

**BUILDING**



# **SOLIDARITY**

webinar series

**IN THE TIME OF COVID-19**

**MOBILITY,  
INCLUSIVITY, SUSTAIN-  
-ABLE HEALTH  
SYSTEMS AND THE  
CONTROL AND  
ERADICATION OF  
COMMUNICABLE  
DISEASE (HIV/AIDS,  
TB AND COVID-19)**

framing document

## **MIGRATION IN SADC**

SADC is a region characterised by historical and continuing migratory flows, involving both internal and cross-border migration. SADC experiences a range of population movements that include: forced migration, labour migration, livelihood seeking migration, temporary migration, and permanent migration. Importantly, those that migrate within these different categories are themselves varied: men and women, young and old.

## **HISTORY OF MIGRANT LABOUR**

National and regional health responses need to consider and respond to historical migrant labour characterised by marginalisation, punishment and a racialised system of forced labour, as well as ongoing migrant labour in the mining, manufacturing, agricultural and informal sectors.

## **URBAN AND RURAL MOVEMENT**

Linkages between urban and rural areas through circular migration processes have been identified as critical to the comprehension of health concerns within SADC. Urban-rural linkages – mediated through circular migration both within countries and across borders – present a range of urban and rural health implications to SADC member states.

## **COMMUNICABLE DISEASES CONTROL**

Communicable diseases including, COVID-19, TB, HIV/AIDS and Ebola require that investment be made in basic infection control measures at all public health facilities and public spaces. COVID-19 has forced a change in behaviour with heightened awareness of the need to do basic things to prevent the spread of communicable diseases. But infection control must also be extended to how policies are implemented, and respect for human rights and human dignity. The management of movement in Southern Africa is of grave concern with respect to this.

## **MOBILITY FOCUSED POLICY**

Ensure regional health policies include movement and mobility frameworks. One possible solution is a health passport with a bar coded ID which contains information related to your specific health needs. This ensures confidentiality and can make a major contribution to ensuring continuity of care, as medical staff can access this information and know what treatment you are on if a top-up is required if you are not in your country of origin. .

## **REGULARISE MOVEMENT**

A measure to regularise movement is the SADC visa, which could also be a document using bio-metrics, and is accessible to all living in SADC. This is presented in the White Paper on International Migration as a suggested proposal that has been supported by civil society.