

Strengthening the health of African populations on the move within the continent

Charles Agyemang,^{a,b} Zeus Aranda,^{c,*} Arnold Jumbe,^d Taha Maatoug,^e Langa Mlotshwa,^f Anissa Ouahchi,^e Mulugeta Tenna,^g and Jo Vearey^f

^aDepartment of Public and Occupational Health, Amsterdam UMC, University of Amsterdam, Amsterdam Public Health Research Institute, Amsterdam, the Netherlands

^bDivision of Endocrinology, Diabetes, and Metabolism, Department of Medicine, Johns Hopkins University School of Medicine, Baltimore, MD, USA

^cDepartment of Public Health and Maternal and Child Health, Complutense University of Madrid, Madrid, Spain

^dHealth and Sanitation Services, Rumphi District Council, Rumphi, Malawi

^eQuality of Care and Management of Maternal Health Services Research Laboratory, University of Sousse, Sousse, Tunisia

^fAfrican Centre for Migration & Society, University of the Witwatersrand, Johannesburg, South Africa

^gCenter for Equity in Global Surgery, University of Global Health Equity, Butaro, Rwanda



African international migration increased by 30% between 2010 and 2020,¹ with intraregional migration accounting for much of this rise.² Despite persistent public misconceptions, approximately 80% of African international migrants remain within the continent, underscoring the predominantly regional nature of African mobility. Moreover, among those who migrate beyond Africa, primarily to Europe and Asia, the majority travel through regular channels and along safe and legal routes.²

Multiple converging pressures, including extreme weather events, political instability, armed conflict and its economic repercussions, are expected to intensify population mobility across Africa in the coming months.³ These dynamics are compounded by recent reductions in funding for international cooperation initiatives, a trend observed over the last year with an uncertain outlook for 2026.³ At the same time, new restrictions on regular migration pathways for citizens of several African countries, alongside heightened enforcement against irregular migrants in the United States and parts of Europe, may further redirect movement within the continent and contribute to rising intraregional migration.⁴

The projected increases in intraregional migration across Africa are unfolding alongside substantial reductions in health and protection programs, following the dismantling of the United States Agency for International Development and declining development assistance from multiple European donors. These cuts have directly affected initiatives serving migrants, refugees, asylum seekers, and internally displaced persons. International agencies and civil society organizations have already documented the consequences, including worsening living conditions and growing barriers to essential healthcare and protection services.⁵

Given this complexity, coordinated action across civil society, governments, international agencies, businesses, and academia is essential to safeguard the well-being of mobile African populations throughout the migration cycle. Firstly, policies that strengthen the living conditions of people on the move are particularly critical, as these determinants directly shape health outcomes. Streamlining regularization processes for foreign nationals can enhance protection and improve access to formal employment in host countries. In this context, accelerating the ratification and implementation of the African Union Free Movement Protocol may be pivotal in enabling foreign nationals to meet their basic needs and exercise their rights.⁶ Increasing access to affordable and adequate housing and ensuring equitable land ownership right can further reduce the economic vulnerability and contribute to a safer, healthier living environment.⁷ Equally important are measures that promote the social inclusion of this population. For example, simplifying administrative procedures for foreign minors to enroll in national education systems is key for the psychosocial well-being of children, adolescents, and their families.

Secondly, advancing progress toward universal health coverage requires that countries in the region guarantee equitable access to preventive and curative healthcare for migrants. This includes ensuring availability of treatment through government subsidies, international agencies, civil society, social security mechanisms, or a potentially regional health coverage mechanism in the African Union modelled on the European Health Insurance Card. Developing targeted prevention and health promotion strategies for mobile populations is equally essential. Such approaches must account for the specific epidemiological profile of these groups and address the limitations of current interventions, which often struggle to reach mobile populations effectively and sustainably.

Thirdly, ensuring continuity of healthcare across the migration process requires communication between service providers at the local, district, national, and

The Lancet Regional Health - Africa 2026;■: 100031

Published Online XXX
<https://doi.org/10.1016/j.lanafr.2026.100031>

*Corresponding author.

E-mail address: zaranda@ucm.es (Z. Aranda).

© 2026 The Author(s). Published by Elsevier Ltd. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

regional levels. Interoperable electronic medical record systems can assist this, provided they are approached cautiously avoiding interference from immigration authorities. One such example is the integration of the United Nations High Commissioner for Refugees Refugee Health Information System into the Ugandan National Health Management Information System.⁸ Such collaboration should extend beyond Africa to transit and destination countries with the aim of improving migrants' health and advancing universal health coverage rather than solely monitoring communicable diseases. Additionally, the inclusion of specific health indicators in health information systems for migrant and mobile populations can help improve the responsiveness of health systems to their needs.⁹

Finally, strengthening the capacity of health care personnel to deliver appropriate and equitable care to migrant and mobile populations in Africa remains essential. Evidence from multiple regions of the continent shows that limited provider sensitivity to the needs of these groups, communication barriers, insufficient understanding of sociocultural context, and discriminatory practices within health facilities undermine both user experience and services uptake.¹⁰ These gaps ultimately compromise progress toward health for all.

If stakeholders across African healthcare systems, particularly in countries situated along major migration corridors, act on these priorities, they will not only improve the health and protection of migrants and mobile populations but also enhance the preparedness and resilience of health systems in the face of continually evolving mobility dynamics.

Contributors

All authors contributed equally and are listed in alphabetical order.

Declaration of interests

The authors declare no conflicts of interest.

Acknowledgements

Funding: The authors received no financial support for the research, authorship, and publication of this comment.

References

- 1 United Nations Population Division. *International Migrant Stock*. United Nations Population Division website; 2025. <https://www.un.org/development/desa/pd/content/international-migrant-stock>. Accessed February 2, 2026.
- 2 Biehler N, Landmesser E, Majewski R. *Mapping African Migration. Insights from UN DESA Data on Patterns, Trends, and Misconceptions*. Berlin; 2025. https://www.swp-berlin.org/publications/products/comments/SWP_Working_Paper_Mapping_African_Migration_2025.pdf. Accessed February 2, 2026.
- 3 Loft P, Brooke-Holland L. *Africa in 2026: Conflict, elections and a new UK framework*. House of Commons Library; 2026. <https://commonslibrary.parliament.uk/africa-in-2026-conflict-elections-and-a-new-uk-framework/>. Accessed February 2, 2026.
- 4 Scalabrini Institute for Human Mobility in Africa. African migration trends, Q2 2025: regional dynamics and global implications. Scalabrini Institute for Human Mobility in Africa website. <https://sihma.org.za/Blog-on-the-move/african-migration-trends-q2-2025-regional-dynamics-and-global-implications?lang=en>; 2025. Accessed February 2, 2026.
- 5 United Nations Regional Information Centre for Western Europe. Humanitarian aid: the most vulnerable already severely impacted by budget cuts. United Nations website. <https://unric.org/en/humanitarian-aid-the-most-vulnerable-already-severely-impacted-by-budget-cuts/>; 2025. Accessed February 2, 2026.
- 6 Erasmus E, Acosta D, Eselebor W, Chigawa B, Etienne Bama C. Free Movement in Africa. Vienna. <https://www.icmpd.org/file/download/66414/file/AU-FMP-Opportunities-and-Challenges-EN-2025.pdf>; 2025. Accessed February 2, 2026.
- 7 Gashu Adam A, Sewnet Minale A. Scoping study on land access for migrants in Africa: a rights-based perspective. Berlin. https://www.researchgate.net/publication/387098211_SCOPING_STUDY_ON_LAND_ACCESS_FOR_MIGRANTS_IN_AFRICA_A_RIGHTS-BASED_PERSPECTIVE; 2022. Accessed February 2, 2026.
- 8 Kyozira C, Kabahuma C, Mpiima J. Integration of the UNHCR refugee health information system into the national health information management system for Uganda. *Health Inf Manag J*. 2021;50:149–156.
- 9 Seedat F, Bouaddi O, Maatoug T, et al. Defining key indicators for migrant health outcomes and health policy: a suite of systematic reviews. *Eur J Public Health*. 2023;33. <https://doi.org/10.1093/EURPUB/CKAD160.725>.
- 10 Vearey J. Migration and health in the WHO-AFRO Region: a scoping review. Johannesburg. https://www.migration.org.za/wp-content/uploads/2023/06/ACMS_WHO_2023-ScopingReview_MigrationhealthWHO-AFRORegion.pdf; 2023. Accessed February 2, 2026.