

2014 Regional Consultative Meeting on the Post-2015 Health Development Agenda for HIV, AIDS and Non-Communicable Diseases (NCDs) among Migrant and Mobile Populations in the SADC region

28-29.August, 2014, Protea Hotel Livingstone, Zambia

Health Initiatives on HIV/AIDS and NCDs for Migrants and Mobile Population in the SADC Region

I. Background:

International travelling and economic activities are getting more convenient and common within the Southern African Development Community (SADC) region and the success of the regional socio-economic integration has helped facilitate migration within the region. The SADC region hosts large numbers of internal and external (cross-border) migrants. Migration is no longer unidirectional, with people resettling permanently with a few major receiving countries. It is increasingly multidirectional, often seasonal, or circular, and with a marked feminization. This has important repercussions on the need to enlist cooperation and partnership at regional level. With this increased population mobility either in search of better opportunities or safety, human mobility in Southern Africa impacts on the health of migrants and the public health of the host communities and countries. Furthermore, social conditions of migrants in the host societies are far from satisfactory, especially with respect to health, vulnerabilities to communicable and non-communicable diseases, access to health service, xenophobia, education and security.

While migration itself is not a risk to health, conditions surrounding the migration process can increase migrants' vulnerability to ill health. These include social disruptions caused by migration, overcrowded living conditions in host countries, barriers to access health care which include discrimination, language, culture issues and negative policies on accessing health service in some host countries, and a lack of social capital increase migrants' exposure to diseases and poor health outcomes. Particular concerns are communicable diseases such as HIV, tuberculosis (TB) and Malaria, adverse mental health and sexual and reproductive health outcomes, lack of access to treatment and difficulties of follow-up to treatment, coupled with this is the emerging issues of NCDs that can be attributed to side effects of antiretroviral treatment and increasing changes in lifestyle and diet.

The SADC region has more than 70% of the total number of people living with HIV (PLHIV) in the world and health intervention including disease prevention, treatment and care for migrants and mobile populations such as long distance truck drivers and labour migrants, have been identified as an important component of a holistic response to HIV. Migrants and mobile populations have been recognized as one of the most vulnerable groups to HIV transmission, and HIV patient mobility might increase the difficulties of follow-up, seeking treatment and healthcare, and accessible information.

As a response to the above challenges, the “Forum on HIV Cross-Border Patient (CBP) Challenges in the SADC Region” was founded in 2009 by the SADC Secretariat, Luke International Norway (LIN) and SADC Member States, to consult and reach consensus on possible solutions to these challenges. The Forum members have met annually with support from LIN and the SADC Secretariat. At the meeting of 28-29th August 2014 in Livingstone Zambia, the participants agreed to encourage member states of SADC to create programs and source funding for such programs on migration health and mainstream HIV and other diseases in migration policies to address the health of migrants and communities affected by migration.

At the regional level, the SADC secretariat has developed Regional frameworks to provide strategic direction to SADC Member States in addressing migration and health concerns. These include the Draft Policy Framework on Population Mobility and Communicable Diseases in the SADC Region (2009), the SADC Declaration on TB in the Mining Sector (2012), and the Guidelines for Driver Health management Health Guidelines for the Transport Sector. In addition, the SADC Secretariat, in collaboration with the Management Sciences for Health (MSH) is developing Regional Minimum Standards and Brand for HIV and other Health Services along the Road Transport Corridors in Southern African Development Community. Another initiative that SADC, with support from the Global Fund, is engaged in is the SADC HIV and AIDS Cross Border Initiative. Whilst these Regional initiatives are appreciated, they need to be up scaled and fully implemented to achieve positive health outcomes among migrants and the communities with whom they interact.

POST-2015 HEALTH DEVELOPMENT AGENDA AND NON-COMMUNICABLE DISEASE (NCD) BURDEN

The Millennium Development Goals (MDGs) have played a major role in bringing in global political commitments and mobilizing resources to fight diseases including HIV and AIDS, malaria and tuberculosis. However, in ongoing discussions surrounding the post-2015 development agenda, it was recognized that the MDGs did not address several other important issues, including the threat and increased burden of NCDs which are emerging as challenges to the region. NCDs have been recognized as challenges for sustainable development in a number of international deliberations. In the outcome document of the Rio+20 UN Conference on Sustainable Development (Rio de Janeiro, Brazil; June 20 – 22, 2012), titled “The Future We Want”, the global burden of NCDs were listed as one of the major challenges for sustainable development in the 21st century.

Also the WHO’s discussion paper on Positioning Health in the Post-2015 Development Agenda (WHO 2012) highlighted the need to address NCDs as part of the three main issues that were identified. The

changing agenda for global health, mainly in the political recognition of the societal and economic impact of NCDs, does not imply competing interest between infectious disease and NCDs; rather broadens the health agenda by taking into consideration a range of health challenges encountered by the population. WHO is therefore advocating for the use of “Universal Health Coverage (UHC)” as an umbrella framework to accommodate the widening range of health concerns. Achieving UHC means that people should have access to *all* the services they need, including those relating to infectious diseases, NCDs, sexual and reproductive health etc., and that action extends to the social, economic and environmental determinants of health.

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In the 2014 consultative meeting, 29 delegates comprised from the Ministries of Health, Ministries of Community Development, Mother and Child Health, and National AIDS Councils of 6 Member States (Democratic Republic of Congo, Lesotho, Malawi, Swaziland, Tanzania, Zambia), International Organization for Migration (IOM), Luke International (LIN), Pingtung Christian Hospital (PTCH), Ministry of Health and Social Welfare of TW* and the International Cooperation and Development Fund from TW (TaiwanICDF) and other development partners participated at the meeting and reached consensus on issues that should be prioritized to address migrants’ and mobile population health in the context of the post-2015 development agenda. The two-day meeting discussed the issue in the SADC Region below:

- a. Lack of a harmonized HIV and NCD integration strategy and standard policy, with priority for high blood pressure, diabetes mellitus, and cervical cancer screening integration, among most of the SADC member states for internal or international migrants and mobile populations.
- b. Delays in border crossings contributing to increases in the risk of exposure to HIV transmission and difficulties in NCDs management for migrants and mobile populations.
- c. Difficulties encountered by migrants and mobile populations in accessing health care services across borders due to various reasons, including: lack of region wide medical history information system for case management, lack of information of epidemiological data on migrants/mobile population’s health, migrant/mobile population friendly health services, etc.
- d. Limited active consultation in the process of post-2015 health development agenda in the region. SADC and other Regional Economic Communities, while instrumental to most region driven activities of their member states were not involved in the discussion and many communities were not aware of the process.
- e. Limited integrated Universal Health Coverage (UHC) in the region that enables people to access all minimum health services. At the moment only few member states have initiated activities to provide HIV and NCD integrated services to all citizens and migrants alike.
- f. Inadequate consideration of health and social aspects in Environmental Impact Assessments (EIA) for infrastructural developments. For example, rural infrastructure construction projects do not typically take migrant workers and surrounding community’s health into consideration.

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

II Meeting Recommendations

- a. SADC secretariat should **lead** the process to **develop** a SADC HIV and NCD Integration Strategy and policy guidelines by 31st March 2015, based on the principles of Universal Health Coverage (UHC), and facilitate within member states the discussion towards UHC that enables all to access minimum health services that provide HIV and NCD integrated services.
- b. The SADC Secretariat, through member states needs to implement regional minimum standards for health services and common border- crossing guidelines to reduce overcrowding and delays at the borders.
- c. With the flow of migrant and mobile populations, the region **needs** to employ affordable methods, which includes use of effective and efficient technology in service delivery, patient tracking, disease surveillance, information dissemination and medical record sharing through increased collaboration with development partners.
- d. There is need for the SADC Secretariat, Member States, multi-and bi-laterals organisations, donors and other stakeholders to hold a consensus building workshop to come up with a way forward on the Post- 2015 Agenda with an implementation and M&E plan.
- e. The SADC secretariat should ensure further discussion and wide circulation of the Africa position paper on the Post 2015 Development Agenda to all stakeholders and other relevant partners.
- f. The SADC secretariat should lead the process to review and adopt a common policy guideline on EIA requirements to include impact of such developments on the health of the surrounding and migrating populations. Such an EIA policy should consider how HIV and NCD integrated services in the affected areas can access resources through the EIA process by the agreed member states bodies (NACs).