Migration Health Strategy
for the Democratic Republic of Congo

2013 – 2017 International Organization for Migration (IOM) Strategy
The inclusion of migratory considerations into overall health policies in the Democratic Republic of Congo (DRC) and the region is essential. Understanding and incorporating the closely linked dynamics of human mobility and health into the work of the International Organization for Migration (IOM) in DRC and also into national and regional policies will help address a conspicuous gap in current approaches.

The IOM DRC Migration Health Strategy for 2013-2017 is a roadmap of how this can be done. The Strategy aims to provide vision and coherency to IOM DRC future migration health interventions while also initiating a broader effort with partners to incorporate cross-border dynamics into national and regional health policies.

The Strategy targets certain vulnerable migrant groups whose health needs remain high in DRC and those who are most likely to be mobile populations. This includes Internally Displaced Persons (IDPs), migrant workers, migrants involved in irregular migration patterns and returnees. This approach also focuses on vulnerable communities and how IOM DRC can engage in meaningful sensitizations and resilience building activities related to migration and health. Through these targets, IOM DRC will reinforce healthy migrants in healthy communities, an essential component of IOM’s global migrant health activities.

This Strategy also targets specific health problems while also addressing two major policy areas. It is the unfortunate fact that DRC is home to an abundance of sickness, disease and continuous deadly outbreaks including yellow fever and cholera. In order to best capitalize on IOM expertise and make the most efficient contribution to the health sector, IOM will focus on HIV/AIDS and cholera while remaining responsive to the onset of outbreaks and new concerns. Furthermore, IOM DRC will focus on inculcating cross-border dynamics and socio-cultural considerations into current health policies within DRC and the region. The two focused policy areas go hand in hand. Cross-border movements imply more than just transmission but also acceptance and respect for migrant’s right to health. In order for this to be achieved, IOM DRC must reinforce a socio-cultural environment that is well-informed of health-risks and capable of respecting and meeting a diverse range of needs.

IOM DRC places partnerships as an omnipresent priority in all of its work and the implementation of this Strategy cannot be done alone. Engagement with Government actors at all levels, community, provincial, state and regional is crucial. Effective and efficient implementation also requires close partnerships with the broader humanitarian community and IOM DRC remains open to forging new partnerships in pursuit of commonly held goals.

Finally, the IOM DRC Migration Health Strategy falls under the broader policy structure of IOM DRC which is guided by the Organization’s 2013-2017 Strategy. Migration Health is one of the principal areas of intervention within the 2013-2017 Strategy that is needed to support the three pillars found within: State of Law and Good Governance; Economic Stability and Development; and, Socio-cultural environment. Together, these three pillars aim to achieve socio-economic stability, reconstruction, stabilization and ultimately peace in the DRC. Migration health is needed to achieve these collective goals and on behalf of the IOM in DRC, I am pleased to present the Organization’s Strategy of how this can be achieved.
I. Introduction

With approximately 215 million international migrants in the world today, plus 740 million internal migrants, one seventh of the world’s population is on the move. The International Organization for Migration (IOM) begins its work from the premise that this massive human mobility, a defining quality of the 21st century, does not involve a cancellation or temporary suspension of fundamental rights. IOM therefore strives to uphold the dignity and well-being of migrants the world over and one of its basic functions is to uphold Migrants’ right to health.

This is a particularly challenging feat in the Democratic Republic of Congo (DRC). The country is surrounded by nine neighboring states and has a long history of man-made and natural disaster induced migration. Additionally, the long and porous borders, poor transportation infrastructure, economic pull factors, historically-rooted push factors and disease outbreaks such as cholera are realities that contribute to an increasingly complex pattern of internal and cross-border mobility in the country and region. This complexity is multiplied by the internal migration dynamics of DRC which are largely defined by the country’s 2.6 million internally displaced. The Government of DRC, along with its national and international partners, is therefore faced with a challenging migratory situation involving many vulnerable populations and health concerns. These trends in population movement raise multi-faceted challenges for many countries and communities on how to effectively manage the health consequences of human mobility. This management must also consider different levels of vulnerability and continuity of care within national and across international borders as well as throughout the migration cycle – at country of origin, country of destination and upon return home.

The capacity of the Government of DRC (GoDRC) to currently provide health services to the population and vulnerable groups is low while their needs remain high. The country has a shortage of health workers with a ratio of less than one health professional per 1,000 people.

II. Executive Summary

Migration is a social determinant of health. It is the newer, often irregular motion or unplanned mobility patterns and the circumstances surrounding migration/mobility processes (be these at areas of origin, transit, destination and upon return) that repeatedly increase migrants, mobile groups or displaced persons’ vulnerability to ill-health. Such vulnerabilities may also affect surrounding communities where they live. While migrants make important contributions to national and global economies, they often face barriers to accessing essential access to health care and social services for the prevention, treatment and control of communicable and non-communicable diseases which further contributes to individual and community-level vulnerabilities.

2. DRC’s nine neighboring countries are as follows: Angola, Burundi, Central African Republic, Congo Brazzaville, Rwanda, South Sudan, Uganda, Tanzania and Zambia.
3. Although the reported cumulative total of IDPs in DRC varies, estimates published by Refugees International, Norwegian Refugee Council and the Internal Displacement Monitoring Center range from 2.2 to 2.6 million.
5. According to the World Health Organization, communicable disease represent 82 percent of the years lost due to disease while non-communicable represent 11 percent. Democratic Republic of Congo: Health Profile. WHO.
Numerous intersections between migration and health exist in the DRC and many of these intersections are of great significance to the country and the region. However, from the fight against cholera and other communicable diseases to providing for the health needs of the most vulnerable migrant populations, human mobility and cross-border dynamics are often neglected in health strategies to the detriment of individuals and communities throughout the region. Moreover, as stated in the 2013-2017 Strategy of the International Organization for Migration (IOM) in the DRC, “health issues in the migration process do not focus solely on disease...they take into account the different environmental, socioeconomic, cultural, behavioral and biological determinants that can influence the health of migrants and mobile populations at different stages of the migration process.”

The DRC Government and health actors are increasingly recognizing the need for multi-sectoral approach to migrant and health that goes beyond disease-specific approaches and border control. Migrant inclusive policies that address migration-related health vulnerabilities, non-communicable diseases, occupational health, mental health, environmental health, and access to migrant-friendly health care services must be promoted in order to achieve equitable health for all.

Globally, IOM’s Migration Health Division is guided by the 61st World Health Assembly Resolution (WHA 61.17) on Health of Migrants that calls upon Member States to “promote migrant-inclusive health policies, to promote equitable access to health promotion and care for migrants and to train health professionals to deal with health related issues associated with population movements among others.”

Migration Health is posited as one of the principal intervention methods within the 2013-2017 Strategy of IOM DRC that will support the overall objective of strengthening the legal, governance administrative and political frameworks for socio-economic stability, reconstruction, stabilization and ultimately peace in the DRC.

The health and well being of all people, including migrant, IDPs, mobile and cross-border populations, is a central component and an essential determinant of the progress made in socio-economic stability, reconstruction, stabilization and peace in the country. It is also a fundamental component of strengthening the socio-cultural environment in DRC and therefore supports the overall objective of the 2013-2017 Strategy through the Strategy’s Socio-Cultural Pillar.

IOM DRC will therefore draw off of the global and regional experience and expertise of IOM to implement in collaboration with multiple stakeholders in international health and migration sectors. At the national and sub-national levels, IOM engages in a privileged partnership with the Ministry of Health, and other relevant government ministries, particularly immigration, labor and social welfare, the World Health Organization and key UN agencies (UNICEF, UNFPA, UNAIDS, UNHCR), international and national non-governmental organizations (NGOs), private sector, development agencies, academia and civil society partners to implement a multi-sectoral and multi-country health approach that;

1. Uphold the right to health for migrant populations, in particular the most vulnerable and often hard-to-reach;
2. Address the cross-border public health challenges; and,
3. Promote a socio-cultural environment that contributes to the health of migrants and host communities.

As with all IOM DRC activities, there are also five cross-cutting key components that will drive the Organization’s approach and guide its actions related to Migrant Health:

1. Human Rights
2. Gender Equality;
3. Community Resilience;
4. Environment; and
5. Evidence Based Policy Development.

**Resolution WHA 61.17**

Calls upon Member States:

1. To promote migrant-sensitive health policies;
2. To promote equitable access to health promotion, disease prevention and care for migrants, subject to national laws and practice, without discrimination on the basis of gender, age, religion, nationality or race;
3. To establish health information systems in order to assess and analyze trends in migrants health, disaggregating health information by relevant categories;
4. To devise mechanisms for improving the health of all populations, including migrants, in particular through identifying and filling gaps in health service delivery;
5. To gather, document and share information and best practices for meeting migrants’ health needs in countries of origin or return; transit and destination;
6. To raise health service providers’ and professionals’ cultural and gender sensitivity to migrants’ health issues;
7. To train health professionals to deal with the health issues associated with population movements;
8. To promote bilateral and multilateral cooperation on migrants’ health among countries involved in the whole migratory process;
9. To contribute to the reduction of the global deficit of health professionals and its consequences on the sustainability of health systems and the attainment of the Millennium Development Goals.

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8. 61st World Health Assembly Resolution on Health of Migrants (WHA61.17)
IOM’s Migration Health Division (MHD) has three Global Programmatic Areas that form the basis of the Organization’s global health activities using the four operational frameworks of the WHA61.17 Resolution on Migrant Health.

III. IOM’s Global Health Activities

Migration Health Assessment and Travel Health Assistance

The Migration Health Assessment and Travel Health Assistance Programme (HAP) represents the largest activity of MHD and is among the most well-established migration management services offered by IOM in over 40 countries worldwide. IOM carries out approximately 250,000 health assessments per year for various categories of migrants, including refugees bound for host resettlement countries, labor migrants and displaced persons either before they travel, or upon arrival. This reduces and manages the potential public health impact of human mobility on migrants, receiving countries and their surrounding communities.

IOM offers pre-departure medical screenings and travel health services including presumptive treatment for endemic conditions like malaria, diagnosis and treatment for tuberculosis and some sexually transmitted infections. In some situations, IOM provides migrants with immunizations against vaccine preventable diseases and offers and array of specialized counseling services.

IOM seeks to promote the equitable access to quality health services for migrants and mobile populations, including migrants in irregular situations such as human trafficking and expulsions by advocating for migrant-inclusive health and evidence-based policies, delivering technical assistance and enhancing the capacity of governments and partners as well as migrant communities to provide migrant-friendly services.

Health Promotion and Assistance for Migrants

Due to the relationship between human mobility and the spread of communicable disease, this programme area covers emerging and re-emerging infectious diseases such as influenza, tuberculosis, malaria and sexually-transmitted infections including HIV, as well as non-communicable diseases including mental health and psychosocial support. Additionally IOM health promotion activities address health system challenges for migrants and assists governments in managing the migration of health workers. These programme activities are only successful if strong partnerships are created with the national and provincial health ministries and communities where migrants live. Such cooperation and collaboration is crucial for migrant-friendly national health policies and the development of rights-based, language and culturally appropriate interventions.
Migration Health Assistance for Crisis Affected Populations

Health and psychosocial support are an integrated component of IOM’s overall humanitarian response particularly in natural disasters where IOM is Camp Coordination Camp Management (CCCM) Cluster lead and assist crisis-affected populations, governments and host communities. Within IOM’s Migration Crisis Operational Framework (MCOF), health support and psychosocial support are two distinct yet inter-related sectors of the fifteen (15) sectors of assistance included in MCOF. IOM works with partners to deliver primary health care services, strengthen or re-establish referral mechanisms, facilitate medical referrals, arrange medical evacuations for individuals who cannot be cared for locally and provide access to health to returnees or demobilized soldiers and their families. IOM also assists in rebuilding community-based services and strengthens crisis-affected health care systems.

IOM is a core partner of the Global Health Cluster and actively engages at country level health cluster mechanisms. IOM is an active member of the Inter Agency Standing Committee (IASC) Mental Health and Psychosocial Support Working Group at the global level.

IV. IOM DRC’s Work to Support Existing Global, Regional and National Resolutions and Strategies

In line with the global activities of the IOM, IOM DRC also works to uphold migrants’ right to health through national, regional and global activities, strategies and programmes in collaboration with partners.

Global: Resolution WHA 61.17

IOM DRC works to implement the principles and priorities expressed in the 2008 WHA Resolution on the Health of Migrants which forms the basis of IOM’s global strategic objectives on migration health (see figure below). IOM DRC will continue to frame its health strategies and interventions within the context of this resolution and IOM’s global strategic objectives.

The four strategic objectives are complimented by the four basic principles for a public health approach to address the health of migrants and host communities (see figure below).
Regional Approach: PHAMESA

IOM DRC is part of the programme of the Partnership on Health and Mobility in East and Southern Africa (PHAMESA) currently implemented in East and Southern Africa. Funded by the Swedish International Development Cooperation Agency (SIDA) and the Norwegian Ministry of Foreign Affairs (MFA), PHAMESA aims to support the four pillars of WHA Resolution 61.17 on migrants and health by focusing on: (1) Research and Information Dissemination; (2) Advocacy for Policy Development; (3) Service Delivery and Capacity Building; and (4) Regional Coordination. IOM DRC will continue to use PHAMESA as a tool to bolster cross-border and regional coordination activities and support WHA Resolution 61.17.

National: Government of the Democratic Republic of Congo

(1) Committee on the Reform Strategy on the Ministry of Public Health

In addition to the National Plan for the Elimination of Cholera, IOM DRC will work with the Ministry of Public Health to incorporate migrant health into its overall programmes and policies associated with the reform efforts led by the Committee on the Reform Strategy of the Ministry of Public Health. The focus of IOM DRC’s efforts will be on strengthening the Ministry of Public Health in their ability to provide for the health needs of vulnerable migrants, monitor health concerns related to cross-border movements and respond to emergency health situations involving migrants, including emergencies that cause a sudden increase of internal displacement.

(2) 2013-2017 National Plan for the Elimination of Cholera

IOM DRC supports the 2013-2017 National Plan for the Elimination of Cholera and will focus on strengthening two of the Strategy’s Strategic Areas. IOM DRC will strengthen epidemiological surveillance and the dissemination of information by bolstering its health activities along border posts. Second, IOM DRC, through its work with vulnerable migrants and IDPs, will establish better access to basic hygiene and sanitation while engaging in an educational outreach to vulnerable migrant populations to increase awareness. Furthermore, IOM DRC seeks to bolster a cross-border approach to strengthen surveillance, preparedness and response, an essential component to national and international efforts to combat cholera.
IOM DRC draws off of the global experience and expertise of the Organization to implement multi-sectoral and multi-country health activities to target the health concerns of specific vulnerable populations, address the cross-border dynamics of public health, and promote a socio-cultural environment that contributes to the health of the individual and community. The work of IOM DRC will also focus on the fight against cholera and the spread of sexually transmitted diseases, particularly HIV/AIDS.

V. IOM DRC Migrant Health Activities

Public Health and Cross-Border Issues

Cross-border disease surveillance, population mobility and multi-sectoral collaboration with DRC’s nine neighboring countries represent a current gap in public health policy and interventions that IOM will help fill through its work. A particular focus will be placed on providing basic health services and needs to vulnerable populations including outbound or returning migrant workers, expelled persons and irregular migrants at border posts.

At the same time, population mobility is a contributing factor to the spread of communicable diseases, including cholera. IOM DRC therefore aims to strengthen the capacity of the DRC health authorities to address the health needs of inbound and outbound migrants and cross-border populations while also bolstering surveillance of communicable disease. The collection of accurate, actionable information on population movement and disease is central to IOM DRC’s approach to Migrant Health.

Vulnerable Populations

IOM’s Migrant Health activities in the DRC will focus on the following vulnerable populations:

1. Migrant Workers;
2. Internally Displaced Persons;
3. Irregular Migrants; and
4. Returnees.

These vulnerable groups, although diverse and representing a broad range of health needs, generally lack basic health education and access to services and therefore find themselves exposed to a larger range of health risks. This is particularly true at border crossings and IOM DRC will work to ensure that functional health systems exist at major border crossings to ensure migrants have access to culturally and linguistically appropriate, affordable and sound healthcare.

Sanitation and Hygiene

According to UNICEF, 36 million people in DRC live without improved drinking water and 50 million without improved sanitation. The rehabilitation of water supply and sanitation facilities is a needed component of any health policy in DRC, including the chlorination of water, along with hygiene awareness campaigns. Sanitation is a closely related component and directly related to diarrheal diseases such as cholera and is therefore a necessary consideration in IOM DRC’s Migrant Health policies as well.

Socio-Cultural Perspective

IOM DRC takes a holistic approach to health in fulfilling its mandate to uphold the dignity and well-being of migrants. With emphasis placed on upholding the right to health of vulnerable migrant populations and incorporating cross-border components into public health strategies and actions, IOM DRC also considers the overall well-being of the individual and community into its conception of public health. This approach is outlined in the Socio-cultural pillar of the 2013-2017 Strategy and leads the IOM DRC to place particular emphasis on incorporating health and well-being into its return and reintegration programmes.

1) Socio-Cultural Perspective

A healthy community allows for exchange, cultural expression and acceptance of diversity. This is vital for cohesion of the larger group and the well-being of the individuals within. IOM DRC therefore supports the overall health and well-being of migrants by fulfilling the Socio-Cultural Environment pillar of the Organization’s 2013-2017 Strategy which seeks to develop: social resources to facilitate social cohesion, cultural exchange and commerce; a civil society that promotes cultural diversity, integration of foreigners and respect of differences; and programmes of exchange with DRC’s neighboring countries and their populations, including systems of cultural exchange. In promoting these socio-cultural components, the overall-health of migrants and the communities they are a part of will be enhanced.

2) Psychosocial Support

Displacement due to conflict, war and natural disaster and living in a conflict, post-conflict or post-disaster situation generally requires major adaptations as people need to redefine personal, interpersonal, socioeconomic, cultural and geographic boundaries. In a country as complex as the DRC where the life of the individual, community and society is constantly disrupted to disaster and conflict, the provision of psychosocial assistance reduces vulnerabilities and prevents long-term mental problems and promotes integration and community reconciliation. The provision of such services is therefore a necessary component of return in investment and reintegration work of IOM DRC.
VI. IOM DRC and the fight against Cholera

The first cholera case recorded in the DRC crossed the border into the Democratic Republic of Congo (DRC) in 1973 from Angola in the South while the second entered into DRC in 1977 from Tanzania in the East. The most recent epidemic started in June 2011 and in 2012, there were over 36,000 registered cases in seven of the ten countries in the region with 33,000 cases in the DRC alone. In 2011, the numbers were even more staggering; 55,454 registered cases in the DRC with 1,292 deaths. The history and current situation in DRC emphasizes the importance of cross-border cooperation focusing on the spaces of vulnerability while tracking the epidemic pathways through collection and analysis of relevant data. This is IOM’s key approach to the fight against cholera.

Using IOM’s Displacement Tracking Matrix and expertise drawn from similar operations, IOM DRC looks to provide the following support to the fight against Cholera in the DRC:

- Mapping health clinics in cholera-prone zones and tracking activities in health zones to better understand where awareness campaigns have been completed;
- Mapping the cholera outbreak risks; and
- Mapping the risks link to migration by focusing on the following areas:
  - IDP sites and camps;
  - Border posts; and
  - Migration routes.

VII. Prevention of Sexually Transmitted Diseases

One of the principal Migrant Health concerns of IOM DRC is preventing the spread of sexually transmitted diseases, especially HIV/AIDS. The HIV epidemic in the DRC reached its peak in the 1990s when life expectancy rates had dropped nine percent. The country continues to battle with the epidemic and one of the causes for its continuation is conflict and the prevalence of gender-based violence. The large majority of the country’s 2.6 million Internally Displaced Persons (IDPs) reside in the East due to conflict and are therefore exposed to higher levels of risk. Additionally, sex-workers often go untreated for sexually transmitted diseases (STDs) and there are few HIV testing sites throughout the country. IOM DRC will therefore focus its efforts on the fight against sexual and gender based violence and ensuring that vulnerable migrant populations and hosting communities have access to needed resources, including condoms and HIV tests.

VIII. Cross Cutting Components

The work of IOM DRC will be complemented by a series of actions that IOM promulgates in all of its activities. These cross-cutting priorities will therefore be incorporated into IOM’s Migrant Health activities.

Gender

The issue of gender is an essential cross-cutting component for the work of IOM DRC. The organization will continue to include this component in all of its Migrant Health projects and seek innovative ways to mainstream gender in all of its work. It has already done so by contributing to the work of Prevention of Sexual Exploitation and Abuse (PESA), and in addressing gender issues in other forums such as the Common Market for Eastern and Southern Africa (COMESA).

Mainstreaming gender in migration programmes ensures that the health and well being of women and children are integrated into all efforts. Child health indicators in the DRC rank as some of the lowest in the world and specific attention must be paid to their ailments. Specific concerns also arise for women due to the prevalence of gender-based violence. Services such as psycho-social and mental health support, counseling, screening and treatment of sexually transmitted infections for those who were victims of gender based violence are mainstreamed into IOM DRC’s Migrant Health Policies.

Human Rights

IOM promotes humane treatment of migrants and looks to uphold their Human Rights in all of its activities. This is the fundamental basis of Migrant Health. Human Rights, which include the right to Health, are migrant rights and IOM DRC, through this Strategy, seeks to uphold and enforce these rights for all migrants, including those particularly vulnerable e.g. irregular migrants and women/girls.

Community Resilience

Resilience is defined by “the ability of social units to mitigate hazards, contain the effects of disasters when they occur, and carry out recovery activities in ways that minimize social disruption and mitigate the effects of future disasters”. IOM follows this approach in DRC to promote a resilient environment and communities capable of recovering quickly from various disruptions, whether man made or environmental.

Nutrition

Severe malnutrition is a major threat in the Democratic Republic of Congo. The country ranked last in the 2011 Food Policy Research Institute’s Global Hunger Index with 70 percent of the population lacking adequate access to food and a quarter of the country’s children malnourished. Providing for the health needs of vulnerable migrant populations therefore implies incorporating nutrition concerns into IOM DRC activities.
IOM pays a particular attention to how the structures that support individual and community health will respond to external shocks and recover from them. Sustainability therefore emerges as a key component of IOM DRC’s Migrant Health Strategy which will be supported by increasing local knowledge, capacity and resources related to health.

Environmental Axis

The rational for mainstreaming environmental factors in all IOM DRC activities is based on the close relationship between climate change, the environment and migration. This cross-cutting factor is also born out of IOM’s responsibility to contribute to the “Environmental Protection” pillar of the Millennium Development Goals.

Resource management and environment appear as closely related issues in the context of Migrant Health and, more broadly, sustainable development. Therefore, the efficient use of resources and the protection of the environment will be applied to all of IOM’s Migrant Health activities.

Evidenced Based Policy and Programmes

The objective of IOM is to provide a reliable, accurate, data-driven foundation to its work taking into account cross-cutting issues. This is to ensure that IOM projects are in line with the situation in DRC and also that the development of policies within the country have a sound and proven foundation. This is particularly true for Migrant Health for which IOM collect information on the situation and needs of migrants in DRC and throughout the region and provide this information to the relevant decision and policy making bodies.

IOM DRC will apply this cross-cutting approach to the area of Migrant Health and will work to both help the relevant Health authorities accumulate accurate, actionable data and use this data for future interventions.