

MIGRATION HEALTH

2019 ACTIVITIES OVERVIEW

LEAVE NO MIGRANT BEHIND



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IOM is committed to the principle that humane and orderly migration benefits migrants and society. As an intergovernmental organization, IOM acts with its partners in the international community to: assist in the meeting of operational challenges of migration; advance understanding of migration issues; encourage social and economic development through migration; and uphold the human dignity and well-being of migrants.

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Cover photo: Health screening point in North Kivu, in the Democratic Republic of the Congo, to curb the tenth Ebola outbreak (July 2019). © IOM/Muse MOHAMMED

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“Universal health coverage (UHC) will not be truly universal unless health services coverage and financial protection measures in all countries progressively include migrants, especially those marginalized or in situations of vulnerability.

The inclusive achievement of UHC will require investments in primary health care that is accessible for migrants and the recognition of migrants’ role as co-developers and providers of people-centred and equitable health services in countries of origin and destination.”

*IOM Director-General António Vitorino
Seventy-fourth session of the United Nations General Assembly*

LIST OF ACRONYMS

AIDS	acquired immunodeficiency syndrome
CDC	United States Centers for Disease Control and Prevention
COVID-19	(novel) coronavirus disease 2019
DOT	directly observed treatment
DTM	Displacement Tracking Matrix (of IOM)
ePHR	Electronic Personal Health Record (system)
EVD	Ebola virus disease
FGD	focus group discussion
GBV	gender-based violence
HAP	health assessment programme
HBMM	health, border and mobility management
HIV	human immunodeficiency virus
IASC	Inter-Agency Standing Committee
IDP(s)	internally displaced person(s)
IHAP	Inbound Health Assessment Programme
INCOSAMI	Joint Initiative on the Health of Migrants and Their Families (Spanish: <i>Iniciativa Conjunta de Salud para las Personas Migrantes y Sus Familias</i>)
IOM	International Organization for Migration
MHAC	Migration Health Assessment Centre
MHD	Migration Health Division (of IOM)
MHADRI	Migration Health and Development Research Initiative
MHPSS	mental health and psychosocial support
NCDC	(Libyan) National Centre for Disease Control
NTP	national TB programme
OHW	outreach health worker
PMM	population mobility mapping
SRH(R)	sexual and reproductive health (and rights)
TB	tuberculosis
WHA	World Health Assembly
WHO	World Health Organization

FOREWORD

Public health and human mobility have always, one way or another, gone hand in hand. From the Black Death to Ebola, from cholera to H1N1, from influenza to HIV/AIDS, as people moved and migrated throughout history, nations have had to find ways to fulfil their social and economic needs while protecting the health of individuals and communities. As we write and look back on the migration health impact of IOM, in 2019, the world is struggling to find answers to the COVID-19 pandemic, looking for ways to safely restore human mobility and migration as we knew it. Our interconnectedness has never been more evident. Neither has our need to protect global health security.

Every year, nearly 250 million people move across borders temporarily or permanently for job opportunities or studies, to flee a crisis back home, or for other reasons. Another 750 million move for similar reasons within the borders of their countries. With the understanding that human mobility affects public health, and that health affects human mobility and migrants, for decades IOM has been providing critical health services to women, children and men on the move, while standing by governments to provide technical and operational support as needed. In 2019, in lower-income settings and complex emergencies, along the world's most perilous migration routes, in the aftermath of natural disasters and in response to disease outbreaks, IOM health teams have provided hundreds of thousands with primary health-care consultations, mental health and psychosocial support, sexual and reproductive health care, pre-migration health services, and much more.

This year, more than ever before, as the world reels from the socioeconomic impacts of COVID-19, we have experienced how health is a cross-cutting component of overall human development and well-being. As such, the work of the Migration Health Division (MHD) is deeply anchored in and is an important contributor to key international policy frameworks such as the Sustainable Development Goals (SDGs), the Global Compact for Safe, Orderly and Regular Migration, World Health Assembly (WHA) resolutions concerning migrants and refugees, the 2005 International Health Regulations, and universal health coverage (UHC) principles.

In line with the IOM strategic focus on building the resilience of vulnerable populations, pursuing innovative approaches to human mobility and supporting migration governance, IOM health teams have integrated their efforts throughout the work of the Organization, leveraging, in particular, three



pivotal strengths: community-based approaches, technology in the service of public health and partnerships across dozens of sectors.

This 2019 Activities Overview shows continued growth across our operations, in terms of the number of people directly supported, geographic presence and the amount of financial resources mobilized. Of course, none of it would ever be possible without the dedication of our staff, the ever-reliable support of our partners within and outside of the United Nations system, and the generous backing of all our funders.

The road to fully migrant-inclusive health policies and services is still long. Nonetheless, a reckoning seems to be slowly taking place globally: The health of our societies also depends largely on the health of migrants, who actively contribute to their socioeconomic beat. As we face the current pandemic – an unprecedented public health and mobility crisis – and as we regroup to reimagine stronger systems, let us aim to ensure that, when it comes to health, no migrant or forcibly displaced person is ever left behind. This will require determination, strong political will and a tremendous amount of collaboration, but it can be done. Our collective well-being depends on it.

Jacqueline Weekers

IOM Migration Health Director

IMPACT OVERVIEW

In 2019, IOM expanded its migration health technical, coordination and operational support across the humanitarian–development nexus worldwide. In line with the Organization’s strategic priorities, as well as public health and human rights principles, IOM assists governments in the management of the health-related aspects of migration and emergencies, including public health emergencies. It promotes evidence-based policies and practices, with multisectoral and multilateral engagement. IOM activities build the health resilience of migrants, forcibly displaced persons and communities at large, enabling them to contribute to global socioeconomic development.

In close collaboration with partners, including the United Nations system, civil society and academia, IOM advocates for migrant-inclusive, people-centred health policies and systems, as well as capacity-building for health and relevant non-health practitioners.

MIGRATION HEALTH ASSESSMENTS AND TRAVEL ASSISTANCE



71

migration health assessment centres (MHACs)



429,000

migration health assessments for refugees (26%) and immigrants (74%)



445,800

vaccine doses administered



620

tuberculosis diagnoses, including 75 per cent laboratory-confirmed



1,520

medically escorted migrants

EMERGENCY HEALTH ACTIVITIES



3.66 million

primary health-care consultations



380,760

children vaccinated against polio and/or measles



362,260

persons assisted with mental health and psychosocial support



185,150

antenatal care consultations



4,740

health workers trained in communicable diseases and outbreaks

GLOBAL FOOTPRINT



208

projects across the world



1,310

health staff worldwide



66

migration health publications



USD 242 million

spent on migration health activities



112

countries covered with pre-migration or emergency health operations

A GLOBAL FOOTPRINT



EUROPE AND CENTRAL ASIA

European Economic Area

South-Eastern Europe, Eastern Europe and Central Asia

HEADQUARTERS, REGIONAL OFFICES AND ADMINISTRATION

AMERICAS

USD 10.18M

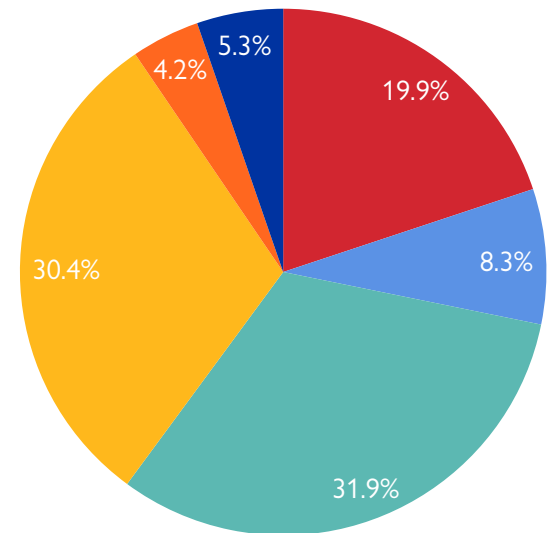
Central and North America and the Caribbean

USD 3.30M

South America

USD 6.88M

EXPENDITURE PERCENTAGE BREAKDOWN BY REGION



Total 2019 expenditure: USD 242M

- USD 20,18M
- USD 3.30M
- USD 16.00M
- USD 12.80M

ASIA AND THE PACIFIC | USD 48.08M

MIDDLE EAST AND NORTH AFRICA	USD 73.68M
SUB-SAHARAN AFRICA	USD 77.10M
East and Horn of Africa	USD 41.60M
West and Central Africa	USD 15.76M
Southern Africa	USD 19.74M

2019 HIGHLIGHTS

JANUARY

- IOM and the World Health Organization (WHO) sign an updated memorandum of understanding.
- Measles outbreak in South Sudan: IOM participates in a mass vaccination campaign.

MARCH

- World Tuberculosis Day

MAY

- Monsoon in Bangladesh: IOM scales up its health service delivery in Cox's Bazar refugee camps.
- Seventy-second World Health Assembly: Presentation of the WHO Global Action Plan on promoting the health of refugees and migrants, which IOM contributed to the drafting

JULY

- The Ebola outbreak in the Democratic Republic of the Congo is declared a public health emergency of international concern. IOM scales up its health response.
- Middle East Response Technical Support Group meeting in Beirut

SEPTEMBER

- IOM partners with Gavi, The Vaccine Alliance, in South Sudan to enhance immunization coverage.
- High-Level Meeting on Universal Health Coverage as part of the seventy-fourth session of the United Nations General Assembly

NOVEMBER

- 1 million primary health-care consultations are provided in Yemen in 2019.
- Third Technical Meeting of the Joint Initiative on Health and Migration in El Salvador
- Workshop on bibliometrics analysis of migration health research in Manila
- IOM Governing Council

FEBRUARY

- WHO holds a high-level technical meeting and ministerial consultation in Istanbul for a global plan to improve public health preparedness and response for all health hazards.

APRIL

- Fifty-second Session of the Commission on Population and Development
- World Malaria Day
- Cyclone response in Mozambique: IOM scales up psychosocial support provision.
- IOM leads a mass vaccination campaign in the Philippines for children affected by Typhoon Mangkhut.

JUNE

- Venezuelan refugees and migrants top 4 million: IOM continues to scale up health activities across the region to address their needs.
- Approximately 100,000 refugees are resettled by IOM from Lebanon since the beginning of the Syrian crisis. Many benefited from IOM migration health assessments.

AUGUST

- An IOM study finds that Venezuelan health professionals strengthen the public health system in Argentina.

OCTOBER

- 141st Assembly of the Inter-Parliamentary Union
- Regional Judges' Forum on HIV, Human Rights and the Law in Europe and Central Asia in Chisinau

DECEMBER

- Launch of the adapted Electronic Personal Health Record platform in Italy (ePHR-Lite)
- International Universal Health Coverage Day
- Beginning of the COVID-19 public health crisis

Policy and
advocacy

Partnership
development

Evidence base
and research

Public health
events and response

BUILDING COMMUNITIES' HEALTH RESILIENCE

Teenagers with special needs participate in activities organized by the IOM mobile psychosocial support team at a community centre in Urfa, Turkey (April 2019). © IOM/Emrah ÖZESEN



In 2019, high numbers of people continued to move in and out of situations of vulnerability due to a range of complex drivers that included climate change, instability, poverty and exploitation, all of which were directly affecting their health. Throughout the year and across the world, IOM's migration health teams worked on improving the health access and resilience of migrants and the communities in which they live through durable, integrated and community-based approaches. Major areas of focus included:

- Protecting against endemic diseases
- Strengthening gender-based health services
- Improving access to immunization
- Mental health and psychosocial support

PROTECTING AGAINST ENDEMIC DISEASE

While migration is not a risk factor in itself, the circumstances in which migrants and mobile populations can find themselves during the migration process can make them particularly vulnerable to diseases such as malaria, HIV/AIDS and other sexually transmitted infections, and the world's number one infectious killer, tuberculosis (TB). IOM targets all phases of the migration process with prevention, diagnostic and treatment services. Awareness-raising and last-mile community engagement to promote healthy habits are particularly critical in the global effort to defeat preventable diseases, especially highly communicable diseases like HIV/AIDS and TB.

Tackling HIV across IOM health services

While the relationship between migration and HIV vulnerability varies greatly according to specific contexts and circumstances, many migrants and mobile populations face increased risk of HIV infection. This is mostly due to unequal access to health services and information, and spaces of vulnerability that are conducive to engaging in high-risk behaviour. In addition, many of the underlying factors behind migration – including unequal distribution of resources, unemployment, socioeconomic instability, conflict and political unrest – are also determinants of increased risk of HIV.

Over the last decade, IOM has worked to integrate HIV services and awareness across its health activities in about 100 countries. Among the beneficiaries of IOM HIV projects are migrant workers across a range of sectors in regular and irregular situations; internally displaced persons (IDPs) and refugees; families and partners of migrants, including sex workers; as well as survivors of gender-based violence (GBV) and trafficking in persons. In addition, IOM continues to provide HIV diagnostic, treatment referral services, and pre- and post-test counselling as part of its pre-migration health activities.



An IOM mobile health team member carries out TB screening in a remote township in Myanmar (November 2016).
© IOM/Muse MOHAMMED

TB detection and treatment

The substandard conditions in which some migrants may be forced to travel, live and work in can increase their vulnerability and exposure to TB and threaten their uninterrupted access to TB medicine, which can ultimately lead to the development of drug-resistant forms of the disease. As public health messaging often fails to reach the most vulnerable people in society, TB health literacy is relatively low among migrants and refugees. Those who are informed and have identified their symptoms may be reluctant to provide their medical histories to health workers for fear of stigmatization or losing the opportunity to be resettled.

IOM contributes to cross-border TB detection and control by providing a wide variety of tuberculosis-related services, from diagnostics to treatment, as well as public health measures, such as contact tracing and health education. These services are provided through 71 IOM migration health assessment centres (MHACs) worldwide, most of which are located in countries with an intermediate or high burden of TB. In 2019, IOM detected 622 active cases of TB worldwide through its Global Migration Health Assessment Programme (HAP). Active TB cases were either confirmed by sputum culture or diagnosed based on clinical or radiologic findings.

Treatment for active TB cases detected by IOM HAP is provided either directly by IOM or via a referral system, in partnership with national TB programmes (NTPs). Directly observed treatment (DOT) is the internationally recommended strategy for TB control and is used by IOM health centres, wherever possible, to increase patients' adherence to and completion of TB treatment. In 2019, IOM provided treatment to 379 migrants, including DOT.

► 2019 PUBLICATION: *Regional Migrant Health Survey on Tuberculosis and HIV and Health Service Response for Migrants in Armenia, Azerbaijan and Georgia*

The Middle East response: five countries, three diseases

Implemented since 2017, the Middle East Response (MER) project supported by the Global Fund aims to deliver continuity of care for HIV, TB and malaria and other diseases for everyone in Yemen, the Syrian Arab Republic and Iraq, and refugees, migrants and other key vulnerable persons in Jordan and Lebanon through ten national disease control programmes. In 2019, more than 33,600 people were tested for HIV and 2 per cent were found to be HIV-positive. Since January 2019, more than 4,600 persons living with HIV continued receiving antiretroviral medicines. In Yemen, advocacy workshops on human rights and gender were organized, targeting religious leaders, security personnel and government officials to help create an enabling environment for HIV prevention and care, including by reducing stigma and discrimination towards people living with or affected by HIV.

A total of 20,657 new and relapse drug-sensitive TB cases were notified in five countries and received treatment in 2019. Additionally, 177 persons were diagnosed with drug-resistant TB and treated in 2019, and all five countries have finalized their transition plans to switch to new long and short oral regimens recommended by the World Health Organization (WHO).

To tackle malaria, over 613,300 long-lasting insecticidal nets were distributed in areas of Hajjah Governorate, Yemen where the disease is endemic, protecting over 1.2 million people, including 42,300 IDP households, 41,269 pregnant women and 192,647 children under 5 years, from mosquitoes and malaria. A total of 1.1 million suspected malaria cases were tested for malaria, with more than 200,000 confirmed and treated for the disease. In addition, malaria community case management activities were expanded, covering 42 districts in 2019 and enabling 9,781 persons to be confirmed as malaria-positive and receive treatment. Nearly 3,000 health workers (clinicians, paramedics, nurses and laboratory workers) were trained in malaria diagnosis, anti-malarial drugs and management of severe malaria.

Nepal: a private–public approach to tackling TB

In 2019, IOM Nepal started implementing an innovative private–public project to improve TB case detection among Nepali labour migrants and facilitate treatment at NTP centres. The project aims to develop linkages and referral mechanisms between the public health system and private centres that provide migration health assessment. In addition, the project aims to engage and empower women by providing training for female clinicians and technicians at private health assessment centres, and for female labour migrants in TB-related peer education. Project activities have been organized in collaboration with a range of stakeholders, including local public treatment centres, private health assessment centres, United Nations agencies such as WHO, and the Nepali Ministry of Health and Population.

New tuberculosis screening modalities for Afghan returnees

Every year, about 100,000 Afghans return from neighbouring countries. Migration and displacement linked to conflict and natural disasters in Afghanistan, in addition to cross-border return, are major contributors to poor health outcomes, including with regard to TB. To mitigate the risk and help control the spread of the disease, IOM Afghanistan has been implementing TB screening since July 2019 at four major border crossing points with Pakistan and Iran, in the provinces of Nangarhar, Kandahar, Herat and Nimroz.

The project, supported by the Global Fund, combines the expertise and resources of multiple partners, including WHO, the United Nations Development Programme (UNDP), the Ministry of Public Health and the NTP. Activities include health facility mapping and population mobility mapping, capacity-strengthening through “Migration and TB” orientation sessions, regional coordination, and active case-finding.

Raising HIV/AIDS awareness among outbound migrants from Armenia

IOM has been working on enhancing local capacities for the prevention, increased detection, referral and treatment of HIV/AIDS among outbound female and male labour migrants from Armenia. As in other South Caucasus and Eastern European countries, HIV cases have been on the rise in Armenia, and migrant families are also affected.

Recent surveys among Armenian labour migrants have revealed that migrants have inconsistent knowledge about HIV transmission, practice risky behaviours and rarely seek HIV testing voluntarily. To remedy this, IOM, in collaboration with the National Centre for AIDS Prevention, launched a social media campaign on HIV/AIDS, targeting Armenian outbound labour migrants from urban areas to improve and contribute to the achievement of the 90-90-90 UNAIDS targets in Armenia.

Focus group discussion (FGD) facilitators were trained and six FGDs with male migrants and labour migrants’ partners were carried out in Yerevan, Vanadzor and Martuni. On 1 December 2019, with the World AIDS Day theme of “Communities make the difference”, public events were held in Yerevan and Gyumri. The campaign aimed at promoting HIV testing and changing stereotypes associated with testing in communities.

STRENGTHENING GENDER-BASED HEALTH SERVICES

Due to many factors, migrant and forcibly displaced women and girls often contend with specific threats and vulnerabilities that can directly expose them to specific health concerns and increase their health risks. As noted in *World Migration Report 2020*, one in two of the 272 million people who migrated across borders in 2019 were female.

Women are disproportionately overrepresented among low-skilled migrant workers, especially in the domestic and informal sector, and in precarious employment conditions. Migrant and displaced women and girls are more likely to experience sexual exploitation, intimate partner violence, and rape as safety conditions deteriorate in camps for IDPs, as forced evictions increase in urban centres, and during socioeconomic downturns. Nevertheless, despite being often more exposed to diseases, exploitation and substandard working and living conditions, and (GBV), migrant women and girls often face more obstacles in accessing essential, uninterrupted health-care services, including for sexual and reproductive health and rights (SRHR) services. IOM is on the frontlines of strengthening female migrants' access to health services while mitigating the health risks they may face, and advocates for extending migrants' roles to the design, implementation and monitoring of national and local health responses.

In 2019, IOM provided

185,150

ANTENATAL CONSULTATIONS

GBV mitigation and response activities

GBV is one of the most widespread human rights abuses in the world, affecting individuals and impacting entire communities, including mobile populations. GBV is therefore a distinct protection and health risk that is often exacerbated during crises and other difficult circumstances and threatens people everywhere IOM operates. Within its Institutional Framework for Addressing GBV in Crises (GBViC Framework), and in line with the Organization's commitments to the Call to Action on Protection from Gender-Based Violence in Emergencies, IOM migration health teams aim to ensure that the safety, dignity, well-being, and equitable access to services for all GBV-affected persons, especially women and girls, is prioritized and integrated.

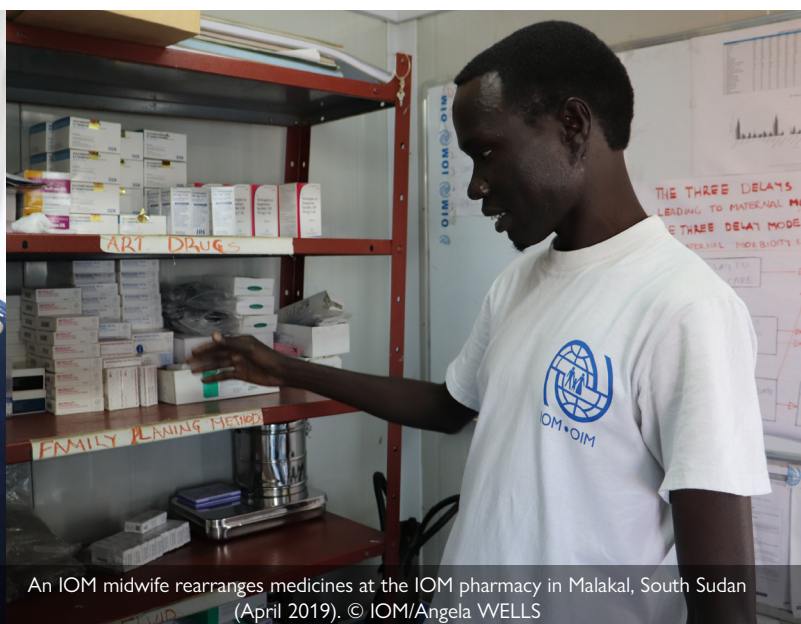
Increasing access to SRHR services

Across the world, many migrant women experience challenges when it comes to accessing sexual and reproductive health, including unplanned pregnancies, maternal mortality and morbidity, sexually transmitted infections (such as HIV/AIDS and HPV), and more. IOM aims to remove barriers to women's and girls' access to SRHR services in emergency and development settings alike. Specifically, across 31 crisis contexts, IOM provided 185,150 antenatal consultations in emergency settings in 2019.

► 2019 PUBLICATION: *Gender-based Violence Knowledge, Attitudes and Practices Survey in South Sudan*



Antenatal consultation for a Rohingya refugee in Cox's Bazar, Bangladesh (April 2019). © IOM/Mashrif ABDULLAH



An IOM midwife rearranges medicines at the IOM pharmacy in Malakal, South Sudan (April 2019). © IOM/Angela WELLS



Building national and local capacities to address GBV in Somalia

As critical GBV response capacity gaps had been identified in IDP camps and along the hazardous regional migration routes, IOM expanded the GBV interventions of its health team in Somalia, with a focus on enhancing the capacity of national authorities to deliver survivor-centred psychosocial support, health, safety and justice services.

IOM trained 48 nurses, doctors and midwives across 14 government primary health-care centres and 3 regional hospitals in Somaliland and Puntland to expand existing SRHR care services to include the prevention

and management of sexual violence. In addition, a three-day workshop for local stakeholders in the fields of immigration, justice and law enforcement, social welfare, health, and humanitarian assistance was organized to develop referral pathways, identify collaborative opportunities to prevent, mitigate and respond to GBV and identify additional resources needed. Actions agreed upon in the workshop were operationalized through coordinated action plans. To ensure accountability to service providers and the conflict-affected population, IOM routinely monitors the functioning of established GBV service referral networks and engages stakeholders to take corrective action where needed.

Integrating GBV mitigation into essential health services in Myanmar

In 2019, in the townships of Buthidaung, Maungdaw and Pauktaw, in Rakhine State, Myanmar, IOM worked closely with the Township Health Department and local health staff so that essential health outreach activities and mobile clinics fully integrated SRH and GBV mitigation services, including GBV referral support, within wider health referral systems.

In addition, IOM organized training for 54 community outreach health workers (OHWs) and 63 young people on basic gender-related issues, including GBV issues and referrals.

These trained OHWs and youth then helped spread the word in other townships, conducting about 770 awareness-raising sessions on SRHR and GBV.



Basic training for youth in Rakhine State, Myanmar (2019). © IOM



Joana, Change Agent Mentor from Nkomazi, South Africa (2019).
© IOM/Sarah PUGH

Community change agents in Southern Africa

To tackle the numerous sexual and reproductive health and rights challenges across Southern Africa, IOM joined forces with several partners on the project, “SRHR-HIV Knows No Borders”. Launched in 2016 to achieve improved SRHR and HIV outcomes and quality of life in migration-affected communities, it spans six countries in Southern Africa: Eswatini, Lesotho, Malawi, Mozambique, South Africa and Zambia.

Every year, close to 1,500 community change agents contribute to the project through home visits, community dialogues and training, with over 8,000 people, including youth and sex workers, benefiting from access to a range of services such as HIV testing and initiation to antiretroviral therapy, family planning tools, psychosocial support, and referrals for GBV survivors.

In October 2019, a [report](#) compiling the project’s stories of change and best practices was issued.

IMPROVING ACCESS TO IMMUNIZATION

Vaccines are one of our most critical and cost-effective tools for preventing outbreaks and keeping individuals, and therefore entire communities safe, and healthy. In coordination with partners – national and local health authorities, the World Health Organization (WHO), the UNICEF, and Gavi, The Vaccine Alliance, among others – IOM is a key player in global efforts to ensure that mobile populations, including refugees, asylum seekers, migrants in irregular situations, and hard-to-reach people, such as IDPs and vulnerable host communities, have proper access to vaccines. IOM also includes in its vaccination programming migrants over five years old not covered by traditional immunization programmes.

IOM performs vaccinations in

80
COUNTRIES

Key 2019 vaccination achievements

Overall, IOM routinely carries out vaccination activities in 80 countries, as part of national mass vaccination campaigns or in response to outbreaks. In 2019, depending on the context, IOM performed immunizations against at least 20 vaccine-preventable diseases: cholera, diphtheria, *Haemophilus influenzae* type b, hepatitis A, hepatitis B, human papillomavirus, influenza, Japanese encephalitis, measles, meningitis, mumps, pertussis, pneumococcal infection, polio, rotavirus, rubella, tetanus, tuberculosis, varicella and yellow fever.

In emergency settings, more than 380,750 children were vaccinated against polio and/or measles in 2019.

As part of IOM pre-migration health activities, over 445,800 vaccination doses were administered to close to 181,350 migrants and refugees in the process of migration on behalf of a number of receiving countries, including Australia, Canada, Finland, Germany, Ireland, Italy, Japan, Malaysia, New Zealand, Spain, the United Kingdom and the United States of America.

Vaccine infrastructure

In non-emergency settings, IOM procures vaccines from reputable manufacturers and distributors, prioritizing WHO-pre-qualified vaccines for its vaccine programmes. Delivering vaccination services in many settings where IOM works – particularly in remote locations or in countries with weak infrastructure – requires a robust vaccine distribution and storage system.

IOM ensures that all its MHACs have cold chain equipment, such as cold boxes, ice-lined refrigerators, digital thermometers, temperature data loggers and generators. Temperature monitoring and alert systems are in place in case of power outages. Staff are provided with ongoing training including on vaccine handling and administration, management of adverse effects, maintenance of cold chains and vaccination-related health education, to deliver vaccinations in line with international standards.



Global vaccine procurement and introduction of new vaccines



Improving vaccine coverage and equitable access



Strengthening immunization systems

IOM'S VACCINATION FOCUS AREAS

Photos: IOM vaccination activities in the Philippines, Rwanda and South Sudan. © 2019 IOM, A. EMPAMANO and A. NERO



Beneficiaries of IOM Colombia's health initiatives in Bogotá (2019). © IOM

Mobilizing for stronger vaccination systems in Colombia and neighbouring countries

Among other health-related initiatives, IOM supported the Colombian Government with three months of transportation services for vaccinators in Cartagena and La Guajira to reach the areas where measles index cases were located. In doing so, IOM Colombia helped the country become measles-free, as certified by the Pan-American Health Organization (PAHO).

In addition, IOM supported the launch and printing of the Single Vaccination Card (known in Spanish as the *Tarjeta Única de Vacunación* (TUV)). The initiative was led by the Ministry of Health of Colombia and included 10 other countries in the Americas. In total, 1 million of these vaccination cards were printed and distributed.

Leaving no child behind in South Sudan

Through regular and mobile services across all of IOM operating locations in South Sudan, over 42,000 children (21,663 boys and 20,351 girls) in hard-to-reach areas, such as remote villages, received routine vaccinations in line with the national immunization schedule. In addition, more than 11,700 women and girls of reproductive age (8,842 pregnant and 2,872 non-pregnant) were vaccinated against tetanus and diphtheria, also following the national immunization schedule.

In addition, following the start of a measles outbreak across the country, IOM was unanimously nominated by the Health Cluster to carry out the mass vaccination campaign in seven counties, due to its vast experience in organizing, coordinating and implementing similar efforts. Following in-depth planning, mapping and training, IOM managed to reach 246,136 children with the measles vaccine in response to the outbreak.

In September 2019, IOM South Sudan also became a partner of Gavi, The Vaccine Alliance, supporting 20 health facilities.



Polio vaccination campaign in South Sudan (2017). © IOM/Amanda NERO

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

As any form of migration implies a redefinition of individual, family, group and collective identities, roles and value systems, many migrants face a number of stress factors, including psychological trauma, that can durably affect well-being. Across its operations and at the policy level, IOM advocates for all migrants, regardless of their legal status, and forcibly displaced persons to have access to mental health and psychosocial support (MHPSS).

In addition, IOM provides direct MHPSS to migrants, returnees, crisis-affected people and host communities, and strives to build national and local capacities in MHPSS worldwide, including for humanitarian, law enforcement, social welfare, educational, cultural, health, mental health and psychosocial professionals.

IOM provides MHPSS in

72

COUNTRIES

Key 2019 MHPSS achievements

In 2019, IOM provided MHPSS to some 363,000 women, children and men in emergency and non-emergency settings across 72 countries.

MHPSS programmes, among others, continued to be offered to migrant returnees across the world, Rohingya refugees in Cox's Bazar, Bangladesh, IDPs in Nigeria's conflict-affected north-east, and displaced Syrian populations in Turkey. New MHPSS programmes were initiated in 2019 in Ethiopia, Burundi, Mozambique and Argentina.

Combining various modalities

Depending on needs, contexts and available resources, IOM MHPSS efforts are implemented through a variety of modalities ranging from community and family support, including through socio-relational and cultural activities, creative and arts-based activities, ritual and celebrations, sport and play, non-formal education and informal learning activities, one-on-one counselling, support groups and specialized services. In emergency settings, activities are mainstreamed into all sectors of humanitarian response, including camp coordination and camp management, protection, education and health.

► 2019 PUBLICATIONS: *IOM Manual on Community-Based Mental Health and Psychosocial Support in Emergencies* and *Displacement Reintegration Counselling: A Psychosocial Approach*



Volleyball game for persons living at the Protection of Civilians site in Malakal, South Sudan, (2019). © IOM/Angela WELLS



An MHPSS community awareness-raising session in Afghanistan (2019). © IOM



Creation of "emotion masks" in Phangnga, Thailand (February 2019). © IOM



Group psychoeducation session for women in Nigeria's north-east (2018). © IOM/Julia BURPEE

Mozambique: coping with the psychological aftermath of a natural disaster



Recreational activities for cyclone survivors in Chai, Mozambique (2019).
© IOM/Shanice UBISSE

After Cyclone Idai and Cyclone Kenneth hit Mozambique in 2019, IOM provided an integrated health–MHPSS–protection response to ensure access to essential services to displaced households and host communities. Close to 18,000 persons were supported through community-based recreational activities, focused psychosocial support offered by trained individuals, such as individual and group counselling, and referrals to specialized mental health care. Building on community resources, IOM built the capacity of disaster-affected communities, equipping them with skills to cope with distress, reactivate social ties and strengthen collective resilience.

IOM used participatory initiatives such as cultural, recreational and sports activities, and vocational training to restore and strengthen psychosocial support systems. Counselling sessions by IOM psychologists contributed to the alleviation of suffering from common disorders (e.g. insomnia, distress and enuresis in children) and prevent future mental health difficulties. They also supported the identification and referral of persons with chronic or severe

mental disorders, thus restoring the continuum of care. IOM played a key role in building the capacity of local mental health service providers, through formal and on-the-job training, to better respond to the MHPSS needs of the population.

Rohingya refugees: addressing the psychological consequences of forced displacement

IOM is one of the largest providers of health-care services in Cox's Bazar, Bangladesh, where IOM MHPSS teams provide much-needed support to both displaced Rohingya and their host communities. In 2019, MHPSS was provided to 43,842 individuals through services provided at health facilities, including psychoeducation and awareness-raising; counselling, assessment and identification of people with moderate to severe mental disorders; specialized services provided by clinical psychologists and medical doctors trained in the WHO Mental Health Gap Action Programme (mhGAP); referrals to psychiatrists; and follow-up. In 2019, mental health conditions were identified in 2,728 MHAs. Where indicated, migrants were referred to a specialist for further evaluation.

At the same time, IOM MHPSS teams contributed to the strengthening of the overall MHPSS system in Bangladesh by building the capacity of government stakeholders, community and religious leaders, representatives of community networks, local community-based organizations and non-governmental organizations. At the community level, MHPSS services included support group networks, socio-relational activities, creative and arts-based activities, rituals and celebrations, sport and play, non-formal education, and informal learning activities. Additionally, IOM continued to work towards creating the Cultural Memory Centre, a community space for promoting the preservation of Rohingya collective cultural memory. These efforts help address the loss of identity endured by many Rohingya and contribute to counteracting some of the cultural limitations and isolation they have had to face as a result of their displacement, directly affecting their mental health.

In 2019, to ensure a coordinated response, IOM was engaged in various coordination mechanisms, including co-leading the Inter-Agency Standing Committee (IASC) MHPSS Working Group in Cox's Bazar, leading its Emergency Preparedness and Response Plan and Assessment and Research subgroups, and contributing to the National MHPSS Task Force in Dhaka.



Adolescent Rohingya refugee girls learn henna design in Cox's Bazar (2019).
© IOM/Abdullah AL MASHRIF



Doctors from the local health centre in Brikama, the Gambia provided medical consultation to migrant returnees (May 2019). © IOM/Awa LOUM JAGNE

A holistic approach to mitigating the suffering of returning migrants in West and Central Africa

By the time they arrive back in their country of origin, returnees often would have faced difficult or distressing experiences. Once back home, they may feel shame and rejection; their communities are also highly impacted by the departure or loss of their family members and friends. In this context, many returnees develop serious mental health issues that can sometimes even lead them to take their own lives. Through the European Union–IOM Joint Initiative for Migrant Protection and Reintegration in the Sahel and Lake Chad Region, launched in December 2016,

IOM and partners have implemented a variety of initiatives as part of a holistic support package and provided psychosocial support to more than 6,000 returnees in 26 countries in West and Central Africa.

An achievement in 2019 within the initiative is the launch in May of a mobile health caravan in the Gambia. IOM staff, community health volunteers and doctors provided free medical consultations, psychosocial support and complimentary medicine to over 200 community members. Simultaneously, health education sessions were carried out on HIV, TB, depression and other mental health-related disorders.

In Cameroon, the MHPSS and Protection Unit reached close to 500 returned migrants identified as being in need of tailored psychosocial assistance. Activities included group psychoeducation sessions, family mediation, individual clinical interviews to assess needs, referrals (when needed) to the Ministry of Health's specialized mental health-care services and/or IOM civil society partners, such as the Trauma Centre.

Health journeys in Colombia for Venezuelan migrants

In 2019, IOM Colombia developed MHPSS actions to strengthen community and institutional capacities through sectoral and intersectoral alliances in the migration context, supporting health care through a psychosocial approach and strengthening comprehensive approaches to problems such as GBV and other issues.

Psychosocial support strategies were developed in the regions and involved community health networks that were formed between the migrant and host populations, and different institutions. Achievements involved the development of coping skills and competencies in the population, awareness-raising campaigns to mitigate stigma and discrimination, and prevention actions in mental health through spaces for well-being and listening, strengthening of family and social ties, and emotional support.



"My healthy talent": A group of talents from the migrant population are trained by psychosocial professionals in Cesar, Colombia on how to manage emotions (2019). © IOM

Overall, more than 36,000 services were provided in MHPSS, reaching close to 4,800 persons. In addition, 192 community health managers were trained in psychosocial approaches with respect to migrants.

NEW WAYS OF WORKING IN HEALTH AND MOBILITY

The IOM-managed health screening point in Komanda, Democratic Republic of the Congo (July 2019).
© IOM/Muse MOHAMMED



The ways in which people move are constantly changing. As migration dynamics evolve, so must the health tools that support managed movement, whether for assessment, screening, treatment, diagnosis, outbreak prevention or risk communication. Where possible, IOM health teams have been pursuing innovative approaches to address health issues from a mobility point of view. Some major areas of focus in 2019 include:

- New approaches in tackling outbreaks
- Health care for people in crisis situations
- Tailored pre-migration health activities

INNOVATIVE APPROACHES IN TACKLING OUTBREAKS

In an ever more mobile world and in the face of a public health threat, analysing and understanding the mobility dynamics and trends in disease-affected communities and communities at risk of being infected is critical. In 2019, in addition to implementing outbreak preparedness activities across the board, IOM responded to a number of major outbreaks in urban settings, camps and camp-like settings and hard-to-reach locations, including cholera in Yemen, measles in South Sudan and the Philippines, and Ebola virus disease (EVD) in the Democratic Republic of the Congo.

A member of the Global Outbreak Alert and Response Network, IOM has developed the Health, Border and Mobility Management (HBMM) framework to help address the mobility dimensions of public health threats, whether in complex crisis situations, following natural disasters or in public health emergencies. In line with the 2005 International Health Regulations, it includes novel and adaptable approaches to public health interventions, such as population mobility mapping and community-based activities. Under the HBMM, health interventions are considered throughout origin, transit, destination and return pathways (the mobility continuum), with a particular focus on points of entry (airports, ports and land border crossings) and congregation.

In addition, within its pre-migration health activities, IOM performs surveillance for outbreaks of communicable diseases in refugee camps and transit centres in several countries, among refugee populations awaiting resettlement and other groups that could potentially affect IOM resettlement activities.

In 2019, IOM trained
4,821
 HEALTH WORKERS
 in communicable diseases
 and outbreaks

Population mobility mapping

Population mobility mapping (PMM) was developed by IOM and adapted with WHO to inform public health decision-making before and during outbreaks. Originally adapted from Displacement Tracking Matrix (DTM) methodologies, it is a data collection and analysis activity that enables a better understanding of human mobility dynamics and helps identify areas of frequent mobility and congregation, both within and across borders, so that preparedness and response measures implemented can be as contextualized and therefore as impactful as possible. PMM can include a variety of components and methodologies that are applied based on the context and available resources. In 2019, PMM was critical to IOM operations in the EVD response in the Democratic Republic of the Congo and neighbouring countries and for the plague epidemic in Madagascar. Activities led to the establishment of health screening points and surveillance operations.

Community-based approaches

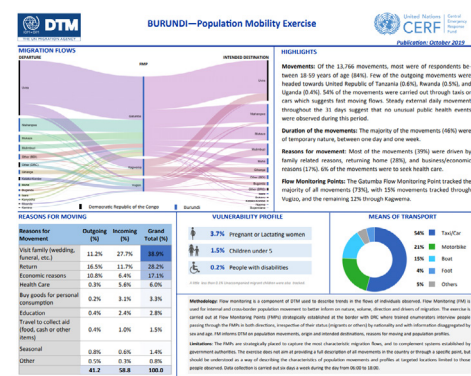
Across its outbreak preparedness and response programmes, IOM anchors its activities deep within communities. Some examples of community-based preparedness, surveillance and health education activities include:

- (a) Participatory mapping exercises, a PMM methodology for data collection through key informants and FGDs;
- (b) Training for a large network of hygiene promoters, community mobilizers and local health workers to spread messaging on how to prevent disease transmission;
- (c) Community event-based disease surveillance for early warning.

Health interventions at points of entry

IOM health teams have been working with governments towards strengthening global health security by “health-proofing” points of entry and congregation and other spaces of vulnerability. These critical interventions aim to enable people and goods to continue moving across borders as safely as possible, even amid a public health emergency, with minimal disruption to socioeconomic life.

Depending on the context, activities may include: (a) cross-border coordination on, and establishment and management of health screening points through temperature checks and questionnaires; (b) contact tracing; (c) provision of risk communication targeting the most at-risk (e.g. migrants, women, youth, travellers, truck drivers and sex workers); (d) training and simulations for government officials and staff; (e) technical assistance in developing standard operating procedures and referral mechanisms, among others; and (f) the installation or upgrading of handwashing facilities.



Strengthening disease surveillance along the Libya migratory route

In July 2019, IOM in Libya delivered induction training on cross-border health surveillance to 25 Libyan DTM enumerators working in border areas with Tunisia and Niger, namely Ghat, Qatroun, Murzuq, Traghin, Sebha, Zwailah, Ghadamis and Zwara. The training aimed to enhance the capacity for rapid and effective detection, notification, analysis and response to public health events that can affect migrants and host communities. Delivered jointly by IOM Migration Health and DTM staff, in partnership with WHO and the Libyan National Centre for Disease Control (NCDC), the training covered key topics such as syndromic and event-based disease surveillance at key transit points, the 2005 International Health Regulations, data collection and management, and specific health risks for migrant populations.

As a result of the training, DTM enumerators conducted syndromic health surveillance in 2019 through interviews with a total of 1,091 migrants in locations close to Libya's borders with Niger, Tunisia and Algeria. A total of 309 cases with disease syndromes were reported. In addition to syndromic health surveillance, enumerators also conducted event-based surveillance by reporting alerts on unusual public health events, such as suspected measles cases. Overall, six alerts were transmitted to WHO and the NCDC in Qatroun.

Ebola: a multi-country and multisectoral effort

When the tenth Ebola epidemic broke out in North Kivu, the Democratic Republic of the Congo, in August 2018, IOM was already implementing cross-border outbreak preparedness and response activities in the country. As the outbreak moved east, preparedness activities expanded to Burundi, Rwanda, South Sudan, the United Republic of Tanzania and Uganda, among others.

In 2019 alone, IOM supported the establishment or refurbishment of close to 110 health screening points, where over 116 million screenings of travellers were conducted during the year. In addition, IOM conducted: (a) prevention activities such as hygiene promotion and risk communication; (b) 20 PMM and flow monitoring exercises for evidence-based preparedness and response efforts in Uganda, Burundi and South Sudan; (c) training for public officials, staff and volunteers; (d) continued active surveillance (including contract tracing and community events-based surveillance); and (e) improvement of water, sanitation and hygiene facilities as part of infection prevention and control efforts. On the coordination front, IOM and WHO co-led the Points-of-entry Response Task Force and working groups.



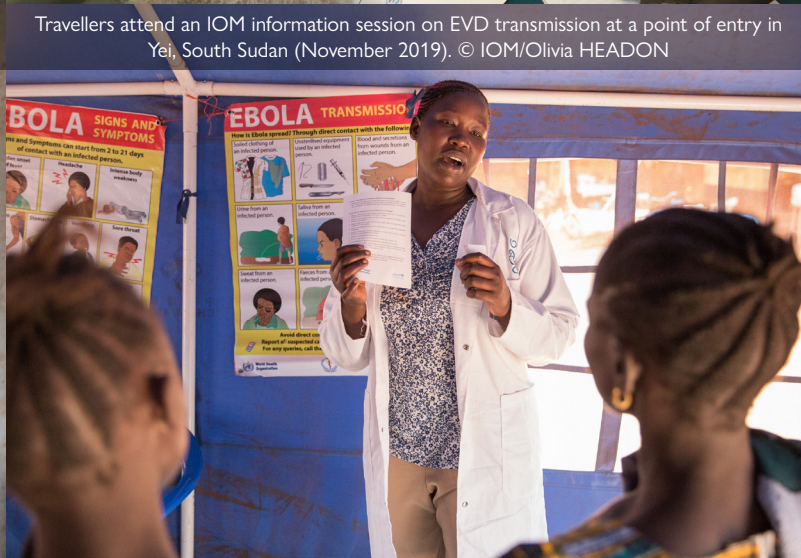
Handwashing station at a border crossing between the populous city of Goma, in the Democratic Republic of the Congo, and Rwanda (July 2019). © IOM/Muse MOHAMMED



Participatory mapping exercise in Yei, South Sudan (December 2019). © IOM



Travellers have their temperatures checked at a health screening point in Beni, Democratic Republic of the Congo (2019). © IOM/Muse MOHAMMED



Travellers attend an IOM information session on EVD transmission at a point of entry in Yei, South Sudan (November 2019). © IOM/Olivia HEADON

HEALTH CARE FOR PEOPLE IN CRISIS SITUATIONS

IOM provides direct health-care services for people in crisis situations to save lives, reduce morbidity and alleviate suffering. Among the people in crisis that IOM supports through direct medical service provision, depending on countries and contexts are: people affected by conflict, natural disasters or public health emergencies, including IDPs, returnees and refugees; host communities; stranded migrants; migrants in detention centres; and migrants in need of medical care or psychosocial support along perilous migration pathways (e.g. the “Eastern corridor”, the Mediterranean sea, across from the Bolivarian Republic of Venezuela to neighbouring countries, and the Balkan route) and in hard-to-reach areas.

Direct medical services for migrants and forcibly displaced persons in crisis happens through IOM health centres, IOM-supported primary health-care centres, mobile health clinics, special one-off interventions and more. They are usually delivered in an integrated manner along with other key health and non-health activities, including health promotion, referral to higher levels of care, GBV mitigation, vaccination campaigns, MHPSS, in pre-migration and resettlement cases, and are part of the general effort of IOM to strengthen health systems where most needed.

In 2019, IOM held

3.66
MILLION
PRIMARY CARE
CONSULTATIONS

Operations in humanitarian contexts

In addition to being a member of the Global Outbreak Alert and Response Network (GOARN), IOM is a formal partner of WHO and a member of the Strategic Advisory Group of the IASC Global Health Cluster. As such, IOM provides health services in line with international humanitarian law and principles and with respect for human dignity in some of the world’s most dire humanitarian contexts, such as the Rohingya refugee camps in Bangladesh, Yemen and South Sudan.

Key 2019 health-care achievements

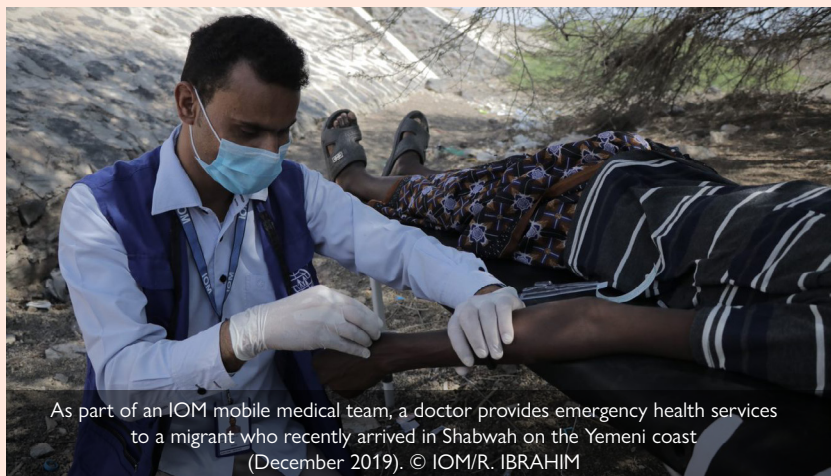
IOM conducted emergency health operations in 31 countries in 2019. Some 3.66 million primary health-care consultations were carried out, including more than 1.3 million in Yemen, more than 700,000 in Cox’s Bazar, Bangladesh, close to 600,000 in South Sudan, some 450,000 in Somalia, and close to 190,000 in Iraq. In addition, 31 emergency response teams were assembled and deployed.

A health-care worker conducts patient consultation at the IOM-supported Kutupalong Community Clinic, which services both Rohingya refugees and local Bangladeshis (2017). © IOM/Olivia HEADON



1.3 million consultations for conflict-affected Yemenis and migrants

As a provider of emergency health support in approximately 80 districts across Yemen, and to ensure that Yemeni nationals, migrants and vulnerable communities have access to adequate health services, IOM took a two-pronged approach of providing direct services through a combination of static and mobile clinics, as well as support to Yemeni health institutions. As the Yemeni health infrastructure is in shambles due to conflict, and in the face of public health concerns like cholera and dengue fever, IOM continued to develop its health programming in the country in 2019 to expand access to primary and secondary health-care services.



As part of an IOM mobile medical team, a doctor provides emergency health services to a migrant who recently arrived in Shabwah on the Yemeni coast (December 2019). © IOM/R. IBRAHIM

In parallel, IOM strived to strengthen the country's health system by providing medical equipment and supplies, as well as technical support to primary care clinics and hospitals in 17 governorates. Comprehensive training was given to health staff on the management of basic emergencies of obstetric and newborn care, infection prevention and control, and integrated management of childhood illnesses. In collaboration with WHO, IOM provided a minimum service package, which included support to staff, supplies, specialty services and capacity-building in line with the Health Cluster strategy. IOM is the principal recipient of the Global Fund Middle Eastern Response to fight HIV/AIDS, TB and malaria, which includes Yemen.

Overall in 2019, IOM provided: (a) health services through 86 health facilities (including 10 mobile teams); (b) 1.3 million primary health-care consultations (including 1.28 million consultations for internally displaced and conflict-affected Yemenis, and nearly 70,000 consultations for migrants); (c) health support for 20,000 people with minor and major surgeries; (d) training for 2,000 health workers trained across Yemen; and (e) health awareness activities that reached more than 800,000 people. IOM also provided screening and treatment for suspected cholera cases at 13 dedicated diarrhoea treatment centres, with 25 oral rehydration points embedded within health facilities, treating close to 37,100 people with cholera in 2019.

Medical consultation for a young baby at the Sana'a Shoub Health Centre for IDPs in Sana'a, Yemen (2019).
© IOM/Olivia HEADON



TAILORED PRE-MIGRATION HEALTH ACTIVITIES

Pre-migration health activities are some of the longest-standing services of IOM, delivered through HAP at the request of receiving country governments. These activities are provided for migrants going through regular migration processes, including refugees about to be resettled. They are carried out as part of the process for obtaining a temporary or permanent visa, family reunification or international employment, or of specific migrant assistance programmes, and during post-emergency relocation and reintegration. Pre-migration health activities may entail any number of screening, diagnostic, treatment or and/or preventive services, as well as travel-related health assistance. They may include a review of medical and immunization history, a detailed physical examination, laboratory or radiologic investigations, counselling, health education, vaccinations, management of conditions detected during the assessment, provision of medical escorts, and more. The scope and requirements are tailored depending on receiving country protocols and the epidemiologic profile of the country of origin, with a key base principle: the migration process should not endanger the health of migrants or the communities they are joining.

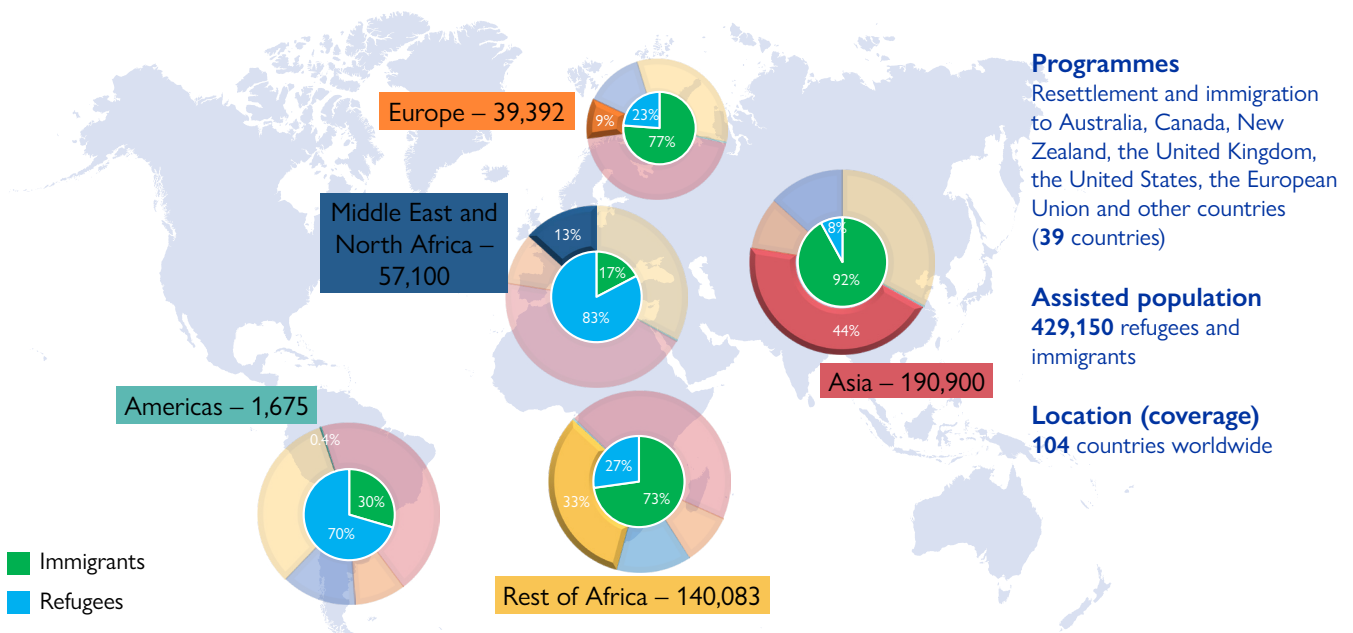
Continued innovation

IOM systematically applies new information technologies and computer science to global pre-migration health activities. In 2019, IOM worked on the continued development of its laboratory information management system launched in 2018 to manage laboratory-related data. This latest software development phase aims to link the system with other data management systems for the automatic submission of laboratory results to save time on data entry while increasing accuracy and efficiency. Another development in 2019 was the development of a streamlined version of the Electronic Personal Health Record (ePHR) system, used by IOM since 2016 to ensure that migrants' health records are available at transit and destination countries, and to facilitate continuity of care, with full respect for confidentiality. An abbreviated version of the platform, ePHR-Lite, was developed to facilitate data entry, analysis and transfer of migration health assessment data in Sicily, Italy, in partnership with local health authorities.

Key 2019 HAP achievements

IOM performed 13.5 per cent more pre-migration health assessments in 2019 than in 2018. In total, in more than 100 countries in Asia, Africa, Europe and Central Asia and the Middle East, IOM provided or supported the provision of migration health assessments for 429,150 immigrants (74%) and refugees (26%), through 71 MHACs and other locations. IOM maintains 26 laboratories, including 9 with the necessary biosafety level for TB detection, as well as 2 teleradiology centres networked to 83 locations worldwide. Throughout the year, close to 350,000 chest X-rays were performed, about 9,900 DNA samples were collected to facilitate family reunification, and more than 1,500 migrants were provided with medical escorts by IOM to ensure safe travel.

► 2019 PUBLICATION: *Migration Health Assessments and Travel Health Assistance – 2019 Overview of Pre-Migration Health Activities*



Note: This map is for illustration purposes only. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the International Organization for Migration. This map shows the IOM migration health assessment programme global footprint in 2019, and includes both IOM and IOM-assisted migration health assessments.



An IOM lab technologist at the IOM Migration Health Assessment Centre in Sri Lanka (2018). © IOM

Sri Lanka: health assessments for in-bound migrants

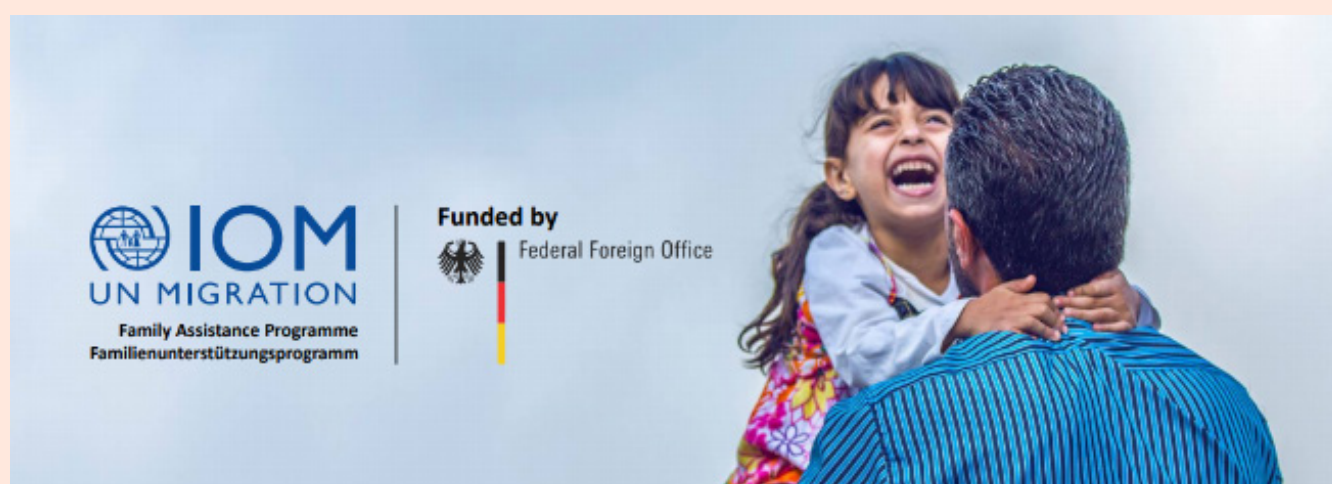
The Inbound Health Assessment Programme (IHAP) in Sri Lanka was established in 2019 by IOM, in partnership with the Sri Lanka Ministry of Health, Nutrition and Indigenous Medicine. This programme involves the provision of migration health assessments for resident visa applicants soon after arrival in Sri Lanka, and aims to promote the health of migrants by screening for and addressing their health needs, as well as the public health needs of the receiving communities. Migrants are screened for four conditions of public health concern, namely filariasis, malaria, HIV and TB; if necessary, treatment is provided through national programmes. Continuity of care is facilitated by ensuring access to primary health care, emergency care and ambulatory care through a health protection plan.

In 2019, 13,893 migration health assessments were conducted as part of the IHAP. A total of 238 beneficiaries were found to have filariasis, 29 with HIV and 2 with malaria. Molecular testing was performed for rapid detection of TB, which was found in nine beneficiaries.

Facilitating faster family reunification in Germany

In order to facilitate family reunification in Germany, the Family Assistance Programme was established by the German Federal Foreign Office in early 2016. Under this programme, visa applicants with urgent medical conditions are given priority appointments at the embassy, pending fulfilment of pre-set criteria. Based on its experience in the provision of migration health assessments, IOM supports the German Government with this process by providing a paper-based review of the medical documents of visa applicants claiming prioritization on medical grounds; IOM also conducts physical examination for validation of a claimed medical condition, as needed. Referral to a specialist may also be provided in some cases.

Applicants are then categorized according to the severity of their condition, and this, along with other information, such as whether there is a need for medical escort services for travel, is provided to the German Embassy. In 2019, 233 reviews were undertaken for these specific operations, 93 per cent of which were in the Middle East.



A Syrian refugee family undergoes a health assessment ahead of their resettlement to France to seek specialized medical care for one of their children (October 2019). © IOM/Angela WELLS



Assessments for refugees considered for resettlement on medical grounds

Refugees with medical conditions and who may need priority resettlement on medical grounds may be referred by the Office of the United Nations High Commissioner for Refugees to IOM for an assessment. IOM carries out an assessment of a refugee's medical condition, prognosis and the possibility of management in the country of asylum, and provides recommendations on the need and urgency of resettlement. In 2019, 926 assessments for this purpose were completed across 13 countries in Africa (13.8%), Asia (17.5%), Europe (0.2%) and the Middle East (68.5%).

A tailored health information management system for Italy

As part of the project, "Technical Assistance and Support to the Local Health Authority of Siracusa", IOM conducted an information technology needs assessment for the Provincial Health Authority of Siracusa, Italy, one of the local partners of IOM participating in the European Commission's Re-Health Initiative.

The purpose of the initiative was to improve the capacity of their health information management systems to: (a) manage the medical records of migrants arriving by sea; (b) ensure continuity of care; (c) provide inclusive health-care services capable of catering to increasingly diverse populations; (d) and transfer medical records from the ePHR platform to the local patient management system.

Siracusa was one of the pilot locations for this initiative; feedback from the participants indicated that the platform was too complex and not well adapted to local settings. Based on the requirements gathered during the needs assessment and in coordination with various stakeholders, IOM undertook to streamline and adapt the ePHR system to the Sicilian context.

Medical forms for the different local settings were designed by IOM and used as basis for the development of the online platform, which ran from April to October 2019. IOM then led the roll-out of the platform with on-site testing and training in November 2019, which saw the participation of approximately 20 people, including medical doctors and cultural mediators from various provincial authorities. On 18 December 2019, IOM Italy officially launched ePHR-Lite.



CONTRIBUTING TO STRONGER MIGRATION HEALTH GOVERNANCE



On health as on other matters, IOM is an important partner for Member States in delivering services to migrants they do not have the capacity to deliver themselves. However, with the adoption of the Global Compact for Migration in 2018, IOM has seized the opportunity to scale up its support and capacity-building initiatives for stronger governance of migration worldwide – including its health dimensions. Key components of IOM efforts to improve migration health governance include:

- Paving the way to universal health coverage
- Building health capacities worldwide
- Supporting evidence-based decision-making

PAVING THE WAY TO UNIVERSAL HEALTH COVERAGE

Through policy efforts, public and private advocacy, and strong partnerships at all levels, IOM has been a key voice for the advancement of health-related aspects of the Sustainable Development Goals (SDGs), including Goal 3, Target 8 to achieve universal health coverage by 2030. In addition, the Organization's migration health work is anchored on WHA resolutions relating to the health of migrants, as well as the Global Compact for Migration, in particular, Objective 15 on the provision of access to basic services for migrants.

Policy and advocacy at all levels for migrant inclusion

At the global level, IOM is a leading voice in the increasing recognition that migration is a determinant of health, that there is no health without migrant health, and that migration plays a key role in ensuring that nations advance towards achieving the positive health outcomes listed in the 2030 Agenda. In September 2019, IOM participated in the High-Level Meeting on Universal Health Coverage during the seventy-fourth session of the United Nations General Assembly in New York, and welcomed the landmark Political Declaration for the United Nations High-level Meeting on Universal Health Coverage. In addition, IOM is an active partner of the UHC2030 movement.

IOM contributed to drafting the WHO Global Action Plan for Promoting the Health of Refugees and Migrants presented during the seventy-second World Health Assembly in 2019.

In addition, IOM continues to advocate at the regional level to facilitate multi-country partnerships and cross-border cooperation for the inclusion of migrants in health preparedness and response efforts.

At the national level, IOM continued to promote the development of national migration health policies and to work with municipalities in 2019 – in particular through the Mayors Mechanism of the Global Forum on Migration and Development – for the inclusion of all migrants, regardless of their migration status, in health services.



Multisectoral and strategic partnerships for greater impact

IOM migration health activities are implemented in partnership with dozens of governments, health and other officials, United Nations agencies, civil society organizations (CSOs) and more. The aim is to ensure that migrant inclusion in health services is implemented holistically and in a multisectoral manner. The impact of the Organization's strategic health-related partnerships is reflected throughout its policy, advocacy, and technical and operational migration health activities.

Notably, in January 2019, IOM signed an updated memorandum of understanding with WHO on the sidelines of the 144th session of the WHO Executive Board.

IOM Migration Health Director, Jacqueline Weekers, welcomes the adoption of the Political Declaration for the United Nations High-level Meeting on Universal Health Coverage at the United Nations Headquarters in New York (September 2019). © IOM



INCOSAMI: For improved migrant health in Central America

In November 2019, the Third Technical Meeting of the Joint Initiative on the Health of Migrants and Their Families (INCOSAMI), on the “Attention and Protection of the Right to Health of Migrants and Their Families”, was held in El Salvador. Technical representatives of the ministries or secretariats of health and migration authorities from seven countries were present: Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua and the Dominican Republic. In addition, representatives of academic institutions, CSOs, and regional and international organizations also attended.

The objectives of the meeting were to: (a) analyse the regional situation in terms of the care and protection of the right to health of migrants; (b) present and analyse instruments related to the protection of the health of migrants in Central America and Mexico; (c) develop a road map to improve the capacity to respond to the diverse health needs of migrants; (d) and prioritize topics for the development of the INCOSAMI health and migration interactive map.

A key outcome of the meeting was the Declaration of San Salvador on Health and Migration, which advocates for the need to include the health of migrants and their families as an essential part of the economic and social development programmes and projects in the region.

A renewed WHO–IOM partnership in action

IOM and WHO have been working in close collaboration for several decades, including through a formal memorandum of understanding since 1999, which was updated in January 2019. Upon the request of WHO member States, IOM collaborated closely in the development of several WHO governing body processes focused on promoting the health of migrants and refugees, including the WHA resolution on promoting the health of migrants and refugees, the Framework of Guiding Principles and Priorities for Promoting the Health of Migrants and Refugees, as well as contributing to situation analyses and reports on practices that address the health needs of refugees and migrants.

Furthermore, IOM has remained engaged with WHO and member States throughout the development of the Global Action Plan to Promote the Health of Refugees and Migrants. IOM engages in numerous global initiatives, such as the Migration 5 Health Working Group, the International Platform on Health Worker Mobility, the Working Group on Tuberculosis and Migration at the International Union Against TB and Lung Disease, the Strategic Advisory Group of the Global Health Cluster, and the Global Outbreak Alert and Response Network.



IOM Director General António Vitorino (left) and WHO Director-General Dr Tedros Adhanom Ghebreyesus (right) at the signing of the updated WHO–IOM memorandum of understanding (January 2019). © IOM

Europe and Central Asia: “HIV, Human Rights and the Law” event

In October 2019, in the Republic of Moldova, more than 50 participants from seven countries (Belarus, Georgia, Kyrgyzstan, the Republic of Moldova, the Russian Federation, Tajikistan and Ukraine) gathered for the first Regional Judges’ Forum on HIV, Human Rights and the Law in Europe and Central Asia. The main topic addressed was how to better protect the rights of people living with HIV or TB. Despite recent significant improvements in the region relevant to HIV and TB, legal barriers persist: these include the criminalization of or increased punitive measures against HIV transmission, sex work and drug use; forced and coerced (mandatory) HIV testing; and prosecution of people who are not able to or willing to undergo TB treatment.

IOM briefed the participants on the health implications of HIV-related travel restrictions, with evidence from studies conducted among migrants by IOM in the South Caucasus and Central Asia. The fear of deportation drives people to avoid HIV or TB testing and delay seeking medical care in general, with major consequences on the health of individuals and entire communities.

Support in developing a national migration health policy: Nepal in focus

Since 2017, IOM Nepal has been working on strengthening the capacity of the Government for the development and implementation of the National Strategic Action Plan on Migration Health. In 2019, the project successfully led to the introduction of migration and health into the Fifteenth Periodic Plan of the Government of Nepal, the development of the National Health Policy and the allocation of a migration health budget for the first time in the country’s history. Through the project, IOM was also able to conduct cross-border health vulnerability research among India-bound returnee migrants and revise the health component of pre-departure orientation training curriculum based on the current health challenges faced by migrants abroad. The next steps include supporting the Ministry of Health and Population in producing a National Migration Health Strategy based on the plan and policy documents.

BUILDING HEALTH CAPACITIES WORLDWIDE

In parallel to efforts of IOM to provide health services that weaker health systems worldwide do not have the capacity to provide, the Organization strives to boost the capacity of its partners through regular training and targeted capacity-building initiatives. For stronger migration health governance across the board, IOM stresses the need for collaboration between countries and between sectors.

Promoting multi-country, multisector best practices

When it comes to addressing health matters from a mobility standpoint, looking at the capacity of the health sector alone is bound to leave some major gaps. Across the world, depending on specific needs and contexts, IOM often brings together in the training it delivers, health professionals, immigration staff, border officials, community leaders, members of security forces, academia and political decision makers to provide an all-encompassing understanding of the complex relationship between health and migration. In addition, to enable cross-border efforts regarding health to be as effective as possible and best address the needs of people on the move, IOM often undertakes capacity-building initiatives with a regional scope, with multiple countries in attendance.

A major focus of IOM's responses in emergency contexts is health system strengthening through training and the promotion of best practices. Through IOM HAP, the Organization continuously trains national partners and service providers (e.g. laboratory staff), and provides support to and collaborates with non-IOM panel sites across the world.

Towards greater health security in West Africa

In 2015, in response to the EVD outbreak in West Africa, IOM and the US Centers for Disease Control and Prevention (CDC) entered into a five-year cooperative agreement to build the capacities of West African States to better prevent, detect and respond to complex communicable disease outbreaks and health threats, with a focus on strengthening surveillance, bilateral and regional coordination to implement the 2005 International Health Regulations, and building health capacities at points of entry. Through the agreement, IOM has also led a cross-border project in Mozambique and South Africa to support Mozambican miners and other migrant workers in their access to TB and HIV care and treatment.



Population mobility mapping in Port Loko, Sierra Leone (2015). © IOM

In 2019, IOM and the CDC continued their collaboration in Senegal, Guinea and Mozambique. This included the distribution of basic medical equipment and tools for the management of ill travellers to border health authorities at the Blaise Diagne International Airport and the Autonomous Port of Dakar, Senegal; the revision of the public health emergency response plan and standard operating procedures at the airport; and training of health workers in the detection, notification and management of suspected EVD cases, including infection prevention and control measures, and entry and exit screening of travellers.

In Guinea, IOM continued to work with public health authorities throughout 2019 to improve capacities to detect and respond to public health emergencies at points of entry, and to strengthen the national Public Health Emergency Operation Centre. In addition, having contributed to build a solid network for community-based surveillance prior to 2019, IOM proceeded in 2019 to develop a transition plan for the integration of community-based surveillance activities in the routine health system package.

In Mozambique, IOM supported 598 index patients in adhering to and completing TB treatment in 2019, of which 48 were active miners, 459 were ex-miners and 91 were migrant workers. Additionally, IOM screened family members of index patients, including 1,462 adults, identifying 58 new HIV-positive cases and 17 new TB-positive cases among them. IOM also supported 244 children under five years of age to start isoniazid preventive therapy.



Boosting capacity to address health and protection risks throughout the Mediterranean migration routes

Migrants originating from sub-Saharan Africa, travelling through the Eastern, Middle and Western Mediterranean routes – particularly those in irregular situations, or those forced to flee, as well as migrant workers involved in precarious employment conditions – are susceptible to ill health. The perilous journeys they undertake are filled with associated risks factors, such as psychosocial stress, GBV, exposure to infectious diseases and nutritional deficiencies, coupled with the lack of access to the most basic needs, particularly health services.

Since early 2018, IOM has been coordinating a project from its mission in Morocco, aimed at improving the well-being of vulnerable migrants transiting through Morocco, Tunisia, Egypt, Libya and Yemen. Through health system strengthening and technical support, IOM assists governments and individuals in addressing migration- and mobility-related health challenges so that migrants can have equitable access to services. The project relies on strong collaborations between IOM and the relevant health ministries to create solid, migrant-friendly health systems for the benefit of those on the move and the communities hosting them. Equally critical is active and close engagement with migrant communities and civil society actors in the development of rights-based and linguistically and culturally appropriate policies and programmes.

From 1 February 2018 to 31 October 2019, some 11,560 vulnerable migrants were sensitized on their rights to health and protection, and a total of 66,685 instances of support were provided in the form of medical, humanitarian and/or psychosocial help. Public health risks assessments were carried out in 16 detention centres in Libya, the results of which were published in Libya in September 2018 and in June 2019 for a cross-regional knowledge exchange workshop in Bangkok. In addition, various training programmes were organized to build the capacity of service providers, and the National Migration and Health Plan (2017–2021) was revised at the request of the Department of Epidemiology of the Ministry of Health in Morocco. In Tunisia, in March 2019, the Ministry of Health issued a bulletin emphasizing the right of migrants to have access to public health-care services.

Greece and Turkey: a focus on border and coast guards

In June 2019, IOM carried out a training on migration and health within the framework of the Regional Cooperation on Border Management with Greece and Bulgaria, in Alexandroupolis, an important migrant hub in Greece.

In total, 22 participants from Greece and Turkey – border guards, coast guards, representatives from the Directorate General of Migration Management, the Turkish Ministry of Interior and the Turkish Ministry of Trade – took part in the event.

The objective was to strengthen participants' capacities to handle the health aspects of migration, including how to recognize and deal with communicable diseases, questions of mental health and migration, occupational health matters, first-aid skills, and intercultural issues in dealing with migrants and health. The training concluded with a mapping exercise on existing structures and materials in place, as well as gaps to be filled to fully ensure migrant-responsive and culturally sensitive provision of services to migrants and refugees.



SUPPORTING EVIDENCE-BASED DECISION-MAKING

To advance evidence-informed migration health policy and practice, IOM is working to map the knowledge on migration and migrants' health, and on the narrow relationship between human mobility and the health of individuals and communities. The IOM Migration Health Research team provides technical support and guidance on advancing evidence-informed approaches across all migration health activities.

In collaboration with dozens of academic institutions, as well as IOM's Global Migration Data Analysis Centre, the team also manages the Migration Health Research Portal, which seeks to be a one-stop shop that showcases IOM's work in the domain of migration and health research.

In 2019, IOM issued

66

MIGRATION HEALTH
PUBLICATIONS

Expanding knowledge on migration health

In 2018, IOM undertook the first-ever bibliometric analysis of global migration health research in peer-reviewed literature focusing on international migrants. The study revealed major gaps in research productivity, especially in the Global South, as most literature is from high-income migrant destination countries, despite significant migration from the countries of Asia, Latin America, Africa, the Middle East and Eastern Europe. The need to support the networking and capacity development of researchers, especially those from developing nations, to undertake migration health-related research was highlighted.

Therefore, throughout 2019, IOM continued to strive to expand the knowledge on migration and migrants' health and issued 66 publications, covering issues as diverse as GBV knowledge among IDP populations in South Sudan, supporting the mental health needs of returning migrants, and the impact of migrant health workers on the health system in Argentina.



Knowledge management services

The IOM Migration Health Research Portal is a repository of knowledge that includes: IOM migration health publications (including research papers, technical reports, policy briefs, health profiles, training manuals/guides, fact sheets, newsletters, and conference and poster presentations); IOM migration health projects (completed/ongoing from around the globe); the Migration Health and Development Research Initiative (MHADRI) global scholars network; the IOM migration health research quarterly bulletin; IOM migration health research podcasts; and a list of upcoming events relevant to migration health.



In Gaziantep, Turkey, an IOM Mobile Psychosocial Support Team organized an arts and education event for Syrian children (September 2019). © IOM / Nadine AL LAHAM

A workshop on understanding the gaps in migration health research

Who are the major contributors to migration health research? What are the dominant research areas and topics? Which migrant categories are covered? How can we understand the research productivity and evidence gap in migration and health? What were/are the local and international collaborations?

In November 2019, a group of scholars, policymakers and IOM staff looked into these questions during a workshop on bibliometric analysis of migration health research held in Manila, the Philippines. The workshop – the first of its kind – harnessed research collaboration within IOM and with government agencies, clinicians and research institutions, mainly from South and South-East Asia.



Participants at the workshop on Undertaking Bibliometric Analysis of Migration Health Research in Manila, Philippines (2019). © IOM

Co-organized by IOM, MHADRI and the Migration and Health South Asia Network, the workshop served as a platform to develop research capacity, with a particular focus on researchers in the Global South, in undertaking bibliometric analysis to identify gaps in research output in migration health.

The Manila Consensus Group forged at the workshop aimed to further refine and test search strategies for bibliometrics research and provide analytical rigour to apply these methods in migration health research. The group committed to developing methodological guidelines in undertaking bibliometric analysis, as well as to work on providing a standardized approach to undertaking bibliometric analysis relevant to research on international and internal migration dynamics.

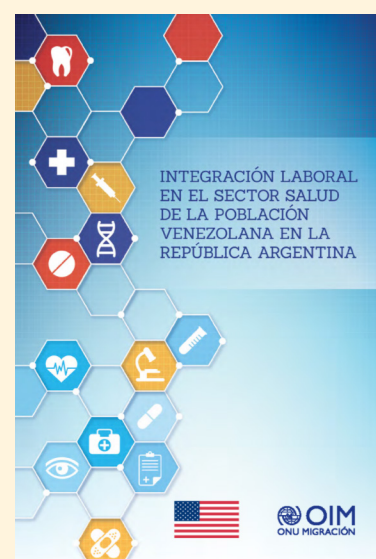
Situation analysis of migrant health in Viet Nam

From November 2018 to July 2019, IOM undertook a situation analysis in Viet Nam, in collaboration with the Ministry of Health and WHO, to assess the health of migrants in the country and the barriers and facilitators to their access to health care. The study aimed to develop recommendations in areas of prioritized action to promote migrant health in Viet Nam. Based on the study results and recommendations, IOM aims to support the capacity of the Government in developing a five-year national action plan on migrant health for Viet Nam.

A study on how Venezuelan health professionals strengthen the public health system in Argentina

IOM carried out research and published its findings in August 2019, demonstrating that Venezuelan migration is helping relieve the health professional shortages Argentina is facing. Many of the 145,000 Venezuelans currently living in Argentina are trained as nurses and doctors. IOM released this and other findings of the study, “Labour Integration in the Health Sector of the Venezuelan Population in Argentina”, carried out in the framework of the response to the flows of refugees and migrants from the Bolivarian Republic of Venezuela to Argentina.

The study was launched in Buenos Aires, Argentina, with the participation of the National Directorate for Migration, senior government officials and organizations of Venezuelan health professionals. The research aimed to characterize Venezuelan health professionals living in Argentina, both in terms of their labour qualifications and those much sought after by the local job market. By means of this study, IOM hoped to contribute to decision-making by migration, sanitary and educational authorities, regarding the promotion of the labour integration of the Venezuelan population residing in the country.



The achievements of IOM draw on the strengths of its partners
and the generosity of its donors.

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