



TB

EVERY YEAR
9 MILLION PEOPLE
GET SICK WITH TB.

3 MILLION DON'T GET
THE CARE THEY NEED.
HELP US TO REACH THEM.

REACH THE
3 MILLION.
FIND. TREAT. CURE TB.

WORLD TB DAY 24 MARCH 2014

SOUTH-SOUTH MIGRATION: PARTNERING STRATEGICALLY FOR DEVELOPMENT
HEALTH OF MIGRANTS for SOCIO-ECONOMIC DEVELOPMENT

Dr Davide Mosca, Director-Migration Health Division-IOM



1) Health of migrants

**2) South-South migration and partnership:
the case of TB in Southern Africa**

3) Making migration work for development

**1) Health of migrants, bridging
rights, public health, and
development**

*“ The wealth of poor people lies in their capabilities and their assets. Of these, health is the most important.
Health allows poor people to work.*

A sick, weak and disabled body is a liability both to the person affected and to those who must support them.

*Thus, if health is an asset and ill health a liability,
protecting and promoting health care is central
to the entire process of poverty reduction
and human development ”*

What the health and migration problem is?

- Conditions surrounding the migration process can make migrants vulnerable
 - > Need to address *Social Determinants of Health*
- Inequalities in accessing health services
 - > Need to achieve *Universal Health Coverage*
- Negative outcomes for migrants and communities (i.e. health costs of migration)
 - > on *Individual health, Public Health, and Development*
- Limited monitoring systems, limited knowledge, limited inter-sector and inter-country debate, and collaboration
limited share of good practices,
 - > *Research and evidence, dialogues, partneship,*





« Health and development are inextricably linked! »

- **Health is central to sustainable development** : health is a beneficiary of development, a contributor to development, and a key indicator of what people-centered right-based, inclusive, and equitable development seeks to achieve
- Health is important as an end in itself, and as an **integral part of 'human well-being'**, (which includes interrelated and interdependent material, psychological, social, cultural, educational, work, environmental, political, and security dimensions).
- The achievement of health goals requires **policy coherence and shared solutions across multiple sectors**: that is a "whole-of-government" or "health-in-all-policies" approaches

Challenges in promoting migrants' health rights

National level: **health of migrants not often safeguarded:**

- Migrants still seen as burden on health system and carriers of disease
- 'Generous' social rights seen as a potential pull factor
- Migrants too often remain invisible, marginalized and excluded
- Lack of policy coherence, and multi-sectoral collaboration

International level: **health of migrants absent in global debates:**

- Often absent in global health debates (SDH, NCD, Disease Control programmes, etc.)
- Often absent in debates on migration & development (HLD M&D, GFMD, GMG, etc.)



Challenges II: Discrimination, exclusion, unethical treatment of migrant workers

- **Limitations to travel, work and reside abroad** based on medical ground (HIV, TB)
- Pre-departure **forced contraception**;
- **Unethical medical screenings** for prospective migrant workers
- **Deportation** of migrants with treatable conditions and **pregnant**
- **Refusal of visa to dependents** for temporary labour migrants
- **Impact on families left behind**
- Often **lack of equitable occupational health and social protection**



- Evidence-based good practices exist.
- Dialogue can help in advancing an equity agenda for the benefit of all

World Health Assembly Resolution on Health of Migrants (WHA 61.17)(2008)



Calls upon Member States, i.a.:

- “to promote **equitable access to health promotion and care** for migrants”
- “to promote **bilateral and multilateral cooperation on migrants’ health** among countries involved in the whole migration process”

SIXTY-FIRST WORLD HEALTH ASSEMBLY

WHA61.17

Agenda item 11.9

24 May 2008

Health of migrants

The Sixty-first World Health Assembly,

Having considered the report on health of migrants;¹

Recalling the United Nations General Assembly resolution 58/208 underlining the need for a high-level dialogue on the multidimensional aspects of international migration and development (New York, 23 December 2003);

WHA Resolution 61.17: Public health and development approach to migrants' health:



WHO-IOM Operational Framework on Health of Migrants (WHA 61.17)

Operational Framework on Migrants' Health:

Monitoring Migrant Health

Policy and Legal Frameworks

**Migrant-Sensitive Health
Systems**

**Partnerships, Networks and
Multi country Frameworks**

IOM's Health Programmatic Areas

Migration Health
Assessment & Travel Health
Assistance



IOM conduct health assessments for various categories of migrants, **including resettling refugees, immigrants, temporary migrants, labour migrants and displaced persons**, either before departure or upon arrival

Health Promotion &
Assistance for Migrants



IOM promotes and advocates for migrant sensitive health systems and policies (focus especially on **labour and irregular migrants** and host communities). Provides technical assistance to enhancing capacities

Migration Health Assistance
for Crisis Affected
Populations



IOM assists **crisis-affected populations**, especially in natural disasters. Assists governments and host communities to strengthen and re-establish primary health care systems

2) Focus on TB : find, treat and cure



A red poster for World TB Day 2014. On the left is a white stylized 'TB' logo. Below it, the text reads 'REACH THE 3 MILLION.' and 'FIND. TREAT. CURE TB.' To the right, the text reads 'EVERY YEAR 9 MILLION PEOPLE GET SICK WITH TB.' and '3 MILLION DON'T GET THE CARE THEY NEED. HELP US TO REACH THEM.' At the bottom, a black bar contains the text 'WORLD TB DAY 24 MARCH 2014'.

TB

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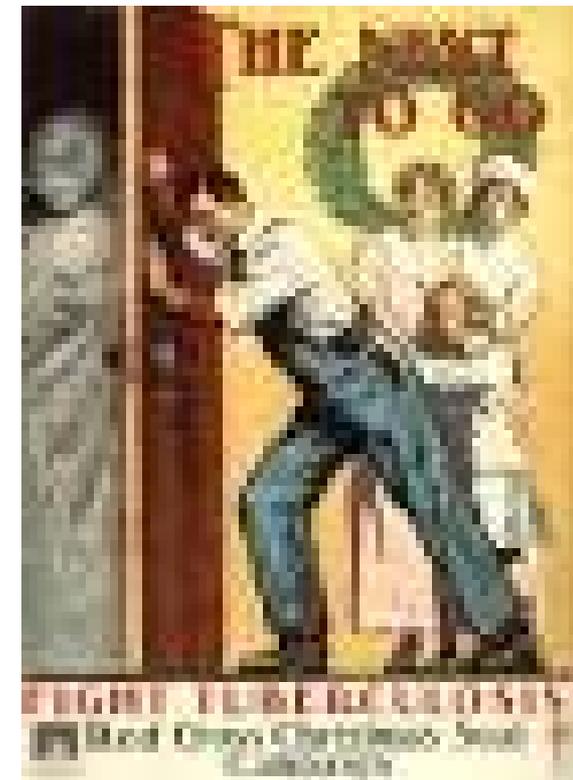
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Focus on TB: facts

Global burden has stabilised, but very high in 2012:

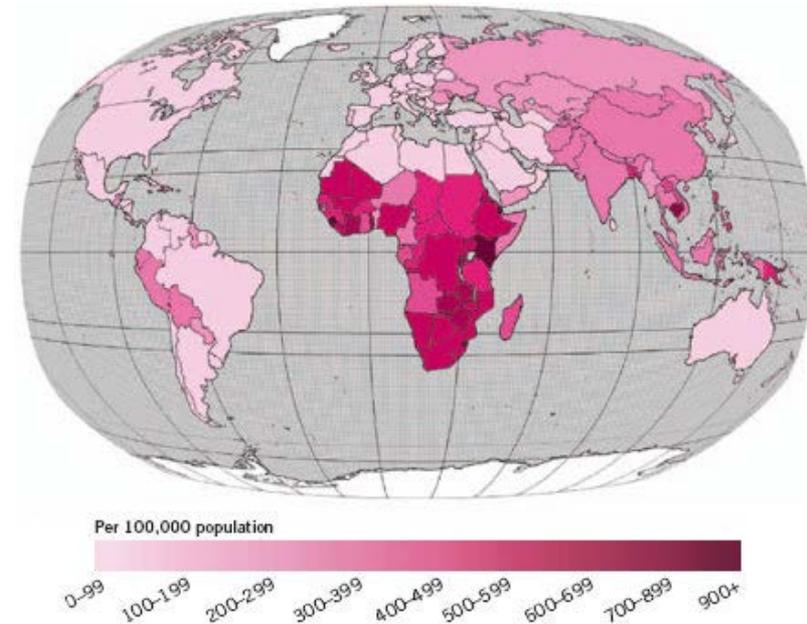
- **8.6 million people fell ill with TB** (1.1 million people living with HIV).
- **1.3 million people died from TB**
- about **3 million people with TB were “missed”**
- Estimated **450 000 people developed MDR-TB** (est. 170,000 deaths)
- The number diagnosed with MDR-TB nearly doubled between 2011 and 2012
- Less than 25% of those estimated to have MDR-TB in 2012 were detected



The case of Tuberculosis (TB)

Africa region: most severe burden of TB per capita

- **Highest rates of cases** (10% of world population; 24% of the notified 5.8 M TB cases world-wide)
- **Highest number of death rates** (40% of all global TB-deaths = 600,000 people died from TB in 2011- 64,000 children)
- **Highest rates TB/HIV co-infection** (80% of TB cases in PLHA reside in Africa)
- **Only region not on track to achieve MDG-related TB target** to halt and reverse TB epidemic by 2015 reducing TB mortality by 50%



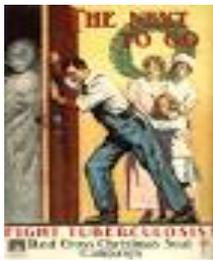
If status quo prevails, more than 5 million people in Africa will die in the next decade from TB and TB/HIV.

TB in the Mines

TB in the mines:

- **High HIV prevalence & vulnerability among mineworkers** (PLWHA estimated 30% of workforce > 20-30 times more likely to develop TB)
- **TB risk enhanced by exposure to silica dust** (particularly in gold mines)
- **Mining sector in Southern Africa has the highest concentration of TB in the world** (more than 3,000-7,000/100.000 population)
- **33% of new cases of TB in sub-Saharan Africa are consequences of mining**
- **30% of mine-workforce international migrants; 60% internal migrants**
- **Estimated cost : 880M USD/year**





South-South Migration, TB and partnership

“If TB and HIV are a snake in Southern Africa, the head of the snake is here in South Africa. People come from all over the Southern Africa development community to work in our mines and export TB and HIV, along with their earnings. If we want to kill the snake, we need to hit it on its head.”

Dr. Aaron Motsoaledi, Minister of Health of South Africa

Partner of the
Stop TB Partnership



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

- aims to **improve health of labour migrants** and communities in commercial, agriculture, mining, fisheries, transport sectors
- research, strengthened health services, strengthened policies, increased coordination and collaboration of different partners within and across borders



The importance of multi-sectoral/ multi-country dialogue and partnerships





Ministry of Foreign Affairs



- Funded by Sida, US Govt, Netherlands since 2003
- Multi-year partnership aimed at strengthening capacity of partners (Govt, non-govt, CSOs) in ESA region to address migration-related health challenges
- For example: IOM provides technical and financial support to:
 - ✓ Develop the “*SADC Declaration on TB and mines*” (adopted by Heads of States in Aug 2012) by facilitating dialogue of key stakeholders within and between countries
 - ✓ Implement key research such as ‘financing migrant’s health’
 - ✓ Facilitate south-south exchange of information and good practices on migrants health
 - ✓ Improve TB case detection among mobile and migrant populations (TB-Reach, i.e. border Zimbabwe with Botswana and RSA)
 - ✓ Strengthened partnerships with WHO, Stop TB Partnership, WB, Global Fund to fight AIDS, TB and Malaria, SADC, MOHs, CSOs

TB in the Mines

SADC TB in the Mining Industry Initiative

- Declaration on TB in the Mining Sector

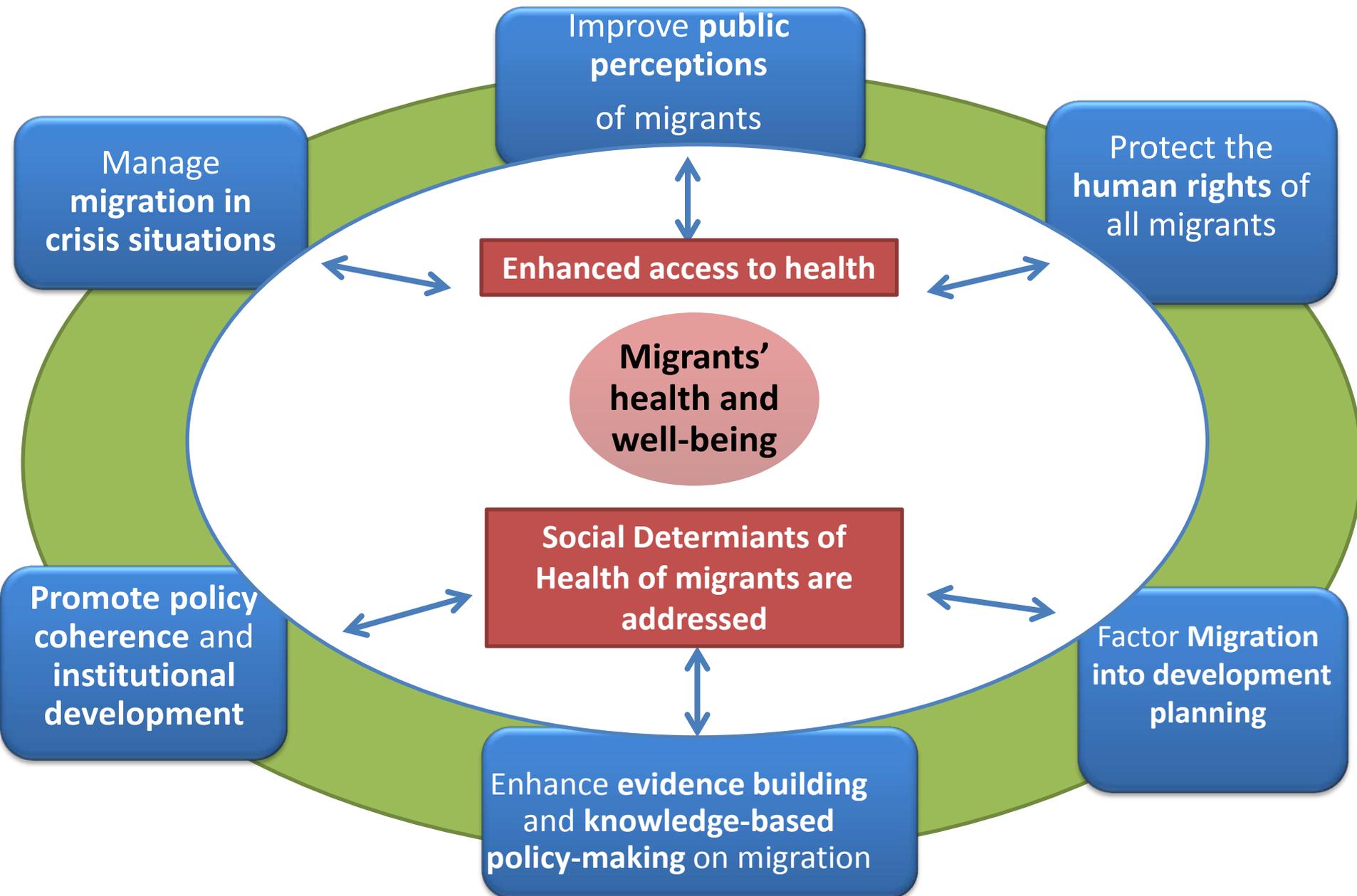
adopted by Heads of State (2012)

- culmination of regional and multi-sectoral collaboration facilitated by IOM and partners (health, labour, minerals and energy, employers, employees, civil society, academia, UN agencies, IOM.)
- outlines priority areas for urgent action; recognizes vulnerability of migrants and communities
- recognized key role of employers to manage occupational TB, including TB associated with silicosis post-employment and organizations of employees
- **Commits to zero new infections, zero stigma and discrimination, and zero deaths** resulting from TB, HIV, silicosis and other occupational health



3) Making Migration work for development: key issues

Linking 'migration health' and 'migration and development'



Way Forward

- ✓ Implement the **WHA Resolution 61.17** and its action framework (Madrid 2010)
- ✓ Maintain the **health of migrants in global migration and development debates**
- ✓ Address **discriminatory practices**
- ✓ Produce **evidence** and share **good practices**
- ✓ **Enhance advocacy**
- ✓ Include **migrant-health indicators** in the **post-2015** development framework
- ✓ Forge a large **partnership cross- sector and cross-countries**





Water treatment facility at one of the camps for internally displaced persons in Mogadishu, Somalia. © IOM 2012

HEALTH IN THE POST-2015 DEVELOPMENT AGENDA:

The importance of migrants' health for sustainable and equitable development



© IOM 2010 (Photo by Daniel Desmarías)

Addressing the Health of Migrants ,within the scope of the UN GA High-Level Dialogue (HLD) on Migration and Development, 2013



International Organization for Migration (IOM)



Migration Health Division



THE WORLD WE WANT

Healthy Migrants in Healthy Communities!

Thank you

www.iom.int

