Building Capacity in Health and Migration: A Regional Training Initiative for Forced Migration in the East and Horn of Africa

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According to UNHCR, 23.6 million people are expected to have been forcibly relocated by the end of 2024 due to conflicts and climate-related droughts and floods. In the East and Horn of Africa, this number is expected to rise. Improving social workers' and medical professionals' knowledge of migration and health is crucial. There is an immediate need for a large number of migration and health experts to help with the creation of new procedures, regulations, and initiatives. With funding from the Austrian Federal Ministry of the Interior and collaboration with numerous international organizations and academic institutions, including the WHO, UNAIDS, the IOM, Makerere University in Uganda, and the Center for Health and Migration in Vienna, Austria (CHM), a digital course on health and migration was developed. From 2021 to 2024, the course was offered in five different iterations. The nine-week courses were improved with webinars and digital discussion forums that covered relevant topics including climate change. The duration of each session was three hours. Participants included members of the East and Horn of Africa community affected by migration, border problems, internally displaced people, refugee resettlement, research, policy development, and the provision of social and medical services. The course's importance for personal development and capacity building in the relevant countries is highlighted by a consistent stream of applications from highly qualified individuals, overwhelmingly positive participant responses, and a notable impact on service delivery for refugees and internally displaced persons. Priorities for future projects should focus on sustainable course frameworks that highlight intergovernmental cooperation and community growth.

Keywords: Health, migration, capacity building, virtual education, governmental cooperation, the Horn of Africa, and East Africa were the projects' main areas of focus.

Introduction:

Addressing the Problem of Forced Relocation in the East and Horn of Africa More than 304 million people crossed borders in 2024, more than twice as many as in 1990, according to estimates from the International Organization for Migration. Additionally, it is estimated that by 2025, 122 million people would have been forcibly transferred worldwide. Every year, countless people—aside from famous people—travel across the country or the world for reasons like work, school, family get-togethers, or just to survive. As a result, the ability to move around freely has become an essential feature of modern civilization. At the center of these processes lies Africa, particularly the East and Horn of Africa. Many people have made the area their home after escaping criminal violence, natural catastrophes, and financial hardship. As a result, there has been a notable increase in the number of persons seeking asylum, including millions of internally displaced people (IDPs), over 3.6 million labor

migrants, and over 5 million refugees and migrants (International Organization for Migration, 2023). People who are heavily dependent on Eastern Africa and the Horn of Africa include refugees, internally displaced people, returnees, economic migrants, and victims of human trafficking, however these regions receive little consistent international attention. Additionally, these areas play an important role as transit hubs and hosts [1]. The community's lengthy relocation processes set it apart. The Dadaab complex, which houses Somali refugees who have lived in Kenya for many years, is a prime example of the extent and duration of displacement in the region.

Violent conflicts and military engagements are the main causes of forced migration, both locally and internationally [2][3]. The ongoing instability in nations like Sudan, South Sudan, Somalia, and Ethiopia has resulted in numerous displacement occurrences. At the same time, ecological degradation and climate change are making at-risk conditions more dangerous. Droughts and floods brought on by climate change exacerbate livelihood difficulties, cause food shortages, and endanger public health, all of which contribute to increased migration [4][5].

Migration trends in the Horn of Africa are greatly influenced by persecution, human rights violations, trafficking, and smuggling. Important waypoints on important routes include South Sudan, Sudan, Egypt, Djibouti, Kenya, Somalia, and Sudan [6][7]. [1] state that domestic servitude, forced labor, and sexual exploitation disproportionately affect women and children. When residing in shelters, displaced people and refugees face a number of social, economic, environmental, and physical risks, according to [8]. Many variables, including fears, social stigmas, false information, and a lack of resources, contribute to the underreporting of gender-based violence [9]. Marginalization is made worse by discrimination in healthcare and other service delivery systems. Resources including land, healthcare, and educational institutions are reportedly viewed differently by locals and refugees [10][11].

The systemic flaws that make up these interrelated causes and vulnerabilities include inadequate institutional capabilities, brittle governance frameworks, and scarce resources. Relocation's ongoing effects on public services and social institutions have far-reaching effects on people, communities, and societies. Regardless of the protective standards established by regional and international legal frameworks, state responses vary greatly in terms of scope, uniformity, and execution.

Migration policy ignores the health risks that migrants and refugees confront in the face of a lack of humanitarian solutions and a widening rift in international politics. A community's ability to uphold its people' basic human right to health determines its stability, resiliency, and inclusion. To strengthen readiness, guaranty rights-based service delivery, protect the health of migrants and refugees, and promote long-term resilience in mobile populations, it is crucial to improve institutional capabilities, particularly thru the coordinated training of national personnel and regional specialists in this complex regional environment.

Concerns Regarding Contemporary Migration and Health:

Over the past 20 years, there has been a notable advancement in the incorporation of health into international migration policy. An important turning point is the implementation of an inclusive, rights-based health and immigration policy. Examples of such documents include the Global Compact for Safe, Orderly, and Regular Migration [12], Resolutions pertaining to the health of migrants and refugees [13], and the Sustainable Development Goals' recognition of the connection between migration and health [14]. At the center of these frameworks is the reaffirmation of health as a basic human right and a public benefit.

The importance of migration's impact on health is highlighted in a number of publications, including the African Union's study, the Migration Policy Framework for Africa, and the Action Plan for 2018–2030 [15]. From policy creation to actual implementation, addressing the health concerns of African migrants and refugees is an urgent priority [16]

However, there is growing concern that these advancements could be compromised by anti-immigration rhetoric, fewer humanitarian routes, and dwindling funding from foreign organizations and donors. The COVID-19 pandemic has highlighted the vulnerability of mobile populations and the risks of separating them from state institutions in East Africa and the Horn of Africa, where migrants and displaced people continue to cross borders.

Different states have taken different positions; some have prioritized securitization, while others have been more forgiving. The World Bank and [17] discovered that these disparities are revealed by differing levels of commitment and execution of legal frameworks protecting refugees and internally displaced people. Countries in this region are managing massive relocation initiatives, improving their healthcare facilities, and facing severe financial constraints.

While Uganda's progressive open-door policies allow refugees to access land, education, and medical facilities, countries like Ethiopia and Kenya mostly use encampment tactics to manage refugee situations.

Ethiopia and South Sudan have national refugee policies that provide aid, but these laws frequently suffer from a lack of funding, medical personnel, and infrastructure, and other Horn of Africa countries do not have adequate refugee laws [17].

Migration management is impacted by social attitudes that are influenced by factors such as media portrayal, youth unemployment, urban expansion, fear of climate change, and insecurity. While progressive leadership may promote diversity and regional cohesiveness, populist narratives view migration as a danger to economic stability or national security. Rising socioeconomic tensions have sparked xenophobic discourse and restrictive actions despite the hospitality and transnational familial traditions that are common in many African communities.

The Intergovernmental Authority on Development (IGAD) takes the lead in managing forced displacement and migration governance thru its Migration Program and Regional Migration Policy Framework, underscoring the need of regional bodies in coordinating actions. By promoting policy harmonization, providing consistent protection standards, coordinating health programs, and facilitating cooperative management of transnational migration across member states, these tools improve regional integration. In addition to facilitating integrated health treatment for refugees, IGAD recently spearheaded the creation of the 2022 Regional Health Data Sharing and Protection Policy. The African Union has also adopted normative frameworks like the Kampala Convention.

National systems must prioritize the coordination and training of local staff, align immigration and health regulations, and implement migrant-inclusive practices. In addition to being operational necessities, these investments are critical for improving resilience, guaranteeing public health and safety, and preserving regional stability. However, uncertainties, budgetary constraints, and dwindling foreign assistance hinder further implementation.

The Importance of National Cadre Training in East and Horn Africa:

Adapting to a New Environment and Strengthening Our Role as Migrant Health Professionals. Thru international policy, coordinated responses, service delivery, and the development of rights-based methods, humanitarian organizations, the United Nations framework, and the World Health Organization (WHO) have historically worked together to improve the health of migrants and refugees. These athletes face growing difficulties in the modern era, such as protracted crises and non-urgent situations that are more susceptible to significant financial deficits because of declining donor support, growing nationalism, and skepticism about multilateral cooperation, all of which have a detrimental impact on already marginalized migrant populations.

It is recommended that local stakeholders, regional organizations, and national governments take the lead in integrating migrant health into national goals and policies in the East and Horn of Africa, where complex and enduring patterns of human migration occur. Countries with large populations of refugees, internally displaced people, asylum seekers, and labor migrants, including South Sudan, Somalia, Sudan, Ethiopia, Kenya, and Uganda, face complex health challenges that go beyond simple humanitarian relief and touch on developmental issues.

The IGAD Migration Health Strategy [18] highlights a number of issues: healthcare systems often suffer from inadequate funding and excessive strain in border and crisis-affected areas; there is a shortage of skilled healthcare workers, poor cross-border cooperation, and limited ability to deliver migrant-sensitive services; and training national and local health staff is an essential investment rather than a choice.

Improving internal capabilities rather than relying on unpredictable outside funding is one way to achieve long-term sustainability. Improving local experts' skills strengthens national accountability and governance, which encourages them to promote migrant health as a socially significant issue. Although the implementation of inclusive policies requires competent workers, current frameworks often fail due to a lack of qualified personnel to handle mobility concerns and guaranty continuity of treatment.

In 2015, the Sustainable Development Goals and universal health coverage (UHC) were introduced by the UN General Assembly. One goal is to strengthen national health workforces in order to increase resilience. When countries have enough skilled workers, they respond to pandemics, large-scale migration, and climate-related disasters more quickly and effectively.

In the East and Horn of Africa, where mobility is still a problem, the development of a skilled and committed healthcare workforce should be given top priority. Public health, inclusivity, regional cohesion, and stability depend on this; therefore, the region must now empower its national stakeholders to face future challenges.

Improving Health and Migration Capabilities to Guaranty Future Prosperity:

To address these problems and promote human rights-based solutions for forced migrants, immediate and substantial reforms are necessary to recognize the fundamental rights of displaced people and other demographics, including the rights to public housing, healthcare, and education.

Legislators, program administrators, and social service professionals will therefore be better equipped to develop and deliver services that are respectful, culturally sensitive, and trauma-informed—qualities essential for facilitating necessary changes—if they have a multidisciplinary perspective on migration and health.

Thru a Thematic Educational Program, a Consortium of Migration and Health Experts in East and the Horn of Africa will be Established:

The Center for Health and Migration (CHM) in Austria, the United Nations International Organization for Migration (IOM) in New York, and Makerere University in Uganda collaborated globally to develop this health and migration initiative. The Austrian Federal Ministry of the Interior supported the program, which aimed to enhance sector capacities [19].

The current study builds on previous research conducted in 2016 by IOM and Makerere University as part of the Partnership in Health and Mobility (PHAMESA) project, which was supported by the Swedish International Development Agency (SIDA) (Omega, 2016: International Migration Organization). The International Organization for Migration (IOM) and the School of Social Sciences at Makerere University formally agreed in 2016 to establish a center of excellence for migration studies with a focus on development and health. Unfortunately, we were unable to progress our idea for a new course program with the support

of the Austrian government. The program's goal was to provide brief courses and modules about migration and health.

In 2020 and 2021, we started our process by evaluating stakeholders and doing a needs study. Participants included educational institutions, non-governmental organizations, governments, and international organizations like the World Health Organization and the International Organization for Migration. Finding important topic priorities related to migration and health was the goal.

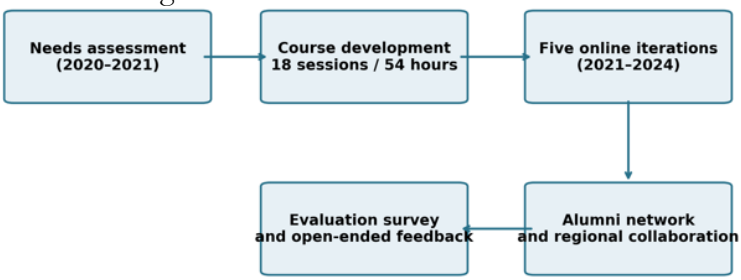


Figure 1. Program development and evaluation framework

The COVID pandemic of 2020 forced the course to switch to an online format, which was first considered as an unanticipated challenge but created amazing opportunities for participant enrollment and the participation of international expert facilitators. The first section of the 54-hour curriculum, which is divided into 18 courses, covers broad topics such migration and health, studies on migration and health, migration governance, and health challenges in African and European contexts. More specific subjects including mental health, sexual and reproductive health, food security and nutritional adequacy, and communicable and non-communicable diseases are covered in the next section. Along with the lessons learned from the COVID-19, Ebola, and Mpox outbreaks, we also explore the challenges of providing medical care in areas with limited resources, complex emergency situations, and humanitarian aid.

This curriculum was updated to incorporate more research on the impact of climate change on migration and health, the complexities of transnational familial connections related to migrant labor, abandoned youth, and the elderly, among other topics, in order to address diverse interests at local, national, and international scales.

Table 1. Program structure and delivery

Characteristic	**Manuscript-reported detail**
Delivery period	2021–2024
Number of iterations	Five
Format	Online; webinars and digital discussion forums
Duration	Nine weeks; 18 sessions of three hours each (54 hours)
Teaching team	24 instructors from universities and international organizations
Participants per course	Approximately 70, as described in the results
Completion requirements	At least 70% attendance and submission of a course paper

The Center for Health and Migration may provide printed schedules and biographies of instructors and students for every course offered in 2021, 2022a, 2022b, 2023, and 2024a. Along with information on health and social services tailored to their needs, the program will teach participants how to create policies and programs that benefit migrant, refugee, and internally displaced person (IDP) communities in East and Horn of Africa. The requirements for receiving completion certificates include a minimum attendance of 70% in class and the submission of course papers that relate course material to real-world professional applications.

The program was evaluated using a digital survey that asked participants to rate the course's overall quality, its relevance to their countries' capacity-building initiatives, their professional pursuits, and their personal development, their degree of participation in the course (including sharing experiences, asking questions, and networking), the practicality of attendance, and participant demographics (such as gender, country of residence, and occupation). Participants were asked to assess how the course affected their professional activities in two open-ended questions, and suggestions for improving the course were requested in a third. The survey was sent out six weeks following the first notification, ending on the last day of the course.

Final Result:

Between 2021 and 2024, there were five course iterations total—two from 2022 and one each from 2023 and 2024.

Twenty-four instructors from prestigious universities and international organizations, such as the WHO, UNAIDS, IOM, and IGAD, presented courses on migration and health. The 70 students in each course created an interesting and suitable online environment. Compared to the 115 applications received for the first course, the 1,331 applications submitted for the fourth course featured adequate representation from stakeholders such as the public sector, academic institutions, NGOs, and international organizations. In order to promote gender equity thru an open and transparent selection process, a random sample approach was used to conduct a qualitative evaluation of resumes and cover letters based on predetermined criteria.

The East and Horn of Africa region was chosen as a focal point because of its abundant resources and obvious need for regional progress. In partnership with Makerere University, a well-known institution in the region, courses were initially developed and implemented in Uganda. The responses to the proposal requests from countries outside of Uganda demonstrate the significant regional and global demand.

91.8% of participants in the fifth course (N = 70, N = 56; 80% response rate) gave it an overall positive grade. Of those who took the course, 77.1% thot it was important for their line of work, 85.7% for personal growth, and 87.8% for improving their knowledge of migration and health in their home country.

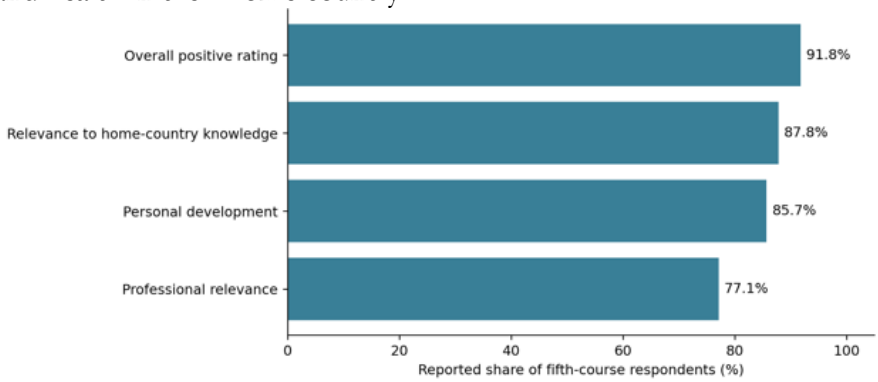


Figure 2. Fifth-course participant evaluation

Table 2. Reported course demand and evaluation

Measure	Reported value	Context
Applications, first course	115	Initial course
Applications, fourth course	1,331	Fourth iteration
Fifth-course participants	70	Fifth iteration
Fifth-course survey responses	56 (80%)	Fifth iteration
Overall positive rating	91.8%	Fifth-course survey
Professional relevance	77.1%	Fifth-course survey

Personal development	85.7%	Fifth-course survey
Home-country knowledge improvement	87.8%	Fifth-course survey
Measure	Reported value	Context

The open-ended survey about how the training affected their professional practices was filled out by fifty-one participants, all of whom mentioned their contributions to the field. The seminar's attendees expressed appreciation for the chance to learn more about the unique health issues that forced migrants experience and for developing more comprehensive solutions that take socioeconomic health factors into consideration. They added that by promoting cultural awareness, the training greatly enhances assistance for refugees and displaced people. In the conclusion, they praised the seminar for providing a great opportunity to interact and share experiences with colleagues from other nations and industries in the region, which will undoubtedly improve their future endeavors.

47 people responded to the open-ended question on possible enhancements. Twenty-three people suggested ways to improve and expand information sharing thru education. Examples include making the current online course longer, adding specialist short courses (like project management), facilitating in-person applications, setting up field exchange visits, creating internship and scholarship opportunities, and offering master's degree options. Nine people offered advice on how to maximize time management in order to fulfill other responsibilities, including work and family obligations. In order to enhance understanding of the participants' efforts and the larger national framework, four people suggested setting aside more time for experience sharing and incorporating participant presentations.

A coalition was formed with the Intergovernmental Authority on Development (IGAD) to enhance regional communication and cooperation. As one of the eight Regional Economic Communities recognized by the African Union (AU), IGAD is charged with duties pertaining to human mobility, economic integration, peacebuilding, health, and forced displacement. Given the region's susceptibility to human rights violations, it serves as a regional forum for numerous parties to address common threats.

There is a great deal of potential for regional integration among the member nations of the 5.2 million km² IGAD region, which includes Djibouti, Eritrea, Ethiopia, Kenya, Somalia, South Sudan, Sudan, and Uganda. Due to their shared cultural and social characteristics and economic paths, most of these countries are categorized as among of the world's least developed countries, or LDCs.

The "Open Forum," a second discussion format, was created in 2022 to address the substantial need for capacity-building programs. In addition to receiving course materials and recordings, participants in the Open Forum at Makerere University in Kampala, Uganda, were asked to participate in weekly topic discussions led by researchers. Participants in the Open Forum had the chance to review the course materials, which included session recordings and other materials, in order to prepare for group discussions. An experienced facilitator helped them contextualize and evaluate their real-world experiences while responding to open-ended questions about their experiences related to the course material.

For the five courses offered between 2021 and 2024, a database of 332 alumni has been created. The alumni database, which includes a range of educational credentials from bachelor's to PhD degrees, demonstrates gender parity. A number of their current positions include program and project management for international NGOs, governments, and UN agencies, as well as social and developmental initiatives, healthcare, oversight, and assessment.

Table 3. Alumni network and suggested program improvements

Indicator	**Reported count**	**Interpretation / source passage**
Alumni database	332	Graduates of five courses, 2021–2024

Professional-impact open-ended responses	51	Respondents discussing effects on professional practice
Program-improvement open-ended responses	47	Respondents suggesting possible enhancements
Education / information-sharing suggestions	23	Examples include specialist courses and exchanges
Time-management suggestions	9	Balancing training with work and family
Experience-sharing suggestions	4	More participant presentations and discussion time

Information about forthcoming events, scholarship opportunities, and job openings can be obtained thru the alumni database. In addition to email, members of the four class groups and four open forum groups established WhatsApp groups to improve communication and cooperation among graduates.

In order to increase capacity and produce knowledge outside of the classroom, North and South coordinators, seasoned facilitators, and alumni participated in a variety of cooperative and participatory projects.

Following the conclusion of the third open forum and the fourth course, an alumni networking event is planned for June 2024 in Kampala, Uganda. In addition to incorporating alumni into capacity-building initiatives, the assembly sought to generate concepts for frameworks and priorities in the field of knowledge development. The networking event identified a number of opportunities for cooperation with the alumni in attendance, such as taking part in course design, helping to moderate the open forum, contributing to the construction of webinars, and working together on projects targeted at generating regional knowledge. The first three choices in the 2024 digital course were then assessed. A number of alumni took the initiative to host events and give webinars. Their contributions cover a wide range of topics, such as climate change, human and community-centered design related to migration and health, food security and nutrition, community transformation, and mental health for migrants and refugees. Thru the presentation of their actual work, a number of alumni offered examples of excellent practices and useful research. The following milestones were accomplished by the coordinators, skilled facilitators, and alumni: (1) Trummer et al. published a scholarly article on climate change, health, and migration in 2023; (2) an infographic was created that highlighted a refugee-led organization as a model of successful practice in improving refugees' access to healthcare; (3) a webinar titled "Capacity Building in a Global Partnership" was held during European Public Health Week 2025 with the goal of sharing important insights from interactions with East African refugees for the development of policy and practice; and (4) two papers were successfully submitted and presented at the 2nd World Congress on Migration, Ethnicity, Race & Health in Lisbon, Portugal, in September 2025. [20] and [21] were the subjects.

Conclusion:

The virtual course, which promoted international dialog and improved program development and service delivery for migrants, refugees, and internally displaced people, greatly benefited experts in migration and health in the East and Horn of Africa. Participants have indicated a need for in-person interactions to supplement the online sessions throughout the course evaluation, despite the fact that the online approach permits significant audience engagement and the presence of a worldwide team of qualified facilitators. This will foster a strong network of experts and improve the sharing of information and skills.

A mental health professional from the alumni network is consulted when specific problems arise while providing ongoing assistance to refugees and internally displaced people

(IDPs). Community-level activities are immediately impacted by this kind of transdisciplinary and intersectional knowledge distribution.

Since many students involved in programs supporting refugees and displaced people have personally experienced forced migration, it became evident that individual effects must be considered when discussing sensitive topics, which should be approached cautiously and with an understanding of potential trauma. This needs to be taken into account in a number of course segments, particularly when participants encounter poor internet connectivity as a result of local infrastructure deficiencies.

Talk about effective adaptability and resilience. A fascinating story that attracted a lot of interest is that a 2023 graduate is now the CEO and co-founder of a non-governmental organization that provides social and health services in Kampala, Uganda [22] He was a Burundian seeking asylum.

Thru the lectures' emphasis on participation and teamwork, students can contribute significant tacit information, which is often disregarded and undervalued despite its obvious importance. This finding implies that future educational materials should concentrate on developing frameworks for knowledge advancement trough collaborative and participatory design with peers, experts, and worldwide facilitators.

Government cooperation is essential for future progress. By coordinating efforts to improve health, migration, and forced displacement policies in the Horn of Africa, organizations like the Intergovernmental Authority on Development (IGAD) may demonstrate successful regional outcomes. Building a strong, inclusive, and cohesive regional future is essential as displacement increases and health challenges change. Enhancing capacities thru an intergovernmental perspective is one way to achieve this goal.

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