



Background Document

Informal Dialogue on 'Healthy Migrants in Malaria-free Communities - Equitable Access to Prevention, Care and Treatment in post 2015' - 22nd May 2015, IOM Geneva

Meeting Background: Global migration trends continue to exponentially increase. Current estimations indicate there are 232 million international and 740 million internal migrants, and with marked feminization, 50% of international migrants are women. Population movements are often multi-directional, circular or seasonal and associated dimensions of rapid urbanization, proliferation of mega-cities, climate change and humanitarian crises bring different health profiles and levels of health literacy which affect disease burden, health care access and health-seeking behaviors. Consequently this brings major and diverse impacts on the health and well-being of the individual, host communities and public health care system.

Migrants, often considered as 'hard to reach or hidden populations', face significant risk factors that result in no or limited access to adequate health care including malaria prevention and control services. Human mobility from high-transmission areas can result in imported malaria cases and potential re-introduction of malaria into low-transmission or malaria free areas. Migrants often fall outside traditional control strategies and plans of action, resulting in undetected and untreated infections that are often caught too late. It is therefore crucial to provide prevention and treatment to entire communities, regardless of their origin or legal migration status, to avoid the reintroduction and reinvasion of the disease through imported cases. Therefore, labor migrants, particularly the undocumented, trafficked persons, internally displaced, refugees and asylum-seekers, among others, deserve specialized attention in global malaria prevention, care and control throughout the migration process, be this at places of origin, transit/travel, destination points or upon their return home.

Collaborative global health actions towards the post-2015 development agenda are a response to the growing evidence, advocacy and understanding of the current social and economic inequalities and they aim to achieve universal health coverage. The burden of malaria on the poor including migrants and displaced populations in many countries further fuels the cycle of poverty. The high burden of malaria among migrant and cross border populations can bear a negative economic effect on the migrant and their families, their host communities, government and the private sector.

The WHO World Malaria Report (2014) indicates that global collective efforts against malaria continue to make progress in reducing malaria related morbidity. Yet there is more to be done. The WHO Global Technical Strategy for Malaria (2016-2030) refers to '*disproportionate risk of malaria among hard-to-reach populations, including high-risk occupational groups, migrants, people in humanitarian crises, and rural communities with poor access to health services; and the lack of adequate tools to diagnose and treat effectively infections....*' .

A call to action is thus needed to adequately address the needs of migrants, mobile and cross-border populations in the global malaria efforts as guided by the newly adopted Resolution on Global Malaria Strategy and the *2008 World Health Assembly Resolution on Health of Migrants (WHA61.17)*. Operational research and malaria elimination actions should take into account migrants' health needs, risk factors, mobility dynamics, including gender implications, across the phases of migration. Indicators to monitor migrants' health, particularly malaria transmission among migrant populations, must be considered. Due to the complex inter-play between migration and malaria, a multi-sectorial approach to malaria control and elimination is imperative, such as engaging with health and non-health sectors including education, immigration, transportation, environment, among others. Imported malaria should be directly approached as a border health concern embracing a range of factors beyond the behavior of migrants per se. Collaborative efforts and genuine processes of community participation and engagement along borders and in areas with high population mobility are more effective than an exclusive focus on the surveillance of people on the move and specific risk groups.

Meeting Objectives: (1) To present key strategies in addressing malaria among migrant populations at each stage in the migration process, in addition to the next steps to be taken in implementing the draft WHO global technical strategy for malaria (2016-2030); (2) To share current evidence on malaria among migrants; specific challenges in ensuring migrant-sensitive malaria services and health systems and experience in establishing national, regional, cross-border and international cooperation; (3) To exchange views of representatives from government(s), non-governmental organizations(s), malaria experts, and UN agencies, academia and the private sector on experiences with approaches that can work in achieving the overall objective of malaria elimination and control among migrants, vulnerable and displaced populations within and across borders.