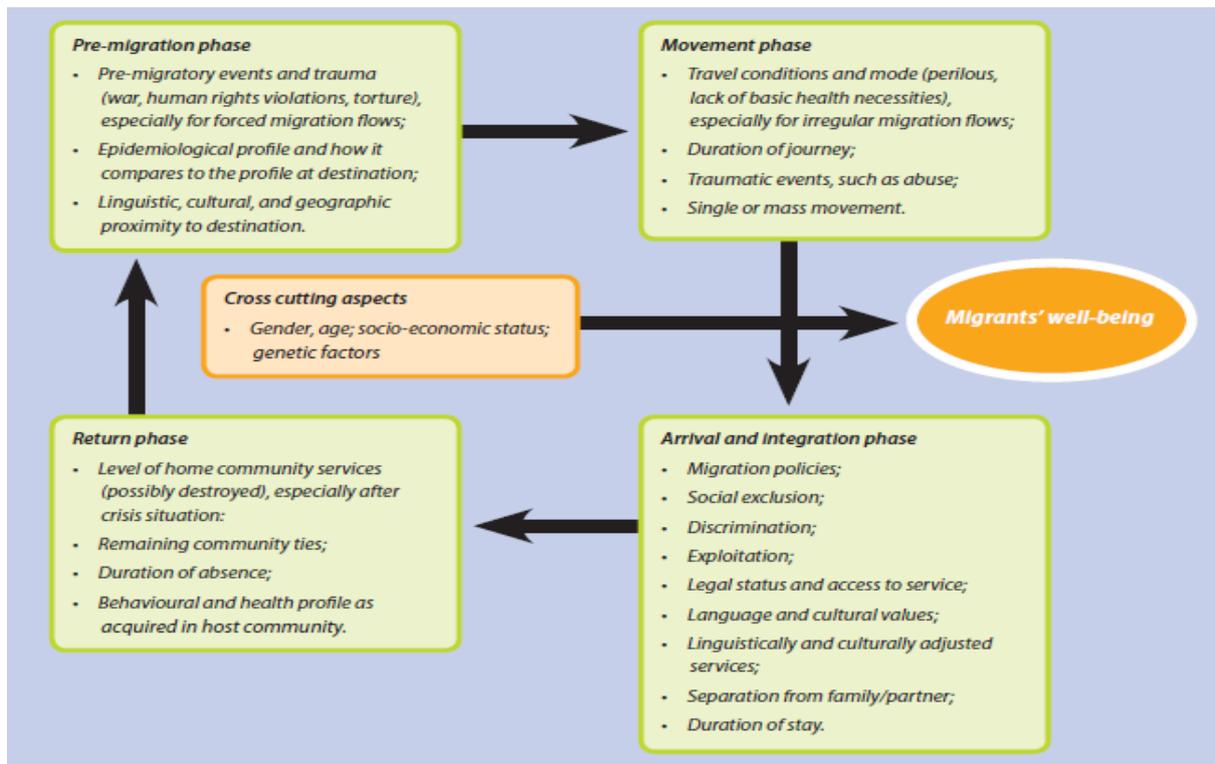


## Partnership on Health and Mobility in East and Southern Africa (PHAMESA)

### Health of Migrants

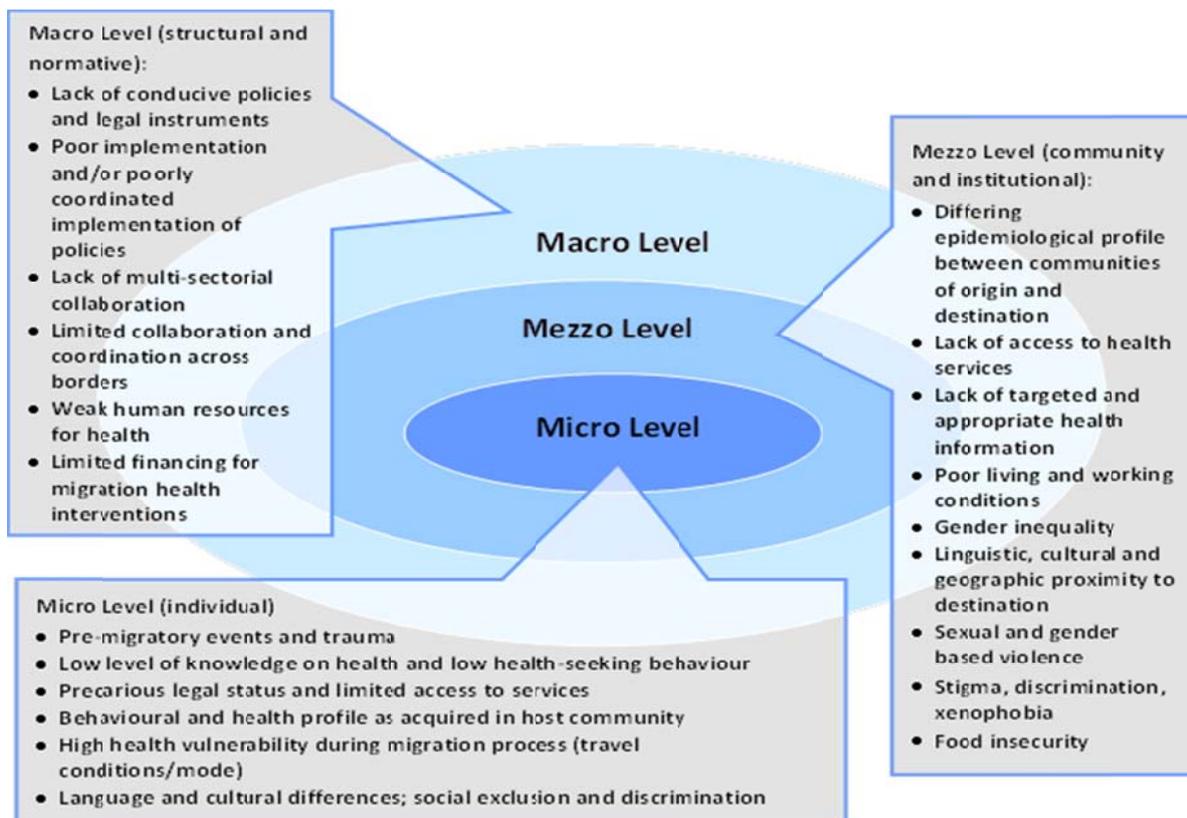
The health of migrants is a growing concern worldwide and has become a public health issue faced by many governments and societies. However, existing interventions often fail to consider the impact of the conditions surrounding the migration process, which exposes migrants and those they interact with to various risks that make them vulnerable to ill health.

Figure 1: Factors that affect the well-being of migrants during the migration process



A wide range of factors influence the health and well-being of migrants, as summarised in the diagram below:

Figure 2: Migration and Health: Different Levels of Vulnerability



All these interrelated factors impacting on migrants' health require multi-sectorial, multi-level and regional responses that address the social determinants of health faced by migrants and migration-affected communities.

### Partnership on Health and Mobility in East and Southern Africa (PHAMESA)

Since 2003, IOM has implemented regional programmes addressing health vulnerabilities of migrants and migration-affected communities in East and Southern Africa. In 2014, building on over 10 years of experience, IOM commenced implementation of the second phase of the 4-year bi-regional programme, **Partnership on Health and Mobility in East and Southern Africa (PHAMESA II)** with financial support from the Swedish International Development Cooperation Agency (SIDA).

Aligning to the **2008 World Health Assembly Resolution on the Health of Migrants**, as well as the corresponding Operational Framework, PHAMESA II's overall objective is to contribute to improved standard of physical, mental, and social wellbeing 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.

#### Box 1: Resolution on the Health of Migrants – A Global Commitment to Improving the Health of Migrants

In response to the Resolution, the WHO, IOM and the Ministry of Health and Social Policy of the Government of Spain organised a global consultation on migrant health in Madrid, Spain, in March 2010. The following priorities for action were identified:

1. Monitoring migrant health: Ensure the standardization and comparability of data on migrant health and support the appropriate disaggregation and assembling of migrant health information.

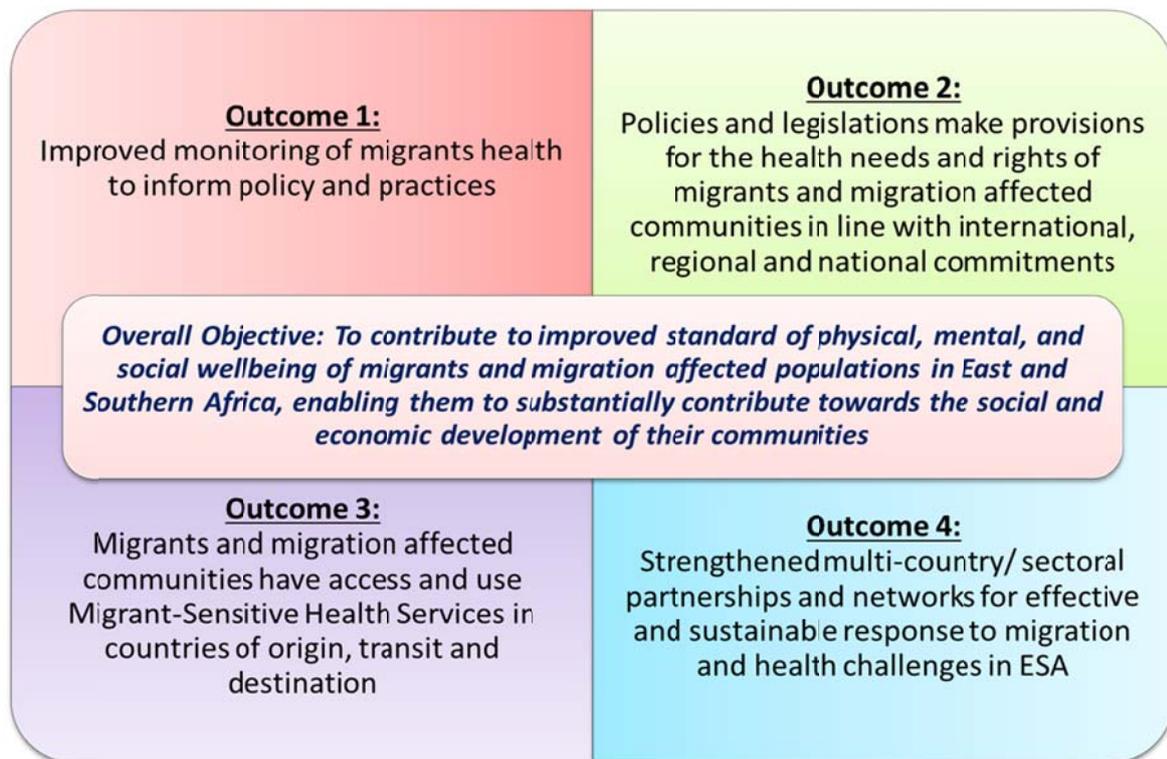
2. Policy and legal frameworks: Adopt national laws and practices that respect migrants' right to health based on international law and standards; implement national health policies that promote equal access to health services for migrants; and extend social protection in health and improve social security for all migrants.

3. Migrant-sensitive health systems: Ensure that health services are delivered to migrants in a culturally and linguistically appropriate way; enhance the capacity of the health and relevant non-health workforce to address health issues associated with migration; deliver migrant-inclusive services in a comprehensive, coordinated, and financially sustainable fashion.

4. Partnerships, networks and multi-country frameworks: Ensure cross-border and intersectoral cooperation and collaboration on migrant health.

*(WHO, 2010: Health of Migrants – The Way Forward. Report of a Global Consultation, Madrid, Spain)*

IOM will achieve this through pursuit of four interrelated outcomes: 1) Improved monitoring of migrants health to inform policy and practices; 2) Expansion of policies and legislations that make provisions for the health needs and rights of migrants and migration affected communities in line with international, regional and national commitments; 3) Improved access to migrant-sensitive health services among migrants and migration affected communities in countries of origin, transit and destination; and 4) Strengthened multi-country/ sectoral partnerships and networks for effective and sustainable response to migration and health challenges in East and Southern Africa.



A rights-based approach and a “social determinants of health” approach underpin all PHAMESA interventions. Migrants’ health and well-being can be affected at each stage of the migration process, particularly during the movement, integration and return phases – not only as a result of

being in unfamiliar socio-cultural and environmental contexts but also as a result of exposure to various social stressors and health risks through interaction with others in transit and host communities and those back home.

Of particular importance are the gender dynamics and norms in East and Southern Africa. IOM emphasises an integrated approach towards gender that advocates and promotes female empowerment, male involvement and couple communication to address their health needs and vulnerabilities.

#### **Box 2: Addressing gender issues on the ground**

Through the Service Delivery and Capacity Building (SDCB) Framework that is used to guide our interventions on the ground, IOM includes a specific focus on addressing gender dynamics within the context of migration. The SDCB Framework enables IOM's local partners to develop systematic and practical responses to gender inequalities that may be harmful to health. The process begins in the project set-up phase, where each partner enables its staff to learn about laws and policies relating to gender equality and equity, and to explore how women and men learn to define their gender identities, and how these definitions and descriptions influence behaviour and health vulnerability.

Interventions using the SDCB Framework always seek to ensure that their actions empower women, involve men, and encourage couple communication. It systematically creates opportunities for women and men to express their experiences, to identify and reflect on harmful practices, to work out ways in which practices might be adapted to better protect their health, and to access relevant services for support. A key strategy has been the engagement of men to ensure their active involvement in addressing gender inequality, gender-based violence as well as men's poor health-seeking behaviour.

These opportunities are created through:

- Enabling active learning so that change agents learn about gender equity, explore gender norms and their influence, and are enabled to become advocates for gender equity, who facilitate similar learning experiences for their peers;
- Using peer-led communication to create safe spaces for engagement and learning so that the target population has multiple opportunities to explore how unequal power relations between women and men impact on health;
- Identifying practical responses to underlying gender issues so that action can be taken to address inequity as it is experienced in the local environment;
- Using peer-led communication to broadcast, explore and address inequality; and
- Using peer-led communication to refer and connect the target population to local services including health (including sexual and reproductive health services), social welfare, justice and police.

Moreover, addressing migration and health concerns in East and Southern Africa requires a regional approach that is cognizant of regional factors that impact on health vulnerability, such as bilateral and regional agreements and oscillating migration between the different countries, coupled with a response that addresses the real issues experienced by migration affected communities.

#### **Box 3: Partnership Engagement with SADC**

Recognised as the lead technical partner in migration and health, IOM has been called upon by RECs, namely SADC, to provide technical inputs and support to on-going regional initiatives. An external evaluation of the IOM PHAMESA programme 2010-2013 states, "IOM has been able to initiate, facilitate and lead momentum around communicable diseases and mobile populations through SADC". . Some key achievements include:

- **SADC Declaration on TB in the Mining Sector:** Throughout 2011-2012, IOM provided instrumental support to the SADC Secretariat and Member States to: 1) Facilitate drafting, ministerial endorsement and final signing of the Declaration; 2) Ensure ownership and subsequent operationalization of the Declaration at the country level, notably in Lesotho, Swaziland, Mozambique, South Africa, Zambia, and Tanzania; and 3) Advocate at regional and global levels via satellites and side events (IAC 2012, ICASA 2012, WHA 2013, ICASA 2013).
- **SADC Global Fund HIV Cross Border Initiative:** As a member of the SADC Writing Team, IOM provided support during the original project development and the recent Phase II development phase. IOM also

provides support throughout the project implementation, and is Chair of the M&E and Research Steering Committee;

- **Draft SADC Policy Framework for Population Mobility and Communicable Diseases:** IOM was closely involved in the development of this Framework in 2009, and is currently undertaking research on developing financing mechanisms to support the implementation of this Framework, in partnership with the Oxford Policy Management;

- **Research on Health Vulnerabilities of Mobile Populations and Affected Communities in Selected Ports of Southern Africa:** IOM received a grant from the SADC HIV Special Fund (USD 500,000 for two years) to undertake this regional research. The research findings will be finalised in early 2015;

- **HIV and TB Integrated Biological and Behavioural Study (IBBS) for Migrant Mine Worker Communities of Origin in Lesotho, Mozambique and Swaziland:** IOM received a grant from the SADC HIV Special Fund (USD 500,000) to undertake this research. Research will commence in early 2015;

- **Other Support Provided to SADC:** IOM provides on-going support for policy development and advocacy in implementation of the SADC Human Resources for Health Strategic Plan 2006 – 2019, is the secretariat of the SADC-Donor-UN Coordination Meetings on Migration and Health/HIV in Southern Africa, and is the member of the SADC International Cooperation Partners HIV Thematic Group

Of note, IOM focuses on “spaces of vulnerability” This approach allows IOM to mainstream its interrelated interventions within specific, strategic “spaces of vulnerability”, leading to a more focused approach to programming, and allowing the various interventions at different levels to work cohesively towards common results. PHAMESA II addresses four main spaces of vulnerability: Transport Corridors, Mixed Migration Routes, Urban Settings, and Extractive Industries.

Lastly, IOM recognises that one organisation cannot and should not work alone to enhance a sustainable response to migration and health. Thus, the programme promotes the building of partnerships at the local, national and regional levels that support and facilitate service delivery, capacity building, resource mobilisation and advocacy.

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*Spaces of vulnerability are identified as geographical areas where migration and mobility create a conducive environment for increased health vulnerability for everyone in that community, whether they are migrants or non-migrants, and no matter what their profession. Health vulnerability among migrants stems not only from an individual's health profile and behaviour but also a range of social and economic factors specific to the unique conditions of a location.*

PHAMESA covers 11 countries in East and Southern Africa and also serves as an umbrella to other regional initiatives summarised below:

#### **Regional Programmes under the PHAMESA umbrella:**

- **Partnership on Health and Mobility in the Mining Sector of Southern Africa:** In 2013, to complement IOM's work under PHAMESA, the Ministry of Foreign Trade and International Cooperation of the Kingdom of the Netherlands granted EURO 5 million to IOM in order to address health vulnerabilities among migrant mine workers and affected communities in Southern Africa. The overall objective of the intervention is to contribute to improved health outcomes of migrant mine-workers, their families and affected communities in southern Africa, with particular focus on mine worker sending, transit, and destination communities of Mozambique, South Africa, Lesotho and Swaziland.
- **Research on Health Vulnerabilities of Mobile Populations and Affected Communities in Selected Ports of Southern Africa:** IOM received a grant from the SADC HIV Special Fund (USD 500,000 for two years) to undertake this regional research. The research strengthens

the evidence base for future interventions in HIV prevention, treatment, care, and support addressing the specific needs of sea-going personnel, sex workers, and other vulnerable groups they interact with in selected ports in southern Africa (Namibia, South Africa, Mozambique and Tanzania). It is anticipated that the research findings will provide evidence on the nature and dynamics of health vulnerabilities among the targeted communities and provide guidance on existing and future policies and programmes targeting these communities.

- **HIV and TB Integrated Biological and Behavioural Study (IBBS) for Migrant Mine Worker Communities of Origin:** With funds from the SADC HIV Special Fund Round II (USD 500,000) and in partnership with the Governments of Lesotho, Mozambique and Swaziland, IOM will undertake an HIV IBBS and TB Testing in selected migrant mine worker sending communities of Lesotho, Mozambique and Swaziland. The HIV IBBS and TB Testing will provide estimates on the prevalence of HIV and infection rate, other sexually transmitted infections (STIs) and TB, as well as provide information on risk behaviours and status (e.g. migration status, demographic data). This will provide much needed evidence for future programming, in particular to support the implementation of the 2012 SADC Declaration on TB in the Mining Sector.

#### **PHAMESA Countries:**

##### ***Southern Africa***

- Botswana
- Lesotho
- Mauritius & the Indian Oceans Commission (IOC) countries
- Mozambique
- Namibia
- South Africa
- Swaziland
- Zambia

##### ***East Africa***

- Kenya
- Tanzania
- Uganda