

## Migrant and cities: Addressing migrant health is crucial for a positive migration



Caption: Speakers at the panel "Migrant and cities: partnership in health". Photo: IOM

At the International Dialogue on Migration: High-level Conference on Migrants and Cities, organized by IOM and held on October 26-27 in Geneva, the Migrants and cities: partnership in health panel session was presented. The conference brought ministers, high-level government officials, mayors, local authorities, the private sector and civil society organizations together to discuss the complex dynamics of human mobility at city and local levels and how risks can be managed and development opportunities maximized. The panel addressed issues and lessons learned relevant to migrants' health determinants, access to health services, living and working conditions, reducing health vulnerabilities through effective partnerships and sound public health strategies to achieve sustainable development.

The panel was moderated by Dr. Davide T. Mosca, Director of the Migration Health Division of the International Organization for Migration, who introduced the session and emphasized that migration is a determinant of health and that addressing migrant health is crucial for a positive migration outcome and contribution to social and economic development. The panel speakers came from different cities such as Kobe, Los Angeles, Manila, New York and Johannesburg.

Nonceba Molwele, Councilor and member of the Mayoral Committee for Health and Social Development in Johannesburg (South Africa) stressed the existing difficulties to measure the impact of migration on the city's health system as health services do not require identification or information on migrant status. Councilor Molwele also highlighted the difficulties regarding financial planning due to the high mobility of the population, although migrants do have a central position in health planning and policy development.

Djibril Diallo attended the panel in the capacity of both his roles as Senior Advisor to the Executive Director UNAIDS and Chief Executive Officer of the American Renaissance and Diaspora Network. In his role as Senior Advisor, he highlighted the relevant relation between IOM and UNAIDS in the effort to link migration and HIV prevention. In his role as Chief Executive Officer, he urged the need of a "global alliance" as a platform to share experiences. He also emphasized the role of IOM in facilitating access to services for migrants thanks to its wide network and working towards the 'getting to zero' strategy: no more HIV infections; no more discrimination and no more AIDS-related deaths.

Alex Ross, Director of the WHO Centre for Health Development, highlighted the barriers to access health services and called for culturally competent and affordable health care, inter-sectoral action, community participation and sound evidence. He also emphasized the range of tools intended to guide policymakers that are available to carry out assessments of urban health equity and adequate health planning.

Gill Cedillo, Councilmember of the Los Angeles City Council, explained that health is unfortunately not a basic right in the United States, although progress has been made through programmes such as Obamacare, of which 11.3 million undocumented migrants cannot take part in due to their status. In the city of Los Angeles, however, clinics are accessible to all migrants and culturally-sensitive. He emphasized that leadership must go beyond policies and that leaders have a moral responsibility to address discrimination, regardless of national policies.

Amara Quesada-Bondad, Executive Director of ACHIEVE from Manila and board member of CARAM-Asia, pointed out the need for migrant participatory approaches in destination cities and the need to revise harmful policies, research migrant health and provide opportunities for migrants to organize and be consulted. She emphasized the major gaps in migrants' sexual and reproductive rights at the place of origin, as it is not often part of the pre-departure orientation, and at the destination, where inadequate access to sexual and reproductive services, or health services in general, are common. She also highlighted the role of civil society in advocating for migrants' rights to health and filling the gap in the access to health services, research and capacity building.

In 2014, the United Nations Department of Economic and Social Affairs estimated that more than half of the world's population resided in urban areas and that the number of people living in cities would reach approximately 6.4 billion by 2050, constituting 66 per cent of the global population. Migrants play an important role in the global shift to cities and in driving cities' development agendas, and healthy migrants means healthy communities that can prosper.

## City leaders engage with experts to deliberate renewed efforts towards eradication of HIV and AIDS



Caption: Speakers at the satellite event "AIDS in the city". Photo: IOM

Mayors and other city leaders participated in a satellite event organized by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the International Organization for Migration (IOM) Mauritius on 12 October 2015.

Discussions at the meeting focused on defining priorities and required support for city leaders and stakeholders to effectively contribute towards the renewed effort to end AIDS as a public health threat in their communities. The forum provided an opportunity to raise awareness on the changing environment of the Post 2015 Development Agenda and to develop a set of urgent actions to end the AIDS epidemic in cities by 2030.

Paola Pace, IOM's Migration Health Promotion Coordinator for East Africa, explained that the islands of the South West Indian Ocean region experience concentrated epidemics, with low HIV prevalence rates in the general population and much higher rates in most-at-risk groups including in particular intravenous drug users (Mauritius and Seychelles) and female sex workers (FSW). She cites an example from Kenya: an Integrated Biological and Behavioural Surveillance Survey among migrant female sex workers in Nairobi showed that overall prevalence of HIV was 23.1, three times higher than the national average rate. The research shows that although HIV prevalence is similar between them and Kenyan FSW populations, there are differences in knowledge, behaviour, and service access. Less than a quarter of the migrant FSW knew that healthy looking people could have HIV, whereas more than three quarters of the non-migrant FSW knew that this was the case.

The islands of the South West Indian Ocean region are characterized by mostly work-related internal, intra-regional and international migration. Despite this, national and regional HIV responses often do not factor in migration as a determinant of increased vulnerability to HIV. Paola highlighted the needs to take into account migration-related factors when developing interventions. At the end of the workshop, the Paris Declaration to help bring to an end the HIV and AIDS epidemic was adopted and signed by eight mayors coming from Comoros, Madagascar, Mauritius and the Seychelles.

## Understanding Access to Health Care for Urban Migrants in Kampala, Uganda: A Rapid Health Assessment

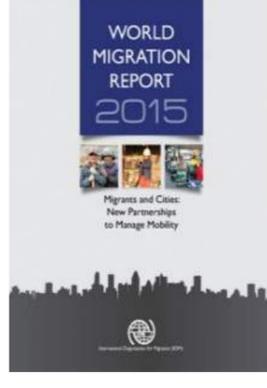


Caption: A neighbourhood in Kampala, Uganda. Photo: IOM

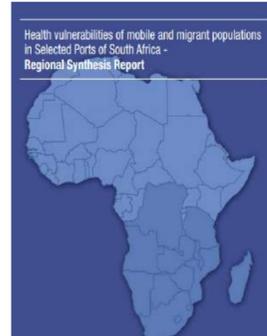
In late October, IOM conducted an initial rapid health assessment in informal settlements in Kampala, Uganda's capital city. The purpose was to gain an understanding of the migration dynamics on the ground, the availability and acceptability of health services for urban migrants and host community members in the area and any challenges associated with accessing them. The results will help identify programming gaps and inform the development of responsive interventions.

The qualitative assessment included key informant interviews and focus group discussions with government officials, health-care providers, community leaders, migrants, UNHCR and other stakeholders. While analysis of the data is underway, preliminary findings indicate that migrants without the ability to pay for private services face barriers in accessing health care in the slum areas of Kampala. Public health facilities are not widely available, and – in contrast with health personnel – migrants and other stakeholders indicated that in those public facilities that are present, non-nationals including refugees are often required to pay for services that are supposed to be free, and double the price of nationals for those with a fee. Because of these costs, real and perceived discrimination and general struggles of the health system in Uganda, which include lack of resources, drug stock-outs and long waiting times, migrants generally, reported that they prefer to attend private facilities. Due to resource constraints, however, while UNHCR and some NGO actors are present to help refugees to access services and provide basic commodities, the need is too great to be met by them; meanwhile, other migrants have no such support. Once the findings of the assessment are confirmed, IOM Uganda will engage all the relevant stakeholders in exploring health promotion programming for urban migrants and host communities in Kampala.

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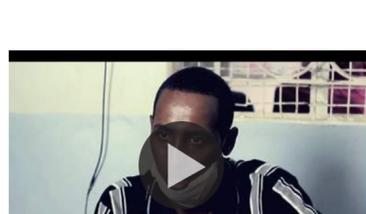


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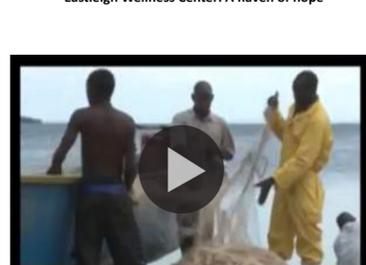
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