IOM promotes health approaches in emergencies based on widely accepted guiding principles and existing inter-agency policies:

- While alleviating suffering, “immediate” humanitarian assistance should also strengthen the existing health system, enhancing its capacity to recover.
- Humanitarian assistance in the health sector is driven by need and neither undermines the existing health system nor substitutes it when this is not needed.
- Humanitarian assistance, beyond the immediate urgent response, does not create expectations, or provide services, that will not be sustainable once external assistance is withdrawn.

**Medical evacuation** of patients who cannot access adequate treatment in their country during emergency or post-emergency phases is one of the traditional health-related activities implemented by IOM’s Migration Health Department (MHD). Since IOM was founded more than 50 years ago, medical health assessments and travel health assistance have been a primary activity. IOM has assisted millions of refugees and displaced people, including those affected by emergencies, such as the wars in the ex-Yugoslavia, Macedonia, Afghanistan, and most recently in Iraq. Though operations are adapted to the specific reality of each emergency through field assessments, this document describes the primary IOM policy approaches, preferred institutional framework for collaboration, priority target groups, and overall programme.

**Health** is a crucial factor in relief and rehabilitation/reintegration programmes, and a recognized priority area for the International Organization for Migration (IOM) when delivering services to migrants and mobile populations affected by crises.

The Medical Evacuation of patients who cannot access adequate treatment in their country during emergency or post-emergency phases is one of the traditional health-related activities implemented by IOM’s Migration Health Department (MHD). Since IOM was founded more than 50 years ago, medical health assessments and travel health assistance have been a primary activity. IOM has assisted millions of refugees and displaced people, including those affected by emergencies, such as the wars in the ex-Yugoslavia, Macedonia, Afghanistan, and most recently in Iraq.

**In most cases, crises — whether in the context of lasting unrest, pre-existing international economical sanctions, or neglect due to poor governance and competing social and economical priorities — result in the disruption of already fragile health services. Hospitals and health care services are overwhelmed with patients, health workers have left or are not able to report to work, and scarce resources are absorbed by the emerging crisis. The situation is often compounded by the lack of medical supplies, water, power supply, and by security concerns which impede access to health care.

The overwhelming needs of those who have been injured in the crisis and require urgent medical care usually result in fewer resources and health staff to tend to less urgent cases, such as the chronically ill, or those who require regular or intensive medical treatment.

IOM’s evacuation and health rehabilitation programmes aim to respond to needs over the short, medium and long-term, specifically to:

1. Provide medical evacuations and facilitate medical assistance in third countries for select cases requiring specialized, resource-intensive treatment not immediately available in-country.
2. Contribute to in-country capacity and rehabilitation of national health infrastructure, through training and micro-projects that address gaps in health service delivery identified through the evacuation needs.
3. Facilitate the development of sustainable networks between the local health system and specialized health partners who provide assistance and participate in capacity building.
IOM initiates Medical Evacuation Programmes in collaboration with local governments and partners and other interested states, subject to the presence of the conditions necessary to implement successfully and safely such programmes.

IOM, in coordination with an established International Medical Selection Team, screens and documents appropriate cases, manages the placement of patients in donor countries, and organizes assisted transportation to the country of treatment and back to the country of origin, upon the completion of medical care.

IOM is not responsible for the patients’ medical treatment and follow up, which must be assured by the hospital and health professionals in the receiving country, and the medical structure in the country of origin respectively, by way of capacity-building and technical cooperation.

Medical evacuation will not answer the needs of all patients; as the national health service capacity increases, the IOM Medical Evacuation Programme gradually phases out, usually leaving in place a network of support of cooperation amongst International and national health providers meant to sustain the recovery of the local health system in the long term.

Medical evacuations across a border as a collateral ad hoc rescue mechanism are often implemented by various local humanitarian organizations. Large-scale programmes such as through run by IOM are meant to systematically support the recovery of the local health system while saving lives. IOM has developed competence in managing comprehensive medical evacuation programmes for migrant and mobile populations affected by crises.

**Programme Structure**

**Central Medical Unit (CMU)**
- Responsible for coordinating all programmes regarding the programme, especially the case and administrative management.
- Receives and stores all files of screened patients; sends copies of the files to the various countries (via IOM field offices where present), notifies patient’s acceptance to the Field Medical Units (FMU) so that transportation may be arranged and keeps updated records of all patients/patient’s movements.
- Decides to put on hold or to close cases which have not been accepted by two or more hospitals, and rapidly forwards the decision to the Field Medical Units (FMU).
- Responsible for periodic reporting that is passed to the FMU and patients’ families, and monitoring and evaluation of the programme.
- Overall coordination of travel documents, ensuring that visa requirements / legality of stay of patients / family escorts and accommodations in host countries are in place.
- Maintains contacts and liaises with local authorities in the country of origin, transit and destination, particularly with the Ministry of Health, host Governments’ points of contact, respective Red Crescent Societies / Red Cross, local NGO’s, charitable organizations and other official agencies and organizations, to arrange and coordinate overland operations (logistics/transportation of patients, accommodation, pocket money for family escorts and eventual return after treatment, as well as arrangements for medical follow up of cases upon return).

**Field Medical Units (FMU)**
- In charge of identification and screening of patients in collaboration with the International Medical Selection Team (IMST), and partner international NGO’s and ensuring they are transported to host countries in a timely and coordinated manner.
- Receives referrals, contacts, or is contacted by local hospitals, and international agencies, NGOs to identify suitable cases, reviews cases for screening into the programme and organizes the necessary cooperation with NGOs and international organizations present in the field. Joint operations may at times be implemented.
- Coordinates with the CMU visas and procedures of patients, informs local hospitals of cases put on hold, closed or not accepted, and maintains contacts with the local hospitals/medical structures for any matter regarding patient management.
- Arranges all the necessary travel documents for the evacuation, and keeps families informed.
- Assesses the fit-to-flight status of the patients, and conveys information about the patient to the CMU so that ground or air travel requirements (such as wheelchair, mobility, need for medical escorts) are addressed.
- Acts as the clearing house for information received from the CMU and other IOM missions regarding patient information and feedback to the referring/medical structures in the country of origin.

**Mission In Country of Treatment (MCT)**
- The IOM MCT assists with the patient placement and internal transportation when these functions are not carried out by the government or a government designated entity.
- The MCT contacts local hospitals, explores their availability to accept patients for pre-treatment, receiving patient’s files from the CMU, submits files to the hospitals, and rapidly informs the CMU when cases have been accepted or rejected so that transportation or submission to other hospitals may be arranged.
- The MCT is usually staffed by an IOM staff member as assigned by the Chief of Mission, and in consultation with the Migration Health Department (MHD) in Geneva. The MCT relies for medical advice, if needed, on the CMU or the FMU.

**International Medical Selection Team (IMST)**
- An International Medical Selection Team (IMST) including IOM and interested essential partners from specialized agencies, international organizations / NGOs is set up and tasked to select and prioritize the most urgent cases for specialized treatment unavailable in the country (or in the country of transit) using the patient selection criteria.
- The IMST function is one of transparency and technical advice. IOM medical officers convene the selection committee meetings when applicable.

- Preliminary diagnostic investigations will be coordinated and taken care by the IOM Medical Officers to minimize the burden of clinical and documentation work on the national health structure.

- The patient is stable to transport and his/her condition does not represent an additional risk for the accompanying persons, medical escorts, host country;
- One family member can accompany the patient to host country and stay with the patient for the extent of their treatment;
- All children/minors must be accompanied by 1 parent or a family member/legal guardian;
- Patient and family are expected to return to the country of origin upon completion of the medical treatment.
- The patient is stable to transport and his/her condition does not represent an additional risk for the accompanying persons, medical escorts, host country.

**Guidelines for General Criteria for Medical Treatment Abroad**
- Selection criteria are solely medical. Patients can qualify for the program irrespective of ethnicity, religion, sex, nationality, etc.;
- Treatment will preserve life and function. It is expected that the provision of the required medical treatment will result in significant improvement of quality of life;
- Required treatment for the medical condition of the patient is not available in the country;
- The injury or condition requiring secondary or tertiary referral must be of a severity to justify medical evacuation;
- One family member can accompany the patient to host country and stay with the patient for the extent of their treatment;
- All children/minors must be accompanied by 1 parent or a family member/legal guardian;

**Regulatory Framework**

IOM will coordinate the transportation and logistics arrangements with its partners in the transit, destination countries and within the country in coordination with IOM Movement Management Division (MMD) in Geneva and the relevant Ministries of Health.

**Transportation and Logistics**

IOM will coordinate the transportation and logistics arrangements with its partners in the transit, destination receiving counties and within the country in coordination with IOM Movement Management Division (MMD) in Geneva and the relevant Ministries of Health.

**Visa and Travel documents**

IOM will coordinate the travel documents and visa arrangements with its partners in transit, destination receiving counties and within the country in coordination with IOM Movement Management Division (MMD) in Geneva and the relevant Ministries of Health.

**Submission of Cases and Acceptance**

When cases are accepted, the FMU Medical Officers coordinates all documentation to the FMU, and other IOM missions regarding patient transportation when these functions are not carried out by the government or a government designated entity.

**Other Services**

**Family Escorts**

In special circumstances, patients are accompanied by family members to the country of treatment.

**Children and Accompanying Family Member(s)**

When children are involved, either as patients or dependents of patients, special attention must be paid to the need to preserve the family unit as much as possible. Children under this program will require an informed and written consent from the family members, and must be always accompanied by 1 parent or legal guardian.

**Medical Documentation**

IOM will ensure proper documentation of patients before selection. Documentation of approved patients will be forwarded to hospitals abroad in order to ensure matching treatment.

**Hospital Placement**

The countries interested through their respective Ministries of Foreign Affairs representatives and Ministries of Health or other entities, will offer pro bono treatment. Arrangements will be made with the respective receiving countries for the legal stay of the accompanying family member.

**Return home**

IOM organizes the return of patients and family members to Iraq after the appropriate recovery period, costs of which will be borne by host government.

**Visits to the Ministry of Health or local health authorities**

The implementation in partnership with, and the handing over to local authorities of management systems established within IOM Medical Evacuation Programs can contribute to better structured, transparent and efficient spending of international aid in this domain beyond the lifespan of a project.