The Basel Peace Forum 2018 intended to inspire new and unconventional ideas for peacebuilding. About 150 decision-makers from business, diplomacy, academia and civil society from 20 countries met on 14 and 15 January in Basel to rethink peace. Linkages between peacebuilding and health, architecture, artificial intelligence as well as risk analysis took center stage.

CRITICAL REFLECTIONS ON THE INNOVATION FORUM „MIGRATING HEALTHY TO PEACE? THE NEXUS OF HEALTH, MIGRATION, AND PEACE”
by Anna Leissing

OVERVIEW

The innovation forum explored different perspectives and potential avenues for collaboration at the nexus of health, migration and peace. Global health specialists, epidemiologists, migration experts, human rights activists, peace builders, political scientists and social anthropologists shared expertise and knowledge, in order to foster creative and innovative solutions to current roadblocks.

RECITALS

After an introduction from two different, but complementary perspectives given by Pablo Ceriani Cernadas, the Vice-Chairperson of the UN Committee on the Rights of Migrant Workers and their Families and Daniel Paris, Chief Medical Officer at the Swiss Tropical and Public Health Institute, participants identified relevant indicators and fields of observation, which could help to predict potential challenges related to migrants’ health and public health care along the migration route (places of origin, transit, countries of destination). Information about armed conflicts, human rights abuses and violence as major drivers of migration, and closely linked to health issues such as trauma, severe injuries or diseases are key fields of observation in this regard. Furthermore, participants brainstormed about opportunities and conditions to improve the response to these challenges in terms of policy and practice at the local, national and international level. While recognizing that all stages of migration are interlinked, participants discussed the specific conditions for improvement in terms of stakeholders, institutions, mechanisms, technology, etc. in the places of origin, in transit and in the countries of destination separately.
CORE IDEA 1: AN INTEGRATED DATABASE AT THE NEXUS OF HEALTH, MIGRATION AND PEACE

In order to establish such an integrated database, participants highlighted the need to integrate information on pre-departure health conditions in the places of origin (e.g. access to health care, context-specific health issues, vaccination), as well as on knowledge and education about health issues in general and related to migration (e.g. exposure of women to sexual violence on the route). Cultural and gendered values and norms regarding health and disease, as well as indicators related to conflict, violence and human rights abuses were considered relevant as well. For the situation in transit, an integrated database should include information on the main migration routes, the geographical and climatic conditions, health risks and access to health care facilities along these routes, as well as the common ways of transport (boats, trucks, by feet, etc.). In countries of destination, information on the migrants' health, living and working conditions, on institutions and organizations assisting migrants and refugees (state and civil society), on the behavior of public and private security forces, as well as on public discourses and narratives related to migrants would complement the database. Ideally, this combination of data helps to anticipate potential health issues related to migration and improve the response at different levels: Indicators and early warning signals related to armed conflicts and violence could predict mass displacement in specific areas. Since the database also provides information about the most common migration routes and the health related risks on these routes, local authorities and other stakeholders could launch information campaigns, taking into account the local values and norms related to health and disease. Through social media and mobile phones, migrants could directly access relevant information regarding their journey. Health care providers (public institutions and civil society organizations) along the migration routes and in the countries of destination could get prepared to attend and assist migrants according to improved knowledge about their health condition.

TWO PERSPECTIVES ON THE NEXUS OF HEALTH, MIGRATION AND PEACE

Migration and displacement directly influence health policies and public health care in the places of origin, in transit and in the countries of destination. Due to the lack of capacity and political will, contexts affected by conflicts, violence and fragility face particular challenges in granting equal access to health care and providing adequate medical assistance to everyone, often resulting in discrimination and the violation of migrants' right to health. The lack of clear responsibilities in the situation of transit exacerbates these negative dynamics. In countries of destination, a main concern is the disconnection between public policies and institutions dealing with migrants and refugees, and other sectors such as health, labor and education. Even a well-designed public health policy for migrants does not prevent violations of the right to health, if migrants are exposed to precarious and exploitive working conditions due to restrictive labor policies, pushing them into the informal sector. This situation increases migrants' vulnerability in terms of accidents, diseases and mental health problems, it nurtures negative images and social conflicts in host societies and it excludes migrants from state mechanisms of prevention and control. The results are not only discrimination and the violation of migrants' rights, but also a lack of sustainability and effectiveness of public policies, having an impact on public social spending and the social fabric as a whole. Therefore, the elaboration of comprehensive, just, sustainable and effective public policies at all levels, is not just a moral and legal obligation, but also a question of good governance and conflict prevention.

From the perspective of public health and health care, the increase and rapidly changing patterns of current migration flows require more investigation about health issues and related factors along the migration route. Too often, misconceptions and insufficiently tested assumptions guide public health policies and medical health care, as illustrated by the surprising findings of a clinical study among Eritrean refugees with very high prevalence of liver fibrosis and not a single person with HIV. In order to prevent and adequately respond to health problems among migrant communities, it is necessary to know more about the elements that determine the health condition of migrants in their places of origin, in transit and in the countries of destination. When looking at determinants such as infectious diseases, nutrition, mental health, gender or inequalities, the overlap of health factors with social, cultural, political, legal and other determinants is evident. From this perspective, the idea of an integrated database, including information and indicators from all relevant sectors at the nexus of health, migration and peace is promising.

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1 The International Organization for Migration (IOM) has launched an application for mobile phones, providing information on governmental, private and civil society services for migrants in Mesoamerica. IOM Migration App: https://www.iom.int/migapp
CORE IDEA 2: COMPREHENSIVE, JUST, SUSTAINABLE AND EFFECTIVE PUBLIC POLICIES

In terms of adequate responses in policy and practice, it is crucial to analyze and understand the dynamics at the local level, since it is there, where the provision of health care services and psychosocial assistance, social interaction, tensions and conflicts take place. In this regard, one of the main discussion points was the dominance of populist, right-wing politics and discourses about migration in Europe, fostering racism and xenophobia, human rights violations and social conflict. In this political and social climate, human rights and migrants’ rights advocates could benefit from an integrated database, providing scientific evidence on health related issues and dynamics. Holistic policies and strategies must be based on evidence rather than political and economic interests and myths. They must further connect the international, national and local level, as well as institutions and stakeholders from different sectors such as migration, security, health, labor, education and others. In the absence of a clear political will, the cooperation between the different sectors must be institutionalized in state structures through a binding mechanism, which, for example, prescribes the ministry of migration to involve the ministry of public health, education, labor, etc. when drafting a new migration policy. In this regard, the UN Agenda 2030\(^2\) and other policy frameworks such as the UN Sustaining Peace Agenda\(^3\) or the International Covenants on Civil, Political, Economic, Social and Cultural Rights\(^4\) are useful references when engaging and advocating for integrated policies and decision-making for the benefit of all.

CRITICAL REFLECTIONS & OUTLOOK

The discussions at the innovation forum on the nexus of health, migration and peace provided food for thought in various directions:

Firstly, there is a clear need to complement or even contrast the discussions with a critical reflection on the implicit perspective that shaped the innovation forum: migration as a problem and challenge. For a holistic approach, it is equally important to analyze the potential and opportunities for migrants to contribute to peace and development in their places of origin, as well as in countries of destination. The role of the Liberian diaspora during the Ebola crisis, supporting the local health system with knowhow and funds, is an illustrative example for the former; migrants’ essential contributions to public health care in Switzerland for the latter. In this regard, discussions would clearly benefit from the direct participation of migrants and diaspora organizations.

Secondly, there are legitimate question marks concerning the effectiveness and scope of information and data with regards to individual and societal change. While an integrated database may be useful for professionals in policy and practice, the potential to counter negative images and populist discourses about migrants is rather limited. Human beings do not necessarily change attitudes, opinions or behavior because they have more adequate information. Arts and cultural initiatives, addressing emotions and relationships, or peacebuilding, promoting dialogue, exchange and trust building, are instead promising strategies to reach peoples’ hearts and minds. Therefore, further discussions should include the artistic community, as well as psychologists, teachers, politicians, community workers and other sectors.

The third reflection refers to the need for artificial intelligence, in order to establish and effectively use an integrated database for policy and practice. Since the human brain is limited in its capacity to understand complexity, the successful use of such a database depends on algorithms, which will allow policy makers and practitioners to identify the relevant information. When taking forward the idea of the integrated database, discussions will have to take into account developments regarding ethical and privacy issues related to big data, and engage with software engineers, data managers, lawyers and ethicists.

These reflections show clearly, that the innovation forum on health, migration and peace has just been a starting point. In order to continue the discussions and develop the most promising ideas, the further process not only depends on the initiative and ownership of the current participants, but also needs to reach out and involve new actors. swisspeace is deeply convinced, that this is how creative and innovative solutions at the nexus of health, migration and peace will emerge.

\(^3\) More information here: https://www.un.org/pga/72/event-latest/sustaining-peace/
\(^4\) More information at the UN Office of the High Commissioner for Human Rights: www.ohchr.org/en/
ABOUT THE AUTHOR

Anna Leissing is the head of the Swiss platform for peacebuilding, KOFF, and a senior program officer in the Policy & Platform Program at swisspeace. (anna.leissing@swisspeace.ch)