African Union

Policy Brief: Multidimensional approaches towards migrant health in the African Union

This policy brief was developed in the framework of the project "**Migration and Health: Addressing Current Health Challenges of Migrants and Refugees in Africa - from Policy to Practice**", which also included a study report and an academic article. This project was commissioned by the African Union Commission's Department of Health, Humanitarian Affairs and Social Development to inform policy and practice in migration and health and ultimately improve health outcomes for different migrant and refugee groups in Africa. The research project was undertaken by the Centre for Rural Development (SLE) of Humboldt University of Berlin with the support of GIZ African Union Office.

Key Facts:

- By mid-2020, there were an estimated 280 million international migrants worldwide, of which 60% were labour migrants (GMDAC, 2021)
- In 2019, there were 26.5 million international migrants on the African continent, which account for 2% of the total population (UN DESA, 2019), with the trend rising due to enhanced regional integration (McAuliffe & Kitimbo, 2018)
- Only 1% of African migrants are leaving the continent (Flahaux & De Haas, 2016)
- Economic circumstances and employment are the main reason for migration in Africa, with 13 million labour migrants on the continent (IOM, 2020a, p. 157) and an estimated 1 million new labour migrants annually between 2014 and 2019 (Africa Center for Strategic Studies, 2019)
- The main migration corridors in Africa are illustrated in Figure 1 below.
  There is the corridor from West and Central Africa towards North Africa and Europe (Rabat Process ICMPD, 2021). There is the corridor from the East and the Horn of Africa along the Northern Route towards North Africa and Europe (Khartoum Process ICMPD, 2021). Also originating from the East and the Horn of Africa are three more corridors: the Southern Route towards South Africa, the Eastern Route to the Arabian Peninsula, and the less frequented Sinai Route from Northern Africa to Israel and the Gulf States (Marchand et al., 2017).
- While migration can provide many opportunities to improve livelihoods, migrants are vulnerable to many different factors such as a lack of adequate protection and restricted access to health care services due to legal status, stigma, language barriers and discrimination. A lack of income might further exacerbate migrants' health-related vulnerabilities.

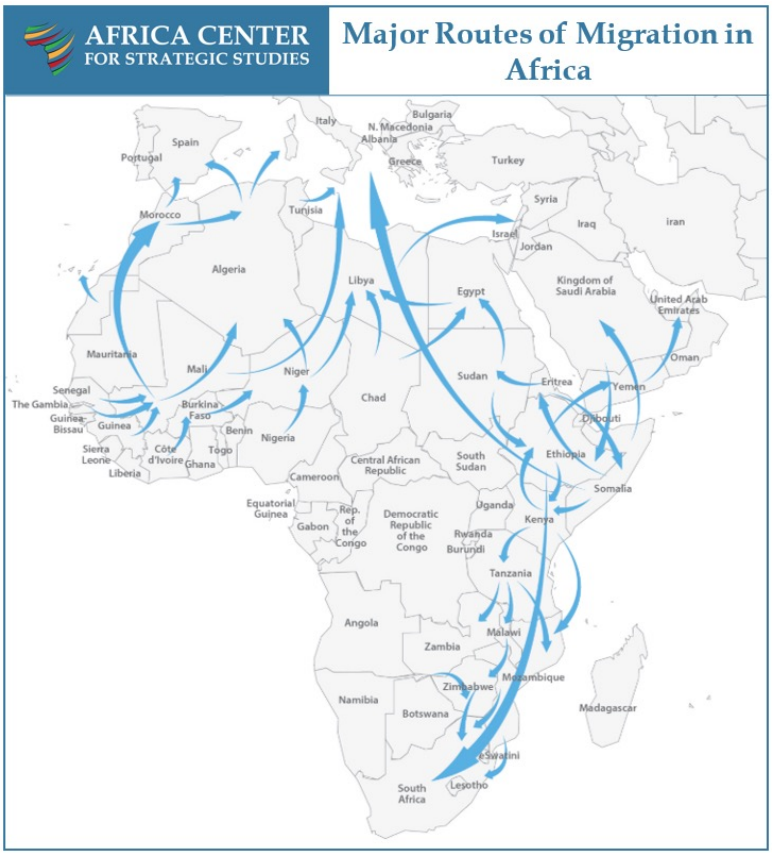


Figure 1 - Major Migration Routes in Africa
Source: (Africa Center for Strategic Studies, 2019)

Introduction

Whilst it may be a cliché that Africa is a continent 'on the move', African migrants are set to transform African societies and economies in the 21st century (Baggio, 2014; Steinbrink & Niedenführ, 2020). Demographic changes and population growth on the continent, fast-growing urbanisation, and increasing economic and political integration, as well as climate change and political instability all mean that improving the health of all African citizens, including migrants, will be a major concern for African states in the coming decades (African Union, 2018a; IOM, 2020a).

Currently, there are two key trends exacerbating the needs for health access in Africa. The first is the global COVID-19 pandemic, which creates the need for improved health access. This is especially urgent for migrants who constitute an even more vulnerable group due to their higher mobility, but also due to numerous challenges in accessing health care (Guadagno, 2020).

The second trend relates to complex emergencies in different parts of the continent and responding to the resulting humanitarian needs, especially in terms of forced displacement. This is particularly relevant in relation to countries involved in the Khartoum process, especially in the context of forced displacement from Ethiopia in response to the deteriorating security situation and famine (BBC News, 2021). However, it also affects other countries and regions such as the DRC, but also Rabat process countries who are currently dealing with disease outbreaks such as Cholera in Togo in 2021 (WHO, 2021a), as well as forced displacement due to conflict and insurgencies (Nigeria, Mali, Chad, Cameroon) and environmental degradation (UNHCR, 2020).

Due to the intersectional nature of the complex topics of migration and health, it is not a simple task to address these two areas jointly and thereby respond to the increasing health care needs of migrants and refugees in Africa. This complexity will require active partnerships between governments, international organizations, civil society groups, the private sector, as well as migrants themselves to deliver a multidimensional approach to address health needs in all their complexity.

Therefore, in line with factors advanced by the Global Consultation Report (IOM & WHO, 2010), this policy brief will discuss four key topics on different dimensions of the migration and health nexus:

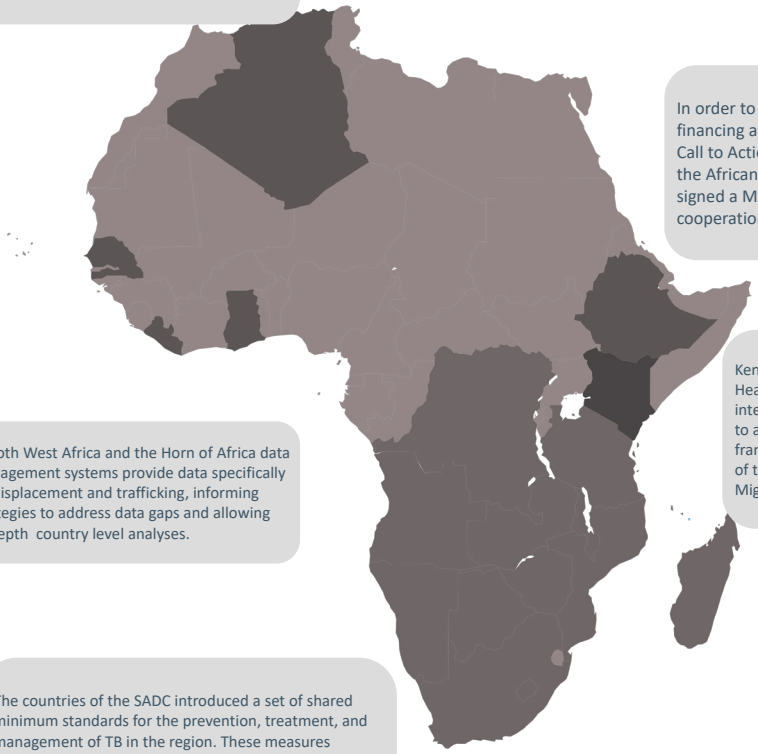
- Data on Migration and Health
- Policies and legal frameworks for Migration and Health
- Inter-state and regional cooperation on Migration and Health
- Migration-sensitive Health Systems

With a special focus on African migration, this policy brief will highlight important trends and policy frameworks in migration and health, discuss key factors and challenges of migration and health policy measures, give examples of good practices, and suggest concrete actionable policy recommendations for African policymakers, practitioners and researchers.

The policy brief is based on the findings of an in-depth study commissioned by the African Union and Germany's Gesellschaft für Internationale Zusammenarbeit (GIZ), undertaken by the Centre for Rural Development (SLE) at the University of Humboldt in Berlin with the title "Migration and Health: Addressing Current Health Challenges of Migrants and Refugees in Africa – from Policy to Practice" (AUC/SLE, 2021).

Examples of best practice in migrant healthcare policy and provision

National campaigns to improve migrants' occupational health have been launched in many countries; while in Algeria occupational health and safety policies make provision of medicine for migrant workers an obligation of their employer.



In order to secure sustainable health financing and in line with the Addis Ababa Call to Action on universal health coverage, the African Union, and its Member States signed a MoU with the WHO for cooperation in the efforts.

Kenyas National Consultation on Migration Health brought together government bodies, international organisations and civil society to analyse and improve existing policies and frameworks. This resulted in the 2017 draft of the country's first unified National Migration Policy.

In both West Africa and the Horn of Africa data management systems provide data specifically on displacement and trafficking, informing strategies to address data gaps and allowing in-depth country level analyses.

The countries of the SADC introduced a set of shared minimum standards for the prevention, treatment, and management of TB in the region. These measures include monitoring systems developed for patients with TB who leave their home countries. The majority of SADC countries have reduced their TB incidence over the last ten years. Similar minimum standards also exist for malaria and HIV services.

Africa CDC's African Volunteers Health Corps works with international, continental, regional, and national partners to recruit African and diaspora volunteer medical and public health professionals to support emergency response to disease outbreaks in Africa.

Data Sources

Occupational health policy for migrant workers (WHO, 2018). Migration management guidelines for Kenya (IOM, 2018b). Harmonised minimum standards for the prevention, treatment and management of tuberculosis in the SADC Region (SADC, 2010). Tuberculosis incidence in SADC countries (WHO, 2021c). Minimum standards a for malaria and HIV interventions (SADC, 2009b, 2009a, 2013a). Displacement Trafficking Matrix and the Global Human Trafficking Database (IOM, 2018a, 2021a). Africa CDC's African Volunteers Health Corps (Africa CDC, 2021). Addis Ababa Call to Action on UHC (UN, 2015a; WHO, 2019b).

Figure 3 – Examples of best practice in migrant health care policy and provision

1. Data on Migration and Health

As the African Union (AU) Migration Policy Framework for Africa 2018-30 (MPFA) states, "migration data is key to mainstreaming migration into policy and planning frameworks and development" (African Union, 2018a, p. 70). This also affects the efforts of migration health policy. In order to improve the health outcomes of migrants, a better understanding of migrants' situation (and lived experience) is required. This understanding can be enhanced with quantitative and qualitative data. The sensitive and complex nature of data on the topics of migration and health needs to be considered at all stages.

First, this chapter provides an overview of key issues in migration and health data, then the challenges to improving this data are discussed and references to existing international data sources are given.

Data needs and aims

The IOM Global Consultation on the Health of Migrants Report gives the basic considerations for the topic (IOM & WHO, 2010). To develop a usable data framework, there must be agreement on which data is to be used by whom. Health-related data on migrants must be collected to advance the understanding of their health needs, and subsequently utilized to, improve service provision and accessibility of health services to migrants. Data on migrants' health needs to be shared sensitively and not be used to target migrants for enforcement activities like detainment or deportation. As explored in the African Union commissioned SLE study, data collection should aim at answering key questions such as: which health conditions affect migrants, how they use the health services, and how their health status changes over time (AU/SLE, 2021). Further topics may include the identification of populations that require specific interventions and gaps in the provision of health services, or the attitudes of health providers towards migrants. Information on these topics will help identify action areas that can improve health care provision for migrants in Africa.

After clarifying what data is needed, users of this data are easily identified. These include governments of AU Member States (MS) with their respective ministries and planning departments (which are directly in contact with migrants via the delivery of services), researchers, international organizations such as IOM or WHO, or NGOs representing the interests of migrants, amongst others.

Challenges and possible solutions

Data challenges include the national scope of data, low data standards, its usability and the difficulty to reach populations of migrants.

A basic data challenge is the national scope of data collection. Individual states record the data they identify as important for planning and monitoring. This results in varying methods between neighbouring states in data collection, definition, classification, frequency, and/or analysis. A standardised set of variables with consistent definitions, methods of collection and analysis would allow for better comparability not only between countries but also within one country over time. This would enable easier monitoring of progress and identify areas in need of action. In this way, the transfer and testing of good practices would also be simplified (African Union, 2017, 2018a; GMDAC, 2019; MIF & Afrobarometer, 2019). On this, the UN Department for Economic and Social Affairs provided a comprehensive guideline with recommendations on migration statistics in 1998 already, which received an update in 2017 with current guidelines and statistical considerations (Global Migration Group, 2017; UN DESA, 1998).

Improved data standards require comprehensive data systems. Instead of creating many small, isolated data banks, as much information as possible should be accessible through a single platform. The AUs MPFA, for example, calls for stronger efforts in comprehensive labour migration data collection, analysis and exchange (African Union, 2018a, p. 36). With the integration of census data and other sectors like housing, education, employment, private sector and NGO collected data, a more complete picture can be given (IOM & WHO, 2010, p. 12).

Improved integration of data sources can also help with the challenge of aggregation of data. In order to make efficient and effective interventions, the drivers of national, regional, or even global trends must be identifiable. This (dis)aggregation means that it needs to be possible to identify certain subpopulations or locations. While existing global level large-scale and unified datasets such as the World Bank, IOM, or WHO can be extremely useful, they are also limited in terms of the data collected, which is mostly reported at a national level (IOM, 2021c; WHO, 2021c; World Bank, 2021). If the data can be disaggregated below the

national level, such as district or municipal level, to give insights on gender, age, or legal status, planners in AU MS can target their actions more effectively. If data in all these dimensions is collected, it needs to be anonymous, meaning it should not be possible to identify individuals.

The possibility for planners to access district or municipal data brings about the next challenge. Those coordinating actions to improve the health system are often hindered by limited resources and capacity for data analysis, in both human and technical resources. If measures are taken to expand data availability, the capacity for processing and analysis of this data needs to keep pace. If possible, data could be published. This way, researchers could take part in the analysis of data and offer insights.

In order to reach the goal of universal health coverage set out by the AU's African Health Strategy 2016-2030, all people must be able to access health services (AU DSA, 2016, p. 16). In order to do so efficiently, information on migrants' health status is needed. Yet, this is one of the biggest challenges faced. Regular migrants like labour migrants who have a working visa or exercise free movement rights in some African regions and work in the formal sector are easily recordable. There is also the possibility to monitor the health and include in a health care system the refugees who make their way to a refugee camp or the asylum seekers applying for residence. However, there are several groups on which data collection is difficult, if not impossible. Some migrants live in remote areas where they can be difficult to reach. Others are highly mobile populations like nomads. The dynamics of modern migration also include increasing numbers of temporary labour migrants with whom regular interactions for health or follow-up treatments are challenges in themselves. Aside from those who are difficult to reach, there are also those actively avoiding contact with the government or health care system. One of these groups are irregular migrants, who often avoid contact because of fears of being asked for documentation: without which, there is a risk of being detained and deported. Many AU MS have large, uninhabited border areas which migrants can use to cross into the country without stopping at a border post and being accounted for. In some cases, such as with victims of trafficking, there are obvious barriers to engaging with the authorities or health services.

For these groups, a community-based approach is sensible: working with community representatives to build on existing networks of trust and making clear that data collection and retention is beneficial to them, and will not put them at risk of further discrimination, exclusion or negative interactions with the authorities. Surveys targeted specifically at difficult-to-reach populations of irregular migrants, combined with qualitative research, can give significant insights (IOM & WHO, 2010, p. 12). For example, a study commissioned by the AU was able to survey Somali migrants in Kenya, who rarely communicate with outsiders of their community (AU/SLE, 2021). This was made possible through the initial trust built by an IOM facility treating both migrants and locals without documentation.

In all efforts to improve the availability and use of data on migration and health, it is essential to include migrants and their representatives in the process of collection and analysis of data, in order to gain their trust, increase cooperation and enhance the quality of the efforts.

Existing data sources

Currently, data on migration and health is of limited quality, hindering knowledge on migration and thereby better migration management. There are, however, many efforts by different actors, with IOM being the most productive one on the global stage, assisting other stakeholders with its work.

The IOM Migration Data Portal provides data on different flows, vulnerabilities, migrants integration and well-being, their connection to development, migration policy and many more topics (IOM, 2021c). It also provides information to contextualize these topics. IOM's Global Migration Data Analysis Centre complements the data portal with in-depth analysis and reports (IOM, 2021b). In combination with the data sources from WHO and World Bank, many indicators can be accessed at the national level. Further, IOM provides data specifically on displacement and trafficking in Africa in its Displacement Trafficking Matrix and the Global Human Trafficking Database (IOM, 2018a, 2021a). National Migration Profiles are a standard information tool used by many countries. They show migration patterns, their influence on development and identify country-level strategies to address data gaps. In bringing together stakeholders in technical working groups, they build capacities and coordination between different efforts (Borgnäs, 2018). The number of these profiles should be improved. To date, 12 AU MS have not published a profile, while 20 have published only one. A regular publication by all countries should be supported. Considering that migration for economic reasons is the most dominant form of migration, ILO's labour migration data bank is another highly relevant source (ILO, 2020). The AU itself is also providing information with the Report on Labour Migration Statistics in Africa (African Union, 2017).

A novel approach by the Danish Refugee Council and IBM is a forecasting model of migration (DRC, 2018; IBM, 2019). Migration drivers are combined with more than 120 development indicators from the last 25 years. Based on this, a machine learning model predicts migration numbers, location of origin, route and destination in the next year. It also suggests the likelihood and drivers of future migration flows.

Recommendations	Term	Actors
• Further unify and standardize indicator definitions and measurements	Short to medium	AU, RECs, MS
• Expand the coverage of migration profiles to inform migration policy development and stakeholder exchange leading to greater capacities	Short to medium	AU, RECs, MS
• Target difficult to reach and most vulnerable populations (e.g., women, children, elderly, disabled) with situation analysis to better understand their needs to effectively address them	Short to medium	MS
• Include migrants in the planning and implementation of data collection	Medium	MS
• Include migration and health indicator measurement in existing statistics of other sectors	Medium	MS
• Strengthen capacities for research, data collection/analysis and sharing and the exchange of good practices in these areas, not only on national, but also on regional level	Medium	MS, RECs
• Support the implementation of the NEPAD initiative, especially in Information and Communication Technology for better collection and exchange of data	Medium	AU, RECs, MS
• Develop and use innovative data collection instruments	Medium	AU, RECs, MS
• Cooperate in data standardization and sharing on the international level to further improve regional and continental understanding on cross-border health issues	Medium	AU, RECs, MS
• Communicate to migrants why their data is collected and what their benefits are, while preventing the misuse of the information	Long	MS

2. Policies and legal frameworks for Migration and Health

This chapter discusses the challenges in migration and health policymaking processes at the national level. Attaining the goal of coherent policies can be impeded through traditional policy views, isolated administrational domains or conflicting interests. Firstly, these obstacles are presented. Then, the various dimensions in which policies need to be coherent are explained. Finally, we include several examples of good practices and recommendations.

Traditional policies tend to be focused on the sector that advanced them. Obvious examples of this are policies from the migration and health domains, which initially did not reference each other. Migration policies are often focused on administration and security aspects; while health policies usually are aimed at the local population, rather than considering arriving non-nationals.

Reasons for such a narrow focus include separately responsible institutions in their respective domains with a lack of information and consideration for other areas, but also conflicting interests. While ministries in charge of migration, usually under ministries of the interior, or in other member states, under foreign affairs or even specialized ministries for migrants and diaspora, were mostly concerned with creating orderly, well administered and secure migration with a special status for new migrants. With these objectives, they most likely have complicated migrants' access to health. This, in turn, is detrimental to the health of the general population – which is the main interest of ministries of health. It becomes evident rather quickly that these opposing efforts are counterproductive and need to be solved by cooperation. Additionally, health policy implementation has to be financed, and fiscal considerations therefore also need to be included. While paying for migrants' health services is costly for states, prevention and primary care are much cheaper than emergency care or health issues that can spread through a population. Also, a well-regulated system of administration and oversight is more costly, but is more conducive to targeted intervention and is more likely to be cost-effective in the longer term (Legido-Quigley et al., 2019; Trummer & Krasnik, 2017; WHO, 2018b, 2018a).

What further complicates matters for the legislature are the patterns of modern migration. While it used to be expected that migration involves a single journey and that migrants aim for naturalization, there is an increase in circular or seasonal migration marked by repeated but discontinuous stays in a country without formalizing their residence. This complicates their access to the regular health care system.

The health needs of migrants and refugees in health emergencies also need to be taken into account, an issue which has taken on particular salience during the current COVID-19 pandemic, as travel restrictions and tightening of borders have affected these groups, and IOM and UNHCR suspended resettlement travel in March 2020 for all but emergency cases (Kluge et al., 2020). Migrants and refugees can already face worse health outcomes due to factors such as living in low quality accommodation with high population density and poor access to WASH facilities, lack of access to health services and information, lack of access to preventive measures, or the risk of facing physical or sexual violence during their migration journeys (IOM, 2020b).

Through these points, it becomes clear that there is a need for coordination and cooperation to create policies and legal frameworks that can regulate migration and health and include elements for their interdependencies. Legislation in this area also cannot be limited to these two domains of migration and health but must, much like the efforts for data on migration and health, also include as many other sectors as possible. Other sectors may be infrastructure or education since those seeking help must have the opportunity to travel to health facilities, be literate in the local language or have assistance from interpreters, or even more basically, understand their rights and obligations as migrants. Yet another dimension of integrated legislature is the coordination between the levels of government. It is of little help if policies are enacted at national level but meet resistance or overstrain resources and capacities at lower levels of governance. Further, as was pointed out earlier, financial aspects need to be considered, since health is a costly topic and, given their usually limited resources, can pose a serious barrier to migrants' access to health.

A final dimension in which policies have to be coherent is the international one. Ideally, nationally coherent policy landscapes should not diverge from, or conflict with, those of neighbouring nations. International consultations can help consolidation on this level, which is the topic of the next chapter.

Several examples for increasingly coherent national policy action can be found within the MS of the AU. These include the efforts of Algeria: where occupational health safety measures of migrant workers play a bigger role. Here, the provision of medicine for the workers is even an obligation of the employer (WHO, 2018a, p. 5). Efforts to improve migrants' occupational health are increasing, and Ethiopia, Ghana, Mozambique, Namibia, and Senegal have launched national campaigns on this topic. Similar efforts on migrant workers occupational health, among others, are advanced in Liberia through the Liberia Refugee Repatriation and Resettlement Commission, an inter-agency commission tasked with all humanitarian activities concerning refugees and migrants (WHO, 2018a, pp. 11–12, 27). As an example of emergency health policies, Algeria, Egypt, Morocco, Tunisia, and Rwanda have included regular migrants and refugees in their COVID-19 vaccination plans (UNHCR, 2021b, 2021a).

Kenya's efforts to integrate its policies via a national consultation process, one of the most holistic approaches,, forms the basis for the good practice example below.

Good practice: Integrated policies in Kenya

Kenya recognised the need for a unified and mainstreamed approach to the topic of migration and health and undertook several actions. In 2011, the National Consultation on Migration Health brought together government bodies, international organisations and civil society "to reach a common consensus on securing quality and equitable health services for migrants and mobile populations in Kenya" (IOM, 2011, p. 1). This resulted in the creation of a Technical Working Group by the Ministry of Health in 2013 to further promote the migrant-health agenda and analyse existing policy frameworks in migration and health (Odipo, 2018). In 2016, the government launched the National Coordination Mechanism on Migration (NCM), an inter-agency platform responsible for national migration management. The NCM drafted the country's first unified National Migration Policy in 2017, containing comprehensive migration management guidelines, in line with the SDGs. It also includes health as a cross-cutting issue, thereby mainstreaming it into the national migration policy (IOM, 2018c, 2018b).

This increasingly mainstreamed policy landscape is also recognisable in several individual policies. The Refugees Bill (2019) replaces the Refugees Act (2006). Like its predecessor, the 2019 Refugees Bill promises special protection and attention to the health needs of vulnerable groups. It expands by naming those who are traumatised and their particular needs. It further includes health screening of all refugees and asylum seekers that enter Kenya to stop the spread of contagious diseases. Moreover, it stipulates the equal treatment and integration of refugees as well as the sensitisation of host communities of the presence of and coexistence with refugees. Another good example of more inclusive and mainstreamed policies is the Menstrual Hygiene Management Policy (2019), which includes migrants and refugees as target groups. The forthcoming National Migration Policy and National Labour Migration Policy which are currently in development are expected to continue unifying Kenya's policy approaches to migration and health. The large number of migrants poses a "national health challenge" to Kenya, which was acknowledged in the Kenya Health Policy 2014–2030 (2014, p. 18).

Recommendations	Term	Actors
• Ensure that migrants' access to health is not restricted on the basis of migration status, especially during health emergencies	Short to medium	MS
• Monitor policy development and implementation in relation to migration and health to gain insight on the progress and areas that need further action.(e.g., with the UN DESA SDG Indicator 10.7.2)	Short to medium	AU, RECs, MS
• Involve migrants and their representatives in the policymaking process to gain their perspective and understand their needs, which will result in more targeted and thereby more efficient policies	Medium	MS
• Close gaps and solve contradictions in legislation in the intersection of political domains such as migration and health	Medium	MS
• Organize broad consultation processes to include all relevant stakeholders in the process of passing legislation that addresses migration and health in a mainstreamed, coherent and holistic manner	Medium	AU, RECs, MS
• Align national legislation with international standards at the regional, continental and global levels, by ratifying these agreements or transferring guidelines into policy	Long	MS

With a special focus on labour migration, the African Unions MPFA provides more than 30 further recommendations (African Union, 2018a, p. 35ff).

3. Interstate and Inter-regional Cooperation on African Migration and Health

As migration often involves and connects locations beyond national borders, interstate and inter-regional approaches to the management of migration and health are essential for both long-term and emergency health provision to migrants in Africa. Minimum standards, commitment to shared goals, consultations, and mutual assistance are effective tools to overcome health disparities between regions and countries. This chapter highlights some of the most important international frameworks addressing and affecting migrants' health at the global and continental level. While not exhaustive, it seeks to give a useful overview. For examples of the regional level, please consult Annex I.

Global

The global institutional and legal architecture for public health is relatively well-developed. Health has long been understood as a key component of socio-economic development, while the role of health in humanitarian emergencies is also well understood. The primary definiti0n of health is 'an absence of disease and suffering', but health is also understood as being made up of a range of social determinants like family, employment, or education (IOM, 2020d). The right to health is enshrined in Article 25 of the UN Universal Declaration of Human Rights, stating that 'Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care (UN General Assembly, 2008).

IOM's Madrid Operational Framework, based on the Global Consultation on Migrant Health, presents an outline for an operational framework to guide actions by key stakeholders (IOM & WHO, 2010). It demands standards protecting migrants' rights to health be internationally recognized and nationally integrated into applicable law. Policies for different sectors (e.g., migration, health, but also labour standards or education) should be integrated and mainstreamed to reflect these cross-cutting issues and work towards a common goal. It also calls for more efforts in data for migration and health, as well as improvements to make health services more accessible to migrants.

The SDGs also provide clear targets relating to different aspects of health, with Goal 3 focusing entirely on the topic (UN, 2015b, p. 20). Further, health policy and programming form an important part of development and humanitarian practice for some time, although there are concerns about how achievable these are by 2030. Other SDG targets are also relevant to migration and health, such as SDG 10.7, which calls on countries to facilitate orderly, safe, regular, and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies. Indicator 10.7.2 describes the state of national migration policies and aims to 'provide non-nationals equal access to essential or emergency health care, social security and access to justice (UN DESA, 2020).

In recognition of this, IOM has also developed a Migration Governance Framework (MiGOF) to help define what "well-managed migration policy" might look like at the national level (IOM, 2016). Additionally, Migration Governance Indicators have been developed to assess national frameworks and help to operationalise MiGOF. They are based on policy inputs, giving insights on policy levers that countries can use to develop their migration governance. Health is considered within this framework. The "migrants rights" dimension of MiGOF assesses the extent to which migrants have the same status as citizens in access to basic social services such as health, education, and social security (IOM, 2019).

Similarly, the Global Health Security Agenda provides clear frameworks for managing health security and strengthening the capacity of health systems to monitor and respond to disease outbreaks at the national, regional, and international levels (GPMB, 2020). WHO also published its Framework of Priorities and Guiding Principles to Promote the Health of Refugees and Migrants and associated Action Plan 2019-2023 out of recognition of the clear health needs of these groups and their potential impact on broader populations in their countries of residence (WHO, 2019a).

Specifically with regard to emergency health, WHO works within several policy and programme frameworks, such as the International Health Regulations (WHO, 2005), the Everybody's Business - Strengthening Health Systems to Improve Health Outcomes: Framework for Action (WHO, 2007), which is used to monitor health

system strengthening, or the WHO Emergency Response Framework (WHO, 2013) which clarifies WHO's roles and responsibilities and provides a common approach for its work in emergencies. IOM also provides emergency health responses within its Migration Crisis Operational Framework (MCOF) (IOM, 2020c).

By contrast, the global frameworks in place focussing specifically on migration have arguably been far less well developed and being rather responsive to concrete events (Flahaux & De Haas, 2016). The agreement of the Global Compact for Safe, Orderly, and Regular Migration and the Global Compact on Refugees in 2018 was the first time UN Member States have agreed to a global framework for managing migration and migration flows (UN, 2018; UNHCR, 2019). Pointing out that health is a cross-cutting priority and calling for the inclusion of migrants in policies and strategies, these include a range of actions relevant to health. An example is Action (e) of Objective 15: Provide access to basic services for migrants, which calls on MS to 'incorporate the health needs of migrants in national and local health care policies and plans' (UN, 2018, p. 23). However, these are not legally binding and may be politically difficult to implement in some contexts due to highly charged public and political debates about migration, especially in (but not restricted to) destination countries. In respect to migrant women, WHO compiled a spotlight on their situation, including international agreements and the challenges of their implementation in the AU MS (WHO, 2018c).

Continental

The AU recognises the benefits of intercontinental migration and has made the free movement of persons a key principle of its efforts towards greater economic and political integration, as set out in its Agenda 2063, one goal of which is to achieve free movement of African citizens across the continent (African Union, 2015b, p. 4). It also sets the goal of a healthy and well-nourished population, "which calls for universal access to quality health services and recognizes the importance of addressing social determinants of health" (IOM, 2020a, p. 174). Also addressing free movement is the African Continental Free Trade Agreement, which was launched in 2018 and was due to come into force as of January 2021, aims to create a single market, deepening the economic integration of the continent (African Union, 2020). At the same time, despite this direction of travel at the AU level, different AU MS and RECs are at different stages of implementation of this agenda, and local economic, political, and security considerations can act as barriers to achieving free movement provisions, and managing migration flows (whether regular, irregular or mixed) in particular.

Considering the potential development opportunities to be harnessed that are associated with, as well as the potential challenges posed by, migration on the African continent, in 2006 the AU adopted the Migration Policy Framework for Africa (African Union, 2006). This Framework provides comprehensive and integrated policy guidelines for the AU MS and RECs to promote migration and address emerging challenges of increased mobility like migration management, integrated border management, gender issues, or forced displacement. After an evaluation in 2016, the AU revised the MPFA and formulated a plan of action for its implementation. The guidelines identify "migration and health" as one of the MPFA's cross-cutting issues, along with topics such as human rights, migration and gender, and migration data management (African Union, 2018a, p. 74). It, therefore, calls for inclusive and mainstreamed policies, programmes and strategies as well as the inclusion of migrants in national systems.

The African Health Strategy 2016-2030 is aimed at well-being for all and recognizes the special vulnerability of migrants (2016a). It further builds on previous continental and global documents in considering health a human right for all, calling for equity in accessing health services and addressing social determinants of health. The AU Humanitarian Policy Framework (African Union, 2015a) also provides an overarching framework and establishes a strategic approach and guidelines in relation to population displacement in humanitarian crises.

Furthermore, at the AU Kigali Summit in 2016, a pan-African passport was launched, which seeks to foster beneficial visa regimes across the region (African Union, 2016b). Two years later, the AU adopted a continent-wide protocol that aims to enable freedom of movement for all people within the African continent (African Union, 2018b). If fully implemented by all MS, this has the potential to significantly enhance intra-regional migration and bring socio-economic benefits (McAuliffe & Kitimbo, 2018). And despite some reservations, a majority of MS signed the AU Free Movement Protocol that was passed at the 2018 Extraordinary AU summit held in Kigali, Rwanda, although as of November 2019 only four MS - Rwanda, Niger, Mali, and Sao Tome and Principe - have ratified this (African Union, 2018b). Freedom of movement across the continent promises to increase access to social coverage and health services, as African migrants become African citizens. For more documents on the AU led continental level, please refer to IOM's 'Africa Migration Report: Challenging the Narrative' (IOM, 2020a, p. 11).

The structures of the AU and its RECs mean that it can be very effective at providing guidance and improved governance at cross-border and continental levels, but ultimate responsibility for migration or health lies at the regional and national level, and MS are tasked with implementing these with support from the relevant AU bodies and the RECs. AU institutions such as Africa CDC and the RECS have an important leadership role in this regard for example in terms of setting regional and continental standards, sharing good practices, and monitoring the implementation of their respective activities.

Regional

Below the continental level, led by the African Union, the Regional Economic Communities (RECs) are heading the cooperation efforts in Migration and Health. They differ in their activity and scope of cooperation (a list of relevant policies is provided in Annex 1). The importance of regional cooperation in health and emergency health in the African context is further highlighted by the fact that 12 out of 18 of WHO's list of emergencies have affected AU MS (WHO, 2021b). As Amaya and De Lombaerde note, continental and regional organisations play a vital role in helping coordinate countries' responses, as well as help minimize the risks related to future health emergencies (Amaya & De Lombaerde, 2021). One example of good practice in this regard is the SADC Regional Response to COVID-19 Pandemic, which sets out 10 coordinated regional actions by MS, such as managing border closures and transport of essential goods. It also pooled procurement services for pharmaceuticals and medical supplies (SADC 2020).

Further cooperation & partnerships

While this chapter has been focused on frameworks and agreements of national states and international organizations, there are more actors who need to be involved. It is essential that NGOs and representatives of various groups (e.g., migrants), public and private sector, health providers, civil society, development agencies and as many other stakeholders as possible get involved. Each of these can contribute their specific expertise and is able to implement actions others cannot. For holistic cooperation, knowledge sharing, capacity building and joint actions across all borders and domains relevant to the migration health nexus become possible. Good examples of this collaborative approach include the partnership between the Danish Refugee Council, IBM and other partners mentioned above (DRC, 2018), or Africa CDC's African Volunteers Health Corps (Africa CDC, 2021). This initiative works with international, continental, regional, and national partners to recruit African and diaspora volunteer medical and public health professionals to support emergency response to disease outbreaks in Africa.

Recommendations	Term	Actors
• Ratify and implement the African Union's Free Movement Protocol	Short	MS
• Adapt global policies and frameworks to the African context and assist RECs and MS in the implementation	Medium	AU
• Develop continental and regional emergency health guidelines and protocols to enable inter-state cooperation	Short	RECS, AU
• Strengthen the capacity of the RECs Health and Social Affairs Departments, to enable them to harmonise migration and health policies and address cross-border health related issues among respective MS	Medium	RECs, AU
• Extend platforms and mechanisms for dialogue and cooperation between sectors, countries and regions which can lead to more international agreements and thereby encourage greater coherence in health and migration policy formulation and implementation in the MS	Medium	AU, RECs, MS
• Consult migrants and their representatives on international cooperation programmes aimed at meeting their health needs	Medium	AU, RECs, MS
• Steadily improve national policy frameworks by increasing coordination and coherence of policies between political domains (e.g., health sector and migration management) and across countries or regions with the advice and assistance of RECs, AU, and international actors	Long	MS
• Work towards increased regional integration and consultation between MS, further adapting AU policy measures to their respective region and MS as an intermediate facilitator	Long	RECs

4. Migration-sensitive Health Systems

Within the AUs African Health Strategy (AHS), many African countries are making significant efforts to improve the health system and service provision to their peoples. Reaching universal health coverage is a key objective as the strategy reiterates (African Union, 2016a, p. 16). This includes extending coverage to more people, offering more services, and increase financial protection by e.g., reducing the cost sharing of patients (IOM & WHO, 2017, p. 30; WHO, 2021d). Since these health systems are primarily aimed at nationals of a country who are integrated in society and remain at one location, provision to transient populations such as migrants is a challenge. This challenge will be discussed in this chapter and recommendations to improve the provision to transient populations are made.

Difficulties encountered by the health systems with this group include ensuring the continuity of quality of care, the capacity of the workforce to interact with mobile populations and address their health issues, as well as making their services appropriate and accessible (IOM & WHO, 2017, p. 41). To be migrant-sensitive, a health system should include migrants and their specific needs in health services and models, and lead the way for a multi-sectoral engagement to ensure health as a cross-cutting issue that needs to be addressed in other areas of migrants' life beyond the health system. It should also include migrants and the representatives of their interests in planning and implementation, and be sustainable in the long-term by securing funding (African Union, 2018a, 2019; IOM & WHO, 2010, p. 41ff).

As the AHS points out in its guiding principles, health must be accessible to all (African Union, 2016a, p. 15). With migrants facing many barriers to use health services, accessibility is one of the main challenges in the efforts to include migrants in existing health systems.

Among these, the language barrier is one of the most impeding as it entails a lack of communication and information, complicating almost all of the following barriers. Without basic knowledge of the official or local language, newly arriving migrants are struggling to inform themselves about the health systems procedures, prerequisites for care, or where to go for help. Further, it can heavily obstruct the communication between practitioners and the patients such as in reporting medical history, reporting symptoms or understanding the instructions of and giving consent to treatment. Often, those seeking assistance cannot rely on a person in their own network to assist them. Therefore, it would be very useful if facilities were to provide interpretation assistance.

Another barrier is documentation. Without it, migrants may fear being reported to the authorities, discouraging them from seeking care, thereby further worsening their health situation. While this is especially true for irregular migrants, even regular migrants like those coming with a work visa can be faced with delayed or untimely processes in administration, leaving them in a quasi-undocumented phase waiting for their papers. One measure to remove this barrier would be to accelerate administrative processes, which is not easily done. Another option can be offering certain care without the need for documentation (WHO, 2018a, p. 9).

The cost of treatment is another barrier. If migrants are not included in national insurance programmes or cannot generate income, affording care is difficult. This is again especially true for irregular migrants. However, this barrier is well recognized by the AU and its MS. Recognized refugees and asylum seekers are usually provided health care by the government and in some cases can also participate in national insurance schemes (WHO, 2018a, p. 10). Labour migrants with valid documentation are usually insured through their employer. In order to reach their goal of UHC, the AU and its MS are working on extending care to more individuals by including the families of workers in insurance schemes. The AU recognizes two significant issues in financing health. For one, "Prevention is the most cost-effective way to reduce the burden of disease" (African Union, 2016a, p. 15) which indicates that primary health care should be strengthened and made more accessible. This would avoid patients having to access secondary or tertiary care which is more detrimental to their health and much more costly. Also, African leaders are aware that investments into health have an exponential return with a factor of 10 to 20 times the investment (African Union, 2019). To achieve this investment, the AU and its MS have signed an MoU with the WHO to advance its efforts of implementing sustainable health financing, which is also a goal of the Addis Ababa Call to Action on UHC (UN, 2015a; WHO, 2019b).

An essential barrier to health for migrants is the cultural dimension. Caring for patients from other backgrounds entails differences in religion, social and gender factors, reproductive and child health topics, use of traditional medicine, and more. Disregarding these circumstances may be a reason for mistrust from the patient's side, resulting in avoiding care or conflict with the health staff. Therefore, the AU recognized "respect for cultural diversity and gender equality is important to overcome access barriers to health" as a basic principle in the African Health Strategy (African Union, 2016a, p. 15). Informing health system planners and practitioners

about differences could be done by migrant representatives advising the facilities. Another option is including professionals who have experienced migration themselves, like the Africa Health Placement which supports refugee doctors from the DRC in the process of receiving registration and employment in South Africa (WHO, 2018a, p. 17).

A closely related barrier is that of the training and awareness of staff, both medical and non-medical. Planners and practitioners are, much as the health systems themselves, rarely trained to the characteristics and needs of migrants. Their usual training rarely includes the epidemiological profiles distinct to migrants. Aside from different disease prevalence and cultural background, this also includes the psycho-social and mental health issues affecting migrants after journeys of deprivation and traumatizing experiences. Much like in the cultural dimension, staff must be trained and sensitized to these topics, otherwise mistrust and conflict may arise. This can significantly decrease the willingness to seek care and its quality. The 'Association Malienne des Expulsés' and 'Médecins du Monde' cooperate with the Government of Mali to provide mental health assistance to forced returnees to the country. They offer primary care, mental health support and a referral system to the country's health system, while also working to overcome stigma and trauma of 'failed migration' in Mali (WHO, 2018a, p. 13).

Another challenging topic specific to migrants is that of continuity of care. The AHS again recognizes this issue, as health issues are not limited to borders, which is why cross border disaster management and disease control are needed (African Union, 2016a, p. 15). Controlling and treating diseases of mobile populations is an interest of every state as it is affected by population movement. Care for migrants in a country must not be a one-time intervention, but must be an ongoing process (WHO, 2018a, p. 23). Also, health systems of countries must work together in monitoring and treatment. Long term treatment that began in one country needs to be continued in another, otherwise previous efforts will have been in vain and relapses are likely.

As illustrated, there are many topics which are relevant in the health care provision to migrants, extending beyond those which have been presented here. In order to reach universal health coverage, the AU, RECs, and MS are making decisive progress in many dimensions. Lowering the barriers to health care for migrants is one of them, as this group is essential to reaching this goal, especially since the inter-African mobility is expected to increase in the future.

The good practice example for migration sensitive health systems is from the SADC region and illustrates how the region, under leadership of the REC, responded to high tuberculosis incidence numbers while also considering the high mobility of migrants between the countries.

Good practice: Continuation of care between countries in SADC

According to the 2012 SADC TB Report, the SADC Region hosted the majority of African countries with high TB incidence in 2011. 54% of the 1.4m TB cases in the WHO African region were reported in the SADC MS, which host less than a third of the African population (SADC, 2013b, p. 7). In 2012, five of its 16 countries were among the 22 countries globally with high TB-burden (DRC, Mozambique, South Africa, the United Republic of Tanzania and Zimbabwe) (SADC, 2013b, p. 7).

Faced with quickly increasing incidence numbers of TB in Angola, Eswatini, Lesotho, Namibia and South Africa between 2000 and 2010 (WHO, 2021e), SADC had to react. In order to reach the goal of eradicating TB by 2030, the "Harmonised Minimum Standards for the Prevention, Treatment and Management of Tuberculosis in the SADC Region" were developed (SADC, 2010). They are implemented by national health ministries, while the SADC Secretariat coordinates and assists. The minimum standards address key areas of TB control including diagnosis, case definition, treatment, paediatric TB, TB/HIV co-infection, and drug resistant TB. Minimum standards are also presented for several key cross-cutting issues relating to TB control, including laboratory services, human resource management, and TB infection and prevention control. Especially regarding cross-border issues, the standards are interesting. They regulate a standardized referral form for those migrating into other SADC MS and include a feedback mechanism. For referral and transfer, those MS that share borders have formal agreements and a monitoring system is developed for patients with TB who leave their home countries. Similar minimum standards exist for malaria, HIV testing and counselling, and Child and Adolescent HIV and Malaria Continuum of care and Support (SADC, 2009b, 2009a, 2013a).

Although it cannot be determined exactly how much of the TB reduction can be attributed to the minimum standards or to other measures, the standards certainly contribute. Encouragingly, none of the countries showed an increase in annual TB incidence, and while four countries only maintained their incidence level, all other SADC MS managed to reduce their TB incidence over the last ten years (WHO, 2021e).

Recommendations	Term	Actors
• Continue efforts to lower the barriers to health for migrants and thereby progressively include them into the health systems by e.g., - Providing linguistic and cultural interpretation assistance and training health workers and planners to respond better to migrants' needs and characteristics - Accelerate administrational processes for faster issuance of documents - Provision of care without the need of documentation in selected facilities - Support migrants in financing their health needs by including them in insurance schemes - Train health personnel in service delivery and planning to respond better to cultural differences and the specific health needs of migrants or hire personnel with migration experience - Improve the continuity of care for migrants within the host country or internationally, to avoid one time health interventions and ensure long-term treatment if needed (cf. this chapter's good practice example)	Short to medium	MS
• Integrate migrants in health service design and delivery to find areas for improvement in policy and practice	Medium	MS
• Include migrants in existing health care systems, instead of building a parallel system, which would bring redundancies and higher complexity	Long	MS

References

Africa CDC. (2021). African Volunteers Health Corps. Africa CDC. https://africacdc.org/programme/emergency-preparedness-and-response/african-volunteers-health-corps/

Africa Center for Strategic Studies. (2019). African Migrant Flows Reshape Security Challenges in Africa. Africa Center for Strategic Studies. https://africacenter.org/spotlight/african-migrant-flows-reshaping-security-challenges-in-africa/

African Union. (2006). African Union: The Migration Policy Framework for Africa. UNHCR. https://www.unhcr.org/protection/migration/4d5258ab9/african-union-migration-policy-framework-africa.html

African Union. (2015a). African Union Humanitarian Policy Framework. https://www.peaceau.org/uploads/humanitarian-policy-framewrok-rev-final-version.pdf

African Union. (2015b). Agenda 2063: The Africa we want (pp. 1–24). https://au.int/Agenda2063/popular_version

African Union. (2016a). Africa Health Strategy 2016 – 2030. 1–33.

African Union. (2016b). African Union Passport to spur Intra-Africa Trade—Mushikiwabo. https://au.int/en/pressreleases/20160714/african-union-au-passport-spur-intra-africa-trade-mushikiwabo

African Union. (2017). Report on Labour Migration Statistics in Africa—Second Edition. https://au.int/sites/default/files/documents/39323-doc-web254_184-10_english_2nd_edition_of_the_africa_labor_migration_statistics.pdf

African Union. (2018a). Migration Policy Framework for Africa and Plan of Action (2018 – 2030) (p. 108). https://au.int/sites/default/files/documents/35956-doc-2018_mpfa_english_version.pdf

African Union. (2018b). Protocol to the Treaty Establishing the African Economic Community Relating to Free Movement of Persons, Right of Residence and Right of Establishment. https://au.int/en/treaties/protocol-treaty-establishing-african-economic-community-relating-free-movement-persons

African Union. (2019). Africa's leaders gather to launch new health financing initiative aimed at closing funding gap and achieving universal health coverage. https://au.int/pt/node/35786

African Union. (2020). CFTA - Continental Free Trade Area. https://au.int/en/ti/cfta/about

Amaya, A. B., & De Lombaerde, P. (2021). Regional cooperation is essential to combatting health emergencies in the Global South. Globalization and Health, 17(1), 9. https://doi.org/10.1186/s12992-021-00659-7

AU DSA. (2016). Africa Health Strategy 2016-2030. https://au.int/sites/default/files/documents/30357-doc-final_ahs_strategy_formatted.pdf

Baggio, F. (2014). Africans on the Move.

BBC News. (2021). Tigray crisis: Ethiopia region at risk of huge 'humanitarian disaster'. BBC News. https://www.bbc.com/news/world-africa-55905108

Borgnäs, E. (2018). Data Bulletin—Informing the implementation of the Global Compact for Migration. https://publications.iom.int/system/files/pdf/07-migration_profiles_final_new.pdf

DRC. (2018). Danish Refugee Council—Mixed Migration foresight. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/drc_presentation_1_-_foresight.pdf

Flahaux, M. L., & De Haas, H. (2016). African migration: Trends, patterns, drivers. Comparative Migration Studies, 4(1), 1–25. https://doi.org/10.1186/s40878-015-0015-6

Global Migration Group. (2017). Handbook for Improving the Production and Use of Migration Data for Development.pdf. https://www.knomad.org/sites/default/files/2017-11/Handbook%20for%20Improving%20the%20Production%20and%20Use%20of%20Migration%20Data%20for%20Development.pdf

GMDAC. (2019). Improving data on migration in Africa: Expert voices. Migration Data Portal. http://migrationdataportal.org/blog/improving-data-migration-africa-expert-voices

GMDAC. (2021). Key Global migration Figures 2017-2021. https://migrationdataportal.org/sites/default/files/2021-02/key-global-migration-figures.pdf

Guadagno, L. (2020). Migrants and the COVID-19 pandemic: An initial analysis. International Organization for Migration. Migration Research Series. https://publications.iom.int/system/files/pdf/mrs-60.pdf

IBM. (2019). Machine Learning in Action for the Humanitarian Sector. IBM Research Blog. https://www.ibm.com/blogs/research/2019/01/machine-learning-humanitarian-sector/

ILO. (2020). Statistics on international labour migration. ILOSTAT. https://ilostat.ilo.org/topics/labour-migration/

IOM. (2011). National Consultation on Migration Health, Kenya. International Organization for Migration. https://www.iom.int/jahia/webdav/shared/shared/mainsite/activities/health/promotion/National-Consultation-on-Migration-Health-Kenya-2011.pdf

IOM. (2018a). Counter-Trafficking Data Collaborative (CTDC). https://www.ctdatacollaborative.org/

IOM. (2018b). Kenya's Draft National Migration Policy Integrates Global Compact Commitments. International Organization for Migration. https://www.iom.int/news/kenyas-draft-national-migration-policy-integrates-global-compact-commitments

IOM. (2018c). Migration Governance Snapshot: Republic of Kenya. International Organization for Migration. https://migrationdataportal.org/sites/default/files/2018-10/Migration%20Governance%20Snapshot-%20Republic%20of%20Kenya.pdf

IOM. (2019). Situation Report on International Migration 2019: The Global Compact for Safe, Orderly and Regular Migration in the Context of the Arab Region. https://publications.iom.int/books/situation-report-international-migration-2019-global-compact-safe-orderly-and-regular

IOM. (2020a). Africa Migration Report: Challenging the Narrative. IOM Online Bookstore. https://publications.iom.int/system/files/pdf/africa-migration-report.pdf

IOM. (2020b). Dealing with two health emergencies: HIV and COVID-19 in migrant shelters [Text]. Regional Office for Central America, North America and the Caribbean. https://rosanjose.iom.int/SITE/en/blog/dealing-two-health-emergencies-hiv-and-covid-19-migrant-shelters

IOM. (2020c). Migration Crisis Operational Framework (MCOF). https://emergencymanual.iom.int/entry/17002

IOM. (2020d). Social Determinants of Migrant Health. International Organization for Migration. https://www.iom.int/social-determinants-migrant-health

IOM. (2021a). Displacement Tracking Matrix | DTM. https://dtm.iom.int/

IOM. (2021b). IOM Global Migration Data Analysis Centre (GMDAC). https://gmdac.iom.int/

IOM. (2021c). Migration Data Portal. https://migrationdataportal.org/

IOM & WHO. (2010). Health of migrants: The way forward - Report of a global consultation. https://apps.who.int/iris/handle/10665/44336

IOM, & WHO. (2017). Health of Migrants: Resetting the Agenda—Report of the 2nd Global Consultation. https://publications.iom.int/system/files/pdf/gc2_srilanka_report_2017.pdf

Khartoum Process ICMPD. (2021). Khartoum Process. https://www.khartoumprocess.net/

Kluge, H. H. P., Jakab, Z., Bartovic, J., D'Anna, V., & Severoni, S. (2020). Refugee and migrant health in the COVID-19 response. The Lancet, 395(10232), 1237–1239. https://doi.org/10.1016/S0140-6736(20)30791-1

Legido-Quigley, H., Pocock, N., Tan, S. T., Pajin, L., Suphanchaimat, R., Wickramage, K., McKee, M., & Pottie, K. (2019). Healthcare is not universal if undocumented migrants are excluded. BMJ, 366, l4160. https://doi.org/10.1136/bmj.l4160

Marchand, K., Reinold, J., & Dias e Silva, R. (2017). Study on Migration Routes in the East and Horn of Africa. Maastricht Graduate School of Governance.

McAuliffe, M., & Kitimbo, A. (2018). African migration: What the numbers really tell us. World Economic Forum. https://www.weforum.org/agenda/2018/06/heres-the-truth-about-african-migration/

MIF, & Afrobarometer. (2019). 'Updata-ing' the narrative about African Migration. https://afrobarometer.org/sites/default/files/publications/Publications%20conjointes/partenaires/afrobarometer-moibrahim-updata-ing-the-narrative-about-african-migration.pdf

Odipo, G. (2018). Migration in Kenya: A Country Profile 2018—| IOM Online Bookstore. https://publications.iom.int/books/migration-kenya-country-profile-2018

Rabat Process ICMPD. (2021). Rabat Process. https://www.rabat-process.org/en/

Republic of Kenya. (2006). The Refugees Act. https://www.refworld.org/docid/467654c52.html

Republic of Kenya. (2014). Kenya Health Policy 2014–2030. http://publications.universalhealth2030.org/uploads/kenya_health_policy_2014_to_2030.pdf

Republic of Kenya. (2019). The Refugees Bill. http://kenyalaw.org/kl/fileadmin/pdfdownloads/bills/2019/The_Refugees_Bill__2019.pdf

SADC. (2009a). Regional Minimum Standards for the Harmonised Guidance on HIV Testing and Counselling in the SADC Region. https://www.sadc.int/files/8514/1172/0467/Regional_Minimum_Standards_for_theHarmonised_Guidance_on_HIV_Testingand_Counselling_in_the_SADC_Region.pdf

SADC. (2009b). Regional Minimum Standards for the Prevention, Treatment and Management of Malaria in the SADC Region. https://www.sadc.int/files/1214/1171/9193/Regional_Minimum_Standards_forthe_Prevention_Treatment_andManagement_of_Malaria_in_the_SADCRegion.pdf

SADC. (2010). Harmonised minimum standards for the prevention, treatment and management of tuberculosis in the SADC region.

SADC. (2013a). Minimum Standards for Child and Adolescent HIV, TB and Malaria Continuum of care and Support in the SADC Region (2013 – 2017). https://www.sadc.int/files/2814/1898/8336/SADC___MINIMUM_STANDARDS_FOR_HIV_AND_AIDS_TB_HEPATITIS_B_AND_C_AND_SEXUALLY_TRANSMITTED_INFECTIONS_PREVENTION_TREATMENT_CARE_AND_SUPPORT_IN_PRISONS_IN_THE_SADC_REGION_A4.pdf

SADC. (2013b). State of Tuberculosis in the SADC Region, 2012. https://www.sadc.int/files/5114/1898/8224/000_13SADC_Tuberculosis_Report_2009.pdf

Steinbrink, M., & Niedenführ, H. (2020). Africa on the Move: Migration, Translocal Livelihoods and Rural Development in Sub-Saharan Africa. Springer International Publishing. https://doi.org/10.1007/978-3-030-22841-5

Trummer, U., & Krasnik, A. (2017). Migrant health: The economic argument. European Journal of Public Health, 27(4), 590–591. https://doi.org/10.1093/eurpub/ckx087

UN. (2015a). Addis Ababa Action Agenda of the Third International Conference on Financing for Development. https://sustainabledevelopment.un.org/content/documents/2051AAAA_Outcome.pdf

UN. (2015b). Transforming Our World: The 2030 Agenda for Sustainable Development. https://doi.org/10.1891/9780826190123.ap02

UN. (2018). Global Compact for Safe, Orderly and Regular Migration. In A/RES/73/195. https://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/73/195

UN DESA. (1998). Recommendations on Statistics of Internation Migration, Revision 1. https://unstats.un.org/unsd/publication/SeriesM/SeriesM_58rev1E.pdf

UN DESA. (2019). International Migrant Stock 2019. https://www.un.org/en/development/desa/population/migration/index.asp

UN DESA. (2020). SDG Indicator 10.7.2 Data Booklet. In ST/ESA/SER.A/441. https://doi.org/10.7.2

UN General Assembly. (2008). Universal Declaration of Human Rights: Adopted and proclaimed by UN General Assembly Resolution 217 A (III) of 10 December 1948 Text: UN Document A/810, p. 71 (1948). Refugee Survey Quarterly, 27(3), 149–182. https://doi.org/10.1093/rsq/hdn037

UNHCR. (2019). The Global Compact on Refugees. UNHCR. https://www.unhcr.org/the-global-compact-on-refugees.html

UNHCR. (2020). UNHCR warns of mounting needs in Sahel as forced displacement intensifies. UNHCR. https://www.unhcr.org/news/briefing/2020/10/5f894b234/unhcr-warns-mounting-needs-sahel-forced-displacement-intensifies.html

UNHCR. (2021a). Rwanda vaccinates refugees and asylum-seekers against COVID-19. UNHCR. https://www.

unhcr.org/news/press/2021/3/604b63ed4/rwanda-vaccinates-refugees-asylum-seekers-against-covid-19.html

UNHCR. (2021b). UNHCR MENA Report – COVID-19 Vaccinations: Update #2, 24 March 2021. https://data2.unhcr.org/en/documents/details/85682

WHO. (2005). International Health Regulations (2005) Third Edition. https://www.who.int/publications/i/item/9789241580496

WHO. (2007). Everybody's business: Strengthening health systems to improve health outcomes : WHO's frmaework for action. World Health Organization.

WHO. (2013). Emergency Response Framework. https://www.who.int/hac/about/erf_.pdf

WHO. (2018a). Health of refugees and migrants—Practices in addressing the health needs of refugees and migrants. https://www.who.int/migrants/publications/AFRO-Practices.pdf?ua=1

WHO. (2018b). Technical Series on Primary Health Care—Building the economic case for primary health care: A scoping review. https://www.who.int/docs/default-source/primary-health-care-conference/phc-–economic-case.pdf?sfvrsn=8d0105b8_2

WHO. (2018c). Women on the Move—Imigration and Health in the WHO African Region. https://apps.who.int/iris/bitstream/handle/10665/274378/9789290234128-eng.pdf?sequence=1&isAllowed=y

WHO. (2019a). Promoting the health of refugees and migrants: Draft global action plan 2019–2023. https://www.who.int/publications-detail-redirect/promoting-the-health-of-refugees-and-migrants-draft-global-action-plan-2019-2023

WHO. (2019b, November 18). Sweeping Agreement Inked by WHO and African Union to Accelerate Vital Health Goals. https://www.who.int/news/item/18-11-2019-sweeping-agreement-inked-by-who-and-african-union-to-accelerate-vital-health-goals

WHO. (2021a). Cholera – Togo. WHO; World Health Organization. http://www.who.int/csr/don/04-january-2021-cholera-togo/en/

WHO. (2021b). Health emergencies list. https://www.who.int/emergencies/situations

WHO. (2021c). The Global Health Observatory. https://www.who.int/data/gho/data/themes/theme-details/GHO/world-health-statistics

WHO. (2021d). Universal coverage—Three dimensions. WHO; World Health Organization. http://www.who.int/health_financing/strategy/dimensions/en/

WHO. (2021e). WHO Tuberculosis Profiles. https://worldhealthorg.shinyapps.io/tb_profiles/?_inputs_&lan=%22EN%22&entity_type=%22country%22&iso2=%22AO%22

World Bank. (2021). World Bank Open Data. https://data.worldbank.org/

African Union

Annex I

List of key regional health and migration policy frameworks and agreements in Africa

	CEN-SAD
1998	Treaty establishing CEN-SAD
2000	CEN-SAD Security Charter
2009	Draft Protocol for future establishment and operation of the Permanent Peace and Security Council
2017	Niamey Declaration on Irregular Migration and Security Issues in the Sahelo Saharan Area
	COMESA
1984	Protocol on the Gradual Relaxation and Eventual Elimination of Visa Requirements
1994	Treaty Establishing the Common Market for Eastern and Southern Africa
2001	Protocol on the Free Movement of Persons, Services, Labour and the Right of Establishment and Residence
2016	One-Stop Border Post Sourcebook
2016	COMESA Health Framework
2020	Diaspora Remittances Critical to Post Covid-19 Recovery
	EAC
1999	Treaty for the Etablishment of the EAC
2004	Protocol on the Establishment of the East African Customs Union
2009	Protocol for Establishment of the EAC Common Market
2012	EAC Market Protocol and the Free Movement of Persons Regulations
2013	Protocol on Peace and Security
2014	Regional Strategic Framework for e-Immigration 2014/15 - 2019/20
2016	One Stop Border Post Act
2018	EAC e-Passport
2018	Regional Contingency Plan for Epidemics
	ECCAS
1983	Treaty Establishing ECCAS
2006	Plan of Action against Trafficking in cooperation with ECOWAS
2007	Declaration on Cross Border Security in Central Africa
2009	ECCAS Border Programme
2009	Security Sector Reform
2012	Migration Dialogue for Central African States
2013	Draft of Regional Migration Policy
	ECOWAS
1975	Treaty of the ECOWAS
1978	Establishment of the West African Health Organisation
1979	Protocol Relating to Free Movement of Persons, Residence and Establishment
1993	ECOWAS General Convention on Social Security
2001	Infectious Diseases
2001	Declaration on The Fight against Trafficking in Persons
2002	Initial Plan of Action against Trafficking in Persons 2002 - 2003
2005	Multilateral Cooperation Agreement to Combat Child Trafficking in West Africa
2006	The joint ECCAS/ECOWAS Plan of Action against Trafficking in Persons, especially Women and Children in West Africa 2006 - 2009
2007	Equality of treatment for refugees with other citizens of Member States of ECOWAS in the exercise of Free Movement, Right of Residence and Establishment
2008	Initial Plan of Action against Trafficking in Persons 2008 - 2011
2008	Common Approach on Migration
2009	Regional Policy on Protection and Assistance to Victims of Trafficking in Persons in West Africa
2009	Regional Labour and Employment Policy and Plan of Action
2015	Regional Strategy for Combating Trafficking in Persons and Smuggling of Migrants 2015 - 2020
2015	Gender and Migration Framework and Plan of Action 2015-2020
2016	Policy Framework for Security Sector Reform and Governance
2017	Migration Dialogue for West Africa (MIDWA)
2020	Guidelines For The Harmonization And Facilitation Of Cross Border Trade & Transport In The Ecowas Region On The Covid-19 Pandemic And Related Post-Recovery Actions
2020	Decent Work Regional Program

	IGAD
1996	Agreement establishing the IGAD
2009	Regional HIV & AIDS Partnership Programme (IRAPP)
2012	Regional Migration Policy Framework
2014	Regional Migration Coordination Committee
2015	Migration Action Plan
2017	Nairobi Declaration and Action Plan on durable solutions for Somali refugees and reintegration of returnees in Somalia
2018	HIV, Tuberculosis and Malaria Strategic Plan for 2018 - 2025
2019	Kampala Declaration on Jobs, Livelihoods, Selfreliance for Refugees, Returnees and Host Communities in the IGAD Region
soon	Protocol on the Free Movement of Persons in the IGAD Region
	SADC
1992	Treaty of the Southern African Development Community
1996	MoU between SADC and UNHCR for co-operation in the field of refugees
1998	Declaration on Refugee Protection within Southern Africa
1999	Protocol on Health
2005	Protocol on Facilitation of Movement of Persons
2008	Code on Social Security
2008	Sexual And Reproductive Health Strategy for the SADC Region 2006 - 2015
2009	HIV & AIDS Strategic Framework 2010-2015
2009	Functions and Minimum Standards for National Reference Laboratories in the SADC Region
2009	Sexually Transmitted Infections Prevention, Treatment, Care and Support in Prisonsin the SADC Region
2009	Harmonised Surveillance Framework for HIV and AIDS, Tuberculosis and Malaria in the SADC Region
2009	Regional Minimum Standards for the Prevention, Treatment and Management of Malaria in the SADC Region
2009	10 year strategic Plan of Action on Combating Trafficking in Persons, Especially Women and Children 2009 - 2019
2013	Labour Migration Policy
2013	Labour Migration Action Plan 2013-2015
2013	Strategy for Pooled Procurement of Essential Medicines and Health Commodities 2013 - 2017
2013	Minimum Standards for Child and Adolescent HIV, TB and Malaria Continuum of care and Support in the SADC Region 2013 - 2017
2014	Protocol on Employment and Labour
2015	DRAFT Irregular Migration and Mixed Migration Action Plan for 2015 - 2018
2016	Labour Migration Action Plan 2016 - 2019
2018	Regional Strategy and Framework of Action for Addressing Gender Based Violence 2018 - 2030
2018	Strategy For Sexual and Reproductive Health and Rights in the SADC Region 2019 - 2030
2020	Regional Response to Covid-19 Pandemic
soon	Labour Migration Policy Framework
	UMA
1989	Treaty instituting the UMA

African Union

Division on Labour, Employment and Migration,
Department of Health, Humanitarian Affairs and Social Development
African Union Headquarters
P.O. Box 3243,
Roosvelt Street W21K19,
Addis Ababa, Ethiopia
Tel: +251 (0) 11 551 77 00
Fax: +251 (0) 11 551 78 44

CONTACTS:
Sabelo Mbokazi, Head, Division on Labour, Employment and Migration,
Department of Health, Humanitarian Affairs and Social Development
MbokaziS@africa-union.org

www.au.int

https://twitter.com/ausocialaffairs
https://twitter.com/ElfadiL_DSA

www.au.int
https://au.int/en/sa
https://au.int/en/migration-labour-employment