



**Position Paper and Recommendation for UN HLD on International Migration and Development 2013:  
Strengthening Migrants Population Health Care System in the SADC Region**

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**Background:**

Luke International (LIN) was established in 1997 in Oslo, Norway and working closely with the Pingtung Christian Hospital (PTCH) in TW\* since 1997 and other development partners in Malawi (Africa) since 2008. LIN's vision is to restore man's health and dignity through our health information integration competency. The organization has work in Malawi since 2008 in the area of assisting health information management system (HMIS) strengthen work following the World Health Organization – Health Metric Network (HMN) guideline.

On Health/Hospital Information System (HIS) development, LIN cooperates with MoH and other partners to assist health facilities and public health authorities to develop customized health information system (HIS) for themselves. The projects include the HIV care and treatment electronic medical record system (EMR) which involves the HIV/AIDS department from the MoH, the Zonal HIV program supervisor from the northern health zonal office, the Baobab Health Trust (BHT) in Malawi, the centers for diseases control and prevention (CDC) and relative partners. LIN closely works with the PTCH to share the experience and technology of development of hospital information system.

Also observing the challenge to provide health care, especially people living with HIV (PLWH) and on ART treatment, to the mobile and migrant's population, LIN initiated the "Regional Forum of HIV Cross-Border Patient Challenges in the SADC Region" in 2009 with the funding support from the Department of Health from TW. LIN has been worked with the SADC secretariat, the International Organization of Migrants (IOM) and Ministry of Health from 10 SADC member states to address the concern of the mobile/migrants population (seasonal workers, miners, transporters, international/internal migrants) health care system during the 2009, 2010 and 2012 forum.

We believe the only way to achieve and sustain the success of MDG 6: combat HIV/AIDS, malaria and other diseases, is to integrated the international migration and development work, to cover the most in dangerous population and provide them universal health services.

Hereby we would like to present the recommendation from the 2012 forum to contribute to the UN HLD on International Migration and Development 2013.

\*TW refereeing the name follows the UN Terminology of Country Names (ISO 3166-1)

OrganizationNo:NO 979 223 846 Postal adress: P.O.Box 115 Borgheim, 3163 Nøtterøy, Norway Visiting: Skarphagaveien 81 A, Nøtterøy, Norway; E-mail: post@lukeinternational.no  
Africa: Malawi CONGOMA No: C449/2009 TEL: +265-1-311-077 Fax:+265-1-311-077 Postal Address: P.O. Box 1088, Mzuzu 2, Malawi;  
Physical Address: Room 30-33, 2F, Kentam Mall, Mzuzu City  
Web: www.lukeinternational.no Fans Page: www.facebook.com/lukeinternational



## **Universal Access to Health**

### **Advocating for the Migrant's Health in the SADC Region – 2012**

2012 Forum of Cross-Border Patient Health, Sandton, Johannesburg, South Africa

#### **I. Background:**

Southern Africa hosts large numbers of internal and cross-border labour migrants. Migration is no longer unidirectional, with people resettling permanently to a few major receiving countries. It is increasingly multidirectional, often seasonal, or circular, and with a marked feminization. This has important repercussions on the need to enlist cooperation and partnership at regional level. With this increased population mobility either in search of better opportunities or safety, human mobility in Southern Africa impacts on the health of migrants and the public health of the host communities and countries. Furthermore, social conditions of migrants in the host society are far from satisfactory, especially with respect to health, vulnerabilities to access health service, xenophobia, education and security.

While in normal circumstances migration itself is not a risk to health, conditions surrounding the migration process can increase migrants' vulnerability to ill health. Social disruption caused by migration, overcrowded living conditions, discrimination in accessing health services, and a lack of social capital increase migrants' exposure to diseases and poor health outcomes. Particular concerns are communicable diseases such as HIV and tuberculosis (TB), adverse mental health and sexual and reproductive health outcomes, lack of access to treatment and difficulties of follow-up to treatment.

Since the SADC region has more than 70% of the total number of people living with HIV (PLHIV) in the world, there is an urgent need to take action on HIV and AIDS cross-border issues in the SADC region in order to mitigate the impact of the HIV and AIDS epidemic in the region.

In response to that, the "Forum on HIV Cross-Border Patient (CBP) Challenges in the SADC Region" was founded in 2009 to brainstorm on possible solution to these challenges. At the regional level, the SADC secretariat has developed Regional frameworks to provide strategic direction to SADC Member States in addressing migration and health concerns. These include: the Draft Policy Framework on Population Mobility and Communicable Diseases in the SADC Region; the SADC Declaration on TB in the Mining Sector. Another initiative that SADC, with support from the Global Fund, is engaged in is the SADC HIV and AIDS Cross Border Initiative. Whilst these Regional initiatives are appreciated, they need to be up scaled and implemented to achieve positive health outcomes among migrants and the communities with whom they interact. In the 2012 HIV CBP Forum, 25 delegates from the Ministry of Health (MoH) of 9 Member States (Botswana, Democratic Republic of Congo, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Zambia, Zimbabwe), International Organization for Migration (IOM), KNCV Tuberculosis Foundation, Luke International Norway (LIN), Malawi Embassy, Mzuzu University (MZUNI),



Pingtung Christian Hospital (PTCH), SADC Secretariat, TW-DoH and USAID participated at the forum and reached consensus on issues that should be prioritized to address migrants' health.

## II. Priority Issues

- a. Migrants and mobile populations encounter **difficulties in accessing health care services across borders** due to various reasons, these include: lack of information on where/what services are available across borders, long distances to facilities and so on.
- b. **Lack of a harmonized referral system in the Region** contributes to drug resistance and non adherence.
- c. There is **limited demographic data of migrants who require health care services** across borders. Such information would enhance resource planning for health in countries
- d. Migrants and mobile populations encounter treatment interruptions due to the **different treatment regimens** as they travel back and forth across borders or upon return to countries of origin e.g. retired mineworkers who worked in South African mines. Some countries have opted to providing large stocks of treatment for their migrant clients; however this contravenes the legislation of certain countries of destination or upon transit.
- e. **Coordination and monitoring of migrants' health** by Ministries of Health across borders is a critical matter in controlling the spread of communicable diseases such as TB and protecting people who cross borders
- f. **Casual and contract migrant workers**: anecdotal evidence suggests that this category of workers encounters huge challenges related to health care services particularly across borders. They have **poor access to health care services** due to lack of necessary documents and lack of access to workplace wellness programmes

## III. Recommendations

- a. **Mapping and Provision of migrant-friendly services**: In order to address the gaps in service delivery and improve migrants' access to health care services there should be a mapping of existing services in the SADC region not only along transport corridors but also in country. This would extend the services currently offered by the SADC Cross border project which only reaches a 50 kilometres radius from selected borders.
- b. **Harmonization of treatment regimens**: Governments should collaborate in finding a solution on how to address the different regimens in SADC countries.
- c. **Referral systems**: the developed SADC referral form should be approved for implementation in the region and it should be in all the 3 SADC languages i.e. English, Portuguese and French. Upon arrival at the receiving country the migrant should report at an identified and accessible



health facility. For effectiveness of the referral system it is critical to conduct health education for migrants who are on treatment.

- d. **Monitoring and Evaluation of migrants' health:** the SADC region should consider establishing an electronic system that will be confidential and access should be limited to identified health care practitioners. Reports generated from the system will inform policy decisions and effective programming. The private sector, particularly the mining sector, should also play a key role in facilitating and monitoring referral of their workers.

#### **IV. Recommendation Committee Members:**

**Dr. Allison Russell**

Senior Technical Adviser,  
Biomedical Prevention, Care and Treatment Regional HIV/AIDS Program, USAID

**Dr. Allen Lien**

Health Attaché, Department of Health,  
TW to Africa, South Africa

**Dr. Aroldia D. Mulokozi**

Research Officer,  
Tanzania Commission for AIDS, Tanzania

**Ms. Emmy van der Grinten**

Regional TB Coordinator  
KNCV Tuberculosis Foundation

**Mr. Joseph Wu**

Malawi Country Director  
Luke International Norway

**Mr. Oswald Mulenga**

Director M&E and Research  
National AIDS Council, Zambia

**Ms. Sikhulile Ngqase**

Migration Health Project Officer,  
International Organization for Migration

**Dr. Sithembile N. Dlamini**

ART Senior Programme Officer,  
Swaziland National AIDS Programme, Ministry of Health, Swaziland

**Dr. Vitalis Goodwell Chipfakacha**

Technical Advisor of Capacity, Building and Mainstreaming HIV,  
SADC Secretariat

**Prof. Yohane Nyasulu**

Faculty of Health Sciences,  
Mzuzu University, Malawi