

## IOM deliberates with Global Stakeholders on Health Security Agenda



Caption: IOM director of the Migration Health Division, Dr. Davide Mosca at the meeting on "Building health security beyond Ebola". Photo: IOM

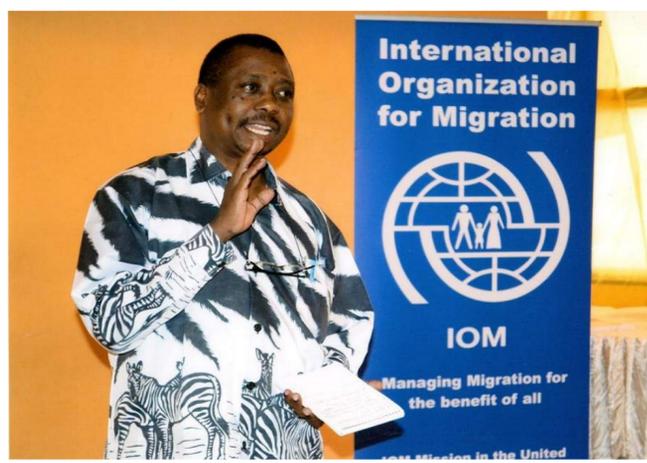
By Vyona Ooro

The Ebola epidemic that rapidly swept through West Africa in 2014-2015 was by far the deadliest and most rapidly swept epidemic in almost four decades. According to statistics from the World Health Organization the current epidemic has killed more than five times all other Ebola epidemics combined with the numbers hitting a staggering 11,284 probable deaths as at 19 July 2015.

During the open discussion at the partner meeting dubbed "Building health security beyond Ebola" the director of the Migration Health Division, Dr. Davide Mosca urged partners to pertinently consider reinforcing public health systems to accurately and efficiently accommodate migrants so as to ensure timely response in such emergency situations. In his intervention Dr Mosca said "Despite the high level of human mobility and migrations patterns in Africa and globally, the health systems are still not able to effectively capture migrants. If we continue to deny the migration and mobility patterns within the public health systems we will always limit the interventions and the risk of failure is very high."

The meeting held in Cape Town South Africa on 13-15 July 2015, attracted around two hundred participants from government agencies, donor agencies and government partners. Leading the discussions was the World Health Organization (WHO) urged all stakeholders to reinforce collaboration to avoid fragmented and uncoordinated response as well as to create a regional platform for health security that will be replicated as a global framework.

## IOM and the Tanzanian Ministry of Health and Social Welfare launch new action plan to fight TB in the mining sector



Caption: IOM and the Tanzanian Ministry of Health and Social Welfare held meetings to launch a plan to tackle TB in mines. Photo: IOM

By Vyona Ooro

The International Organization for Migration (IOM) in Tanzania, in close collaboration with the Ministry of Health and Social Welfare (MoHSW) hosted a series of meetings to discuss findings from a baseline assessment to assess current practices among small scale miners in Kahama, Geita and Merarani mining areas and to formulate plans to control TB in Tanzania. The meetings were conducted between 29 June and 3 July and attended 56 representatives from the government, the mining sector, local authorities, media, civil society organizations and miners' associations in the county. "The burden of TB in mining is high as findings from rapid assessments show that exposure and risks of TB and HIV among mineworkers are much higher than the general population. There is a huge need for a collective effort and allocation of resources to reduce these epidemics in mining areas", said Dr Allan Tarimo from the MoHSW.

The meetings aimed at supporting the implementation of the 2012 Southern African Development Community Declaration on TB in the Mining Sector (SADCD). The SADCD affirms the member States' commitment to the elimination of TB and pledges to improve practices related to health and safety in the mining sector. Under the auspices of the Partnership on Health and Mobility in East and Southern Africa (PHAMESA), IOM assists the Technical Working Group (TWG) on TB/HIV Control to plan and execute interventions related to TB control in mines across the country.

Mining company representatives supported an initiative to increase the number of Gene X-pert machines (a machine which can diagnose TB) to enable the rapid identification and treatment of TB in mining settings. Among the recommendations discussed were:

- Construction of health facilities at sites that do not have health facilities to increase access to health services, including construction of toilets for public and community use.
- Review, strengthen and mainstream policies and guidelines for the mining sector to incorporate and silicosis control measures.
- Strengthen diagnostic TB services by building capacity of the health care workers to perform smear microscopy and support provision of TB supplies and reagents.
- Review recording and reporting tools to incorporate occupation of TB patient so as to adequately assess the magnitude of the condition specifically amongst miners.

## Swaziland Government intensifies efforts in addressing health and social security challenges facing the mining sector



Caption: Honourable Minister Winnie Magagula during her opening remarks on day two of the workshop. Photo: IOM

By Anna Tapia

The Minister of Labour and Social Security, Hon. Winnie Magagula, expressed commitment from her Ministry to intensify efforts in addressing health and social security at the mining sector and pledged to escalate recommendations made from the a policy dialogue workshop on *TB, Silicosis, HIV, Portability of Social Security Benefits and Compensations* held from 8 to 10 July for further deliberations. The workshop was an important step in paving way for further policy discussions relating to the well-being of migrant mineworkers, ex-mineworkers, and their families.

The Ministry of Labour and Social Security in association with the International Organization for Migration (IOM) and the Swaziland Migrant Mineworkers Association hosted the workshop with the objective to discuss and share lessons how to effectively address the national complex problem on TB in mines and social security benefits in Swaziland. Senior officials representing the Swaziland Government, international organizations, local organizations, and private sector partners, engage in a dialogue aimed at creating a supportive policy environment by identifying policy gaps for responding to Labour Migration, Health and Social Security Benefits concerns and public health needs for the mine workers and their families.

The participants emphasized on the great need for **strengthening synergies between government and relevant partners in finding and implementing of solutions on mining sectors**. Recommendations were made and recognized as key focus areas towards influencing policy framework development relating to health and social security in the mining sector.

## MONTHLY HIGHLIGHTS

### KENYA

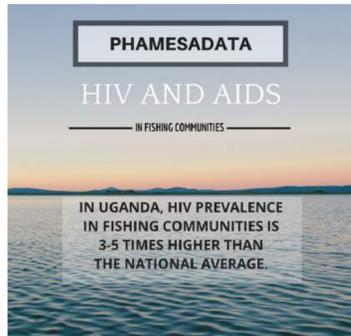
9 July. IOM participated in the launch of the National TB Survey being carried in Kenya since the last one conducted in 1958. For the first time, data on migration will be collected to determine migrants TB status.

July. IOM responded to cholera outbreak in Kenya, by working with the implementing partner Matibabu Foundation, the Kamukinji Health Management Team and community health workers, to conduct health talks, provide information, education and communication (IEC) materials demonstrating water treatment and general hygiene; as well as door to door surveillance, reaching about 2,742 households of migrants and host community members in Kamukinji sub-county in Nairobi.

### SOUTH AFRICA

15 July. HIV/AIDS/STI and TB training for implementing partners working in the mining, commercial agriculture and urban settings.

21-23 July. Re-launch of the Migrant and Mobile Population Forum on HIV/AIDS/STI and TB to reflect on progress and challenges since the establishment of the Forum in 2013 and re-establish a technical working groups and develop a road map for strengthening the Forum.



## LATEST PUBLICATIONS



Regional synthesis of patterns and determinants of migrant health and associated vulnerabilities in urban settings of East and Southern Africa

## LATEST VIDEOS



Eastleigh Wellness Center: A haven of hope



HIV and AIDS and fishing communities in Uganda



Migration and HIV in Tanzania: Truck Drivers

## MEET THE TEAM

NAME: REIKO MATSUYAMA

JOB POSITION: REGIONAL PROGRAMME SPECIALIST IN PARTNERSHIPS

IN PHAMESA SINCE MARCH 2004

**In your opinion, what has been or still is the most successful or unique action that you have worked in to improve migrants' right to health?**

During the earlier years of my time with PHAMESA/PHAMESA, I would say the advocacy/communication tools that we developed, such as the comic stories ("Journey/A Viagem"), "Better Life Than Me" video, or the Informal Cross Border Traders (ICBT) photography project, "Back and Forth", were very successful. At that time, the link between population mobility and HIV/Health was not very well known, so this kind of awareness raising material which highlighted personal stories, was particularly effective.

More recently, my involvement in developing the SADC Declaration on TB in the Mining Sector (2012) was memorable for various reasons: Firstly, the high level of coordination and professionalism that I witnessed among the partners (SADC Secretariat, Member States, UN partners, CSOs, migrants associations...) during the development process truly brought home to me the necessity and strength of partnership; Secondly, partially because of the high level of participation and collaboration during the development process, the Declaration did not end up being just another piece of paper to be filed in the shelves – it spawned numerous national and regional level consultations and action plans, initiated various dialogues related to the mining sector and it also was the basis for additional funding to be allocated to various initiatives, one of which includes the Dutch-funded IOM project, "Partnership on Health and Mobility in the Mining and Health of Southern Africa." Lastly, I believe the Declaration strongly highlighted the link between labour migration / population mobility and health, and truly raised awareness among all relevant sectors at all levels, on the need to address general migration and health issues as a region.

**What do you love most about your job? What aspect of serving migrants has given you the greatest fulfilment- both professionally and personally?**

I love the "partnerships" aspect of my job the most. I have been blessed to be able to work in this area of partnership strengthening and regional coordination, to ensure an effective, efficient, and ultimately sustainable response to migration and health. I get to meet, work and collaborate with various partners in various sectors and levels and most importantly the migrants themselves. Also, since we take a "social determinants of health" approach, I have worked with partners in varied fields such as human rights, gender, food security, immigration, labour, social benefits, education, etc.

What has been rewarding over the years is also seeing how we as a programme have grown over the years – from a three-person team back in 2004 to today, in 2015, where we are implementing our fourth consecutive multi-year programme. We have two regional teams in Pretoria and Nairobi, cover 11 countries in the two regions, and the number of partners we work with are countless.

I think working on migration is truly fulfilling as it is such an underserved area but also an area where it's growing as regional integration expands. In today's world, it's an area where a regional/global multi-level and multisectoral approach is absolutely necessary and I think IOM is truly the only organization who has the mandate and capacity to facilitate and support Member States in dealing with the numerous challenges and opportunities that migration may bring.

From a personal perspective, I think I am still around and have been since when I was small (our family moved around a lot). Although my migration process has been orderly and fortunate, I am also a migrant and understand the disorientation and vulnerabilities that come with being a migrant, and as such, I personally feel a strong connection to working on migration issues.

**As you prepare to take up another position in another region what is your most memorable moment in PHAMESA?**

There are so many. Maybe one of the moments I still recall from my first months at IOM is when I went to Xai Xai, Mozambique for a week to collect personal stories to be used for the Journey Comic Story. I travelled with the comic story developer and artist to interview people, to take discussions, and to ultimately understand the issues and stories that need to be told through the comic stories. We did numerous interviews and focus group discussions to this end, but one interview is seared in my mind. It was an ex-mine worker who was suffering from HIV (and most likely TB). We were allowed into his small hut in the informal settlement and spoke to him and his family through an interpreter.

After interviewing him about the challenges he faced in the South African mines, as well as the challenges he currently faces due to his sickness, what struck me was how he was not bitter at all despite all that he has gone through and all that he (and his family) is going through. He talked about how we are all brothers and sisters and how we must all work together to make a better Africa. I think there is a character based on this real person in the comic story and to this day, I still always think of him when I need to remind myself of why I am doing what I'm doing.