HEALTHY MIGRANTS IN HEALTHY COMMUNITIES:

INTERNATIONAL ORGANIZATION FOR MIGRATION
Health Promotion Strategy for East and Southern Africa 2012 - 2017

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FOREWORD

The International Organization for Migration (IOM) Health Promotion Strategy for East and Southern Africa 2012-2017 sets out the organisation’s response in the two regions leading towards healthy migrants in healthy communities. Over the next 5 years, IOM will assist and work with partners and governments to implement the four strategic responses as described in this Strategy. This Strategy offers an opportunity for IOM to strengthen its intervention in order to demonstrate increased impact, to harmonise programmes, roll out regional programmes, manage resources and to encourage, where appropriate, new partnerships to achieve strategic objectives.

The purposes outlined in this Strategy are intended to guide programme focus, strategic priorities and resources and will contribute to:

- Better address migration and health in East and Southern Africa by providing a clear rational for IOM’s programme approach;
- Harmonise all new IOM Migration Health programmes in line with this Strategy and provide a programme tool to better respond to the many issues which affect the health of migrants and mobile populations in East and Southern Africa;
- Strengthen and reinforce cross border and/or regional collaboration and cooperation;
- Contribute to exchange experiences, lessons learned, good practices and research within and between the regions;
- Strengthen advocacy of identified priority areas in relevant forums in East and Southern Africa, sharing human and financial resources and materials;
- Harness the collective capacities, skills and knowledge of IOM staff working in East and Southern Africa to better address health concerns of migrants and mobile populations, and affected communities; and
- Conduct comprehensive and harmonised monitoring and evaluation.

A creative and fresh look is what is needed to address migration and health issues, and IOM East and Southern Africa is ready to take up this challenge and look towards the future.

Dr. Erick Ventura
Regional Migration Health Coordinator Southern Africa
The International Organization for Migration (IOM) delivers and promotes comprehensive, preventive and curative health programmes which are beneficial, accessible, and equitable for migrants and mobile populations, contributing towards their physical, mental and social well-being, ultimately enabling them and host communities to achieve social and economic development.

In recent years there has been significant progress in advancing the migration and health agenda. The 61st World Health Assembly (WHA) Resolution Health of Migrants 61.17 adopted in May 2008, calls upon Governments to promote the health of migrants through policies and programmes. In line with the Resolution and the key priorities identified by the WHO-IOM Global Consultation on Health of Migrants - the Way Forward (WHO & IOM, 2010), IOM’s approach to migration and health in East and Southern Africa comprises of the following four intervention strategies outlined in figure 1 below. These four Intervention Strategies are compatible with the three IOM Global Programmatic Areas and also contribute to the achievement of the WHA Key Priorities.

Figure 1: IOM East and Southern Africa Intervention Strategies

IOM Global Programmatic Areas:
- Migration Health Assessments and Travel Assistance
- Health & Promotion and Assistance for Migrants & Human Resources for Health / Migration of Health Workers
- Migration Health Assistance for Crisis Affected Populations

IOM East and Southern Africa Intervention Strategies:
1) Research and Information Dissemination
2) Advocacy for Policy Development
3) Service Delivery and Capacity Building
4) Strengthening Inter-country Coordination and Partnership

WHA Key Priorities:
- Monitoring Migration Health
- Policy and Legal Framework
- Migrant Sensitive Health Systems
- Partnerships, Networks & Multi-Country Frameworks

Mainstream:
Gender - Human Rights - Involvement of Key Populations
IOM Health Promotion Strategy for East and Southern Africa 2012 - 2017

OVERALL OBJECTIVE: To contribute to the improvement in the standards of physical, mental and social well-being of migrants, mobile populations, and communities affected by migration by responding to their health needs throughout all phases of the migration process, as well as the public health needs of host and sending communities in East and Southern Africa.

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<tr>
<th>STRATEGY 1</th>
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<tr>
<td>Research and Information Dissemination</td>
<td>Advocacy for Policy Development</td>
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<tr>
<td>Strengthen knowledge and increase the pool of evidence relating to health vulnerabilities and challenges faced among migrants and migration-affected communities in order to contribute to evidence-based, effective programming and policy development.</td>
<td>Advocate for migrant inclusive health policies and programmes at national, regional and sectoral levels, and assist in the development of policies to promote and protect the health of migrants.</td>
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<td>OUTPUTS:</td>
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<tr>
<td>• Increase understanding of migration and health, including health worker migration, through research;</td>
<td>• Advocate for regional, national and sectoral policies that address migration and health concerns;</td>
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<td>• Promote migration and health as a research agenda;</td>
<td>• Facilitate and strengthen national coordination on migration and health;</td>
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<td>• Raise the profile of migration and health through information dissemination; and</td>
<td>• Support the region to develop and implement migration-related human resources for health strategies conducive to development.</td>
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<td>• Enhance the collection of disaggregate data with regards to health of migrants.</td>
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<th>STRATEGY 3</th>
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<tr>
<td>Service Delivery and Capacity Building</td>
<td>Regional Coordination and Partnerships</td>
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<tr>
<td>Facilitate, provide and promote equitable access to migrant-friendly and comprehensive health care services, information and referrals, in order to improve health outcomes for migrants, migration-affected communities, and crisis-affected population.</td>
<td>Develop and strengthen regional institutional infrastructure, multi-sectoral partnerships and coordination among Governments, stakeholders and migrants in order to support implementation of programmes and policies addressing health vulnerabilities of migrants and migration-affected communities.</td>
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<td>OUTPUTS:</td>
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<tr>
<td>• Facilitate, provide and promote access to sensitive health services for migrants and communities affected by migration;</td>
<td>• Complement and strengthen mutual outputs of IOM, regional partners and donors across East and Southern Africa;</td>
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<td>• Increase technical capacity of stakeholders to implement migrant-inclusive health policies at multi-sectoral level, and provide sensitive health services to migrants and communities affected by migration;</td>
<td>• Make efficient use of available resources through partnerships, strengthened networks, coordination and collaboration; and</td>
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<td>• Strengthen and upscale Migration Health Assessment and Travel Assistance services as a tool to promote the health of migrants and refugees from East and Southern Africa, on behalf of destination Governments; and</td>
<td>• Enhance inter-ministerial dialogue and inter-country cooperation on migration and health.</td>
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<td>• Assist Governments and other stakeholders in emergency preparedness, response and recovery, in order to better manage health issues related to population mobility due to natural and man-made disasters.</td>
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<th>FOUNDATIONS</th>
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<tr>
<td>1) “Spaces of vulnerability” within a regional context which considers migration as a social determinant of health;</td>
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<td>2) Regional response and programming;</td>
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<td>3) Bottom-up approach to promote the voice of the migrants and migration-affected communities;</td>
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<td>4) Commitment to gender equity; and</td>
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<td>5) Promotion of partnerships at various levels.</td>
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2. WHY FOCUS ON MIGRATION AND HEALTH?

The connection between migration and health can be found at different levels: from on-the-ground experiences of migrants to policy frameworks that guide how migrants and those affected by migration are able to access health services and programmes (WHO & IOM, 2010). In East and Southern Africa there are four key factors that specifically support the need to consider migration and health and how it impacts on the health of the region:

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<td>1</td>
<td>High levels of migration in the two regions, both cross-border and internal;</td>
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<td>2</td>
<td>High prevalence of communicable diseases, such as HIV, tuberculosis, cholera, malaria and measles;</td>
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<td>3</td>
<td>Struggling public healthcare system and migration of health workers; and</td>
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<td>4</td>
<td>Increasing recognition that healthy migration is required to achieve development targets in the two regions.</td>
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2.1 High Levels of Migration: Migration Trends in East and Southern Africa

East and Southern Africa experiences disparate rates of development coupled with economic and political instability. These contradictory forces are also key drivers of migration. People are becoming increasingly mobile within and across borders to meet the social and economic challenges of globalisation, with the search for employment at the heart of most movement. In 2005, more than 1.5 per cent of the total east African population; and 3.7 per cent of the total southern African population were migrants (UNDP, 2009). It is estimated that migration in the two regions involves more than 7 million economically active persons and an unspecified number of undocumented migrants (UNDP, 2009).

Migration is frequently not a one-way and permanent process but tends to be characterized by various forms of circular, return and internal migration patterns (Clark et al., 2007; Haour-Knipe, 2008). It involves a diverse group of people and the movements all have their own dimensions. Household members move between rural and urban settings to exchange goods, labour, money and so on. High levels of mobility across the socio-economic spectrum create spatially fluid households and families that are divided across rural and urban areas, or living in different countries. Major urban centres across the regions attract migrants who are fleeing conflict, natural disasters, loss of land tenure, seeking education, reuniting with family members and/or seeking economic opportunities. Much of the forced and labour migration in the region are unregulated, with huge populations of irregular migrants lacking legal status and protections, and unable to access basic health and social services. For labour migrants, employment is often in sectors characterised by harsh living
and working conditions with hazardous occupational health and safety environment, such as the construction, farming and transport industries. These conditions may be exacerbated by exploitative labour conditions, particular towards undocumented and irregular migrants.

The pattern of migration within and from East and Southern Africa, which was historically male-dominated, is becoming increasingly feminized. Often women move independently to fulfil their own economic needs; not simply joining a husband or relatives. Lack of education often restricts women to the informal trading sector or domestic work, whilst also forcing some to engage in more vulnerable means of income, such as sex work (Dodson, 2000). Often children are on the move to be reunited with their parents and travel great distances, even across borders, without the supervision of a guardian (SCF, 2007). Migration affects a myriad of people and communities far beyond only migrants themselves, including the home communities from which migrants leave and where families are often left; the transit communities through which migrants move, such as border towns; and host communities where migrants live and work. Migrants interact with the local populations of all these communities.

BOX 1
MIGRATION TRENDS IN SOUTHERN AFRICA

Southern Africa as a region is subject to continuous shifts in the political and economic environment. The combined challenge of high poverty levels, the HIV and AIDS epidemic, food insecurity and weakened governance capacity, has contributed to vulnerability and fragility in the region. The political environment is mixed: while there are many instances of positive developments in evolving democracies (which have facilitated return and reintegration of affected populations), other political situations remain fragile. Although socio-economic indicators in the region as a whole remain low and many of the countries in the region are among the poorest in the world, southern Africa in general is a resource-rich region, and some economies are emerging with high growth rates. However, in recent years the region has also been affected by the slowdown in the global economy. Tax revenues, household income and the inflow of remittances and foreign aid have decreased, leading to higher levels of unemployment, which in turn may be a push factor for migration (UNDP, 2009). This region hosts large numbers of internal and cross-border labour migrants. There are overlapping trends to economically motivated migration involving both documented and undocumented migration and unskilled and highly skilled migrants. South Africa and Botswana are the main destination countries of migrants and gain the most from skilled migration. Political instability in Zimbabwe and the humanitarian crises in the DRC have become a source of increased displacement.
Emerging issues are migration, climate change and the environment. Climate change is likely to exacerbate sudden onset disasters (tropical storms, floods, heat waves) and slow onset disasters (desertification, soil and coastal erosion) and offset livelihoods; both types of disasters would induce human mobility as a response. In southern Africa, climate change may lead to instability resulting from increased disasters such as flooding as has been recently experienced in Lesotho, Mozambique, Namibia and Zimbabwe.

2.2 High Prevalence of Communicable Diseases

Human mobility is a significant public health issue both in terms of epidemiological aspects of diseases and physical access to health services. In East and Southern Africa, many studies suggest that structural factors, such as a history of migrant labour that separated families and promoted and encouraged migration and mobility, have fuelled the spread of HIV. Disorders related Sexually Transmitted Infections (STIs), Tuberculosis (TB) and Malaria (Balfour, 2002; UNAIDS, 2008), sub-Saharan African countries reported 98 per cent of all cholera cases in 2009, with more than 10,000 cases in Ethiopia, Kenya, DRC, Mozambique, Zimbabwe and South Africa (WHO Online, 2011).

In 2010, there was a resurgence of measles, particularly in sub-Saharan Africa, with most of the measles-related deaths occurring in the region. According to findings presented at the 48th Annual Meeting of the Infectious Diseases Society of America in 2010, HIV may be playing a role in recent outbreaks of measles in sub-Saharan Africa. The Johns Hopkins School of Public Health noted that the largest outbreaks of measles have been in countries with high HIV prevalence, including Lesotho, Malawi, South Africa, Zambia and Zimbabwe (World Bank, 2006; IDSA Online, 2010).

Migration has been identified as contributing to the re-emergence of malaria (Martens and Hall, 2000; Development Research Centre, 2005). Migration may increase exposure to the disease, transport mosquitoes

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1 Sub-Saharan Africa remains the region most heavily affected by HIV worldwide, accounting for more than 67 per cent of all people living with HIV and for nearly 72 per cent of AIDS-related deaths in 2008. An estimated 1.9 million people were newly infected with HIV in 2008, bringing to 22.4 million the number of people living with HIV. The southern African region is the most affected by HIV globally; home to just 10 per cent of the world’s population, it has almost 70 per cent of all people living with HIV (UNAIDS, 2008).
to new areas and/or create habitats that are favourable to mosquitoes, and may also help the spread of resistance to drugs. It is estimated that 91 per cent of malaria deaths in 2009 were in the African region (WHO, 2010).

There has been a tendency to demonize migrants as one of the main reasons for the severity of the HIV epidemic in southern Africa, with truck drivers and sex workers being the villains, but the reality is more complex. Several studies in East and Southern Africa have demonstrated an association between temporary migration and HIV infection (Lurie, 2004), but what is critical is to understand how mobility and migration links to HIV. The context of one’s mobility can encourage some people to engage in HIV-risk behaviour, coupled with the reality that mobility makes people more difficult to reach, whether for prevention education, condom provision, HIV testing or post-infection treatment and care. Migrants’ multi-local social networks create opportunities for sexual networking (Vissers, 2010) and the dynamic in migration-affected communities such as truck stops and mines can encourage a large proportion of both men and women to engage in long-term multiple concurrent sexual relationships, with low condom use, resulting in increased infectivity during the acute stage of infection (Halperin and Epstein, 2004).

TB amongst migrants represented an increasing and important proportion of all notified TB cases (Development Research Centre, 2005). The burden of HIV and (multi-drug resistant) TB resides in East and Southern Africa, and high levels of population movement in the regions have created a context in which migration must also be considered in order to understand these diseases (IOM, 2011a). Thirty per cent of the new TB cases in 2009 occurred in the sub-Saharan African region. An estimated 1.4 million (15 per cent) were HIV positive; 80 per cent of these HIV-positive cases were in the sub-Saharan African region (WHO, 2010b).

Other health concerns are found amongst migrants and migration-affected communities:

- Migration may create a specific psychosocial vulnerability and, as a result, mental health can be adversely affected when these pressures are exacerbated by other risk factors, including limited access to adequate services, especially if migrants can no longer refer to their traditional community support and remedies (IOM, 2003).

- Labour migrants face high prevalence of various diseases, such as lung disease, respiratory infections, TB (e.g. as a result of the high prevalence of silicosis resulting from prolonged exposure to silica dust in mine shafts), illnesses as a result of exposure to poisonous chemicals and other occupational and environmental-related diseases and injuries.
Migration may impact on Sexual and Reproductive Health and Rights (SRHR), as well as maternal and child health. For instance, reproductive health outcomes of migrant women are put in jeopardy when they are unable to have a say in their own reproductive health decisions. Migrant women often lack access to antenatal care, safe delivery and contraceptives, and experience specific vulnerabilities due to irregular immigration status and/or the mobile nature of their livelihood. The health of children of migrants may also be adversely affected by lack of access to growth monitoring and immunizations, as well as the breakdown in family support as a result of the migration process.

The lack of disaggregated health surveillance data means that the health needs of migrants and migration-affected communities are commonly overlooked. This intensifies their marginalization and thus their health vulnerability by reducing access to services and social care (Grove & Zwi, 2006).

2.3 Struggling Public Healthcare System

The East and Southern African region is characterized by plural healthcare systems, including public, private and a range of traditional medical systems, with nearly all countries facing the challenge of establishing a healthcare system that is responsive to the needs of their population. With healthcare having to be provided across often large geographical areas, the need for improved health infrastructure and resources such as medical personnel, equipment and medicines, are all critical factors that governments have to manage. Couple this with the needs of migrants and migration-affected communities and the situation becomes more complex. Challenges such as the perceptions of migrants among healthcare staff can impact on migrants’ ability to access necessary health services (IOM, 2011a). Across the two regions there are increasing numbers of circular labour migrants of prime working age who become ill in the urban areas where they work and then return home to be cared for. This implies an additional burden of care for already impoverished migrant-sending communities (Clark et al., 2007).

Furthermore, migration of health professionals is an important health systems issue relating to migration and health in East and Southern Africa (IOM, 2011a). Health worker migration from countries with already existing shortages in their health workforce is further weakening their fragile health systems, affecting both access to and quality of health services. At the same time, health professionals also move between different labour sectors. These health worker movements, internationally, rural-urban and inter-sectoral, are contributing to widening imbalances in the availability of human resources for health.
2.4 Migration, Health and Development

As highlighted in the 2009 Human Development Report, migration can and should contribute to social and economic development, as represented by the Millennium Development Goals (UNDP, 2009). It seems clear that without the migration of labour, East and Southern Africa will not meet its long-term development targets (IOM, 2011a). Moreover, contributions by all types of migrants to the long-term regional integration and development goals are undeniable.

In order to ensure that the developmental benefits of migration are realized, a process of “healthy migration” needs to be facilitated – this means focusing on the health of internal and cross-border migrant and mobile populations. In order to achieve this, migration needs to be mainstreamed within the public health response and other social services. For healthy migration, all levels of government need to mainstream internal and cross-border movement into policies and programmes, ensuring that all migrant populations are able to access public healthcare systems (IOM, 2011a).

It is also important to acknowledge the positive impact migration can have on health. For example, remittances generated by migration and sent home may be critical in helping access to health services. It is estimated that remittance flows to sub-Saharan Africa are expected to reach USD24 billion in 2012 (WB, 2010). Furthermore, the health diaspora may make a positive contribution on the healthcare system of countries of origin when they return back and bring knowledge with them.

BOX 2
REGIONAL INTEGRATION, MIGRATION AND HEALTH

Throughout Africa, the regional integration agenda is one of importance, particularly in achieving development goals. The six regional authorities and inter-governmental organizations of Africa – the African Union (AU), Common Market for Eastern and Southern Africa (COMESA), East African Community (EAC), Economic Community of Central African States (ECCAS), Intergovernmental Authority on Development (IGAD), and Southern African Development Community (SADC) - foster regional integration for achieving accelerated growth and development.
Of note, COMESA, EAC and SADC together comprise 26 Member States and represents more than 527 million people and Gross domestic product (GDP) of approximately USD 624 billion – this equals to 57% of the population of the AU and just over 58% in terms of contribution to GDP. In 2005, the three RECs established a Tripartite Agreement, in order to work towards improving coordination and harmonisation of the various regional integration programmes, focusing on expanding and integrating trade – including the establishment of Free Trade Areas, Custom Unions, Monetary Unions and Common Markets, as well as infrastructure development projects in transport, information and communications technology and energy.  

With greater trade, transport and communication, there is inevitably increased population mobility in the region. The impact of greater mobility on health can be varied. First, better roads and railways and faster transit routes could facilitate improved access to health facilities, which will create real health gains. Better infrastructure will also have other health benefits, including faster, wider and safer distribution of drugs and medical equipment, and increased access to healthcare services for people living in rural communities along the transport corridors.  

On the other hand, there are inherent risks with expanding opportunities for mobility in this region. Mobility and migration are key livelihood strategies in Africa and expose more people to vulnerable risk zones along transport corridors. HIV vulnerability is known to be high along transport routes, and HIV “hotspots” or “spaces of vulnerability” track the major transport routes in East and Southern Africa. Greater movement of people inevitably creates increased risk of spreading HIV, TB and other communicable diseases. Also, large-scale construction projects (such as bridges, roads, and dams) have been associated with increased levels of sex work and transactional sex, increased levels of Sexually Transmitted Infections (STIs), human trafficking and child labour.

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2.5 Regional Policy and Legislative Instruments on Migration and Health

Programming for health in migration-affected communities in East and Southern Africa needs to be seen within the global and regional context of international agreements. Governments have acknowledged the impact of migration on development. Therefore, there are various international and regional instruments and initiatives that support and call upon Member States to address migration and health, including but not limited to the following.

**Resolution on Health of Migrants, 61st World Health Assembly (WHA), 2008**

The Resolution on Health of Migrants was adopted during the 61st WHA in May 2008. It calls upon member states to: promote equitable access to health promotion and care for migrants; establish health information systems in order to assess and analyse trends in migrants’ health; and devise mechanisms for improving the health of all populations, including migrants. This is to be achieved through the following: (1) identify and fill gaps in health service delivery; (2) gather, document and share information and best practices for meeting migrants’ health needs in countries of origin or return, transit and destination; (3) raise health service providers’ and professionals’ cultural and gender sensitivity to migrants’ health issues; and (4) train health professionals to deal with the health issues associated with population movements.

**Declaration of Commitment on HIV and AIDS, United Nations General Assembly Special Session on HIV and AIDS (UNGASS), 2001**

The relationship between the HIV/AIDS epidemic and migration was recognized by the UNGASS in June 2001. Paragraph 50 of the Declaration of Commitment on HIV and AIDS stipulates that member states should: “develop and begin to implement national, regional and international strategies that facilitate access to HIV and AIDS prevention programmes for migrants and mobile workers, including the provision of information on health and social services”.

**Political Declaration on HIV and AIDS, United Nations General Assembly High Level Meeting on AIDS, 2011**

The High Level Meeting took stock of the progress and challenges of the last 30 years and discussed future AIDS response, culminating in the Political Declaration on HIV and AIDS. Following on the declaration made in 2001, the Declaration calls upon Member States to ensure that financial resources for prevention are “...targeted to evidence-based prevention measures that reflect the specific nature of each country’s epidemic focusing on... population vulnerable to HIV infection...”, and to ensure that “...particular attention is paid to... migrants and people affected by humanitarian emergencies...” (Paragraph 60). Furthermore, in Paragraph 84, the Declaration calls upon Member States to, “Commit to address, according to national legislation, the vulnerabilities to HIV experienced by migrant and mobile populations and support their access to HIV prevention, treatment, care and support.”

**International Convention on the Protection of the Rights of all Migrant Workers and Members of their Families adopted by GA resolution 45/158 of 1990, entered into force 1 July 2003**

The Convention assures all migrants, including undocumented migrants, access to “any medical care that is urgently required for the preservation of their life or the avoidance of irreparable harm to their health on the basis of equality of treatment with nationals of the State concerned” (Article 9).

**(Draft) SADC Policy Framework on Population Mobility and Communicable Diseases, draft April 2009**

Developed in early 2009, the South African Development Community (SADC) Policy Framework provides guidance on the protection of the health of cross-border mobile populations with regard to communicable diseases and guidance on the control of communicable diseases as people move across borders. Specifically, it calls for the following: (1) regional harmonization and coordination; (2) equitable access to health services by cross-border mobile populations; (3) coordinated regional public health surveillance and epidemic preparedness; (4) information, education and health promotion for mobile populations; (5) operational research and strategic information; and (6) legal, regulatory and administrative reforms.
**COMESA-EAC-SADC Tripartite Agreement**

In a June 2008 summit convened in Kampala, Heads of State from 26 countries established a tripartite agreement aiming to achieve the African Union (AU) objectives of accelerating economic integration and achieving sustainable economic development – thus alleviating poverty and improving quality of life for the people of East and Southern Africa. The programme aims to establish a single market. Capacity-building and negotiations are underway for establishment of a Free Trade Area (FTA), Customs Union, Monetary Union, as well as major infrastructure development in transport, information and communications technology, and energy.

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**SADC Declaration and Code of Conduct on TB in the Mining Sector, expected August 2012**

At the SADC Ministerial meeting held in South Africa in November 2011, the Ministers of Health, led by the Minister from Lesotho, discussed issues relating to HIV and TB in the mining sector. Concerns were raised relating to the high incidence of TB in mines and lack of sustainable support for retired mineworkers living with HIV and TB. In order to address this concern and show commitment, the Ministers decided to hold an Extraordinary High Level Meeting of the Ministers of Health in April 2012, wherein a Declaration and Code of Conduct on TB in the Mining Sector was tabled and endorsed for submission to the SADC Heads of State Summit in August 2012. The subsequent draft Declaration on TB in the Mining Sector outlines the justification, and outlines the priority areas for urgent action for TB, HIV, Silicosis and other occupational respiratory diseases in the mining sector.

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**EAC Regional Integrated Multi-sectoral Strategic Plan for HIV & AIDS 2008–2012**

The East African Community (EAC) HIV strategy aims to reduce incidence of HIV infection as a step towards securing sustained sub-regional socio-economic development. Objectives include to: 1) Enhance institutional capacity of the EAC Secretariat and that of the EAC member states; 2) Mainstream HIV through the EAC and its institutions and sectors; 3) Harmonize of EAC Member States’ HIV and AIDS protocols, policies, plans, strategies, and legislation; 4) Improve the design and management of national and regional responses through the generation of, and easy access to, strategic information; 5) Scale-up regional and national HIV responses through the strengthening of political leadership and commitment; and 6) Consolidate effective partnerships among strategic partners within and outside the EAC region.
3. IOM’S APPROACH TO HEALTH AND ITS COMPARATIVE ADVANTAGE

3.1 Socio-economic Determinants of Health

IOM’s approach to migration and health stems from the recognition of the need to address the socio-economic determinants of health as it relates to the migration process. Health encompasses biological factors as well as wider environmental determinants of health such as access to water and sanitation, health-seeking behaviour, occupational environments, education, socio-economic status, food security, fear of arrest or harassment, cultural differences, language barriers, negative provider attitudes and legal status. The migration process consists of four phases: the pre-migration phase, the movement phase, the arrival and integration phase, and the return phase. In all these phases inequalities in access to healthcare and associated inequities in health outcomes are created by the interaction of three basic variables: the person, place and time. Determinants of migrants’ health can be identified at each stage; see Figure 1 below (CSDH, 2008).

Figure 1: Factors affecting the well-being of migrants during the migration process (IOM, 2010b)

**Pre-migration phase**
- Pre-migratory events and trauma (war, human rights violations, torture), especially for forced migration flows;
- Epidemiological profile and how it compares to the profile at destination;
- Linguistic, cultural, and geographic proximity to destination.

**Movement phase**
- Travel conditions and mode (perilous, lack of basic health necessities), especially for irregular migration flows;
- Duration of journey;
- Traumatic events, such as abuse;
- Single or Mass movement.

**Arrival and Integration phase**
- Migration policies;
- Social exclusion;
- Discrimination;
- Exploitation;
- Legal status and access to services;
- Language and cultural values;
- Linguistically and culturally adjusted services
- Separation from family/partner;
- Duration of stay.

**Return phase**
- Level of home community services (possibly destroyed), especially after crisis situation:
- Remaining community ties;
- Duration of absence;
- Behavioural and health profile as acquired in host community.

**Cross cutting aspects:**
- Gender, age; socio-economic status; genetic factors
In the pre-departure stage, migrants’ health status is influenced by the health determinants of their home country. When they move migrants generally carry with them the health status they have acquired in their country of origin. During the movement process, travel-related conditions may cause health risks, particularly in cases of irregular migration, human smuggling and mass movements or displacements brought about by human-made or natural disasters.

At arrival in host countries, migrants are exposed to other socio-economic health determinants they may not have encountered in their home country, such as exclusion, discrimination, exploitation, language and cultural barriers, and limitations to access to health. After return, migrants’ health is further determined by the availability, accessibility and affordability of national health and social services, including services that facilitate integration with the host community. Female migrants may face multiple vulnerabilities, gender-based discrimination and violence at all stages of the migration process.

3.1.1 Multi-level Interventions
Building on the above, it is recognized that individuals live within a context in which there are factors they can control and others they cannot, all of which may have an impact on their behaviour and practices. Accordingly, IOM interventions are multi-level, looking at reducing individual risks by addressing individual and environmental factors and taking into account structural issues that increase health vulnerability. Figure 2 below illustrates the different levels and corresponding drivers of ill health.

Figure 2: Structural, environmental and individual drivers of health vulnerabilities (IOM, 2010b)
Many of the underlying factors sustaining migration, such as an unbalanced distribution of resources, lack of social capital, unemployment, socio-economic instability and political unrest, as well as overcrowded living conditions, discrimination in accessing health services and lack of adequate nutrition, are also determinants of the increased risk of migrants and their families to ill health (Grondin, 2004; Carballo, 2007; IOM, 2009). Limited access to services due to a range of legal, economic, language, social and cultural factors, for example access to services after working hours in remote and underserved areas; migrants also often work under dangerous working conditions, all impact on migrants’ health status. For cross-border migrants, the lack of inter-linked services and compatible health information systems means that continuing treatment and continuum of care for migrants is often impossible.

3.2 Spaces of Vulnerability

There are distinct spatial dynamics to both international and internal migration in East and Southern Africa. IOM emphasizes the importance of engaging with a “spaces of vulnerability” approach to address the health of those affected by the migration process, including those who move and those who remain back home (Williams, Gouws, Lurie & Crush, 2002). This involves understanding the specific contexts in which diverse migrant groups are situated, where they originate from, the migration decisions made, the journeys undertaken, and their households that remain back home. Once spaces of vulnerability are identified, appropriate, targeted responses can be generated (IOM, 2011a).

**BOX 3
SPACES OF VULNERABILITY**

The spaces of vulnerability approach is based on an understanding that health vulnerability stems not only from individual but also a range of structural and environmental factors (see Figure 2) specific to the unique conditions of a location, including the relationships among mobile and sedentary populations. These factors must be taken into consideration when addressing health and migration, and interventions must consider and target both migrants and/or mobile populations as well as the communities with which they interact, including families in migrant-sending communities. Spaces of vulnerability are those areas where migrants and mobile populations live, work, pass-through or originate from and may include the following: land border posts, ports, truck stops or hot spots along transport corridors, construction sites, commercial farms, fishing communities, mines, migrant communities and urban informal settlements, migrant-sending sites, detention centres and emergency settlements.
3.3 IOM’s Comparative Advantage in the Context of Migration and Health

IOM is an intergovernmental organization, with 147 member states, committed to the principle that humane and orderly migration benefits migrants and society. IOM’s approach and activities seek to advance understanding and on-the-ground responses that contribute to the achievement and implementation of the 61st WHA Resolution 61.17 on Health of Migrants (WHO, 2008a) and other IOM global policy documents. With an increase in global mobility, the health of migrants has become a key global health issue and the WHA calls upon member states to ensure the health of migrant populations through a range of actions (WHO & IOM, 2010).

Globally IOM’s migration and health interventions’ long term goal is to improve the management of migration and health and decrease health vulnerability among population affected by migration and mobility. This is addressed through the following three global programmatic areas:

1. **Migration Health Assessments and Travel Assistance:** Providing Migration Health assessment services to migrants and refugees on behalf of destination governments. Services include physical examination, laboratory diagnostics, vaccinations, DNA testing and counselling, health education, treatment, medical escort, and other related public health and health promotion interventions in support to post-arrival migrant integration.

2. **Health Promotion and Assistance for Migrants:** Providing health services that meet the specific needs of migrants and their host communities, across a wide range of priority areas such as sexual and reproductive health and rights; mental health and inter-cultural health; environmental health and hygiene; outbreak preparedness and response; and communicable disease prevention, surveillance, and control. Furthermore, this programme area involves health system strengthening on migration and health issues, as well as management of health worker migration.

3. **Migration Health Assistance for Crisis-affected Populations:** Supporting governments and populations during the acute phase and in the aftermath of emergencies by managing health issues related to the mass movement of people, and arranging medical evacuation for individuals. Activities include psychosocial assistance, communicable disease control and response, reconstruction of damaged health infrastructure and health intervention in the context of the IOM role of UN cluster lead in camp management/coordination in natural disasters.

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Figure 3 below summarises the three programmatic areas, and shows how they relate to the 4 strategic functions, as well as IOM’s 12-Point Strategy.

### Figure 3: IOM Migration and Health Strategic Functions

<table>
<thead>
<tr>
<th>IOM MIGRATION HEALTH STRATEGIC FUNCTIONS</th>
<th>PROGRAMMATIC AREAS (H1-3) AND THEMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy for Policy Development (2-3-5-7-8)*</td>
<td>MIGRATION HEALTH ASSESSMENT &amp; TRAVEL HEALTH ASSISTANCE (H1)</td>
</tr>
<tr>
<td>Research &amp; Information Dissemination (4-6)*</td>
<td>HEALTH PROMOTION &amp; ASSISTANCE FOR MIGRANTS (H2)</td>
</tr>
<tr>
<td>Strengthening Inter-Country Coordination &amp; Partnership (3-7)*</td>
<td>MIGRATION HEALTH ASSISTANCE FOR CRISIS AFFECTED POPULATIONS (H3)</td>
</tr>
<tr>
<td>Health Service Delivery &amp; Capacity Development (1-4-8-9-10-11-12)*</td>
<td></td>
</tr>
</tbody>
</table>

#### PROGRAMMATIC AREAS (H1-3) AND THEMES

<table>
<thead>
<tr>
<th>MIGRATION HEALTH ASSESSMENT &amp; TRAVEL HEALTH ASSISTANCE (H1)</th>
<th>HEALTH PROMOTION &amp; ASSISTANCE FOR MIGRANTS (H2)</th>
<th>MIGRATION HEALTH ASSISTANCE FOR CRISIS AFFECTED POPULATIONS (H3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 MHA/THA &amp; Resettlement</td>
<td>2.1 Developing Migration Health Agendas at Country Level</td>
<td>3.1 Primary Health Care for Migrants, Displaced, Returnees &amp; Communities</td>
</tr>
<tr>
<td>1.2 MHA / THA &amp; Labour Migration and Emigration</td>
<td>2.2 Promoting Migrant-Inclusive Health Systems &amp; Services</td>
<td>3.2 Health Referrals &amp; Medical Evacuations</td>
</tr>
<tr>
<td>1.3 MHA/THA &amp; Post-Crisis Movements</td>
<td>2.3 Addressing Health Needs of Irregular Migrants</td>
<td>3.3 Public &amp; Environmental Health in CCCM, (Helath Cluster link)</td>
</tr>
<tr>
<td>1.4 Assisted Voluntary Return &amp; Reintegration of Persons with Medical Needs</td>
<td>2.4 Addressing Health Needs of Labour Migrants</td>
<td>3.4 Transitional/Temporary Health Facilities and Health Rehabilitation</td>
</tr>
<tr>
<td>1.5 DNA Testing and Counselling in Family Reunification</td>
<td>2.5 Managing Migration of Health Workers</td>
<td>3.5 Health Assistance for Demobilized Soldiers and Families</td>
</tr>
</tbody>
</table>

#### CROSS-CUTTING THEMES

- Mental Health/Psychosocial Response & Intercultural Communication
- Emerging, Re/Emerging Diseases
- Population Mobility and HIV
- Sexual and Reproductive Health (SRH)
- Mother and Child Health

* Links to IOM’s 12 point strategy.
IOM’s niche in supporting national and regional programming is based on:

**Technical expertise:**
IOM has technical expertise as the leading intergovernmental organization addressing migration and population mobility. Furthermore, over the years IOM has gained much experience in addressing health vulnerabilities and challenges faced within migration-affected communities in East and Southern Africa.

**Regional and multi-country programming with back-up from global, regional, country and local presence:**
IOM has presence at a regional as well as country and local level, which is essential given the nature of migration. IOM uses a regional approach to bring together national and regional stakeholders to share lessons and experiences, as well as to increase coordination and collaboration among these stakeholders, with the objective of promoting well-designed cross-border programmes that are harmonized between and among countries.

**IOM’s unique position as intergovernmental organization with access to government, as well as its operational flexibility:**
IOM has the mandate to work in multiple countries and across borders to address the health vulnerabilities and challenges faced within migration-affected communities. Furthermore, IOM’s mandate allows it to be flexible and work as a service organization, for example in conducting Migration Health assessments. IOM has efficient and decentralized institutional and programming structures. Through its service interventions, IOM is also acknowledged by migrants and thereby has access to this population.

**Partnerships at all levels:**
IOM maintains strong partnerships with Regional Economic Communities (RECs), governments and key stakeholders, including migrant communities and civil society. Unlike other health organizations, IOM’s migrant health interventions go beyond collaboration with traditional government partners such as Ministries of Health or National AIDS Councils, but takes on a multi-disciplinary approach, which also includes Ministries of Home Affairs, Ministries of Labour and other relevant ministries and stakeholders. Although IOM is not a UN agency, it works as a transited partner of all relevant UN teams/clusters at global, regional and country level and supports the “One UN Approach”. IOM’s partnerships are also at a global level (e.g. The Global Partnership on HIV and Mobile Workers in Maritime Sector), which allows it to address issues which are beyond national borders or limited to one specific region. Lastly, IOM works closely with migrant communities and civil society, ensuring that the voices of marginalised communities and populations are reflected in policies and programmes.
BOX 4
IOM EXPERIENCE IN ADDRESSING HEALTH VULNERABILITIES IN MIGRATION-AFFECTED COMMUNITIES IN EAST AND SOUTHERN AFRICA

IOM East Africa has extensive experience in research and strengthening national and regional coordination. It is the technical and operational hub of the Migration Health assessment and travel assistance programme for Africa. IOM Southern Africa has been implementing the Partnership on HIV and Mobility in Southern Africa (PHAMSA) since early 2004, focusing on different labour sectors that are characterized by high levels of population mobility and labour migration. Starting in mid-2010, IOM Pretoria and Nairobi, in partnership with more than 10 country missions, commenced implementation of the Partnership on Health and Mobility in East and Southern Africa (PHAMESA) programme, building on experiences from previous successful activities.
4.1 IOM’s Strategic Responses on Health in East and Southern Africa

The **Overall Objective** of IOM’s Health Promotion Strategy for East and Southern Africa from 2012 to 2017 is to contribute to the improvement in the standards of physical, mental and social well-being of migrants, mobile populations, and communities affected by migration by responding to their health needs throughout all phases of the migration process, as well as the public health needs of host and sending communities in East and Southern Africa.

In order to achieve the above, IOM Migration Health Departments in East and Southern Africa assist and work with partners and Governments to implement the following four strategies. The strategies are distinct yet inter-related and mutually supportive.

**STRATEGY 1: RESEARCH AND INFORMATION DISSEMINATION**

Strengthen knowledge and increase the pool of evidence relating to health vulnerabilities and challenges faced among migrants and migration-affected communities in order to contribute to evidence-based, effective programming and policy development.

This IOM strategy addresses the action point as mentioned in the WHA Resolution:

**Monitoring Migrant Health:**

1. Develop health information systems, collect and disseminate data;
2. Assess, analyse migrants’ health; and
3. Disaggregate information by relevant categories.

**Outputs:**

- Increase understanding of migration and health, including health worker migration, through research;
- Promote migration and health as a research agenda;
• Raise the profile of migration and health through information dissemination; and

• Enhance the collection of disaggregate data with regards to health of migrants.

Research and other data collected by IOM supports the creation of an enabling environment for policies and programme development. IOM answers to the needs of Governments, partner agencies, civil society and other stakeholders for evidence-informed and disaggregated strategic information on migration and health, including health worker migration. Strategic information has been shown to be crucial for evidence-informed programming, as it acts as a catalyst for effective advocacy, project development and policy dialogue. IOM facilitates supports and/or implements research activities to further investigate the dynamics of population mobility on health. Research activities could include both quantitative and qualitative research and assessments.

Furthermore, IOM aims to strengthen relationships with the research community at country, regional and global levels. IOM recognises the strategic value of integrating migration and health into academic courses such as public health, migration studies and demography. By promoting migration and health as a topic of research, IOM also aims to achieve increased information sharing, coordination and collaboration within the research community in the region.

BOX 5
HOT-SPOT MAPPING ALONG THE KAMPALA-JUBA TRANSPORT CORRIDOR

To collect baseline data for future research and programme planning on mobile populations along the Kampala–Juba transport route, the Ugandan AIDS Commission, the National Committee for AIDS in Emergency Settings and UNAIDS requested IOM to perform a hot-spot mapping. This mapping enabled a situational analysis of the context of HIV risk and vulnerability among high-risk populations in HIV spaces of vulnerability. The project targeted sex workers and their clients, and other mobile populations including truck drivers, cross-border traders, as well as medical staff, employers and NGO staff. The project facilitated future programming by the Government of Uganda and partners, as well as cross-border response with the Government of South Sudan and other partners. The objectives were to identify and document effective methods of gathering HIV-related data in the Ugandan context in relation to transport corridors; and to define the scale, geographical, service access, and socio-behavioural context of HIV vulnerability related to transaction and other high-risk sexual behaviour in hot spots along the Kampala–Juba corridor.
STRATEGY 2: ADVOCACY FOR POLICY DEVELOPMENT

Advocate for migrant inclusive health policies and programmes at national, regional and sectoral levels, and assist in the development of policies to promote and protect the health of migrants.

This IOM strategy addresses the action point as mentioned in the WHA Resolution:

Policy-legal Framework:
(1) Promote migrant sensitive health policies;
(2) Include migrant health in regional/national strategies; and
(3) Consider impact of policies of other sectors.

Outputs:
- Advocate for regional, national and sectoral policies that address migration and health concerns;
- Facilitate and strengthen national coordination on migration and health; and
- Support the region to develop and implement migration-related human resources for health strategies conducive to development.

IOM advocates for harmonised regional, national and sectoral policies that promote migration and health at all levels. One of the main global commitments of IOM is raising awareness and enhancing capacity for the implementation of the WHA Resolution 61.17 “Health of Migrants”.

Awareness is raised via various means such as providing research findings, facilitating integration of migration and health issues on the agenda of existing regional and national structures working on non-health issues such as migration management and development, and organizing policy dialogue.
IOM strengthens technical capacity of policymakers by providing direct support to policy formulation and review initiatives. As an intergovernmental organization mandated by the Member States to work on migration issues, IOM has access to policymakers and various platforms at regional and national levels. IOM develops advocacy materials, disseminates information and increases visibility and recognition among media and other stakeholders. Media is utilised to raise awareness of and support for migration and health concerns among stakeholders, opinion leaders and the general public.

Lastly, IOM aims, in partnership with other stakeholders, to develop and implement migration-related human resources for health strategies and interventions, including the management of health worker migration, which will contribute to regional economic and human development.

**BOX 6**
**NATIONAL CONSULTATION: REALIZING MIGRANTS’ RIGHT TO HEALTH IN SOUTH AFRICA**

To address migration and health in South Africa and the recommendations from the Global consultation on Migrant Health in Madrid, Spain, 3–5 March 2010 (WHO & IOM, 2010), IOM in partnership with the Africa Centre for Migration and Society (former Forced Migration Studies Programme), the National Department of Health in South Africa, UNAIDS and WHO, hosted a national consultation on migration and health. The final outcome of this consultation was a series of actionable recommendations outlining a national response to the WHA 61.17 Resolution. SADC was closely involved in the process and is committed to take forward some of the recommendations with a regional dimension.
**Strategy 3: Service Delivery and Capacity Building**

Facilitate, provide and promote equitable access to migrant-friendly and comprehensive health care services, information and referrals, in order to improve health outcomes for migrants, migration-affected communities, and crisis-affected population.

Outputs:

- Facilitate, provide and promote access to sensitive health services for migrants and communities affected by migration;

- Increase technical capacity of stakeholders to implement migrant-inclusive health policies at multi-sectoral level, and provide sensitive health services to migrants and communities affected by migration;

- Strengthen and upscale Migration Health Assessment and Travel Assistance services as a tool to promote the health of migrants and refugees from East and Southern Africa, on behalf of destination Governments; and

- Assist Governments and other stakeholders in emergency preparedness, response and recovery, in order to better manage health issues related to population mobility due to natural and man-made disasters.

First, IOM develops and strengthens the technical and operational capacity of relevant stakeholders including government, civil society, private sector and migrants to support access to sensitive health services to migrants and communities affected by migration. Capacity development is associated with active learning and active sharing of information and exchange of good practices at sectoral, local, national and regional levels.

This IOM strategy addresses the action point as mentioned in the WHA Resolution:

**Migrant Sensitive Health Systems:**

(1) Strengthen health systems and fill gaps in health service delivery; and

(2) Train health workforce on migrant health issues; arise cultural and gender sensitivities.
Between 2005 and 2010, IOM Southern Africa piloted a “Health Promotion and Service Delivery Framework”. The framework evolved through the implementation of on-the-ground interventions and seeks to help reduce the health vulnerabilities of migrants and migrant-affected communities in a comprehensive and sustainable manner. The framework provides guidance to relevant organizations on how to develop and implement a comprehensive health response for migration-affected communities (spaces of vulnerability).

**What does the framework try to do?** The framework is structured to consider the individual, environmental and structural factors that impact on the health of migrants and migration-affected communities. Factors such as gender, access to health service, addressing contextual barriers to health, peer-led communication and creating an enabling local environment have been identified by the work on the ground as critical interventions. In addition, the framework recognizes the need to build the capacity of local partners to develop, implement and monitor migration and health activities.

**How does it do it?** In order to address these factors IOM and partners work at the local level, building the capacity of local Change Agents who are the key to the success of the framework. This “bottom-up approach” seeks to empower project beneficiaries to identify barriers to behavioural and social change and to take action to address these barriers.

Second, IOM detects and manages health conditions to reduce and better manage the potential public health impact of population mobility on both migrants and receiving countries, and facilitate the integration of migrants, through provision of Migration Health Assessments and Travel Assistance. Migration Health assessments consist of an evaluation of the physical and mental health status of migrants, made either prior to departure or upon arrival for the purpose of resettlement, international employment, enrolment in specific migrant assistance programmes, or for obtaining a temporary or permanent visa. Main activities within travel health assistance are: (1) general safe transportation measures by means of assessment of prospective risks under travel conditions, and in relation to road/journey conditions and transportation means; (2) pre-departure travel health risk assessment to identify individual vulnerability in travel conditions; (3) evaluation of public health risks associated with movement through the detection of communicable health conditions across epidemiological boundaries; (4) pre-departure treatments and post-arrival continuity of care, including health education; (5) public health and assistance in transit centres and camps including healthcare, referral, surveillance, outbreaks management; (6) pre-embarkation checks to ensure
that individuals are fit for travel; (7) medical escort, to facilitate the hand-over of patients to recipient health providers and/or family. IOM aims to integrate its Migration Health assessment services with existing national disease control and prevention programmes by aligning with local systems and protocols. IOM collaborates with partners through the confidential sharing of data, outsourcing services to available local partners, training local providers and employing local personnel.

Lastly, IOM assists Governments in extending health assistance to crisis-affected populations by: 1) Providing the expertise needed to support basic health needs of crisis-affected populations; 2) Rebuilding the affected country’s capacity by training local personnel and supporting institutional strengthening to achieve sustainable recovery; and 3) Incorporating health within disaster risk reduction interventions in communities which are often affected by natural disasters.

**BOX 8**

**MIGRATION HEALTH ASSESSMENTS**

IOM Nairobi is the technical and operational hub of the health assessment and travel assistance programme for Africa and the Middle East. IOM operates a migrant health assessment centre and community wellness centre in Nairobi and a health assessment and tri-country training centre in Kibondo near the Rwandan border in Tanzania. These facilities, including a well-equipped laboratory and training facilities for health staff throughout the region, offer on-site opportunities to facilitate cross-border programming targeting mobile populations.

In close coordination with national health departments and WHO, IOM provides support to emergency response programmes to reconstruct damaged health infrastructure, rebuild community-based services and strengthen affected healthcare systems. Mental health and psychosocial support services are also provided to crisis-affected populations. Furthermore, support includes facilitation of medical referrals, as well as arrangement of medical evacuations for individuals who cannot be cared for locally due to overstretched or destroyed health facilities. Where relevant, the assistance for crisis-affected populations will be integrated in all strategic responses. In addition IOM seeks to integrate health programming within disaster risk reduction, emergency preparedness, and climate change adaptation programmes.
Develop and strengthen regional institutional infrastructure, multi-sectoral partnerships and coordination among Governments, stakeholders and migrants in order to support implementation of programmes and policies addressing health vulnerabilities of migrants and migration-affected communities.

This IOM strategy addresses the action point as mentioned in the WHA Resolution:

**Partnerships, Networks and Multi-country Frameworks:**

1. Promote dialogue and cooperation among member states, agencies and regions; and
2. Encourage a multi-sectoral technical network.

**Outputs:**

- Complement and strengthen mutual outputs of IOM, regional partners and donors across east and southern Africa;
- Make efficient use of available resources through partnerships, strengthened networks, coordination and collaboration; and
- Enhance inter-ministerial dialogue and inter-country cooperation on migration and health.

IOM facilitates partnerships, strengthened networks, coordination and collaboration in order to complement and strengthen mutual outputs of IOM, regional partners Governments and donors.
In order to complement and strengthen mutual outputs, IOM increases bilateral and multilateral cooperation among countries involved in the whole migratory process, and strengthens partnerships among IOM, RECs and other regional partners in promoting migration and health. In particular, regional coordination along sectoral and thematic lines will be facilitated through regional workshops, joint missions, project development and implementation. IOM facilitates coordination among donors and convenes meetings on aspects related to migration and health in the region.

A MIDSA workshop on migration and health in southern Africa was organized in 2009, Dar es Salaam. It was hosted by IOM with the Government of Tanzania, SADC Secretariat, Southern African Migration Project (SAMP) and WHO. The workshop brought together government officials from the Ministries of Health, Immigration/Home Affairs as well as representatives from National AIDS Councils of SADC member states, as well as other key stakeholders. Objectives included raising awareness and increasing understanding among SADC government officials on migration and health issues globally and in the SADC region in particular, and sharing good practices to improve migrant health in the SADC region. The MIDSA workshop culminated in the adoption of 11 recommendations by the participating member states, one of which was to explicitly state migrants’ access to health in national health policies and plans.
4.2 Making the Strategy Happen

This strategy sets out seven shared approaches which will guide IOM programming in the context of migration and health in East and southern Africa. To achieve these approaches, the strategy has five cornerstones.

**Spaces of Vulnerability Approach**

As outlined in section 3.2 of this Strategy, IOM emphasizes the importance of engaging with a “Spaces of Vulnerability Approach” to address the health of those affected by the migration process. IOM targets migrants and migration-affected communities within the context and environment in which they live and work. This approach is human rights based, participatory and in line with a public health approach, which facilitates access to healthcare for all.

**Regional Approach**

IOM’s regional approach allows it to work among and for regional partners and key stakeholders to increase their awareness of the health dynamics of migration, and to strengthen their capacity to integrate health and population mobility in policies, systems and programmes. As a regional organization, IOM may influence policy and programmes at local and national level and beyond. IOM facilitates the development of government programmes and policies on cross-border programming and harmonization through provision of technical assistance and the sharing of data.

IOM’s interventions aim to practise a multi country as well as a regional approach, aimed towards achieving regional impact. IOM works within regionally significant spaces of vulnerability and with strategic regional, national and local partners to build their capacity to become national champions for the improved and/or increased service delivery for migrants and migration-affected communities. IOM builds capacity and knowledge at country level in order to achieve regional impact. This approach allows it to develop and operate cross-border interventions.
IOM’s regional approach allows for harmonization of strategies and approaches that work, including development and utilization by implementing partners of standard packages of services. It also allows for optimization of project outputs by sharing project models, information, education and communication designs, and advocacy tools. This is beneficial due to economies of scale, as well as mutual learning and growth.

**Bottom-up Approach to Service Delivery**

Key to IOM’s service-delivery and capacity-building interventions is social and behavioural change Communication (SBCC), a rights-based approach that seeks to provide an opportunity for positive change through communication. This bottom-up approach empowers project beneficiaries to identify barriers to social and behavioural change and to take action to address these barriers. The key resource in this process is the change agent. Change agents are members of the target community who have committed themselves to driving the change process and who are capacitated with skills to enable them to engage with their peers in a structured manner. In addition IOM emphasizes the need to ensure the voice of migrants resonant throughout all migration-health related activities. The active participation of migrants and other key populations such as people living with HIV is integrated into all service delivery activities.

**Integrated Approach towards Gender**

IOM emphasizes an integrated approach towards gender. It is an integral component of all IOM interventions. In applying a gender approach to addressing health vulnerabilities and challenges faced within migration-affected communities, IOM goes beyond addressing female migrants’ health in isolation but brings into the analysis the dynamics between women and men, and puts particular emphasis on engaging men in gender programming. It examines how these dynamics determine differential exposure to risk, access to the benefits of technology and healthcare, rights, needs, concerns and responsibilities, and control over one’s life.
Key to IOM’s strategy is the formation and management of mutually supportive partnerships at the global, regional, national and local level. IOM recognizes that in order to address the needs of migrants and migration-affected communities multiple stakeholders need to be engaged, many of whom have specific skills, expertise or resources they can bring to the response. In particular, the multi-sector approach aims to bring the migration angle into the global health debate, and health concerns into the migration and development debate. IOM pursues an active partnership-building strategy and proactive resource mobilization as a key approach in order to achieve the strategic objectives.
### 5. GLOSSARY OF KEY MIGRATION AND HEALTH CONCEPTS

<table>
<thead>
<tr>
<th>TERM OR CONCEPT</th>
<th>DEFINITION</th>
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<tbody>
<tr>
<td>Asylum Seekers</td>
<td>Persons seeking to be admitted into a country as refugees and awaiting decision on their application for refugee status under relevant international and national instruments. In case of a negative decision, they must leave the country and may be expelled, as may any alien in an irregular situation, unless permission to stay is provided on humanitarian or other related grounds. Source: IOM, 2011</td>
</tr>
<tr>
<td>Brain drain</td>
<td>IOM Migration and Health Working Definition: Outflow of health professionals to other countries, or from the public to the private sector within a country, or out of the health sector, usually in search of better employment opportunities, and/or working and living conditions.</td>
</tr>
<tr>
<td>Change Agent</td>
<td>IOM Migration and Health Working Definition: A member of the target group most affected by the problem who is recruited and capacitated to help drive the process of change by engaging in a concerted programme of communication, dialogue and action in a given community, to empower members of the community to effect beneficial individual and social change as defined within the community to enhance their well-being.</td>
</tr>
<tr>
<td>Cross-border interventions</td>
<td>IOM Migration and Health Working Definition: Activities focusing on strengthening health response within a community that straddles a border</td>
</tr>
<tr>
<td>Cross-border migrant</td>
<td>IOM Migration and Health Working Definition: An individual who has crossed a border during the migration process and is now present within a country other than his/her place of birth</td>
</tr>
<tr>
<td>Determinants of Migration</td>
<td>The political, social and economic factors that lead to a person deciding to migrate. Source: IOM, 2011</td>
</tr>
<tr>
<td>Documented Migrant</td>
<td>A migrant who has entered into a country lawfully and remains in the country in accordance with his/her admission criteria. Source: IOM, 2011</td>
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<tr>
<td>TERM OR CONCEPT</td>
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<tr>
<td><strong>Environmental vulnerability factors also referred to as contributing drivers or environmental drivers</strong></td>
<td><em>IOM Migration and Health Working Definition:</em> The term environmental vulnerability factors relates to the context within which an individual or a community lives that can increase vulnerability to ill health. Examples could include access to health services, cultural practices, gender inequalities, lack of recreational activities, poor living and working conditions.</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td>A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. Health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities. Source: WHO</td>
</tr>
<tr>
<td><strong>Healthy migration</strong></td>
<td>A process of migration that ensures access to positive social determinants of health – including access to healthcare throughout the migration cycle for both those that move and those that remain in the household of origin. IOM, 2010</td>
</tr>
<tr>
<td><strong>Host Community</strong></td>
<td><em>IOM Migration and Health Working Definition:</em> The community of destination. The community which has accepted or received migrants and mobile workers, regular and irregular. Source: IOM, 2011</td>
</tr>
<tr>
<td><strong>Implementing partner</strong></td>
<td><em>IOM Migration and Health Working Definition:</em> An organization supported by IOM to implement HIV prevention, care and support interventions in migration-affected communities as guided by IOM’s Service Delivery and capacity Building Framework</td>
</tr>
<tr>
<td><strong>Individual Risk factors</strong></td>
<td><em>IOM Migration and Health Working Definition:</em> Relates to behaviour and practices which a person has control over. Source: UNAIDS 2008</td>
</tr>
<tr>
<td><strong>Internal Migration</strong></td>
<td>A movement of people from one area of a country to another for the purpose or with the effect of establishing a new residence. This migration may be temporary or permanent. Internal migrants move but remain within their country of origin (e.g. rural to urban), and cross border migrants move across an international border. Source: IOM, 2011</td>
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<tr>
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<tr>
<td><strong>Internally Displaced Person (IDP)</strong></td>
<td>Persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border. Source: IOM, 2011</td>
</tr>
<tr>
<td><strong>Irregular Migrant</strong></td>
<td>Someone who, owing to illegal entry or the expiry of his or her visa, lacks legal status in a transit or host country. The term applies to migrants who infringe a country’s admission rules and any other person not authorized to remain in the host country. Also referred to as undocumented migrant, clandestine migrant, illegal immigrant, or a migrant in an irregular situation. Source: IOM, 2011</td>
</tr>
<tr>
<td><strong>Labour Migrant</strong></td>
<td>Movement of persons from their home State to another State for the purpose of employment. Labour migration is addressed by most States in their migration laws. In addition, some States take an active role in regulating outward labour migration and seeking opportunities for their nationals abroad. Labour migrants can be documented or undocumented. Source: IOM, 2011</td>
</tr>
<tr>
<td><strong>Migrant</strong></td>
<td>The term applies to persons, and family members, moving to another country or region to better their material or social conditions and improve the prospects for themselves or their family. Source: IOM, 2011</td>
</tr>
<tr>
<td><strong>Migrant Worker</strong></td>
<td>A person, who is to be engaged, is engaged or has been engaged in a remunerated activity in a State of which he or she is not a national. See: Labour Migration. Source: IOM, 2011</td>
</tr>
<tr>
<td><strong>Migration</strong></td>
<td>A process of moving, either across an international border, or within a State. It is a population movement, encompassing any kind of movement of people, whatever its length, composition and causes; it includes migration of refugees, displaced persons, uprooted people and economic migrants. Source: IOM, 2011</td>
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<tr>
<td>TERM OR CONCEPT</td>
<td>DEFINITION</td>
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<tr>
<td><em>Migration affected communities/populations</em></td>
<td>IOM Migration and Health Working Definition: Those vulnerable to ill health and its impacts through interaction with others who are mobile, even if they are not mobile themselves. They include people who live at the places from where mobile people come, and people living at places where mobile people go.</td>
</tr>
<tr>
<td><em>Migration and Health</em></td>
<td>IOM Migration and Health Working Definition: Delivery and promotion of comprehensive, preventive and curative health programmes which are beneficial, accessible, and equitable for migrants and mobile populations, contributing towards their physical, mental and social well-being, ultimately enabling them and host communities to achieve social and economic development.</td>
</tr>
<tr>
<td><em>Mixed Migration</em></td>
<td>Complex population movements, including refugees, asylum seekers, economic migrants and other migrants. Source: IOM, 2011</td>
</tr>
<tr>
<td><em>Mobile Populations</em></td>
<td>People who move from one place to another temporarily, seasonally or permanently for a host of voluntary and/or involuntary reasons. Source: UN Regional Taskforce on Mobile Populations and HIV Vulnerability, 2011</td>
</tr>
<tr>
<td><em>Mobile Worker</em></td>
<td>Refers to a large category of persons who may cross borders or move within their own country on a usually frequent basis for a variety of work-related reasons, without changing place of habitual primary residence or home base. Mobile work involves a range of employment or work situations that require workers to travel in the course of their work. Mobile workers are usually in regular or constant transit, sometime (regular) circulatory patterns and often spanning two or more countries, away from their habitual or established place of residence for varying periods of time. Source: UNAIDS, 2011</td>
</tr>
<tr>
<td><em>People affected by mobility also migration affected communities/populations</em></td>
<td>IOM Migration and Health Working Definition: Those vulnerable to ill health and its impacts through interaction with others who are mobile, even if they are not mobile themselves. They include people who live at the places from where mobile people come, and people living at places where mobile people go</td>
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<td><strong>Refugee</strong></td>
<td>A person who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion is outside their country of nationality and is unable to or, owing to such fear, is unwilling to avail themselves of the protection of that country. Source: UNHCR Convention and Protocol relating to the status of refugees, 1951</td>
</tr>
<tr>
<td><strong>Regular migrants</strong> (also documented migrants)</td>
<td>A migrant who has the required documentation which allows him/her to enter and remain in a country legally. Source: IOM, 2011</td>
</tr>
<tr>
<td><strong>Social and Behavioural Change Communication</strong></td>
<td>A process of public and private dialogue through which people define who they are, what they want, what they need and how they can act collectively to meet those needs and improve their lives. It supports processes of community-based decision making and collective action to make communities more effective and it builds more empowering communication environments. Source: Communication for Social Change Consortium, 2009</td>
</tr>
<tr>
<td><strong>Social Determinants of Health</strong></td>
<td>The conditions, in which people are born, grow, live work and age, including the health system, that impacts upon health outcomes of the individual. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. Source: Commission on the Social Determinants of Health, 2007</td>
</tr>
<tr>
<td><strong>Spaces of Vulnerability</strong></td>
<td>IOM Migration Health and Working Definition: The spaces of vulnerability approach is based on an understanding 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 relationship dynamics among mobile and sedentary populations. These factors must be taken into consideration when addressing migration and health concerns and interventions must consider and target both migrants/mobile populations and the communities, with which they interact, including families in migrant-sending communities. Spaces of vulnerability are those areas where migrants and mobile populations live, work, pass-through or from which they originate. They may include the following; land border posts, ports, truck stops or hot spots along transport corridors, construction sites, commercial farms, fishing communities, mines, migrant communities and urban informal settlements, migrant-sending sites, detention centres, and emergency settlements.</td>
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<td><em>Structural Vulnerability factors</em></td>
<td>IOM Migration and Health Working Definition: Relates to the structural and social factors, such as poverty, population mobility, gender inequality and human rights violations that are not easily measured but that increase people’s vulnerability to ill health</td>
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<tr>
<td><em>Unaccompanied minor</em></td>
<td>An unaccompanied migrant child is under 18 years of age and has either crossed a border alone or subsequently found him-or herself living in a foreign country without adult caregiver. Source: IOM, 2011</td>
</tr>
<tr>
<td><em>Xenophobia</em></td>
<td>No universally accepted definition of xenophobia exists, though it can be described as attitudes, prejudices and behaviour that reject, exclude and often vilify persons, based on the perception that they are outsiders or foreigners to the community, society or national identity. There is a close link between racism and xenophobia, two terms that can be hard to differentiate from each other. Source: IOM, 2011</td>
</tr>
</tbody>
</table>
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