

# MIGRATION HEALTH

2022 IMPACT OVERVIEW



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

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Cover photo: An IOM mental health and psychosocial support worker helps a little girl put her paper boat to float, in Paktika province, Afghanistan, where a series of earthquakes wreaked destruction in 2022. © IOM 2022/Leo TORRETON

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2022 IMPACT OVERVIEW



# CONTENTS

ACRONYMS.....	iv
FOREWORD.....	v
IN NUMBERS.....	vi
GLOBAL FOOTPRINT .....	viii
HIGHLIGHTS .....	x
<b>1. CONNECTING HEALTH SECURITY AND HUMAN MOBILITY .....</b>	<b>1</b>
Outbreak preparedness and response.....	2
Pre-migration health activities .....	4
<b>2. INCREASING COMMUNITIES' HEALTH RESILIENCE .....</b>	<b>7</b>
Primary care for people in crisis contexts .....	8
Addressing continuous disease threats.....	10
Gender-specific health services.....	12
Greater immunization coverage .....	14
Mental health and psychosocial support.....	16
<b>3. STRENGTHENING MIGRATION HEALTH GOVERNANCE.....</b>	<b>19</b>
Paving the way to universal health coverage .....	20
Building migration health capacities.....	22
Strengthening research and evidence base .....	24

# ACRONYMS

<b>AIDS</b>	acquired immunodeficiency syndrome
<b>COVID-19</b>	coronavirus disease 2019
<b>EVD</b>	Ebola virus disease
<b>GBV</b>	gender-based violence
<b>HAP</b>	Health Assessment Programme
<b>HBMM</b>	IOM Health, Border and Mobility Management framework
<b>HIV</b>	human immunodeficiency virus
<b>IDPs</b>	internally displaced persons
<b>IOM</b>	International Organization for Migration
<b>LGBTQI+</b>	lesbian, gay, bisexual, transgender, queer, and intersex
<b>MHAC</b>	migration health assessment centre
<b>MHADRI</b>	Migration Health and Development Research Initiative Research network
<b>MHPSS</b>	mental health and psychosocial support
<b>PMHAs</b>	pre-migration health activities
<b>PMM</b>	population mobility mapping
<b>PSEA</b>	prevention of sexual exploitation and abuse
<b>RCCE</b>	risk communication and community engagement
<b>SDGs</b>	Sustainable Development Goals
<b>SOPs</b>	standard operating procedures
<b>SRH</b>	sexual and reproductive health
<b>TB</b>	tuberculosis
<b>UHC</b>	universal health coverage
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>UNICEF</b>	United Nations Children's Fund
<b>WASH</b>	water, sanitation and hygiene
<b>WHO</b>	World Health Organization

# FOREWORD

After two years of challenges and severe adjustments to the ways we globally manage our public health and human mobility systems, the year 2022 offered many reasons for hope.

We faced repeated outbreaks and resurgences of communicable diseases across the world – including several concerning COVID-19 variants, Ebola in Uganda and in the Democratic Republic of the Congo, mpox, cholera in Haiti and Lebanon, to name a few. Yet, governments, public health institutions, international organizations, non-governmental actors and communities united and, in many instances, found ways to address many of the needs of those most at-risk, while relentlessly pursuing more disease prevention, immunization, testing, provision and continuity of care, as well as mental health, across the board.

However, profound inequalities and discrimination persisted. According to the latest [World Migration Report](#), there are 281 million migrants in the world today (3.6% of the global population), including more than 84 million forcibly displaced within and across borders. And not only do many among them find themselves more exposed to ill health because of poor living and working conditions, they also face a high number of roadblocks – administrative, logistical, cultural or financial – in accessing health information and services.

Throughout the year, the International Organization for Migration (IOM) strove to maintain its focus on migration health priorities; we continued to push forward to address the health needs of migrant and host communities worldwide, while responding to new humanitarian tragedies and delivering life-saving health services in 125 countries.

The COVID-19 vaccination campaign, the world's largest ever, continued and, by the end of 2022, some of the lowest income countries had managed to reach [remarkable levels of vaccine coverage](#). IOM's health teams were critical in helping ensure that COVID-19 vaccine doses reached the most vulnerable migrants, including refugees and internally displaced persons. Working hand-in-hand with Gavi, the Vaccine Alliance, as well as the World Health Organization (WHO) and other key partners, we were relentless in our



advocacy efforts, we monitored closely migrant access to vaccines in every single country where IOM has a presence, and our nurses and doctors administered over 2.8 million COVID-19 vaccine doses.

In humanitarian contexts or through durable solutions initiatives, our often life-saving work spans dozens of types of activities, including, to name a few: primary care consultations, sexual and reproductive care, routine and outbreak-related immunization, mental health and psychosocial support (MHPSS), health assessments for migration and resettlement processes, advocacy and research.

This impact report offers only an overview of some of our global 2022 achievements. To name only a few of the remarkable developments of the year, IOM faced unprecedented demand for primary care consultations in emergency settings, with almost 5.6 million provided, and for migration health assessments, with some 904,000 performed in 12 months.

IOM will not stop aiming for health for all, with no one left behind. The pathway there may be slow and arduous. Challenges are many. Yet the financial, cultural and social benefits of universal health coverage far outweigh the difficulties, and the return will far surpass the investment. For migrants themselves, for the communities hosting them, for everyone, everywhere: let's build a world where no migrants' health is unsupported, forgotten or neglected.

**Ugochi Daniels**  
IOM Deputy Director General for Operations

# MIGRATION HEALTH

 **852**

SUPPORTED HEALTH FACILITIES

*including*

 **124**

IOM-MANAGED HEALTH FACILITIES  
IN CRISIS CONTEXTS

*and*

 **70**

IOM-MANAGED MIGRATION HEALTH  
ASSESSMENT CENTRES (MHACs)

 **382.8 million**

USD

*invested in*

 **125**

COUNTRIES

*including*

 **47**

EMERGENCY OR CRISIS CONTEXTS

*with*

 **1,836**

HEALTH STAFF

*working across*

 **244**

PROJECTS

 **2**

TELERADIOLOGY CENTRES

networked to 119 locations

*as well as*

 **61**

LABORATORIES

including 10 tuberculosis containment laboratories

 **432**


MOBILE MEDICAL TEAMS  
IN CRISIS CONTEXTS

 **154**


ADVOCACY AND  
RESEARCH PUBLICATIONS




# 2022 IN NUMBERS

 **3.2 million**  
PEOPLE VACCINATED  
including against COVID-19

*and*

 **1.4 million**  
PEOPLE ASSISTED WITH  
MENTAL HEALTH AND  
PSYCHOSOCIAL SUPPORT

 **336**  
SUPPORTED  
HEALTH SCREENING POINTS  
AND POINTS OF ENTRY


*in addition to*

 **37**  
POPULATION MOBILITY  
MAPPING EXERCISES  
in 11 countries


*as well as*

 **8.2 million**  
PEOPLE REACHED WITH  
HEALTH PROMOTION, RISK  
COMMUNICATION AND  
COMMUNITY MANAGEMENT

 **26,000**  
HEALTH WORKERS  
TRAINED IN CRISIS SETTINGS

 **904,000**  
MIGRATION  
HEALTH ASSESSMENTS  
(15% among refugees and 85% among immigrants)

*in addition to*

 **5.6 million**  
PRIMARY HEALTH-CARE  
CONSULTATIONS  
IN CRISIS CONTEXTS

*and*

 **273,900**  
ANTENATAL CONSULTATIONS


 **8,600**  
FRONT-LINE AID WORKERS AND  
DEPENDENTS ASSISTED  
WITH ESSENTIAL HEALTH SERVICES


# GLOBAL FOOTPRINT


**HEADQUARTERS, REGIONAL OFFICES AND ADMINISTRATION**







 USD 20.2 million

**AMERICAS**

 USD 33.3 million

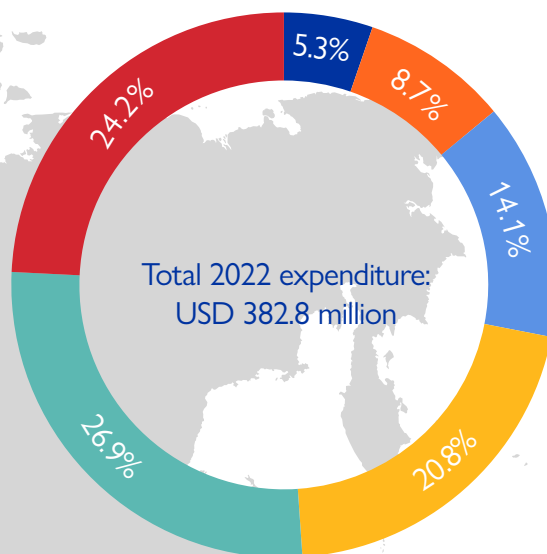
 132

 8

-  Expenditure in USD
-  IOM health facilities in crisis settings
-  IOM migration health assessment centres
-  IOM laboratories
-  IOM teleradiology centres
-  Countries with emergency or crisis contexts

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.

## EXPENDITURE PERCENTAGE BREAKDOWN BY REGION



### EUROPE AND CENTRAL ASIA

	USD 53.8 million
	40
	15
	6

### MIDDLE EAST AND NORTH AFRICA

	USD 79.9 million
	158
	9
	9
	7

### ASIA AND THE PACIFIC

	USD 92.8 million
	149
	22
	24
	1
	7

### SUB-SAHARAN AFRICA

	USD 102.8 million
	226
	24
	23
	19

# HIGHLIGHTS

## JANUARY

- IOM continues and scales up support to national authorities to monitor and facilitate access to COVID-19 vaccines for migrants and forcibly displaced persons across the world, including through direct vaccine delivery.

## FEBRUARY

- Russian Federation's 24 February invasion of Ukraine: IOM responds with health interventions in Ukraine and 11 nearby countries.

## MARCH

- The IOM Director General and the African Union Commissioner for Health, Humanitarian Affairs and Social Development sign a new agreement to strengthen migration policies in Africa, including on migration health.

## APRIL

- Ebola virus disease (EVD) outbreak is declared in the Democratic Republic of the Congo, the sixth in four years: IOM responds.
- At the United Nations Security Council, the IOM Director General calls for increased support for war-affected Ukrainians, including for health as well as mental health and psychosocial support.

## MAY

- First ever United Nations International Migration Review Forum: IOM co-organizes an event on pandemic preparedness through building a global architecture on borders and health.
- Policy dialogue on Migration Health and Universal Health Coverage, in Libya.
- South-Eastern Europe, Eastern Europe and Central Asia regional workshop on "Extending Cross-Border Cooperation and Communication" to strengthen public health, in Uzbekistan
- IOM and the United Nations Children's Fund (UNICEF) sign a new strategic collaboration framework, including to strengthen the capacity of child sensitive health services.

## JUNE

- IOM participates in a multistakeholder consultation on gender-based violence in public health emergencies, in Switzerland.
- IOM contributes to the three meetings (June, July, December) of the Intergovernmental Negotiating Body for a new WHO-led instrument on pandemic prevention, preparedness and response.
- Tenth IOM Summer School on "Psychosocial Interventions in Migration, Emergency and Displacement", in Italy.

## JULY

- Series of earthquakes in Afghanistan in June and July: IOM provides emergency health services, including MHPSS, across affected areas.

## AUGUST

- Flash floods in Afghanistan in July and August: IOM provides emergency health services, including MHPSS, across affected areas.

## SEPTEMBER

- EVD outbreak in Uganda: IOM scales up health and mobility-related interventions, in the country and in at-risk neighbouring regions to limit cross-border transmission.
- IOM signs a cooperation agreement with Ukraine's Ministry of Health to provide physical and mental health assistance to war-affected host communities, migrants and displaced persons.

## OCTOBER

- IOM South-South Symposium on Climate Change, Migration and Health, in Morocco.
- IOM participates in the Global Mental Health Summit, in Italy.
- IOM participates in the World Health Summit, in Germany.
- IOM participates in the Asian Development Bank Conference on Border Health, in Georgia.

## NOVEMBER

- Cholera outbreaks in Lebanon and in Haiti: IOM launches two special appeals to scale up its cholera response.
- Twenty-seventh United Nations Climate Change Conference (COP 27): with partners, IOM highlights linkages between climate change, migration and health.
- IOM launches a Regional Migration Health Road Map for West and Central Africa.

## DECEMBER

- IOM scales up winter support in Ukraine with first aid points, and donations of generators and thermal blankets for clinics and shelters.
- IOM and the Organization of African, Caribbean and Pacific States sign a cooperation agreement for a more strategic cooperation on migration in those regions, including regarding health matters.
- Sixth Border Management and Identity Conference, in Thailand: IOM participates with a focus on public health risk mitigation.

A migration health assessment takes place in Nairobi, Kenya, one of IOM's 70 Migration Health Assessment Centres. © IOM 2022/Raber AZIZ

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# I. CONNECTING HEALTH SECURITY AND HUMAN MOBILITY

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# OUTBREAK PREPAREDNESS AND RESPONSE

**THE CHALLENGE** As recent outbreaks and pandemics have shown, when a public health threat occurs in our 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. IOM's programmes for outbreak preparedness and response are in line with the 2005 International Health Regulations (IHR), implemented hand-in-hand 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** IOM has a unique approach to outbreak preparedness and response in that it brings a human mobility perspective into prevention, preparedness and response activities. As such, IOM has become a key actor in addressing public health emergencies, in particular those that span across borders and are a cause of international concern, in particular through a rigorous methodology laid out in its [Health, Border and Mobility Management \(HBMM\) framework](#).

Some of IOM's key HBMM interventions – which contribute to overall global health security – include:

1. 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 and identify priority areas for public health preparedness and response interventions, and site assessments.
2. Disease surveillance, including community-based, syndromic, events-based, early-warning, cross-border, and others;
3. Risk communication and community engagement (RCCE), targeting mobile populations and host communities;
4. Outbreak-related vaccination campaigns in addition to routine immunization;
5. Health-related interventions at points of entry (or PoEs, i.e. airports, ports, and land border-crossings).

One of the Organization's key strategic assets in outbreak contexts is the strength and variety of its partnerships with national governments, local authorities, communities and other key actors: IOM is member of the Global Outbreak Alert and Response Network, a member of the Strategic Advisory Group of the Inter-Agency Standing Committee's Global Health Cluster, an official partner of WHO and a member of the Technical Working Group on Pandemic Preparedness and Response. In addition, IOM's emergency health activities are heavily interlaced and coordinated with other critical sectors of humanitarian intervention, including water sanitation and hygiene (WASH), protection, and IOM's Displacement Tracking Matrix.

**THE RESULTS** The year 2022 was marked by:

- the third year of the COVID-19 pandemic with efforts focused on mainstreaming transmission prevention and immunization efforts across all areas of programming,
- an EVD outbreaks in the Democratic Republic of the Congo and another one in Uganda,
- several cholera outbreaks in particular in Lebanon and in Haiti, and more.

Throughout the year, IOM advocated for migrant inclusion and a mobility focused understanding of outbreak preparedness and response, in particular in the three WHO-led preparatory meetings of the Intergovernmental Negotiating Body for a new international instrument on pandemic prevention, preparedness and response.



1.6 million

people provided with immunization as part of outbreak responses specifically



8.2 million

persons directly reached with RCCE efforts in crisis settings



37

PMM exercises in 11 countries



336

PoEs or health screening points in crisis provided with health-related capacity support



25,800

health workers trained



## UGANDA AND ITS REGION

### Preventing Ebola cross-border spread

On 20 September 2022, the Ministry of Health of Uganda declared an EVD outbreak, in Mubende District, with ultimately 142 confirmed cases, leading to 55 confirmed deaths and 87 recoveries. Due to regional human mobility dynamics, the countries neighbouring Uganda also faced significant risk of cross-border transmission.

As IOM has been working in Uganda and across the region – including Burundi, the Democratic Republic of the Congo, Liberia, Rwanda, Senegal, Sierra Leone, South Sudan and the United Republic of Tanzania – preparing for and responding to EVD outbreaks as they occur, the Organization was immediately able to scale up support for national authorities and local communities, within and across Uganda's borders.

In Uganda, IOM – in collaboration with public authorities and partners – carried out PMM covering five districts (Mubende, Kassanda, Kyegegwa, Kagadi and Bunyangabu) to analyse mobility dynamics and patterns and define priority sites for mobility-sensitive public health interventions at border-crossings, along mobility pathways and in congregation areas. As a result, six internal health screening points and 10 PoEs were supported by IOM. The Organization deployed 66 workers and 19 supervisors for health screening. IOM carried out over 1 million screenings for EVD symptoms, and reached hundreds of thousands of people through health information sessions and materials in English and Luganda. In addition, trainings to build the capacity of screeners, enumerators, immigration and security officers, as well as health workers were provided to 221 participants (137 women and 84 men), covering infection prevention and control, RCCE, disease surveillance, and data collection and management. A total of 20 enumerators were deployed to conduct flow monitoring in nine PoEs to collect data on mobility trends and better inform the response. IOM also equipped 10 PoEs and 6 health screening points with essential supplies including infrared thermometers, personal protective equipment (gloves, masks, aprons, gumboots), infection prevention and control supplies (chlorine, soap, alcohol-based rub, sprayers), data collection tools and stationery, among others.

Elsewhere, IOM continued to co-lead national PoE Working Groups in Burundi, the Democratic Republic of the Congo and South Sudan. Simulation exercises to test the capacity of the public health emergency operations centres in Burundi and Kenya were supported. In the Democratic Republic of the Congo, IOM conducted PMM in three health zones, site assessments at four PoEs, and three flow monitoring exercises in Bunia. Additionally, in Kenya, IOM supported the development of a Community Mobilizers Guide, standard operating procedures (SOPs), and RCCE materials. In Rwanda, IOM donated a thermal imaging camera for temperature screening for the Gatuna PoE, where heavy cross-border traffic between Uganda and Rwanda takes place, and end users were trained. In South Sudan, IOM implemented EVD screenings and referrals at Juba International Airport. In the United Republic of Tanzania, IOM supported and facilitated a week-long workshop to develop SOPs for all PoEs.

# PRE-MIGRATION HEALTH ACTIVITIES

**THE CHALLENGE** Pre-migration health activities (PMHAs), 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 visa, family reunification or international employment, or of specific migrant assistance programmes, and during post-emergency relocation and reintegration. They are key in ensuring safe migration processes for migrants, including refugees, the communities they leave and those they join. After two years of drastic reductions in the demand for pre-migration health services due to COVID-19-related restrictions on movement, IOM faced an unprecedented demand in 2022.

**THE STRATEGY** Delivered through the Health Assessment Programme (HAP) at the request of receiving country governments since the Organization's creation in 1951, PMHAs are provided by IOM for migrants going through regular international migration processes, including refugees being resettled. They include 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, vaccination, 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.

In 2022, PMHAs were delivered through 70 migration health assessment centres (MHACs) in 49 countries and 34 laboratories in 23 countries, 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 most COVID-19-related travel restrictions were lifted in 2022, IOM faced unprecedented demand for PMHAs and the Organization had to adapt and scale up its capacity rapidly: among other things, IOM hired and trained new staff, established additional MHACs, and put measures in place to ensure quality of service.

The Russian Federation's 24 February invasion of Ukraine significantly disrupted operations in the country. Given its limited presence in Eastern and Central Europe, IOM adopted a hybrid strategy to facilitate the resettlement of refugees in Poland, working with non-IOM panel physicians and a private health facility, and engaging mobile teams to support data processing, provide technical supervision, and provide referrals or travel assistance, where required. Several other PMHAs were facilitated by IOM in neighbouring countries, including the Republic of Moldova.

**THE RESULTS** In 2022, demand for PMHAs skyrocketed and IOM adapted quickly. In just one year, the Organization almost doubled the number of migration health assessments provided with some 904,000 performed in 2022, compared to 480,000 in 2021.

In particular, the Organization responded to the Ukraine emergency by offering PMHA services for refugees and third country nationals.



904,000

migration health assessments  
(15% for refugees; 85% for immigrants)



483,000

vaccine doses administered against 22 vaccine-preventable diseases



1,055

medical escorts assigned to refugees for travel



885

referrals for psychiatric evaluation



IOM MHAC laboratory in Bangkok, Thailand. © IOM 2022/Raber AZIZ





Pre-migration services delivered to refugees living in Mae Sot, Thailand. © IOM 2022/Raber AZIZ

## QATAR

### Supporting the migration health needs of United States-bound refugees

In December 2021, IOM supported the establishment of a significant operation in Qatar at Camp As Sayliyah, as part of the United States Refugee Admissions Programme. The Organization rapidly deployed HAP staff from various regions to develop capacity to undertake PMHAs for refugees from Afghanistan.

Throughout 2022, IOM provided migration health assessments, vaccination, TB treatment in coordination with the Qatar national TB control programme, as well as treatment for other communicable diseases such as intestinal parasites. The operation has also been offering rapid antigen testing for COVID-19 and assistance with quarantine and isolation where required, referrals for higher levels of care, medical escorts for travel when needed, and more.

In addition, IOM established a laboratory and in-house radiology capacity for chest X-rays through portable X-ray machines, as well as global teleradiology support.

## WORLDWIDE

### Essential health services for front-line aid staff and their families

Against a background of overstretched health systems due to the COVID-19 pandemic, the United Nations launched in 2020 a mechanism to provide essential health services to aid workers across the world, in particular United Nations staff and their families.

Named “First Line of Defence”, it was designed to ensure that United Nations personnel and staff from NGOs could remain in their duty stations and continue delivering on their mandates, 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 and scaled up throughout 2021 in 18 countries across Africa, Asia, Europe and the Middle East.

The project offered different services, based on context, such as clinical care, laboratory testing, telehealth, home monitoring services as well as medical movement support.

In 2022, IOM continued to provide these services in 17 countries and offered, among other things, access to COVID-19 vaccination.

Given the decrease in the number of COVID-19 cases in most parts of the world, it gradually declined throughout the year. Overall, in 2022, close to 8,600 United Nations and other aid workers received at least one service through IOM's First Line of Defence project.



8,600

front-line aid workers and dependents assisted with essential health services

Sample collection for COVID-19 testing, performed at the IOM MHAC in Nairobi, Kenya. © IOM 2022/Raber AZIZ



IOM provides primary care and malnutrition screenings on the west coast of Yemen.  
© IOM 2022/Majed MOHAMMED



## 2. INCREASING COMMUNITIES' HEALTH RESILIENCE

# PRIMARY CARE FOR PEOPLE IN CRISIS CONTEXTS

**THE CHALLENGE** Health support in crisis situations is a central 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, returnees and refugees – host communities, and migrants in need of medical care or psychosocial support in camps for displaced persons, along perilous migration pathways and in hard-to-reach areas. As new emergencies emerge – be they natural disasters or conflict – communities often face mass displacement and a weakening of public health infrastructure: the challenge is to rapidly scale up health services to address essential needs, including continuity of care, sexual and reproductive health (SRH), mental and psychosocial vulnerabilities, nutritional concerns, outbreak prevention and more.

**THE STRATEGY** IOM's provision of direct health-care services for people in crisis situations have four critical objectives: save lives, reduce morbidity and alleviate suffering, while also strengthening long-term health system recovery and resilience. In line with International Humanitarian Law, services are provided in camp and non-camp settings, through some 5,400 IOM or third-party health workers, more than 220 IOM-managed or supported health-care facilities, as well as some 370 mobile and rapid response teams.

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 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** Over the past three years, against the background of the COVID-19 pandemic, IOM strove to mainstream its life-saving and essential health operations in crisis contexts while also mainstreaming COVID-19-related measures across all locations and areas of implementation.

In 2022, IOM delivered its emergency health-care services across 47 countries with crisis situations.



5.6 million

primary health-care consultations



100,000

referrals to higher levels of care



7.8 million

people reached with health promotion, including RCCE



927,000

people of all ages screened for moderate or severe acute malnutrition



269

public health facilities supported with rehabilitation or infrastructure support



1,200

metric tons of medical supplies procured

## UKRAINE AND NEARBY COUNTRIES

### Safeguarding health amid horror

The Russian Federation's 24 February invasion of Ukraine has negatively affected people's health and seriously impacted the health sector by impeding access to routine and emergency services, damaging and destroying medical facilities and overwhelming the remaining ones. In addition, health professionals have been displaced and supply chains for essential medicines and supplies disrupted.

IOM's health programmes are designed to ensure access to health care for the most affected, whether displaced or not. Among other things, services include mobile teams to offer care in hard-to-reach areas, health promotion, activities to address rising mental health concerns and issues, donations of equipment to clinics and medicine vouchers for displaced persons, and the facilitation of medical requirements for travel and resettlement.



Olga and five-month-old Andreii receive care at an IOM mobile clinic in Lviv region, Ukraine, in May. © IOM 2022/Gema CORTÉS

IOM has been addressing various critical health needs triggered by the war across Ukraine, as well as in Belarus, Bulgaria, Czechia, Estonia, Hungary, Latvia, Lithuania, Poland, the Republic of Moldova, Romania and Slovakia.

Overall, in 2022, IOM supported some 85,000 people inside Ukraine and 34,000 people across the 11 nearby countries with emergency health assistance, while also offering mental health and psychosocial support to over 31,000 people inside Ukraine and another 47,000 people in neighbouring countries.

## BANGLADESH

### A critical health lifeline for refugees and host communities

Close to 1 million Rohingya refugees live in the camps of Cox's Bazar in Bangladesh, and half million people in the host communities are also in need of critical health assistance. IOM supports 45 primary and secondary health-care facilities in Cox's Bazar to ensure the continuity of essential health services. These facilities provide outpatient and inpatient management of communicable and non-communicable diseases, services for child health as well as sexual and reproductive health, 24-hour emergency referrals, MHPSS as well as gender-based violence services.



Suicide prevention discussion in Cox's Bazar, Bangladesh. © IOM 2022

A core component of its approach being community-based activities, IOM supports community health workers by offering trainings and other types of capacity-building and support. Some 400 trained community health workers are equipped to provide basic first aid in the event of an emergency. In the camps, IOM leads the Health sector's technical working group on mobile medical teams. IOM's dispatch and referral unit coordinates emergency ambulance services during an emergencies, such as fires, floods and other disasters linked to extreme weather. Additionally, to strengthen the host community's health system, IOM started rehabilitating 100 community clinics in Cox's Bazar District and upgrading the infrastructure of Cox's Bazar District Hospital.

Overall, in 2022, IOM delivered 1,536,532 medical consultations; vaccinated 3,585 children with routine immunization; collected over 1,500 samples for COVID-19 testing; offered family planning services to over 6,000 women; reached 134,174 people through MHPSS consultations; and carried out health information and promotion sessions continuously.

# ADDRESSING CONTINUOUS 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 one of the world's deadliest infectious diseases, tuberculosis. Challenges in addressing these diseases and eradicating them reside partly in the fact that: a/ some populations can be extremely hard to reach with health promotion messaging or the tools to combat these diseases, b/ continuity of care can be particularly difficult to ensure for mobile populations, amid conflict or in the wake of a disaster, and c/ efforts to combat these diseases were sometimes moved to the backburner in the past three years as public health authorities struggled to respond to the COVID-19 pandemic.

**THE STRATEGY** In 2022, across emergency and non-emergency contexts, IOM made a sustained effort to fight disease threats and, in particular, continue building on previous gains made in the global fight against HIV/AIDS, TB and malaria. IOM works with the health ministries, local actors and the 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 migrants in regular and irregular situations and their families; IDPs and refugees; 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 – the internationally recommended strategy for TB control – to increase patients' adherence to and completion of TB treatment.

IOM also 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** Across emergency and non-emergency areas of programming, in 2022, IOM was able to make significant strides in activities to prevent, diagnose and treat malaria, TB and HIV/AIDS.



448,500

persons reached with HIV prevention programmes



295,700

HIV tests performed



13,000

persons commenced on antiretroviral therapy



1.3 million

radiological investigations for TB conducted



21,500

people supported directly with (or referred for) TB treatment



1.8 million

persons reached with malaria prevention messages



310,400

bed nets distributed for malaria prevention



1 million

malaria rapid diagnostic tests provided



432,200

people treated for malaria

## MIDDLE EAST

### Three deadly diseases and a targeted regional approach

Since 2017, with support from the Global Fund, IOM has been working to strengthen access to and support continuity of care for HIV/AIDS, TB and malaria for displaced persons, migrants and key vulnerable people in Iraq, Jordan, Lebanon, the Syrian Arab Republic, Yemen and the Palestinian Territories.

Overall, in 2022, across the region, in partnership with national disease control programmes and key partners, IOM has helped detect over 22,000 TB cases and 289 people suffering from multidrug-resistant TB were supported with treatment.

Close to 58,200 people were tested for HIV voluntarily in Jordan, Lebanon, the Syrian Arab Republic, Yemen and the Palestinian Territories. Almost 6,150 people living with HIV started or continued to receive antiretroviral therapy.

In Yemen, 285,520 long-lasting insecticidal nets were distributed among vulnerable populations to support the fight against malaria. More than 1.2 million people suspected to be suffering from malaria were helped to access health facilities for testing and over 195,450 who tested positive received treatment with IOM's support. In addition, some 1,850 health workers were trained on diagnosis and treatment of malaria, including antimalarial drugs and management of severe malaria.



Technologist at an IOM laboratory in Iraq. © IOM 2022/Anjam RASOOL

## GREATER MEKONG

### Five countries, one goal: eliminate TB among migrants

Cross-border mobility in the Greater Mekong subregion is highly dynamic, with migration patterns and levels fluctuating in the border towns of the economic corridors. Migrants in the five countries of the subregion – Cambodia, Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam – face serious difficulties in accessing health care, especially if they are undocumented, as they may fear deportation. This makes them particularly vulnerable to TB, and the absence of targeted TB prevention and control strategies for such groups prevents reaching global TB elimination targets.

The Global Fund-support project TEAM2, aims to tackle that very issue. Target beneficiaries include populations who are not covered by existing national TB programmes or grants and/or which have been identified as highly vulnerable for TB due to prevalence, co-infection, social determinants of health, or barriers in accessing TB diagnosis and treatment support, and vary according to geographical location. Target groups include cross-border migrants, returnees, refugees, host communities, migrants in special economic zones, internally displaced persons (IDPs), LGBTQI+ migrants, and other vulnerable populations including victims of trafficking, the elderly, and people living with HIV/AIDS. In 2022, IOM screened 25,100 for TB symptoms, performed chest X-ray investigations on 25,900 migrants, and ultimately helped detect over 3,950 confirmed TB cases.

## AMERICAS

### Fighting disease among the most vulnerable through mobile clinics

In collaboration with ministries of health, IOM deployed in Brazil, Ecuador, Perú and the Bolivarian Republic of Venezuela a comprehensive health-care strategy through mobile medical teams, composed of medical doctors, nurses, psychologists and sometimes gynecologists. The teams offer primary health-care services, referrals for higher levels of care, disease prevention interventions, such as immunization, and health promotion activities for migrants and host communities. As a result, in 2022, in Ecuador, more than 71,000 people received health-care consultations, including approximately 17,000 who received MHPSS. In Brazil, the teams worked to provide services to Venezuelan migrants and indigenous communities in Roraima, delivering 11,500 medical consultations and about 22,000 routine vaccinations. In Perú, more than 53,500 migrants and refugees from the Bolivarian Republic of Venezuela received primary care, MHPSS and SRH services. In the Bolivarian Republic of Venezuela, teams deployed in the southern border states of Bolívar and Amazonas where indigenous communities suffer from lack of access to basic health services served 16,500 persons.



Primary care consultation provided through a mobile team in Ecuador. © IOM 2022

# 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 internally displaced persons, 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 protection against sexual exploitation and abuse (PSEA), across its health operations, IOM has been implementing a number of key measures including: mandatory PSEA 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 offers a wide range of SRH services such as ante and postnatal care, in particular in low-income and crisis settings.

**THE RESULTS** Through IOM-managed or IOM-supported facilities across emergency and non-emergency contexts, the Organization was able to provide a number of gender-specific health services to support SRH needs, and address GBV-related health risks, including referrals where needed and clinical management of rape.



273,900

antenatal consultations provided



16,600

deliveries in the presence of a skilled birth attendant



3,800

women referred for emergency obstetric care



211

IOM-managed or -supported facilities provided psychosocial and emotional support for sexual assault survivors



SRH services for migrants in Libya.  
© IOM 2022/Maayad ZAGHDANI



## SOUTHERN AFRICA

### Groundbreaking SRH impact through change agents

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 2022, the project reached over 133,351 young vulnerable people, migrants and sex workers with health education on sexuality, HIV/AIDS, sexually transmitted diseases, pregnancy and contraception through door-to-door visits and community events such as mobile clinics, outreach campaigns and community dialogues. Across all countries, a total of 773 change agents actively conducted health education on SRH-HIV amongst non-migrants, migrants, young vulnerable people and sex workers. In one year, the project referred over 15,349 young vulnerable people, migrants and sex workers for health and non-health services and 12,324 received the services they were referred for. The services provided included health services such as HIV testing and counselling, antiretroviral therapy, antenatal care, family planning, sexually transmitted diseases and cervical cancer screening and treatment, sexual and GBV support, and non-health services such as immigration, social welfare, counsellors, and police. The project trained 269 individuals from service provider organizations to deliver SRH-HIV, GBV and related services. A total of 193 young vulnerable people, migrants and sex workers were trained in entrepreneurship and financial literacy while other 219 were trained in vocational skills.

The project continues to address the environmental barriers to accessing SRH-HIV services – such as harmful traditional cultural practices and social norms – by engaging with communities and key populations through dialogues and sensitizations. Over 763 policymakers, community, religious and traditional leaders at national and regional levels were sensitized on the migration of young vulnerable people, SRH rights and sexual and GBV. A total of 65 new community dialogue platforms were established, while 13 others were strengthened.



Average is a 21-year-old change agent in Cabo Delgado, Mozambique. © IOM 2022

## CENTRAL ASIA

### Examining challenges of access to SRH and HIV services

In the era of COVID-19, migrant access to SRH care worsened. The enrolment of most migrants from Central Asian countries into public SRH care and HIV services is either not ensured at all in the host countries (Kazakhstan, the Russian Federation, and Türkiye), or provided to a limited extent in the Russian Federation for migrants from the European Union.

A [research paper](#) – co-produced with the United Nations Populations Fund and the Joint United Nations Programme on HIV/AIDS (UNAIDS) – titled *Challenges of Access to Sexual and Reproductive Health and HIV Services for Internal Migrants in Central Asian Countries and International Migrants from Central Asian Countries in The Russian Federation, Kazakhstan, and Turkey during the COVID-19 Pandemic* presents and discusses the findings of a desk review on the state of migration and SRH of the populations in migrant-sending countries, including Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.

It considers the qualitative data on access to antenatal and perinatal care, family planning services, and contraception, including condoms, safe abortion (legal in all countries under consideration), treatment of sexually transmitted infections, and HIV infection prevention, diagnosis and treatment.

# GREATER IMMUNIZATION COVERAGE

**THE CHALLENGE** Vaccines are one of the world's most critical and cost-effective tools for preventing outbreaks and keeping individuals and entire communities safe and healthy. Recent public health emergencies, such as the COVID-19 pandemic, have demonstrated in the clearest terms that no one is protected from communicable disease until everyone is. When it comes to migrant and other mobile populations, challenges to reach them with immunization services are manifold and specific strategies have to be designed and implemented to effectively address vaccine hesitancy among those groups, get doses to hard-to-reach locations, bridge policy gaps to ensure that people without health coverage can be supported, and ensure that vaccination schedules can be completed even in cases of continued movement of individuals.

**THE STRATEGY** Across all areas of programming, in emergency and non-emergency contexts, IOM's vaccination activities aim to improve the health of migrants by increasing key vaccine coverage and strengthening immunization systems across the world.

IOM has been a key player in global efforts to ensure that migrants and mobile populations have access to routine vaccinations. The Organization coordinates its vaccination activities with national authorities, and other key partners including WHO, UNICEF, Gavi The Vaccine Alliance, and more. IOM offers vaccines to migrant and displaced people against 22 diseases, including COVID-19.

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.

To ensure proper vaccine uptake and administration, IOM staff are provided with ongoing relevant trainings in line with recognized best practices and international standards.

**THE RESULTS** In 2022, IOM continued to work to improve vaccination coverage globally. Among other immunization priorities, throughout the year, IOM focused on bolstering national capacities to roll out COVID-19 vaccines so that no migrant, including forcibly displaced persons, would be left behind.



3.2 million

people vaccinated against at least one disease



1.6 million

people provided with immunization as part of outbreak responses specifically



121,100

people provided with immunization through IOM PMHAs



80,600

children vaccinated against measles



212,900

children vaccinated against polio



2.8 million

COVID-19 vaccine doses administered to 2.1 million people



COVID-19 vaccination of a migrant in Tenerife, Spain. © IOM 2022

## BRAZIL

### Improving COVID-19 vaccine uptake among migrants, including refugees

IOM collaborated with national and local authorities and supported Brazil to reduce COVID-19 transmission among vulnerable refugees and migrants in the states of Roraima, Amazonas and Pará, and increase vaccination rates among these populations and their host communities. The project aimed to ensure equal vaccine distribution across targeted municipalities and focused on building the capacities of local health authorities and improving COVID-19 vaccine demand through greater access to information, including surveys and community dialogues.

Among other achievements, IOM was able to improve cold chain capacities through the donation of thousands of items including conservation chambers, thermal boxes, and digital thermometers. In addition, IOM focused on improving community awareness and knowledge to reduce vaccine hesitancy, by developing and distribution information materials and carrying out in-person information sessions.

## CROATIA AND SPAIN

### Addressing vaccine hesitancy among migrant populations

In an effort to address the potential barriers – cultural, linguistic and others – that migrants may face in understanding not only the importance of the COVID-19 vaccination but also in identifying the symptoms of the virus and prevent its spread, IOM Spain and IOM Croatia launched a major campaign to raise awareness and provide reliable information on COVID-19 and its related vaccines.

In particular, in the context of the large influx of Ukrainian refugees arriving in European Economic Area countries, IOM endeavoured to translate a large number of information products in Ukrainian and Russian. Some 6,000 leaflets, and 500 posters and several videos were distributed across strategic locations in Spain, while 1,300 brochures, 25 posters and an animation were distributed across Croatia. Several non-governmental organizations working with migrants and refugees in both countries made use of those materials.

IOM supported COVID-19 vaccination in the Democratic Republic of the Congo in strategic locations along mobility corridors. © IOM 2022 / Daco TAMBKILA



# 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 loss of social support systems disruptive events, experiences of violence, discrimination and other human rights infringements – that can durably affect mental health and well-being at large. Mental health issues and efforts to address them are also often worsened by the overall stigma that surrounds them. 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 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.

**THE RESULTS** In 2022, IOM strove to expand its MHPSS programming and service delivery, as new emergencies took place, such as the Ukraine crisis and earthquakes in Afghanistan, in all socioeconomic contexts, and along all phases of the mobility continuum. IOM co-chaired at least 11 national or subregional inter-agency MHPSS coordination mechanisms, and three inter-agency thematic MHPSS working groups: MHPSS for Men and Boys, Community-based MHPSS, MHPSS and Peacebuilding.



1.4 million

people reached with MHPSS services



15,700

people trained in MHPSS principles and approaches



22

global advocacy events on MHPSS that IOM participated in or co-organized



MHPSS activities for conflict-affected people in Konso, Ethiopia. © IOM 2022 / Hiyas BAGABALDO



Women attending a storytelling workshop in Kabasa IDP camp, in Dollow, Somalia in February 2022. © IOM 2022 / Claudia ROSEL

## SOMALIA

### Displaced women find grounding through storytelling workshops

As conflict and extreme drought over recent years has ravaged crops, cattle and outputs in the Horn of Africa, thousands of families have been forced to move, presenting deep distressing factors for hundreds of thousands of people across the region.

In Somalia, almost 3 million people have been internally displaced. In Kabasa IDP camp, in the town of Dollow near the border with Ethiopia, nearly 100,000 IDPs live. Many of them were once herders who could provide for their families. Now they need to queue for hours to get the most basic things such as water, food and health care. This loss of financial stability, independence and social connection can result in severe mental health issues.

To help them cope, IOM provides a number of MHPSS activities, including art-based activities and counselling. Artistic and cultural expressions are embedded in the Somali social fabric and are part of national collective identity. Historically, Somalis have used poems, songs and dances not only for entertainment, but also to make sense of their reality, express worries, denounce social issues and to pass local wisdom throughout generations.

In February 2022, IOM organized a storytelling workshop with women and men in Kabasa to promote their well-being and allow them a safe space to speak up about their rights, as well issues that affect their lives, such as GBV, marginalization and female genital mutilation.

The workshop aimed to create a sense of togetherness by enabling the participants to discuss challenges they face in their community and reimagine new solutions through play and improvised theatrical scenes. The activity was also a chance to involve men in the discussion and send a message of shared responsibility towards building a stronger community that ensures the safety and well-being of everyone.

## WORLDWIDE

### A manual to provide stronger MHPSS in contexts of displacement

IOM's Manual on Community-Based MHPSS in Emergencies and Displacement was developed to describe the process IOM MHPSS programme managers should follow to design and implement relevant programmes in the aftermath of an emergency and with displaced populations. However, while designed for IOM MHPSS programmes, the Manual was compiled with the support of 100 experts from various agencies, non-governmental organizations and academic centres and links to more than 200 tools, articles and technical websites, and serves as a reference for MHPSS experts working in the field, beyond IOM.



In Poland, displaced people poured in across the border in the first few months following the escalation of the war in Ukraine. © IOM 2022 / Francesco MALAVOLTA

Having become a flagship publication in the sector of mental health interventions in humanitarian aid, in 2022, IOM issued a [second edition of the Manual](#) that includes a section dedicated to GBV considerations specifically.

Following the Russian Federation's 24 February invasion of Ukraine, the mental health needs of war-affected populations skyrocketed. To ensure a high standard of service delivery and support the work of mental health professionals and counsellors working on the response across Ukraine and 11 nearby countries, IOM translated the Manual in Ukrainian, Polish, Romanian, and Slovak.

## IRAQ

### Best practices for MHPSS and livelihood integration

Conflict-affected persons can face daily stressors that make their livelihood pursuit challenging. Integrated MHPSS can help address and manage daily work-related psychosocial stressors at work, building and strengthening coping mechanisms and essential livelihood-related life and soft skills to apply at work and in other settings.

Therefore, to address MHPSS, livelihoods, social cohesion and peacebuilding needs, IOM developed an approach that integrates MHPSS and livelihood support programming to strengthen emotional well-being, increase the success of livelihood opportunities, and bolster social cohesion and peacebuilding within communities of displacement and return. In total 1,163 persons (604 women, 559 men) were reached through integrated interventions, of which 1,276 through MHPSS awareness sessions, 3,287 through peer-support groups, 116 through individual counselling. In addition, 68 staff received training. The participants assessed the interventions positively, indicating that these improved their self-esteem and confidence, created social support networks, improved their ability to adapt to changing situations and think more positively about work and life.

In 2022, IOM Iraq also published an [MHPSS and Livelihood Integration Manual](#), available in English, Arabic and Kurdish. The document introduces guidance on developing MHPSS activities adapted for livelihood programme participants. It includes specific modules on a selection of essential psychosocial skills and coping mechanisms that can support persons engaged in livelihoods, promoting their ability to take full advantage of their work in the short and long term. It is aimed at identifying the steps required for MHPSS integration into livelihoods, equipping MHPSS staff with relevant content for MHPSS sessions that target livelihood participants, delivering tailored MHPSS that meets the needs of livelihood participants and improves livelihood-related outcomes.

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# 3. STRENGTHENING MIGRATION HEALTH GOVERNANCE

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In Brazil, IOM works with the Yanomami indigenous communities, to provide primary care and outbreak prevention and control. © IOM 2022 / Bruno MANCINELLE

# 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** Recent international public health emergencies, including the COVID-19 pandemic, have 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, UNAIDS, the UNICEF 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, United Nations agencies, civil society organizations and more, for a multisectoral approach.

**THE RESULTS** In 2022, in order to continue contributing to health-related SDGs, and in the tail end of the acute phase of the COVID-19 pandemic, IOM co-organized and participated over a dozen high-level, political and technical events and dialogues, and continued to foster strategic partnerships to promote migrant inclusion in health services.

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

Given the significant developments in this area as governments assess COVID-19 response and elated measures, IOM participated in and contributed to the three WHO-led preparatory meetings of the Intergovernmental Negotiating Body for a new international instrument on pandemic prevention, preparedness and response.

As per previous years, IOM also contributed to the WHO Global School on Refugee and Migrant Health through a high-level discussion on "Capacity-building regarding cultural adequacy".

Migration health was also a topic of the International Dialogue on Migration in 2022, the twenty-seventh Conference of the Parties of the United Nations Climate Change Conference (COP 27) in Sharm El-Sheikh, Egypt.

Last but not least, during the first ever United Nations International Migration Review Forum, IOM held an event on pandemic preparedness through the building of a global architecture on borders and health.



IOM health outreach team in Ta'iz, Yemen.  
© IOM 2022/Majed MOHAMMED



## SOUTHERN AFRICA

### Migrants' rights to health: a legislative and policy review

This report presents the findings of a desk review undertaken in August 2022 to determine the rights of migrants to access health-care services – including in relation to occupational health and the health of migrant workers – in the 16 Southern African Development Community (SADC) Member States.

Building on a previous review of migrants' rights to health in Southern Africa, produced in 2009, this report offers a comprehensive resource outlining the extent to which SADC Member States provide migrants with the right to access public health care in their constitution, legislation, policies and associated frameworks. The report, and its detailed country appendices and summaries, can be used as a reference tool for SADC Member States to support efforts to ensure the rights of migrants to access health care.



## WORLDWIDE

### Spotlight on the climate change–migration–health nexus

Climate change remains one of the most imminent risks to the health and well-being of people across the world, taking a serious toll on both physical and mental health. Current conservative WHO projections estimate that climate change is expected to cause approximately 250,000 additional deaths per year between 2030 and 2050, from climate-linked communicable and non-communicable diseases.

Over the past years, IOM has joined forces with key partners to shed light on the important and increasingly challenging linkages between climate change, human mobility and health. During the COP 27 in Sharm El-Sheich, Egypt, IOM co-organized an event at the Health Pavilion titled “Climate Change, Migration and Health: Strengthening Evidence to Leave No One Behind”.

Ahead of that global event, IOM organized in October 2022, in Morocco, a South–South symposium on climate change, migration and health. The symposium – which was attended by senior government representatives, partners, Member States, civil society organizations, academia, donors and United Nations officials – took place within the framework of the regional project “Promoting the health and protection of migrants in vulnerable situations in Morocco, Tunisia, Libya, Egypt, Sudan and Yemen”. Aligned with SDG 13 and Goal 2 of the Global Compact for Safe, Orderly and Regular Migration, the Symposium explored the links between climate change, migration and health in the Middle East and in North Africa with a particular focus on women's health. Several recommendations were made to enhance coordination, policy and research on these matters.

## CENTRAL AMERICA

### A human security approach: integrating health and migration

While progress has been made across the Americas in protecting the right to health of people on the move and ensuring equitable access, further efforts are needed to build an integrated, people-centred and sustainable response to health and migration.

In July 2022, in partnership with the Pan-American Health Organization, IOM launched a project covering El Salvador, Guatemala, Honduras and Mexico, to raise awareness on the human security approach and how it can be a successful operational tool to advance UHC and SDGs by contextualizing the added value of human security to health and migration across the four countries.

More specifically, the programme aims to promote and enhance capacities on the human security approach at the national and local levels, and contribute to accelerate progress toward improving migrants' access to comprehensive, quality health services, with equity and non-discrimination, in the four targeted countries, through (1) enhancing national and community-centred multi-stakeholder coordination on health and migration; (2) strengthening health information systems to support migrant-inclusive policies and programmes; and (3) building the capacity of governmental and non-governmental actors on the added value of the human security approach for promoting a people-centred, participatory and development response to health and migration. The project is to last 18 months and will be finalized at the end of 2023.

# BUILDING MIGRATION HEALTH CAPACITIES

**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 assistance, assessments and trainings, IOM works to significantly build the capacities of governments and actors engaged in health and mobility, at all levels, 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), provides support to and collaborates with non-IOM panel sites across the world.

**THE RESULTS** In 2022, IOM implemented dozens of trainings to facilitate the integration of health and mobility considerations across the world.

IOM has developed an in-depth online, self-paced curriculum to help Member States, public health authorities, border officials and local actors understand the key principles of the Health, Border and Mobility Management (HBMM) framework and learn how to implement activities to improve cross-border health security.

All over the world, IOM has adopted regional approaches to promote best public health practices across borders and across sectors. To name only a few of 2022 capacity-building initiatives: every year for a decade, IOM has been at the Scuola Superiore Sant'Anna in Pisa a Summer School on "Psychosocial Interventions in Migration, Emergency and Displacement" open to external participants; in Mexico, a Regional Capacity-Building Hub on Migration and Health was launched to support efforts across the Americas; in Central Asia, IOM continued to train border officials on health; and in West Africa, IOM led various efforts to improve public health capacities at key border-crossings and strategic transit centres.

In South Sudan, IOM supports national efforts to eradicate diseases through vaccination. © IOM 2022 / Aleon PICS



## WORLDWIDE

### Concrete tools to integrate migration into health interventions

In May 2022, IOM published a [Toolkit for International Cooperation and Development Actors to Integrate Migration into Health Interventions](#), available in English, French and Spanish.

The result of a partnership with WHO, UNAIDS, and the International Labour Organization, the purpose of the document is to provide concise, operational and user-friendly information and tools to support international cooperation and development actors understand how migration can be reflected in the design, implementation, monitoring and evaluation of development cooperation interventions (i.e. projects or programmes) that have a health focus. Although there is no one-size-fits-all approach for integrating migration into health interventions, the tools can be adapted to various contexts to make development cooperation more coherent and effective by harnessing the development potential of migration and ensuring that any related challenges and/or opportunities are fully assessed.

It covers seven topics: service delivery, health workforce, health Information systems, access to essential medicines, financing, leadership and governance, and other areas of significance.



## WEST AFRICA

### Strengthening health capacities in transit centres

In Burkina Faso, Mali and the Niger, prevention and health promotion needs were identified in several transit centres through which thousands of migrants regularly pass. Although health promotion and awareness-raising activities are carried out among migrants in some of these centres, the staff working there did not always have tools adapted to the specifics of each location and to the groups of migrants they were encountering. In addition to the need to develop materials and tools for proper health promotion, it was found that staff knowledge needed to be strengthened so they could provide tailored and relevant location-specific information, maintain a healthy and supportive environment, and avoid the spread of diseases in the centres. This was particularly critical given the constant staff turnover.

IOM, in support of the Governments of Burkina Faso, Mali, the Niger, implemented from August 2021 to August 2022, a project titled “Assistance to Vulnerable Migrants stranded on the Central Mediterranean Route”. One of its key objectives was to support the development of prevention and health promotion tools to make them specific to transit centres and each target group of migrants. A guide was developed for the staff of the centres, as well as posters, a picture box and two videos on critical public health topics such as how to prevent the spread of infectious diseases, hygiene best practices and the importance of mental health.

## AMERICAS

### A regional capacity-building hub to leave no migrant, no country behind

While there has been some progress made in relation to the inclusion of migrants in health systems across North, Central and South America, they often remain excluded, which exacerbates inequalities in the region. Policies tend to prioritize migration enforcement and even when migrants are entitled to health care, they often face barriers such as complex administrative requirements, expensive costs, or the risk of being denounced to immigration authorities if they do not have a regular status.

In this context, noting the urgent need to train government and non-governmental actors so they can understand and advocate for migrants' rights regarding their access to health, IOM launched in 2022 a Regional Capacity-Building Hub on Migration and Health. National and local actors will receive via the Hub trainings and practical tools through an academic working group, and a comprehensive migration health curriculum co-developed with the Ibero-American University.



# STRENGTHENING RESEARCH AND EVIDENCE BASE

**THE CHALLENGE** The need for countries to invest in data and research, for evidence-informed migration health policies and practices has been emphasized by numerous international agreements, such as the Global Compact for Migration and the Global Compact on Refugees, numerous World Health Assembly resolutions and the two Global Consultations on migration health. Several governments are making efforts to advance UHC and find concrete solutions to improve health-care access to all categories of migrants, but the lack of reliable evidence and data to guide decision-making remains a major challenge. Today, although migrant workers, especially those from developing countries, represent more than half of all international migrants, 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 and academic networks through training, curricula development, courses and other activities;
4. Building migration health data-sharing repositories and knowledge management platforms;
5. Supporting academic and civil society research and advocacy networks, especially in the Global South.

IOM's [Migration Health Research Portal](#) is a dynamic research repository and knowledge management platform on migration health, which also serves as a practical space to connect policymakers, researchers and civil society members interested in learning and engaging in migration health research initiatives. To better communicate science and provide latest research insights, IOM issues a quarterly [Migration Health Research Bulletin](#) with a [podcast](#).

Since 2017, IOM has acted as the Secretariat of the [Migration Health and Development Research Initiative \(MHADRI\) Research network](#), a global alliance of migration health researchers and scholars.

Among other IOM Migration Health participates in key research forums: Social Sciences for Community Engagement in Humanitarian Action Technical Working Group 1; International Advisory Group of the Global Health Research Group on Disrupting the cycle of gendered violence and poor mental health among migrants in precarious situation; Steering Group for the Global Health Cluster COVID-19 Task Team study titled *Impact analysis of the COVID-19 response on humanitarian health response*.

**THE RESULTS** In 2022, IOM continued to spearhead, coordinate, review and support the production of dozens of in-depth migration health research publications on a wide range of topics including: mental health, access to health information and care, gender disparities, health emergency preparedness, pollution, sexual and reproductive health, the effects of COVID-19 and more.

Throughout the year, IOM authored 33 peer-reviewed scientific papers and technical reports.

From January to December 2022, the IOM Migration Health Research Portal received close to 70,000 page views. To date, it hosts some 800 research publications and over 2,200 projects.

Among other key 2022 research achievements, IOM:

- co-launched in September 2022 a project on transforming data collection and surveillance around vaccination and key diseases in migrants in Algeria, Egypt, Libya, Morocco, Tunisia, the Sudan and Yemen;
- continued its support to the systematic review "COVID-19 among migrants, refugees, and internally displaced persons: a synthesis of the global empirical literature", in collaboration with the Bielefeld University/University Hospital Heidelberg;
- completed, with partners, a global mapping of actors, agencies, and networks engaged in training and/or capacity-building programmes on migration and health;
- released in April 2022 with MHADRI a third bibliometric analysis of COVID-19 in the context of migration health, which revealed that there is limited inclusion of migrant status within data collection practices in routine health information systems, hospital registries, and disease surveillance systems globally.

## WORLDWIDE

### Examining the effects of COVID-19: the gender perspective

The negative effects of the COVID-19 pandemic on migration and migrants exacerbated the global public health crisis, with heightened health concerns for migrant populations worldwide.

This research report explores and critically examines the short- and longer-term gender implications of the COVID-19 pandemic on migration and the well-being of migrants worldwide. This research report aims to inform ongoing policy and programmatic responses to the pandemic and highlights best practices and challenges.

The report analyses the gender impacts of COVID-19 on different “groups” of migrants, including health-care workers, agricultural and domestic migrant workers, internally displaced persons and international students, and assesses migrant vulnerabilities as well as the opportunities for gender-responsive migration governance that have been revealed by the pandemic.

## WORLDWIDE

### Health and reintegration: returning to space but not to time



This study uses a life course approach to migrants' health, continuity of care and impact on reintegration outcomes in six selected countries across the world: Brazil, Ethiopia, the Gambia, Georgia, Pakistan and Senegal.

It is the result of a collaboration between the EU-IOM Knowledge Management Hub (KMH), Samuel Hall and the African Centre for Migration and Society at the University of the Witwatersrand in South Africa.

The research explores the links between health needs, access to care and sustainable reintegration of returnees, with a focus on four main objectives: (1) identify returnees' health conditions and health-related needs (including mental health); (2) analyse the external environment's influence on reintegration outcomes; (3) identify good practices for the provision of short- and long-term reintegration support; and (4) formulate programmatic and policy recommendations to foster sustainable reintegration.

## EUROPE

### Health and illness in refugees and asylum-seekers arriving in Europe

The electronic Personal Health Record (ePHR) is a health information system developed by IOM that registers health data of newly arriving migrants. In 2022, IOM carried out an [analysis to study](#), among other things, the health conditions of migrants — mostly refugees and asylum seekers — assessed at health clinics at reception and transit centres across eight European countries: Bulgaria, Croatia, Cyprus, Greece, Italy, Romania, Serbia and Slovenia.

Of 14,400 persons, 13 per cent had infectious diseases episodes, 18 per cent had non-communicable diseases and 4.5 per cent presented mental health conditions. IOM is currently deploying the ePHR system in additional countries in South America and the Middle Eastern region.

## UNITED KINGDOM

### A look into the immunization status of refugees

In partnership with Government of the United Kingdom and academic partners, IOM conducted a [study to determine the immunization coverage of refugees bound to the United Kingdom](#) prior to resettlement, and being assessed through IOM's Health Assessment Programme across 18 countries. Results, based on data from 12,500 persons, showed that more than one in 10 refugees depart with no recorded polio-containing vaccine, and almost one in five with no recorded measles-containing vaccines, suggesting they will require catch-up vaccination services on arrival in the United Kingdom.

A qualitative research study titled “A gender-focused qualitative study on health care-seeking behaviour and access to tuberculosis treatment among mobile populations from the Republic of Moldova” explored the differences between men and women in the knowledge, attitudes, and practices on the diagnosis, surveillance, treatment, and prevention of tuberculosis among the mobile population in the Republic of Moldova.

The study revealed the importance of screening and early referral, and for those TB patients undergoing treatment, the need for psychosocial and socioeconomic support, given the complex and protracted treatment process.



Mobile health teams provide consultations in remote areas of Afghanistan. © IOM 2022 / Léo TORRÉTON

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.



