



SOUTHERN AFRICAN
MIGRATION PROJECT

M I D S A

Migration Dialogue for Southern
Africa



IOM • OIM

INTERNATIONAL
ORGANIZATION
FOR MIGRATION

MIDSA WORKSHOP ON:

MIGRATION AND HEALTH

24 – 26 NOVEMBER 2004

CAPE TOWN, REPUBLIC OF SOUTH AFRICA

(NOTE: THIS IS A FINAL REPORT THAT WAS PREPARED AT THE
CONCLUSION OF THE WORKSHOP).

The MIDSA Workshop on Migration and Health was held in Cape Town, Republic of South Africa on 24-26 November 2004. The governments of Angola, Botswana, the Democratic Republic of the Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, South Africa, Seychelles, Swaziland, Tanzania, Zambia and Zimbabwe, as well as The Southern Africa Development Community (SADC), the African Union (AU), the World Health Organization (WHO), the UN High Commissioner for Refugees (UNHCR), The Australian High Commission, the Canadian High Commission, the US Embassy, the Swedish International Development Cooperation Agency (SIDA), IOM and SAMP were represented.

Opening Session

Mr Arthur Fraser, Deputy Director General of the Department of Home Affairs of South Africa opened the workshop on behalf of the Government and welcomed all participants to South Africa and Cape Town. With reference to previous MIDSA workshops, he underlined the importance of these opportunities for regional dialogue on common migration issues among SADC countries. He stressed that recommendations from previous MIDSA workshops should fill an important role in supporting Governments in their migration related work.

In light of the globalisation of migration and the effects on communicable diseases, Mr. Fraser underlined that one issue that will need particular attention in the region is the availability of HIV/AIDS treatment across borders. He also confirmed that the South African Government and the Department of Home Affairs have put the issue of migration and migrants' rights high on its agenda and are making increased efforts to ensure a well functioning immigration service, combat xenophobia, and apply the highest standards of treatment to all foreigners. In concluding, Mr Fraser expressed his hopes for fruitful deliberations that could result in recommendations for concrete steps forward.

Mrs. Gawa Samuels, Executive Deputy Mayor of Cape Town welcomed all participants to Cape Town, the ‘Mother City’, and made reference to the common challenges that SADC member states are facing with reference to migration and other issues in the region. Ms. Samuels noted that factors such as inadequate housing, a lack of developed infrastructure, and general poverty all impact the health of migrants, both internal and cross-border. Mrs. Gawa confirmed that the city of Cape Town acknowledges the severity of the HIV/AIDS epidemic and, as a city that is the home of many migrants, Cape Town welcomes the initiative of a MIDSAs Workshop on Migration and Health.

Mr. Hans-Petter Boe, Regional Representative for IOM in Southern Africa, welcomed all participants to the third MIDSAs event of the year and expressed IOM’s gratitude to the host Government and the City of Cape Town. He reminded the participants that since migrants had historically been ‘vectors’ of communicable diseases, countries of immigration spearhead disease control and that population mobility and health concerns were closely intertwined. He stressed that what is being witnessed in the region currently is that service capacity is decreasing while care needs are increasing. For this reason, it is necessary to encourage action to help people that are affected, including people on the move, to have access to care. At the same time, something must be done to counter the effects of ‘brain drain’ in the health sectors including through increasing resources to mitigate push/pull factors and focus on retention of public health professionals as well as considering tapping the resources in the African Diaspora. He concluded by expressing his wishes for a fruitful workshop and active participation.

Dr. Jonathan Crush, Director of the Southern African Migration Project, welcomed participants to the workshop, which he referred to as a critical meeting at a critical time. He underlined the high importance of the issues that would be discussed during the subsequent two days, including policy framework and the mainstreaming of mobility and migration in a region, which is suffering heavily under the HIV epidemic. He stressed mobility as one of the key factors behind the spread of the disease and the creation of particularly vulnerable populations. He confirmed that the exact linkages between mobility and diseases like HIV/AIDS are not clear and that improved understanding is crucial for creating policies and strategies. He expressed his hopes that the outcome and findings of this workshop will be brought back to our respective countries for further discussion.

Overview of Migration Issues in the Global and Regional Context

Dr. Davide Mosca, Regional Medical Officer for Africa and Middle East, IOM Nairobi, presented on “Bridging Migration and Health” and looked at the factors that link migration and health and underlined health as an integral component of migration. He emphasized the need to consider the physical, mental and social well-being of individual migrants and their families as well as communities, in health and migration policy-making and practice.

Mr. Mosca described two elements to be at the focus in relation to migration/migrants health: the human rights of the individual migrants and the society receiving the migrants. From a human rights perspective, the promotion of human dignity and wellbeing are vital, and existing international human rights framework does provide a frame within which the aspects of migration and health can be handled. However, the rights are only extended to regular migrants that are lawfully residing in their new host country and do not apply to irregular migrants.

Mr. Mosca emphasised that there are no migration related diseases, but there are risks and vulnerabilities attached to the conditions and circumstances attached to the migration process. Barriers to services, rights and resources contribute to the particular vulnerability of migrants. In order to move forward, Dr Mosca underlined the need for: harmonising policies to include the needs of migrants, advocacy programmes, awareness raising and capacity building efforts.

Professor Eric Buch, Health Advisor to the New Partnership for Africa's Development (NEPAD), provided an overview of the NEPAD Health Strategy that has been adopted by Africa's health ministers and the AU. The basis of the strategy recognizes the huge burden of preventable and treatable diseases, and the gap that still exists between the needs and the responses. It also recognizes displacement and marginalization of populations as some of the main factors behind the reasons for the burden. The strategic direction of the strategy focuses on the importance of a comprehensive integrated approach to build the health systems in Africa. NEPAD's role in the process is to facilitate, mobilise and enable commitment in coordination with the AU.

Related to the issue of migration, the strategy places emphasis on displaced communities and areas affected by conflict. It also focuses on the increasing migration of health professionals out of Africa and the need to stem this flow, which has a direct impact on the increase of the burden of disease, which in turn impedes the social and economic development of countries in the region. Initiatives such as development of ethical approaches to recruitment, financial compensation from recruiting countries and retention strategies were put forward as possible means of reducing the negative effects of the brain drain. Data generation on migration would be a crucial component for any of these initiatives. Dr Buch concluded his presentation by welcoming recommendations from the MDSA Workshop on how to improve the programme of action and the NEPAD health strategy.

In the discussion that followed the presentations, the potential need for a separate regional policy/strategy focusing on migrants was raised as well as a syndicate for defending migrants' rights. It was underlined that regional attention need to be given to the needs of HIV infected migrants to ensure care and follow-up in particular to ensure access to drugs.

Mr. Innocent Modisaotsile of the SADC Secretariat started his presentation by confirming that while migration in the region is not new, the trends of migration are

changing. He also referred to evidence of the association between HIV and migration in the region.

Mr. Modisaotsile mentioned the proposed SADC Protocol on the facilitation of movement of persons among member states, which will address structural problems that concern mobile populations. In terms of SADC's policy response to the HIV/AIDS epidemic, three critical documents inform the policies: the RISDP (Regional Indicative Strategic Development Plan), the Maseru Declaration on HIV/AIDS and the Strategic Framework on HIV/AIDS. The vision is to significantly reduce levels of HIV and AIDS in the region. Prevention, mitigation and resource mobilisation also form part of the framework. These frameworks have been operationalized in the SADC business plan, in which mobile and migrant populations are prioritised. Cross-border HIV/AIDS interventions are ongoing and IOM is currently producing guidelines for mobile sectors in the region. Mr. Modisaotsile expressed the commitment of SADC at all levels to address the epidemic comprehensively.

Dr Brian Williams, Epidemiologist, WHO Geneva delivered a presentation that focused on why the Southern African region is so badly affected by the TB and HIV epidemics. Common risk factors for HIV infection do not explain the high levels of infection in Southern Africa, according to Dr Williams. Instead he emphasised that the level of diseases is explained by the spread of diseases and that we need to take migration into consideration to understand the high levels of both TB and HIV in this region. He contended that from an epidemiological perspective, migration must be the key explanation factor for the spread of the HIV infection in the region. The same applies for TB, which is increasing in Southern African countries because of the HIV epidemic.

Dr Mark Lurie, Associate Professor, Brown University, United States looked more closely at the association between migration and HIV/AIDS in Southern Africa. Even though there is evidence to support the fact that migration has played a role in the spread of HIV, he also confirmed that central assumptions about migration and AIDS have proven wrong and there is a need for more research to improve understanding of the linkages. In terms of the spread of the disease, it is not enough to look at individual behaviour; attention needs to be paid to factors at environmental level, such as single sex hostels, access to commercial sex workers, alcohol and to factors at a structural level, including the need to migrate, availability of jobs etc. Interventions at these levels are often lacking. He further emphasised the need for regional solutions, special programmes for migrants during all phases of the movement and health services for migrants.

In the discussion that followed, the issue of increasing feminisation of migration was raised and it was concluded that, as yet, very little is known about the particular risks faced by mobile women. Comparisons were made with countries in other regions with high levels of migration, such as Brazil and how they deal with the HIV epidemic and emphasis was put on the need to share experiences.

Wednesday Afternoon

Presentation of main findings of the SAMP and IOM background paper on research on migration and HIV/AIDS

Prof. Jonathan Crush, Director of SAMP, explained the aims of the research: to assess the role of mobility in the HIV epidemic, to examine major changes in mobility, to review the state of knowledge of relationship mobility and HIV spreading, and to examine how research has been incorporated in policymaking. The findings confirmed general shifts in migration patterns that have influenced the spread of HIV, including rapid urbanisation, major shifts in contract labour systems, the feminisation of migration, and the brain drain from and within Africa. Awareness of migration mobility as a key issue is very uneven: policies and interventions are only well articulated in some countries in the region. A closer look at the relationship between research and policy indicates that research has not been adequately linked to policies and strategies. In concluding, Prof. Crush underlined that the impact of migration on the spread of HIV and the impact of HIV/AIDS on migration are not well understood and reciprocal relations between HIV/AIDS and mobility need more research. He also confirmed that individual migrants and stretched household are at high risk and interventions targeted at the mobile populations are essential.

Barbara Rijks, HIV/AIDS Regional Programme Officer, IOM Pretoria, gave a brief summary of the research workshop on *Priority Setting on HIV/AIDS, Population Mobility and Migration*, which took place on 22-23 November in Cape Town and was arranged by IOM and SAMP. It was explained that the overall objective of the workshop was to recommend a research agenda for next five years to learn more about HIV/AIDS and population Mobility in the region. She underlined the gaps in current research that deserve priority, including the need to study the role of culture in the context of HIV/migration, understanding sexual networking in context of HIV/migration and the need to research HIV interventions in the context of migration. She also highlighted the need to for an interdisciplinary approach (bio-medical research with social sciences) and a critical challenge will also be to communicate research findings to policy makers. Researchers should engage with policy makers from the start to the finish and fit the research within existing policies.

Prof. Crush and Ms. Rijks, suggested that in terms of research, the way forward would have to include efforts to link HIV and mobility research to policy plans, creation of a SADC network of researchers and policy makers, the construction of a research plan focused on high priority areas with practical implications, e.g. AIDS induced migration and improved dissemination of research results to policy makers and facilitation of mainstreaming of migration in HIV/AIDS plans. This could possibly be a role for MDSA.

In the discussion that followed the presentation, participants expressed a wish to see the role of international organisations, civil society and regional institutions included in the recommendations. Questions were also raised with regard to how monitoring of the development of policies is done in the countries in the region, as governments often don't have the capacity. This could possibly be a task for international organisations. Other comments concerned the financing of the research and the extent to which SADC and/or NEPAD should be involved.

During the breakaway session, participants were asked to discuss the factors that relate to HIV vulnerability, particularly in the construction sector, and what services, policies and programmes could be put in place to reduce HIV vulnerability and to identify potential stakeholders and what role such stakeholders might play.

In summary, participants spoke of poverty, cultural factors, poor or no access to treatment and services as factors that contribute to vulnerability. Participants noted the need for ongoing education, training and services to be provided in collaboration by governments, the private sector and civil society organisations to reduce HIV vulnerability.

Thursday 25 November

Ms. Magda Awases, WHO Regional Advisor, Human Resources Development, Regional Office for Africa in Brazzaville, presented the results of a study undertaken in six countries, which looked at the main flows and trends relating to the migration of health workers. Ms. Awases noted that there was an increase in the migration of skilled and experienced health workers from African countries to primarily the UK, USA, Canada, France and Australia. She also mentioned that some African countries, notably South Africa and Botswana are recipient countries and that health workers from elsewhere in Africa also migrate there.

She emphasised that the primary factors leading to migration are related to poor levels of remuneration, unsatisfactory working conditions and the lack of training and limited opportunities of advancement.

Ms. Awases concluded her presentation by listing various initiatives in place to reduce or manage the problem of the outflow of skilled health professionals. These initiatives are primarily aimed at addressing the factors that lead to out-migration.

Ms. Liselott Jönsson, Regional Program Officer, IOM Pretoria, provided a review of existing data and literature pertaining to the push and pull factors that cause migration. She noted four push factors in particular: poor living conditions, poor working conditions, concern about crime and safety, and high levels of unemployment. Ms. Jönsson noted that the pull factors are often the direct opposite of the push factors.

In the two country presentations, participants from Madagascar and Zambia described the situation pertaining to the migration of health workers in their own countries. In both situations, many of the pull and push factors corresponded to those enumerated by Ms. Awases and Ms. Jönsson. In the presentation by Madagascar, it was noted that in addition

to pursuing strategies to promote retention and return, legislative mechanisms have also been put in place in an attempt to address the problem.

The participant from Zambia noted that while there are advantages to the migration of health professionals, these are outweighed by the disadvantages. She described the plans put in place by the Zambian government to address the problems they are experiencing and emphasised the need for better cooperation between governments.

Professor David Sanders of the School of Public Health, University of the Western Cape, provided information on research conducted relating to the working conditions and emigration of nurses in the Western Cape, as well as the impact of HIV/AIDS on the nursing profession.

Prof. Sanders noted that there are high levels of demoralisation amongst nurses and that, due to poor working conditions and a lack of support and training, many nurses are emigrating. Prof. Sanders also described what he termed the 'development paradox'; namely, that the loss of professionals to developed countries cost the same amount as foreign aid received and that, therefore, this represented a reversal of development aid.

During the subsequent discussion, participants noted the need for further research into the causes of and potential solutions to the push and pull factors as a means to address the loss of health professionals. Participants also suggested that investments specifically in rural development might serve as an incentive to reduce migration.

Dr. Barbara Stilwell, Migration/Health Focal Point WHO Geneva, described the global context within which the migration of health professionals needs to be understood, but also noted the difficulty of obtaining sufficiently reliable data to track the extent of migration.

Dr. Stilwell confirmed that in most parts of the world the push and pull factors are very similar, but drew attention to the special circumstances related to the nursing profession. Dr. Stilwell described the various Codes of Practice pertaining to the recruitment of skilled health professionals that have been adopted, but emphasised that while these codes of conduct were well-intentioned, they were not legally binding, especially for the private sector, and called for the need to monitor the implementation of such agreements.

Dr. Meera Sethi, Regional Advisor for Sub-Saharan Africa, IOM Geneva spoke of the importance of not only focusing on international migration, but also taking internal migration into account. She noted that key issues in addressing the problem were the disparities between countries, transit and irregular migration, the feminisation of migration and the international mobility of workers generally.

Dr. Sethi stressed the need for a comprehensive approach to Human Resources Development and suggested that responses adopted by sending countries would be different to those adopted by receiving countries.

Dr. Sethi then described the IOM MIDA Programme and various other national and regional initiatives aimed at reversing the 'brain-drain'.

In her presentation, **Ms. Thembisile Rose Mdlalose, Director, Human Resources Development in the Department of Health, South Africa**, referred to a “crisis” in the migration of health workers: internationally, from the public to the private sector, from rural to urban areas, and out of the health sector altogether. Government response to this migration has been based primarily on research exploring “push” and “pull” factors, which fall into four main categories: economic, political, job-related and social. Push factors influencing health professionals include the perceptions of higher salaries, crime and political insecurity, and perhaps most critically, working conditions, understaffing and a lack of opportunities for professional growth. Pull factors identified include desire to improve financial status, opportunities for career development, personal security and stability, and improved working conditions.

She noted that the South African Department of Health has developed a number of practical retention strategies for reducing migration amongst health workers. First, the Department has investigated incentives for rural health workers, improved salaries and conditions of service; overseas training opportunities coupled with contractual bonding, an improved Communication Strategy, and a study of occupational risk. The Department is also exploring the training of mid-level and community health workers, work exchange programmes and strategies to attract returning migrants. Health professionals working in South Africa are also required to participate in the Community Service Programme, and the Department is developing support structures for community service professionals, as well as committing to ongoing research and impact evaluation of the Programme. South Africa is also a signatory to the Commonwealth Code for Ethical Recruitment, and does not recruit health professionals from either SADC, or from other developing countries.

Closing Session

Prof. Jonathan Crush, speaking on behalf of SAMP expressed his appreciation to the participants for their efforts and contributions to making the workshop a success. He noted the value of initiatives such as MIDSAs in promoting dialogue and regional co-operation. He emphasised that there was a need to mainstream migration at national and regional levels and to ensure that migration is factored into national and regional development plans and initiatives.

Mr. HP Boe noted the ongoing importance of MIDSAs and appealed to government participants to endeavour to increase ongoing support for the MIDSAs process. He also expressed his thanks to all participating governments and in particular the South African government for hosting the workshop. He also thanked those involved in the logistical organisation and administration and formally declared the workshop closed.

Conclusions and Recommendations

During the workshop, the following recommendations were put forward for consideration by governments, international agencies and civil society organisations:

1. Efforts should be made to develop and implement ongoing public awareness, education and training programmes aimed at HIV/AIDS prevention, mitigation and support, and to deliver and to ensure that migrants have access to health and other services in locations where they are most vulnerable.
2. In addition to addressing the immediate causes and consequences of vulnerability to HIV and AIDS, programmes and policies also need to be put in place to address environmental and socio-economic factors such as housing, access to commercial sex workers and alcohol abuse.
3. Needs assessments into capacities at national and regional levels need to be conducted and the results thereof must be used as a basis for designing and implementing a human resources development plan that incorporates training, recruitment, career pathing, infrastructure and equipment and the allocation of resources. Such a plan must be based on national needs and desired outcomes, but must be developed in a regional context.
4. Strategies must be developed, specifically in rural areas but more generally as well, to ensure the retention of skilled health professionals. Such strategies should include the restructuring of remuneration and benefits packages, the development of infrastructure and the improvement of social and economic conditions.
5. Partnerships between governments, regional and international agencies, the private sector, civil society organisations and specifically academic, training and educational institutions must be developed to enhance and promote ongoing training of health workers in and between member states.
6. Consideration should be given to the harmonisation of training programmes and training curricula across the region.
7. Community health workers, particularly in rural areas, should be more directly and formally involved in the provision of health services to reduce the workload on a small number of health professionals
8. In terms of recruitment and retention strategies, bilateral and multilateral agreements should be engaged in between governments. Such agreements should have stipulations regarding working conditions, compensation, bonding and recruitment practices.
9. Mechanisms to monitor and evaluate the efficacy of responses to health worker migration (retention strategies, career pathing, working conditions and so on) should be put in place.
10. Further research into the migration push and pull factors, the extent and impact of this migration as well as cost-benefit analyses should be conducted and used as a basis for developing programmes and policies that reduce the extent and impact of the migration of health professionals and enhance retention.
11. Further research on the linkages between HIV/Aids and mobility should be conducted to inform and enhance the responses of governments, the private sectors and civil society organisations. There is also a need for more general research, data collection and information sharing on migration and health.
12. Governments, with the assistance of other stakeholders in the private sector, international agencies, the donor community and civil society, should undertake a

review of existing human resources development plans with a view to making them more relevant, effective and efficient. These efforts could be undertaken in collaboration and with the support of agencies that have existing initiatives underway.

13. Governments should enhance internal co-ordination so that migration is included in national health strategies, and health is included in national migration policies.
14. Governments, in collaboration with other stakeholders must develop and enhance management capacity in the health sector to reduce the burden of management on health professionals.
15. Governments should engage with private agencies involved in the recruitment of health professionals with a view to minimising the impact that such aggressive recruitment practices may have.
16. In an effort to increase human resources capacity in the health sector, governments must draw on the skills and capacity of refugees as well as nationals in the diaspora, in addition to the ongoing training and development of human resources.