

## FRAMEWORK FOR ACTION

Through active participation within the health cluster at the global level and with UN country teams at the country and regional levels, IOM coordinates its activities with both partners and local stakeholders. This allows IOM to effectively contribute to cohesive solutions for the health issues of crisis-affected populations and to strengthen the capacity of existing health systems

As a member of the health sector, IOM/Migration Health Department adheres to an established inter-agency policy, in light of which:

- Immediate humanitarian assistance should strengthen the existing health system, enhancing its capacity to recover and to meet post-crisis challenges as services are restored to the whole population,
- Humanitarian assistance in the health sector is driven by need, and consequently neither undermines the existing health system nor substitutes for it
- Humanitarian assistance, beyond the immediate urgent response, does not create expectations, or provide services that will not be sustainable once external assistance is withdrawn.

In specific the Health Assistance Programmes for movements should:

- Engage the local health service providers and enhance local capacity in providing assistance
- Raise understanding on specific vulnerabilities of migrant populations and promote culturally appropriate and gender-sensitive service provision that facilitates the dignity of the beneficiary population
- Facilitate the integration of health assistance components into the local healthcare system
- Facilitate the exchange of information and action between public health institutions across borders in order to address conditions of public health importance
- Facilitate access to information for affected migrants and their families, with due respect for medical confidentiality, and in coordination with the local health authorities



Within the above parameters, the **Migration Health Department's Travel Health Assistance** is implemented within a wide range of IOM Programmes worldwide, including:

- Refugee Health Resettlement Programmes
- Medical Evacuation and Facilitated Referral Programmes, to fill gaps in the provision of life-saving interventions in post-crisis situations
- Voluntary Return Assistance Programmes for Internally Displaced Populations
- Assisted Voluntary Return Programmes for unsuccessful asylum-seekers or migrants in irregular situations
- Assistance Programmes for Third Country Nationals (TCNs), to enable individuals to reach safety in times of crisis
- Assistance Programmes for Stranded Migrants
- Disarmament Demobilization and Reintegration (DDR) Programmes for former combatants and families

Although pre-departure health risk assessments and pre-embarkation checks are efficient methods of reducing vulnerability during travel, **continuous vigilance by health and non-health staff** at all stages of the movement remains necessary to detect any **deterioration in the health status** of beneficiaries, or **symptoms of potentially epidemic communicable diseases**.

Vulnerable categories such as infants, the elderly and pregnant women require special attention. For example, **ingravescent dehydration** can at first glance seem like somnolence in weakened infants. In cases where there may be doubt, **direct verification** is important so as not to be misled by any minimizing declarations of third parties.

In particular, **care for vulnerable groups at transit centers and during transit periods** is essential to minimize complications and to reduce overall morbidity and mortality outcomes at the end of the journey. Accordingly, **surveillance, care and referral systems should always be in place**.

## IOM TRAVEL HEALTH ASSISTANCE

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**A**ssisted movement is one of the most common humanitarian services in emergencies and post-emergencies within IOM.

IOM facilitates the movement of volunteer returnees, stranded migrants and other migrants in need of travel assistance beyond emergency situations.

IOM has a responsibility to ensure that people traveling under the auspices of the Organization *travel in a safe and dignified manner, are fit to travel, receive appropriate assistance when necessary, and do not pose a hazard to other travelers, personnel or receiving communities*.

In providing health assistance during movements, IOM has endeavored to set quality standards to minimize associated health risks for people assisted, as well as hosting/receiving communities.

IOM's approach to health assistance for movements thus addresses individual safety, as well as the management of health conditions of public health concern across geographical, health system and epidemiological boundaries, as an inherent component of any movement operation.

The health risks associated with travel depend on the interaction of four factors: the **duration** and stress related to the journey, the nature and conditions of the **carrier** utilized (road, air, boat, etc.), the existence of adequate **health facilities along the road** as well as at the point of final destination, and the **pre-existing health conditions** suffered by the traveler.



SUDAN: IOM medical staff assists vulnerable Mbororo community members

### Travel Health Assistance aims to:

- Reduce mortality, morbidity and disability among the IOM beneficiaries during and immediately after assisted movement
- Guarantee continuity of care throughout the phases of migration;
- Ensure that movement operations comply with International Health Regulations (IHR) and contribute towards global public health goals;
- Ensure that movement-related health initiatives are coordinated with and inclusive of other health partners on the ground, and at the same time, ensure that they reinforce globally-accepted standards of primary and public health;
- Promote community health, as well as health system recovery and strengthening in areas of return.

### MAIN ACTIVITIES WITHIN TRAVEL HEALTH ASSISTANCE

**General Safe Transportation Measures** by means of assessment of prospective risks under travel conditions, and in relation to road/journey conditions and transportation means;

**Pre-Departure Travel Health Risk Assessment** to identify individual vulnerability in travel conditions due to pre-existing medical conditions, and to adopt consistent travel plans;

**Evaluation of Public Health Risks** associated with movement through the detection of communicable health conditions across epidemiological boundaries;

**Pre-Departure Treatments and Post-Arrival Continuity of Care**, including immunization, stabilization of chronic conditions, and health education;

**Public Health and Assistance in Transit Centers and Camps** including health care, referral, surveillance, outbreaks management;

**Pre-Embarkation Checks** to ensure that individuals are fit for travel on the day of movement;

**Physician or Nurse Escort**, when required, to facilitate the hand-over of patients to recipient health providers and/or family;



IOM International Organization for Migration  
OIM Organisation Internationale pour les Migrations  
OIM Organización Internacional para las Migraciones

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# TRAVEL AND HEALTH ASSISTANCE

## GENERAL SAFE TRANSPORTATION MEASURES

### Itineraries and road reconnaissance

- Evaluate **distances** and expected **duration** of the journeys.
- Monitor and constantly **update information** on road conditions (or runways in case of air-operations, weather, etc.)
- Assess and update information concerning the existence of **potential threats** in terms of security, e.g. bridges, possible presence of mines, bandits, weather conditions, etc.
- Identify and **map the health facilities** existing within the itineraries (and their response capacity in case of emergency) so as to establish a referral system in case of need.

### Transportation means & general traveling conditions

- Assess the **adequacy** (technical and legal) of the transportation means (trucks, aircraft, boats, buses, etc.) for the task they are called to perform.
- Set up adequate **procedures** to periodically check vehicles to verify their maintenance status and the existence of necessary tools and supplies on board.
- Provide consistent **instructions, guidelines and training** to drivers and/or escort personnel, to also enhance their capacity in managing unexpected events (e.g. accidents, etc.) and obtain their support during operations (e.g. respect for the speed limit, instructions concerning nighttime driving, prohibition of alcohol, etc.)
- Provide required **insurance coverage**.
- Establish procedures to guarantee the availability of **manifests** and **list of passengers** traveling.
- Prepare regular **travel reports** to include health-related events that may occur during transportation, to allow for appropriate corrective action.



## TRAVEL AND HEALTH RISKS: THE HUMAN FACTOR

### Pre-Departure Travel Health Risk Assessment

In assessing large populations, a system of triage may be set up using locally hired doctors or nurses, operating under the guidance of an expert IOM doctor. Though methods of triage vary according to caseload and timeframe for departure, it is common procedure for departing passengers to line up in an orderly queue, grouped in families, and walk past IOM medical staff prior to or at the time of pre-embarkation checks. For ease of operational follow-up, IOM uses pre-defined travel risk categories.

- **Travel Risk Category ONE (Code Green)**  
**Those in good health conditions prior to departure.**

*The protection of travelers in this category is mainly based on the adoption of general measures of 'safe transportation'.*

- **Travel Risk Category TWO (Code Yellow)**

**Those expected to be vulnerable while traveling**, such as infants from 0-2 years; elderly individuals over 60 years of age; pregnant women before the 32nd week; the disabled; and people with chronic but stable medical conditions or diseases under treatment.

*The protection of travelers in this category is assured by travelling with special conditions of care and the consideration of alternative transport means (e.g. wheelchair, air lifts vs. road transport, etc.)*

- **Travel Risk Category THREE (Code Red)**

**Those at high risk during travel**, such as infants and elderly individuals who may be particularly weakened and whose departure cannot be delayed; pregnant women after the 32nd week; individuals affected by major disabilities or chronic illnesses; the mentally-disabled or people affected by stable psychosis; persons requiring a stretcher or who are incontinent and/or catheterized; all cases of chronic pulmonary or cardiac disease; and chronic diseases under treatment.

*Protection of travelers in this category is assured by providing individual/customized physician/nurse escorts.*

- **Travel Risk Category FOUR (Code Blue)**

**Those affected by diseases (or a temporary 'high risk health condition' in an acute or active phase)**

*Travel will be delayed until the conditions are stabilized.*

When Travel Health Risk assessments are carried out concurrently with Pre-Embarkation Checks, persons who fall under the green category are directed by Operations staff to the waiting transport vehicle. Persons who may be identified under the yellow, red and blue categories will normally require more detailed examination, possible treatment or are referred to a health facility when appropriate. Family members of individuals in risk categories 2-4 are not separated from their relatives. When operation plans allow it, pre-departure travel health risk assessments are carried out well in advance, since relevant risk conditions are not likely to change within a short time-frame.

## BEYOND MERE FITNESS TO TRAVEL

### Public Health, Treatments and Continuity of Care.

In addition to the identification of travel risk categories, the pre-departure assessment should address public health concerns associated with the movement.

Rising concerns regarding the association between population movements and the **spread of emerging and re-emerging diseases**, i.e. multidrug-resistant (MDR-TB) and extensively drug-resistant tuberculosis (XDR-TB), SARS, avian influenza (H5N1), pandemic influenza A (H1N1) etc., make it imperative to pay **special attention to such conditions within the migrant population, within journey/transit areas and in returning communities**. The adoption of various preventative measures, such as additional or improved screening, the promotion of social distancing practices, health education, and positive behavior change programmes, are based on local circumstances.

The movement of people must be considered across **epidemiological boundaries** (i.e. across areas with different prevalence of diseases) and towards **existence or absence of critical vectors** for the transmission of parasitic diseases (e.g. anopheles, glossina, etc.)

Beyond the criteria of transportability and 'fitness to travel', pre-departure screenings must focus on the **detection of exportable conditions**, if endemic among the population in transit (e.g. trypanosomiasis, malaria, schistosomiasis, guinea worm, etc.) The detection of such conditions can counteract the assessment of transportability until appropriate public health measures are taken.

**Pre-departure treatment** (e.g. anti-malaria, de-worming, etc.), health counselling/education (e.g. STDs, HIV/AIDS, etc.) and vaccinations (e.g. rash illnesses, etc.) should be administered in order to help beneficiaries protect themselves and others from preventable conditions.

**Continuity of care.** When moving people with known chronic but stable health conditions requiring lasting medical care (e.g. tuberculosis, AIDS, etc.) or specialized assistance in the foreseeable future (e.g. those pregnant with a past history of complications), it is important to identify mechanisms for the continuity of care through adequate referrals at destination. This might at times require a deferral of departure.

### Pre-Embarkation Checks (PEC)

While conditions identified during pre-departure health risk assessments are not likely to change within a short timeframe, last minute changes can occur, affecting an individual's capacity to travel on the planned day.

PEC are meant to verify last minute **fitness to travel** and **absence of symptoms of communicable diseases in an active phase**. It usually consists of a **rapid visual check of individuals as they walk past the doctor or nurse**.

PEC essentially consists of an assessment of any individual with **known significant medical conditions** (people already registered as Category Two or Three) to ensure that they are in a **stable condition**. In addition, travelers **not known to suffer from a medical condition** (Category ONE) are observed to ensure that they appear healthy and fit to undertake the planned travel.

Medical staff from IOM or a nurse from a partner NGO performing the pre-embarkation check have the **right to cancel travel** for any person deemed to be in category 4.

## ESCORTS AND HAND-OVER OF MEDICAL CASES

IOM Migration Health Department allocates a physician or nurse escort to situations where an individual or group of travellers, for whom the Organization is responsible, needs or may need medical and/or logistical assistance.

This commitment covers a wide spectrum of situations and needs, and the implementation of the Organization's obligation in regard to **"travel health risks"** must be put in the **context of each specific situation** in which IOM operates.

IOM medical services offer as much medical support to the migrants as possible. The responsibility of the medical escort is to **provide the best possible care to the patient under the existing circumstances**. The **need for sound judgment** is essential, and will ultimately allow for a **wide margin of responsibility and independence during the assigned medical escort**.

The **medical escort is expected to accompany the patient until the agreed-upon point of separation**. The medical escort shall ensure that the **patient is handed over** to a responsible entity and that the onward travel connections are well understood by the responsible entity and/or the accompanying family members.

The **selection of a medical escort is the responsibility of the most senior member of IOM medical services at the duty post** where the escort commences, usually the Chief Medical Officer. In the absence of a medical officer, such decisions should be made in collaboration with the **regional medical officer or the director of the Migration Health Department** at Headquarters.

