

# Report on the Informal Dialogue on Healthy Migrants in Malaria-free Communities: *Equitable access to prevention, care and treatment in Post 2015*

22 May 2015, Geneva



Attendees: Ministries of Health of Costa Rica, Thailand, South Africa, Philippines, Botswana and Sri Lanka, WHO Global Malaria Programme, Roll Back Malaria Partnership, The Global Fund to Fight AIDS, TB and Malaria, Taipei Delegation, University of Hamburg, NGO partners and IOM.



## Malaria prevention and control through the lens of human mobility and migration

Today's unprecedented movement of people has become multi-directional, seasonal and circular within and across borders due to better opportunities, rapid urbanization, proliferation of mega-cities, displacement due to conflicts, climate change-induced natural disasters, among others. Current estimates show that there are 232 million international and 740 million internal migrants. Fifty per cent (50%) are women, most of whom are in the reproductive age group.

Malaria continues to be a global public health issue that disrupts development goal progress for many countries. An estimated 3.3 billion are at risk of being infected with malaria globally. In 2014, there were 198 million reported malaria cases and 584,000 deaths.

Human mobility and migration pose as major challenges in malaria elimination and control. Movement fosters imported cases from areas of high transmission to previously malaria free or low-transmission regions. Migrants, mobile, cross-border and displaced populations are key vulnerable groups that are affected by malaria largely due to lack of or limited access to malaria prevention, treatment and a continuum of healthcare support at points of origin, travel and transit, at destination and upon returning home.

Despite reductions in malaria cases and deaths, as indicated by the WHO World Malaria Report (2014), malaria remains as a global health threat that knows no borders. Hence, collective efforts across diverse sectors— such as transportation, education, social services, private sector, and immigration— is critical in reducing the global burden of malaria. Key interventions must strengthen inclusive national and regional health systems and address varying levels of health seeking behaviour, including risks of exposure to sub-standard drugs that may lead to emerging drug resistance. Research, surveillance and information dissemination on malaria and population movement is also crucial in the fight against malaria; however, they will be more effective if community participation and engagement components are incorporated to support migrant-inclusive health and non-health multi-sector policy development and resource mobilization.

Following the adoption of the Resolution on the WHO Global Technical Strategy and Targets for Malaria 2016-2030 (WHA 68.2)<sup>1</sup> at the 68th World Health Assembly, an informal dialogue convened to discuss malaria among migrants and mobile populations. The informal dialogue was co-hosted by the **International Organization for Migration (IOM)**, **Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)**, **Roll Back Malaria Partnership (RBM)** and the **World Health Organization (WHO) Global Malaria Programme** on 22 May 2015 at IOM Geneva Headquarters.

### Meeting objectives aimed to:

Present key strategies in addressing malaria among migrant populations and next steps forward in the implementation of the WHO Global Technical Strategy and Targets for Malaria 2016-2030.

Share current evidence, effective practices, challenges and experiences in ensuring equitable delivery of migrant-inclusive malaria prevention and treatment services within and across borders.

# Presentation Highlights

The informal dialogue was opened by the IOM Deputy Director General, Laura Thompson followed by presentations from WHO, RBM, Global Fund, Ministries of Health of Costa Rica, South Africa and Thailand and IOM. Interactive discussions were informative and engaging with contributions from the delegations of The Philippines, Sri Lanka and Botswana as well as from WHO, Roll Back Malaria, and University of Hamburg.



**Pedro Alonso** Director, World Health Organization, Global Malaria Programme presented the newly adopted WHO Global Technical Strategy for Malaria 2016-2030 and the achievements of the last 10 years, stressing that significant challenges remain. He underlined the urgent need to close gaps in intervention coverage, to improve equity in access to vector control, diagnosis and treatment, and to address the threat of drug and insecticide resistance. He stressed that malaria mainly affects poor and vulnerable communities, including migrants, so helping these groups will be a key priority for WHO.

**Silvia Ferazzi** Technical Advisor, Policy, Strategy and Governance for The Roll Back Malaria Partnership noted that the health of migrants is a wise investment as healthy migrants contribute to the economies of host countries. This cannot be achieved without the involvement of all actors including immigration authorities, employment services and transportation companies among others. She presented the RBM Multi-sectoral Action Framework for Malaria and highlighted that, to make progress in this agenda, IOM, RBM, WHO and governments and key stakeholders in health and non-health sectors will continue to work together to increase advocacy, capacity to empower change actors and data for better decision making to control and eliminate malaria.



**Scott Filler** Senior Disease Coordinator , Malaria, The Global Fund to Fight AIDS, Tuberculosis and Malaria commended the significant gains made in the fight against malaria; however, he emphasized that there is no room for complacency. He also commented on Global Fund's dedication to providing continued support, as the largest financier in the global effort for a malaria free world. Dr. Filler also suggested that innovative solutions for malaria should be migrant-inclusive, which is something they take into account when reviewing funding applications.

**Davide Mosca** Director, Migration Health Division, IOM reinforced the importance of integrating migrants into national, international and global plans to control and eliminate malaria. He spoke about migration being a cross-cutting social determinant of health and emphasized ways to include migrants during implementation of the newly adopted global malaria strategy, particularly through migrant-inclusive policies and programmes, strong cross-sector and cross-border partnerships, monitoring migrants' health and empowering migrants and their host communities.





# Challenges and Effective Practices at Country Level

## Costa Rica

### Fernando Llorca Castro, Minister of Health, MOH

As a pre-elimination country, Costa Rica's considerable success in malaria elimination is attributed to strong healthcare and public health systems, involvement of civil society and local governments, strict and comprehensive protocols and immediate localized treatment of all cases, even asymptomatic ones. Dr. Llorca Castro underlined the importance of continued country-wide surveillance, and not reserving focus only to hotspot areas.



## Thailand Suriya Wongkongkathep, Deputy Permanent Secretary, MOH

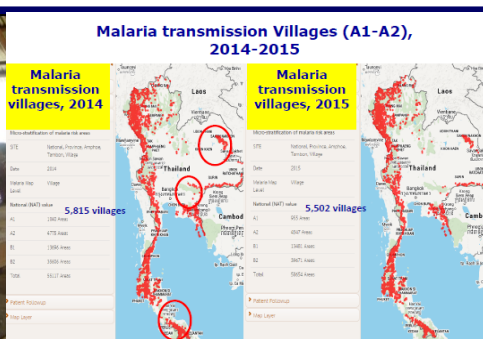
Thailand's unique position in the Greater Mekong Subregion, as an epicenter of migration, makes malaria monitoring and elimination efforts for migrant and cross-border populations especially important. Thailand's current policy on migrant health and malaria is to enhance access to essential health services among 3 million migrant workers through a special health insurance scheme for migrants, including those who are undocumented. It is essential to continue collaboration with neighboring countries, build inclusive public health policy on malaria prevention and treatment and create a supporting environment, develop effective community based and migrant friendly practices.

## South Africa Lebogang Lebesse, Chief Director, International Health, MOH

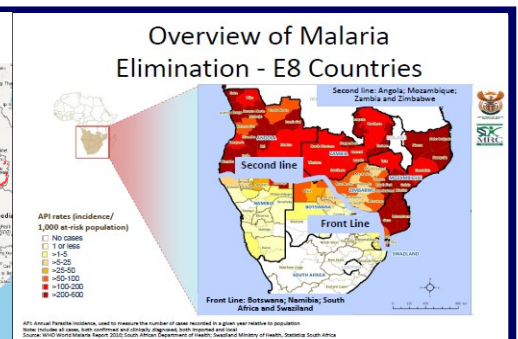
The South Africa National Malaria Elimination Strategy includes activities to reach migrants and vulnerable populations. Actions should focus on strong government coordination capacity, scale-up of informative, education and communication (IEC) activities in regional languages, enhanced partnerships with WHO, IOM, SADC, SARN and E-8 countries and strengthening cross-border collaboration with neighboring countries.



Costa Rica

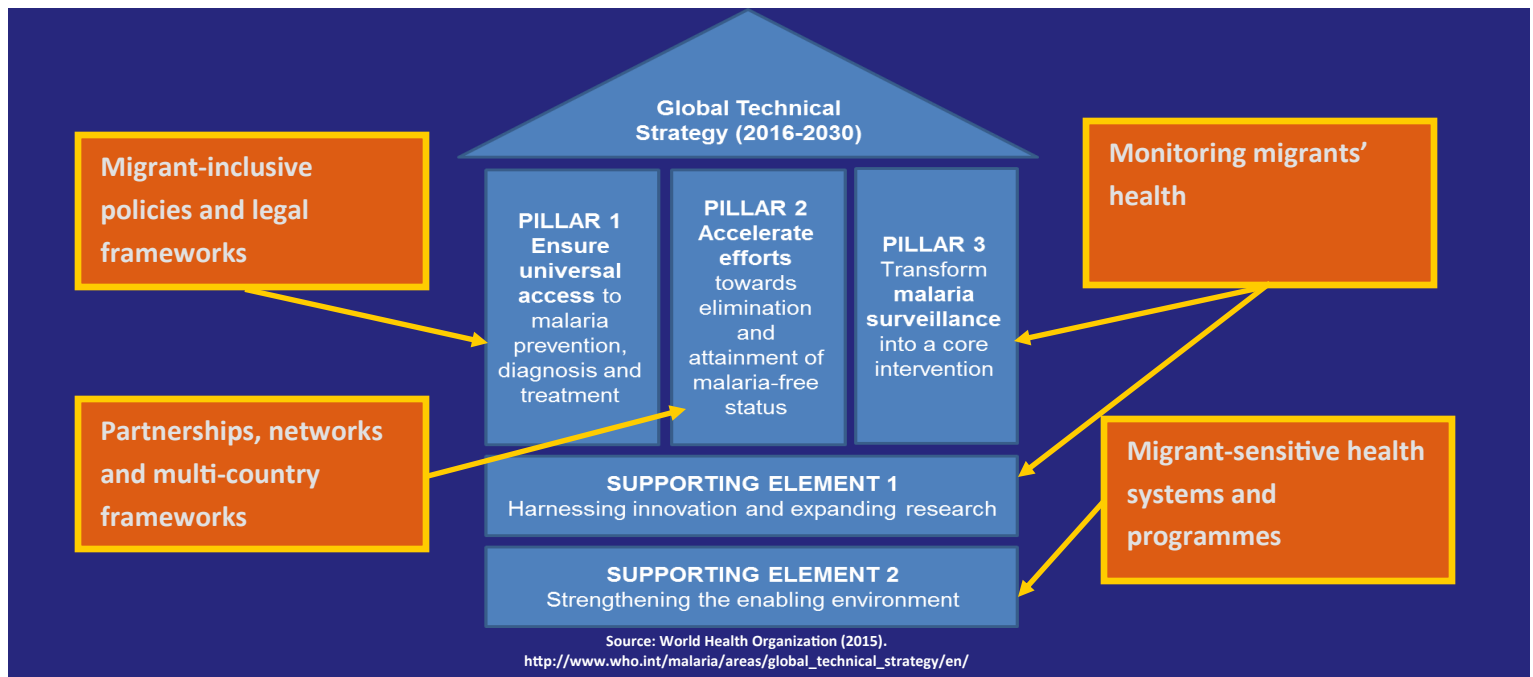


Thailand



South Africa

# Linking Health of Migrants Action Framework (WHA 61.17)<sup>2,3</sup> to the WHO Global Technical Strategy and Targets for Malaria 2016-2030 (WHA 68.2)<sup>1</sup>



## Migrant-Inclusive Policies and 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 and Programmes

- Adapt preventive, 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 and 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 malaria and migrants' health
- Conduct regular surveillance, data analysis and programme monitoring to track the progress of malaria control among all populations including migrants

1. Resolution WHA68.2. Global technical strategy and targets for malaria 2016-2030. In: Sixty-eighth World Health Assembly, Geneva, 18-26 May 2015. [http://apps.who.int/gb/ebwha/pdf\\_files/EB136/B136\\_R1-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/EB136/B136_R1-en.pdf)
2. Resolution WHA61.17. Health of Migrants. In: Sixty-first World Health Assembly, Geneva, 19-24 May 2008. [http://apps.who.int/gb/ebwha/pdf\\_files/A61/A61\\_R17-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/A61/A61_R17-en.pdf)
3. Health of Migrants— The Way Forward. Report of a global consultation. World Health Organization. Madrid, Spain, 2010. [http://www.who.int/hac/events/3\\_5march2010/en/](http://www.who.int/hac/events/3_5march2010/en/)