



HEALTH

CASE STUDY ON HOW TO
INTEGRATE MIGRATION INTO INTERNATIONAL COOPERATION AND DEVELOPMENT



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Project Details

Title: Partnership on Health and Mobility in East and Southern Africa (PHAMESA) II

Countries: Botswana, Kenya, Lesotho, Mauritius (Indian Ocean Commission - IOC), Mozambique, Namibia, South Africa, Eswatini, Tanzania, Uganda and Zambia

Donors: Swedish International Development Cooperation Agency (SIDA) and the Dutch Minister for Foreign Trade and Development Cooperation (Dutch)

Implementer: IOM – International Organization for Migration

ID: SIDA – MA 0299; Dutch – MA 0262

Period: 2014 – 2017

Communicable diseases of particular concern in Southern and Eastern Africa are HIV and tuberculosis with over 1/3 of those living with HIV in Africa residing in these regions. In addition, out of the top 10 countries with the highest rates of tuberculosis, 8 are in Southern and Eastern Africa (WHO 2014).

Human mobility impacts the epidemiological aspects of both diseases, which affects the public health of communities of origin, transit, and destination. Recognizing this, the World Health Assembly Resolution 61.17 requests Member States to promote migrant-sensitive health policies and practices.



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Key Words

Multi-level governance; Social inclusion



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HOW WAS MIGRATION INTEGRATED?

Under the PHAMESA II project, health concerns affecting mobile populations were targeted to support the physical, mental and social well-being of migrants and their communities. A comprehensive public health approach was set up to prevent, treat and care for those at risk of HIV and tuberculosis.

Border communities, "hot spots", and emergency settlements including refugees and internal displacement camps, are among the locations where activities were concentrated. Some of the concrete measures taken to effectively integrate migration into health practices include:

- **Improving monitoring of migrants' health** to inform policy and practices;
- **Ensuring that policies, legislations and strategies comply** with international, regional and national obligations with respect to the right to health of migrants;
- **Instituting migration-sensitive health services** in targeted 'spaces of vulnerability' in countries of origin, transit and destination.



WHAT WERE LESSONS LEARNED?

Defining “spaces of vulnerability” can lead to more focused approach to mainstreaming migration: “Spaces of vulnerability” are identified based on where migration and mobility exacerbate public health concerns. In this project, spaces of vulnerability were: (1) transport corridors, (2) mixed migration routes, (3) urban settings, and (4) extractive industries. Identifying these spaces helped ensure that project actions were appropriate and reflective of the local context.

Change agents are critical resources for improving community knowledge, practices and attitudes towards health services: Change agents are activists within the local community that mobilize community members, offer personalized health-related trainings and health sensitization campaigns, and provide or refer community members to services such as medical care, counselling and support. Through this project, change agents were trained to be peer educators, who acted as agents of change in selected hotspots with high HIV prevalence. The deployment of change agents from the community built up trust between the target population and community, which indirectly improved social cohesion.

Partnerships across levels, sectors, and borders strengthen sustainable responses to migration and health challenges: Strong partnerships can create avenues for collaboration that can improve the coherence of health actions and the social inclusion of migrants and migrant affected communities. Engagement with the Regional Economic Commissions, such as the Southern African Development Community (SADC), improved service delivery, capacity building, and advocacy so that the project had a wider reach and more sustained impact.

References: WHO, 2014. *The African Regional Health Report*. Available online.

Further information:

IOM. *Partnership on Health and Mobility in East and Southern Africa (PHAMESA)*. Available online.