

MIGRATION HEALTH

2020 IMPACT OVERVIEW



The opinions expressed in the report are those of the authors and do not necessarily reflect the views of the International Organization for Migration (IOM). The designations employed and the presentation of material throughout the report do not imply expression of any opinion whatsoever on the part of IOM concerning the legal status of any country, territory, city or area, or of its authorities, or concerning its frontiers or boundaries.

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.

Publisher: International Organization for Migration
17, route des Morillons
P.O. Box 17
1211 Geneva 19
Switzerland
Tel.: +41 22 717 9111
Fax: +41 22 798 6150
Email: hq@iom.int
Website: www.iom.int/migration-health

Cover photo: Shantona, a midwife at one of IOM's health centres in Cox's Bazar, Bangladesh, and one of IOM's front-lines responders to COVID-19. © IOM 2020/Nathan WEBB

Spread on pages 9 and 10, from left to right: Lebanon © IOM 2020/Angela WELLS; Bosnia and Herzegovina © IOM 2020; Bangladesh © IOM 2020/Abdullah AL MASHRIF; Colombia © IOM 2020; Yemen © IOM 2020; Guinea © IOM 2020; Honduras © IOM 2020; Kenya © IOM 2020; Libya © IOM 2020; Ghana © IOM 2020/Juliane REISSIG

Required citation: International Organization for Migration (IOM), 2021. *Migration Health 2020 Impact Overview*. IOM. Geneva

This publication was issued without formal editing by IOM.

ISBN 978-92-9268-079-4 (PDF)

© IOM 2021



Some rights reserved. This work is made available under the [Creative Commons Attribution-NonCommercial-NoDerivs 3.0 IGO License](https://creativecommons.org/licenses/by-nc-nd/3.0/igo/legalcode) (CC BY-NC-ND 3.0 IGO).*

For further specifications please see the [Copyright and Terms of Use](#).

This publication should not be used, published or redistributed for purposes primarily intended for or directed towards commercial advantage or monetary compensation, with the exception of educational purposes e.g. to be included in textbooks.

Permissions: Requests for commercial use or further rights and licensing should be submitted to publications@iom.int.

*<https://creativecommons.org/licenses/by-nc-nd/3.0/igo/legalcode>

MIGRATION HEALTH

2020 IMPACT OVERVIEW



CONTENTS

ACRONYMS.....	VI
FOREWORD.....	VII
2020 IN NUMBERS.....	1
A GLOBAL FOOTPRINT.....	3
HIGHLIGHTS OF THE YEAR.....	5
1. CONNECTING HEALTH SECURITY AND HUMAN MOBILITY.....	6
Outbreak preparedness and response.....	7
COVID-19: 10 ways IOM supported vulnerable migrants through the global health crisis.....	10
Pre-migration health activities.....	11
Health services for front-line UN Staff.....	13
2. INCREASING COMMUNITIES' HEALTH RESILIENCE.....	14
Primary care for people in crisis contexts.....	15
Combating persistent disease threats.....	17
Gender-specific health services.....	19
Greater immunization coverage.....	21
Mental health and psychosocial support.....	23
3. STRENGTHENING MIGRATION HEALTH GOVERNANCE.....	26
Paving the way to universal health coverage.....	27
For greater mobility-health integration.....	29
Strengthening research and evidence base.....	31



“The need for inclusive approaches in our health-related thinking and practices has never been more evident...”

Access to health is a right, yet the list of barriers and difficulties that migrants, as well as forcibly displaced persons, face across the world is far too long...

The only solution... is solidarity and inclusion in public health plans and services. And it requires strong political will to do, not just what is right, but what is necessary, for the health and well-being of all.”

ACRONYMS

AIDS	acquired immunodeficiency syndrome
COVID-19	coronavirus disease 2019
DOT	directly observed treatment
EVD	Ebola virus disease
GBV	gender-based violence
HAP	Health Assessment Programme
HIV	human immunodeficiency virus
IDP(s)	internally displaced person(s)
IOM	International Organization for Migration
IPC	infection prevention and control
MHAC	migration health assessment centre
MHPSS	mental health and psychosocial support
PAHO	Pan-American Health Organization
PCR	polymerase chain reaction
PMM	population mobility mapping
RCCE	risk communication and community engagement
SDGs	Sustainable Development Goals
SRH	sexual and reproductive health
TB	tuberculosis
UHC	universal health coverage
UN	United Nations
WASH	water, sanitation and hygiene
WHO	World Health Organization

FOREWORD

By António Vitorino
IOM Director General

The year 2020 tested us in every possible way: our health systems, our mobility frameworks, our economies, our resilience, and ultimately, our values. The difficulties for individuals, communities and governments were countless, but they were met with unyielding resolve and acts of solidarity. In a year of physical distancing and reduced mobility, communities and decision makers joined forces to find common solutions.

For those dedicated to addressing issues of migration health, the COVID-19 pandemic brought home in the clearest terms that public health and human mobility are inextricably linked and, at their intersection, beats the pulse of our socioeconomic well-being.

The year also brought inequalities into sharp focus. Migrants play a crucial role in keeping our societies afloat during crises, in particular in the health sector. They are essential members of our communities at large; but too often, they face discrimination and stigma, are much more exposed to health vulnerabilities than nationals, yet face considerable difficulties in accessing basic rights and services, such as medical care. This injustice must end.

Today's world counts approximately 272 million international migrants and another 750 million who migrated within the borders of their countries. This includes more than 80 million forcibly displaced persons. For 70 years, the International Organization for Migration (IOM) has been working to address their specific health needs, while offering technical and operational support to governments to build stronger and more inclusive health systems.

In 2020, the new needs created by COVID-19 have necessitated constant adaptation and rethinking within IOM's migration health programming. We scaled up our infection prevention and control (IPC) measures; streamlined risk communication into all our activities; made health facilities fit for purpose; seconded staff to strengthen government health ranks; boosted our capacity to support surveillance efforts at airports, ports and land border crossings; trained our teams on new skills such as PCR testing; and carried out sustained advocacy at all levels to ensure migrants were accounted for in COVID-19 preparedness and response efforts, including vaccinations.



Moreover, with overstretched health systems worldwide and upon request from the United Nations (UN) system, IOM launched a brand new activity, leveraging its large network of medical facilities and personnel to provide essential health services for front-line UN staff. This was key in ensuring staff could remain where most needed and carry on with life-saving operations.

Amid all those shifts – and despite the numerous logistical, technical and financial challenges presented by the pandemic – our migration health teams also strove relentlessly to continue delivering high-quality, reliable and tailored non-COVID-19 health services for migrants, including forcibly displaced persons. Across 108 countries, we provided primary care consultations, sexual and reproductive care, routine and outbreak-related immunization, mental health and psychosocial support, health assessments for migration and resettlement processes, and many other types of assistance. IOM health teams maintained their focus in the fight against tuberculosis, HIV/AIDS, malaria, measles, Ebola, and other deadly illnesses. This impact overview offers only a glimpse into our global achievements.

We sincerely thank our donors and partners for their ever-reliable support. It goes without saying that none of it would have been possible without the unwavering commitment of our staff. Tragically, three members of our health teams lost their lives over the course of the year due to COVID-19. With our continued work towards health justice and equity, we honour their sacrifice and memory.

Together, we must recommit to ensuring that when it comes to health, everyone's rights are respected. Let's build back better so that migrants are included in public health services, in line with Objective 15 of the Global Compact for Safe, Orderly and Regular Migration, and universal health coverage principles as set out in the Sustainable Development Goals.

A handwritten signature in black ink, which appears to read 'António Vitorino'. The signature is stylized and fluid, with a long horizontal stroke at the end.

MIGRATION HEALTH

2020 IN NUMBERS



653

SUPPORTED HEALTH FACILITIES

including



39

IOM-MANAGED HEALTH FACILITIES
IN CRISIS CONTEXTS

and



69

IOM-MANAGED MIGRATION HEALTH
ASSESSMENT CENTRES (MHACs)



233 million

USD

invested in



108

COUNTRIES

including



40

EMERGENCY OR CRISIS CONTEXTS

with



1,244

HEALTH STAFF

working across



265

PROJECTS



853,950

PEOPLE VACCINATED

and



732,350

PEOPLE ASSISTED WITH
MENTAL HEALTH AND
PSYCHOSOCIAL SUPPORT



16,600

HEALTH WORKERS
TRAINED IN COMMUNICABLE
DISEASES IN CRISIS CONTEXTS



271,100

MIGRATION
HEALTH ASSESSMENTS

(18% among refugees and 82% among immigrants)

in addition to



3.43 million

PRIMARY HEALTH-CARE
CONSULTATIONS
IN CRISIS CONTEXTS

and



249,550

ANTENATAL CONSULTATIONS



2

TELERRADIOLOGY CENTRES

networked to 83 locations

as well as



33

LABORATORIES

with 9 biosafety level 3 labs (for tuberculosis detection)



887

SUPPORTED
HEALTH SCREENING POINTS
AND POINTS OF ENTRY

in addition to



370

PARTICIPATORY MOBILITY
MAPPING EXERCISES

as well as



148,050

HEALTH INFORMATION SESSIONS
AMONG COMMUNITIES



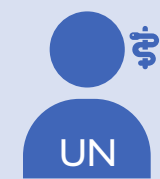
181

ADVOCACY AND
RESEARCH PUBLICATIONS



121

MOBILE MEDICAL TEAMS
IN CRISIS CONTEXTS



6,814

UNITED NATIONS STAFF AND
DEPENDENTS ASSISTED
WITH ESSENTIAL HEALTH SERVICES

A GLOBAL FOOTPRINT

HEADQUARTERS, REGIONAL OFFICES
AND ADMINISTRATION


 USD 16.2 million


AMERICAS


 USD 17.1 million

 4


EUROPE AND CENTRAL ASIA


 USD 12.7 million


 13


 7


MIDDLE EAST AND NORTH AFRICA

 USD 52.4 million


 11


 10


 3


 7


SUB-SAHARAN AFRICA


 USD 78.9 million

 11

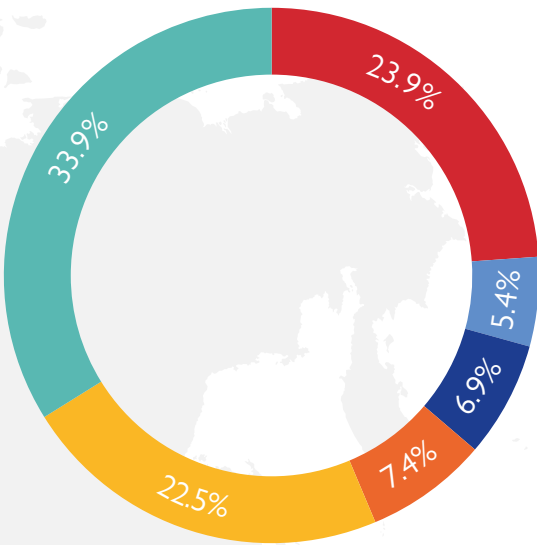
 21

 12

 1


 15


EXPENDITURE PERCENTAGE
BREAKDOWN BY REGION





Total 2020 expenditure: USD 233.1 million


ASIA AND THE PACIFIC


 USD 55.8 million


 17


 25


 18


 1


 7


 Expenditures USD

 IOM health facilities in crisis contexts

 IOM MHACs

 IOM laboratories

 IOM teleradiology centres

 Countries with emergency or crisis context

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.

HIGHLIGHTS OF THE YEAR

JANUARY

- IOM supports response to measles outbreak in Ethiopia.
- COVID-19 is declared a public health emergency of international concern.

MARCH

- IOM opens first health centre in Yemen's largest IDP camp.
- COVID-19 is declared a pandemic by WHO.
- IOM scales up plans for COVID-19 readiness and response, appeals for USD 116.1 million.
- IOM co-announces temporary suspension of resettlement travel for refugees due to COVID-19 related restrictions.

MAY

- Seventy third World Health Assembly: IOM calls for migrant inclusion in COVID-19 responses and combating stigma and discrimination.

JULY

- IOM signs an agreement with the UN system to start providing essential health services to UN staff members and their families so they can continue delivering on its mandate.

SEPTEMBER

- IOM revises its COVID-19 global strategic preparedness and response plan, appeals for USD 618 million.

NOVEMBER

- IOM and Gavi, the Vaccine Alliance, sign a memorandum of understanding to facilitate migrants' access to routine immunizations and vaccination in response to outbreaks.
- End of the eleventh Ebola virus disease outbreak in the Democratic Republic of the Congo

FEBRUARY

- IOM launches USD 17 million plan to help address early needs of the COVID-19 outbreak.

APRIL

- IOM raises concern over increasing COVID-19 cases recorded in the IOM-managed Greece mainland refugee and migrant accommodation site, Ritsona, and ramps up prevention and response efforts in coordination with Greek authorities.

JUNE

- IOM co-organizes a virtual event calling for concrete action to address the mental health effects of the COVID-19 pandemic on migrants, including displaced persons, during the Humanitarian Affairs Segment of the United Nations (UN) Economic and Social Council.
- IOM co-announces the resumption of resettlement travel for refugees.
- End of the tenth and beginning of the eleventh Ebola virus disease outbreaks in the Democratic Republic of the Congo

AUGUST

- Major explosions in the port of Beirut: IOM ramps up health support to migrant communities in Lebanon's capital.

OCTOBER

- IOM and the Pan-American Health Organization sign an agreement to improve the health of 70 million migrants in the Americas.
- International Dialogue on Migration side event on the importance of Ensuring Universal Health Coverage for all Migrant Women and Girls.

DECEMBER

- IOM co-organizes a virtual event on advancing migrants' access to health care in times of COVID-19.
- International Migrants' Day: IOM and WHO jointly call for the inclusion of all categories of migrants in upcoming national COVID-19 vaccination campaigns.

I. CONNECTING HEALTH SECURITY AND HUMAN MOBILITY

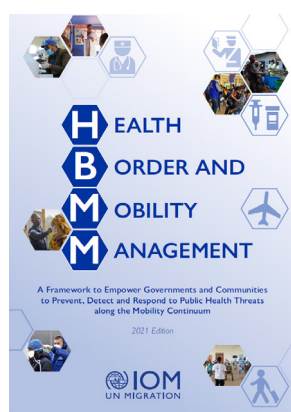


In Yemen, an IOM mobile medical team provides emergency health assistance to migrants and carries out disease surveillance along the migration route from the Horn of Africa. © IOM 2020/Majed MOHAMMED

OUTBREAK PREPAREDNESS AND RESPONSE

THE CHALLENGE When a public health threat occurs in this ever-more mobile world, analysing and understanding human mobility dynamics and trends is critical to effectively prevent outbreaks, and make informed decisions to help prepare communities and provide adequate responses. In line with the 2005 International Health Regulations (IHR), IOM works directly with national and local authorities, mobile populations and host communities to help stop the spread of communicable diseases wherever they emerge, with as little impact as possible on the movement of people and goods.

THE STRATEGY A member of the Global Outbreak Alert and Response Network and an official partner of WHO, IOM approaches outbreak preparedness and response from a human mobility angle. As such, IOM has become a key actor in addressing public health emergencies, in particular those that cross borders and cause international concern.



With a unique methodology, IOM has developed the **Health, Border and Mobility Management framework**. The document defines the Organization's strategic role and expected outcomes in preventing, detecting and responding to communicable diseases amid widespread human mobility. It also provides actionable foundations for Member States and partners,

for effective cross-border and multisectoral cooperation across places of origin, transit, destination and return.

IOM's key interventions in this area of work include, among others:

- population mobility mapping through the monitoring of population flows in and out of a location, as well as focus group discussions to map local mobility dynamics;
- disease surveillance, community-based, syndromic, cross-border and otherwise;
- risk communication and community engagement (RCCE),
- the set-up or upgrading of health screening points in strategically identified locations;
- assessing and strengthening the health capacity of points of entry (airports, ports and land border crossings) on disease surveillance, infection prevention and control, referrals, contact tracing, the establishment of standard operating procedures, and more.

THE RESULTS In 2020, IOM's outbreak preparedness and response interventions skyrocketed in 140 countries, not only in countries with established IOM emergency health operations, but also in countries that found themselves having to implement emergency outbreak-related measures due to the COVID-19 pandemic. In addition, the organization played a key role in addressing and ending two Ebola virus disease (EVD) outbreaks in the Democratic Republic of the Congo, with interventions also in neighbouring countries – South Sudan, Rwanda, Uganda – to help prevent the spread of the disease.



In total, throughout the year, the Organization responded to 85 outbreaks, supported 99 contingency or public health emergency response plans, and was able to:

- train 16,600 health workers in communicable diseases and disease outbreaks;
- help organize close to 330 cross-border coordination meetings;
- support 2,600 communities with community events-based surveillance;
- enhance the health capacity of 887 points of entry or health screening points; and
- immunize 490,350 persons as part of outbreak responses or mass vaccination campaigns.

ETHIOPIA Responding to a measles outbreak

When Ethiopia recorded hundreds of cases of measles in January 2020 in Nunu Kumba in East Wollega, IOM immediately took action to support the Government. Through social mobilization efforts, more than 15,000 persons were reached with messaging to inform communities on best practices to avoid transmission, and to break measles-related taboos. An isolation room in Adare health centre was rehabilitated, and water, sanitation and hygiene (WASH) facilities were upgraded. “I was in the market when I saw an IOM team gathering people to talk about measles,” said Rashal, a mother of five from the district. “One of my children had the illness and I thought keeping him at home was okay. After listening to the information provided, I learned that bringing him to the health centre would help my child recover while also avoiding the spread of the disease,” she explained.



Measles response in East Wollega, Ethiopia. © IOM 2020

DEMOCRATIC REPUBLIC OF THE CONGO Ebola: Continuing the fight



IOM contact tracers in Butembo, North Kivu, Democratic Republic of the Congo. © IOM 2020

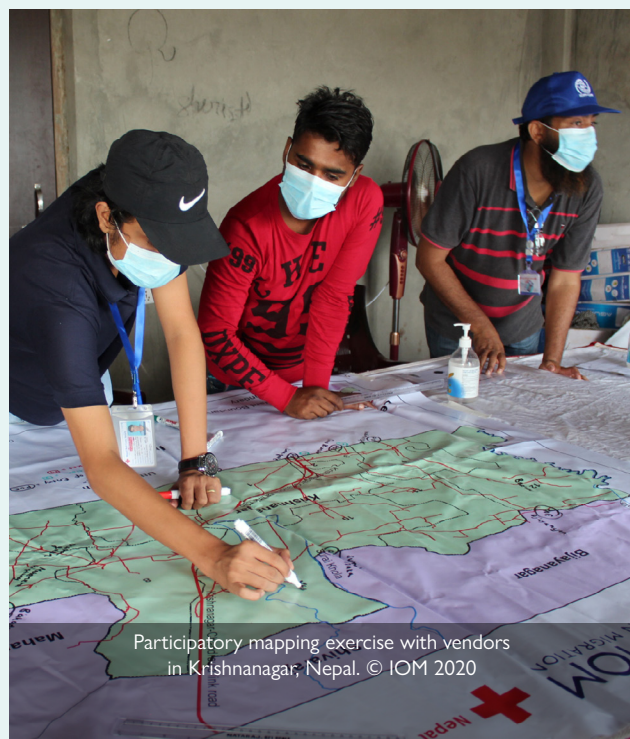
In 2020, IOM contributed to ending the tenth EVD outbreak (August 2018 to June 2020) in the North Kivu province of the Democratic Republic of the Congo and responded to the country's eleventh EVD outbreak in the Équateur province (June to November 2020) as soon as it was declared. Cross-border coordination was facilitated and, throughout the year, IOM conducted more than 40 million health screenings of travellers across more than 100 points of entry and health screening points, and trained hundreds of front-line workers in communicable disease surveillance.

IOM also conducted population mobility mapping (PMM) to inform preparedness and response efforts, and over 1.8 million persons were reached with risk communication and community engagement (RCCE) activities. Finally, to mitigate the risk of new EVD outbreaks across the region, preparedness activities were sustained in neighbouring countries, as well as in Guinea and Senegal.

NEPAL Mapping mobility with communities for greater health security

IOM implemented PMM in 2020 in partnership with the Nepal Red Cross Society. The effort covered three provinces with a population of over 700,000 people. Thanks to more than 60 specially trained staff, a field exercise was carried out for nine weeks, during which more than 800 individual interviews and focus group discussions took place with government representatives, partners, community workers, drivers and vendors who shared their knowledge regarding local mobility trends and dynamics.

This helped identify over 600 locations of high traffic and key areas of congregation – points of entry, markets, stations, work locations, traditional healing and worship sites, health centres, schools, entertainment spots – that were selected for deeper assessment and targeted interventions. It led to a mapping of formal and informal points of entry, a quantification of migrant flows, a classification of locations in terms of public health vulnerability and specific recommendations for health screening, contact tracing, RCCE, capacity-building, and other interventions.



Participatory mapping exercise with vendors in Krishnanagar, Nepal. © IOM 2020



ADAPTED AND SUSTAINED ESSENTIAL HEALTH SERVICES

This included the continued provision of primary health care in crisis or low-income contexts, immunization, pre-migration health assessments and services related to sexual and reproductive health, gender-based violence, HIV, malaria, tuberculosis and malnutrition. Among other achievements, in 2020, some 9,490 community health workers were supported to continue providing services worldwide.



MAINSTREAMED INFECTION PREVENTION AND CONTROL

IOM mainstreamed IPC measures across its health and non-health operations. Special trainings were delivered to personnel working across all types of programmes, and personal protective equipment was distributed to migrants, including forcibly displaced persons living in camp settings, worldwide. In 2020, IOM installed or rehabilitated 19,250 handwashing facilities across the world.



TAILORED HEALTH EDUCATION AND COMMUNITY ENGAGEMENT

To help break chains of transmission and enable migrants to make informed decisions, IOM scaled up its health-related communications and sought out innovative and tailored approaches to deliver its health messaging. In 2020, IOM reached 37 million persons with COVID-19-related RCCE activities and trained more than 38,000 community health workers and social mobilizers on effective RCCE.



MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

IOM maintained, adapted and expanded its mental health and psychosocial support (MHPSS) services in 2020, through innovative approaches, in line with physical distancing recommendations and restrictions. Overall, IOM supported, adapted or created 111,400 COVID-19-related MHPSS activities globally, and trained 26,650 community members and partners to deliver COVID-19-related MHPSS.



COVID-19 CASE MANAGEMENT

Through its network of medical staff and facilities, IOM quickly supported national responses by setting up isolation and care facilities for the management of COVID-19 cases, in particular in humanitarian settings such as the refugee camps of Cox's Bazar in Bangladesh, as well as in Yemen. In addition, to ensure the continuation of UN programmes on the front lines, IOM offered COVID-19-related health services to UN staff and their dependents in 18 countries.

COVID-19: 10 WAYS IOM MIGRANTS THROUGH THE

SUPPORTED VULNERABLE GLOBAL HEALTH CRISIS

As the pandemic shattered public health services, mobility systems and economies around the world, migrants were disproportionately affected. With its extensive experience in outbreak preparedness and response, migration management, as well as health security in general, IOM was uniquely positioned from the onset of the crisis to deliver concrete and tailored solutions for governments, communities and individuals. Through a USD 619 million Global

Preparedness and Response Plan – revised three times during the year to address the ever-evolving nature of the crisis – IOM adapted its existing programming while constantly rolling out new ways to prepare for and tackle new needs. Throughout the year, in more than 140 countries, the Organization helped prevent transmission, detect cases early, and offer health support to millions of migrants, in emergency and non-emergency contexts alike.



TARGETED DISEASE SURVEILLANCE

IOM supported disease surveillance through official and community-based efforts, in quarantine facilities, and establishing health screening points in areas of high mobility and/or congregation. With these activities – many of which were informed by data collected through PMM exercises – IOM helped detect new cases early, support contact tracing, and ultimately limit community transmission. The Organization supported 100 disease surveillance systems in 29 countries.



SUPPORT COUNTRIES' LABORATORY CAPACITY

In 2020, IOM supported 88 laboratories for COVID-19 testing, providing 109,200 test kits, excluding serological tests. By December, 16 of IOM's pre-migration health laboratories across Africa, Asia and the Middle East were providing COVID-19 testing for migrants, as well as for UN staff so they could remain in their duty stations and continue delivering essential services.



STRENGTHENING NATIONAL HEALTH SYSTEMS

IOM supported health facilities worldwide with infrastructure rehabilitation, capacity-building, human resources, essential equipment such as personal protective equipment and ventilators), RCCE materials, and improvements in IPC. More than 120 IOM clinical staff (including medical officers, nurses and radiologists) were deployed to strengthen national health workers' ranks.



HEALTH-COMPETENT POINTS OF ENTRY

In line with IHR, IOM undertook and led key interventions to render 887 airports, ports and land border crossings more health-competent in 72 countries. This included: assessments and technical assistance, RCCE activities, IPC improvements, cross-border coordination, establishment or refurbishing of health screening points and handwashing facilities, and the development of standard operating procedures.



EVIDENCE-BASED POLICY AND ADVOCACY EFFORTS

IOM advocated for migrants' equitable access to COVID-19 diagnostic, therapeutic and immunization tools. This included: technical support to public authorities; messaging through social and traditional media; 31 research publications; virtual policy discussions; a policy paper on the future of cross-border mobility, and the launch of the Migration Health Evidence Portal for COVID-19.

PRE-MIGRATION HEALTH ACTIVITIES

THE CHALLENGE Pre-migration health activities, including health-related travel assistance, are some of IOM's longest-standing services for migrants, including refugees. 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, and are key in ensuring safe migration processes for migrants, the communities they leave and those they join. In 2020, COVID-19-related restrictions on movement within and across country borders led to the temporary suspension of many of IOM's routine pre-migration health activities, especially in the first months of the pandemic.

THE STRATEGY Delivered through the Health Assessment Programme at the request of receiving country governments, pre-migration health activities are provided for migrants going through regular international migration processes, including refugees being resettled. They entail any number of screening, diagnostic, treatment or and/or preventive services, as well as health-related travel assistance and 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 basic principle: the migration process should not endanger the health of migrants or the communities they are joining.

Activities are undertaken through 69 migration health assessment centres (MHACs) and 27 laboratories located across Africa, Asia, Europe and the Middle East, two teleradiology centres, several mobile teams in remote areas and a large network of partner service providers.

As the COVID-19 situation evolved worldwide in 2020, IOM adjusted its pre-migration health strategy and programming to overcome arising challenges and meet new needs by, for example:

- providing direct support to national COVID-19 responses;
- updating standard operating procedures and training its 800-strong health workforce to match COVID-19-related requirements;
- expanding its services to offer COVID-19-related diagnostic and care services in 2020 and prepare for COVID-19 immunization in 2021;
- providing remote services, such as tele-health; and
- continuing to deliver essential care to migrants and refugees.

THE RESULTS Despite considerable funding and logistical challenges, IOM's pre-migration health teams were able to have a notable impact in 2020.

Among other achievements:

- 271,100 migration health assessments were provided, 50,100 among refugees (18%) and 220,991 among immigrants (82%).
- More than 120 of IOM's pre-migration clinical staff (including medical officers, nurses and radiologists) were deployed to strengthen national health workers' ranks.
- By the end of the year, 16 of IOM's pre-migration health laboratories were providing COVID-19 testing for migrants, as well as for UN staff so they could remain in their duty stations and continue delivering essential services.
- 233,850 migrants, including refugees, were reached through health information sessions.
- 125,400 vaccine doses were administered in pre-migration settings, to 49,800 people.
- 227 migrants travelled with an IOM medical escort.



IPC training in the Accra MHAC, Ghana, ahead of the reopening after two months of lockdown. © IOM 2020/Juliane REISSIG

WORLDWIDE

Launch of IOM's online medical appointment system

In mid-2020, following a short pilot period, IOM launched its online global medical appointment system for pre-migration health activities, **MyMedical**, in web and mobile-friendly versions. The online platform initially went live in 10 launch countries and in seven languages, allowing prospective migrants in these countries to schedule their migration health assessments with IOM online using their language of choice.

The platform also provides a series of resources for information concerning migration health assessments and it was developed to provide migrants with a quick and convenient way to schedule migration health assessments in IOM MHACs. In 2020, over 3,100 appointments were made using the online platform across the 10 launch countries. The service will be expanded to the remaining MHACs in the near future.



A migration health assessment at the Nairobi MHAC, Kenya, in February. © IOM 2020/Yasmina GUERDA



An MHAC nurse in Sri Lanka answers a call on the refugee hotline during the COVID-19 lockdown. © IOM 2020



Refugees undergo COVID-19 testing in Lebanon ahead of their resettlement in Europe in August. © IOM 2020/Muse MOHAMMED



Blood samples collected at the Istanbul MHAC in Turkey. © IOM 2020/Emrah OZESEN

HEALTH SERVICES FOR FRONT-LINE UN STAFF

THE CHALLENGE Against a background of overstretched health systems due to the COVID-19 pandemic, the UN launched in 2020 a mechanism to provide essential health services to UN staff and their families across the world. Named “First Line of Defence”, it is designed to ensure that UN personnel can remain in their duty stations and continue delivering on the UN’s mandate, thanks to access to high-quality, reliable health services, minimizing the need for medical evacuations, considered to be the “second line of defence”. IOM became a key contributor in the effort as of July 2020.

THE STRATEGY In 2020, IOM’s First Line of Defence services were made available in 18 IOM MHACs across Africa, Asia, Europe and the Middle East, namely in Burundi, Cambodia, the Democratic Republic of the Congo, Ethiopia, Ghana, Jordan, Kazakhstan, Kenya, Nepal, Nigeria, the Philippines, Rwanda, South Africa, Sri Lanka, Thailand, Uganda, Ukraine, and the United Republic of Tanzania.



An IOM nurse delivers tele-health services in Thailand.
© IOM 2020

The Organization offered different services, based on context, from clinical service provision to laboratory testing, tele-health and home monitoring services as well as medical movement support. To ensure an effective delivery of services according to international practice standards, IOM implemented additional staff credentialing for its experienced health workforce engaged in pre-migration health activities, developed technical guidance documents and standard operating procedures, and delivered comprehensive training. IOM’s laboratory capacity was also bolstered through significant procurement efforts and the diversification of testing platforms, enabling rapid and reliable COVID-19 testing to be conducted.

Health informatics innovations to facilitate programmatic activities included a collaboration with the World Food Programme’s Humanitarian Booking Hub for secure online appointment booking, the development of a call and query registry tool, a beneficiary feedback system and tele-health software.


THE RESULTS This new activity was critical in enabling UN workers to remain present on the front lines despite the pandemic and its effects on health systems across the world.

In 2020, through this effort:

- 262 clinical staff were accredited specifically to provide health services to UN staff and their families.
- More than 6,800 UN staff and dependents received at least one service through IOM.
- Close to 4,800 COVID-19 tests were conducted within this framework for clinical purposes.
- Over 1,100 people received in-home monitoring services.
- COVID-19 isolation facilities were established and equipped in Burundi, Nepal and the United Republic of Tanzania.
- 62 beneficiaries received mental health and psychosocial support.
- 40 people were referred for a higher level of care, such as hospitalization or medical evacuation.



COVID-19 testing device in IOM’s Nairobi MHAC, Kenya. © IOM 2020

A woman with long brown hair, wearing a grey sweater and a blue vest, is leaning forward and smiling while talking to two young girls. One girl, wearing a black and white striped shirt and blue jeans, is sitting and gesturing with her hand. The other girl, wearing a white and red sweater and patterned pants, is standing and also gesturing. They are in a room with white curtains featuring a red leaf pattern. A black pipe is visible on the wall in the background.

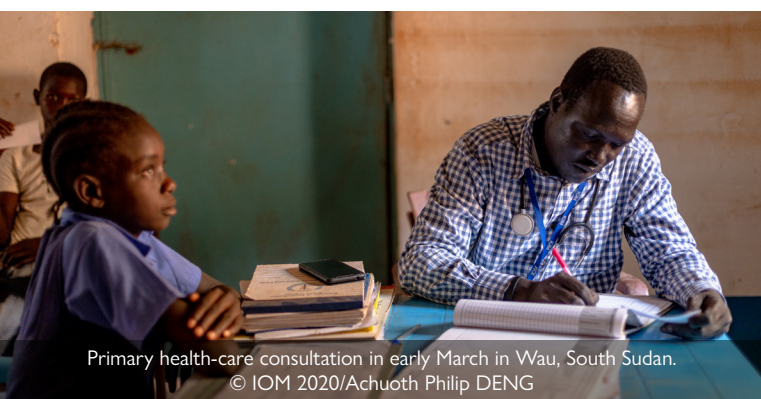
In January, IOM Turkey led a “Reading and Dreaming” activity in Urfa, to help Syrian children improve their Turkish language skills.
© IOM 2020/Nadine AL LAHHAM

2. INCREASING COMMUNITIES’ HEALTH RESILIENCE

PRIMARY CARE FOR PEOPLE IN CRISIS CONTEXTS

THE CHALLENGE Health support in crisis situations is an essential part of IOM's humanitarian mandate. The Organization offers direct medical services to people affected by conflict, natural disasters or public health emergencies – including internally displaced persons (IDPs), returnees and refugees – host communities, and migrants in need of medical care or psychosocial support along perilous migration pathways and hard-to-reach areas. As the COVID-19 pandemic threatened to further aggravate the health needs of populations caught in crisis, IOM strove to maintain its life-saving operations, while ramping up COVID-19-specific health services in these contexts.

THE STRATEGY IOM's direct health-care services for people in crisis situations have three critical objectives: save lives, reduce morbidity and alleviate suffering. In line with International Humanitarian Law, services are provided in camp and non-camp settings, through almost 3,200 IOM or third-party health workers, 270 IOM-managed or IOM-supported primary care centres, as well as mobile and rapid response teams.



Primary health-care consultation in early March in Wau, South Sudan.
© IOM 2020/Achuoth Philip DENG

Among other things, activities may include emergency care provision, routine and outbreak-related immunization, malnutrition screening for children under the age of five, screening and treatment for tuberculosis (TB), voluntary testing and treatment for HIV/AIDS, sexual and reproductive care, as well as MHPSS where needed.

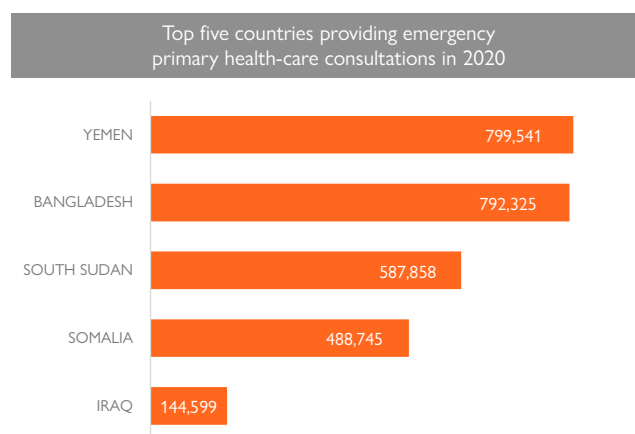
IOM works in coordination with emergency health partners. In addition to being a member of the Global Outbreak Alert and Response Network, the Organization is a member of the Strategic Advisory Group of the Inter-agency Standing Committee's Global Health Cluster.

Through a multisectoral approach, programming encompasses the various stages and typologies of emergencies, throughout all phases of the mobility continuum. It is implemented in coordination with other sectors and units, including WASH services, IOM's Displacement Tracking Matrix teams, and gender-based violence (GBV) risk mitigation and response efforts.

THE RESULTS With COVID-19-related measures mainstreamed across all operations, IOM provided a wide range of life-saving health-care services across 40 countries with crisis situations, that culminated in the following key 2020 achievements:

- 3.4 million primary health-care consultations;
- 57,700 referrals to higher levels of care, including to secondary or tertiary health care, MHPSS, or sexual and reproductive care;
- 249,550 antenatal care consultations;
- 23,150 baby deliveries attended by skilled birth attendants at IOM-supported or -managed facilities;
- 250 survivors of GBV supported with clinical management of rape;
- 180,400 mothers who received infant and young child feeding information to help combat malnutrition;
- 10,200 children who benefited from management of moderate acute malnutrition and 10,700 children who benefited from management of severe acute malnutrition;
- 490,150 persons who received immunization through routine or outbreak related vaccination campaigns;
- 54,250 community engagement activities conducted.

IOM also played a key role in emergency contexts in preventing, detecting and providing treatment for thousands of people, for three of the world's greatest killers: HIV/AIDS, malaria and TB.



YEMEN

The very first health centre in the country's largest displacement site



A patient at the IOM Al Jufainah health centre, in Yemen.
© IOM 2020/Olivia HEADON

In March 2020, in Marib, Yemen, IOM opened a health centre in the overcrowded camp of Al Jufainah – the country's largest site for IDPs – to fill a critical service gap in combating infectious disease and providing adequate support to people living with chronic illnesses. The medical facility's examination rooms, small laboratory, pharmacy and inpatient beds are designed to meet the health needs of the 5,000 families living in the camp and has the capacity to see 100 patients daily. The health centre is staffed by a team of experienced health professionals. Besides the doctors and nurses, the Al Jufainah centre has a midwife, a pharmacist, a laboratory technician and several nutrition and vaccination assistants. In addition, IOM operates two mobile health clinics throughout the camp to reach those unable to come to the new centre. Moreover, there are two other mobile clinics operating in nearby displacement sites which also serve as ambulances when people need to be transferred to the new IOM clinic or a secondary care facility outside the camp.

BANGLADESH

Going solar to improve patients' (and planet's) well-being

In 2020, to put an end to the frequent power outages in the informal settlements of Cox's Bazar, Bangladesh, IOM installed solar panels in four of its primary care centres and several of its WASH facilities. IOM's 24/7 health centres provide vital medical services to the refugee Rohingya community, including outpatient and inpatient consultations, sexual and reproductive health (SRH) services, 24-hour ambulances, MHPSS, GBV-related services, and laboratories.

Thanks to the solar panels, each centre is now self-sufficient, with battery banks that can provide eight hours of back-up power. On top of being more environmentally sustainable, this helped improve the cost-effectiveness of the centres as, previously, about USD 100 of fuel were needed daily per health centre for the generators. It has also helped enhance the patients' comfort as they can now benefit from electric fans uninterruptedly during the hot season and are no longer exposed to the generators' constant buzzing or the smoke produced by burning fossil fuel. Finally, the water supply has drastically improved thanks to the solar powered water pump, critical for COVID-19 prevention and response.



Solar panels in Cox's Bazar Camp 12, in Bangladesh.
© IOM 2020/Abdullah AL MASHRIF

BRAZIL

IOM mobile health teams provide essential care in the northern regions

Through mobile health teams, IOM responds to the urgent health needs of Venezuelan migrants, including refugees, and the vulnerable host communities and indigenous people living in the northern regions of Brazil by providing prevention, diagnosis and treatment services.



Mobile health team in Pacaraima, Brazil.
© IOM 2020/Bruno MANCINELLE

With this intervention, IOM increases access to health care for these populations through primary health-care consultations, referrals, disease prevention activities and vaccination campaigns. In addition, technical support is provided to the local health system through trainings, capacity-building efforts and the deployment of health professionals.

In 2020, through these mobile health services, IOM provided over 15,550 primary health-care consultations, 330 referrals to higher levels of care and supported routine vaccinations for more than 10,950 people. In addition, the teams supported the national COVID-19 response, in particular through primary health-care activities, MHPSS services and information campaigns to help prevent transmission.

COMBATING PERSISTENT DISEASE THREATS

THE CHALLENGE While migration is not a risk factor in and of itself, the circumstances in which migrants and mobile populations can find themselves during the migration process can make them particularly vulnerable to life-threatening diseases such as malaria, HIV/AIDS and other sexually transmitted infections, and the world's number one infectious killer, TB. In 2020, IOM and its implementing partners faced a high number of challenges due to the realities of the COVID-19 pandemic with movement restrictions that limited access to people in need and medication delivery, as well as lockdowns that included the closure of many TB centres and laboratories, and more.

THE STRATEGY IOM works with health ministries and communities directly, targeting all phases of the migration process with prevention, diagnostic and treatment services.

In the past decade, IOM has worked to integrate HIV services and awareness across its health activities in about 100 countries. Among the beneficiaries of IOM's HIV-related projects are migrant workers across a range of sectors in regular and irregular situations; IDPs and refugees; families and partners of migrants, including sex workers; as well as survivors of GBV and trafficking in persons. In addition, IOM provides HIV/AIDS diagnostic, treatment, referral services, and pre- and post-test counselling as part of its pre-migration health activities.

In partnership with national TB programmes, IOM contributes to cross-border TB detection and control by providing a wide range of tuberculosis-related services, from diagnostics to treatment, as well as public health measures, such as contact tracing and health education in migration-affected communities. These services are provided throughout IOM's health programming (pre-migration health activities, emergency health services, and general health promotion efforts), most of which are located in countries with an intermediate or high burden of TB. Whenever possible, IOM uses directly observed treatment (DOT) — the internationally recommended strategy for TB control — to increase patients' adherence to and completion of TB treatment.

As for malaria, IOM currently supports malaria programming across many countries through multi-pronged evidence-based public health strategies, including interventions around vector control, distribution of long-lasting insecticide treated bed nets and behaviour change communication campaigns to raise awareness around prevention, and encourage treatment-seeking behaviours, including drug compliance.

THE RESULTS Although due to the COVID-19 emergency the fight against these life-threatening conditions became a lesser priority for many governments and health providers, and many challenges hampered the provision of services, IOM made a sustained effort to continue delivering support so as not to lose and continue building on previous gains made in the global fight against HIV/AIDS, TB and malaria:

In 2020, across emergency and non-emergency contexts, IOM was able to:

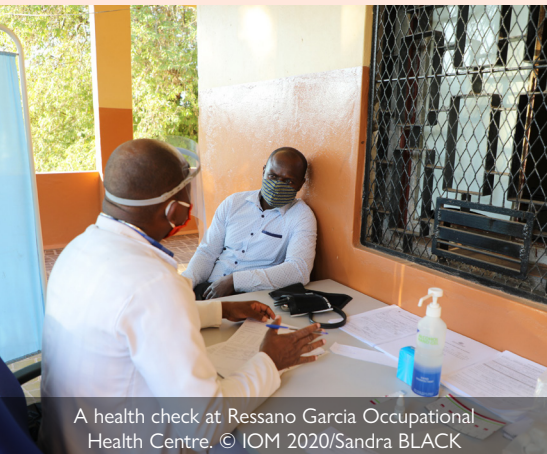
- reach 552,300 persons with HIV prevention programmes, conduct 147,600 tests for HIV, and provide antiretroviral therapy to 14,400 patients;
- carry out 864,100 radiological investigations for TB, support more than 11,750 TB patients to the finish line with DOT;
- issue malaria prevention messages to reach more than 1.9 million persons, distribute 877,050 nets, conduct 690,700 tests for malaria (through rapid testing or light microscopy), and offer malaria treatment to 349,950 people.



A rapid test for malaria carried out in Wau, South Sudan.
© IOM 2020/Achuoth Philip DENG

MOZAMBIQUE

Health checks for miners before returning to work in South Africa



A health check at Ressano Garcia Occupational Health Centre. © IOM 2020/Sandra BLACK

South Africa's gold and platinum mines employ some 45,000 migrant workers and their skills are considered essential for the socioeconomic survival of the region. In July 2020, thousands of Mozambican miners prepared to return to work in those mines for the first time after COVID-19-related border closures in March 2020.

IOM provided them with health checks at the cross-border Occupational Health Centre of Ressano Garcia, which was created in 2018 to improve the early diagnosis and treatment of TB, a disease that disproportionately affects mine workers. Support to initiate and continue treatment in South Africa through a cross-border referral system is provided through a partner organization in South Africa. The health checks have adapted to include stringent COVID-19 IPC protocols and rapid testing is offered to any suspect case. In addition to testing for diabetes, hypertension, HIV and TB, the services have been further upgraded to also include audiometry, vision acuity test, spirometry (lung capacity) and chest X-rays.

The arrangement between the two countries to allow the cross-border flow of health-screened labour migrants is an example of what can be accomplished through international cooperation regarding the future of international mobility amid a pandemic.

Reconnecting displaced persons to their life-saving treatment

When Mozambique's Cabo Delgado province was struck by an escalation of violence in 2020, hundreds of thousands of people were displaced, which interrupted their access to critical HIV and TB care, due to loss of patient documentation and disruptions to health and social services. In close collaboration with local health authorities and partners, IOM relinked over 1,200 HIV and TB patients back to care and more than 9 in 10 patients were still retained in treatment after three months. This outcome was achieved through a data-driven active tracing approach focused on strengthening Mozambique's health system response to displacement, including support for provincial health authorities to improve existing patient registration databases and facilitate transfer of patients' records across districts of origin and displacement.

IOM has been responding to displaced populations' complex needs in Mozambique through mobile teams that deliver essential health, MHPSS and protection services through a network of trained workers recruited from internally displaced and host communities.

MIDDLE EAST

Continuing the fight against HIV, TB and malaria in five countries

Implemented since 2017, the Middle East Response (MER) project supported by the Global Fund aims to deliver continuity of care for HIV, TB, 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 10 national disease control programmes.

In 2020, close to 35,650 people from the key affected and other vulnerable populations were tested for HIV voluntarily and 1 per cent were found to be HIV-positive and were subsequently able to access treatment.

Additionally, about 17,500 new and relapse drug-sensitive TB cases were identified across the five countries, 9 per cent of whom were under 15 years old. Another 173 persons were identified as suffering from multi-drug resistant TB and were supported with second-line treatment. Since January 2020, all five countries under the MER project have switched to new long and short oral regimens recommended by WHO.

To combat malaria in Yemen – the only one of the five MER project countries where malaria remains endemic – 807,350 long-lasting insecticidal nets were distributed. More than 1.2 million suspected malaria cases attended health facilities and were tested for malaria, with 156,881 cases confirmed and treated for malaria. In addition, nearly 3,000 health workers (clinicians, paramedics, nurses, and laboratory workers) were trained on diagnosis and treatment of malaria including antimalarial drugs and management of severe malaria.



HIV-related consultation in Aden, Yemen.
© IOM 2020/Majed MOHAMMED

GENDER-SPECIFIC HEALTH SERVICES

THE CHALLENGE 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 – including the COVID-19 pandemic. However, while being more exposed to diseases, exploitation and substandard working and living conditions, and GBV, they often face more obstacles in accessing essential, uninterrupted health-care services, including for SRH services.

THE STRATEGY IOM is on the front lines of strengthening female migrants' access to health services while mitigating the health risks they may face, for example by advocating for extending migrants' roles in the design, implementation and monitoring of national and local health responses. The Organization strives to integrate gender considerations across its health programming, in particular in emergency and low-income settings. Within its Institutional Framework for Addressing GBV in Crises, and in line with its commitments to the Call to Action on Protection from GBV in Emergencies, IOM aims to ensure that the safety, dignity, well-being, and equitable access to services for all GBV-affected persons is prioritized and integrated. IOM's health programmes include activities tailored to support GBV survivors through an integrated approach that includes: direct health-care services, MHPSS, referrals for specialized support as well as community-based health education and service information for survivors.

During refugee resettlements, IOM facilitates special arrangements in transit centres such as gender-specific accommodation and sanitary facilities, well-lit infrastructure, 24/7 security services, and dedicated hotlines to enable the disclosure of incidents.

In line with its zero-tolerance policy on sexual exploitation and abuse (SEA), across its health operations, IOM has been implementing a number of key measures including: mandatory SEA trainings for all staff, awareness-raising on patients' rights and complaints mechanisms across IOM health facilities, the use of a chaperone of choice during health assessments and, whenever possible, the right to request that medical examinations be performed by a health professional of the same sex as the person receiving the service.

IOM also offers a wide range of SRH services such as ante and postnatal care.

THE RESULTS In 2020, due to the COVID-19 pandemic, access to health-care services, including sexual and reproductive care, significantly decreased across the world. Women and girls in disadvantaged and marginalized groups, such as migrants and persons with disabilities, were particularly affected. Throughout the year, IOM worked to ensure the continued provision of SRH and GBV services, globally.



Through IOM-managed or IOM-supported facilities across emergency and non-emergency contexts, the Organization achieved the following:

- 23,250 deliveries were attended by a skilled birth attendant.
- 249,550 antenatal consultations took place.
- 2,850 women were referred for emergency obstetric care.
- 353 GBV survivors received clinical management of rape treatment and 957 were referred to receive MHPSS services.
- 308 trainings were provided to health-care providers on GBV and clinical management of rape to improve the capacity to support survivors.

SOUTHERN AFRICA

Community change agents in Southern Africa



A young schoolgirl change agent in Eswatini with IOM staff.
© IOM 2020/James DOWLING

Throughout Southern Africa, those who live and work along migration corridors, particularly adolescents and young people, migrants, sex workers and their clients, are vulnerable to poor SHR outcomes, including HIV. To tackle this, IOM joined forces with several partners on a project named “SRH-HIV Knows No Borders”, launched in 2016 to increase knowledge on SRH and HIV, improve access to related services, and create an enabling environment. The project spans six countries: Eswatini, Lesotho, Malawi, Mozambique, South Africa and Zambia.

In 2020, more than 195,050 persons from the migrant and host communities as well as sex workers, were reached with awareness-raising messaging and information. In addition, over 22,450 people (8,900 male and 13,550 female) were referred for SRH and/or HIV services, including HIV testing, family planning, initiation on

antiretroviral therapy, as well as GBV services. Despite COVID-19-related restrictions, 11 community dialogue platforms were established in the year (3 in Lesotho, 1 in Malawi, 1 in South Africa, 6 in Eswatini) and 52 were strengthened (6 in Lesotho, 8 in Malawi, 22 in Mozambique, 16 in Zambia). All activities of the project fully integrated COVID-19-specific messaging and physical distancing recommendations.

SOMALIA

A new health centre for IDP women and children

IOM opened a new health-care centre for internally displaced expectant and nursing mothers and children in October 2020 in Doolow, Somalia, in partnership with the Ministry of Health. The centre has the capacity to support over 5,800 families living in Kabana, one of the most impoverished IDP communities of the country. It offers antenatal, delivery and postnatal care, outpatient consultations, emergency services, malnutrition support and immunization services for tuberculosis, diphtheria, tetanus, hepatitis and polio, which has been eradicated in many parts of the world but remains a concern in Somalia. The facility includes five permanent well-ventilated rooms, with 24/7 running water and electricity, qualified midwives and adequate equipment.

Prior to the opening of the clinic – the first to provide delivery services in the Kabasa IDP site in over 10 years – many expectant mothers in Doolow had a higher risk of death because of antenatal and postnatal complications, and particularly during childbirths and stillbirths. This was due to a lack of access to reproductive care due in part to security-related restrictions of movement between IDP camps, which left many expectant mothers unable to reach the nearest maternity unit. As a result, many of them had to rely on unskilled birth attendants.

IOM is supporting 39 other similar health facilities across Somalia, crucial to the health of over 361,150 people. Access to health care across Somalia's IDP population of 2.6 million is extremely limited due to years of conflict that have destroyed the already fragile health infrastructure of the country.

In 2020, IOM provided over 370,000 health consultations and reached more than 380,000 people with health education and promotion activities at IOM-supported health centres and through mobile health teams.



Consultation at the IOM-supported maternal and child health centre near Garowe, Somalia. © IOM 2020/Tobin JONES

GREATER IMMUNIZATION COVERAGE

THE CHALLENGE Vaccines are one of our most critical and cost-effective tools for preventing outbreaks and keeping individuals and entire communities safe and healthy. The COVID-19 pandemic has demonstrated in the clearest terms that no one is protected from communicable disease until everyone is. In line with a rights-based approach and in coordination with partners, IOM has endeavoured to improve access to immunization for all mobile populations, including refugees, asylum seekers, migrants in irregular situations and hard-to-reach people, such as IDPs and vulnerable host communities.

THE STRATEGY IOM's vaccination activities aim to improve the health of migrants by increasing key vaccine coverage and strengthening immunization systems.

IOM has been a key player in global efforts to ensure that migrants and mobile populations have access to routine vaccinations. In 2020, IOM vaccination activities were undertaken in over 70 countries, both routinely and in response to outbreaks. Overall, IOM offers vaccines to migrant and displaced people against more than 20 diseases.

In the context of pre-migration health activities, this includes catch-up vaccine schedules for refugees and other migrants not routinely covered by traditional immunization programmes, with the aim of reducing the risk of arrival in destination countries with vaccine-preventable diseases.

These services require a robust system of vaccine storage and distribution, which IOM ensures through its primary health-care facilities and MHACs, including by maintaining appropriate cold chain equipment and establishing prevention measures against cold chain failure, such as temperature monitoring and alert systems. This was a challenge during peak COVID-19 closure weeks in 2020.

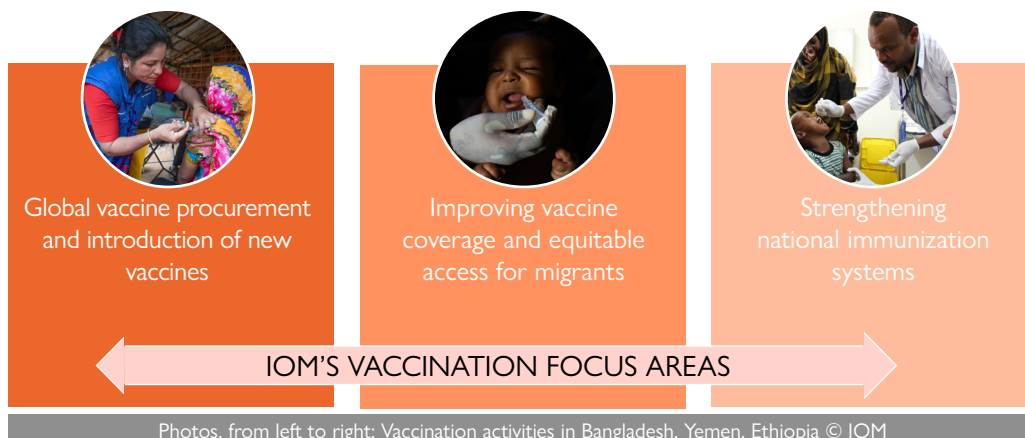
To ensure the appropriate administration of vaccines, IOM staff are provided with ongoing relevant trainings in line with international standards.

THE RESULTS In 2020, despite the challenges of humanitarian access and movement restrictions due to the pandemic, IOM was able to continue delivering towards improved vaccination coverage. IOM's work in immunizing migrant and displaced populations in this context was especially important in light of the overall decrease in routine vaccine coverage reported by WHO and others during the year, as one of the effects of the COVID-19 pandemic.



Some of the year's achievements include:

- 570 health facilities were supported to maintain essential immunization services in dozens of countries.
- 49,800 immigrants and refugees received vaccinations through pre-migration health activities with a total of 125,400 doses administered.
- 40,700 children received routine measles vaccination in emergency and low-income contexts.
- 108,150 children received routine polio vaccination in emergency and low-income contexts.



WORLDWIDE

New technology for enhanced vaccine protection



Staff from the Nairobi MHAC in Kenya check on the proper storage of vaccines during the COVID-19 pandemic. © IOM 2020

Monitoring and managing cold chain equipment is critical for vaccine safety and effectiveness. As vaccines must typically remain between 2°C and 8°C, their efficacy can be put at risk by frequent power outages and equipment malfunctions in rural clinics and settlements for displaced persons. Data shows that 75 per cent of freeze-sensitive vaccines are exposed to freezing, and in low- and middle-income countries, 56 per cent of cold chain equipment is non-functional or poorly functional.

In 2020, IOM installed a tool to monitor temperatures remotely and wirelessly, that can identify refrigerator failures, alert decision makers, verify the efficacy of repairs and, ultimately, prevent wastage in health clinics that assist migrants and refugees in over 30 countries.

In case of power outage or temperature fluctuation, the device sends an alert via SMS to IOM focal points for action. Where connectivity allows, data is sent to a cloud for analysis to support strategic decision-making. To bolster vaccination services affected by the COVID-19 pandemic, cold chain capacity was strengthened in refugee camps and surrounding areas in Kenya and the United Republic of Tanzania, with more countries and locations to be covered in the near-future.

SOUTH SUDAN

Providing essential vaccines for the youngest

Devasted by years of protracted civil war, South Sudan's health systems and infrastructure have been severely weakened, resulting in limited access to primary health care particularly for the most vulnerable populations, as well as routine immunization for babies and children. IOM's migration health teams have been working to scale up the provision of routine immunization to IDPs, returnees and conflict-affected host communities in health facilities, including in the sites for protection of civilians.

The country's expanded programme on immunization has brought life-saving vaccines to thousands of children in South Sudan, through static and mobile teams, reaching even the hardest-to-reach pockets of South Sudan. This helps ensure that children receive essential vaccines and are protected against a range of infectious diseases, including measles, polio, diphtheria, tetanus and hepatitis B.

Overall, in 2020, IOM South Sudan was able to provide over 52,650 people with vaccinations, including 50,200 through health centres and 2,450 through rapid response teams.



Mothers bring their children for routine vaccination at the IOM health centre in Bentiu, South Sudan. © IOM 2020/Liatile PUTSOA

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

THE CHALLENGE 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 mental health and well-being at large. In addition to exacerbating pre-existing vulnerabilities, the COVID-19 pandemic presented migrants with a long list of new and unexpected difficulties related to travel restrictions, health concerns, sudden socioeconomic downturn, and other compounded stress and distress factors, that IOM aimed to address throughout its programming. The delivery of MHPSS services, traditionally largely based on face-to-face and in-person interventions, was also greatly impeded by the realities of the pandemic, and IOM had to adapt its programming considerably in 2020.

THE STRATEGY Across its operations and at the policy level, IOM advocates for all migrants, regardless of their legal status, to have access to MHPSS.

The Organization provides direct services 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.

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 sociorelational and cultural activities, creative and art-based activities, ritual and celebrations, sport and play, nonformal education and informal learning activities, one-on-one counselling, support groups and specialized services.

MHPSS is mainstreamed across many of the Organization's programmatic areas including emergency health services, pre-migration health activities, general health promotion and assistance to migrants, protection, voluntary returns, camp coordination and camp management, education, GBV prevention and mitigation, and more.

To address the growing need and demand for MHPSS services in 2020, IOM had to find ways to circumvent the challenges in service delivery created by lockdowns, physical distancing recommendations, limitations in social gatherings and in performing rituals, and mandatory teleworking policies, to name only a few.

IOM rose to the challenge and found creative ways to adapt its MHPSS strategy and modalities early in the year, for the continued and safe provision of MHPSS services across the world.

THE RESULTS During the COVID-19 pandemic, to meet the growing need for MHPSS, IOM managed to scale up and fundamentally adapt its operations.



Throughout the year 2020, across more than 72 countries, IOM:

- reached about 700,000 people with MHPSS services;
- delivered more than 285,450 MHPSS activities in emergency contexts alone;
- trained 31,050 people in MHPSS principles and notions;
- launched and expanded helplines for migrants all over the world;
- offered counselling via telephone and virtual platforms;
- participated in or co-organized five global virtual events to advocate, raise awareness and propose solutions for greater access to MHPSS services for migrants, including forcibly displaced persons.

Finally, to rapidly adapt to the pandemic-related constraints, IOM's MHPSS teams developed two critical documents: a [guidance and toolkit](#) in three languages on MHPSS in the COVID-19 response as well as [internal guidelines on remote MHPSS working modalities](#).

COLOMBIA

MHPSS for Venezuelan migrants, host communities and returnees



In 2020, in Colombia, IOM assisted close to 16,000 people, including Venezuelan nationals, Colombian returnees and host communities across 13 departments and more than 20 municipalities. This includes 10,150 people diagnosed with mental health issues assisted with psychological and medical support; 4,400 community members taking part in workshops related to mental health care and prevention and psychosocial support; and over 600 community leaders trained in MHPSS.

Throughout the year, the teams focused on community-based approaches, to strengthen social cohesion, and prevent stigma and discrimination. Particularly vulnerable populations were targeted, namely Venezuelan migrants and pregnant women in the migration context. During COVID-19-related lockdowns, methodologies were adapted to integrate the need for physical distancing and leverage virtual solutions.

LIBYA

From failed crossings to recovering hope

In Libya, MHPSS teams provided a wide set of services and activities in 2020 to migrants and IDPs in different urban locations in Tripoli and Zuwara, including disembarkation points following rescue or interception of migrants at sea.

In addition to supporting national coordination by chairing the MHPSS technical working group, IOM teams provided individual counselling and psychological first aid, psychosocial awareness sessions, art-based psychosocial activities, support group sessions, facilitation of recreational activities for children and adults, psychoeducation sessions, psychosocial assessments, remote counselling and psychosocial support through the free MHPSS helpline for migrants (launched in July 2020), referrals to different levels and types of support, and specialized mental health-care services.

In addition, IOM MHPSS teams rapidly responded to these needs and reached out regularly to migrants at their homes, shelters, collective houses and gathering points in Tripoli and Zuwara, where they provided direct tailored assistance. MHPSS teams, collaboratively with other IOM teams, rapidly responded to migrants who tested positive for COVID-19 and their families' needs in different locations across Tripoli, such as at the Eye Isolation Hospital, Janzour urban locations and in the Sabha quarantine hospital. Psychological first aid, follow-up counselling and psychoeducation were provided to migrants and their families during their time in the isolation centres and after their release.

Overall, in 2020, 2,001 migrants received MHPSS assistance in Libya through IOM.



One-on-one counselling session with a migrant in Tajura, Libya, in June. © IOM 2020

THE GAMBIA

Support for shipwreck survivors returning home

Every year, thousands of migrants die in shipwrecks as they attempt perilous journeys across the sea to reach Europe. The survivors are often left with deep mental scars. In the Gambia, in February 2020, after a shipwreck off Africa's Mauritanian coast claimed 62 lives, IOM carried out a series of individual and community-based MHPSS activities in Barra, Essau and Medina Serigne Mass, to support the returning survivors. The activities were designed to involve survivors, families, community and religious leaders, as well as health and social welfare authorities after a needs assessment was conducted in January.

Survivors expressed distress from watching their family members die, others from seeing fishing boats pass by without rescuing them, others from the shame of failing the crossing. In each community, they were encouraged to bond through small group circles led by a trained group leader, where they shared positive and negative experiences, and discussed available coping strategies. Simultaneously, group discussions were held with family and community members, aimed at creating space for learning how best to tend to the needs of survivors, destigmatizing the experiences of returnees and promoting community resilience. Psychodrama was used as a tool for communities to gain deeper insights, and emphasize the mental health challenges faced by returnees, families and communities, which inspired additional community dialogue. Other community-initiated activities, including football matches and attaya (green tea) sessions, were included in the three-day initiative.



Psychodrama is used to shed light on the mental health challenges faced by returnees in the Gambia (February). © IOM 2020/Assan JOBE

To promote the sustainability of this support, IOM trained two to five volunteers in each community, equipping them with tools to identify symptoms of distress, provide basic psychosocial support and provide any needed referrals. The initiative was part of the European Union-IOM Joint Initiative for Migrant Protection and Reintegration, launched across 26 countries, for the sustainable reintegration of returning migrants.

UKRAINE

An award-winning campaign to promote mental health amid COVID-19

In early 2020, reports of psychological issues spiked in eastern Ukraine as conflict-affected communities struggled with new uncertainties brought on by the pandemic and its compounding effect on existing vulnerabilities. With an awareness-raising campaign titled "Wear your mask, don't mask your feelings", IOM highlighted the many mental and psychosocial effects of the COVID-19 pandemic and promoted an IOM-managed toll-free call centre to provide support to people in distress.



In just a few months, IOM's hotline received thousands of calls, primarily from the Donetsk and Luhansk regions. © IOM 2020

The messaging was shared across traditional media channels, billboards, social media, and artist-designed posters available for download by local businesses. Notably, two massive blue masks, also designed by renowned artists, were installed in the cities of Kyiv and Kharkiv.



Giant mask installation in Kyiv. © IOM 2020

With this initiative, IOM Ukraine won the 2021 SABRE Awards (which recognizes superior achievement in branding, reputation and engagement) for the Europe, Middle East and Africa region.

3. STRENGTHENING MIGRATION HEALTH GOVERNANCE



IOM staff provide support to migrants during the COVID-19 pandemic at a bus station in the Lao People's Democratic Republic. © IOM 2020

PAVING THE WAY TO UNIVERSAL HEALTH COVERAGE

THE CHALLENGE 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 (UHC) by 2030. In addition, the Organization's migration health work is anchored on World Health Assembly 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.

THE STRATEGY The COVID-19 pandemic brought home the importance of advocacy and policies that promote equitable access to health services for all and true universal health coverage.

At the global level, IOM is a leading voice in the increasing recognition that migration is a determinant of health, that there is no public 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. IOM is an active partner of the UHC2030 partnership and regularly contributes to the drafting of key policy documents related to World Health Assembly resolutions, political declarations and more. 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 promotes and provides technical support for the development of national migration health policies.

At the local level, IOM works with municipalities – 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.

IOM is a longstanding official partner of WHO, the Joint United Nations Programme on HIV/AIDS, the UN Children's Fund and the Global Fund, and constantly seeks to expand and strengthen these strategic partnerships.

IOM migration health activities are implemented in partnership with dozens of governments, health and other officials, UN agencies, civil society organizations 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.

THE RESULTS In 2020, in order to continue contributing to health-related SDGs, and in the face of the COVID-19 pandemic, IOM co-organized and participated in about a dozen high level, political and technical events and dialogues, and continued to foster strategic partnerships to promote migrant inclusion in health services.

Notably, in October, IOM became an official partner of the Pan-American Health Organization (PAHO) and in November, IOM signed a memorandum of understanding with Gavi, the Vaccine Alliance, to strengthen collaboration on routine and outbreak-related vaccination efforts, and related health services for migrants, including forcibly displaced persons. This, along a close collaboration with the COVID-19 Vaccines Global Access – or “COVAX” – Facility, was aimed to further enable the engagement of IOM around the world in immunization programmes, particularly critical in ensuring that migrants are included in national COVID-19 vaccination campaigns in 2021 and beyond. In 2020, IOM also became a member of the Inter-Agency Standing Committee's Humanitarian Buffer Working Group for COVID-19 vaccines.



IOM has continued to engage closely on access to health services and integration of health in multisectoral migration governance through various work streams of the UN Network on Migration, for which IOM is the Coordinator and Secretariat.



Psychosocial support provided by IOM along the migration route in Ecuador. © IOM 2020

AMERICAS

70 million migrants to benefit from new IOM-PAHO partnership

More than 70 million migrants, including refugees, living in the Americas, who continue to face serious barriers in accessing health services, are set to benefit from a joint agreement signed in October 2020 by Carissa F. Etienne, PAHO Director, and António Vitorino, IOM's Director General. Under the agreement, the two organizations agreed to focus on scaling up coordinated interventions to support countries of the Americas in addressing health and migration, while leaving no one behind. The document also aims to ensure greater advocacy for the inclusion of the specific needs of migrants in health and development policy throughout the region, in the context of the COVID-19 pandemic and beyond.

WORLDWIDE

Gavi and IOM join forces improve immunization coverage for migrants

In November, Gavi, the Vaccine Alliance, and IOM signed an agreement to strengthen their collaboration on vaccination efforts and related health services for migrants and forcibly displaced persons across the world, for routine immunizations as well as in response to outbreaks. This came at a particularly critical time as the world was gearing up to roll out COVID-19 vaccines, and it was essential, to save as many lives as possible, that migrants and other people on the move be included in national vaccination plans.



Gavi-supported routine immunization in Bentiu, South Sudan.
© IOM 2020/Liatile PUTSOA

The agreement focuses on reaching missed communities in humanitarian and emergency settings with vaccination and on support for routine immunization through engagement in primary health-care systems. The partnership also aims to boost advocacy for the prioritization of vulnerable populations, support operational and policy assistance and facilitate technical collaboration.

Specifically, the memorandum of understanding seeks to facilitate collaboration on ensuring the inclusion of migrants, internally displaced persons and refugees in governments' COVID-19 responses, in particular vaccination campaigns.

FOR GREATER MOBILITY-HEALTH INTEGRATION

THE CHALLENGE For healthier and safer cross-border mobility pathways, health considerations must be integrated every step of the way, with a deep understanding of the close relationship between human mobility and health outcomes. In turn, for truly migrant-inclusive health service provision and effective public health interventions, IOM supports the development of mobility-sensitive health systems. Through technical support, assessments and trainings, IOM works to significantly build the capacities of governments and actors engaged in health and mobility, to better address the challenges of today and tomorrow.

THE STRATEGY The Organization plays a unique role in raising capacities of national and local authorities worldwide and ensuring greater integration of health and mobility considerations at all levels.

The approach is often implemented with a cross-border scope and involving professionals of various sectors including health workers, 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.

A major focus of IOM's health responses is health system strengthening through training and the promotion of best practices. Through IOM HAP, specifically, 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.

THE RESULTS In 2020, IOM implemented dozens of trainings to facilitate the integration of health and mobility considerations across the world. In Southern and Eastern Europe and Central Asia, IOM developed a points-of-entry curriculum and e-learning course for border guards across the region that is to be released as a self-learning course in four languages in 2021. In East Africa and the Horn of Africa, capacity-building and information-sharing was provided to government officials and border personnel, to enable a joint approach to the assessment of points of entry.

In addition, in the early weeks of the COVID-19 pandemic, IOM published a [policy paper on the future of cross-border mobility](#) to propose concrete ways forward to decision makers as they sought to restore safe human mobility during the public health crisis and beyond.



IOM staff demonstrate proper temperature taking for health screening at the Dhaka airport, in Bangladesh. © IOM 2020

MEDITERRANEAN ROUTES

Fostering the health and protection risks of migrants

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.

Through capacity-building, health system strengthening and technical support, IOM has been managing a project to foster the well-being of vulnerable migrants transiting in Morocco, Egypt, Libya, Tunisia and Yemen since 2015. It has contributed to improving the health and protection of over 146,000 persons, as of the end of 2020. During the year, in addition to the usual provision of direct medical assistance, humanitarian aid (in particular hygiene kits) and psychosocial interventions, IOM donated material to support primary health-care centres during the pandemic and offered trainings on COVID-19 prevention.

In 2020, the Sudan was added to the countries covered by the project and, in June, IOM launched the Migration Health Country Profile Tool with 31 specialists from IOM and ministries of health and statistics from the six countries gathered to discuss best approaches for migration health data and for evidence-based interventions. Finally, a workshop or “Winter School” was held in February in Rabat, Morocco, bringing together 57 participants including representatives from ministries of health, civil society organizations, UN agencies and IOM to improve knowledge on migrant health and protection.



ITALY

Enhancing assistance and health monitoring at sea of rescued migrants

Since 2018, IOM has been supporting health personnel from the Italian Coast Guard, Navy and Financial Police carrying out migrant rescue operations at sea. The project – named “PASSIM 2” – aims to identify health vulnerabilities early on and offer life-saving health services. To reduce the linguistic and cultural barriers between health workers and rescued migrants, IOM coordinates a cultural mediation service, bringing critical knowledge on the countries of origin, intercultural communication techniques, and humanitarian emergency management. In 2020, five cultural mediators were deployed, covering 12 languages: Arabic, Bambara, Dioula, English, French, Fula, Mandingo, Peul, Pular, Somali, Tigrinya and Wolof. They supported operations:

- at sea, by gathering information during the first aid phase, noting potential symptoms, diseases and required medications;
- during the triage phase on the shores, supporting additional information gathering, the identification of cases requiring hospitalization and, in line with IHR, activating syndromic surveillance and reporting to the reception centres where follow-up care is to be provided;
- during the transfer to reception facilities, offering continuity of care when needed, as well as linguistic and cultural support.

WORLDWIDE

Capacity-building for sustainable and scalable refugee resettlement

The Sustainable Resettlement and Complementary Pathways Initiative – or “CRISP” – is an initiative co-led by the UN High Commissioner for Refugees and IOM to support States and key stakeholders to establish, expand or renew resettlement programmes and advance complementary pathways of admission. CRISP provides targeted capacity-building to achieve quality, scalable and sustainable programmes and support the expansion of third-country solutions.

In 2020, as part of the initiative’s first year, IOM contributed to a global resettlement training, in particular, by developing a course on IOM pre-departure activities, covering case management, pre-migration health activities, pre-departure orientation and movement. The training targets government officials involved in resettlement programme design. It teaches participants to develop and/or harmonize resettlement activities in line with standard processes and internationally recommended good practices, as well as the main elements and benefits of pre-migration health activities, recognizing how they relate to national public health and health care in countries of resettlement and understanding the main steps to developing a national health protocol.

STRENGTHENING RESEARCH AND EVIDENCE BASE

THE CHALLENGE Several international agreements such as the Global Compact for Migration and the Global Compact on Refugees, numerous World Health Assembly resolutions and global consultations on migration health have emphasized the need for countries to invest in data and research, for evidence-informed migration health policies and practices. While several governments are making efforts to advance UHC and find concrete solutions to improve health-care access to all categories of migrants, the lack of reliable evidence and data to guide decision-making remains a major challenge, given the magnitude and complexity of migrant flows and their importance in global health and development. For instance, migrant workers, especially those from developing countries, represent more than half of all international migrants, yet published research papers about migrant workers represent only 6.2 per cent of the total international migration and health research output.

THE STRATEGY IOM provides technical support and practical guidance on advancing evidence-informed approaches for migration health. Strategic actions are carried out along five streams:

- 1- undertaking collaborative research projects on migration health at national, regional and global level;
- 2- developing applied tools, practical guidance and methods to enhance health-related research and analytics;
- 3- enhancing research skills and capacities of Member States, IOM missions and academic networks through training, curricula development, short courses and other capacity-building activities;
- 4- building migration health data-sharing repositories and knowledge management platforms;
- 5- supporting the establishment of innovative academic and civil society research and advocacy networks, especially in the Global South.

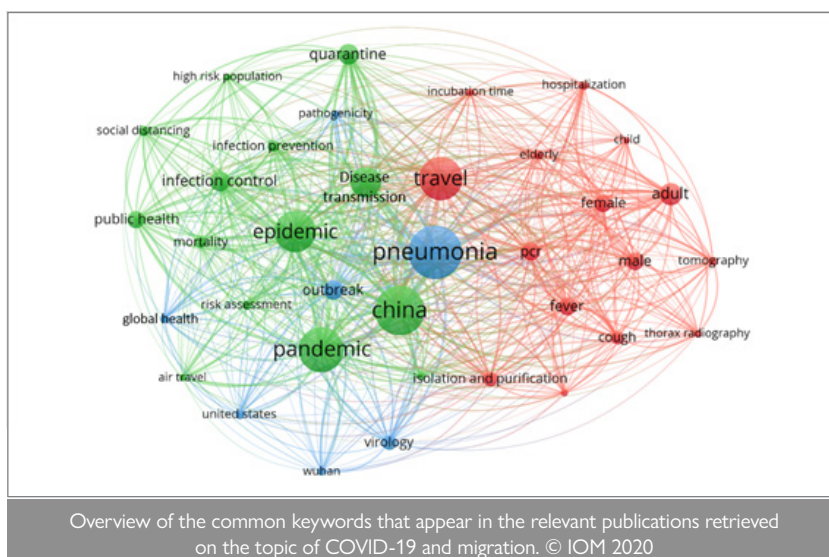
In collaboration with researchers, academic institutions, the Migration Health and Development Research Initiative (MHADRI) network, as well as IOM's Global Migration Data Analysis Centre, IOM's migration health research team manages the [Migration Health Research Portal](#).

THE RESULTS In 2020, IOM issued 31 migration health research-related publications on a wide range of topics including mental health, nutritional status, sexual and reproductive health, the effects of COVID-19 and more.

In addition, IOM launched and managed an evidence portal aimed at collecting and distilling emerging knowledge and data on COVID-19 and human mobility.

2020 also saw the launch in November of the "Health Assessment Research Primer: A Practical Guide for Analysing IOM Health Assessment Data". The primer serves as the first-ever IOM migration health reference guide in designing and conducting health assessment-related research, providing end users with a step-by-step guide to undertake applied research and analytics of IOM health assessment data.

Finally, in collaboration with IOM's Emergency Health team, the Research Unit led the formulation of the new Public Health Module for IOM's Global Survey at Points of Entry and spearheaded the global training for IOM country missions. The result of the survey aimed to support Member States in addressing gaps and strengthening capacities at points of entry in meeting their commitments under IHR.



Overview of the common keywords that appear in the relevant publications retrieved on the topic of COVID-19 and migration. © IOM 2020

WORLDWIDE

A Migration Health Evidence Portal for COVID-19

Within its Migration Health Research Portal, in 2020, IOM developed an open-access [Migration Health Evidence Portal](#) for COVID-19 which acts as a repository of all research publications on COVID-19 in relation to migration and human mobility. The portal aims to serve as a platform to share and distill key findings emergent from the growing body of scientific literature, relevant to migration, health and human mobility.

The portal has been recognized as a best practice model, as it addresses the objective of developing innovative approaches in sharing knowledge about COVID-19. IOM's migration health research team catalyzed a global collaborative project in partnership with the MHADRI network titled the "Bibliometric Analysis on COVID-19 in the context of Migration Health" to harness the evidence base for the portal. The portal also anchors thematic evidence briefs and study protocol to aid researchers at country and regional levels in conducting studies in the domain of COVID-19 and migration health.

TURKEY

Assessing the health literacy and communication needs of Syrian refugees



Health literacy in health care is crucial to achieving a reduction in child mortality, improving maternal health, combating infectious diseases and improving health outcomes. However, refugees and migrants may have lower health literacy than the host community, most often due to poor access to educational resources and information programmes, and due to economic, social and linguistic barriers. Refugees may also have difficulty interacting with health information due to low literacy levels and cultural and language challenges.

[This study](#), co-authored by WHO and IOM, presents an assessment of health literacy and health communication, including health information needs and sources of information, among Syrian refugees in Turkey. Based on interviews conducted face-to-face with 7,105 adults and focus group discussions involving 219 people, it describes health literacy and the factors that determine health literacy, health information needs, common sources and channels of health information, and barriers to health communication among Syrian refugees.

The publication concludes with recommendations for improving health literacy and health communication, including targeted, culturally sensitive health communication through preferred and commonly used channels that are endorsed by trusted sources.

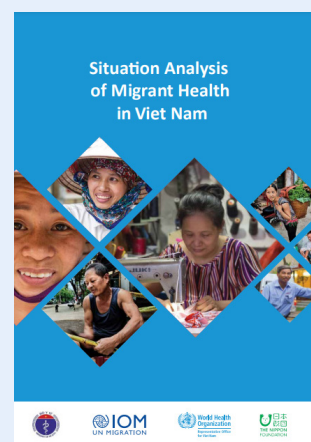
VIET NAM

A situation analysis of migrant health

Viet Nam is home to dynamic and multi-dimensional population movements. The Government's determination to better safeguard migrants is impeded by a dearth of data on Vietnamese internal and cross-border migrants' health and access to health care. In particular, little is known about health-care access among undocumented migrants.

In partnership with the Ministry of Health and WHO, IOM contributed to map the state of migrant health in the country, with four key questions underpinning the research: 1) what is the current situation of migration in Viet Nam; 2) what challenges do migrants, especially undocumented ones, face in accessing health care; 3) what are stakeholders' perceived barriers to migrant health-care services and 4) which challenges have stakeholders encountered in implementing strategies, policies and programmes related to migrant health.

[The document](#) outlines the key findings and needs, as well as steps required for the development of a national action plan to promote the health of migrants in Viet Nam.





The achievements of
IOM's Migration Health Division
draw on:

the generosity of its donors,
the strengths of its partners,
the commitment of its staff,
the resilience of migrants,
and the trust of Member States.

Thank you.

