Bank Project Implementation Committee (PIC).
- The SADC Private Sector Constituency Group (PSC).

CASE STUDY

Victoria Falls Declaration and Statement on Mobility and Malaria. In 2014, IOM became a member of the SARN as well as the E8 Technical Committee, which works closely with the Member States Ministries of Health Malaria managers. In 2014 IOM facilitated a panel discussion on migration and health at the Malaria Endemic Constituency Meeting of the RBM, in Victoria Falls, Zimbabwe. This explored the links between malaria and human mobility, highlighting the need for cross-border initiatives, information sharing and strengthening regional initiatives. The meeting resulted in the adoption of the Victoria Falls Declaration which outlines a ten-point plan, one among the ten points being a commitment to expand cross border initiatives of malaria control and elimination, and the Victoria Falls Statement on Malaria control and elimination in the context of migration and human mobility which outlines specific recommendations on how to strengthen interventions addressing malaria and human mobility.

Donor and Partnerships Coordination

IOM is the secretariat for the annual SADC-Donor-UN coordination meetings, which aims to facilitate common understanding, share information on new initiatives and research, and explore collaboration and coordination. In addition, IOM established and convenes Project Steering Committee meetings and Partnership Forums on Migration and Health for specific projects funded by various donors, under the PHAMESA umbrella.
COUNTRY-LEVEL ACHIEVEMENTS

**BOTSWANA**

Technical support provided into the draft of the **NATIONAL STRATEGIC PLAN ON HIV AND AIDS**.

**KENYA**

**ADVOCACY** to integrate migration dynamics into the upcoming Kenya Demographic and Health Survey (DHS).

**ADVOCACY** for the revision of the **NATIONAL HEALTH POLICY** to be inclusive of migrants.

Celebrated the second **NATIONAL CONSULTATION ON MIGRANT HEALTH**.

**TECHNICAL ASSISTANCE** to the draft of **NATIONAL STRATEGIC FRAMEWORK ON MIGRANT HEALTH**.

**LESOTHO**

**ON-THE-GROUND INTERVENTIONS EXPANDED** interventions expanded to two mineworker-sending communities most affected by HIV and TB.

**ADVOCACY** to include variables on migration for the next **NATIONAL CENSUS** (2016).

**STRENGTHENED PARTNERSHIPS** with government, mineworkers associations and development partners.

**MAURITIUS/IOC**

**ADVOCACY** for the review of the **RESTRICTIONS FOR ENTRY AND STAY OF NON-NATIONALS LIVING WITH HIV**.

**TECHNICAL ASSISTANCE** to draft the **REGIONAL MIGRATION AND HEALTH STRATEGY FOR THE SOUTH WEST INDIAN OCEAN COUNTRIES (IOC)**.

Set up of a **REGIONAL TECHNICAL WORKING GROUP (RTWG)** to address migration-related issues in OIC.
**MOZAMBIQUE**

**ON-THE-GROUND INTERVENTIONS EXPANDED** to key mineworker-transit communities on the South Africa/Mozambique border.

**STRENGTHENED PARTNERSHIPS** with key national and regional organizations involved in the mining sector, to strengthen social protection of migrant mineworkers and their families.

**ADVOCACY** and **TECHNICAL ASSISTANCE** with the Government of Mozambique and partners to address vulnerabilities of migrants in the development and roll-out of the new National AIDS Strategic Plan.

**NAMIBIA**

**ADVOCACY** for migration-sensitive policy development and implementation through membership of the National AIDS Executive Committee.

**SENSITIZATION OF 17 MIGRATION HEALTH TECHNICAL WORKING GROUP** on the importance of strategic plans that address migrants health challenge.

**ADVOCACY** for development of a National Migration and Health strategy.

**SOUTH AFRICA**

**TECHNICAL ASSISTANCE** provided to the South African National AIDS Council (SANAC) and the provincial/district/local AIDS councils on the implementation of the National Strategic Plan objectives addressing migration and health issues.

**ON-THE-GROUND INTERVENTIONS EXPANDED** to two mineworker-host communities most affected by HIV and TB.

**TECHNICAL ASSISTANCE** to the National Malaria Programme to ensure it is migration sensitive.

**SWAZILAND**

**ON-THE-GROUND INTERVENTIONS EXPANDED** to two mining sending communities most affected by HIV and TB.

**STRENGTHENED PARTNERSHIPS** with mineworkers associations and development partners.
TANZANIA

**TECHNICAL ASSISTANCE** for the development of the **NATIONAL PERFORMANCE FRAMEWORK FOR TB IN THE MINING SECTOR** with a three-year work plan.

**MEMORANDUM OF UNDERSTANDING** signed with Catholic University of Health and Allied Sciences (CUHAS) to integrate academic modules on migration health studies.

Conducted a **DESK REVIEW** of the existing literature, policies and legislation on migration and health.

UGANDA

**ADVOCACY** for inclusion of migration indicators in the national health management information system (HMIS) and periodic national health surveys.

National consultative meeting on **HIV AND AIDS RESPONSE IN FISHING COMMUNITIES**, co-convened by IOM and the Uganda AIDS Commission.

Drafted a roadmap for **IMPROVING AND ACCELERATING THE DELIVERY OF COMBINATION HIV SERVICES** to Ugandan fishing communities.

**COLLABORATIVE NETWORK** created with eight health clinics located along transport corridors.

ZAMBIA

**SIX POLICY DIALOGUES** were held in three border towns of Zambia to develop district HIV strategic investment plans, incorporating key populations including migrant workers.

**TECHNICAL SUPPORT** provided to the National Transport Sector Technical Working Group on HIV, for including social impact mitigation for host and migrant populations following the Environmental Impact Assessment of capital projects in the roads sector.

**ON-THE-GROUND INTERVENTIONS EXPANDED** to five migration affected communities focusing mainly on addressing gender based violence.

**ADVOCACY** for the inclusion of migrants and mobile populations as a key population for the HIV response in Zambia.
THOSE WHO MAKE IT POSSIBLE

In East and Southern Africa we work at the regional, national and community levels. Our regional teams are structured to ensure optimization of skills and experience, help foster RBM practice and reinforce programme quality. Each PHAMESA II strategic outcome area has a lead that is responsible for the strategic direction of that result and or supporting countries to deliver quality programmes.

At the national level country coordinators, under the supervision of their Chief of Mission, lead programme implementation, coordination, liaison with government and other partners and M&E. PHAMESA implementation teams at country level are responsible for delivery, and monitoring of projects that contribute to the PHAMESA target results irrespective of the donor in that country. This ensures consistency and reduces duplication of effort.

PHAMESA is funded by the Swedish International Development Cooperation Agency (Sida), and under the programme’s umbrella there are cost-sharing arrangements that include different regional and national level projects implemented by teams at the country and supported by the regional teams.

PHAMESA’s cost-sharing arrangements among various programmes under its umbrella helped to scale-up the response towards the realization of common goals. Currently at the regional level, PHAMESA is complemented by the “Partnership on Health and Mobility in the Mining Sector of Southern Africa” funded by the Ministry for Foreign Trade and Development Cooperation of the Netherlands, and two regional research projects (“Research on Health Vulnerabilities of Mobile Populations and Affected Communities in Selected Ports of Southern Africa” and “HIV and TB Integrated Biological and Behavioural Study (IBBS) for Migrant Mine Worker Communities of Origin in Lesotho, Mozambique and Swaziland”), funded by the SADC HIV and AIDS Special Fund.

At a national level, USAID, through its PEPFAR Southern Africa Prevention Initiative, supports country-level interventions in Mozambique and South Africa. Also as a member of UN Joint Teams, PHAMESA receives support from the Joint UN Programme of support of AIDS in Uganda and from the Joint UN Programme on Gender Based Violence in Zambia.