

Article

# Building a Community of Experts in Health and Migration in the East and Horn of Africa Region to Address Challenges Connected to Forced Migration

Ursula Trummer <sup>1,\*</sup>, Paul Bukuluki <sup>2</sup>, Girum Hailu Maheteme <sup>3</sup>, Ronald Kalyango <sup>2</sup>, Michela Martini <sup>4</sup>, Davide T. Mosca <sup>1</sup>, Hadijah Mwenyango <sup>5</sup> and Sonja Novak-Zezula <sup>1</sup>

<sup>1</sup> Center for Health and Migration, Engerthstraße 137/9/20, 1020 Vienna, Austria; dtmosca@gmail.com (D.T.M.); sonja.novak-zezula@c-hm.com (S.N.-Z.)

<sup>2</sup> Department of Social Work and Social Administration, College of Humanities and Social Sciences, Makerere University, 7062 University Rd., Kampala P.O. Box 7062, Uganda; pbukuluki@gmail.com (P.B.); ronaldkalyango@gmail.com (R.K.)

<sup>3</sup> Intergovernmental Authority on Development (IGAD), Avenue Georges Clemenceau, Djibouti P.O. Box 2653, Djibouti; girum.hailu@igad.int

<sup>4</sup> International Organization for Migration, IOM UN Migration, Regional Office Middle East and North Africa, 1191 Corniche El Nile, Boulac, World Trade Center Floor #15, Cairo 11211, Egypt; mmartini@iom.int

<sup>5</sup> School of Social and Political Science, University of Edinburgh, Chrystal Macmillan Building, 15a George Square, Edinburgh EH8 9LD, UK; hadijah.mwenyango@ed.ac.uk

\* Correspondence: ursula.trummer@c-hm.com

## Abstract

Building the capacity of health and social care professionals in health and migration is essential for the East and Horn of Africa region, which, according to UNHCR, hosted 23.6 million forcibly displaced people who have fled conflicts and climate change-related floods and droughts by the end of 2024. There is a high demand to build a critical mass of expertise and experts on health and migration that can engage in policy, programme and practice development. To contribute to the building of a community of experts, an online course on health and migration was developed and five courses were implemented from 2021 to 2024 with the participation of international experts in migration and health, universities and international institutions (WHO; UNAIDS, IGAD), in collaboration with the UN International Organisation for Migration (IOM), the Makerere University, Uganda, and the Center for Health and Migration Vienna, Austria (CHM), and with funding from the Austrian Federal Ministry of the Interior. The courses lasted nine weeks each, offering two three-hour sessions per week, and were complimented by discussion forums and webinars on topics of special interest, e.g., climate change. Participants were working in policy development, programme coordination, research, and service delivery in health and social care in communities affected by migration, cross-border settings, refugee and IDP settlements in the East and Horn of Africa geographic region. The importance of the course for capacity building in the respective countries as well as for personal development is underlined by continuous high numbers of applications from highly qualified people and highly positive evaluations from participants, and the demonstrated impact on the practice of service provision for refugees and IDPs. Future considerations should concentrate on developing sustainable frameworks for courses, including intergovernmental collaboration and community development.

Academic Editor: William Haller

Received: 29 December 2025

Revised: 9 March 2026

Accepted: 9 April 2026

Published: 17 April 2026

**Copyright:** © 2026 by the authors. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the [Creative Commons Attribution \(CC BY\) license](https://creativecommons.org/licenses/by/4.0/).

**Keywords:** capacity building; health and migration; East and Horn of Africa; online course; intergovernmental collaboration; community development

---

## 1. The East and Horn of Africa as a Region Challenged by Forced Migration Flows

As of 2025, more than 122 million people have been forcibly displaced worldwide, while in 2024, the global number of international migrants reached 304 million—nearly double the figure in 1990 (International Organization for Migration 2024). Beyond these headline numbers, hundreds of millions more people move internally or across borders for work, education, family reunification, or survival. Human mobility has thus become a defining structural feature of the 21st century.

Africa—and particularly the East and Horn of Africa—sits at the center of these dynamics. The region hosts over 5 million refugees and asylum-seekers, more than 3.6 million labour migrants, and millions of internally displaced persons (IDPs) driven by conflict, climate shocks, and economic instability (International Organization for Migration 2023). Eastern Africa and the Horn of Africa are therefore not only major areas of origin but also key host and transit regions for refugees, IDPs, returnees, economic migrants, and victims of trafficking—despite comparatively limited sustained international attention (Schmidt et al. 2019). The region is further characterised by protracted displacement situations. Multi-generational refugee situations, such as Somali refugees in Kenya’s Dadaab complex, illustrate the depth and persistence of displacement in the region.

Armed conflict and violence remain the primary drivers of forced displacement within and across borders (Mwenyango and Palattiyil 2019; Møller 2019). Countries such as Somalia, South Sudan, Ethiopia, and Sudan have endured prolonged instability, resulting in repeated cycles of displacement. At the same time, environmental degradation and climate variability increasingly interact with existing fragilities. Recurrent droughts, floods, and broader climate change impacts intensify livelihood insecurity, food scarcity, and health risks, further compounding displacement pressures (Carter and Rohwerder 2016; Trummer et al. 2023).

Human rights violations, persecution, trafficking, and migrant smuggling further shape mobility dynamics in and from the Horn of Africa. Major routes involve countries such as Ethiopia, Eritrea, Sudan, Egypt, Djibouti, Kenya, Somalia, and South Sudan (AU-HOAI 2016; McAuliffe and Laczko 2016). Women and children are particularly vulnerable to exploitation, including domestic servitude, sexual exploitation, and forced labour (Schmidt et al. 2019). Within host settings, refugees and IDPs face layered physical, social, economic, and environmental vulnerabilities (Mwenyango and Palattiyil 2022). Gender-based violence remains underreported due to fear, stigma, a lack of information, and limited access to appropriate services, while discrimination in service provision, including in health care, further exacerbates marginalization (Mwenyango [2021] 2023). There have also been reports of rising tensions between refugees and the host communities due to increased competition over land, healthcare, and education (Betts et al. 2022; Laine 2025).

These intersecting drivers and vulnerabilities operate within contexts marked by structural weaknesses, including a limited institutional capacity, fragile governance systems, and resource constraints. As a result, displacement generates profound consequences at individual, community, and societal levels, placing sustained pressure on social institutions and public services. Although international and regional legal frameworks establish protection obligations, national responses vary considerably in scope, coherence, and implementation.

At a time when global political discourse is increasingly polarised and humanitarian space is shrinking, migrant and refugee health risks are being sidelined in migration governance. Yet health is both a fundamental human right and a critical foundation for social stability, resilience, and inclusion. In this complex regional environment, strengthening institutional capacity—particularly through coordinated training of national cadres and regional experts—emerges as a strategic priority to improve preparedness, ensure rights-based service delivery, protect migrant and refugee health, and build long-term resilience across communities on the move.

## 2. Contemporary Health and Migration Challenges

Over the past two decades, significant progress has been made in integrating health into global migration governance. Key milestones—including the adoption of the Global Compact for Safe, Orderly and Regular Migration (UN General Assembly 2019), World Health Assembly resolutions on migrant and refugee health (latest World Health Organization 2024), and recognition of migration–health linkages within the Sustainable Development Goals (UN General Assembly 2015)—have advanced rights-based, multisectoral, and inclusive approaches. These frameworks reaffirm health as both a human right and a global public good.

The nexus of health and migration has been identified as one of the crosscutting issues in the African Unions' Migration Policy Framework for Africa and Plan for Action 2018–2030 (African Union Commission 2018) and explored in the report "Migration and Health: Addressing Current Health Challenges of Migrants and Refugees in Africa—from Policy to Practice" (African Union 2021).

Yet progress remains uneven and fragile. Rising anti-migration rhetoric, shrinking humanitarian space, and declining multilateral and donor support increasingly threaten these gains. The COVID-19 pandemic exposed the vulnerability of mobile populations and demonstrated the public health risks of excluding migrants and refugees from national systems—risks that persist amid ongoing displacement and cross-border mobility in the East and Horn of Africa.

Countries in this region face the dual challenge of managing large-scale displacement while strengthening health systems under significant resource constraints. Government responses vary and are shaped by historical, political, economic, and social contexts. Some states have adopted relatively inclusive policies, while others have pursued more securitised approaches. These differences are reflected in levels of commitment to and implementation of legal instruments protecting refugees and internally displaced persons (World Bank and UNHCR 2015).

For example, Uganda's progressive open-door refugee policy grants access to land, education, and health services. Countries such as Kenya and Ethiopia primarily follow an encampment policy, while Tanzania is noted for implementing harsh practices towards refugees (Betts et al. 2022).

Ethiopia and South Sudan have also incorporated service provisions within domestic refugee frameworks. However, even where legislation exists, implementation is frequently constrained by limited financing, shortages of health personnel, and overstretched infrastructure. In several other Horn of Africa countries, comprehensive domestic refugee laws remain absent (World Bank and UNHCR 2015).

Political leadership and public discourse strongly influence migration governance outcomes. Progressive leadership may promote inclusion and regional solidarity, whereas populist narratives often frame migration as a security or economic threat. Media representation, youth unemployment, urbanization, climate-related stress, and insecurity further shape public perceptions. While many African societies draw on traditions of

hospitality and cross-border kinship, mounting socioeconomic pressures have at times fuelled xenophobic rhetoric and restrictive practices.

Regional institutions therefore play a critical coordinating role. The Intergovernmental Authority on Development (IGAD) leads cooperation on migration governance and forced displacement through its Regional Migration Policy Framework and Migration Programme. Beyond facilitating the joint management of cross-border mobility, these instruments also serve as mechanisms of regional integration by promoting policy harmonization, shared protection standards, and coordinated health responses across member states. IGAD has advanced harmonised health protocols, refugee health service integration, and cross-border data collaboration, including the 2022 Regional Health Data Sharing and Protection Policy. Similarly, the African Union (AU) has adopted normative instruments such as the Kampala Convention (African Union 2012) and the Migration Policy Framework for Africa (African Union Commission 2018), advocating rights-based and development-oriented responses.

Despite these advances, implementation remains inconsistent and increasingly constrained by insecurity, fiscal pressures, and declining international support. In this context, strengthening national ownership and institutional coherence is imperative. Investing in the training and coordination of national cadres, reinforcing health–migration policy integration, and embedding migrant-inclusive approaches within domestic systems are not only operational necessities but strategic investments in resilience, public health security, and regional stability.

### **3. A Shifting Landscape: Reclaiming Leadership in Migrant Health—The Case for National Cadre Training in the East and Horn of Africa**

The World Health Organization (WHO), the International Organization for Migration (IOM), the broader UN system, and humanitarian actors have been instrumental in promoting the health of migrants and refugees by shaping global policy, coordinating responses, delivering essential services, and advancing rights-based approaches. Yet today, these actors face mounting challenges. Declining donor support, rising nationalism, and growing scepticism toward multilateralism have led to critical funding gaps, particularly in protracted crises and non-emergency settings. As a result, core services, including health care and food assistance, are being scaled back, with serious consequences for vulnerable mobile populations.

This shifting landscape is pushing international agencies toward more catalytic roles, emphasizing technical support and capacity building over direct service delivery. It is therefore imperative that national governments, regional institutions, and local stakeholders take the lead in integrating migrant health into country systems and policies. This is especially true in the East and Horn of Africa, a region shaped by complex, recurrent patterns of human mobility. Hosting millions of refugees, internally displaced persons (IDPs), asylum seekers, and labour migrants, countries like Uganda, Kenya, Ethiopia, Sudan, Somalia, and South Sudan face dynamic and layered health needs that span humanitarian and development spheres.

Despite progress in regional coordination, such as the IGAD Migration Health Strategy (Intergovernmental Agency for Development (IGAD) 2012), implementation at the national level remains uneven. Health systems are often underfunded and overstretched, particularly in border areas and crisis-affected zones. Shortages of trained health personnel, weak cross-border coordination, and the limited capacity to deliver migrant-sensitive care continue to hamper service quality and coverage. In this context, investing in the training of national and local health cadres is not optional, it is essential.

Building strong national capacities offers a pathway to sustainability, reducing the reliance on volatile external funding. It also fosters national ownership and accountability,

empowering local professionals to champion migrant health as a public good and a national priority. Trained cadres are critical for turning inclusive policies into action. Even where sound frameworks exist, their impacts are often constrained by the absence of personnel equipped to navigate mobility-related challenges and deliver continuity of care.

Moreover, strengthening the national health workforce enhances resilience. Whether responding to disease outbreaks, mass displacement, or climate-related crises, well-trained cadres enable countries to act swiftly and effectively. Such investment also bridges the humanitarian–development divide by embedding emergency responses into long-term systems, advancing goals of universal health coverage (UHC) and the Sustainable Development Goals (UN General Assembly 2015).

In the East and Horn of Africa, where mobility is both a historical reality and a contemporary challenge, developing a competent and committed health workforce is a strategic priority. It is the key to safeguarding public health, promoting inclusion, strengthening regional integration, and ensuring stability. Empowering national actors today is the surest way to ensure that the region is prepared for the complexities of tomorrow.

#### **4. Capacity Building in Health and Migration as a Strategy and Action to Move Forward**

Recognising that forced migrants as well as other populations have fundamental rights such as public education, health, and housing, among others, there is an urgent need for drastic changes that can not only address these challenges but also contribute to transformative/human rights-based approaches to supporting forced migrants.

One of the ways these changes can be achieved is by building expertise on health and migration in an intersectoral approach and providing training for health and social service providers, programme managers, and policy makers so that the development and implementation of respectful, trauma-informed and culturally sensitive services in their various areas of work can be accomplished.

#### **5. Contributing to Building a Community of Experts in Health and Migration in the East and Horn of Africa Region: Development and Implementation of a Course on Health and Migration**

Aiming to contribute to building capacity in the region, a course on health and migration was developed in an international collaboration with the Center for Health and Migration (CHM), Austria, the UN International Organization for Migration (IOM), and Makerere University, Uganda, and with financial support from the Austrian Federal Ministry of the Interior (Center for Health and Migration 2024b).

It built on previous initiatives of IOM and Makerere University that had been implemented and evaluated in 2016 as part of the Partnership in Health and Mobility (PHAMESA) with support from the Swedish International Development Agency (SIDA). (International Organization for Migration Uganda 2016). Within this initiative, short courses and modules on migration and health evolved from the signing of a Memorandum of Understanding (MOU) between the International Organization for Migration (IOM) and Makerere University School of Social Sciences that persuaded the bigger vision to create a centre of excellence in migration studies with a focus on health and development. For various reasons, this initiative could not be continued, but it provided an important basis for the development of a new course programme with funding from the Austrian government.

The development of this programme started with a stakeholder analysis and needs assessment conducted in 2020 and 2021. The needs assessment engaged four key stakeholder groups—government agencies, international organizations such as WHO and

IOM, academic institutions, and non-governmental organizations (NGOs)—and identified core thematic priorities at the intersection of health and migration.

Due to the COVID pandemic in 2020, the course was developed in an online format, which, in the beginning, was taken as an unforeseen challenge, and turned out to offer great opportunities in terms of the enrolled number of participants and inclusion of expert facilitators globally.

The curriculum consists of 54 hours of interactive lectures organised in 18 course sessions and covers general themes such as the foundations of migration and migration health, research on migration health, migration governance, and health in both African and European contexts, as well as key health domains, including sexual and reproductive health, communicable and non-communicable diseases, mental health, and nutrition and food security. Challenges of delivering care in humanitarian and complex emergency situations and in low-resource settings are addressed. The curriculum further includes lessons learned from the COVID-19 pandemic, Ebola outbreaks, and responses to Mpox.

This curriculum is designed as a dynamic and adaptive framework for content development that fosters continuous refinement in response to evolving interests from regional to global level, e.g., the impacts of climate change on health and migration and the challenge of transnational family dynamics in relation to labour migration and children and elderly left behind emerged as important, so far under-researched topics, and were subsequently added to the curriculum.

A course brochure has been developed for each course and includes the course programme as well as the profiles of expert facilitators and participants (Center for Health and Migration 2021, 2022a, 2022b, 2023, 2024a).

The course targets policy-making, programme development, and health and social care professionals in the East and Horn of Africa region who are working in health and social care for migrants, refugees and internally displaced persons (IDPs).

Defined criteria for awarding certificates of completion are attendance of at least 70% of the sessions and the submission of course papers linking thematic course inputs to professional practice.

An evaluation instrument and procedure were developed and implemented for the course. The online questionnaire comprises ten items, including a general course rating and assessments of its relevance for capacity building in respondents' countries, professional work, and personal development; the opportunities for active participation (sharing experiences, asking questions, and networking); feasibility of attendance; and participant characteristics (country of residence, field of work, gender, and year of birth). One open-ended question addresses the self-rated course's impact on work, and a second open-ended question asks respondents about improvements to the course. The questionnaire was administered after course completion (open for six weeks after first announcement on the last day of the course, first reminder after two weeks, second reminder two days before closing) with an average response rate of 69% (min 56% for course 3, max 85% for course 2).

## 6. Results

Five course rounds have been implemented from 2021 to 2024, with one course conducted each in 2021, 2023 and 2024 and two courses in 2022.

The course modules were facilitated by 24 international experts in migration and health from academic institutions and international organizations, e.g., the International Organization for Migration (IOM), the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), and the Intergovernmental Authority on Development (IGAD).

Each course could accommodate 70 participants, a number that proved to be feasible and ensured the possibility for an interactive online design.

The number of applications increased from 115 for the first course to 1331 for the 4th course. A transparent selection process was implemented, ensuring gender parity and proportional sectoral representation of stakeholders (government, international organizations, NGOs, private sector, and academia). The selection process included randomised sampling based on these defined criteria, followed by a qualitative review of CVs and motivation letters.

Geographically, the development and implementation of the courses started in Uganda in collaboration with Makerere University, one of the leading universities in the East and Horn of Africa region. From the outset, the call for applications attracted interest beyond Uganda, indicating considerable regional and international demand. In view of the available resources and the evident demand of regional development, a decision was made to focus on the East and Horn of Africa region.

Participants' evaluations were consistently positive across all five courses. Using the fifth course as an example (N participants = 70, N respondents = 56; response rate 80%), respondents rated the course highly overall (91.8% very good) and considered it important for capacity building on health and migration in their country of residence (87.8% very important), for personal development (85.7%), and for their field of work (77.1%).

Fifty-one respondents provided an answer to the open-ended question regarding the impact of the course on practice. All of them described positive contributions to their work. They indicated that the course raised awareness of the specific health needs of forced migrants and the need to take into account the social determinants of health, which allows for planning more targeted, intersectoral interventions. Furthermore, respondents report that the course contributes to practical improvements in services for refugees and IDPs, e.g., through increased cultural sensitivity. Connecting and exchanging experiences with colleagues from different sectors and countries in the region is seen as an important benefit for future work.

Forty-seven respondents answered the open-ended question on suggestions for improvement. Twenty-three of them suggested further educational programmes to extend and deepen knowledge gain and exchange. Suggested formats include the extension of the existing online course, the implementation of short courses dedicated to specific topics such as project management, conducting in-person formats and field exchange visits, as well as offering scholarship and internship opportunities and master programmes. Nine respondents made suggestions regarding time planning for easier coordination of the course and family and work obligations. Four respondents suggest dedicating more time for an exchange of experiences among participants and including presentations from participants to learn more about their work and the national and local contexts. Eleven respondents said that the course was well organized and no improvements are needed.

To further support regional engagement and coordination, cooperation with the Intergovernmental Authority on Development (IGAD) was built. Being one of the eight officially recognised Regional Economic Communities (RECs) under the African Union (AU), IGAD has become a cornerstone of intergovernmental cooperation in the Horn of Africa. IGAD's mandate, which was formalised in its 1996 revitalization, extends beyond economic integration and peacebuilding to include health, human mobility, and forced displacement, reflecting the complex and interlinked challenges facing its member states. Given the region's vulnerability to climate shocks, conflict, epidemics, and population displacement, IGAD's unique regional position enables it to act as a multilateral platform that facilitates coordinated, cross-border, and rights-based responses to shared challenges.

The IGAD region stretches over an area of 5.2 million km<sup>2</sup> that comprises the countries of Djibouti, Eritrea, Ethiopia, Kenya, Somalia, South Sudan, Sudan and Uganda.

Socio-economically, most of the IGAD Member States belong to the world's Least Developed Countries (LDCs) and share similar economic growth rates and social ethnic groups across their borders, which could be a good opportunity for regional integration, if appropriately utilised.

Inspired by the high interest in the capacity building initiative, an additional discussion format, the so-called "Open Forum", was developed in 2022 in parallel to the online courses. Open Forum participants were provided with the course materials and recordings and took part in weekly topical discussions led by researchers at Makerere University in Kampala/Uganda. To prepare for discussions, Open Forum participants accessed recordings of the thematic course sessions along with Supplementary Materials and reviewed the material individually. During the session, participants reflected on their practical experiences in light of the course content, and an expert facilitator responded to open questions and assisted the participants in contextualising and reviewing practical experiences.

Along with the five courses implemented from 2021 to 2024, a database with 332 alumni has been built. The alumni database is gender-balanced, members hold academic diplomas from bachelor to doctoral degrees and work from the local to international level in NGOs, government bodies, and UN Organisations in areas of development, programme and project coordination, healthcare provision, social and development work, monitoring and evaluation, as well as research and lecturing (see Table 1).

**Table 1.** Overview on the characteristics of the 332 alumni of the five courses implemented in 2021–2024.

Characteristics		N = 332	Share
Countries	Uganda	201	60.5%
	Kenya	35	10.5%
	Sudan	26	7.8%
	Somalia	20	6.0%
	Ethiopia	10	3.0%
	Rwanda	8	2.4%
	South Sudan	8	2.4%
	Tanzania	8	2.4%
	Burundi	5	1.5%
	DRC	3	0.9%
	Sambia	2	0.6%
	Djibouti	1	0.3%
	Cameroon	1	0.3%
	Botswana	1	0.3%
	Namibia	1	0.3%
South Africa	1	0.3%	
Gender	Male	171	51.5%
	Female	160	48.2%
	Diverse	1	0.3%
Educational background	Diploma + min 1 year of work experience	49	14.8%
	Bachelor's	184	55.4%
	Master's	88	26.5%
	PhD or MD	11	3.3%
Type of organization	UN agency	29	8.7%
	Governmental	87	26.2%
	NGO	144	43.4%
	Academia	58	17.5%
	Private sector	5	1.5%
Field of work	National associations	9	2.7%
	Policy development	9	2.7%

Programme/project development/coordination	92	27.7%
Health care provision	94	28.3%
Social and development work	97	29.2%
Monitoring and data management	6	1.8%
Research and lecturing	34	10.2%

The alumni database is used to share information on joint activities, scholarships, and job opportunities. In addition, WhatsApp groups established by participants for the four courses and four open forum groups complement email communication and facilitate easy exchange among alumni.

For capacity building and knowledge generation beyond the course, coordinators, expert facilitators, and alumni engaged in various participatory and co-creative activities in a Global North–Global South partnership.

After the 4th course and the 3rd open forum, an alumni networking meeting was organized in Kampala, Uganda, in June 2024, bringing together participants to discuss opportunities for involving alumni in capacity-building activities and brainstorm on potential formats and priorities for knowledge generation in the region. The following collaborative opportunities were identified with the alumni who participated in the networking meeting: involvement in designing course sessions, support in moderating the open forum, participation in developing webinars, and organizational support for and collaboration on activities to generate knowledge in the region. Subsequently, the first three options were piloted in the 2024 online course. Several alumni were actively involved as co-organizers and co-presenters in course sessions and webinars. They contributed to topics such as transforming communities, human- and community-centred design in health and migration, communication and education in health and migration, nutrition and food security, climate change, and mental health for migrants and refugees. Some alumni also shared practical cases from their professional work, illustrating models of good practice and applied research in the field. Furthermore, coordinators, expert facilitators and alumni jointly (1) published a scientific article on climate change, health and migration (Trummer et al. 2023); (2) developed an infographic on a refugee-led organization as a model of good practice of supporting refugees in access to health care (Center for Health and Migration 2025); (3) held a webinar on “Capacity Building in a Global Partnership” during European Public Health Week 2025, aiming to make practical knowledge from work with refugees in East Africa accessible for policy and practice development; and (4) successfully submitted and presented two papers at the 2nd World Congress on Migration, Ethnicity, Race & Health (September 2025, Lisbon, Portugal) (Novak-Zezula et al. 2025; Trummer et al. 2025).

## 7. Discussion and Outlook

The online course proved to be an effective instrument for building the competence of professionals in the fields of health and migration in the East and Horn of Africa region, to positively impact programme development and service provision for migrants, refugees, and IDPs, and to foster dialogue on a global level.

The online format provides advantages in terms of the accommodation of a large number of participants and the integration of an international group of expert facilitators. However, in the evaluation of the course, participants mentioned the wish to have these online sessions be complemented by in person events that could strengthen the exchange of knowledge and experience and further foster the development of a strong community of experts.

The growing network of alumni supports the intersectional and interdisciplinary exchange of knowledge and experiences with direct impacts on practices at the community

level, e.g., an expert facilitator on mental health within the alumni network is consulted when specific questions arise in the daily practice of serving refugees and IDPs.

Participants in the courses serving refugee and IDP communities are often themselves affected by forced migration. This has to be considered in various aspects of the course, e.g., when course participants have restricted access to the internet due to weak infrastructure in settlements. It also turned out to be crucial to consider personal affectedness in thematic discussions, which must be guided with respect and consideration of possible traumatization.

Participants also can share impressive cases of resilience and successful adaptation. One such case was documented and presented on international level: an alumnus from the 2023 course had come as a refugee from Burundi to Uganda, and is now the co-founder and head of an NGO providing health and social support in Kampala (Center for Health and Migration 2025).

Due to the interactive and discussion-inviting format of the courses, the tacit knowledge and expertise of participants are high, yet often insufficiently recognised and shared, and therefore underutilised. From this observation, the development of formats for knowledge generation in a participatory and co-creative design with participants from courses and international facilitators and experts is seen as an important topic in future courses.

Intergovernmental cooperation can be highlighted as another important aspect for further development. In this respect, stakeholders like the IGAD with its intergovernmental role in advancing health, migration, and forced displacement governance in the Horn of Africa, can provide an important framework for creating impactful, locally relevant outcomes. As the region confronts rising displacement and evolving health threats, capacity building with an intergovernmental perspective remains vital to building a resilient, inclusive, and integrated regional future.

**Supplementary Materials:** The following supporting information can be downloaded at <https://www.mdpi.com/article/10.3390/socsci15040258/s1>: File S1: Call for Applications; File S2: Participants' Feedback Questionnaire.

**Author Contributions:** Conceptualization, U.T.; methodology, U.T., P.B., R.K., S.N.-Z.; data curation, S.N.-Z.; writing—original draft preparation, U.T., D.T.M., H.M., S.N.-Z.; writing—review and editing, U.T., P.B., G.H.M., R.K., M.M., D.T.M., H.M., S.N.-Z. All authors have read and agreed to the published version of the manuscript.

**Funding:** This research received no external funding.

**Institutional Review Board Statement:** Not applicable.

**Informed Consent Statement:** Not applicable.

**Data Availability Statement:** The original contributions presented in this study are included in the article. Further inquiries can be directed to the corresponding author.

**Acknowledgments:** The authors thank the members of the advisory board of the course for their continuous support and advice: Jocalyn Clark, The BMJ; Girum Hailu, The Intergovernmental Authority on Development (IGAD); Charles Hui, The Migration Health and Development Research Initiative (MHADRI); Michela Martini, IOM—UN Migration; Davide Mosca, Center for Health and Migration (CHM); Cheluchi Onyemelukwe, Centre for Health Ethics Law and Development (CHELD) Nigeria; and Santino Severoni, Migration Health Programme, World Health Organization (WHO). Many thanks to the expert facilitators and the participants in the online courses and the open forums for their energy, active involvement, and co-creation.

**Conflicts of Interest:** The authors declare no conflict of interest.

## References

- African Union. 2012. African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention). Adopted by the Special Summit of the Union Kampala, Uganda 23rd October 2009. Entry into Force 6th December 2012. Available online: [https://au.int/sites/default/files/treaties/36846-treaty-kampala\\_convention.pdf](https://au.int/sites/default/files/treaties/36846-treaty-kampala_convention.pdf) (accessed on 6 March 2026).
- African Union Commission. 2018. *Migration Policy Framework for Africa and Plan of Action (2018–2030)*. Addis Ababa: AU Department for Social Affairs. Available online: [https://au.int/sites/default/files/documents/35956-doc-2018\\_mpf\\_english\\_version.pdf](https://au.int/sites/default/files/documents/35956-doc-2018_mpf_english_version.pdf) (accessed on 6 March 2026).
- African Union. 2021. Migration and Health: Addressing Current Health Challenges of Migrants and Refugees in Africa—From Policy to Practice. Available online: <https://data.unhcr.org/en/documents/details/93082> (accessed on 6 March 2026).
- AU-HOAI. 2016. AU-HOAI. Convenes Its 3rd Senior Officials Meeting to Address the Challenges of Human Trafficking and Smuggling of Migrants Within and from the Horn of Africa. Available online: [https://au.int/sites/default/files/pressreleases/30746-pr-pr\\_214-\\_au-hoai\\_convenes\\_its\\_3rd\\_senior\\_officials\\_meeting\\_to\\_address\\_the\\_challenges\\_of\\_human\\_trafficking.pdf](https://au.int/sites/default/files/pressreleases/30746-pr-pr_214-_au-hoai_convenes_its_3rd_senior_officials_meeting_to_address_the_challenges_of_human_trafficking.pdf) (accessed on 6 March 2026).
- Betts, Alexander, Maria Flinder Stierna, Naohoko Omata, and Olivier Sterck. 2022. Social Cohesion and Refugee-Host Interactions: Evidence from East Africa. World Bank Group. Policy Research Working Paper 9917. Available online: <https://openknowledge.worldbank.org/server/api/core/bitstreams/5528c209-0967-53b1-aa7e-6d68bdba1e33/content> (accessed on 6 March 2026).
- Carter, Becky, and Brigitte Rohwerder. 2016. Rapid fragility and migration assessment for Ethiopia. In *Rapid Literature Review*. Birmingham: GSDRC, University of Birmingham.
- Center for Health and Migration. 2021. *Course Brochure: 1st Online Course Health and Migration*. Vienna: CHM. Available online: <https://c-hm.com/good-migration-governance/> (accessed on 6 March 2026).
- Center for Health and Migration. 2022a. *Course Brochure: 2nd Online Course Health and Migration*. Vienna: CHM. Available online: <https://c-hm.com/good-migration-governance/> (accessed on 6 March 2026).
- Center for Health and Migration. 2022b. *Course Brochure: 3rd Online Course Health and Migration*. Vienna: CHM. Available online: <https://c-hm.com/good-migration-governance/> (accessed on 6 March 2026).
- Center for Health and Migration. 2023. *Course Brochure: 4th Online Course Health and Migration*. Vienna: CHM. Available online: <https://c-hm.com/good-migration-governance/> (accessed on 6 March 2026).
- Center for Health and Migration. 2024a. *Course Brochure: 5th Online Course Health and Migration*. Vienna: CHM. Available online: <https://c-hm.com/good-migration-governance/> (accessed on 6 March 2026).
- Center for Health and Migration. 2024b. Health and Migration online course for capacity building in Africa. Infographic developed in the framework of the project. In *Good Migration Governance and Health in Uganda and East Africa*. Vienna: CHM.
- Center for Health and Migration. 2025. The Refugee Life Support Network. In *Capacity Building for Health and Migration in the East and Horn of Africa Region*. Vienna: CHM.
- 2012) Intergovernmental Agency for Development (IGAD). 2012. IGAD Regional Migration Policy Framework. Adopted by the 45th Ordinary Session of the IGAD Council of Ministers July 11th, 2012 Addis Ababa, Ethiopia. Available online: <https://igad.int/wp-content/uploads/2023/12/IGAD-Migration-Policy-Framework.pdf> (accessed on 6 March 2026).
- International Organization for Migration. 2023. *World Migration Report 2024*. Geneva: IOM. Available online: <https://worldmigration-report.iom.int> (accessed on 6 March 2026).
- International Organization for Migration. 2024. *Migration Data in Eastern Africa*. Berlin: Migration Data Portal. Available online: <https://www.migrationdataportal.org/regional-data-overview/human-mobility-data-eastern-africa> (accessed on 6 March 2026).
- International Organization for Migration Uganda. 2016. IOM, Makerere University Launch Training Course in Migration Health. News-Global. Available online: <https://uganda.iom.int/news/iom-makerere-university-launch-training-course-migration-health> (accessed on 6 March 2026).
- Laine, Jussi P. 2025. Navigating migration challenges in Uganda’s West Nile borderlands: Policy, practice, and governance. *Comparative Migration Studies* 13: 86. <https://doi.org/10.1186/s40878-025-00508-1>.
- McAuliffe, Marie, and Frank Laczko, eds. 2016. *Migrant Smuggling Data and Research: A Global Review of the Emerging Evidence Base*. Geneva: IOM.
- Møller, Bjørn. 2019. The Greater Horn of Africa: Geopolitical Aspects of the “Refugee Crisis”. In *Refugees and Forced Migration in the Horn and Eastern Africa*. Edited by Johannes D. Schmidt, Leah Kimathi and Michael O. Owiso. Advances in African Economic, Social and Political Development. Cham: Springer. [https://doi.org/10.1007/978-3-030-03721-5\\_3](https://doi.org/10.1007/978-3-030-03721-5_3).

- Mwenyango, Hadijah. 2023. Gendered dimensions of health in refugee situations: An examination of sexual and gender-based violence faced by refugee women in Nakivale refugee settlement, Uganda. *International Social Work* 66: 1247–61. <https://doi.org/10.1177/00208728211003973>. (First published 2021).
- Mwenyango, Hadijah, and George Palattiyil. 2019. Health needs and challenges of women and children in Uganda's refugee settlements: Conceptualising a role for social work. *International Social Work* 62: 1535–47. <https://doi.org/10.1177/0020872819865010>.
- Mwenyango, Hadijah, and George Palattiyil. 2022. Vulnerability and Resilience of Refugee Women and Children. In *Remaking Social Work for the New Global Era*. Edited by Ngoh Tiong Tan and P. Shajahan. Cham: Springer. [https://doi.org/10.1007/978-3-031-08352-5\\_5](https://doi.org/10.1007/978-3-031-08352-5_5).
- Novak-Zezula, Sonja, Anicet Ndabirinde, Pamela Mugisha, Florent Ishimwe, and Ursula Trummer. 2025. Learning from grassroots initiatives for policy and practice development in the East and Horn of Africa region. *European Journal of Public Health* 35: ckaf180.350. <https://doi.org/10.1093/eurpub/ckaf180.350>.
- Schmidt, Johannes D., Leah Kimathi, and Michael O. Owiso, eds. 2019. Researching Refugees and Forced Migration in Eastern and Horn of Africa: Introducing the Issues. In *Refugees and Forced Migration in the Horn and Eastern Africa*. Advances in African Economic, Social and Political Development. Cham: Springer. [https://doi.org/10.1007/978-3-030-03721-5\\_1](https://doi.org/10.1007/978-3-030-03721-5_1).
- Trummer, Ursula, Sonja Novak-Zezula, Thowaiba Ali, Davide T. Mosca, Blessing Mukuruva, and Hadijah Mwenyango. 2025. Climate change aggravating migration and health: A global south—Global north dialogue on practice experiences. *European Journal of Public Health* 35: ckaf180.349. <https://doi.org/10.1093/eurpub/ckaf180.349>.
- Trummer, Ursula., Thowaiba Ali, Davide T. Mosca, Blessing Mukuruva, Hadijah Mwenyango, and Sonja Novak-Zezula. 2023. Climate change aggravating migration and health issues in the African context: The views and direct experiences of a community of interest in the field. *Journal of Migration and Health* 7: 100151.
- UN General Assembly. 2015. Transforming Our World: The 2030 Agenda for Sustainable Development. Resolution Adopted by the General Assembly on 25 September 2015. (A/RES/70/1). Available online: <https://docs.un.org/en/A/RES/70/1> (accessed on 6 March 2026).
- UN General Assembly. 2019. Global Compact for Safe, Orderly and Regular Migration. Resolution Adopted by the General Assembly on 19 December 2018. (A/RES/73/195). Available online: <https://docs.un.org/en/A/RES/73/195> (accessed on 6 March 2026).
- World Bank, and UNHCR. 2015. *Eastern Africa: Forced Displacement and Mixed Migration in the Horn of Africa*. Washington, DC: World Bank Group. Available online: <https://documents1.worldbank.org/curated/en/837351468189856365/pdf/ACS14361-ESW-P152459-Box391494B-PUBLIC-FINAL-HOA-Displacement-Report.pdf> (accessed on 24 June 2025).
- World Health Organization. 2024. *WHO Global Action Plan on Promoting the Health of Refugees and Migrants, 2019–2030*. Geneva: World Health Organization. Available online: <https://iris.who.int/server/api/core/bitstreams/5a5de935-c38b-4cf9-9a9d-d3e19da85ab3/content> (accessed on 6 March 2026).

**Disclaimer/Publisher's Note:** The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.