

Book Project

Migration and Health Dynamics in Eastern Africa

Concept

The proposed book is about the relationship between health and migration in the East Africa context. **Gender and children will be cross cutting themes. Every paper must make an effort to integrate gender and children issues.**

Setting context: East Africa is characterized by large, complex migratory flows; countries in the region experience multiple patterns of migration as a result of their socioeconomic, geopolitical and demographic contexts, driven by factors such as poverty, conflict, high population growth rates and porous international borders. They also have marked internal disparities, and some have and/or are bordered by countries with unstable political and economic histories. Intraregional movements are the most common form of international migration, and the East African Community (EAC) and other regional economic communities (RECs) have regional integration initiatives to facilitate freedom of movement of people and possibly labour migration. Migrant workers include, for example, transport workers such as long-distance truck drivers, migrant sex workers, domestic workers and fisher folk. Migration flows outside of East Africa from the region, which often use nearby major mixed migration routes, are primarily to Southern Africa, the Middle East and – especially for countries in the Horn of Africa – Europe.¹ In addition, East Africa hosts substantial numbers of refugees and asylum seekers fleeing from persecution and/or conflict, particularly from the Great Lakes and Horn of Africa regions. According to the United Nations High Commissioner for Refugees (UNHCR), there were more than 2.7 million refugees in the East and Horn of Africa in mid-2015.² Internally, rural-to-urban migration is common, as people move in search of economic opportunities and to cope with environmental, political and economic shocks. Some countries also have substantial numbers of internally displaced persons (IDPs) due to conflict, human rights violations and so forth. Indeed, according to conservative UNHCR figures, there were more than 5.1 million IDPs in the East and Horn of Africa in the middle of 2015.³

The relationship between migration and health is complex. Health and disease have been a cause of, a means to and a result of migration. This is why migration health has attracted renewed attention in migration discourses. Migrants and the factors associated with their movement from their countries and communities of origin, during transit, at their destination and upon eventual return to their origin has implications for their health as well as that of the host populations. Migrants might be subjected to discrimination, violence and exploitation, all of which often directly affect their physical and mental health. For example, migrants might have health problems that are not well known or understood in their new areas of residence.

¹Shimeles, A. (2010). Migration Patterns, Trends and Policy Issues in Africa. *African Development Bank Group (AfDB) Working Paper Series No. 119*. AfDB, Tunis.

²UNHCR (2016). *2015 UNHCR Sub-Regional Operations Profile – East and Horn of Africa*. Available from <http://www.unhcr.org/pages/49e45a846.html>.

³Ibid.

This problem can be exacerbated by legal and socioeconomic as well as language barriers that can impede access to health services. Even in circumstances where migrants do have access to health services, they might not be migrant-sensitive including culturally and linguistically appropriate. This notwithstanding, the interface between migrants and host communities might generate health concerns. For example, communities receiving large numbers of migrants could face new challenges, such as increased diversity of the population, which might subsequently change the cultural, demographic and health profiles of the host population.

In an effort to contribute to the understanding the current state of migration and health from a social science perspective Makerere University, Social Sciences in collaboration with other academic, research and programming institutions is intending to call for abstracts and papers that will culminate into a book publication by end of the year 2017. The following thematic areas have been proposed to guide and focus the call for papers.

Proposed Thematic Areas

1. Introduction
 - 1.1. Migration theories and Concepts
2. Migration and health policies in East Africa.
 - 2.1. Health Systems in East Africa: An overview
3. Migration and Health Issues in Eastern Africa
4. Migration and children: Migration and child health perspectives
5. Migration, Mobility and Health
6. Cross border / transnational networks and health
 - 6.1. Commercial Sex Workers
 - 6.2. Truck drivers
 - 6.3. Men having Sex with Men (MSM)
 - 6.4. Clearing and Forwarding Agents
 - 6.5. Transnational Health Seeking
 - 6.6. Children
 - 6.7. Fishing communities
 - 6.8. Borderland dynamics and health
 - 6.9. Migration and Female Genital mutilation/cutting
7. Migration and intergenerational Solidarity and health
 - 7.1. Remittances and health
 - 7.2. Rural – urban migration dynamics
 - 7.3. How Technology and mobility shape relationships, networks and social capital
8. Forced Migration and health in East Africa
9. Forced Migration and health in East Africa
10. Migration and Social Protection in East Africa
11. Gender and Migration Health Issues in East Africa
 - 11.1. Sexual and Reproductive Health
 - 11.2. Gender Based Violence and Migration Health in East Africa

12. Mental Health and Migration in East Africa

13. Innovative Migration Health Programming in East Africa

- 13.1. Macro Interventions
- 13.2. Micro interventions
- 13.3. Refugee health in East Africa
- 13.4. Migration and Complex Humanitarian Emergencies

We invite different types of articles. They could be original research, opinions, and systematic reviews. Abstracts should not be more than 350 words showing the topic and problem, methods, preliminary results and a conclusion.

Deadline for abstracts is 30th April 2017 and full papers should be submitted by 30th July, 2017

For inquiries and clarifications, contact Dr. David Kaawa-Mafigiri email: mafigiridk@yahoo.com, Tel: +256773371781, and Associate Professor Paul Bukuluki email: pbukuluki@gmail.com