

MIGRATION AND HEALTH IN SOUTHERN AFRICA

Regional Symposium
on Gender, Migration, Health and Public Policy &
South African Launch of the UCL-Lancet Commission Report
on Migration and Health

1-2 August 2019
Johannesburg,
South Africa



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INTRODUCTION

This report captures a two-day programme of presentations, panel discussions and group discussions at the Regional symposium on gender, migration, health and public policy, which took place on 1 – 2 August 2019 in Johannesburg, South Africa. The event was jointly organised by the African Centre for Migration and Society (ACMS), Wits Demography and Population Studies, Wits School of Public Health and Sonke Gender Justice.

The first day of the symposium (Thursday 1st August) brought together a large number of high-level leaders and participants from all across Southern Africa. Panel discussions were held on the topic of ‘Migration and Health in Southern Africa’. The aim was to discuss a number of migration-related topics including: health and universal health care (UHC) in Southern Africa, researching migration and health, associated ethical and methodological challenges, and reflecting on the politics and practice of migration and health research, particularly the political context, who is ‘left behind’ in research on migration and health, methods, ethics, representation, and international partnerships. Day one also included the launch of the UCL-Lancet Commission on Migration and Health in South Africa.

Day 2 of the symposium (Friday 2nd August) was organised by Sonke Gender Justice and ACMS with the focus of ‘Gender, Migration, Health and Public Policy: Improving gendered responses to migration and health across the Southern African Development Community (SADC)’. The aim was to present feedback from a report on gender, migration and health and to develop a joint plan of action amongst stakeholders and participants for improving gendered responses to migration and health in SADC.

DAY ONE: 1 AUGUST 2019

This one-day event brought together government, civil society, and academia to explore opportunities for improving responses to migration and health in Southern Africa. This was followed by the South African Launch of the 2018 UCL-Lancet Commission on Migration and Health.

Discussion 1: Migration, health and universal health care in Southern Africa

Presenters:

- Dr Ranieri Guerra (WHO)
- Prof Jo Vearey (ACMS)
- Prof Laetitia Rispel (WFPHA)

Opening the public symposium, Dr Shakira Choonara, Researcher and Activist at the forefront of public health conveyed her gratitude to all participants, particularly presenters, panellists and discussion facilitators in her capacity as the Chairperson. She extended her thanks to the organising committee for the symposium, ACMS, Wits School of Public Health and Wits Demography and Population Studies for their efforts, and expressed enthusiasm for the South African Launch of the UCL-Lancet Commission Report on Migration and Health.

Drawing attention to the African Union theme of the year 2019, Dr Choonara spoke briefly on the intersection between migration and health and called attention to the issue of women refugees and girls taking contraceptive injections as a precautionary measure while fleeing wars, political instability and poverty in their home countries. Women refugees taking birth control ahead of their perilous sea journey from Libya because of the high risk of rape is one such example. Dr Choonara noted that rape is becoming so commonplace that young women live in constant fear of sexual violence and therefore take contraceptive pills before travelling in order to avoid unintended pregnancy.

The first panellist, Dr Ranieri Guerra, Assistant Director-General for the World Health Organization (WHO), gave a presentation on UHC in Southern Africa. In the presentation, Dr Ranieri highlighted some common myths around migration including the idea that migrants are 'disease-carriers' that pose a risk to host communities, a 'burden' on health services and 'job-stealers' as well as the ungrounded assumption that there is 'too much' immigration to high-income countries. Another important aspect that emerged from Dr Ranieri's presentation was the fact that most migration in Africa is intra-continental and not intercontinental. The bulk of African migrants move within the continent, with intraregional emigration in Sub-Saharan Africa being the largest south-south movement of people in the world.

Speaking on the work being done at ACMS over the last fifteen years, Professor Jo Vearey, Director of the ACMS and the global Migration Health and Development Research Initiative (MHADRI) cautioned participants to the symposium about the need to pay more attention to internal migration when addressing the intersection between migration and health in Southern Africa. She shed light on the dangers of 'exceptionalising' cross-border migration, noting that the movement of people within national boundaries is a huge developmental challenge for local government, policy makers and other relevant stakeholders.

Professor Vearey underlined the importance of examining how social determinants of health impact health outcomes and the need to recognise and transcend the limitations inherent in advancing social justice and rights approach arguments. One of the issues that stood out not only in her presentation but throughout the two-day symposium was the prevalence of alarmist discourse about migration, use of damaging and dehumanising language, vulnerability, stereotypes, deservingness and fear of migrants and refugees.

Particular attention was drawn to the discourse of securitisation, migration crisis, trafficking, health security, borders, boundaries and the practice of containment. Professor Vearey discussed some of the opportunities

for change such as the global need for more and better data on the relationship between migration and health, the key need for strong advocacy for migration-aware approaches, the importance of building alliances and carrying out action research.

Reflecting on Dr Guerra and Professor Vearey's presentations, Professor Laetitia Rispel, National Research Foundation (NRF) Research Chair on the Health Workforce for Equity and Quality, noted that UHC is too broad and all-inclusive, hence the need to avoid a reductionist view that limits UHC to a single health service provision issue. She noted that health provision is simply one of the many issues and warned against promoting a vertical approach of dealing with migrants. Professor Rispel spoke of the gap between global declarations and implementation and underlined the urgent need to find ways of narrowing down this gap. While there are no easy solutions, Prof Rispel suggested the need to move away from leaders to the idea of distributed leadership. This involves considering the role of street-level bureaucrats since these are the ones who mediate between institutions and health care users. She further urged participants to draw lessons from the experiences of human immunodeficiency virus (HIV) and cautioned against generating a single narrative, particularly given the level of complexities and contestations around migration and health in South Africa.

Discussion 2: Data, methods and ethics

Presenters:

- Mr Diego Iturralde (Stats SA)
- Prof Mark Collinson (Agincourt)
- Dr Carren Ginsburg (Agincourt)

Facilitated by Dr Sasha Frade, Lecturer in Demography and Population Studies, Wits, this panel explored ways of researching migration and health, associated ethical and methodological challenges, and the ways of overcoming these. The first panellist was Mr Diego Iturralde, Chief Director for Demography, Statistics SA, who provided a background of migration in South Africa, highlighting common methodological challenges such as data paucity, limited utilisation of existing data, working in silos and gaps in knowledge.

Discussing the role of data in the context of the Sustainable Development Goals (SDGs) and Global Compact of Migration with reference to health considerations, Mr Iturralde underscored the benefits of integrating different data sources as opposed to relying on one source. This involves the use of innovative or emerging sources such as banks, cell-phone data, social media, census, household surveys in conjunction with administrative data. He also highlighted the importance of using longitudinal data in migration and health research.

In his presentation on the topic of internal migration dynamics in Southern Africa, Professor Mark Collinson brought to light the benefits of adopting a demographic surveillance system (DSS) – also called a health and demographic surveillance system (HDSS). Making reference to the Agincourt Health and Socio-Demographic Surveillance System (HDSS), located in rural northeast South Africa, Professor Collinson hailed HDSS as a unique way of gathering longitudinal health and demographic data on the whole population in a defined area.

HDSS enables researchers to observe more of internal migration than other data sets. Professor Collinson gave the example of the successful triangulation of Agincourt HDSS and national census data and hailed triangulation as a powerful tool to validate findings, improve accuracy of knowledge, and generating new perspective. Dr Carren Ginsburg also joined the panel as she spoke about the policy implications of the Migrant Health Follow-up that started in 2017.

Reflecting on social research on migration and health, Professor Lorena Nunez brought more of a sociological perspective to the panel discussion and highlighted the explanatory power of qualitative research in validating general observations. She made reference to her research work in Chile and South Africa, focusing on barriers of access to health care for pregnant women and urged participants to marry qualitative and quantitative research.

Dr Kolitha Wickramage, Global Migration Health Research Coordinator for International Organization for Migration (IOM) and MHADRI Secretariat, provided an interesting reflection on data gaps in a global context. Through the use of bibliometric analysis, he highlighted the evidence gap in migration and health and pointed out that research outputs represent perspectives of high income destination countries, with refugees and asylum seekers the most represented while migrant workers are underrepresented.

Discussion:

- A question was raised from the floor about the need to have a National Migration Forum in South Africa. How far and at what stage are we in terms of establishing a National Migration Forum in South Africa? Do we have terms of reference and who are the stakeholders involved?
- Reflections on the politics of data collection were missing in the presentations.
- For what purposes are we generating data?
- What are the limitations of using bibliometric analysis?
- What do we know about out-migration or the number of South Africans leaving the country to live in the neighbouring countries?
- In terms of the different data sources, what plans are there to ensure that the government brings together all the sources together to have a complete picture of migration patterns within the country?
- What are some of the limitations of using triangulation? Do we speak the same language when it comes to defining who is a migrant? How does the use of different definitions across data sets shape our research findings?

Discussion 3: The politics and practice of migration and health research

Presenters:

- Dr B Camminga (ACMS)
- Sharon Ekambaram (LHR)
- Karabo Kgoleng (ACMS)
- Prof Loren Landau (ACMS)
- Dr Duduzile Ndlovu (ACMS)
- Thifulufheli Sinthumule (CoRMSA)
- Dr Matthew Wilhelm-Solomon (Wits)

The panel discussion was facilitated by Karabo Kgoleng, Writer and Media Broadcaster, with six panellists reflecting on the current political context, who is 'left behind' in research on migration and health, methods, ethics, representation, and international partnerships. Dr Camminga, Postdoctoral Research Fellow at ACMS, started by highlighting how easy it is to reply on the binary assumptions of male and female when talking about gender (including addressing the audience as Ladies and Gentlemen) and to sideline those who identify differently. Dr Camminga focused on the invisibility of the lesbian, gay, bisexual, transgender and queer (LGBTQ+) community when it comes to migration discussions and that despite advances in research that discussions and policies work with simplistic assumptions. Dr Camminga drew attention to homophobic violence, and also noted that there was a rise in rates of HIV for transgender men and women. They further noted that despite higher HIV prevalence rates, transgender persons also face challenges such as intimate partner violence, limited access to health care, forced sterilisation and institutionalised violence. Participants at the symposium were also excited with news of the recently launched African LGBTQI + Migration Research Network.

Sharon Ekambaram, Programme Manager for Refugee and Migrant Rights Programme, Lawyers for Human Rights (LHR), reflected on how resources are allocated in the African context and drew attention to the National Health Insurance, urging discussants to look at what power or monopoly is being used to continue marginalising minority groups. Ekambaram challenged participants to make use of existing data to mobilise communities and empowering ourselves.

Professor Loren Landau, Research Chair on Mobility and the Politics of Difference, (ACMS), provided thought provoking questions around the politics of knowledge production. He posed questions such as: 'Does scientific data have an impact on policies and practices? How does the data we collect feed into existing control apparatuses? What's our excuse for not taking action now?' Professor Landau noted that massive investment in collecting data about migrants across the African continent draws our focus away from the most important issues. Dr Duduzile Ndlovu, Postdoctoral Research Fellow (ACMS) expressed concern around the use of binaries such as 'migrant versus non-migrant' in migration and health research and questioned who we label as a migrant and also who gets to speak for/represent migrants. Dr Ndlovu read a poem she had written based on a transcript of an interview with a nurse regarding her perception of migrants and access to healthcare.

Thifulufeli Sinthumule, Director of Consortium for Refugees and Migrants in South Africa (CoRMSA) shed light on the plight of migrants and refugees when they try to access health services. He noted a constant theme throughout the two-day symposium and asserted that the South African constitution is regarded as one of the best in the world but the 'implementers or enactors are not progressive'. Addressing the question of who is 'left behind', Mr Sinthumule bemoaned lack of engagement with politicians, failure to bring local municipality officials and utilisation of existing data. He further called for engagement with undocumented migrants and locals who vote for politicians.

Reflecting on the common association made between crime and immigration, Dr Matthew Wilhelm-Solomon, Lecturer in the Department of Social Anthropology at Wits, reiterated the need to understand the politics of health and migration in relation to the power of entities. A key theme that emerged from his brief reflection is the displacement of migrants during all stages of the migration process including departure, travel, arrival at destination and possible return.

Displacement of migrants is a continuous process as they are often displaced in home countries, they face displacement in cities, in the workplace and health centres. Dr Wilhelm-Solomon called participants for a shift in perspective from the individual to the level of society – social determinants of health and lamented the production of criminality by categorising migrants as 'documented' versus 'undocumented'.

Discussion:

- Have we started thinking about the student population in universities when we talk about 'who is left behind' in terms of access to health services?
- How does the identity of the researcher or the research entity affect the quality of the research that we are generating?
- We need not despair about whether the data we're generating has any meaningful impact or makes a difference at all. We need to be patient and make data more accessible.
- Our research findings rarely reach out to important people. We need different voices to speak behind the scenes including refugees telling their stories through visual methods.
- How do we ensure that the research that we do is actually matching the needs?
- We all have a responsibility to challenge the global voice

Professor Jo Vearey then provided a wrap up to the symposium and highlighted key themes taken away from the symposium. This included setting the research agenda, the need to strategise on how to translate policies into practice in order to fill the implementation gap, as well as the need for everyone to take responsibility in challenging the global voice.

LAUNCH OF THE UCL-LANCET COMMISSION ON MIGRATION AND HEALTH

1. Implications of Lancet Commission findings for South and Southern Africa

Panellists:

- Dr Ranieri Guerra (WHO)
- Dr Miriam Orcutt (UCL)
- Dr Davide Mosca (UCL)
- Dr Joseph Pitso (SADC)
- Liesbeth Schockaert (MSF)
- Kit Leung (IOM)

Chaired by Professor Steve Tollman, Director for Wits Rural Health and Agincourt Research Unit, a panel discussion was held on 'Implications of Lancet Commission findings for South and Southern Africa'. The first panellist, Dr Miriam Orcutt, Coordinator of the UCL-Lancet Commission on Migration and Health, provided a short account of the main messages from the UCL-Lancet Commission including:

- A call on nation states, multilateral agencies, non-governmental organisations and civil society to positively and effectively address the health of migrants by improving leadership and accountability.
- The Commission calls for international and regional bodies and states to re-balance policy making in migration to give greater prominence to health by inviting health representatives to high level policy making forums on migration.
- Reminding public leaders and elected officials of their political, social and legal responsibility to counter xenophobia and racism, the Commission advocates for a zero tolerance approach to racism and prejudice.
- Last but not least, the UCL-Lancet Commission urges governments to provide migrant populations with universal and equitable access to health services and to all determinants of the highest attainable standard, regardless of age, gender, or legal status.

Dr Davide Mosca, Commissioner with the UCL-Lancet Commission on Migration and Health, noted that migration and health agenda is an offspring of the HIV epidemic. He provided a brief reflection of the Global Action Plan to Promote the Health of Refugees and Migrants (GAP). The GAP targets international movement of migrants and refugees with the objective of asserting health as an essential component of good migration governance. It aims to achieve improvements in global health by addressing the health of refugees and migrants in an inclusive, comprehensive manner and as part of holistic efforts to respond to the health needs of the overall population in any given setting.

Dr Mosca also gave a summary of what countries said at the 72nd World Health Assembly (WHA) in Geneva. This includes recognising migration as a global and complex challenge, the urgent need to strengthen international cooperation, mainstreaming refugees and migrants within the WHO, taking a whole-of-community approach, and emphasising the centrality of a country-driven agenda.

Dr Joseph Pitso, Senior Programme Officer, Gender Unit Head (SADC) noted that gender is a seriously neglected area and is often left out in migration and health discussions. In particular, Dr Pitso reiterated that SADC operates according to available resources and funding and that the issue of migration is not so prominent at the moment.

Médecins Sans Frontières' (MSF) migration coordinator for Southern Africa, Liesbeth Schockaert drew attention to the challenges faced by front-line health workers on a daily basis in resource-constrained settings of Southern Africa. She described difficulties associated with working in a context of too many restrictive policies, with migrants criminalised for trying to exercise their agency. Schockaert urged migration and health researchers and other actors to continue pushing for a better context for providing health services to migrants and refugees. Kit Leung, Technical Advisor for Migration and Health, IOM Southern Africa, added that IOM remains committed to advancing evidence-based research, reiterating the need for more system-level research.

A way forward for migration and health in South Africa: effective partnerships through research and leadership

Reflecting on global partnerships for action on migration and health in South and Southern Africa, Professor Nyovani Madise discussed the importance of building partnerships between research institutions from SADC and the Global North. She urged participants to utilise vast amounts of data within the Southern Africa region in order to come up with new theories rather than relying on old theories that do not necessarily apply to the African context.

Speaking about the need to link research and policy, Professor Madise urged participants to challenge certain policies sprouting out of a vacuum, despite lack of an evidence base. She highlighted the need to challenge contradictory policies such as integration policies in a context of xenophobic violence. The key question is: 'Is it feasible to adopt such policies in Southern Africa?'

Professor Madise stressed the importance of collecting data 'with dignity and ethically', ensuring that ensuring that the process is not driven by organisations such as the World Bank and the WHO. Professor Vearey added that there is a great need to train early career researchers and academics, creating conducive institutions, funding opportunities and interdisciplinary interventions.

2. Closing remarks from Professor Adam Habib

In closing reflections, Professor Adam Habib urged participants to avoid mixing politics with policy. 'We continue writing beautiful documents and a thousand more but to no effect as long as we fail to create political will. How do we make people with resources accountable? The real trick is how do we make social mobilisation happen and vital lessons can be drawn from the HIV example. There has been so many policies but no implementation'.

DAY 2: 2 AUGUST

GENDER, MIGRATION, HEALTH AND PUBLIC POLICY: IMPROVING GENDERED RESPONSES TO MIGRATION AND HEALTH ACROSS SADC

Day 2 of the symposium, exclusively for Sonke Gender Justice and ACMS participants, focused on the topic of 'Gender, Migration, health and public policy: Improving gendered responses to migration and health across SADC'.

Session one: Gender, migration and health in SADC: A focus on women and girls

Presenters:

- Dr Becky Walker (ACMS)
- Prof Jo Vearey (ACMS)
- Dr Marlise Richter (Sonke)

Following welcome and introduction to the morning focus by Dr Marlise Richter, head of Sonke's Policy Development and Advocacy Unit. Dr Becky Walker highlighted that SADC poses a number of challenges and opportunities to policy-makers and those working policy. These encompass:

- high levels of population mobility;
- a high communicable and non-communicable disease burden;
- poor maternal and child health outcomes; and
- pervasive gender inequality and struggling public health systems.

In the first session Dr Walker provided feedback on key findings of a study exploring gender, migration and health in SADC, with a focus on women and girls. Five key themes emerged from findings and these are:

- Insufficient policy engagement with migration and health. Where responses do exist, the gendered dimensions are lacking and these responses are largely driven by non-governmental and international organisations.
- Political agendas and popular perceptions are driving policy making processes, including the scape-goating of migrants for the poor performance of public healthcare systems.
- Poor understanding of gender which is often equated as referred to 'women and girls' with no consideration of the needs of male and LGBTIQ+ migrants. Engagement with sexuality is notably absent and heteronormative assumptions about gender, sexuality and family structures persist, including the framing of migrant 'women and girls' as vulnerable, lacking agency and therefore in need of 'protection'.
- Increasingly restrictive and securitised approaches to international migration on the health and well-being of people on the move, including women and girls.
- Limited regional coordination, cooperation, and policy coherence in the development of responses to migration and health, including for women and girls.

Professor Vearey presented on key recommendations based on a set of guiding principles that call on the key actors responsible for developing and implementing response to migration, health and gender. These encompass the following:

- Recognise that migration is a global reality and a key determinant of health
- Acknowledge that migration, health and gender are politically and socially sensitive issues – they are unpopular, associated with moral panics and negative assumptions.
- Partner with relevant organisations to implement a targeted awareness campaign aimed at key decision makers demonstrating that a migration-aware approach is required to achieve the SDGs, with a focus on UHC.
- Identify a national focal point to coordinate alliance building in order to support the development of a national migration and health plan that mainstreams gender
- Implement a 'Migration and Health in All Health policies (MHiAP) approach across government departments.
- Identify and use strategic opportunities for action, including in the development of National Strategic Plans (NSP) for HIV and a National Strategic Plan on Gender-Based Violence (NSP GBV), gender programmes, immigration management.
- Generate quality evidence and strengthen evidence-informed policy processes, including the development of a national migration and health score card that includes a gender component
- Learn from good practice examples on the continent and beyond
- Support postgraduate training, continued professional development and capacity-building amongst key actors: providers, policy-makers and politicians
- Develop a community of practice, leading to the creation of a SADC region migration, health and gender network drawing on MHADRI

The review of SADC policies revealed that there are key 'sticking points' that concern member states and prevent draft policies from being signed and ratified. Despite committing to harmonising migration policy and facilitating intra-regional migration at the state level, there remains much discrimination and violation of migrant rights in SADC. Migration is thus regarded a threat.

Like migration, gender is seen through a narrow lens through which women and girls on the move are generally seen as vulnerable and as victims of sexual exploitation and other crimes such as human trafficking. While women can be victims, they can also make choices, and show agency. Moreover, a consideration of gender should also move beyond heteronormative binaries and recognise the fluid nature of gender and differences in sexualities and gender-orientation.

Findings from the report showed that LGBTIQ+ migrants are often the most visible in their differences, yet hidden in terms of the heightened vulnerabilities that they face and that they are largely ignored in policy and practice. Planning is not well entrenched in Southern African policies. Instead, mobility is either ignored or countered – and from a perspective of migration is seen as a threat to security and to the lives of citizens.

While an analysis of policy can provide insight in understanding the meaning and emphasis given to specific political issues, there is an urgent need to engage with empirical primary research which can provide a more comprehensive picture. Strategic opportunities for responding to migration and health include the SDGs, UHC, WHO processes and the 'Global Compact on Safe and Orderly Migration' and the 'Global Compact on Refugees'.

Dr Marlise Richter then provided some background information on the work done by Sonke Gender Justice. Sonke is carrying out a project aimed at engaging refugees and asylum seekers in different settings in efforts

to prevent and respond to HIV and AIDS and gender-based violence (GBV) in Gauteng and the Western Cape. The project also aims to support asylum seekers and refugees in securing their rights and accessing essential social services. The primary components of the project involve:

- Exerting pressure on the opening of a fully-functional Refugee Reception Offices (RROs).
- Influencing the Integrated Programme of Action Addressing Violence against women and Children.
- Days of celebration, where social cohesion is encouraged and celebrated.
- Serving on coalitions such as The Hate Crimes Group and the Decriminalisation of the Petty Offenses.
- Producing a popular documentary on the intersection of migration, health and gender.
- Initiating research around the above issues.
- Production of policy briefs and research reports.
- Culmination in a regional symposium to discuss the research findings and forge policy direction.

Questions posed after the presentations covered some of the following issues:

- Why are there so many SADC policies that have remained in draft or were implemented long ago but with little effect?
- What can be done in Zambia to address the issue of LGBTIQ+ rights given the strong religious and moral objections (and if there is learnings from South Africa)?
- How does Sonke plan to disseminate the report and whether there is plans to present the findings in Zambia and amongst regional partners?

Session Two: Documentary viewing

The second session was based on the viewing of a documentary based on the gendered experiences of crossing borders into South Africa and facilitated by Sally Gandar from the Scalabrini Centre. Highlighting some of the challenges faced by women refugees and asylum seekers around access to health and the closures of RROs across South Africa, some of the most key aspects captured in the film include:

- Most asylum seekers wait for at least seven years for their applications to be finalised
- Too many asylum claims on the backlog
- The case of a girl sexually assaulted by soldiers
- We need to think about what happens to refugee throughout the migration process as well as the violence they face in destination areas
- Challenges faced by transgender women in South Africa
- SA's constitution guarantees everyone's right to basic services but this does not materialise in practice
- Figures of international migration blown out of proportion while a blind eye is turned to internal migration
- Violence faced by the LGBTQ community
- Women and children face violence on their way to South Africa and even more upon their arrival
- Medical xenophobia when accessing sexual and reproductive health services
- Sexual harassment of migrant women by law enforcement agents

- Lack of documentation prevents migrants and refugees from seeking health care services
- Lack of empirical backing for assumptions about migrants taking the services of South African nationals
- Lack of political will among national leaders to address xenophobia
- Xenophobic violence is structural and institutionalised
- Closure of RRO in Cape Town –2012

After watching the film, Sally Gandar reiterated the need to reflect on the effects of the language of illegality, the complexity of having accurate data about the number of asylum seekers and refugees as well as effects of the production of illegality. This was followed by a thoughtful discussion, facilitated by Thea de Gruchy, PhD student at ACMS. The discussion was centred on the closure of Cape Town RRO, dissemination of research report and the challenges faced by the LGBT community. The viewing of the documentary evoked some strong feelings amongst some of the participants, particularly the regional partners who may not have been so aware and therefore prepared for some of the traumatic experiences highlighted.

Panel discussion: Migration policies, trends and practices across SADC

Presenters:

- Prof Loren Landau (ACMS)
- Noma Ncube (IOM, Zambia)
- Dr Joseph Pitso (SADC)

Discussing the future of African mobility, Professor Landau noted that although South Africa is the primary destination country within the SADC region, it is 'by no means the only'. Migration in SADC is not just about South Africa and what matters most for migrants are things that do not mention migration at all - issues like urban planning, housing; labour policy educational policies etc. Documentation has little effect in precarious spaces where people live. For Professor Landau, key avenues of engagement include:

- Recognise mobility is normal and necessary
- Limited reliance on legal categorisation, incentive inclusion and access
- Moving away from people to places

Reflecting on issues around labour migration and gender, with a particular focus on Zambia IOM Migration Health Officer, Noma Ncube, underscored the importance of adopting a gender perspective to migration. He noted that Zambia's National Health Policy highlights the Zambian government's commitment to UHC for all, as there are no limitations for migrants when it comes to access of government funded health care. Both the Constitution and Zambian National Health Policy promote equitable access to health services and mobile populations are recognised as key populations.

Dr Pitso noted that Africa lacks coherence or a systematic regional approach to migration as migration remains a peripheral issue in SADC. SADC's Protocol on the Facilitation of Movement of Persons, 2005 has only been ratified by four countries. An important issue he raised is that SADC is 'donor-dependant'. He drew on a point made by Dr Walker in the feedback of the Gender, Migration and Health Report that trafficking is a popular and common lens through which women and girls on the move are seen despite the fact that there is little substantial evidence of trafficking and that women and girls become vulnerable through many other, complex issues. Accordingly, Dr Pitso pointed out that SADC had received funding from the EU to focus on trafficking and yet they knew this was not a priority issue – thus illustrating how their work is funding-directed rather than based on key issues.

Important questions/issues raised in the discussion that followed include:

- We need to be specific when we talk about migrants – who are we referring to because the issue is about documentation. It's the undocumented who struggle to access basic services from employment to health services, not every migrant.
- The importance of place and space when considering the health of different migrant groups. Migrants are exposed to varied social, economic and environmental conditions and processes within certain places and these spaces are recognised as influences on health.
- What positives are there for us to build on? – We are falling into the trap of taking a problem-focused approach
- How do we engage in ways that shift the politics at a local level?
- How do we take a shift in the budget system?
- We could do well to reflect on some of our cultural norms
- A question directed to Dr Pitso drew on the point he had made about trafficking and funding – asking, if SADC is not responding to the evidence-base and only directed by funding, then who should the research and recommendations be directed to?

Afternoon session

Mapping the way forward: Joint plan of action for improving gendered responses to migration and health in SADC.

Presenters:

- Micheline Muzaneza (Sonke Gender Justice)
- Adam Salmon (Content Advisor-Portfolio Committee on Home Affairs, SA)
- Frederica Micoli (Sophiatown Community Psychological services)
- Emmanuel Chama (National HIV/AIDs Co-ordinator, Zambia)

Speaking on the topic of 'Working from the ground up-policy meets practice', Micheline Muzaneza from Sonke Gender Justice, reminded participants about the importance of not ignoring some of the positive work being done by health workers. 'It's not all health workers who are discriminating migrants. We need to appreciate the ones who are doing their best to assist migrants and refugees'. Muzaneza also noted that Sonke is working hard to educate health workers about migration and drew attention to challenging issues of forced sterilisation, lack of knowledge around sexual and reproductive health, and denial of basic health services to undocumented migrants in South Africa's public health facilities.

Portfolio Committee on Home Affairs, SA Content Advisor Adam Salmon provided a reflection on functions of the legislatures, Migration Policy Balance and National Migration Policy Context. Speaking on local policy and legislative context, Salmon highlighted significant gaps in the balance of power between the three spheres of government, public participation gap, and leveraging gender as government priority.

Frederica Micoli of Sophiatown Community Psychological services, bemoaned the lack of attention devoted to mental health. Referring to the traumatic experiences revealed in the earlier documentary, Micoli underlined the importance of looking on individual stories of trauma from a human being point of view and gave examples of cases of migrants who experience physical illness due to psychological problems.

Emmanuel Chama, National HIV/AIDS Co-ordinator in Zambia, revealed that Zambian policies are pro-cross border migration but one of the challenges for policy implementation is the presence of a long border between Zambia and Mozambique. He also bemoaned empty promises by the Zambian government in relation to the protection of internal migrants within the borders of Zambia and poor capacity building in terms of training service providers.

The final session of the day was based on a group assignment with the intention of encouraging discussions amongst participants and the mapping out of a way forward. Three key questions were posed to participants, who broke into small groups to discuss and feedback. The session was facilitated by Thea de Gruchy (ACMS).

Key Questions

- What is needed to improve gendered responses to migration and health in SADC?
- What are the main obstacles and how do we address these?
- How do we move forward?

Group responses:

- Drafting of strategic framework for regional migration policy engaging a number of partners to provide input and adequate evidence
- Organisation of international/regional knowledge collation platform, virtual or real (e.g. MHADRI) to learn from each other's experiences, learnings and identify other networks to get more knowledge
- Giving more information to migrants on health
- Document best practices on gender and migration
- Ensure in upcoming regional policy consultation that gender aspect is addressed in health and associated policy issue.
- Link strategic opportunities available in migration spaces with our agenda position in gender spaces, and with migration partners.
- Hold government accountable by using the power of trade unions
- Educating health care providers of migrant rights to basic services – sensitising service providers to migrant health issues
- Educating migrants about their rights
- Engaging media journalists
- Advocacy at local, national and regional levels
- Promoting inclusive development
- Involving both nationals and non-nationals in agenda setting processes
- Moving out of silos
- Community development programs

From an overall discussion based on these responses there was consensus that there is a need to increase research that can provide an empirical base and especially be used to challenge myths and xenophobic claims around gender, migration and health. The participants talked about ways to do this and how to strategise as a group to draw on the resources in the room and create networks and collaborations. It was agreed that feedback from this final session would be circulated to all participants with the aim of continuing discussions and planning ahead. The day was closed with final reflections and closing remarks by Dr Marlise Richter.

