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We need to sustain migrant health forums to infinity and beyond

A review of the effectiveness and sustainability of migrant health forums established by IOM and government stakeholders in South Africa

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UN MIGRATION

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Jo Vearey
Rebecca Walker
Edward Govere

IOM
UN MIGRATION

> *It was amazing to see how people from different departments coordinate with each other on things. At the [migrant health] forum, they would come and say, "This is what we have been seeing this week" – or for the last month. "How can we address this?" And then we would form separate task teams with the relevant departments. It was a nice working group, you know.*

– IOM Regional Office for Southern Africa

* * *

> *Individuals were assisted, but the systemic change we wanted didn't happen. We engaged various role players but didn't have sufficient evidence for the systemic issues. We were unable to convince [the] Government to issue directives or to take other steps partly because of that lack of evidence, in my view.*

– South African (national) NGO

* * *

In fact, the forums themselves were beneficial. One thing that the team reported on [was that] they were actually able to have some sessions on migrant health, which is part of what we should be delivering within the project [Sexual and Reproductive Health Rights – HIV Knows No Borders] itself. And that was beneficial because in those meetings, there were a number of stakeholders that impacted one another: Health is sitting there, Education is sitting there, Social Development is there, Home Affairs is sitting there. And there was often policy clash between Home Affairs, Health and Education. Forums like this … become important because we – you know, all these departments that are involved – are able to clarify policy issues and also reach an agreement that [are] for the benefit of the beneficiaries who are migrants. Let's put aside this kind of issues and see how we can work with communities going forward.

– Musina office of an international NGO

* * *

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- Messina Legal Advice Office
- Mopani District Municipality
- National Department of Health
- Save the Children South Africa
- SECTION27
- Wits Reproductive Health and HIV Institute
- University of the Witwatersrand

TABLE OF CONTENTS

FIGURES, TEXT BOXES AND TABLES

ACRONYMS

ACMS	African Centre for Migration and Society
CSO	civil society organization
DHA	Department of Home Affairs
DoH	Department of Health
DSD	Department of Social Development
HIV	human immunodeficiency virus
IBRD	International Bank for Reconstruction and Development
IOM	International Organization for Migration
MHF	migrant health forum
MIDSA	Migration Dialogue for Southern Africa
MSF	Médecins sans Frontières (English: Doctors without Borders)
N-MHTT	National Migrant Health Task Team
NDOH	National Department of Health
NGO	non-governmental organization
SADC	Southern African Development Community
SDG(s)	Sustainable Development Goal(s)
SRH(R)	sexual and reproductive health (and rights)
TB	tuberculosis
UHC	universal health coverage
UNHCR	United Nations High Commissioner for Refugees
WHA	World Health Assembly
WHO	World Health Organization
Wits RHI	Wits Reproductive Health and HIV Institute

KEY TERMS

Asylum-seeker	An individual seeking international protection. In countries with individualized procedures, an asylum-seeker is someone whose claim has not yet been finally decided on by the country to which he or she has submitted it. Not every asylum-seeker would ultimately be recognized as a refugee, but every recognized refugee is initially an asylum-seeker. (IOM, 2019)
Migrant	An umbrella term, not defined under international law, reflecting the common lay understanding as being a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for any of a variety of reasons. (Ibid.)
Refugee	Any person who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his or her nationality and is unable, or owing to such fear, is unwilling to avail himself or herself of the protection of that country (UNHCR, 1951).

EXECUTIVE SUMMARY

This report reflects the findings of a research study conducted between November 2021 and February 2022, which set out to review the effectiveness and sustainability of migrant health forums (MHFs) established by IOM, civil society partners and government stakeholders in South Africa. Building on the findings of an IOM-commissioned review in 2013 of five MHFs across South Africa, the current review, under the second phase of the Sexual and Reproductive Health Rights – HIV Knows No Borders Programme (SRHR-HIV-KNB), finds that these MHFs represent strategic drivers of change while also facing several key limitations and challenges. While the ongoing commitment of stakeholders offers strategic opportunities to inform not only the local and national debate, but also action being taken in the field of migration health, there is a need for urgent change and investment to ensure that the MHFs are sustained – in the words of a stakeholder – "to infinity and beyond."[1]

As migration is increasingly recognized globally as a determinant of health, the need to better understand the intersectional nature of migration and health is evident (Wickramage et al., 2018). Central to this understanding would be a growing acknowledgement that for the developmental benefits of population mobility to be realized, "healthy migration" must be prioritized at the global, regional, national and local levels (ibid.). This will involve multiple sectors, particularly those relevant to or involved in organized labour migration, as well as informal population movements associated with the search for better livelihood opportunities (Marmot and Bell, 2018; Vearey, 2014). Existing evidence indicates a need for intersectoral and multilevel engagement that is anchored on public health approaches to migration and mobility (IOM, 2017; *The Lancet*, 2012; Onarheim et al., 2021; WHO and IBRD/World Bank, 2018). Critical here are efforts towards achieving universal health coverage (UHC) – a key Sustainable Development Goal (SDG) target (i.e. SDG Target 12) – by providing strategic opportunities to improve migration health responses, indirectly benefiting social and economic development (Marmot and Bell, 2018; United Nations, n.d.).

In Southern Africa, a region of high mobility and migration, recognizing the associations between health, well-being and migration for work and education as key to economic and social development (*The Lancet*, 2012) is paramount. Across the region, the high burden of HIV and other infectious diseases, as well as the growing burden of non-communicable diseases such as diabetes, cardiovascular disease and cancer, necessitates engagement in migration health to guide the implementation of improved policy and programmatic response, including migration-aware response (Vearey, 2014). This has been brought into sharper view by the COVID-19 pandemic, which has both exposed and exacerbated the challenges of migration health as a global public health priority (Vearey, de Gruchy and Maple, 2021; Vearey, Gandar et al., 2021). Yet across the region and specifically in South Africa – a country long associated with the movement of people, having been historically built and shaped by migration (Landau and Amit, 2014) – migrants[2] face multiple barriers to accessing positive determinants of health. In fact, challenges with accessing, to be specific, identity documentation, employment, social services and health not only lead to poor health outcomes, but also heighten the risks faced by migrants – despite the existence of a progressive framework of immigration and refugee policies and a national constitution that protects the right to health care for all (Walker and Vearey, 2019).

1 Interview with the Limpopo Office of the Premier, January 2022.

2 In this report, the term *cross-border migrant* refers to any of various categories of migrants, including documented refugees and asylum-seekers, undocumented migrants and migrants holding any of various categories of temporary resident permits.

Concerns raised by non-governmental groups and civil society regarding the increasingly securitized and restrictive approach to migration and the lack of appropriate responses to cross-border migrant health issues underlie the establishment of MHFs in South Africa. Based on the need for an improved migration-aware response, and shaped by the goal of universal health coverage, these MHFs share a common aim: "To guide effective, local, multisectoral action to respond to the identified health and health system access challenges faced by diverse migrant populations."[3]

The review shows that MHFs in South Africa represent a strategic opportunity to drive multisectoral action to address the health and well-being needs of migrant communities across the country. However, this requires political buy-in and investment – through dedicated support from the offices of the provincial premier – as well as the engagement and commitment of local government officials at the district and local municipality levels. While the importance of action at the local level is deemed essential, there is a need for a whole-of-government, whole-of-society and multilevel structure to also inform action at the provincial, national and, ideally, regional levels.

The current review focuses on the MHFs in the City of Johannesburg; the districts of Mopani, Vhembe and Waterberg in Limpopo Province; and Ehlanzeni District in Mpumalanga Province. These are all in areas where IOM migration health programmes have been – or continue to be – implemented, an example of which are the USAID-funded Ripfumelo ("believe" in the xiTsonga language) and SRHR-HIV-KNB, funded by the Government of the Netherlands. Of particular relevance to this review is SRHR-HIV-KNB, through which migrants, adolescents and young people, and sex workers in the six countries of the Southern African Development Community (SADC) are targeted to improve their knowledge of SRHR, HIV and migration, as well as access to SRH services, and, of particular relevance to project objectives, institutionalize addressing SRHR-HIV needs at the local, national and regional levels. Importantly, the project considers strategies for establishing cross-border collaborations, such as a Tripartite Cross-Border Health Committee and multisectoral MHFs (IOM, 2020a).

In addition, the current review considers the current statuses, contexts and achievements of the MHFs, as well as the challenges they face, and provides an updated set of findings to the 2013 review of their effectiveness and sustainability. Drawing from 39 interviews with a broad range of stakeholders representing five MHFs in the country, the current review shows that although these forums were initiated for different reasons, at different points in time, in different ways and within different contexts, common key challenges and overall successes can nevertheless be identified.

Key successes include raising awareness of migration health among MHF member organizations and within governance structures; providing opportunities for bridging research and advocacy; and supporting the activities of IOM migration health programmes, including Ripfumelo and SRHR-HIV-KNB in Mpumalanga Province. Meanwhile, key challenges include limitations to ensuring the sustainability (i.e. of funding, participation, leadership, coordination, structure and ownership) of MHFs; a restrictive socioeconomic and political context, including prevailing anti-foreigner sentiment; a dependency on IOM; and limited action being taken by MHF members, thus the risk of these forums becoming mere "talk shops" (meetings where issues are discussed, without the necessary steps being taken to address them). These challenges, which have led to four of the MHFs becoming inactive, can be summarized in light of the broader need for IOM to carefully consider the ambitions of MHFs, balancing these out with a realistic assessment of the likelihood of the necessary investments being accessible, in order to determine the way forward.

[3] Vhembe District MHF terms of reference, 2009.

Eight key recommendations are set out based on the review findings (Figure 1). Informants suggested, for example, that the functions of the MHFs should be delegated to the relevant spheres of government, which can mandate relevant departments to take action as required. However, the informants also noted that funding is necessary to establish (and sustain) dedicated local secretariats and implementation teams. This may involve: (a) establishing a National Migrant Health Forum within the National Department of Health to play a coordination role and mandating each of the nine South African offices of the provincial premier to establish (and coordinate) subprovincial MHFs; and (b) developing a guidance framework for MHF members that is adaptable to their local contexts, including through the consideration of local government capacities. Clear terms of reference for MHF members are required to not only establish their roles and responsibilities, but to also ensure a common understanding of the mandates of the respective forums.

Key findings

1. MHFs are a unique space for raising awareness and supporting networking and alliance-building in the area of migration health.
2. The inclusion of and commitment from government departments is central to sustaining MHFs.
3. MHFs can play a key role in bridging advocacy and research in the field of migration health.
4. MHFs can play a key role in improving collaboration and coordination among stakeholders, including through IOM migration health programmes.
5. The sustainability of MHFs depends on funding and ownership, commitment and participation, and leadership and structure.
6. A restrictive socioeconomic and political context, including prevailing anti-foreigner sentiment, negatively impacts the capacity of MHFs.
7. The sustainability and effectiveness of MHFs is impacted by the limited action on issues, thus the risk of these forums becoming mere "talk shops".

Key recommendations

1. MHFs require multiple forms of investment to develop opportunities to act as strategic drivers of change.
2. Ambitions for MHFs must be balanced against investment and funding realities.
3. Should IOM determine that there is scope to invest in MHFs, a strategy to ensure they become owned by State structures, so that they would be able to effect real change, will be key.
4. A long-term strategy for MHFs is required through an intersectoral and multilevel consultative process.
5. Funding is necessary to establish a dedicated secretariat and implementation team for each MHF.
6. MHFs require clear terms of reference and action plans.
7. Based on the important role that can be played by MHFs in South Africa, currently inactive ones should be "reignited" or revived.
8. A regional approach to MHFs should be considered.

Evident from the current review is that action plans with key activities and terms of reference should be required of the MHFs. This would ensure that the responsibilities of members are clearly delineated and accountability mechanisms are established to address the issue of the de-prioritization of migration health, including by the responsible national and local government bodies, which need to invest in the sustainability of MHFs (Vearey et al., 2017). To this end, citing global health and development targets to mobilize the Government to take action will be necessary: By implementing initiatives to support the health and well-being of the migrant population, the Government of South Africa would be working for the improvement of everyone's health in South Africa and making progress towards the goal of universal health coverage.

Structure and contents of the report

Chapter 1 (Migration and health: From global to local) begins with an overview of key issues that forms a baseline for understanding migration health globally and within South Africa and provide context to the establishment and development of MHFs in the country. The overview also helps to contextualize the key findings of the review, in order to guide the aim of strengthening the MHFs. An overview of the forums, including their aims, is provided and features a description of the local context and the history of the forums' development.

Chapter 2 (Methodology) describes the research approach and methodology chosen for the review, as well as the challenges posed by the COVID-19 pandemic.

Chapters 3 and 4 cover the key findings of the review: Chapter 3 (Development of migrant health forums) outlines the establishment, development and key focus of each MHF, while Chapter 4 (Key findings: Discussion and analyses) presents the seven key themes identified in the analysis.

The report concludes with Chapter 5 (Conclusion), which presents a set of recommendations on how to strengthen the role of MHFs and support their sustainability.

1. MIGRATION AND HEALTH: FROM GLOBAL TO LOCAL

1.1. OVERVIEW OF INITIATIVES ADDRESSING MIGRATION HEALTH

A range of global initiatives represent strategic opportunities for building migration-aware and mobility-competent health interventions centred on the justice-driven agenda of ensuring good health for all. Existing opportunities for ensuring healthy migration at the local, regional and global scale include the Sustainable Development Goals (SDGs); UHC2030; World Health Assembly (WHA) processes; the Global Compact for Safe, Orderly and Regular Migration; and the Global Compact on Refugees (UNHCR, 2018; United Nations, n.d.). These initiatives aim to "leave no one behind" at the global, continental, national and subnational levels and reflects a commitment to equity, non-discrimination and a human rights-based approach to health, migration and development:

> To realize the Sustainable Development Agenda 2030 vision, including the achievement of universal health coverage, governments and health actors need to uphold migrants and mobile populations' health through multisectoral responses and develop migration-sensitive health systems that "leave no one behind". (IOM, 2020b)

Table 1. Ensuring migration health is included in SDG 3

3 GOOD HEALTH AND WELL-BEING	**TARGET 3.8** Achieve universal health coverage	Ensure the inclusion of migrants, regardless of their legal status, in "Universal Health Coverage"; ensure they are accounted for in financial risk protection schemes and have access to quality, equitable health-care services, as well as safe, effective and affordable essential medicines and vaccines; and ensure cross-border continuity of health care. Include migrants and mobile populations in disease prevention and control programmes. Not doing so counters public health principles, ethics and universal health-care goals.
	TARGET 3.C Increase health financing and establish a sufficient health workforce in developing countries	Increase health workforce financing, recruitment, development, training and retention in developing countries; enhance the local integration of migrants, refugees and displaced persons who are health personnel; manage the migration of health-care workers; and implement an international code for the recruitment of health personnel.
	TARGET 3.D Increase the capacity of countries for early warning, risk reduction and management of national and global health risks	Strengthen the capacity of countries in early warning; health risk reduction; management of national and global health risks, including through disease prevention and control; and health emergency preparedness and response (International Health Regulations (IHR) of 2005) that address public health risks associated with migration and population mobility.

Source: United Nations, 2015 and n.d.

1.2. UNIVERSAL HEALTH COVERAGE AND THE SUSTAINABLE DEVELOPMENT GOALS

Global commitments to the SDGs, which aim to "leave no one behind" and promote broad, human rights-based approaches to development (United Nations, 2015), have provided unprecedented opportunities for bringing the migration, development and health sectors together to develop and implement unified and coordinated responses. These commitments include the ambitions set out in Goal 3 of the SDGs to "ensure healthy lives and promote well-being for all at all ages" (Figure 2), under which Target 3.8 specifically calls for universal health coverage, with the aim to:

> … achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all. (Ibid.)

The UHC agenda is of critical importance in ensuring good health for all and, as "a critical component of sustainable development and poverty reduction" (WHO and IBRD/World Bank, 2018:8), provides a strategic opportunity to improve responses to migration health issues. A commitment to the UHC agenda, as highlighted by the World Health Organization (WHO) and the World Bank, "includes addressing the social determinants of health, such as education, living conditions and the wider set of forces affecting people's health and their access to services" (ibid.). For this reason, they argue that "[while] the bulk of [the] responsibility for achieving universal health coverage lies with the health sector, multisectoral action is required" (ibid.). In this vein, IOM emphasizes that it is essential to:

> … ensure the inclusion of migrants, regardless of their legal status, in 'Universal Health Coverage'; ensure they are accounted for in financial risk protection schemes; have access to quality, equitable health-care services, safe, effective and affordable essential medicines and vaccines, and cross-border continuity of health care. Include migrants and mobile populations in disease prevention and control programmes. Not doing so counters public health principles, ethics and universal health-care goals (IOM, 2020b:2).

Two WHA resolutions – 61.18 (WHO, 2008) and 70.15 (WHO, 2017a) – focus on migration health, encouraging efforts to ensure "healthy migration [which] should be good for social and economic development development"(Vearey et al., 2017:89). As the decision-making forum of WHO, the WHA hears out the concerns of member States and supports the development of resolutions that aim to guide global responses to health. The second Global Consultation on Migration and Health, held in 2017, aimed to "reset" the global agenda on migration and health[4] and adopted WHA resolution 61.17 (WHO, 2008) on the Health of migrants as a starting point. The consultation provided an opportunity to explore progress made – and challenges encountered – in efforts to improve migration health responses globally. The discussions held in Colombo reflected on the challenges that continue to limit the development of appropriate policy and programming in the field of migration health, including the securitization of (im)migration globally. Following the Colombo meeting, WHA resolution 70.15 (WHO, 2017a) on Promoting the health of refugees and migrants was adopted. This latest resolution presents opportunities for improving the health and well-being of migrant and mobile populations and, as a result, supporting both social and economic development. In January 2017, the 140th WHO Executive Board adopted document EB140(9) ("Road maps for research and development to address potential outbreaks of disease due to priority pathogens"), which outlines the following aim:

[4] Held in February 2017 in Colombo, Sri Lanka (IOM, 2017) and convened by IOM, WHO and the Government of Sri Lanka.

> … to develop, in full consultation and cooperation with Member States, and in cooperation with other relevant stakeholders, such as the International Organization for Migration and UNHCR, a draft global action plan on the health of refugees and migrants, to be considered for adoption by the Seventy-second World Health Assembly, through the Executive Board at its 144th session (WHO, 2017b).

Global Action Plan 2019–2023 was thus developed by WHO to inform the newly established WHO Migration and Health Programme (WHO, 2019). However, despite widespread support for these global goals and commitments, migrants and mobile populations continue to face multiple – and often intersecting – challenges to accessing public health care (Wickramage et al., 2018). This reflects the failure of States to place migration and mobility at the centre of health-care planning, as well as the lack of the intersectoral and multilevel engagement required to develop and implement effective strategies to address migration health issues.

In the South African context, marginalized migrant populations face numerous challenges in accessing positive determinants of health, including housing, secure livelihoods and health care (Vearey et al., 2017; Walker, 2021; Walls et al., 2016). Challenges to health-care access, in particular, persist despite the existence of a framework of laws and policies committed to the progressive realization of the right to health for all (Coovadia et al., 2009).

1.3. DEVELOPMENT AND IMPLEMENTATION OF EFFECTIVE RESPONSES

While global initiatives and goals set a clear path for changing the nature of engagement in migration health, the development and implementation of effective responses are also influenced by decision-making at other levels and involve multiple actors (Wickramage et al., 2018). Systemic and institutional involvement in this undertaking should range from global mechanisms down to local (e.g. municipal) governance processes and extend beyond the health sector. Active engagement will be required among health-care providers, policymakers, government and non-governmental actors (including international organizations), academia and migrant populations themselves, and can be achieved by working with migrant-led organizations in particular (Onarheim et al., 2021). Moreover, expanding the scope of work outside the individual silos of migration and of health can open up space to put migration health issues at the centre at both intersectoral (i.e. within government) and multisectoral levels (i.e. across relevant governance actors). To do so would ensure the inclusion of a broad range of stakeholders in decision-making and implementation of actions. At the same time – as recognized and expressed by actors involved in MHFs themselves – such an approach would provide opportunities to expand key stakeholders' understanding of the interlinkages between migration and mobility, health, and well-being. This would help further the development and implementation of evidence-informed responses to support progress towards the SDGs, particularly universal health coverage (SDG Target 3.8), and ensure that "no one is left behind" (United Nations Development Programme, 2018).

However, while the responsibility for addressing migration health issues lies with the State, it is generally acknowledged, even by governmental actors in South Africa, that it remains an overlooked area, with implications for both citizens and non-citizens.

1.4. LOCATING THE NICHE OF MIGRANT HEALTH FORUMS IN SOUTH AFRICA

MHFs were established across South Africa to support the development and implementation of migration-aware health system responses. Despite developing in different ways, in response to specific contexts and events – as will be described – these forums share a common aim: "To guide effective, local, multisectoral action to respond to the identified health and health system access challenges faced by diverse migrant populations."[5]

The Johannesburg Migrant Health Forum ("Johannesburg MHF") was developed by IOM, in partnership with the African Centre for Migration and Society (ACMS) of the University of the Witwatersrand ("Wits University") and the Wits Reproductive Health and HIV Institute ("Wits RHI"), in response to the xenophobic violence that broke out in Gauteng Province in 2008.

In 2009, following increased movement of Zimbabweans into South Africa (via Musina Local Municipality) and a cholera outbreak, IOM established the Vhembe District MHF, in partnership with the Limpopo Office of the Premier. Drawing on insights and learnings from Vhembe District, MHFs were later established in the districts of Mopani (2013) and Waterberg (2015), with the support of IOM and the Limpopo Office of the Premier and in collaboration with local authorities at these district municipalities.

In 2014, an MHF was established in partnership with Ehlanzeni District in Mpumalanga Province, which borders Mozambique and Eswatini. Providing support to MHFs – specifically that of Ehlanzeni District – falls under the second phase of the Sexual and Reproductive Health Rights – HIV Knows No Borders Programme (SRHR-HIV-KNB) (Text box 1), which "envisages an environment in which [the] sexual and reproductive health [SRH] and rights and needs of migrants, sex workers, and adolescents and young people are institutionalized at the local, national and regional levels"(IOM, 2020a:8).

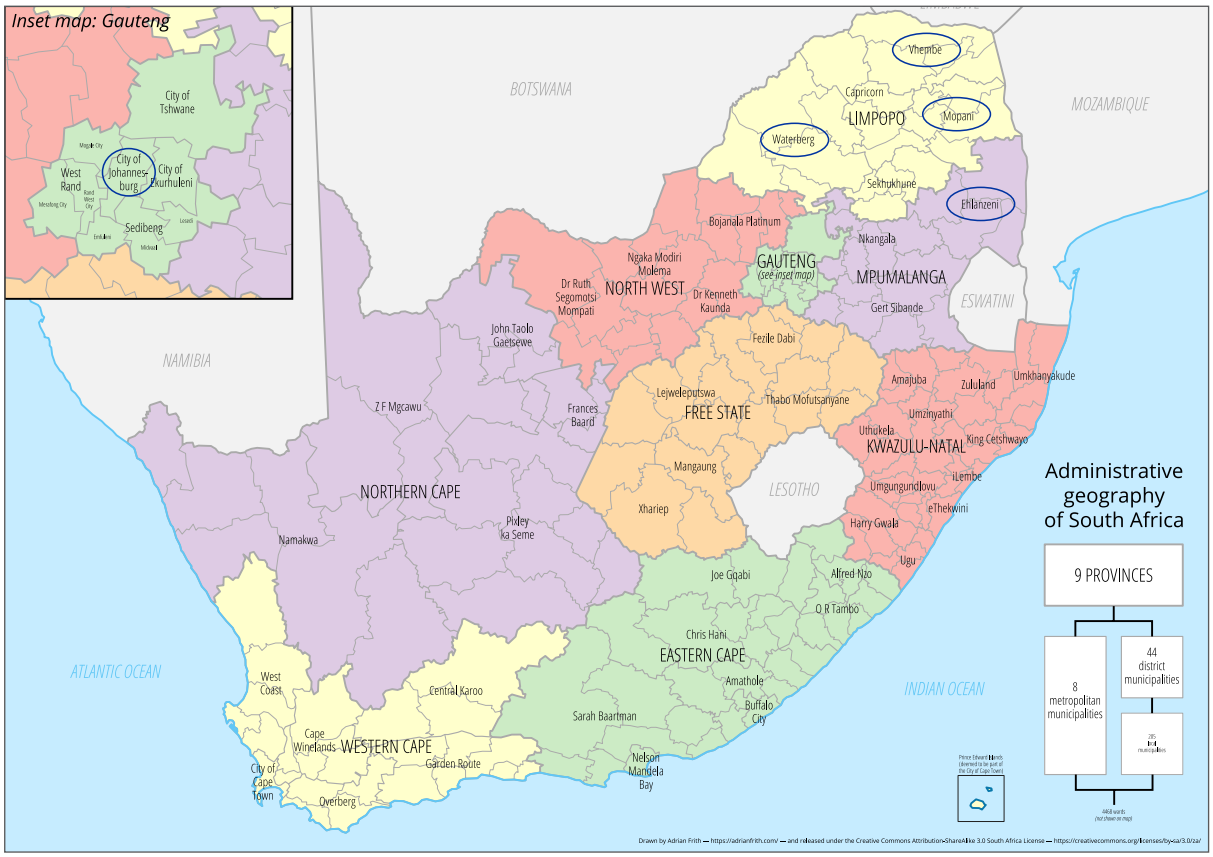
Text box 1. The Sexual and Reproductive Health and Rights – HIV Knows No Borders Programme

The Sexual and Reproductive Health and Rights – HIV Knows No Borders (SRHR-HIV-KNB) Programme is implemented by a consortium of two institutions, IOM and Save the Children Netherlands, and covers six migration-affected countries in Southern Africa – Eswatini, Lesotho, Malawi, Mozambique, South Africa and Zambia – with the overall aim of improving the sexual and reproductive (including HIV-related) health of both migrant and non-migrant adolescents and young people, sex workers, and others who live in migration-affected communities through a number of initiatives and interventions. The programme operates on the assumption that an individual can only have greater freedom of choice about their sexuality when they are better informed about their SRH-HIV rights and have access to SRH-HIV services that are sensitive and responsive to their needs and rights – within a community that respects their rights, as demonstrated in the institutionalization of these needs and rights at the local, national and regional levels. IOM is scaling up the programme to reduce the vulnerability to HIV and TB of hard-to-reach population groups, such as those in the mining, port, truck stop, informal settlement, and forced and irregular migrant communities.

[5] Vhembe District MHF terms of reference, 2009.

As South Africa's MHFs developed over time (Figure 1 shows the location of each of the MHFs under review), they have come to serve as networks of member organizations providing health and social services to their respective communities' migrant populations. The membership of each MHF typically includes local government and civil society organizations (CSOs). The history and structure of each MHF are unique, given the differences in local contexts, and are explained further in Chapter 3 (Development of migrant health forums).

Figure 1. Migrant health forums in South Africa



Source: Wikimedia Commons. Map of the administrative geography (provinces and municipalities) of South Africa, as of 2021. Copyright-free material (Original user: Adrian Firth, 2021) (local municipality names omitted). Available at https://commons.wikimedia.org/wiki/File:Map_of_the_administrative_geography_of_South_Africa_2021.svg. This artwork is licensed under the Creative Commons Attribution-Share Alike 4.0 International licence.

Note: This map is for illustration purposes only. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the International Organization for Migration.

Findings from previous research that evaluated the Johannesburg and Vhembe District MHFs emphasize their role in monitoring access to health care, bridging policy processes with community needs and improving overall service delivery to client migrants (Sommers, 2013). However, as Sommers has shown, in order for MHFs to truly work towards increasing their own effectiveness and sustainability, there is a need to better understand the diversity and specificity of contexts, including especially cultural contexts, in which they operate – not to mention the varied migrant populations they serve and the health-care infrastructure and services needed in the areas they cover (Vearey and Anderson, 2013). It is these two factors of effectiveness and sustainability that guide the focus of IOM on strengthening MHFs and which are measured in this review of five South African MHFs in terms of their current roles, capacities and impacts.

2. METHODOLOGY

2.1. RESEARCH APPROACH AND OBJECTIVES

The review is guided by the overarching aim to better understand how IOM and its partners can strengthen MHFs, among other structures, so that they become effective and sustainable. It is designed to explore the structure and formation of five MHFs in South Africa, identify funding mechanisms to support them and propose ways to make them sustainable. The specific key objectives and how they will be achieved are detailed below:

(a) **Examine the organizational structure (i.e. membership composition) and the process underlying the formation and development of the MHFs, and relate these to their effectiveness**. This is achieved by mapping and documenting the history of each MHF and the conditions in which it developed, in order to understand, among others, the specific context and challenges shaping it.

(b) **Identify funding mechanisms that will ensure the MHFs are effective and sustainable**. Promising practices and achievements, not to mention key challenges, in funding MHFs are explored during discussions with forum members (key stakeholders) and by referring to relevant reports and documentation from these forums.

(c) **Propose ways to make MHFs sustainable structures**. Based on lessons from review findings, recommendations for moving forward and strengthening established structures are provided.

2.2. METHODOLOGY

A qualitative approach was adopted that relied on two key methods and built on a 2013 review of the MHFs: (a) a desk review of relevant literature (i.e. secondary sources of information and data); and (b) semi-structured interviews with key government and non-governmental stakeholders, including members of the MHFs.

2.1.1. Desk review

The systematic review of the literature covers, among others, key documents provided by the studied MHFs themselves. Central to this are meeting minutes, which note, among others, the number of meetings held, meeting attendees, formats taken by the meetings and key issues on the meeting agendas, which include, among others, the approaches and strategies adopted by the MHFs, the challenges they face and the funding and support they require.[6] Terms of reference and documents detailing the organizational structure and functions of the MHFs are also reviewed, in addition to other secondary sources, such as reports and data on migration health responses in South Africa from both the MHFs themselves and other migration–health platforms. The information thus gathered helps build a general picture of MHFs, as well as illustrating the specific and unique context in which each MHF was established and operates – which proves useful as background or baseline knowledge for the stakeholder interviews.

[6] It should be noted that the studied MHFs differ in the volume and quality of available reports and documents produced by and/or about them. The longest-running MHFs, obviously, have more meeting minutes on record, for example, and some MHFs also have more detailed strategies, plans, presentation notes and documents mapping the individual roles and work of MHF members.

2.1.2. Key informant interviews

Semi-structured interviews were held with purposively selected key informants who fit either of the following criteria:

(a) An individual working in the migration, health, migration health or other relevant sector, whether State or non-State, and a previous or current participant in any of the five MHFs (Johannesburg, Ehlanzeni District, Mopani District, Vhembe District and Waterberg District);

(b) An individual working in the migration, health, migration health or other relevant sector, whether State or non-State, who may or may not have ever been a participant in an MHF – for example, a government official from the Department of Social Development (DSD) or the Department of Home Affairs (DHA).

A total of 39 key informant interviews were conducted (see Appendix D for details). For each of the MHFs, a list of key members (past and present) taken from meeting attendance sheets, along with other key contacts, including government officials, was provided by IOM. These individuals were all contacted via email; once potential key informants were identified, participant information sheets were sent out. Verbal consent to participate in an interview was sought from each participant before it was started. Consent to audio-record the interview for later transcription was obtained separately.[7] Due to COVID-19 restrictions, all interviews were carried out remotely on Zoom, Microsoft Teams or WhatsApp. Attempts were made to contact and schedule interviews with other governmental and non-governmental actors – that is, those in addition to the participants listed in Table 2. Some individuals declined from participating due to their busy schedules or because they had changed jobs since their participation in the forums.

Table 2. Breakdown of key informants by type of organization and coverage area

Key informants (stakeholders)	National	Johannesburg	Limpopo Province	Ehlanzeni District[a]	Mopani District	Vhembe District[b]
International NGO, represented by its country office or a local office		2		1		3
IOM Regional Office for Southern Africa	1					
IOM Country Office for South Africa	2					
IOM Country Office for Malawi						1
South African NGO		1				
District/local municipality NGO					2	2

[7] Ethics approval for the current review was granted by the University of the Witwatersrand Human Research Ethics Committee (Non-medical) to the ACMS to conduct research studies on migration and health (protocol number H19/10/39).

Key informants (stakeholders)	National	Johannesburg	Limpopo Province	Ehlanzeni District[a]	Mopani District	Vhembe District[b]
District/local municipality faith-based organization						1
Department of Health district office		1				2
Department of Education district office			1			
Department of Health local municipality office				4		1
Department of Home Affairs local municipality office				1		
Department of Agriculture local municipality office						1
Limpopo Office of the Premier			3			
National Department of Health	2					
Health Research Institute	1				1	
Researchers		3				
Health professionals		2				
Total per coverage area	6	9	4	6	3	11
Total number of interviews completed	39					

Note: [a] Includes Nkomazi Local Municipality; [b] Includes Musina Local Municipality.
There is no available information for Waterberg District.

2.3. ETHICAL CONSIDERATIONS AND LIMITATIONS

All key informants were over the age of 18 at the time of the interviews. To protect their identities, as many of them preferred to remain anonymous, all names and personal identifying information are omitted in this report. Instead, participants are referred to by the type of organization or government department or body they were affiliated with (and in which capacity they participated in the study) – information that is necessary to contextualize findings and associate quotes to specific MHFs and sectors. It should be noted however, that absolute anonymity cannot be guaranteed in the report because of the interrelationships between MHF members, given the intersectional nature of the migration and health fields – meaning that participants may be able to identify one another through the quotes. It is also important to reiterate that some of the respondents have moved positions since participating in the MHFs (through their respective affiliations); as such, references are made to their current positions rather than where they previously worked. As evidenced by the overreliance on a few respondents for direct quotations in Chapter 4 (Key findings: Discussion and analyses), most respondents (especially in Musina) noted that their experience with their respective MHFs was brief and, as such, they could not answer more specific questions about these forums.

2.3.1. Research limitations

The review was conducted during the COVID-19 pandemic and after many months of lockdown and restrictions that impacted the capacities and normal functioning of government departments and other State and non-State institutions and organizations. This not only affected the manner in which the research was conducted – specifically, all interviews had to be online – but also how participants were able or if they were even willing to engage with the researchers. Moreover, while a particular focus of the review was to consider how the pandemic had impacted the MHFs and their ability to function, it was also important to be able to look at the time before and, possibly, after the pandemic and consider other key factors impacting the forums. Gathering this additional information, however, was difficult, given the extent of the pandemic's impact, as many individuals, including especially those working for non-governmental organizations (NGOs) and CSOs, were overstretched, burned out and deeply affected by COVID-19 in many ways. As such, while COVID-19 has opened up opportunities for various insights to surface and heightened awareness of the importance of considering the intersections of migration and health, it has, at the same time, limited current frames of reference and reflections (de Gruchy et al., 2021).

2.4. ANALYSIS

The data was subjected to thematic analysis and key findings were mapped out collaboratively using the software Miro. Having identified the key findings, the research team discussed to outline seven key themes. The data was then reviewed again in relation to these key themes before further analysis.

3. KEY FINDINGS: DEVELOPMENT OF MIGRANT HEALTH FORUMS

This chapter draws on the desk review and key informant interviews to contextualize each MHF under study by outlining the factors in their development. Examples of these factors are changes in health and immigration laws and policies, episodes of xenophobic violence, and outbreaks of public health challenges such as cholera and, most recently, the COVID-19 pandemic. Figure 2 shows the establishment of the MHFs in chronological order and highlights the key factors impacting migration health – not only in South Africa, but also in the wider Southern African region – since the creation of the first MHF in Johannesburg in 2008. Analysis of the data has led to seven key findings, presented in Chapter 4 (Key findings: Discussion and analyses).

3.1. DEVELOPMENTAL CONTEXTS OF SOUTH AFRICAN MIGRANT HEALTH FORUMS

As previously noted, the five MHFs under review were established between 2008 and 2015. The first two, Johannesburg and Vhembe District MHFs, arose in response to crises. In the case of the Johannesburg MHF, the outbreak of widespread xenophobic violence brought together organizations working on migration health issues. In Vhembe District, public health concerns following the onset of a cholera outbreak that started in neighbouring Zimbabwe precipitated the assemblage of relevant organizations. In comparison, the Ehlanzeni, Mopani and Waterberg District MHFs were established as coordination bodies, in partnership with local governments, rather than as a response to a particular situation. Only the Ehlanzeni District MHF remains active, as Table 3 shows.

Table 3. Key information on the South African migrant health forums under study

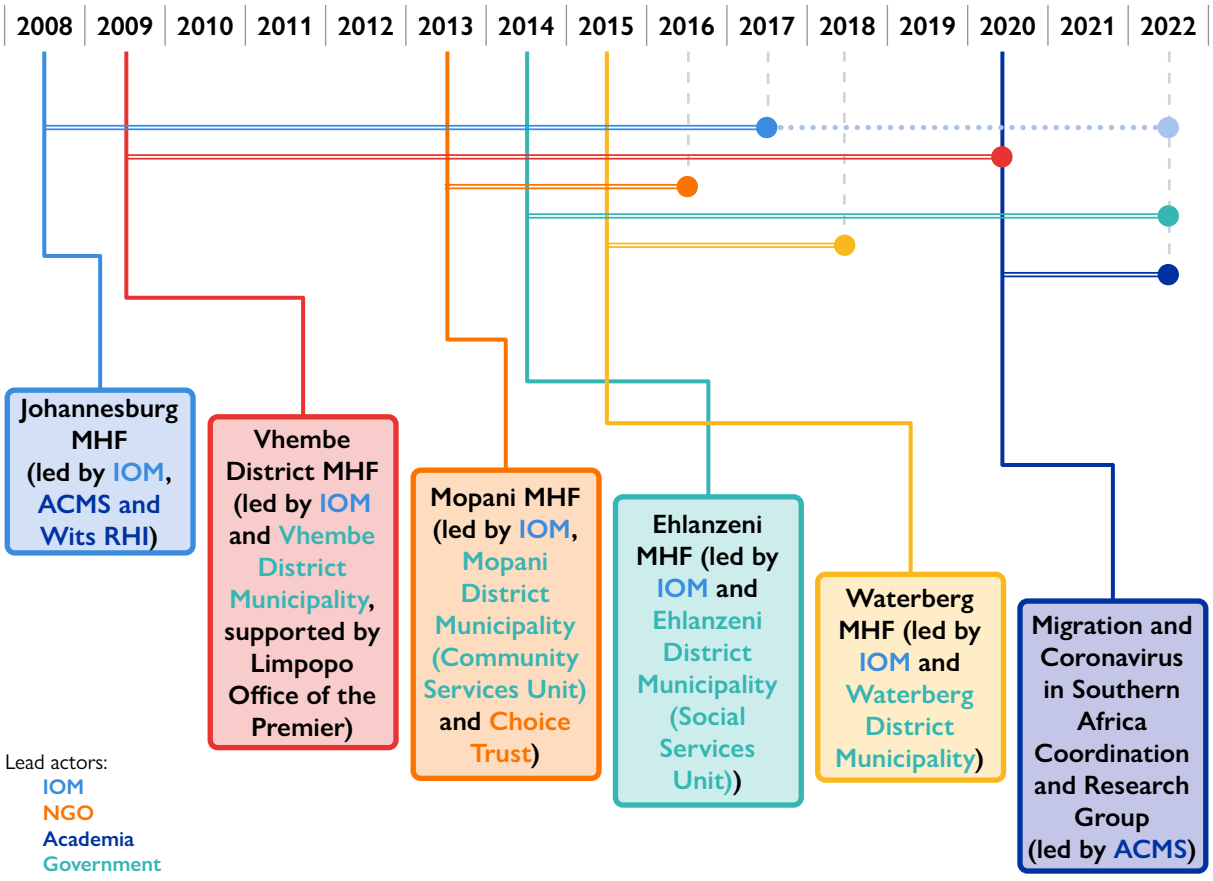
Forum	Year established	Principal members and roles	Current status
Johannesburg	2008	Established by: ACMS, IOM and Wits RHI (The chair was rotated among MHF member organizations.)	Inactive as of 2017
Vhembe District	2009	Chair: Vhembe District Municipality, supported by the Limpopo Office of the Premier Secretariat: IOM	Inactive as of 2017
Mopani District	2013	Chair: Director of Community Services, Mopani District Municipality Secretariat: Department of Health (DoH) District Office, Department of Social Development District Office, Mopani District Municipality and CHoiCETrust (an NGO) Technical Support: Limpopo Office of the Premier, DoH Provincial Office, Office of the Municipal Manager and IOM	Inactive as of 2019

Forum	Year established	Principal members and roles	Current status
Ehlanzeni District	2014	Chair: Ehlanzeni District Municipality – Social Services Unit Secretariat: IOM Technical support: IOM	Active
Waterberg District	2015	Coordination: Department of Social Development and Waterberg District Municipality – Director of Community Services	Inactive as of 2016*

Note: * Based on the available information and interviews with key stakeholders, it is difficult to ascertain exactly when the Waterberg MHF became inactive.

The solid horizontal line from 2008 to 2017 in Figure 2 indicates the years in which the MHFs were formed. The dotted line from 2017 to 2022 marks the years since the establishment of the MHFs and the period that the current review focuses on to update the findings of the 2013 review. The figure lists the organizations that played key roles in the establishment and development of the MHFs and readily shows the differences between them, particularly in terms of who leads them – that is, the Government and/or IOM, in the case of the Ehlanzeni, Vhembe and Waterberg District MHFs, or NGOs and/or academic institutions, in the case of the Mopani District and Johannesburg MHFs. Such differences, discussed in detail in Chapter 4, impact the functioning of the MHFs, affect their relationship with the Government and shape their current trajectories.

Figure 2. Establishment of South African migrant health forums: a timeline



3.2. IOM-FUNDED PROGRAMMES THAT ESTABLISHED MIGRANT HEALTH FORUMS IN EAST AND SOUTHERN AFRICA

The MHFs established in the provinces of Limpopo and Mpumalanga were supported through various IOM migration health initiatives, including three key programmes that were already running when these forums were established (see a summary of information on these programmes in Text box 2):

(a) Ripfumelo Project, phases I and II (2009–2016);[8]

(b) Partnership on Health and Mobility in East and Southern Africa (PHAMESA) (2010–2013);[9]

(c) SRHR-HIV-KNB Programme, phase I (2016–2020) and the ongoing phase II (2021–2026).

As detailed in Chapter 4, key informants reflected on activities associated with these initiatives, especially Ripfumelo and SRHR-HIV-KNB, that were supported through the MHFs.

Text box 2. Summary of information on IOM-funded programmes that established migrant health forums

Ripfumelo aimed to reduce HIV and TB vulnerability among migrants and mobile populations, as well as communities in South Africa affected by migration. SRHR-HIV-KNB is part of a regional programme addressing HIV/AIDS and SRHR in Southern Africa. Funded by the Government of the Netherlands, it is implemented in six countries of the Southern African Development Community (SADC): Eswatini, Lesotho, Malawi, Mozambique, South Africa and Zambia. The project, aligned with a number of policy and regulatory frameworks, aims to improve SRH- and HIV-related health outcomes among these target populations: adolescents and young people, migrants, and sex workers (Figure 4). These policy and regulatory frameworks include: (a) the SADC Strategy for SHRH (2019–2030); (b) the IOM Regional Strategy for Southern Africa (2019–2023); (c) the Migration Dialogue for Africa (MIDSA); and (d) African Union Migration Policy Framework for Africa (2018–2030) (IOM, 2020a). SRHR-HIV-KNB is also aligned with national SRHR/HIV strategies and policies, particularly the South Africa National Strategic Plan for HIV, TB and Sexually Transmitted Infections (2017–2022) (South African National AIDS Council, 2017). The following key goals are particularly relevant here and underline the focus of the programme to institutionalize SRHR-HIV needs at the local, national and regional levels: (a) accelerate prevention to reduce HIV (Goal 1); (b) reach all key and vulnerable populations (Goal 3); (c) ground responses to HIV, TB and sexually transmitted infections (STIs) in human rights principles and approaches (Goal 5); and (d) promote leadership at all levels and shared accountability for sustainable response to HIV, TB and STIs (Goal 6). Importantly, Goal 6 involves strategies to increase cross-border cooperation, such as by establishing a tripartite cross-border health committee and multisectoral MHFs; working with implementing partners and community-level peer educators (known as "change agents"); and strengthening collaboration with government departments, the United Nations and bilateral partners, and CSOs at the national and local levels (ibid.; IOM, 2020d). In fact, the evaluation report for phase I of the project noted that, in terms of impact, IOM had effectively brought governments and stakeholders together, as reflected in "its regional work with SADC, including cross-border mechanisms and forums" (IOM, 2020e:8). Also seen as a key success is the inclusion of migration health-related issues in the draft SADC Regional Migration Policy Framework at the 2018 MIDSA, among which was the "strengthening [of] multisectoral collaboration on migration and health" (ibid.:16).

[8] "Ripfumelo" translates to "believe" in the xiTsonga language. The Ripfumelo Project website is available at www.comminit.com/content/project-ripfumelo (see also, e.g. IOM, 2020c).

[9] The PHAMESA website is available at www.comminit.com/content/partnership-health-and-mobility-east-and-southern-africa-phamesa.

It is important to recognize the bidirectional relationship here: The highlighted programmes provided financial support to the MHFs, which, in turn, provided platforms for implementing programme initiatives. This, however, presents challenges in determining whether activities associated with the MHFs were their direct results (which appears to be more likely the case) or if they originated from the various migration health programmes run by IOM and were merely implemented through the forums. This is an important point to make, as it both contextualizes the findings and serves as a finding in itself – emphasizing the important role that MHFs can play in the implementation of activities while also highlighting the need for resources to support their activities.

Later, in 2020, the Migration and Coronavirus in Southern Africa Coordination and Research Group (MiCoSA) was launched. While not an MHF itself, it drew on MHF structures and membership to support the building of a network to engage in migration issues in the context of the COVID-19 pandemic. This provides a key example of the ways in which MHFs can drive or interact with other initiatives.

3.3. KEY DRIVERS AND CONTEXTS

> *Migration is a determinant of health, and for somebody to remain healthy, they really need to have access to essential health-care services … for them to continue living in a situation where their well-being is taken care of … and it was for that reason that the Government and [United Nations] agencies, civil society, and of course, the community-based organizations then felt that we needed to put our heads together to face this challenge collectively.*
>
> – Former Head of the IOM Musina Sub-office

Figure 3 gives an overview of the historical development and context surrounding each of the studied MHFs, highlighting the key drivers and focus that framed the inception of the forums and shaped their trajectories. These include changes in health and immigration laws and policies, episodes of xenophobic violence and outbreaks of public health challenges such as cholera and, most recently, the COVID-19 pandemic. This section also gives a brief account of the beginning and either the end or recent years of each MHF as a way setting out its previous and current status. Figure 5 maps out key events and issues for each year, as well as factors impacting migration health in South Africa and regionally since the establishment of the first MHF in Johannesburg in 2007.

Figure 3. Context-specific issues prompting the establishment of the migrant health forums under study, 2007–2020

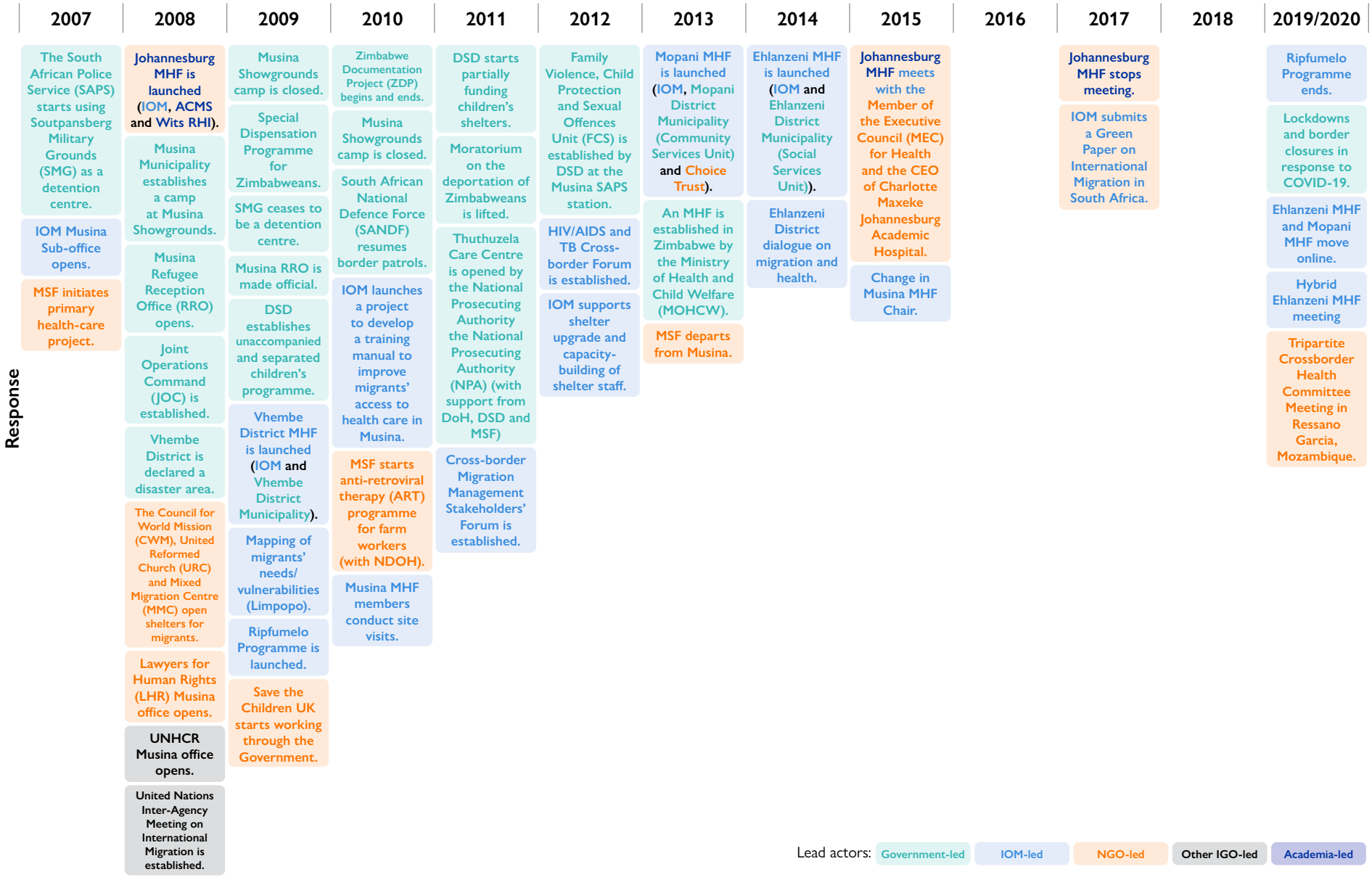


Figure 3 shows the key activities and events (colour-coded by lead actor) that ultimately led to the establishment of the MHFs from 2007–2020. As regards Government-led action, specific changes in the approach to immigration management (including border management) clearly gave rise to an increased need for migrant health interventions, which would be primarily led by NGOs and other intergovernmental organizations. Certain initiatives, such as the Unaccompanied and Separated Children's Programme (established in Vhembe District by the DSD National Office) and the Thuthuzela Care Centres (opened by the National Prosecution Agency (NPA), with support from the Department of Health (DoH), DSD and Médecins Sans Frontières (MSF)), exposed some of the key concerns that necessitated specific migration-health responses. Several key events and interventions in 2008 and 2009, particularly in Vhembe District, coincided with an outbreak of xenophobic violence across South Africa and the associated increase in challenges – including to good health and well-being – faced by migrant populations. The years following (2010 onwards) are marked by a number of positive steps in addressing migrant issues, including the Dispensation of Zimbabwe Permit (also, "Zimbabwean Dispensation Permit") for Zimbabwean migrants and the establishment of the HIV/AIDS and TB Cross-Border Forum in 2012. While the departure of MSF from Musina in 2013 significantly impacted responses to migrant health issues, the opening of the IOM Musina Sub-office led to an increase in interventions and projects that involved partnerships between the Government, IOM and South African and international NGOs to address key health issues for migrants – both through and alongside the MHFs.

3.3.1. Johannesburg Migrant Health Forum

Forum	Year established	Principal members and roles	Current status
Johannesburg	2008	Established by: ACMS, IOM and Wits RHI (The chair rotated among MHF members.)	Inactive as of 2017

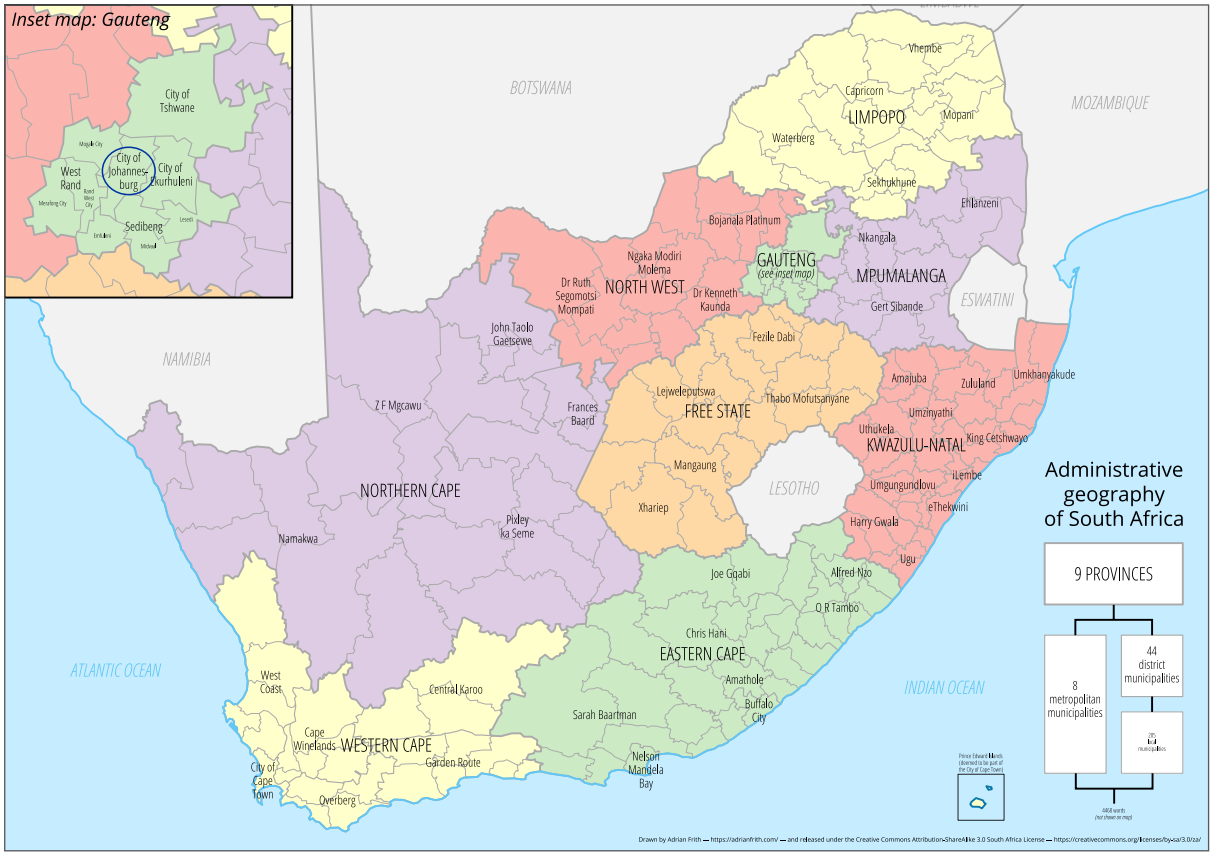
Johannesburg in Gauteng Province (Figure 4) has long been a destination for migrants from across South Africa and the wider Southern African region. As the regional economic hub, migrants move to the city in search of employment, improved livelihoods and other opportunities. Johannesburg is home to South Africa's largest migrant population and, as such, the city – like the country more broadly – is seen as a place built and shaped by historical and contemporary forms of migration and mobility (IOM, 2020a).

In Johannesburg, as elsewhere, cross-border migrants experience vulnerability and exclusion, facing many difficulties in obtaining documentation, securing employment and accessing services, among others (Kihato, 2013; Vearey, 2017; Walker et al., 2017). This occurs in a context in which anti-foreigner sentiment and xenophobic violence have recently been high, with periods of extreme violence when non-nationals were attacked – and even killed, as happened in 2008, 2015 and 2016 – and their homes and businesses destroyed (Landau and Pampalone, 2018). Furthermore, xenophobia exists on a more routine, everyday, systemic level through which non-nationals face discrimination and/or exclusion from key services, including the public health system, despite existing protective legislation, policies and international instruments that provide for access to primary health care for all in South Africa (Vearey, 2017; Walker, 2021; Walls et al., 2016).

It is within this context, and specifically in response to the first major outbreak of xenophobic violence, that the Johannesburg MHF was established in 2008. Through partners at Wits University and in collaboration with stakeholders, including Wits RHI and the Consortium for Refugees and Migrants in South Africa (CoRMSA), which provide health services and other support, respectively, to migrants in the city, the forum was established to bring together organizations working on migration health issues to work out how best to respond. Hosted by Wits RHI and with the chair rotated among its member organizations, the Johannesburg MHF aimed to "support member organizations in taking action to address the public health needs of migrants; share knowledge and experience; disseminate research; avoid duplication of

efforts; and facilitate collaboration where appropriate."[10] A significant achievement of the forum was bringing together legal, advocacy, academic and grass-roots organizations on a regular basis to enhance their capacities to respond to issues, drawing on their on-the-ground presence in Johannesburg. The key issues and focus of the Johannesburg MHF, as described in minutes of meetings, include: (a) providing health-care providers with information relating to migration patterns and conditions that affect the health of migrants; (b) identifying the obstacles that negatively affect migrants' access to health care; and (c) designing interventions and actions at the migrant health facility level.

Figure 4. Johannesburg in Gauteng Province



Source: Wikimedia Commons. Map of the administrative geography (provinces and municipalities) of South Africa, as of 2021. Copyright-free material (Original user: Adrian Firth, 2021) (local municipality names omitted). Available at https://commons.wikimedia.org/wiki/File:Map_of_the_administrative_geography_of_South_Africa_2021.svg. This artwork is licensed under the Creative Commons Attribution-Share Alike 4.0 International licence.

Note: This map is for illustration purposes only. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the International Organization for Migration.

Reflecting on how the Johannesburg MHF was established – particularly the impetus to respond to the crisis of xenophobic violence and the context of discrimination that resulted in the exclusion of migrants from health-care services – stakeholders emphasized the energy and motivation based on a "particular need" that defined the focus and shape of the forum. Stakeholders spoke about the importance of the forum's creation of a "safe and welcoming space to migrants" from the very first meeting[11] in a context where migrants were otherwise experiencing hostility and exclusion. This involved ensuring that migrants' voices were heard and prioritized, in recognition of and as a response to the broader context of discrimination.

[10] Johannesburg MHF, "Johannesburg Migrant Health Forum: Strategy for working together" (unpublished).
[11] Stakeholder interview (member NGO of the Johannesburg MHF), January 2022.

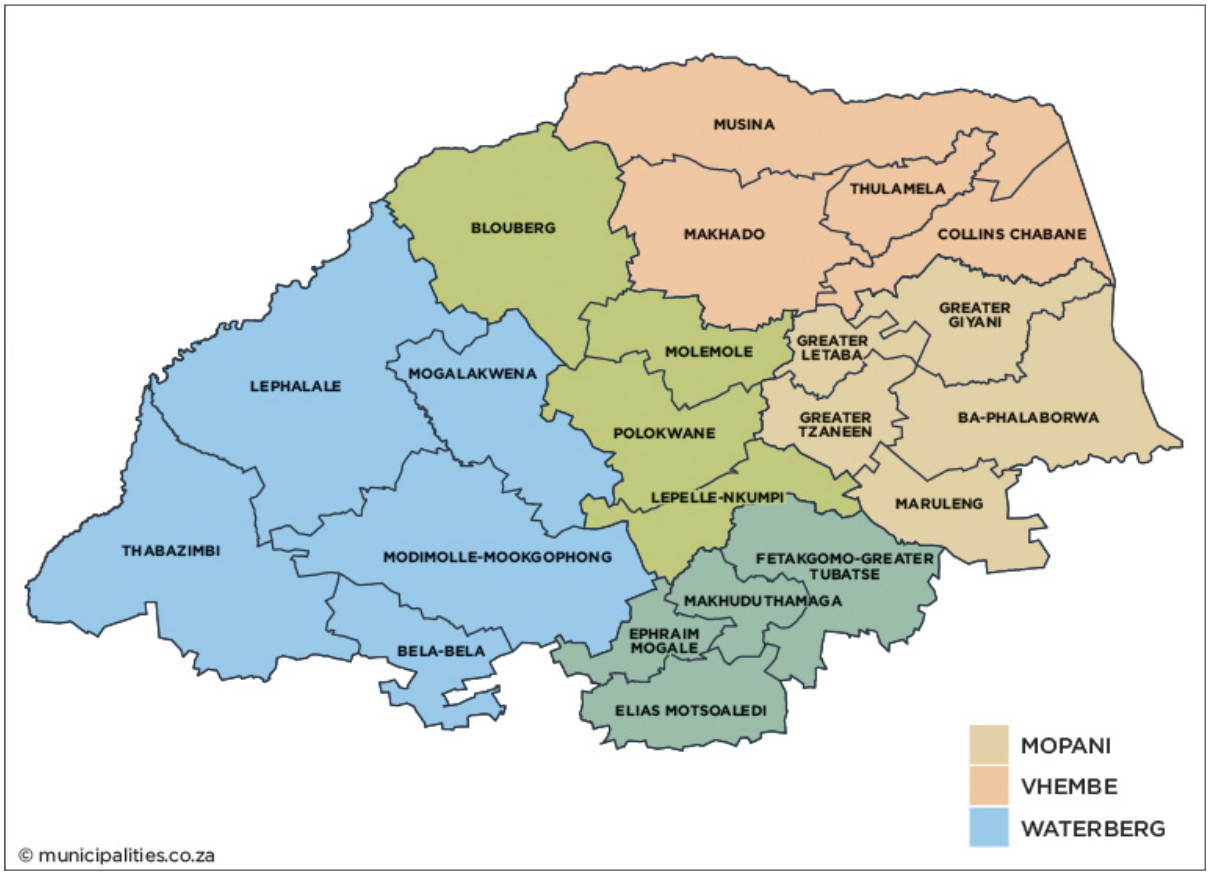
The Johannesburg MHF met in the years from 2008 to 2017, with the last meeting held in mid-2017. As the findings show, the forum was particularly proactive on issues such as barriers to migrants' access to health care, xenophobia in public service delivery and the need to provide a space where stakeholders felt supported and that they were part of a team.

Over the years, the Johannesburg MHF experienced challenges, such as a lack of clear leadership and the varied capacities of organizations to commit to their membership in it. In addition to these, external factors, such as increased levels of xenophobic discrimination and violence, even within the health-care system itself, loss of motivation and/or the ability to drive change, and lack of funding eventually led to the cessation of forum meetings. However, interviews with stakeholders revealed that the connections and networks consolidated and strengthened by the forum remain in place, and some of the key member and stakeholder organizations continue to meet because of work and strategize on migration health issues.

3.3.2. Limpopo Province: Mopani, Vhembe and Waterberg

Limpopo Province is composed of five districts and borders Mpumalanga, Gauteng and North West Province, as well as the neighbouring SADC countries of Botswana, Mozambique and Zimbabwe (Figure 5). Three MHFs were established in the province – one each in the districts of Mopani, Vhembe and Waterberg.

Figure 5. The districts of Vhembe, Mopani and Waterberg in Limpopo Province



Source: Government of South Africa. Limpopo Province map. Copyright-free material (markers added). Available at https://municipalities.co.za/provinces/view/5/limpopo. This artwork is licensed under the Creative Commons Attribution-Share Alike 4.0 International licence.

Note: This map is for illustration purposes only. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the International Organization for Migration.

Vhembe District Migrant Health Forum

Forum	Year established	Principal members and roles	Current status
Vhembe District	2009	Chair: Vhembe District Municipality, supported by the Limpopo Office of the Premier Secretariat: IOM	Inactive as of 2017

Located in Limpopo Province and on the South Africa–Zimbabwe border, Vhembe District Municipality is an area of transit with cross-border and internal migrants passing through. The town of Musina, 18 km from the border, hosts a large number of both documented and undocumented cross-border migrants, including those seeking asylum, who have travelled from various countries elsewhere on the continent and beyond. The number transiting through and staying in Musina has increased considerably since the early 2000s, mostly due to the Zimbabwean crisis and the establishment of a refugee reception office by the DHA in 2008 (Vearey and Anderson, 2013).

At times, increased numbers of migrants crossing the border into the busy and vibrant town of Musina have led to hostility and crisis. Between 2007 and 2009, for example, electoral violence pushed large numbers of Zimbabweans to cross the border into South Africa and converge upon the town, putting a strain on local systems and structures. In December 2008, Vhembe District was declared a disaster area in the wake of a cholera outbreak in Musina and the surrounding areas (ibid.). In response, many international organizations, including MSF, IOM, the United Nations High Commissioner for Refugees (UNHCR) and Save the Children UK, moved into the area to respond to the crisis by providing emergency health care, assisting with migrant documentation, and monitoring the detention and deportation of immigrants (Rondganger, 2008).

The huge influx of Zimbabweans into the district and the cholera outbreak were key events that led to the creation of an MHF at the Vhembe District Municipality in 2009. Reflecting on an increase in the volume of people crossing into Musina from Zimbabwe in 2008 (with some coming from countries further afield, such as Ethiopia and Pakistan), a former Head of the IOM Musina Sub-office noted: "There was, indeed, a need to come up with the interventions and strategies to try and relieve Musina Municipality of some of [those] pressing challenges". Other stakeholders identified the urgent need for a forum that could support structured interventions in the face of the initial disorganization and lack of coordination among NGOs working on the ground. The Vhembe District MHF was thereupon established, building on an IOM-organized seminar on migration health associated with the launch of the IOM-led Ripfumelo. This forum, like the Johannesburg MHF, was formed in response to a crisis, and its focus and trajectory, from the outset, have been shaped by this response.

Vhembe District Municipality chaired the forum, with support from the Limpopo Office of the Premier and with IOM acting as secretariat. Meetings were held monthly, with a range of subcommittees and bodies addressing specific issues, namely: (a) the HIV/AIDS, TB Cross-Border Forum; (b) the Cross-Border Migration Management Stakeholder Forum; and (c) the Sexual and Gender-based Violence (SGBV) Task Team. According to its terms of reference, the main objective of the Vhembe District MHF was:

> … bringing together governmental and non-governmental stakeholders who actively provide services to host communities and migrant populations. Through dialogue, understanding, advocacy, cooperation, and action, the forum actively works to reduce the negative impact that migration has on host community and migrant health.[12]

[12] Vhembe District MHF terms of reference, 2009.

It was within the framework of the Vhembe District MHF that the Limpopo Office of the Premier and Vhembe District Municipality entered into a series of memorandums of understanding (MoUs) with international organizations, including IOM, MSF and Save the Children UK. The various partnerships and MoUs reflect the evolution of the coordination and collaboration, through the forum, between various government departments and non-governmental bodies (Vearey and Anderson, 2013).

Previous reports highlighted the Vhembe District MHF as a strong, proactive and well-coordinated forum that provided a model for the Mopani and Waterberg District MHFs in (ibid.; Sommers, 2013). This is captured in a comment by a representative of a stakeholder NGO:

> *"When it [Vhembe District MHF] was well established – a "well-oiled" forum – other provinces emulated the modus operandi of the migrant forum. They emulated the way how we're operating as a forum … a number of provinces bought into our idea. And our members, members of the forum, had to go and share with other provinces – you know, how we ran the MHF in Musina, in Limpopo. So those are some of the benefits that we can talk about."*
>
> – Local NGO, Musina

The Vhembe District MHF ceased meeting and became inactive in 2017. The departure of MSF from the district (de Gruchy and Kapilashrami, 2019) and a change in forum leadership, as well as a decreasing number of participants, have been cited as contributing factors that led to this inactivity (see section 4.5.3 for further discussion).

Mopani District Migrant Health Forum

Forum	Year established	Principal members and roles	Current status
Mopani District	2013	Chair: Director of Community Services, Mopani District Municipality Secretariat: Department of Health (DoH) District Office, Department of Social Development District Office, Mopani District Municipality and CHoiCETrust (an NGO) Technical Support: Limpopo Office of the Premier, DoH Provincial Office, Office of the Municipal Manager and IOM	Inactive as of 2019

Like Vhembe, Mopani is an area shaped by migration where cross-border migrants live and work, most of whom as informal labourers on farms. The Mopani District MHF developed out of concern about some issues affecting the area, including challenges in service delivery to cross-border migrants; health-care professionals' limited knowledge of the policy framework governing non-national migrants' access to care; and barriers to accessing health care faced by migrants, especially those working on farms. Concerns about the high levels of HIV/AIDS and TB infection among farm workers were also prominent.

The Mopani District MHF was established in 2013 by the Mopani District Municipality (though the Director of Community Services) and the NGO, CHoiCETrust, with the support of the DoH District Office and the DSD National Office. The Office of the Premier, the DoH Provincial Office and IOM provided technical support. Treatment Action Campaign (TAC) was also a key (founding) member, as it had a small project for migrants running at the time. Reflecting on the forum's key vision of "Healthy migrants in healthy communities of Mopani District Municipality",[13] and in recognition of the intersection of migration and health, stakeholders referred to the importance of bringing together a broad range of organizations in the district – most of which focused almost exclusively on health, especially HIV/AIDs issues. Stakeholders also noted that the Mopani District and Musina MHFs had linkages prior to COVID-19. A stakeholder noted specific successes of the forum in helping to "address issues affecting migrants, such as access to essential services, mainstreaming migration, SRH, maternal health, etc."[14]

A review of forum documents reveals the careful planning of meetings, as well as the nature of the information shared and the discussions held at these meetings. One stakeholder described it as follows: "*We had a task team set up to help with directing discussions and to help people to understand why [certain matters were] important – what the issues should be*".[15] The Mopani MHF stopped meeting in 2019, that is, before the onset of the COVID-19 pandemic. Stakeholders described the challenges of trying to hold virtual meetings while having little and unreliable access to awareness-raising tools. Another stakeholder, from a member NGO of the Mopani District MHF, noted that in-person meetings would have allowed more people to "see" the MHF and "know about it"; with virtual meetings, on the other hand, the forum was far less visible to those who were not already involved in it.

Waterberg District Migrant Health Forum

Forum	Year established	Principal members and roles	Current status
Waterberg District	2015	Coordination: Department of Social Development and Director of Community Services (Waterberg District Municipality)	Inactive as of 2016*

Note: * Based on the available information and interviews with key stakeholders, it is difficult to ascertain exactly when the Waterberg MHF became inactive.

The Waterberg District MHF was established in 2015, with the DSD and the Director of Community Services of the municipality responsible for its budget and overall functioning, and for coordination in the forum. As available information is limited, including from interviews with key stakeholders, it is difficult to ascertain exactly when the Waterberg MHF became inactive.

Ehlanzeni District Migrant Health Forum

Forum	Year established	Principal members and roles	Current status
Ehlanzeni District	2014	Chair: Social Services Unit, Ehlanzeni District Municipality Secretariat: IOM Technical support: IOM	Active

Ehlanzeni District, one of three in Mpumalanga Province, shares borders with Eswatini and Mozambique (Figure 6). Movements of people from neighbouring countries to Ehlanzeni – similar to districts in Limpopo – and from Gauteng Province to either Eswatini or Mozambique are frequent and routine, serving as a catalyst for the economic life of the area.

[13] Mopani District MHF terms of reference, 2013.
[14] Stakeholder interview (member organization of the Mopani District MHF), January 2022.
[15] Stakeholder interview (founding member organization of the Mopani District MHF), January 2022.

The Ehlanzeni District MHF was established in 2014 by the Ehlanzeni District Municipality (Social Services Unit), with IOM as secretariat and providing technical support. The Ehlanzeni District MHF was initially supported through Ripfumelo, followed by PHAMESA, and, currently, phase II of the IOM-run SRHR-HIV-KNB Programme. Respondents representing member organizations of the Ehlanzeni District MHF identified a broad range of issues that the forum was engaged in – most of which were linked to the health care of migrant farmworkers, including access to shelters and challenges with aligning migration health policies and practices on the ground. The forum's member organizations, as key stakeholders, described the importance of "collective effort", through which all those involved are afforded "an opportunity to bring forward issues of policy and implementation".[16]

Like the Johannesburg MHF, the Ehlanzeni District MHF brought a diverse group of stakeholders together to work through issues impacting the communities they work with – in ways that benefitted the forum and the individual organizations. Key to the functioning of the Ehlanzeni District MHF and reflective of its broader geographic coverage were the cross-border connections formed and strengthened not specifically as part of the forum but through key stakeholders and in partnership with Ripfumelo and SRHR-HIV-KNB.

Figure 6. Ehlanzeni District in Mpumalanga Province

Source: Government of South Africa. Limpopo Province map. Copyright-free material (markers added). Available at https://municipalities.co.za/provinces/view/5/limpopo. This artwork is licensed under the Creative Commons Attribution-Share Alike 4.0 International licence.

Note: This map is for illustration purposes only. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the International Organization for Migration.

[16] Stakeholder interview (member NGO of the Ehlanzeni District MHF), January 2022.

3.3.3. Summary of the establishment of the migrant health forums

The focus in this chapter on each of the reviewed MHFs allows for an understanding of where, why and how they were established and developed. The overview shows that the forums emerged as a response to concerns about migrants' welfare in the face of xenophobic violence and their exclusion from services (as was the case with the Johannesburg MHF) or to a public health emergency, specifically a cholera outbreak (as with Vhembe District MHF). These not only set the wheels of the forums in motion but also shaped their development, which, as the next chapter illustrates, impact their capacities and sustainability. In comparison, Ehlanzeni, Mopani and Waterberg District MHFs, originally established as coordination bodies through partnerships with local government authorities, were founded and shaped strategically to respond to key, specific migration health challenges.

4. KEY FINDINGS: DISCUSSION AND ANALYSES

Seven key findings outline the successes earned and challenges faced by the MHFs, which ultimately impact their effectiveness and sustainability:

(a) MHFs are a unique space for raising awareness and supporting networking and alliance-building in the area of migration health.

(b) The inclusion of and commitment from government departments is central to sustaining MHFs.

(c) MHFs can play a key role in bridging advocacy and research in the field of migration health.

(d) MHFs can play a key role in improving collaboration and coordination among stakeholders, including through IOM migration health programmes.

(e) The sustainability of MHFs depends on funding and ownership, commitment and participation, and leadership and structure.

(f) A restrictive socioeconomic and political context, including prevailing anti-foreigner sentiment, negatively impacts the capacities of MHFs.

(g) The sustainability and effectiveness of MHFs is impacted by the limited action on issues, thus the risk of these forums becoming mere "talk shops".

These findings are the fulfilment of the three key objectives of the research:

(a) Examine the organizational structure (i.e. membership composition) and the process underlying the formation and development of the MHFs, and relate these to their effectiveness. This is achieved by mapping and documenting the history of each MHF and the conditions in which it developed, in order to understand, among others, the specific context and challenges shaping it.

(b) Identify funding mechanisms that will ensure the MHFs are effective and sustainable. Promising practices and achievements, not to mention key challenges, in funding MHFs are explored during discussions with forum members (key stakeholders) and by referring to relevant reports and documentation from these forums.

(c) Propose ways to make MHFs sustainable structures. Based on lessons from review findings, recommendations for moving forward and strengthening established structures are provided.

Building on the findings presented in the Chapter 3 (Key findings: Development of migrant health forums), which establishes the background and context for each MHF, this section proceeds to identify effective components or elements of these forums and the challenges to these forums' sustainability. Recommendations for action are presented in Chapter 5 (Conclusion).

4.1. MIGRANT HEALTH FORUMS ARE A UNIQUE SPACE FOR RAISING AWARENESS AND SUPPORTING NETWORKING AND ALLIANCE-BUILDING IN THE AREA OF MIGRATION HEALTH

Interviewed stakeholders representing each of the five MHFs under study recognized the importance of such forums in raising awareness of migration health, including by increasing an understanding of migration health governance structures among MHF members themselves and, thereupon, supporting networking and alliance-building in this field. The stakeholders emphasized how the MHFs responded to existing gaps in migration health response, with one noting that "*there are not so many existing network structures that support migrants' rights when it comes to access to health care*".[17]

4.1.1. Filling the gaps

Although diverse in terms of how they were formed and the types of organizations participating in them, MHFs were not free of awareness and knowledge gaps in relation to key migration health issues – with interviewed stakeholders representing the five studied MHFs also highlighting the importance of these forums' response to such gaps. Such awareness and knowledge gaps included how migration and health intersected in the forums' respective geographic coverage areas, relevant migration health policies and practices, and how and where MHFs could respond to challenges. The stakeholders noted that many MHF participants were either from the health sector (or organizations focused on health) or working with migrants but unaware about how migration and health determine each another. This was explained by a stakeholder:

> *In fact, the forums themselves were beneficial. One thing that the team reported on – they were actually able to have some sessions on migrant health, which is part of what we should be delivering within the project itself. And that was beneficial because in that meeting,* ***there were a number of stakeholders that imparted to one another****: [enumerating government departments] Health is sitting there; Education is sitting there; Social Development is there; Home Affairs because there's often policy clash between Home Affairs, Health and Education. Now in forums like this, they become important because … all these departments that are involved are able to clarify policy issues and also reach an agreement for the benefit of … migrants. Let's put aside this kind of issues and see how we can work with communities going forward.*
>
> – Ehlanzeni District MHF member organization

Stakeholders described how the Musina MHF was originally established and developed in response to a specific crisis and filled a gap in the response. The former Head of the IOM Musina Sub-office explained the rationale for its creation:

[17] Stakeholder interview (member NGO of the Vhembe District MHF), January 2022.

There was indeed a discussion that … the type of services could not be provided by one entity or organization or government department. ***It needed really to be a whole-of-government, whole-of-society of society approach.*** *Hence, the establishment of the migrant health forum was actually brought to the fore.*

– Former Head of the IOM Musina Sub-office

4.1.2. Creating space to learn and engage

Interviewed stakeholders identified awareness-raising as an area where there exist opportunities for collaboration between migration health actors, both State and non-State. Specifically, there is a need to increase awareness of the cross-cutting nature of migration and the importance of having a "space for learning" through which the intersections of migration and health are highlighted.

Being part of the forum is important because it's at [the] forum where you sensitize key people in Government on the importance of addressing migration issues. From attending such meetings, they are more likely going to appreciate the needs, challenges and rights of migrants. [And appreciate that] migration can actually contribute to development. ***It becomes a space for learning.***

– IOM South Africa

I learned the way government departments are operating. Because – you must remember – ***there was information-sharing.*** *… All stakeholders were able to share information – we were able to learn from their experiences [and] they also learned from us, and [there were] a whole lot of things that I learned as an individual. … I learned a lot, and I grew in terms of knowledge. And in terms of networking, you know, I grew as well.*

– Musina MHF member organization

Sensitization to migrant health – and migrants' issues in general – was one of the identified successes resulting from information-sharing among MHF participants and with the various organizations and sectors that they engaged with (including, e.g. key government departments such as DoH, DHA and the South African Police Service), as described below:

> *I think [that] through this forum, people have been sensitized. They [now] understand the rights and needs of migrants through migration health training. We have seen that with the [South African Police Service]. Through capacity-building, they are now providing services responsibly and in consideration of the rights and needs of migrants and other people in the community – even when [a person] is not documented. The priority for the police is not arresting someone who has been abused but assisting them even if they don't have the right papers.*
>
> – IOM South Africa

> *I think we have benefited much because our facilities were no longer the same after we received some training [from IOM] about migrants – so it was eye-opening. The mindset had to change a bit for us to accommodate migrants coming to the facilities. We learned about the challenges that migrants face, stories of how they suffered in other countries and so forth.* ***Before the forum started, we were not even aware of some of the issues that affected migrants in the communities.***
>
> – Department of Health Nkomazi Subdistrict Office

MHFs have played an important role in filling gaps in the response to past and current migration health challenges in South Africa – and the creation of spaces for thinking through and planning interventions to address this is seen as central to their strategic functioning and capacities. These spaces highlight the importance of the participation of government stakeholders in these forums, the sharing of information and the focus on awareness-raising and sensitization regarding migration health issues, as discussed in section 4.2.

4.2. THE INCLUSION OF AND COMMITMENT FROM GOVERNMENT DEPARTMENTS ARE CENTRAL TO SUSTAINING MIGRANT HEALTH FORUMS

The linkages developed with government departments and other stakeholders enable them to better understand the realities and complexities on the ground and how these are impacted by policies and practices. A key informant thus explained:

> *Because the buck stops with services from the Government – the majority of the services that we get are [provided] by the Government – we can discuss at the inter-agency level. But if you don't have support from the government departments in the discussion, or they're not [even] at the table, you are limited [in what you can achieve].*
>
> – Local NGO, Musina

The importance of government departments as committed participants in MHFs was illustrated both in terms of their growing awareness and sensitization to migration health issues and their ability to support these forums in fulfilling their roles and building their capacities to ensure their sustainability. Interviewed stakeholders underlined the importance of such government inclusion and commitment conversely by describing the challenges faced by the forums when government stakeholders were absent – as was the case with the Johannesburg MHF.

4.2.1. Government assistance for interventions and sustainability

The importance of the MHFs as a space for information-sharing and support for interventions, especially through the participation of government departments, was clearly highlighted in the case of the Musina MHF. Stakeholders described how the forum's engagement with the Government led to its increased awareness of the challenges to health-care access that migrants in the area face. According to one stakeholder, this space also seemed to enable a more complex and nuanced understanding of how the intersections of migration and health can increase migrants' vulnerabilities:

> ***The MHF played a role*** *because if those issues were not [highlighted by] the forum, none of the [government] departments would be aware of what is happening … and there would not be any interventions.*
>
> – Intergovernmental organization (South Africa office)

This viewpoint was reiterated by the government departments themselves, which acknowledged the unique space and opportunity created by the MHFs that allowed them to engage in the area of migration health and learn how to develop better responses. A stakeholder, speaking of their experience at the DHA Nkomazi Subdistrict Office, thus explained: "*[The forums] opened my eyes [to] a lot of things, on a personal level, as well as on a professional level*". Moreover, the MHFs enabled the opportunity to develop reciprocal understanding between government departments, NGOs and civil society structures, as described below:

> *We use those kinds of spaces to influence each other, to share notes and also to understand.* ***It's a space where government entities, civil society, academia, NGOs and the migrant community would sit around one table and be able to have [a] conversation.***
>
> – National Department of Health

Engaging with the Government also enabled organizations to get things done – for example, by obtaining requisite permissions (where necessary) – through networks and relationships they were able to establish by participating in the forums. This was described by Musina MHF stakeholders:

> *Ultimately, when it comes to certain assistance … you need certain permission from the authorities – local authorities of the Government. It was useful to bring [the Government to] that linkage between the agencies who are on the ground and also sharing [with the Government] what is happening on the ground …* ***the forum provided that engagement.***
>
> – Médicins sans Frontières, Musina

> *What was achieved is that all parties were working in union – there were no civil society organizations or government departments that were working in silos. There was communication across the board. At those meetings, … we were sharing information and challenges and mapping out ways of how best to solve them. So,* ***we worked as a united force,*** *in terms of our relationship [with] the migrant community.*
>
> – NGO providing legal resources, Musina

As described above, engagement between State and non-State organizations within MHFs yields short-term benefits such as facilitated permissions and access. Ultimately, through their ability to build relationships and networks, the forums can secure longer-term support that would be crucial to their sustainability.

4.2.2. Government absence limiting the role and lifespan of migrant health forums

The importance of the involvement of government departments as stakeholders and collaborators in MHFs – including in terms of their contributions towards strengthening the sustainability of these forums – is perhaps illustrated most clearly where they have been largely absent. Stakeholders reported that poor meeting attendance by government departments was already a common problem facing all the studied South African MHFs even before the COVID-19 pandemic. A stakeholder described the scenario:

> *The main challenge that I can say is being able to "rope in" some of the stakeholders. They're still dragging their feet, especially the Health Department.* ***We want them in this forum and also in the cross-border dialogue.*** *They still don't delegate properly. Those are the challenges we have.*
>
> – Limpopo Office of the Premier

The same stakeholder also described, in comparison, how bringing the DHA on board was a key success and was one step towards getting other government departments to engage in the forum.

Stakeholders, speaking about the Johannesburg MHF, reported a general lack of government departments' participation in the forum. They noted that while participants from the Government (including nurses from some of Johannesburg's main hospitals and clinics) were visible when the forum was just starting out, their involvement declined over time to the point of complete absence. On the one hand, the forum could have been more active in advocacy work – especially in raising systemic issues in the Government, including xenophobia, which had been negatively impacting migration health – but, on the other, the forum was limited in what it could do. Without the connections and support that government departments could bring in to further facilitate its activities, the forum found it hard to push for the systemic changes it was seeking and risked undermining its own sustainability. A stakeholder explained the circumstances as follows: "*While Government was technically part of the forum,* ***it never came*** *[i.e. get involved] – and that meant that some issues we just couldn't take further. We hit a wall each time*".[18]

4.3. MIGRANT HEALTH FORUMS CAN PLAY A ROLE IN BRIDGING ADVOCACY AND RESEARCH IN THE FIELD OF MIGRATION HEALTH

The role of MHFs in bridging research and advocacy was demonstrated most clearly in the case of Johannesburg MHF, in which researchers participated as regular members. Research – and, especially, evidence-based information – was seen as a key area of focus within this forum and was used to link together various organizations to work towards common goals. In 2015, forum members developed a "strategy" document that set out the forum's aims and objectives, with an emphasis on "research for advocacy purposes". The important role of research in the forum was explained by a stakeholder:

[18] Stakeholder interview (member NGO of the Vhembe District MHF), January 2022.

> *It linked to how organizations respond[ed] to migrancy and with the strategy document, … this made the focus clearer: sharing projects and things happening. Every time we met, someone helped. [We were] keeping documentation and people [were reporting] what they did, and participating in research [meant having] access to clinics and building relationships [with the health sector]. [We would] engage with clinics and similar spaces – **this led to more openness to research.** This was all part of the bigger picture.*
>
> – Witwatersrand University Reproductive Health and HIV Institute

Another stakeholder, who spoke about the Johannesburg MHF, identified "increased research and media attention" as a key success in "getting the message out".[19] A researcher from an institution that participated in the Johannesburg MHF referred to the role that academia played in the forum and how this supported the advocacy work of CSOs, thus enabling a mutually beneficial partnership between advocacy and research:

> *I also saw it [in this] way: Academics who may not be keen to link specifically to advocacy issues could use this forum to [jump-start] some of the debates – people in academia who needed to do research and be perceived as objective and not to take a specific advocacy position on an issue. And it was a useful avenue then for relaying some of the information and the knowledge that we [had] seen in research and in international forums – to relay that to a [migrant health] forum that was working on a grant and **together use the strength of the different stakeholders to come up with really robust and evidence-based research and advocacy positions.***
>
> – Researcher, Johannesburg MHF member organization

It should be noted, however, that the emphasis of the Johannesburg MHF on research was seen as limiting and problematic at times, especially in relation to the role of academics within the forum. Some stakeholders suggested that roles became "too fixed" and that this led to "ad hoc responses" to situations and crises. One of the interviewed stakeholders explained that before responding to a situation (e.g. a cross-border migrant about to give birth and is turned away from a hospital, or another who is overcharged for treatment), there would first be a forum meeting, after which each forum member would carry out their respective "mandates" – that is, to do either research or advocacy – and would not consider acting beyond these roles.[20] Another stakeholder framed the limiting effect of the research approach in terms of the forum's inability to push for systemic change – and thus, impact the Government – where there is a lack of evidence:

[19] Stakeholder interview (member NGO (legal) of the Johannesburg MHF), January 2022.
[20] Stakeholder interview (member NGO of the Johannesburg MHF), January 2022.

> *We engaged various role-players but didn't have sufficient evidence for the systemic issues. We were unable to convince government to issue directives or to take other steps partly because of [the]* ***lack of evidence,*** *in my view.*

– NGO providing legal resources, Johannesburg MHF

4.4. MIGRANT HEALTH FORUMS CAN PLAY A KEY ROLE IN IMPROVING COLLABORATION AND COORDINATION AMONG STAKEHOLDERS, INCLUDING THROUGH IOM MIGRATION HEALTH PROGRAMMES

A key theme that emerged from the stakeholder interviews was the role that MHFs played in improving interorganizational collaboration and coordination on migration health – in both general terms and specific responses, such as the 2009 migrant crisis in Musina that precipitated the inception of the Vhembe District MHF. The clearest examples of improvement and support were identified in the case of the Ehlanzeni District MHF, where relationships and connections established through Ripfumelo and SRHR-HIV-KNB contributed towards the goal of improved health-seeking behaviour among migrants.

4.4.1. Improving coordination among stakeholders to avoid duplication of interventions

Interviewed stakeholders representing member organizations of the Ehlanzeni District and Musina MHFs described how these forums helped reduce service duplication, which was a common phenomenon in local communities before their establishment by IOM and government partners. In Musina, for example, the initially disorganized response to an increase in the number of migrants crossing the border in 2009 – characterized by a lack of coordination that led to duplication of services and care packages – necessitated an intervention that eventually paved the way for establishment of the forum.

Although the example of the 2009 Musina crisis is very specific in the way that it necessitated a direct and urgent response, other stakeholders also spoke of the value of improved general coordination in the work of the MHFs, which led to strengthened responses overall and better understanding of different humanitarian situations. Stakeholders speaking about the Johannesburg MHF, for example, described how a coordinated response to cases of xenophobia in health-care facilities also enabled clear interventions, with different organizations playing different, well-defined roles. One of these stakeholders stated thus:

> ***Through our networks and relationships, we knew who could do what*** *and we would ask, [for example,] the lawyers to write the letters, and someone else would contact the person affected and make sure they knew the process … [T]hat way, things could be done.*

– Social worker, NGO, Johannesburg MHF

Similarly, a stakeholder speaking for a Musina-based NGO that provided legal resources, described the improvement in MHF responses achieved through effective communication, collaboration and coordination.

> *We achieved a lot. If the police are in contact with a migrant, and they don't understand how to deal with that migrant … they will then refer to [a] civil society organization, then we'll be able to assist where the clients need the support of [the South African Police Service] or Home Affairs, [or another] civil society organization. We'll make provision [so] that the client accesses that respective department. So,* ***we were able to work in unity*** *– and there was communication. We were able to [facilitate] referrals from civil society organizations to Government and from Government to civil society organizations.*
>
> – NGO providing legal resources, Musina

Building partnerships for collaboration and coordination through MHFs, therefore, has created a more sustainable environment for organizations to work together as complementary service providers rather than competitors in the response to challenges affecting migrant communities.

4.4.2. Collaboration and coordination of partners through migrant health forums impact the help-and health-seeking behaviours of migrants

Findings suggest that the MHFs appear to have been most active in areas where IOM was implementing migration health initiatives – namely, Limpopo and Mpumalanga, with the initiatives being the Ripfumelo Project and the SRHR-HIV-KNB Programme. The currently active Ehlanzeni District MHF, for example, has been strengthened through SRHR-HIV-KNB (currently in its second phase), with the forum, in turn, serving as a platform that supports programme activities. These activities, among others, support migrants in accessing treatment at various clinics, in different spaces and even while on the move, as well as establishing a cross-border forum spanning Eswatini, Mozambique and South Africa. Partnerships with colleagues across borders are also strengthened through the work of "change agents" – peer educators who conduct health promotion activities at the community level and have direct influence on the target populations and their gatekeepers (IOM, 2020a).[21] They also serve as a bridge between migrants seeking health care and those providing it, including IOM and other organizations. A stakeholder representing the Department of Health Nkomazi Dubdistrict Office, in fact, explained the effectiveness of the forum and project in tracking patients moving between South Africa, Eswatini and Mozambique:

> *When I joined the forum, the motivation was about sharing challenges. We really had challenges when it comes to these two countries, Eswatini and Mozambique, in trying to manage migrant patients. You schedule them for treatment [on a certain date] and then they just disappear without even notifying the facilities … and then it would become a problem for us to follow those patients up. Even if they were not going to [their] home countries, sometimes they were not giving us*

[21] These so-called "change agents" are selected from among project beneficiaries. Their roles include communicating with peers about SRHR-HIV and migration, in order to effect social and behaviour change; providing accurate and relevant SRHR-HIV and migration information to peers; conducting community dialogues; being the voice of SRH-HIV rights in their communities; monitoring and reporting peer/community activities; referring and supporting peers in accessing health and other services in the community; and engaging with peers in the development of targeted social and behavioural change activities (IOM, 2020a:6).

the correct address where they would be staying. Those were the main challenges that we were having, and ***the forum has helped us track our patients better.***

– Department of Health Nkomazi Subdistrict Office

The Ehlanzeni District MHF also supported the dissemination of a cross-border referral directory, developed through SHRH-HIV-KNB, which aimed to enhance the continuity of treatments and guide migrants moving across borders to the relevant facilities, as described below:

We developed the cross-border referral directory – a directory that will help us, too, and also the migrants to know if, [for example,] I'm going to Mozambique now, which facilities can I go to? What is the time of opening, the language spoken at the facility and, also, the requirements that are required for me to access the services? We put everything together with the departments, … from Department of Health South Africa, Mozambique and Eswatini. So that's one [example] of the progress that we made. This and all [other] activities, they were communicated through the migrant health forum. ***It started from the migrant health forum, when we took it out where we had, and another Forum that is reporting to the migrant health forum.***

– IOM South Africa

Interviewed stakeholders representing member organizations of the Ehlanzeni District MHF, in fact, reported substantial improvements in help- and health-seeking behaviours and attitudes among migrant communities that they attributed to the support they received through the forum. This support included collaborative efforts by several organizations that came together, through their participation in MHFs, to raise awareness among migrant populations about their rights, the services available to them and how they can access these services. It was revealed that, prior to the establishment of the MHFs (and the subsequent awareness campaigns), most cross-border migrants, especially those in an irregular situation, avoided seeking help due to the fear of deportation.

The forum was beneficial because most of the time, when we had that sort of campaign … migrants used to come in [big] numbers. Those who need assistance. Even the Department of Home Affairs, most of the time, they are assisting [migrants]. Before conducting those campaigns, ***only a few migrants used to seek health services because some of them were afraid of being deported due to lack of documentation.***

– Department of Health Nkomazi Subdistrict Office

The Ehlanzeni District MHF provides another example of collaboration, specifically in terms of support given to programmes assisting undocumented children – which is observed frequently in the forum's meeting minutes, reflecting an ongoing problem in the district. Stakeholders reported that the forum was working in this area of concern and assisted the Ehlanzeni District Municipality with their existing campaign, helping to facilitate connections with partners such as DSD and DHA in documenting children:

> *In the Nkomazi area, we had a huge number of undocumented children. Through the MHF, the Ehlanzeni District Municipality was able to engage with the Department of Home Affairs, and we had some roadshows where they went from community to community, trying to assess to see whether there are children who could actually be documented. During its participation in the MHF, IOM also facilitated the [engagement] of officials from Eswatini and Mozambique to come and support the registration of those people and to also educate them on how they can go about getting documentation back home to register their children.* ***Those are some of the immediate solutions we came up with.***
>
> – IOM South Africa

Through these examples, the findings show how the Ehlanzeni District MHF engages not only through issue-specific collaborations and linkages, but also in the creation of an enabling environment that supports the inclusion of vulnerable groups, such as migrants, in service delivery in the district and across the border. As such, the forum presents opportunities to bring local stakeholders together to support programme activities while also serving as a platform for building positive relationships, notably between the subdistrict government authorities and "change agents" employed to work under SRHR-HIV-KNB. Therefore, while it is not always clear whether actions are specifically linked to – probably even stemming from – the forum, or if the forum merely provides or serves as a conduit for activities (as is the case with SRHR-HIV-KNB activities), the Change Agent campaign seems to provide some level of clarity and visibility to what the forum can do.

It is important to note, however, that while the Ehlanzeni District MHF provides examples of such successes, this was not the case for some of the other forums. Where there was a less relationship with or less direct support for an MHF, including through funding, activities and projects, its sustainability seemed to have been impacted. Stakeholders representing the Johannesburg and Musina MHFs, for example, spoke of the funding challenges they faced: "*Without specific funded interventions and activities, it was difficult to keep the MHF focused and know which way it was going*". (Section 4.5 expounds on this finding.)

An overemphasis or reliance on projects and activities was also flagged as problematic in view of the forum's "projectization" – that is, using projects to set the forum agenda results in discontinuity once the project ends and/or funding is no longer available. This was described in reference to, for example, the Mopani and Waterberg District MHFs, which were intended to align with the budget of the SRH-HIV-KNB Programme. One stakeholder explained the situation:

> *[W]e were hoping that the same [aligning of budgets] would actually have happened with Mopani. But, unfortunately, due to the lapse of the project, it could not be done. If we look at it [in reference to the sustainability of the forums], or if we look at the migrant health forums, as a project, then we have a big centre problem, because once that project is ended, then those activities also die.*

– Former Head of the IOM Musina Sub-office

4.5. THE SUSTAINABILITY OF MIGRANT HEALTH FORUMS DEPENDS ON FUNDING AND OWNERSHIP, COMMITMENT AND PARTICIPATION, AND LEADERSHIP AND STRUCTURE

The findings show that ensuring their sustainability is among key challenges faced by the MHFs. This is illustrated in the cases of both the MHFs that have now stopped meeting (i.e. Johannesburg, Vhembe, Mopani and Waterberg) and the only one that remains active (Ehlanzeni) – and, as described in section 4.4, is sustained through supporting activities and relationships. Central to sustaining the MHFs – or (in the words of stakeholders from an Ehlanzeni-based NGO) "*continuing the MHFs for as long as there is a need to*" – are a number of key factors, including: (a) funding and a sense of ownership; (b) commitment and participation; and (c) leadership and structure. These intersecting factors were identified by stakeholders as building blocks for the sustainability of the MHFs, but also key challenges, as these are currently lacking. This is captured in the following quote:

> *I'm all for sustainability measures because I believe that whatever projects may come, especially the international projects, they cannot be sustained [given the current state of affairs]. They cannot be "owned" and facilitated by the international offices [that run the projects]. We should have sustainability measures to [keep them running]. Now that IOM has left, how do we maintain [it]? How do you preserve this legacy? How do we carry on with this? It's like when they're building a centre, we need to make sure that it continues to be operational even after the funder has left.* ***You know, it shouldn't be a white elephant once the funder leaves but then we should have our sustainability measures on. How do we do it on the ground?***

– International Office, Limpopo Office of the Premier

4.5.1. Funding and taking ownership

The issue of funding was raised throughout the interviews as a key factor impacting the functioning and sustainability of the MHFs. The discussion about access to funding referred to both funding for the routine expenses of the forums (e.g. transport for participants, refreshments and general resources) and funding for specific activities. While some informants described the costs associated with running the local forums as "minimal", the absence of a "*pot of funds that is always available*"[22] made a difference on how the forums could function. In addition, the cost of running the MHFs has to be kept minimal in order to keep participants engaged, even as the cost required to ensure their sustainability is often underestimated as it is:

> *One thing is making sure that the forum is not resource-intensive. Whenever it is hosted – wherever and whichever department hosts the meeting – they are able to do it without spending a lot.* ***Because if it's expensive, it discourages and demotivates people.***
>
> – IOM South Africa

The importance of keeping operating expenses low, which was raised in relation to the continuity of projects and the sustainability of MHFs, was echoed by the former Head of the IOM Musina Sub-office, who stated that despite expectations that funding would be secured to extend a project in Musina, "*the donor was not willing to extend … then [funding] dried up before the forum could really be well established*".

The issue of funding is entwined with the issue of taking ownership – considering the intention that IOM eventually hands the MHFs over to allow the Government to take ownership and leadership. Findings reveal that there is a low sense of ownership among stakeholders participating in the MHFs. While it is clear that the stakeholders saw the value of MHFs, as well as the critical need to resuscitate or create more of them countrywide, several informants expressed doubts about the possibility of having functional and sustainable MHFs without the involvement of IOM. Some stakeholders regard MHFs as an IOM initiative that they are simply a part of and do not feel a sense of ownership, as expressed in the following statement by the stakeholder representing the DoH Nkomazi Subdistrict Office: "*Without IOM, these issues won't be taken seriously because it will take time for it to sink in before we can say Government can take ownership in the absence of IOM*".

Referring to the challenges faced by the Musina MHF that resulted in the cessation of forum meetings, IOM expressed concerns about handing over ownership of the forum and ensuring that the correct leadership and structures are in place to sustain it:

[22] Stakeholder interview (member NGO (health sector) of the Johannesburg MHF), January 2022.

> *We prepared them [Vhembe District Municipality] for two years [so we could] officially hand over the forum for them to take the lead, and [barely] six months down the line, the meetings are [no longer being] convened as usual. And the other thing that we try to check is that – and we realize that they are not – they're also not putting the migrant health forum into the IDP plan. If it's not in their plan, it will be difficult for them to budget for it as a municipality.*

– IOM South Africa

Stakeholders from IOM South Africa noted the importance of ensuring that the correct government body takes the lead, so that they can "*speak to the buy-in and the mandate*", and that other actors can be mobilized and participate in the forums, in order to sustain them. In Limpopo Province, the Office of the Premier were confident that they could do this – reflecting the success of the forum in engaging key stakeholders and their recognition of its importance.

IOM and other stakeholders noted that while takeover can be problematic without secure funding and other resources to sustain the forum, sustainability may yet be possible if, from the get-go, there is a sense of ownership and leadership stemming from the alignment of forum activities with the objectives of government departments:

> *When IOM handed over the forum, instead of them [government] taking the lead and moving on with the forum, they looked for another partner who [could] fund and when the partner leaves that is where the challenges come from.* ***The challenges have to do with a lack of resources.*** *They didn't budget for the forum.*

– IOM South Africa

4.5.2. Commitment and participation

> *If you assess [the MHFs] in terms of participation … it dwindles. Sometimes you have a lot of people, sometimes you only have five or ten.* ***We were struggling with numbers.*** *In Nkomazi, we had to conduct meetings close to our implementing partners, near the border, and we had a little more people participating – but, on average, it's around 10 or so, which is very few considering you have a database of almost 50 people.*

– IOM South Africa

One of the key challenges identified with the sustainability of the MHFs was inconsistent participation. This was linked, in part to how the roles and functions of the MHFs were understood by participants. Comments about participation included the following: "*participation ebbed and flowed*";[23] "*the commitment of some forum members was very poor*";[24] "*maybe people did not understand why they became part of the forum [in the first place]"*;[25] and "*members that were participating in the migrant forum, they were no longer coming as before*".[26] Several reasons were provided for these. Stakeholders noted, for example, that participants initially came to MHFs with high expectations of funding possibilities and the assumption of "unlimited resources" that they could tap.[27] This impacted their willingness to engage and commit to the forums – which, in turn, determined their sustainability.

The gap between the expectations and observed realities of the Johannesburg MHF was described by some stakeholders as tending to discourage participation. In particular, the emphasis on information-gathering and advocacy work, rather than securing funding, meant that prospective participants were often unsure about committing, if not outright refusing to. There was a reported "*lack of capacity or interest in collecting the kind of information needed to engage in evidence-based advocacy*",[28] which impacted the ability of the forum to keep going. This was blamed, in part, for why the forum eventually stopped meeting and became inactive, "*because [the forum] had the core members but could not [re]tain other [participants in its] membership, including government departments*".[29]

A lack of consistency in the participation of forum members also impacted the functioning of the MHFs, especially as it hindered the development and growth of discussions with each successive meeting. The importance of institutional memory was raised by several stakeholders, who reported challenges and frustrations within the forums over the same issues having to be covered repeatedly to bring everyone up to speed. As stakeholders of the Vhembe District MHF noted, this impacts the ability to take issues forward and can also discourage the commitment and active participation of others. This was explained by the former Head of the IOM Musina Sub-office in terms of the need for "*consistency in the participation of all stakeholders in these meetings so that [the] institutional memory on what would have been discussed and agreed in meetings is carried over*".

Certain situations wherein a key member of an MHF would be unable to attend a forum meeting, asking a colleague to attend on their behalf, were described as a key challenge if, for any reason, relevant information could not be shared with the attending colleague, and so progress of the meeting was stalled. Similarly, a stakeholder described meeting postponements as problematic because it interrupted progress and impacted actioning in the forum. This issue was also identified a review of the meeting minutes of the Ehlanzeni District and Musina MHFs, with mappings of issues across meetings showing the extent of repetition – especially with the "introductory" sessions – which pose a challenge to building on and responding to those issues.

23 Stakeholder interview (member NGO of the Mopani District MHF), January 2022.
24 Stakeholder interview (Musina Hospital, a member of the Vhembe District MHF), January 2022.
25 Ibid.
26 Interview with IOM South Africa, January 2022.
27 Stakeholder interview (member NGO (legal) of the Johannesburg MHF), January 2022.
28 Stakeholder interview (member NGO of the Johannesburg MHF), January 2022.
29 Interview with a researcher who participated in the Johannesburg MHF, January 2022.

4.5.3. Leadership and structure

Participation and consistency to ensure sustainability was also understood in terms of having a leader or decision maker – someone with the authority to enact change. In Nkomazi, for example, a stakeholder (government department) identified the role of a senior person being mandated to attend to ensure continuity and efficient dissemination of information to colleagues as being key to the sustainability of the forum. Furthermore, in Musina, the impact of a key stakeholder, MSF, leaving the area – and, necessarily, also the MHF – was seen as weakening the forum.[30] While the leadership of the MHF was handed over – the change of personnel within organizations and government departments meant that consistency was absent, and this made the forum ultimately unsustainable.

In Musina, stakeholders reported that frequent changes in chairmanship often undermines the effectiveness and sustainability of the forum. In the case of the Ehlanzeni District MHF, it was revealed that transitioning from one chairman to another was not a smooth process due to the time it took for the new chairs to become acquainted with the purpose of the forum and "learn the ropes". As argued by a stakeholder from the IOM Regional Office for Southern Africa, this slows down progress and takes momentum away from some of the ongoing activities, programmes, projects and plans of the forum because without clear leadership, "there is no direction". Similarly, as regards the Musina MHF, reference was made to the "*hiccups of transitioning from one person to another*" in terms of leadership and the "*lengthy process*" involved in bringing new leaders up to speed.[31]

Finally, in reference to leadership, stakeholders noted the need to reconsider the structure of the forums to ensure sustainability. For example, the need for one organization to be in a leadership role, which involves ensuring the coordination and structural integrity of the forum, was identified – in addition to the necessity for a national, and even a regional, MHF. It was suggested that there are issues that need to be addressed by decision makers at the national level and also where regional engagement would be helpful:

> *There's a need to establish a **National Migrant Health Forum,** where we can discuss the issues that have been discussed in the provinces, they can report them to the National Migrant Health Forum. Even in one of our roundtable discussions at the national level, we brought that one to say that there's a need for us to the National Migrant Health Forum and also the SADC Migrant Health Forum, because we are discussing the issues that are concerning other governments' people, but they're not part of the meetings to help in addressing some of the issues as well.*
>
> – IOM South Africa

However, while interest was expressed in having a national structure to support improved coordination, caution was also raised in terms of how far this could go: "*I think, in South Africa, we have actually realized [a] long time ago that dealing with migrants [from] a national [level] will never take us anywhere*".[32]

30 To compare, see, e.g. de Gruchy and Kapilashrami, 2019.
31 Stakeholder interview (Musina sub-office of an international NGO), January 2022.
32 Interview with the Department of Health National Office, January 2022.

Similarly, stakeholders agreed that an MHF was needed for the SADC region, but at the same time pointed what was seen as a lack of political will at the SADC level to fund migration health programmes in the region:

> *__There is a serious need for a regional response.__ That's the level where all these issues can be discussed together for countries to come up with solutions and ideas. Migration affects everyone. South Africa can't come up with solutions alone, but [for the] countries in Southern Africa, it would be good to address these issues together.*

– Department of Health Nkomazi Subdistrict Office

> *There is no political will in terms of funding at a regional level – such programmes that are related to migration. And yet migration has become a big deal now. And we continue to see them "tumbling" in the in the decision-making of the region. They were supposed to be vigorous. You're supposed to be pragmatic in the way how they deal with migration issues, because they have a rich history [in terms of] instability, political instability of respective countries in Africa.* ***It is a simple issue of political will [that] is not there.***

– Local NGO, Musina MHF

4.6. A RESTRICTIVE SOCIOECONOMIC AND POLITICAL CONTEXT, INCLUDING PREVAILING ANTI-MIGRANT SENTIMENT, NEGATIVELY IMPACT THE CAPACITY OF MIGRANT HEALTH FORUMS

Stakeholders referred to the impact that a restrictive socioeconomic and political context, including prevailing anti-migrant sentiment, had on their ability to take action. Stakeholders spoke about the challenges of increasingly limited funds and resources for organizations, which made it extremely difficult to respond to the needs of some of the most socially and economically marginalized groups in the country – those who were also disproportionately impacted by the COVID-19 pandemic. Stakeholders identified what they described as anti-migrant sentiment among some forum participants, which was associated with a lack of willingness to develop interventions associated with upholding the rights of migrants. Speaking of about the Mopani District MHF, for example, a stakeholder described what was seen as tensions in forum meetings when migrant issues were raised, which would be interpreted as criticisms of government structures and responses:

> *Organizations would talk about migrant issues and government departments would find it overwhelming. The organizations would channel the discussion, but it could be awkward at times.*

– Local NGO, Mopani District MHF

Coordination within this context was, needless to say, difficult and, at times, tense. Points of contention from the government departments' side included budgetary constraints, work being done in silos and frequent unwillingness or inability to work with CSOs. A stakeholder of the Musina MHF, for example, stated that while government partners "were highly committed" and happy to be part of the forum, the very nature of their work and role was often at odds with how the forum actually functioned. One of the interviewed stakeholders explained the situation:

> *As much as they [government] might not want [to be involved] naturally, they have no choice other than to [engage with] us. And we move along, share ideas, map the way forward, and see how best to deal with this client. But we will be on guard as [a] civil service organization to say, "If they [migrants] are unfairly treated, if they are not getting access, if they are not being serviced in accordance with the law, then we will hold [you] accountable to those kinds of issues". **So, government had no choice other than to come on board.***
>
> – Local NGO, Musina MHF

4.6.1. A lack of understanding and negative perceptions of migrants can pose obstacles to achieving forum goals

Stakeholders from former Musina MHF participating organizations made reference to the prevalence of negative perceptions of migrants – and even outright anti-migrant sentiments – which pervaded the work of the MHF itself and created an obstacle to achieving the goals of the forum:

> *"We [are] also dealing with individuals who have their own perspective of migrants … and an opposition to migrants – and especially those without documents – can negatively affect the spirit of the forum … or the vision and the mission of the forum."*
>
> – International NGO, Musina sub-office

Another stakeholder, from a local NGO that participated in the Musina MHF, echoed this view that CSOs often raised concerns of xenophobia to forum meetings and wanted to directly confront the issue – but this would cause tensions, especially with Government stakeholders as, "*Government might not enjoy the feedback they're supposed to be getting from civil society organizations*". Stakeholders expressed similar views, based on their experience with the Mopani District MHF, with an emphasis on the lack of awareness and understanding of migrants' rights among government departments, which also led to tensions between forum participants:

> *I think the organizations there were ready to talk migrant issues, and we did have two or three organizations who were very clear on what migrant issues were, but the government departments that were [in terms of number] overwhelmingly the participants … did not really have that capacity to understand it. And, so, the organizations would channel discussions and then there were quite good discussions, but it also became a bit awkward at times and it became a little bit contentious when you had some politicians in the room who were not quite clear on what migrants' rights were. And you mix that with other people who are fighting for equal access …*
>
> – Local NGO, Mopani District MHF

The same stakeholder noted that it was the very structure of the Mopani District MHF that disabled it from addressing these tensions, particularly because it was still being developed and so participants were still working to understanding the focus and capacity of the forum.

The findings also show that while government department stakeholders recognized the challenges posed by the socioeconomic and political context, which included anti-foreigner sentiment, they also felt stuck in terms of challenging systemic issues. The following stakeholder statement captures the sentiments shared by some key informants about the difficulties of working within the current public health-care system, as well as with various government departments that have varying agendas that do not always align:

> *I think there are [enough responses in place], based on my visits to the clinic [and] the hospitals, but what I feel is that even if the community or the health workers [are] prepared – but* ***our system, it is failing us****. It is swamped. You will go to a hospital, and they are told there is no medication. The economy is going down the drain; it affects all the other systems. I know that they are concerned, the Department of Health … because they will tell you that we do not deal with Home Affairs issues. … [W]e are dealing with the Bill of Rights, that everyone has a right to health, so [that] they [would] give the health services to everyone. But now it is [the case that] when there is something major that needs to be done – where I think there is a stumbling block [is that] the person cannot not be assisted because there is no documentation that says who this person is.*
>
> – Department of Home Affairs Nkomazi Subdistrict Office

It is also important to note that other government stakeholders spoke in positive terms of how the MHFs provided a space to be able to address these challenges and find ways forward in terms of planning and resource allocation, as the following illustrates:

> *I must say that those forums have really created those kinds of spaces to be able to talk about what problems from the government side, your issue [with] data, etc. What are these categories? Where is the data? If the data is not there, where are the lessons from other regions or other countries? Where we can learn some best practices, but also involving other stakeholders such as the national treasury, in terms of how to ensure that as we do the planning for [the] migrant population in South Africa, resource allocation is also taking into consideration this kind of population dynamics and mobility – **because migration is going to be something that's going to be with us for the foreseeable future.***
>
> – National Department of Health

Therefore, it is important to recognize that the MHFs have been shaped by the socioeconomic and political contexts within which they have been established, and that this can limit the activities of the forums – and xenophobia especially exacerbates many of the challenges faced. At the same time, however, this finding – as well as those that preceded it – also shows how the forums have developed both due to and in response to these challenges. Therefore, engaging with the contexts is both a key challenge and a key success.

4.7. THE SUSTAINABILITY AND EFFECTIVENESS OF MIGRANT HEALTH FORUMS IS IMPACTED BY LIMITED ACTION AND THE RISK OF BECOMING MERE "TALK SHOPS"

Despite acknowledging the benefits and successes of MHFs, some stakeholders expressed concerns about their failures to be more action-orientated. Reference was made by some stakeholders to the risks of forums becoming mere "talk shops" – platforms or venues where issues are discussed but without the necessary steps being taken to address them:

> *We [Johannesburg MHF] tried to assist member organizations through the development of tools and to conduct trainings. But we weren't successful in making the MHF much more than a talk shop.*
>
> – NGO, Johannesburg MHF

> *I realized more people come to this forum just to suggest and when we come in next time, little or nothing has been delivered in accordance to what would have been discussed in previous meetings.* ***Actually, a lot of things would be said without taking decisive actions.***

– Faith-based organization, Musina MHF

As with most of the other forums, concerns were raised about the Mopani District MHF being a space for discussion that did not result in action. When asked how the forum could be strengthened in the future, a stakeholder from a Mopani-based NGO responded: "*It should become a capacity-building and sharing space, and not just a discussion forum*". The stakeholder noted that in previous forum discussions, they had identified the need for more direct responses and "action plans", alongside "problem-solving in a positive way – not a "bashing", "stigmatizing" way".

Concerns about lack of action also led informants to ponder missed opportunities of not responding to certain issues. The COVID-19 pandemic and the exclusion of undocumented migrants from the COVID-19 vaccine was given as an example:

> *Maybe if this the structure was still existing physically with the issue of access to COVID-19 vaccine, we should have maybe, possibly come together and engage in terms of how can we advocate for the better access of COVID-19 vaccine for migrants through that structure*

– South African (national) NGO

However, awareness was also expressed of the need to maintain the focus of MHFs, therefore avoiding "mission creep" into a wider mandate. Stakeholders noted that this could result in a loss of direction and that, while engaging with the social determinants of health is key, the focus on health should be sustained. It was also noted that rather than losing direction altogether, the MHFs could decide to go on a different course – one that may not suit all those involved, as was the case with the Johannesburg MHF (according to some of the stakeholders). It was noted, for example, by a key informant (a medical doctor who participated in the forum) that the Johannesburg MHF "became more academic and based on seminars" and that for some of the organizations, this *"wasn't what worked for them*". Again, this goes back to the issue of sustainability, and that when well-funded and supported, and with a clear focus, the MHF would be more effective and sustainable, in the words of the Limpopo Office of the Premier, "to infinity and beyond".

5. CONCLUSION AND RECOMMENDATIONS

Based on the seven key findings presented in the previous chapter, the report concludes with a set of recommendations designed to respond to the identified key challenges. The recommendations show how and where the role and function of the MHFs can be strengthened to ensure the effectiveness and sustainability of the MHFs moving forward.

5.1. CONCLUSION

The key findings of the current review set out very clearly the successes of the MHFs, as well as the challenges they have faced and continue to face (a summary of the conclusion is presented in Text box 3). While they showed that each of the forums were context-specific and were established in different ways and varied in composition, they also identified points of convergence and a number of similar experiences. Of note is how the specific challenges of one MHF – such as the lack of participation and commitment from government departments, in the case of the Johannesburg MHF – highlight the successes of others – such as a strong working relationship with the Government within the Musina MHF. These are findings that can be used to guide recommendations for strengthening and, in the case of Johannesburg, Vhembe District and Waterberg District, reactivating the MHFs.

Text box 3. Summary of report conclusion

The current review shows that MHFs in South Africa offer a strategic opportunity to drive multisectoral action to address the health and well-being needs of migrant communities across the country. However, this requires political buy-in and investment – through dedicated support from the offices of provincial premiers – and engaged and committed local government officials at the district and local municipality levels. While the importance of action at the local level is deemed essential, there is a need for a "whole-of-government", "whole-of-society" and multilevel structure to inform actions at the provincial, national and, ideally, regional levels.

Central to understanding the role of the forums is how they balance the issue of the State's responsibility for addressing migration health issues in South Africa with the fact that this is often overlooked and/or neglected, with serious implications for citizens and non-citizens. This is complicated by the fact that, as the findings show, government departments are important and necessary participants in the forums (and yet also contentious on many levels – from their absence in meetings to their fiction with some CSOs). However, the reciprocal and continuing relationships and networks built through the forums should not be underestimated: The cases of Ehlanzeni and Vhembe, for example, illustrate how government and non-governmental organizations can proactively support one another. It is also clear that the forums provide opportunities to share and disseminate information to improve understanding of the linkages between migration and health, including the health needs of migrant populations. They also play a role in broadening the understanding of migration health in general and locating these issues within wider determinants of migrant health – such as access to education and documentation. The findings show that incorporating these more effectively into the work of the forums can help to ensure more effective and sustainable response to the needs of migrants overall.

More broadly, the findings have shown how the MHFs are seen as platforms with the potential to drive change, which, in the context of increasing and layered challenges, including the COVID-19 pandemic, is urgently needed. However, to do this, investment and political buy-in is essential for developing and implementing a sustainable action plan. While there is a need to balance discussion and networking with action and coordination, as well as relationship-building, because in the absence of strategic engagements, the risk of these forums becoming mere "talk shops" is heightened. To this end, consistency in membership, demonstrated in the commitment of individual participants to keeping the forums focused, supported and sustained, is key to ensuring forum continuity and growth. To do this, the findings highlight a number of important steps and approaches, which are captured in a set of recommendations (next section).

5.2. KEY RECOMMENDATIONS

Eight key recommendations for the effectiveness and sustainability of the MHFs – and, ultimately, for bolstering the forums moving forward – are identified based on the key findings. The subsections, where necessary, expound on these recommendations.

1. MHFs require multiple forms of investment to develop opportunities to act as strategic drivers of change.
2. Ambitions for MHFs must be balanced against investment and funding realities.
3. Should IOM determine that there is scope to invest in MHFs, a strategy to ensure they become owned by State structures, so that they would be able to effect real change, will be key.
4. A long-term strategy for MHFs is required through an intersectoral and multilevel consultative process.
5. Funding is necessary to establish a dedicated secretariat and implementation team for each MHF.
6. MHFs require clear terms of reference and action plans.
7. Based on the important role that can be played by MHFs in South Africa, currently inactive ones should be "reignited" or revived.
8. A regional approach to MHFs should be considered.

5.2.1. Migrant health forums require multiple forms of investment to develop opportunities to act as strategic drivers of change

a. This can be at various levels (local, provincial, national and regional), with investment taking the form of time and commitment, political will, and dedicated funding.

5.2.2. Ambitions for migrant health forums must be balanced against investment and funding realities

a. IOM needs to carefully consider the ambitions of MHFs and balance these with a realistic assessment of the relevant/prevailing context and available funding (i.e. the likelihood of the necessary investments being accessible, in order to determine the way forward, and the likelihood of the commitment and leadership of partners).

b. A "projectized" approach is, to some extent, inevitable, given the role of IOM and the current climate of grant-dependent activities. Without guarantees of the amount of time that IOM can "invest" in building a successful, sustainable, longer-term structure, would it be more cost-effective to focus on the more immediate-term, project-associated activities that can be supported through a local MHF?

5.2.3. Should IOM determine that there is scope to invest in migrant health forums, a strategy to ensure they become owned by State structures, so that they would be able to effect real change, will be key

a. Effective non-governmental involvement is essential. The operating structure for this should form a key component of the consultative process.

b. MHF functions should be designated to the relevant sphere of government, which can then mandate appropriate departments to take action as required. This could involve:

   i. A national forum within the National Department of Health (NDOH) to play a coordination role that is then devolved to provincial premiers, which should establish district-level MHFs within their provinces.

   ii. Provincial premiers and their offices can act as "champions" that drive action by embedding the MHFs and their associated activities within the mandate of government departments at local levels.

   iii. A framework for the membership of the forums could be developed that is adaptable to the local context, taking into consideration key issues and local realities in terms of governance capacities. This would include terms of references and accountability mechanisms managed by offices of provincial premiers.

5.2.4. Migrant health forums require clear terms of reference and action plans

a. If a longer-term initiative is envisaged, and there is the capacity to invest time, resources and political will in this, then a long-term strategy must be developed. This should be initiated through a targeted intersectoral and multilevel rapid consultation process to clarify the structure, mandate, and aims and objectives of the MHFs.

b. This can be done rapidly and could be coordinated with the support of IOM, but appropriate national governmental and non-governmental participation is essential to ensuring buy-in from the start: Ownership of the process by national structures will be key.

c. While international organizations will continue to be key stakeholders and MHF members, the process must be owned nationally.

d. Determining the government lead requires careful consideration and consultation, given the intersectoral nature of the field of migration health. This can include steps such as:

   i. Working with NDOH to jointly undertake a review of former and existing structures to determine good governance practices that will inform a National Migration and Health Task Team (N-MHTT), whose mandate will include overseeing the development and operationalization of provincial and local-level MHFs. This review, more specifically, will:

      - Explore good practices for developing coordinated national responses to migration health internationally, including lessons learned from failed interventions.
      - Provide evidence-informed guidance on developing an effective and efficient intersectoral governance structure to improve migration health responses in South Africa.
      - Develop a governance structure and formal mandate for the N-MHTT, which will facilitate intersectoral action. This should include the development and implementation of monitoring and accountability measures, in partnership with civil society. For this to be effective, all national departments will need to be aware of the task team and its mandate. A permanent coordinator will be required who should be employed by NDOH. Only by situating the N-MHTT as a formal national structure could it be effective.

- A series of consultations should be undertaken with State and non-State structures at the national, provincial and local levels to ensure buy-in and the development of a responsive terms of reference for the forums.

ii. Non-governmental leadership should involve both a migrant-rights specific organization, such as the Consortium for Refugees and Migrants in South Africa (CoRMSA), plus a health-rights specific organization such as SECTION27.

5.2.5. Funding is necessary to establish a dedicated secretariat and implementation team for each MHF

a. This should be incorporated as a core function of the Office of the Premier and funded by NDOH. However, there is a recognition of the fact that without MHFs being Government-mandated, the likelihood of a dedicated budget being developed is slim. Context-specific opportunities for embedding MHFs within existing, funded structures should be explored.

b. To support this, external funding is required for the building of a national secretariat and/or coordinating structure (i.e. a national MHF). This could be developed as a subproject within an existing national NGO.

c. Funding opportunities may be identified by engaging with the corporate social responsibility initiatives of private-sector organizations that employ migrant populations (e.g. those in the mining sector).

5.2.6. Migrant health forums require clear terms of reference and action plans

a. Forum term of reference must be clear to all forum members to ensure a common understanding of the forum's mandate, roles and responsibilities.

b. Action plans with key activities help to designate and delineate responsibilities and hold forum members accountable. Buy-in from all stakeholders, and especially government parties, is key to ensuring the prioritization and commitment to migration health issues.

5.2.7. Given the important role that migrant health forums can play in South Africa, currently inactive ones should be "reignited" or revived

a. In Johannesburg and Vhembe District, MHFs could be reactivated based on the expressed interest and commitment of former participants and current gaps in the response to migration health issues.

b. Reactivated MHFs can build upon the past lessons learned, as well as referring to the findings of the current review to ensure they become more sustainable this time around.

c. Through this approach, the Limpopo Office of the Premier could also consider working with the Mopani and Waterberg district municipalities to "reignite" these forums.

5.2.8. A regional approach to migrant health forums should be considered

a. A careful assessment is required here to determine if investment in local, cross-border/bilateral initiatives would be appropriate, or whether a MIDSA-style regional discussion is needed. This can support cross-border initiatives and improve the harmonization of responses.

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