Securing the border?
Responding to migration, mobility and health in southern Africa

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A renewed focus on migration and health

- SDGs: leave no-one behind
- World Health Assembly; WHO; IOM
- Global Compacts
- Universal Healthcare Coverage
- Justice & public health
- Migration-aware and mobility-competent health responses

Competing agendas

- Politics and power
- Securitisation of migration
- Fear of the other
- Health security

SIXTY-FIRST WORLD HEALTH ASSEMBLY

WHA61.17

Agenda item 11.9

24 May 2008

Health of migrants

23rd February 2017

Colombo Statement

High-level meeting of the Global Consultation on Migrant Health,
Colombo, 23rd February 2017

We, the Ministers and Government Representatives[1], meeting in Colombo, Sri Lanka on 23rd February 2017 at the High-Level meeting of the 2nd Global Consultation on Migrant Health, hosted by the Government of the Democratic Socialist Republic of Sri Lanka, with the support of the International Organization for Migration (IOM) and the World Health Organization (WHO), having deliberated on how to globally enhance the health of migrants, adopt the following political Statement;

HEALTH OF MIGRANTS:
RESETTING THE AGENDA

Report of the 2nd Global Consultation
Colombo, Sri Lanka, 21–23 February 2017

World Health Organization

International Organization for Migration (IOM)
The UN Migration Agency

SEVENTIETH WORLD HEALTH ASSEMBLY

Agenda item 13.7

WHA70.15

31 May 2017

Promoting the health of refugees and migrants

The Seventieth World Health Assembly,

Having considered the report on promoting the health of refugees and migrants,[1] and following decision EB140(9) (2017);

Recalling resolution WHA61.17 (2008) on the health of migrants and reaffirming the health-related commitments made within the New York Declaration for Refugees and Migrants;[2]

Recalling the need for international cooperation to support countries hosting refugees, and recognizing the efforts of the countries hosting and receiving large populations of refugees and migrants,

1. NOTES WITH APPRECIATION the framework of priorities and guiding principles to promote the health of refugees and migrants;

2. URGES Member States,[3] in accordance with their national context, priorities, and legal frameworks:

    (1) to consider promoting the framework of priorities and guiding principles, as appropriate, at global, regional and country levels including using it to inform discussions among Member States and partners engaged in the development of the global compact on refugees and the global compact for safe, orderly and regular migration;

    (2) to identify and collect evidence-based information, best practices and lessons learned in addressing the health needs of refugees and migrants in order to contribute to the development of a draft global action plan on promoting the health of refugees and migrants;

    (3) to strengthen international cooperation on the health of refugees and migrants in line with paragraphs 11 and 68 and other relevant paragraphs of the New York Declaration for Refugees and Migrants;

    (4) to consider providing necessary health-related assistance through bilateral and international cooperation to those countries hosting and receiving large populations of refugees and migrants;

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[1] Document A70/24.

[2] See United Nations General Assembly resolution 71/1 (2016).

[3] And, where applicable, regional economic integration organizations.

3. REQUESTS the Director-General:

    (1) to use the framework of priorities and guiding principles to increase advocacy at all levels to promote the health of refugees and migrants, as appropriate;

    (2) to develop, reinforce and maintain the necessary capacities to provide health leadership and to provide support to Member States and partners in promoting the health of refugees and migrants in close collaboration with the International Organization for Migration, UNHCR, other international organizations and relevant stakeholders, avoiding duplication;

    (3) to identify best practices, experiences and lessons learned on the health of refugees and migrants in each region, in order to contribute to the development of a draft global action plan on the health of refugees and migrants to be considered for adoption by the Seventy-second World Health Assembly, and to report thereon to the Health Assembly;

    (4) to submit to the Seventy-first and Seventy-second World Health Assemblies a report on progress of the implementation of this resolution.

Tenth plenary meeting, 31 May 2017
A70/VR/10

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GLOBAL COMPACT FOR SAFE, ORDERLY AND REGULAR MIGRATION

ZERO DRAFT

5 February 2018

The global compact on refugees
ZERO DRAFT
(*as at 31 January 2018*)

United Nations
Economic Commission for Africa

African Migration

Migration Governance

October 2017

Draft Report

Prepared for

Africa Regional Consultative Meeting on the Global Compact on Safe, Orderly and Regular Migration

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AFRICAN UNION   **UNION AFRICAINE**

الاتحاد الأفريقي   **UNIÃO AFRICANA**

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DRAFT COMMON AFRICAN POSITION (CAP)

ON THE

GLOBAL COMPACT FOR SAFE, ORDERLY AND REGULAR MIGRATION

October 2017

One Africa, One Voice, One Message

1. Security for whom?
2. Security for which values?
3. How much security?
4. Security from what threats?
5. Security by what means?

Baldwin 1997 in Aldis 2008

SECURITY AGENDAS

PUBLIC HEALTH

HEALTH AND WELLBEING

NATION STATES

PROTRACTED CRISES

COMMUNICABLE DISEASES

SOVEREIGNTY

LEAVE NO-ONE BEHIND

JUSTICE

REGULARISATION

HEALTH FOR ALL

BORDER MANAGEMENT

NON-COMMUNICABLE DISEASES

SECURITISATION OF MIGRATION

TRAUMA

FREE MOVEMENT

1. **Southern Africa is associated with mixed migration flows:** internal > cross-border; livelihood seeking > forced migration; urban refugees; marginalised and hidden migrant groups; spaces of vulnerability; negative assumptions persist

2. **Current public health responses do not engage with, migration and mobility:** implications for communicable disease control (TB and HIV, malaria); chronic treatment continuity; challenges in accessing the public system for non-nationals

3. **Public health and social welfare systems are overburdened and struggling:** challenges are raised in a context of high inequality where nationals are also struggling to access their basic rights

4. **Structural violence - increasing anti-foreigner sentiments and xenophobic attitudes:** migration management is associated with increased securitisation; a lack of regional responses; a restrictive immigration act; limited understanding of migration dynamics; violence; fear; securitisation of health

What is needed?

1. A public health approach.

2. A renewed regional conversation.

3. Scaling up of good practice examples.

13 Mtatiro SN, Singh T, Rooks H, et al. Genome wide association study of fetal hemoglobin in sickle cell anemia in Tanzania. *PLoS One* 2014; 9: e111464.

14 American Society of Hematology. State of sickle cell disease: 2016 report. Washington, DC: American Society of Hematology, 2016. http://www.scdcoalition.org/report.html (accessed June 8, 2017).

15 Makani J, Lyimo M, Magesa P, Roberts DJ. Strengthening medical education in haematology and blood transfusion: postgraduate programmes in Tanzania. *Br J Haematol* 2017; published online April 3. DOI:10.1111/bjh.14644.

A global research agenda on migration, mobility, and health

With 1 billion people on the move globally—more than 244 million of whom have crossed international borders[1]—and a recognised need to strengthen efforts towards universal health coverage,[2] developing a better understanding of how to respond to the complex interactions between migration, mobility, and health is vital. At the 2nd Global Consultation on Migrant Health in Sri Lanka earlier this year, a group of global experts in health and migration discussed the progress and shortfalls in attaining the actions set out in the 2008 World Health Assembly (WHA) Resolution on the Health of Migrants.[3] An anticipated outcome from the 2017 consultation is a "roadmap towards research and policy dialogue milestones".[4] At the 70th WHA in May, 2017, migration and health were discussed with delegates requesting the WHO's Director-General to provide guidance to countries on promoting the health of refugees and migrants, with a draft global action to be considered at the 72nd WHA in 2019.

The specific challenges we have encountered in our fieldwork in migration contexts highlight the need for better evidence to improve health-system responses to migration, mobility, and health. We have identified five core areas in which action is needed to support the development of a global research agenda on migration, mobility, and health.

First, nuanced and clear nomenclature on migration and health is needed that captures the complexity of the issue without reinforcing reductionist categories to describe migrant and mobile people. Less attention should be paid to the use of legal and administrative categories to classify people who move, and more attention should be paid to the development of systems that better understand and respond to health risks and benefits gained through mobility, health seeking, health-care access and use, and outcomes. Mobility does not necessarily correlate with the categorisation of "internal" or "cross-border" migration. The effects of mobility on health-service access, use, and health-related behaviour can be the same for internal and cross-border migrants.[5] Additionally, a simplistic reduction of the experiences of people who move to categories such as refugee, internal migrant, or undocumented migrant risks creating inadequate governance structures and international responses that aggravate some of the challenges people on the move face when they try to access health services.[6]

Second, appropriate methodological approaches for researching and responding to the challenges associated with contemporary migration, mobility, and health need to be developed. Greater collaboration is needed between researchers who study the health effects of migration[7] and the extent to which health itself acts as a driver of migration,[8] and those who focus on the impacts of population movement on patterns of disease transmission. Despite an increasing focus on migration globally, there are insufficient robust data on the interactions between migration, patient mobility, and health. Data about whether and how migration and mobility affect health through population-based surveys, such as the Demographic and Health Surveys, is needed to understand mobility and migration more broadly at subnational, national, and global levels. New,

1. **A public health approach** to managing migration, mobility and health.

- Mobility-competent and migration-aware health responses
    – Internal and cross-border movements

- Caution about conflating movement of people with (health) insecurity

- Migration (process) v's migrant (individual)

- Bidirectionality
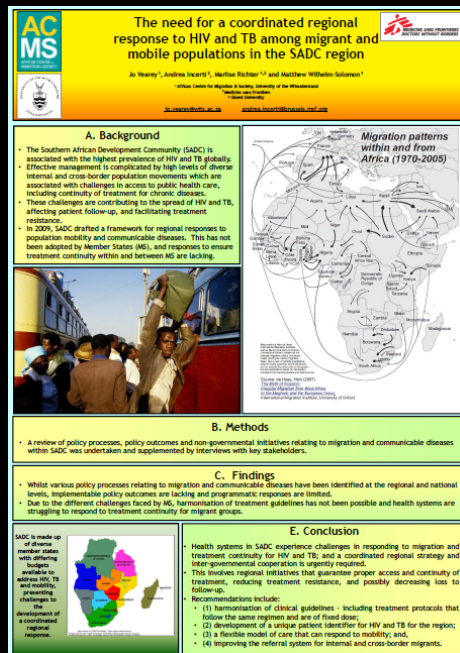
2. Mobilise a renewed – and revised - **regional conversation** for developing a coordinated response to migration, mobility and health.

- \> health sector
- \> civil society
- Whole of Government approach

3. Learn from and upscale simple interventions to develop migration-aware and mobility-competent health responses.
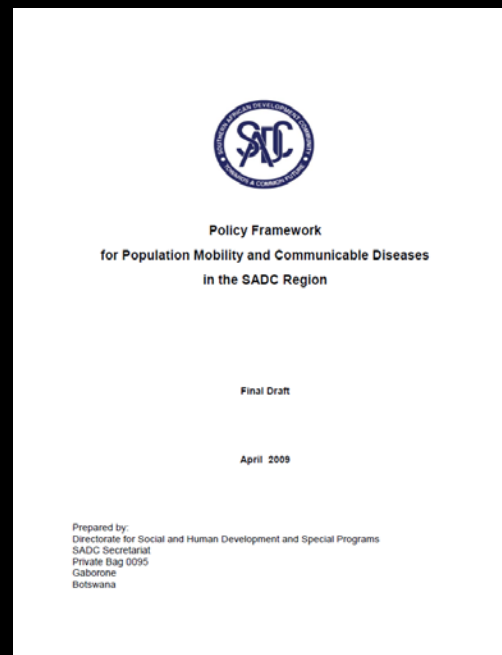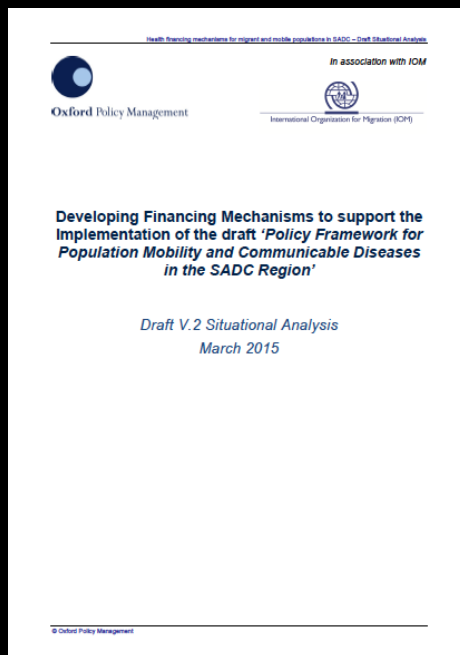
- Health passports
- Roadmaps for treatment access
- Referral letters
- Treatment packs for planned movements
- Patient-held records

"…..the trend to link foreign policy interests to health problems has been criticized on the grounds that **it may result in injecting great power politics and narrow national security interests into health and humanitarian matters** (Farmer 1999; Mcinnes and Lee 2006), as well as on more theoretical grounds by the security studies community (Elbe 2005)."

Aldis, 2008

Key concerns:

- **Co-opting a health security agenda to support the securitisation of migration**

- **Potential for regression of rights for people on the move**

- **Global / regional / bilateral & multi-level /multi-sectoral / WoG response needed**

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