Introduction

In the aftermath of devastating natural disasters and other crisis situations, health facilities are rapidly overstretched and confronted with a demand to provide urgent treatment that far exceeds capacity. This over-load is aggravated by the disruption of referral systems which provide health care for those in need of further treatment beyond primary health care. There is also often a lack of adherence to existing referral mechanisms and inadequate transport facilities, which may have been weak in the pre-crisis phase. Those who do make it to treatment facilities often have no means to leave the health facilities once stable, either onto further medical care or back to homes/settlements, adding to the congestion at hospitals.

Health Referral Activities

To ease the high demand on health care facilities after a crisis, as well as to ensure that patients receive the appropriate health care, IOM conducts the following activities:

1. Strengthen, and or establish health referral systems to secondary and tertiary health care facilities.
2. Provide vulnerable patients with facilitated hospital discharge.
3. Provide the transportation and communications means needed for the referral system to work as well as to help patients return home after treatment.
4. Adhere to accountability standards through reporting to government and health cluster partners as well as continual monitoring and evaluation.
5. Ensure activities are culturally, gender and language appropriate given the context within which they are implemented.

IOM Framework for Action for Health Referrals

1) Support existing health referral systems without duplication of services so that patients are able to access appropriate health care.
2) Bridge communications between referring and receiving health care facilities.
3) Provide reliable and timely transport to the health facility as well as for the return trip home after treatment is completed.
4) Provide enhanced capacity building for community health care providers and other government partners.
5) Adhere to accountability standards through reporting to government and health cluster partners as well as continual monitoring and evaluation.
6) Ensure activities are culturally, gender and language appropriate given the context within which they are implemented.
Health Referral Systems

After natural disasters or during conflict situations, health referral systems are often disrupted or poorly followed due to lack of resources. IOM, in close coordination with health cluster partners, supports national health referral systems by helping to re-establish health infrastructure, communications and transport between primary, secondary and tertiary health care facilities.

Referral systems have to be adapted to the specific crisis situation, which may be very different to 'normal' or other crisis scenarios. For example, after Cyclone Nargis in Myanmar, 2008, mobile clinics provided primary health care, supported by a 'hotline' telephone referral system to affected areas. The hotline system notified water 'ambulances' which transferred patients to secondary and tertiary health care facilities.

Facilitated Hospital Discharge

Health facilities in disaster situations quickly become congested and overwhelmed. This is not only due to the large number of people seeking medical assistance, but also the fact that many patients have no means of leaving, or place to return to, once stabilized.

IOM links patients ready to leave hospital with families, rehabilitative and follow-up health services, and community based health partners to ensure safe discharge back to the community. IOM ensures that all discharged patients have appropriate and safe shelter to return to.

Medical Transportation

Transportation to and from health facilities is a significant obstacle for patients accessing health care in emergency situations. IOM improves access to health by providing safe transport and travel health assistance to and from health facilities. Transport often consists of mini-buses, local transport (e.g. rickshaw or boat) adapted for patient transport as well as ambulances.

Case Studies

Sri Lanka 2009 - 2010

In the last stages of the national conflict, IOM worked in close cooperation with health authorities, international and national humanitarian counterparts and displaced communities to implement a health referral system. The project provided transport for nearly 15,000 medical transfers and over 200 medical escorts. This was achieved with a fleet of 16 ambulances covering four districts.

Haiti 2010

After the January earthquake IOM, in collaboration with the Haitian Ministry of Health, WHO, and health cluster partners, established and operated a coordinated referral and assisted discharge service.

As camp cluster lead, IOM was able to provide vulnerable Internally Displaced Persons (IDPs) health care and support, continuity of care and access to safe settlements in their preferred location of return in Port au Prince and other locations.

By the end of 2010, over 2,500 patients and their family members had been assisted with discharge and return services from 16 main health care service providers in Haiti.

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