More Partnership and Smarter Policies Needed To End Deaths of Migrants:

Looking Towards Zero Tuberculosis Deaths in Southern Africa

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IOM Director General William Lacy Swing views the destruction caused by Typhoon Haiyan/Yolanda in Tacloban city, Central Philippines.

PHOTO: JOE LOWRY / IOM

Last October the world watched in horror when some 360 African migrants lost their lives within sight of land while attempting to reach the Italian island of Lampedusa. Untold hundreds have perished on the journey from Indonesia to Australia, or off the coast of Thailand.

Migrants from Central America are raped, robbed, beaten and killed as they try to enter the USA from Mexico. African migrants die of thirst in the vast desert reaches – their bones the only testimony of their failed journey. Many succumb to diseases such as HIV/AIDS and tuberculosis (TB), or lose their health and wealth due to inequities in accessing care and prevention, poor living and working conditions, or exclusion from social protection schemes. Migrants face death, danger, disappointment and diseases in search of their dreams and better opportunities. They fear staying in a land where they face persecution or where their family starves, or their shacks are washed away by extreme weather.

We live today in an era of unprecedented human mobility, with more people on the move than in any other time in recorded history. Over the years, for the poorest, most desperate migrants, borders and more orderly migration opportunities have been shut, as countries respond to political drumbeats of alarm and move to curtail immigration. The paradox is that we are seeing a harsh response to migration world-wide at a time when one in seven people are migrants in one form or another (and more than 232 million people live outside their country of birth). Migrants augment shrinking national workforces in some sectors and fill critical social services needs driven by a changing demography in the developed world (e.g. ageing and low fertility rates). The result is tightened border surveillance, reduced opportunities for would-be migrants, and restrictive migration policies and practices, including in the health sector. This, combined with political and economic upheaval, drives people into the hands of smugglers and unscrupulous recruiters, with a high toll on the health and safety of migrants and their communities.

Migration is as old as humanity, but we need to start thinking about it in new, smarter ways. All of us in positions of leadership, whether it be in government, NGOs, or in an international organization such as the International Organization for Migration (IOM), have an enormous responsibility to stand up and say what we all know: namely, that migration is a natural, necessary and potentially enriching phenomenon; that migrants are human beings deserving of respect, humane treatment and our thanks for their skills, innovation and social and cultural enrichment, whatever their status may be.

For the second time in history, the United Nations General Assembly hosted a High-Level Dialogue on Migration and Development in October 2013. There has been remarkable convergence of views among governments, civil society and the international community alike on key priorities to ensure that migration leads to positive development outcomes. One priority on which there is broad agreement is the centrality of migrants' well-being and safety, and the need to strengthen existing policies or develop new ones to protect migrant human rights – including health rights. We need measures that will enable employers in countries with labor shortages to access people desperate to work, and we must ensure that these people are not exploited or exposed to gender-based violence. Further, their health should be safeguarded through adherence to equitable occupational health and safety standards. Ensuring the labour rights of all migrant workers and reducing the financial, social and health costs of migration is a sound socio-economic development strategy to include in the Post-2015 Development Framework.

The links between migration, well-being, health and development are most clearly identified by Southern Africa, the region that is most at risk of not meeting their health-related Millennium Development Goal targets on HIV, TB, and malaria by 2015.

As Dr. Aaron Motsoaledi, Minister of Health in South Africa said very eloquently in June 2010, "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."

This metaphor by the South African health minister is very accurate. There is a great challenge on our hands, with five of the most TB-burdened countries being in Southern Africa[1], a hyper-endemic of TB amongst mine workers[2], high rates of HIV infection and co-infection[3] and high levels of migration and mobility in the region — especially among migrant workers moving back and forth between mine industry sites in South Africa and communities in neighboring countries.

In addition to the human costs in terms of death and disability among mine workers, migrants and communities, a high burden of TB erodes financial benefits for the mining sector. According to the Global Business Council on Health, the annual cost of TB to the mining sector of South Africa alone is estimated at more than US$880 million. This public health emergency and development challenge is thankfully receiving increased attention by mining companies, governments and other actors.

In August 2012, the Heads of State of the Southern African Development Community (SADC) countries signed the "*Declaration on TB in the Mining Sector*" to eliminate TB in the region and to improve practices and standards related to health and safety in the mining sector. Sound occupational health practices, improved access to basic health and social services, effective cross-border medical referral systems, harmonized treatment regimens and improved inter-sectoral cooperation can make a difference. IOM is proud to be associated with the development of this Declaration and looks forward to working closely with SADC governments and other stakeholders to implement it in the region.

At the global level, the World Economic Forum's annual meeting in Davos in January 2014 provides a good opportunity to bring these topics to the attention of leaders in government and the private sector, from the southern African region and beyond. I will make full use of this consultative platform to push the case for private/public partnerships to tackle these pressing migrant protection and health issues. We must work in partnership, in a whole–of government, whole–of society approach, for the benefit of countries, communities and people, in particular, migrants themselves. **GHD**

PHOTO: LEONARD DOYLE / IOM

(Above) Survivors of typhoon Haiyan in an emergency center in the province of Capiz.

REFERENCES

1. The 2013 WHO Global Tuberculosis (TB) report lists five high burden countries in Southern Africa where some of the highest TB prevalence rates in the world are found: the Democratic Republic of Congo (576/100,000), Mozambique (553/100,000), South Africa (857/100,000), Tanzania (176/100,000), and Zimbabwe (433/100,000).
2. According to the South African Tuberculosis National Strategic Plan (2007–2011), 90 percent of reported occupational lung diseases in South Africa arises from the mining industry; according to Stuckler (2010) the South African Gold Mining Industry has probably has the highest incidence of TB in the world (3,000–7,000 per 100,000 population per year)
3. Of the 8.6 million people who developed TB in 2012, about 1.1 million, or 13%, were HIV positive. Approximately 75% of these cases were in Africa (WHO 2013).
4. Stuckler, D et al, 2010: "Governance of Mining, HIV and tuberculosis in Southern Africa", Global health Governance, Volume IV, NO1 (Fall 2010)