

Malaria Prevention and Continuum of Care for Migrants



QUICK FACTS

- There are an estimated one billion migrants in the world today - 232 million international and 740 million internal migrants; 50% of international migrants are women.
- Malaria is the fifth leading cause of death from communicable disease in the world.
- 3.3 billion people, almost half of the world's population, live in malaria-endemic countries.
- The burden of malaria on the poor, including migrants and displaced populations, in these countries further fuels the cycle of poverty.
- Migrants can be vulnerable to malaria related illness and deaths during the migration process – at origin, during travel and transit, at destination and upon return home.
- 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.

WHY ARE MIGRANTS VULNERABLE TO MALARIA?

- Migrants** are often considered as 'hard to reach or hidden populations' that face significant risk factors, which frequently result in marginalization and poor access to adequate malaria prevention and health care services.
- Migrants** often live/work in unhealthy, overcrowded areas for extended periods of time, with limited access to malaria prevention and treatment.
- Migrant workers** with legal status may find their access to malaria services subject to contracts, work permits and ability to access health care services or insurance from the State or the employer.
- Undocumented migrants** face challenges such as fear of deportation, that limit their access to diagnostic and treatment services. Deportation while on treatment or poor adherence may lead to poor outcomes and further spread of infection.
- Forced displacement** after natural disasters or conflict is often associated with increased risk of malaria due to overcrowding, poor environmental conditions in camps, increased exposure to mosquito bites in temporary shelters, and disrupted health services. Current vector control tools are not fully effective in all migration or displacement situations.

MIGRATION PROCESS AND MALARIA

There are risk factors for malaria exposure, infection, transmission and poor outcomes throughout the migration process:

Individual factors

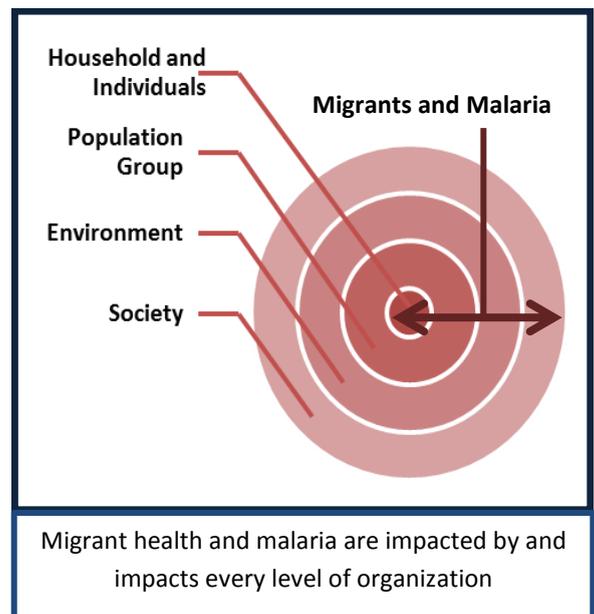
- Socio-economic status
- Possible low levels of immunity
- Malnutrition
- Lack of awareness, accessibility to appropriate preventive measures

Social Barriers

- Language
- Education
- Lack of documentation
- Discriminatory health systems and immigration policies

Economic burden of illness

- At household level for migrants and their families
- At societal level due to loss of productivity and revenue
- At national level through burden on health system



KEY ACTIONS BEYOND 2015

The Resolution on the WHO Global Technical Strategy and Targets for Malaria 2016-2030 (WHA68.2) was adopted by the 68th World Health Assembly in May 2015. The document provides a comprehensive framework for countries to develop tailored programmes to accelerate malaria elimination through three pillars and two supporting elements. The main elements of the strategy and key IOM recommendations on migration and malaria are summarized below. These are aligned with the 2008 WHA Resolution on Health of Migrants (WHA61.17) which called on governments and key stakeholders to, inter alia, 'promote equitable access to health promotion and care for migrants', and 'to promote bilateral and multilateral cooperation on migrants' health among countries involved in the whole migration process', as well as the Roll Back malaria Partnership's draft Action and Investment to defeat Malaria (AIM), which has been approved by the RBM Board in May 2015:

MIGRANT-INCLUSIVE POLICIES & LEGAL FRAMEWORKS

- Assess the burden of malaria amongst migrants and their needs through situation analyses and national programme reviews
- Include migrants, mobile, cross-border and displaced populations in national and regional malaria strategic plans, regardless of status
- Promote coherence among policies of different sectors that may affect migrants' access to malaria services

MIGRANT-SENSITIVE HEALTH SYSTEMS & PROGRAMMES

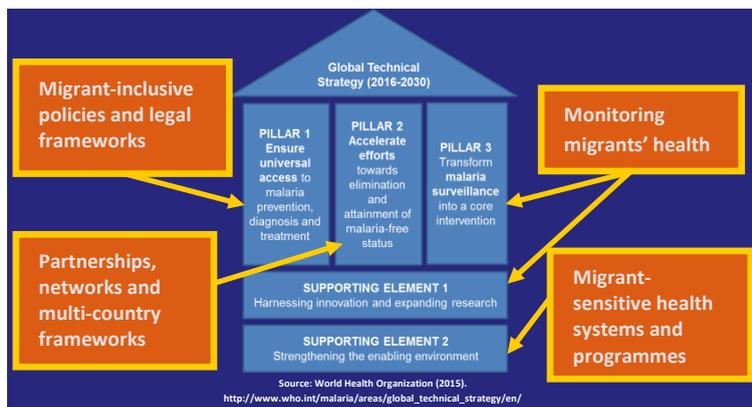
- Adapt preventative, diagnostic and treatment services for malaria and health education to the needs of migrants and mobile populations
- Ensure that health services are delivered to migrants in a culturally and linguistically appropriate way
- Empower migrant and mobile populations through community-based social mobilization, health communications and community health workers, especially along borders and in areas with high population mobility

PARTNERSHIPS, NETWORKS & MULTI-COUNTRY FRAMEWORKS

- Ensure intersectoral cooperation and collaboration on malaria and migrant health across health and non-health sectors including transportation, immigration, education, social services, private sector and academia
- Ensure standardization and comparability of data on malaria and migrant health within and across borders
- Strengthen consultative mechanisms and engage in regional and/or national malaria strategies including research agendas

MONITORING MIGRANTS' HEALTH

- Pursue operational research on migrants' needs, risk factors and mobility dynamics, gender implications and social determinants
- Identify and map effective practices and challenges in monitoring migrants' health and malaria
- Conduct regular surveillance, data analysis and programme monitoring to track the progress of malaria control among all populations including migrants



IOM, the Roll Back Malaria Partnership and WHO: Working together for global commitment and action on malaria prevention and care for migrants and cross-border populations

- IOM and WHO are working with Member States and partners to provide guidance and support in implementation of these key actions in taking forward the new global malaria strategy for 2016-2030.
- WHO has been working with countries in the Greater Mekong subregion to develop a malaria elimination strategy that pays particular attention to the needs of migrant and mobile populations.
- IOM and the Roll Back Malaria Partnership (RBM) are collaborating to improve the integration of malaria control and elimination concerns into migration policies. This collaboration was launched at a meeting held in July 2014 at Victoria Falls, Zimbabwe with Ministers of Health from Southern Africa, Asia and other malaria-endemic regions as well as the private sector.
- Working with migrant-sending and receiving countries, IOM provides active malaria prevention, treatment and control services, through migrant health assessment programmes, that contribute to global malaria elimination and control efforts.
- IOM and partners provide malaria prevention and care services as part of health promotion and emergency health response projects for refugees, labor migrants, internally displaced and mobile populations.
- IOM, RBM and WHO are engaged in the post-2015 sustainable development agenda-setting process, including dialogues on health and on migration.

Resources:

International Organization for Migration- Migration Health Division:
<http://health.iom.int>

Roll Back Malaria Partnership: <http://www.rollbackmalaria.org/>

WHO Global Malaria Programme: http://www.who.int/malaria/about_us/en/