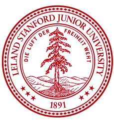

# Migration Within Africa: An Intracontinental Investigation

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## Introduction

The last 20 years since the end of apartheid in South Africa and the independence of several other African nations have seen immigration within the African continent on a scale larger than in any other region of the world[1]. By 2005, African countries already struggling to provide for their own populations harbored one third of the world's refugees, numbering three million people[2]. Undocumented migrants in South Africa alone number between 500,000 and 8 million, and estimates suggest an overall foreign population in South Africa of between 1.6 to 2 million, or 3 to 4 percent of the total population, of whom between 1 and 1.5 million may be legal and illegal Zimbabwean immigrants[3]. By 2000, 9 percent of all African migrants resided in Middle and Southern Africa; this percentage continues to grow today[3].

This brief first reviews the context of intra-African migration, the current rights of these migrants, and rural-to-urban migration trends. Next, this brief will discuss the health reasons for migration within and between southern African countries, the ways in which xenophobia has politicized medicine and the health sector, and how the rights of native-born citizens versus immigrants to health care are conceptualized and determined. Concluding policy recommendations will be provided.

## The Context of Migration

Often African migration is reduced to emigration from a continent of poverty and lack of development to the "first world" of Europe and North America. However, the lesser-discussed and more common forms of migration occurring throughout continental Africa are internal in nature. Many Africans move for economic reasons to urban centers or neighboring countries in search of markets, jobs or higher wages, often boosting local economies as well as providing support through remittances. In West Africa, 70 percent of migration is linked with employment, as oil and lumber industries have turned Equatorial Guinea, Gabon and other countries into popular migrant worker destinations[4].

Environmental disasters like drought and desertification, deforestation, rising sea levels, coastal erosion and flooding, are increasing in severity and frequency, forcibly displacing Africans[4]. Still others are driven to seek asylum in neighboring countries due to violence, persecution, and political instability in their home countries: Chad is experiencing an influx in migrants who fail to enter Libya or who attempt to flee northern Nigerian insecurity, Sudanese conflict, or the Central African Republic crisis[4].

The African continent is "characterized by dynamic migratory patterns and a long history of intraregional as well as interregional migration flows"[4].Whether these migrants are moving for economic, political, social, environmental, or health-related reasons, they are bound to experience various significant health risks compared to their non-migrant counterparts.

## Rights of Intra-African Migrants

The Economic Community of Central African States, or ECCAS, has published a protocol ensuring the right of all African nationals who may wish to migrate within the continent both free movement and the right to establish new citizenship at the migrant's destination[4]. This protocol protects labor migrants' rights to ensure the economic prosperity brought upon by their labor, but is the only protocol of its kind on the continent. In practice, ECCAS does not prioritize migrant rights enforcement despite the economic influence of this population[4].

## Rural-Urban Migration

Increasingly, Africans are leaving their farms and other rural economic pursuits in favor of jobs in new urban centers[5]. Studies show that population growth in towns and cities in Ghana, the Ivory Coast, and Nigeria is in large part the result of migration[6]. Furthermore, the mostly male, circular migratory pattern is increasingly replaced by a more permanent movement of families[7].

A series of political revolutions throughout Africa in the 1990s, such as the end

of apartheid in South Africa and the declaration of independence of several nations like Namibia, extended freedom of internal migration to the previously colonized and subjugated peoples of these countries[3, 8].

This exodus from rural areas has caused rifts in the rural economy: a drastically reduced agricultural workforce has shrunk farm size and quality of work. As a result, decreased food production and household wealth increases vulnerability to food insecurity, not only in rural areas but also in the urban areas supplied by these rural economies[9].

**Migration for Health Reasons**

Other Africans migrate to escape health problems or seek better health care. The recent cholera epidemic in Zimbabwe, exacerbated by economic collapse and violent political insecurity, drove many Zimbabweans to flee and cross the border, both legally and illegally, into South Africa. Meanwhile, a study among citizens of Swaziland cites health care as the second strongest pull factor for migration to South Africa, trumped only by employment opportunities[10]. Zimbabweans seeking health care are 4 times more likely to choose to go to South Africa than to Botswana[11].

Discrimination against foreign workers in South Africa began against mining migrants from neighboring countries who presented with higher rates of several communicable diseases, perhaps as a result of their poor living conditions or the relative prevalence of these diseases in their countries of origin. Many suffered deportation[12]. In the early 2000s, half of all South Africans sampled in one study believed that foreigners presented a criminal threat, compared to economic (37 percent) or disease (29 percent) threats[13].

Little research exists to investigate actual rates and reasons for crime in the migrant and refugee communities, but the same study concluded that since the majority (60 percent) of participants had had no contact with foreigners, it was the media and schools that mainly propagated these negative attitudes towards foreigners, which may or may not be evidence-based[13].

In recent years, some government officials like the Minister of Home Affairs have lauded immigrants' contributions to the South African economy while maintaining that social services should be reserved for legal taxpayers, excluding illegal immigrants[14]. Others, like the South African Police Services, claim that "illegal immigrants are costing the country more than R2 billion [US$200 million] a year in housing, health, education and policing" and that any increase in such provision could have a "crippling" effect on the economy, though these statements lacked supporting evidence[14].

**The Medicalization of Xenophobia**

Medical xenophobia, or the negative attitudes and practices of health professionals and employees towards migrants and refugees based purely on their identity as non-South African, therefore greeted most of these Zimbabweans, even the many who were granted refugee status. South African health professionals and laypeople alike resisted this influx of foreigners who carried infectious diseases, competed for already limited jobs, worked for lower wages, and, as refugees, could access better international and national government assistance and health care than some South Africans themselves[13].

Although the South African Department of Health "affirmed the [constitutional] rights" of refugees to obtain care, health care workers "repeatedly violated that provision and discriminated against patients on the basis of their nationality"[15]. In 2009 the Human Rights Watch reported that "South Africa cannot achieve positive health outcomes for its own citizens while neglecting those of vulnerable migrant communities"[14].

Indeed, myriad structural, economic, behavioral and social factors may cause disproportionate health problems for migrants: some regional studies in South Africa found that migrant men and women were significantly more like than non-migrants to be HIV-positive and to have casual sexual partners[16], and mobility and vulnerability to HIV were correlated among mining migrants from rural Mozambique and Swaziland[17]. Physical and

mental health of migrants is threatened by xenophobic violence, and Zimbabwean refugees in particular suffer from poor mental health and infectious diseases[14].

Non-immigrants in southern Africa also suffer from rampant poverty, poor housing and living conditions, and similar conditions and diseases, but vulnerable migrants and refugees attract more international attention and outrage.

**The Rights of Citizens versus Migrants**

Discourse about health care as a human right continues alongside the persistence of citizens' xenophobic attitudes. For instance, 70 percent of Namibians would grant rights to health care and other social services like education, housing, and water to temporary migrant workers, visitors and refugees, but only 50 percent believe illegal immigrants deserve these same rights, citing that foreign migrants cause health problems and bring diseases as one of the top four reasons not to accept them into the country[5]. Xenophobic discrimination can delay or prevent immigrant access to health care, quite possibly jeopardizing citizens' health further, from an epidemiological or public health standpoint, than if immigrant health care access were made more of a national priority in countries like Namibia and South Africa. South Africa cannot ignore the fact that it has become a migration destination for many Africans seeking health care services, and instead must better equip its public and private health programs to meet these needs.

**Policy Recommendations**

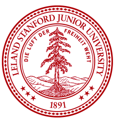
As rural-urban migration increases food insecurity, specific consideration should be given to nutrition and welfare programs that provide food assistance. Existing protocols like ECCAS ought to extend beyond central Africa to take on issues such as food insecurity to protect the wellbeing and health of migrant workers. Migrant workers could form labor unions to lobby their employers for better benefits, nutrition assistance, and higher wages. Longer-term solutions could also bring development to rural places to provide an alternative to overcrowded urban centers. Education and investment in economic development in rural parts of the continent will make it not just possible but also appealing to remain in rural areas.

As escalating climate change brings about an increasing number and scale of environmental crises, African national governments will need to collaborate with one another and the international community to determine the best solutions for relocation of displaced or suffering environmental refugees. Of course, efforts to address climate change itself would also be beneficial to would-be refugees, nations and their economies, and the planet at large.

Xenophobia-driven crime and violence between migrants and citizens of countries like South Africa is largely the result of media-propagated stereotypes and could, therefore, be addressed through public education campaigns, if given the necessary support from the government and popular press. Violence and crime reduction strategies that are not immigration-specific are also needed to mitigate these problems more generally.

While governments do collect quantitative data regarding the immediate health status of migrant and refugee populations upon immigration, little comparative research yet exists to understand these people's changes in health, largely due to the dearth of pre-migration data in rural or politically unstable areas from which they come; further research and more extensive, detailed data collection are sorely needed.

Working towards a fairer, more equal global society is a shared responsibility. Instead of criticizing the South African government, humanitarian and international agencies should collaborate with both nations involved to address the situation in Zimbabwe and other, mostly sub-Saharan African countries that has driven these refugees and migrants to seek better health care and/or asylum in South Africa in the first place. Additional humanitarian aid and medical care from the international community as well as the South African health care system is needed in the treatment of not only these refugees and other





migrants, but also to those South Africans suffering and unable to access care at home.

Finally, protections should be granted to refugees and other migrants to South Africa to ensure their legal rights, and for those employed in dangerous fields such as migrant workers from Namibia and Mozambique in construction jobs, unions ought to be encouraged and policies should be enforced to increase safety in the workplace[18].

**Additional Resources**

International Organization for Migration
http://www.iom.int/cms/en/sites/iom/home/where-we-work/africa-and-the-middle-east.html

Migration Initiatives 2014: Health of Migrants
http://www.iom.int/files/live/sites/iom/files/Country/docs/Migration-Initiatives-Appeal.pdf

Migration for Development in Africa (MIDA)
http://www.iom.int/cms/mida

Migration Dialogue for Southern Africa (MIDSA)
http://www.migrationdialogue.org/index.php

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