This is the third in a series of issue briefs that explores the implications of Covid-19 and the South African response to the pandemic on migration and for migrant and mobile communities in South Africa.

This issue brief was prepared by Edward Govere and Jo Vearey on behalf of MiCoSA. This brief, a summary of it and others in the series, can be found on the Migration and Health Project (maHp) website - www.mahpsa.org

maHp is research programme at the African Centre for Migration & Society (ACMS), University of the Witwatersrand - www.migration.org.za

This issue brief draws on a research report recently completed by the African Centre for Migration & Society (ACMS), Wits University in collaboration with the International Organization for Migration (IOM) South Africa Office: IOM & ACMS (2021) "They are too quiet about migration": a scoping exercise exploring migration and disability in South Africa. IOM: Pretoria

The research was led by Edward Govere and Jo Vearey of Wits in collaboration with the IOM team: Lily Sanya, Sibuko Dinake, Wambui Gititu, Teenage Rapatsa and Anisa Ibrahim.

We thank the Government of Ireland (Embassy of Ireland South Africa) for funding the research project.

We thank the following members of MiCoSA for their time in reviewing and contributing to this issue brief: Rebecca Walker (independent researcher and ACMS research associate) and Wambui Gititu (The International Organization for Migration).

About MiCoSA

The Migration and Coronavirus in Southern Africa Coordination Group (MiCoSA) is hosted by the Migration and Health Project Southern Africa (maHp) at the African Centre for Migration & Society (ACMS), Wits University, Johannesburg. MiCoSA is an informal network of migrant-led organisations, non-governmental organisations, international organisations, civil society, activists, lawyers, researchers, government officials and policy advisors. Through an online platform and virtual meetings, MiCoSA brings together national and SADC regional partners who are concerned with the health and well-being of asylum-seekers, refugees and migrants during the current Coronavirus pandemic. To date, MiCoSA has over 150 members; to join this network, please email coronavirus-migration+join@googlegroups.com

The development of these issue briefs and occasional papers is supported by the Migration, Gender and Health Systems (MIGHS) project that involves collaboration between the Universities of Witwatersrand and Cape Town, the London School of Hygiene & Tropical Medicine and the South African National Department of Health. The project is funded through the Health Systems Research Initiative (HSRI) in the UK, a collaboration between the UK MRC, ERSC, DFID, and the Wellcome Trust. Grant number: MR/S013601/1. Further information can be found at www.mighs.org
Defining disability

We draw on the International Convention on the Rights of People with Disabilities (CRPD), defining persons with disabilities as "those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others".¹

About the research

This issue brief draws on a 2020 research report² by the African Centre for Migration & Society (ACMS), Wits University in collaboration with the International Organization for Migration (IOM) South Africa Office.

A total of thirty-nine (39) semi-structured key informant interviews were conducted. Through the desk review, key stakeholders were identified and invited to participate in the research. Our inclusion criteria defined key informants as those with direct experience in policy development, implementation or service provision to migrants with disabilities. The 39 informants included civil society actors (N= 25) involved in service provision to migrants and persons with disabilities, government representatives (N= 10), and migration and disability researchers (N= 4) in South Africa.

Whilst the study planned to conduct interviews with migrants with disabilities, the restrictions put in place by the South African government to address the Covid-19 pandemic prevented this from happening. To ensure that the experiences of migrants with disabilities were captured, a photojournalism project - ‘The Endless Journey’ – was undertaken by an experienced team comprising James Oatway and Jan Bornman. Through interviews, images and the resultant text, the experiences of migrants with disabilities were carefully documented. All stories and images can be found online. ‘The Endless Journey’ - photography by James Oatway and text by Jan Bornman. Available online: https://medium.com/the-endless-journey & on Instagram: @endlessjourney_sa

We recommend future research, cognisant of all ethical considerations, involves migrants with disabilities.

² IOM & ACMS (2021) “They are too quiet about migration”: a scoping exercise exploring migration and disability in South Africa. IOM: Pretoria
Summary: Key findings and recommendations

Key concerns

• Migrants with disabilities are not a homogenous group and include both citizens who move within South Africa, and non-citizens from elsewhere who hold various permits, refugees, asylum seekers and undocumented migrants.  

• There is currently a shortage of reliable and accurate statistical data regarding migrants with disabilities in South Africa, including very limited information relating to their experiences during the Covid-19 pandemic.

• Key stakeholders involved in providing services to persons with disabilities do not keep data disaggregated by migratory status and apart from a small number of organisations offering generic social services to all migrant populations regardless of their disability status, there are limited programs and services available for migrants with disabilities in South Africa.

• Anecdotal data suggests that although migrants with disabilities face similar challenges as migrants without disabilities in the context of Covid-19, having a disability amplifies these challenges. This includes access to primary health services, fear of deportation, stereotyping, negative attitudes towards immigrants, disability stigma, and denial of services based on the documentation held or a lack of documentation.

• South Africa has yet to develop and implement appropriate policies, strategies, guidelines and institutions for supporting migrants with disabilities. At the national level, regional and international policies that focus on migrants with disabilities are only partially implemented. All major policy documents relating to migration or disability show little or no acknowledgement of the intersection between the two. The specific challenges faced by migrants with disabilities are not acknowledged or highlighted in any of the policy documents reviewed. Responses in the context of Covid-19 have mirrored this exclusion.

• For migrants with disabilities who are undocumented, fear of arrest, detention or deportation results in fear of engaging with government services. To this end, developing formal ‘firewalls’ to ensure that irregular migrants accessing health services are not reported to immigration authorities may encourage engagement with services and reassure migrants. However, until appropriate services are available, firewalls will do little to meet the needs of migrants with disabilities.

3 We use the term ‘undocumented’ to refer to the lack of currently valid documents required to be in a country legally.

Recommendations and ways forward

Recommendations include building partnerships with migrants with disabilities and between sectors in order to generate, disseminate and utilise quality and reliable data regarding migrants with disabilities to inform policy and programming; developing migration-aware disability policies and programs; promoting an enabling environment for civil society and strengthening the capacity of civil society organisations to engage in governance processes; mainstreaming migration into national planning; and, the key need to promote engagement and stakeholder consultation. The SADC region is currently developing a Regional Migration Policy Framework, offering possible strategic opportunities to emphasise these key issues. It is essential that migrants with disabilities are included in all Covid-19 programme responses, including addressing their specific needs in the roll-out of South Africa’s vaccination programme.

The following are recommendations per duty bearer:

Department of Home Affairs (DHA)

- Promote awareness and sensitivity to the needs of migrants with disabilities in asylum and refugee management systems;
- Provide easy access to premises (Refugee Reception Offices [RROs]);
- Grant persons with disabilities enough time to submit their claims; and
- Work with the National Departments of Health (DoH) and Social Development (DSD) to develop firewalls that will guarantee protection of irregular migrants when accessing government services, including healthcare and all Covid-19 related interventions.

Department of Social Development (DSD)

- Improve public understanding of migration and disability;
- Debunk myths, misunderstandings and negative stereotypes surrounding migration;
- Raise awareness around the issues affecting migrants with disabilities, their needs, rights, and abilities and the various forms of exclusion that they face;
- Organise public and private events specifically dedicated to the issues affecting migrants with disabilities in South Africa;
- Promote active engagement with local communities and migrants with disabilities and stakeholder consultation; and
- Work with the DHA and DoH to develop firewalls that will guarantee protection of irregular migrants when accessing government services, including healthcare and all Covid-19 related interventions.

Department of Health (DoH)

- Ensure the rights to access healthcare are upheld for all in South Africa, including for individuals with an irregular documentation status;

[5] https://www.sadc.int/news-events/news/sadc-develops-regional-migration-policy-framework/?fbclid=IwAR0byFSToBB8cERW5-DDv7f-uN7MPIPWwmmIAwQzfGbdMD05YrmFDkOasiQc
Migration & disability in South Africa: considering the impacts of Covid-19

- Ensure equal access to sexual and reproductive health services for migrants with and without disabilities including family planning services and HIV/AIDS programmes and services;
- All programmes and services for persons with disabilities in South Africa should include migrants;
- Training and awareness of the rights of migrants to healthcare amongst healthcare providers and all those working in and around healthcare facilities (including security personal, cleaning staff, administrative staff etc.) must include an understanding of the specific needs of migrants with disabilities – in terms of access to buildings, sensitivity in engagement and support with treatment; and
- Work with the DHA and DSD to develop firewalls that will guarantee protection of irregular migrants when accessing government services, including healthcare and all Covid-19 related interventions.

The South African Police Service (SAPS)

- Train police officers to respect and protect the inherent dignity of migrants with disabilities;
- Efforts should be made to ensure that migration-related arrest, detention, and deportation measures are carried out in accordance with international and South African law and in close cooperation with the DHA; and
- Ensure the effective enforcement of laws that protect migrants with and without disabilities from sexual exploitation, abuse, and harassment.

Civil society organisations and donors

- Ensure adequate and sustainable funding for targeted interventions addressing the specific needs of migrants with disabilities, including for all Covid-19 services; and
- Promote an understanding of migrants with disabilities that does not homogenise them and encourages recognition of the diverse range of experiences and needs.

Researchers

- Quantitative and qualitative data regarding the situation of migrants with disabilities is urgently needed;
- Reliable statistical data on the prevalence of disability and the demographic profile of migrants with disabilities living in South Africa needs to be collected and analysed;
- Ethnographic studies exploring the everyday life experiences of migrants with disabilities, including those engaging in street begging in South African cities need to be conducted;
- Methodological approaches based on sound ethical guidelines and with sensitivity towards experiences of migration and disability must be prioritised; and
- Research findings and recommendations must be shared with all role players and stakeholders.
Migration & disability in South Africa: Considering the impacts of Covid-19

“They are too quiet about migration”

Chairperson of the Ehlanzeni Disability Forum
Mpumalanga, South Africa

Globally, there is a lack of migration data disaggregated by disability⁶ - a gap acknowledged by the UN’s Department of Economic and Social Affairs (UNDESA).⁷ Although there are legal frameworks and instruments that recognise the rights and needs of persons with and without disabilities – including the 2006 United Nations Convention on the Rights of Persons with Disabilities – migrants with disabilities remain left behind in the field of social welfare and health. Furthermore, UNDESA notes that whilst international frameworks recognise the importance of addressing the needs of migrants, subgroups such as migrants and refugees with disabilities are overlooked.⁸

In South Africa, migration and disability data scarcity is consistent with UNDESA’s identified data gap. The 2016 Community Survey for example, reported that disability prevalence is at 7.7% - the prevalence of women with disability is 8.9% and is higher than that of men which is 6.5%.⁹ Yet within this data set, which is disaggregated by gender, population group migration status is excluded, meaning that it is unclear how many of the disabled persons in South Africa are cross-border migrants. The lack of basic data here as well as quantitative and qualitative data more broadly means that in South Africa, a country that is shaped by internal and cross-border movement and migration¹⁰, little is known about the link between migration and disability including the profile of migrants with disabilities, drivers of migration, needs, skills, access and utilisation of key social services such as health care.¹¹

Generally, cross-border migrants have been described as a hidden and hard to reach population.¹² This is often due to their determination to integrate or at least, blend in for fear of being deported especially

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⁹ Community Survey 2016, Statistical release P0301 / Statistics South Africa Published by Statistics South Africa, Private Bag X44, Pretoria 0001

¹⁰ Approximately 7% of the South African population is estimated to be foreign born – equating to 4.2 million, out of a total population of approximately 56 million. The majority of international migrants in South Africa come from the Southern Africa region. Internal migration – the movement of South African citizens between provinces – is far more prevalent and, as with international migration, is unevenly distributed across South Africa’s nine national provinces (see footnote 11).


if their irregular status renders them at greater risk. The living with a disability are often not accounted for in national disability service planning and delivery and in addition, suffer a heightened predisposition to exploitation and abuse. Meanwhile, studies have shown that migrants without disabilities but with lower education and skills levels face heightened vulnerability to acquiring a disability through the risks of exploitation (including by engaging in dangerous work).

In their countries of origin, migrant persons with disabilities often rely on state assistance or, in the absence of state-led mechanisms for support, handouts from non-profit organisations (NPOs) or individuals through begging. Media reports suggest that the majority of blind beggars and women with children begging on the streets in the Gauteng Province are from Zimbabwe. Respondents in this study indicated that they make between ZAR 100 – ZAR 200 a day. Some of the money made from begging is sent back home to assist those left behind.

Migration and disability in South Africa

The key concerns raised in this section draw from research undertaken in 2020 by the African Centre for Migration & Society (ACMS), Wits University and the International Organization for Migration (IOM) South Africa Office.

The policy terrain in South Africa

South Africa has yet to develop and implement appropriate policies, strategies, guidelines and institutions for supporting migrants living with disabilities. At the national level, regional and international policies that focus on migrants with disabilities are only partially implemented. All major policy documents relating to migration or disability show little or no acknowledgement of the intersection between the two. The specific challenges faced by migrants with disabilities are not acknowledged or highlighted in any of the policy documents reviewed. Responses in the context of Covid-19 have mirrored this exclusion.

While international and regional policies relating to migration or to disability emphasise that the rights of migrants and refugees must be protected, domestically – where existing policies are supposed to be executed, there remains a clear gap between policies and their implementation. A key finding from this review is that South Africa’s current policies on disability barely mention the rights of those on the move.

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28 IOM & ACMS (2021) “They are too quiet about migration”: a scoping exercise exploring migration and disability in South Africa. IOM: Pretoria
Consequently, no matter the strength of policies developed at an international level, the problem of policy implementation persists. The desk review results show that South Africa’s current policies on disability make no specific reference to migrants and refugees with disabilities.

Our findings also show that South Africa has yet to put in place adequate policies, strategies, guidelines and institutions for supporting migrants and refugees with disabilities. Although there are a number of existing policies aimed at promoting and addressing the rights of persons with disabilities, these policies are silent on migrants with disabilities living in the country. As shown above, all major policy documents relating to migration and disability show little or no acknowledgement of the intersection between migration and disability – the increased vulnerability of migrants and refugees with disabilities. In most cases, policy does not consider disability in relation to migration.

It is worth noting that failure to give recognition to the needs of migrants with disabilities is not unique to South Africa but reflects a global phenomenon. As more and more countries adopt increasingly restrictive immigration measures little attention is paid to the situation of migrants with disabilities in destination countries. At an international level, little has been done to integrate migrants with disabilities in domestic policies.

Existing policies in South Africa do not engage with the negative impacts of mobility on disability as the specific challenges faced by migrants and refugees with disabilities are not acknowledged or highlighted in any of the policy documents. South Africa has yet to engage constructively with issues around migrants and refugees with disabilities living in the country it is evident that human rights only exist at the rhetorical level and there is an inability to translate them into tangible benefits.  

Consequently, most migrants and refugees with disabilities living in South Africa have little choice but to survive through support from Non-Governmental Organisations (NGOs), informal networks and religious organisations.

The table below summarises existing policies and their responsiveness to migrants with disabilities.

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Summary of policies and their responsiveness to migrants with disabilities\textsuperscript{21}

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<th>Key</th>
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<tbody>
<tr>
<td>No mention of disability</td>
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<tr>
<td>Mentions disability but no reference to migrants</td>
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<tr>
<td>Mentions migrants with disability</td>
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**International policy instruments**

- Conclusion on refugees with disabilities and other persons with disabilities protected and assisted by UNHCR (UNHCR 2010)
- The Global Compact on Refugees (GCR) (United Nations 2018)
- The Global Compact for Safe, Orderly and Regular Migration (GCM) (United Nations 2018)

**Continental policy instruments**

- African Union Agenda 2063 (African Union 2015)

**Regional policy instruments**

- SADC Protocol on Health (SADC 2004)
- SADC Protocol on Facilitation of Movement in Persons (SADC 2005)

**National policy instruments**

- White Paper on International Migration for South Africa 2017 (The Republic of South Africa 2017b)
- The Disability Rights Charter of South Africa 1997 (Disabled People South Africa 1997)
- National Health Act No.61 of 2003 (The Republic of South Africa 2003)
- The National Health Insurance (NHI) 2017 (The Republic of South Africa 2017c)

\textsuperscript{21} From: IOM & ACMS (2021) "They are too quiet about migration": a scoping exercise exploring migration and disability in South Africa. IOM: Pretoria
Migrants with disabilities in South Africa

Many migrants with disabilities in South Africa are likely to reside in poor living conditions, have limited access to social support networks, and struggle to access basic needs and services such as food, water, shelter, healthcare and employment. They are also largely excluded from basic coverage of current social protection policies and programs.

Most migrants with disabilities are reported to originate from the African continent, including from Zimbabwe, the Democratic Republic of Congo (DRC), Mozambique, and Lesotho. Whilst no data is available to verify this, it has been reported that the majority enter South Africa through irregular channels and are thus undocumented.

The main drivers of migration for persons with disabilities in South Africa, as with migrants without disabilities, are complex and multifaceted. Individuals move to South Africa and elsewhere across the globe for many different reasons, including political, social, economic, and personal factors. Respondents shared differing views on whether they thought that migrants with disabilities travelled to South Africa for the purpose of accessing care and support. This mirrors findings from previous studies exploring migration and health in South Africa, highlighting the need for further research to better understand the health-seeking strategies of migrants with disabilities.

As for many South Africans with disabilities - migrants with disabilities in South Africa experience multiple challenges. For some migrants, these challenges are exacerbated due to an irregular migration status which can manifest, for example, in homelessness or living in poor conditions, struggling to access a secure income, and having limited access to basic services, including health and education.

In the absence of social protection schemes, informants reported that many migrants with disabilities depend on non-profit agencies and street begging for social and food assistance. The findings of this study suggest that some migrants with disabilities engage in street begging and are often subjected to violence, exploitation, and abuse.

Migration, disability and Covid-19 in South Africa

‘It’s such a great shame to see that migrants are being left out in social relief of distress [grant] during a time like this when everyone is suffering. You fear for the homeless undocumented migrants who have to go out on the streets to make ends meet for themselves. Already we are talking about one of the most vulnerable groups here, people with long-term illness struggling to survive in terrible conditions and then there is corona. No one is safe from it but those with pre-conditions are most vulnerable.

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Migrants with disabilities, regardless of their documentation status, were disproportionately impacted by the Covid-19 crisis. The pandemic worsened the challenges already faced, compounding the pre-existing vulnerabilities of migrants with disabilities, including concerns surrounding the exclusion of migrant groups from the Social Relief of Distress (SRD) grant by the South African government. Prior to the coronavirus outbreak and the subsequent announcement of a national lockdown, many migrants with disabilities were already battling for survival and lacked adequate social support and access to healthcare.

‘I think especially due to the lockdown, those who are begging on the street they were not allowed to go out because of lockdown regulations. I think it has impacted negatively on them because most of them they rely much more on what they are getting on the street. That poses challenges to them because their means of survival has been blocked’.

Department of Social Development, Musina, South Africa

Conclusions

• Migrants with disabilities are not a homogenous group and include both citizens who move within South Africa and non-citizens holding various permits, refugees, asylum seekers and undocumented migrants.

• There is currently a shortage of reliable and accurate statistics regarding migrants with disabilities in South Africa, including very limited information relating to their experiences during the Covid-19 pandemic.

• Key stakeholders involved in providing services to persons with disabilities do not keep data disaggregated by migratory status and apart from a small number of organisations offering generic social services to all migrant populations regardless of their disability status, there are limited programs and services available for migrants with disabilities in South Africa.

• Anecdotal data suggests that migrant with disabilities face the same challenges in the context of Covid-19 as migrant without disabilities. However, disability amplifies these challenges. This includes access to primary health services, fear of deportation, stereotyping, negative attitudes towards immigrants, disability stigma, and denial of services based on documentation held or a lack of documentation.

• South Africa has yet to develop and implement appropriate policies, strategies, guidelines and institutions for supporting migrants with disabilities. At the national level, regional and international policies that focus on migrants with disabilities are only partially implemented. All major policy documents relating to migration or disability show little or no acknowledgement
of the intersection between the two. The specific challenges faced by migrants with disabilities are not acknowledged or highlighted in any of the policy documents reviewed. Responses in the context of Covid-19 have mirrored this exclusion.

- For disabled migrants holding an irregular status fear of arrest, detention or deportation results in fear of engaging with government services. To this end, developing formal ‘firewalls’ to ensure that irregular migrants accessing health services are not reported to immigration authorities may reassure and encourage engagement with services. However, until appropriate services are available, firewalls will do little to meet the needs of migrants with disabilities.

Recommendations and ways forward

Recommendations include building partnerships with migrants with disabilities and between sectors in order to generate, disseminate and utilise quality and reliable data regarding migrants with disabilities to inform policy and programming; developing migration-aware disability policies and programs; promoting an enabling environment for civil society and strengthening the capacity of civil society organisations to engage in governance processes; mainstreaming migration into national planning and, promoting engagement and stakeholder consultation. The SADC region is currently developing a Regional Migration Policy Framework, offering possible strategic opportunities to emphasise these key issues. It is essential that migrants with disabilities are included in all Covid-19 programme responses, including addressing their specific needs in the roll-out of South Africa’s vaccination programme.

The following are recommendations per duty bearer:

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- Work with the National Departments of Health (DoH) and Social Development (DSD) to develop firewalls that will guarantee protection of irregular migrants when accessing government services, including healthcare and all Covid-19 related interventions.

Department of Social Development (DSD)

- Improve public understanding of migration and disability;
- Debunk myths, misunderstandings and negative stereotypes surrounding migration;

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24 https://www.sadc.int/news-events/news/sadc-develops-regional-migration-policy-framework/?fbclid=IwAR0byFSToBBB8cERW5-DDv7f-uN7MPlPWWwmIAwQzfGbDM05YrmFDk0AsiQc
• Raise awareness around the issues affecting migrants with disabilities, their needs, rights, and abilities and the various forms of exclusion that they face;
• Organise public and private events specifically dedicated to the issues affecting migrants with disabilities in South Africa;
• Promote active engagement with local communities and migrants with disabilities and stakeholder consultation; and
• Work with the DHA and DoH to develop firewalls that will guarantee protection of irregular migrants when accessing government services, including healthcare and all Covid-19 related interventions.

Department of Health (DoH)
• Ensure the rights to access healthcare are upheld for all in South Africa, including for individuals with an irregular documentation status;
• Ensure equal access to sexual and reproductive health services for migrants with and without disabilities including family planning services and HIV/AIDS programmes and services;
• All programmes and services for persons with disabilities in South Africa should include migrants;
• Training and awareness of the rights of migrants to healthcare amongst healthcare providers and all those working in and around healthcare facilities (including security personal, cleaning staff, administrative staff etc.) must include an understanding of the specific needs of migrants with disabilities – in terms of access to buildings, sensitivity in engagement and support with treatment; and
• Work with the DHA and DSD to develop firewalls that will guarantee protection of irregular migrants when accessing government services, including healthcare and all Covid-19 related interventions.

The South African Police Service (SAPS)
• Train police officers to respect and protect the inherent dignity of migrants with disabilities;
• Efforts should be made to ensure that migration-related arrest, detention, and deportation measures are carried out in accordance with international and South African law and in close cooperation with the DHA; and
• Ensure the effective enforcement of laws that protect migrants with and without disabilities from sexual exploitation, abuse, and harassment.

Civil society organisations and donors
• Ensure adequate and sustainable funding for targeted interventions addressing the specific needs of migrants with disabilities, including for all Covid-19 services; and
• Promote an understanding of migrants with disabilities that does not homogenise them and encourages recognition of the diverse range of experiences and needs.

Researchers
• Quantitative and qualitative data regarding the situation of migrants with disabilities is urgently needed;
• Reliable statistical data on the prevalence of disability and the demographic profile of migrants with disabilities living in South Africa needs to be collected and analysed;
• Ethnographic studies exploring the everyday life experiences of migrants with disabilities, including those engaging in street begging in South African cities need to be conducted;
• Methodological approaches based on sound ethical guidelines and with sensitivity towards experiences of migration and disability must be prioritised; and
• Research findings and recommendations must be shared with all role players and stakeholders.
The Migration and Coronavirus in Southern Africa Coordination Group (MiCoSA) is hosted by the Migration and Health Project Southern Africa (maHp) at the African Centre for Migration & Society (ACMS), Wits University, Johannesburg. MiCoSA is an informal network of migrant-led organisations, non-governmental organisations, international organisations, civil society, activists, lawyers, researchers, government officials and policy advisors. Through an online platform and virtual meetings, MiCoSA brings together national and SADC regional partners who are concerned with the health and well-being of asylum-seekers, refugees and migrants during the current Coronavirus pandemic. To date, MiCoSA has over 150 members; to join this network, please email coronavirus-migration+join@googlegroups.com

www.mahpsa.org/micosa

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