



As part of an IOM mobile medical team, a doctor provides emergency health services to a migrant recently arrived in Shabwah on the Yemeni coast.
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MIGRATION HEALTH ASSISTANCE FOR CRISIS-AFFECTED PEOPLE

IOM assists crisis-affected populations, governments and host communities to strengthen and re-establish primary health-care systems. As a formal partner of the World Health Organization (WHO), and as a member of the Strategic Advisory Group of the Inter-Agency Standing Committee (IASC) Global Health Cluster, and the Global Outbreak Alert and Response Network (GOARN), IOM is a key player in responding to humanitarian and public health emergencies, as well as supporting health system recovery and resilience. In addition to being an essential part of IOM's humanitarian mandate, health support in emergencies is recognized by the Organization's Migration Crisis Operational Framework (MCOF) as being one of the 15 sectors of assistance to address before, during and after crises. IOM's emergency health programming includes the provision of direct health-care services, health promotion, mental health and psychosocial support (MHPSS), as well as outbreak preparedness and response. IOM's health response in emergencies works in close coordination with other sectors and units, including Water Sanitation and Hygiene (WASH), IOM's Displacement Tracking Matrix (DTM), as well as Gender-based Violence (GBV) risk mitigation and response, enabling a multisectoral approach to address the health needs of vulnerable populations.

Notably, in 2019, IOM's emergency health programming continued to expand its work on sexual and reproductive health (SRH) and GBV, in line with the Organization's commitments to the Call to Action on Protection from Gender-Based Violence in Emergencies. In 2019, there was also a considerable expansion of MHD's collaboration with DTM, through population mobility mapping (PMM), which analyses human mobility dynamics, and thus helps define where to target public health interventions.

2019 GLOBAL HIGHLIGHTS



31 countries



4,821 health workers trained in communicable diseases and disease outbreaks



3.67 million medical consultations provided



380,755 children vaccinated against polio and/or measles



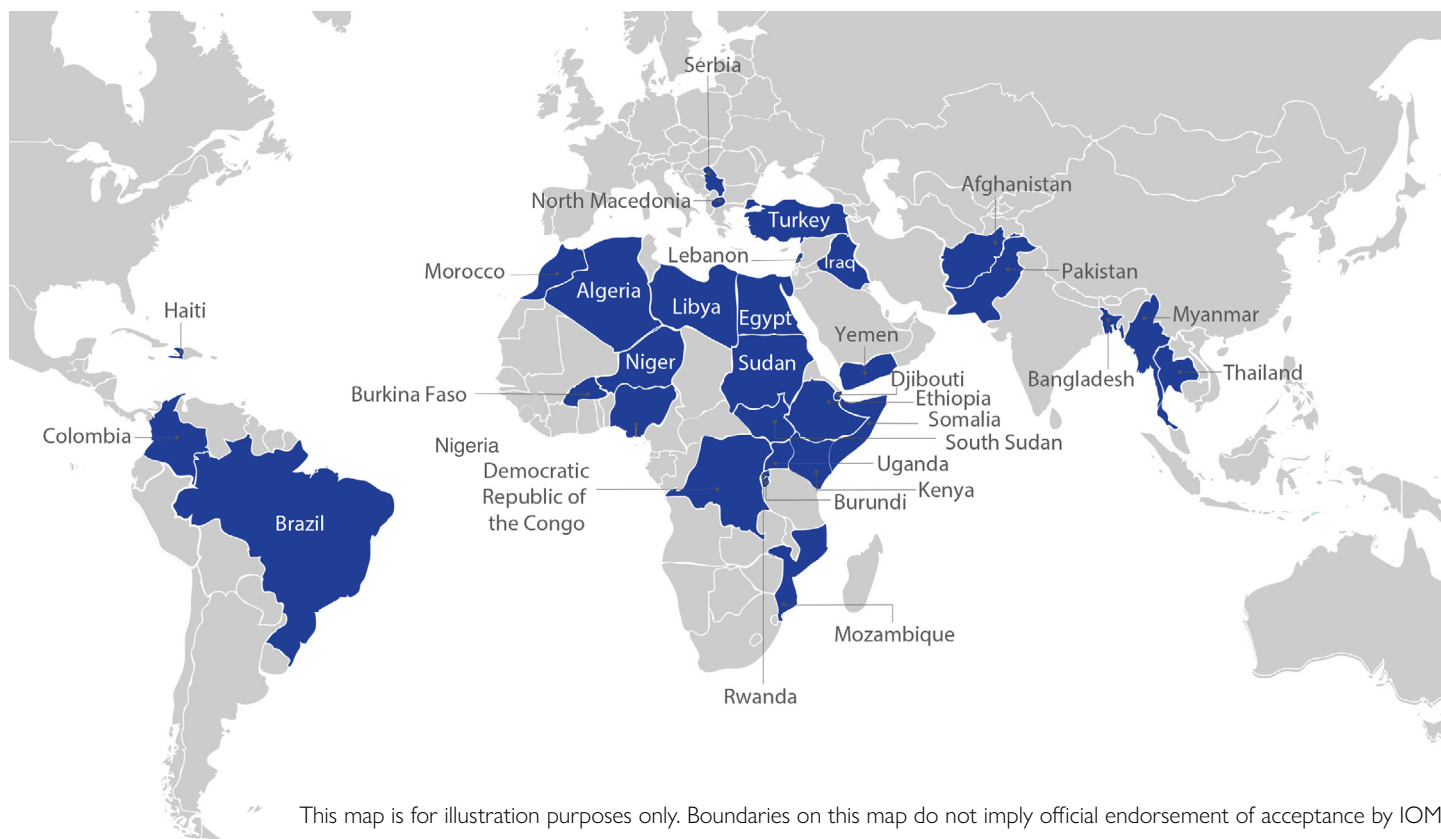
185,154 antenatal consultations provided



362,256 beneficiaries received mental health and psychosocial support (MHPSS)

IOM's health response to humanitarian and public health emergencies aims to save lives, reduce morbidity and alleviate suffering, while upholding humanitarian principles and protecting dignity. Programming encompasses the various stages and typologies of emergencies, throughout all phases of the mobility continuum.

2019 COVERAGE OF EMERGENCY HEALTH PROGRAMMING



EBOLA OUTBREAK RESPONSE

DEMOCRATIC REPUBLIC OF THE CONGO AND SURROUNDING PRIORITY COUNTRIES

In 2019, IOM contributed to the ongoing Ebola outbreak in the Democratic Republic of the Congo (DRC), in North Kivu (August 2018 - July 2020). IOM has played a key role in supporting cross-border preparedness and response, in line with International Health Regulations (2005) and IOM's Health, Border and Mobility Management (HBMM) framework. The HBMM framework defines IOM's strategic role and expected outcomes in the prevention, detection and response to communicable diseases in the context of widespread human mobility. It also provides an action framework, and serves as a reference for Member States and partners to understand IOM's role and contributions in this area of work.

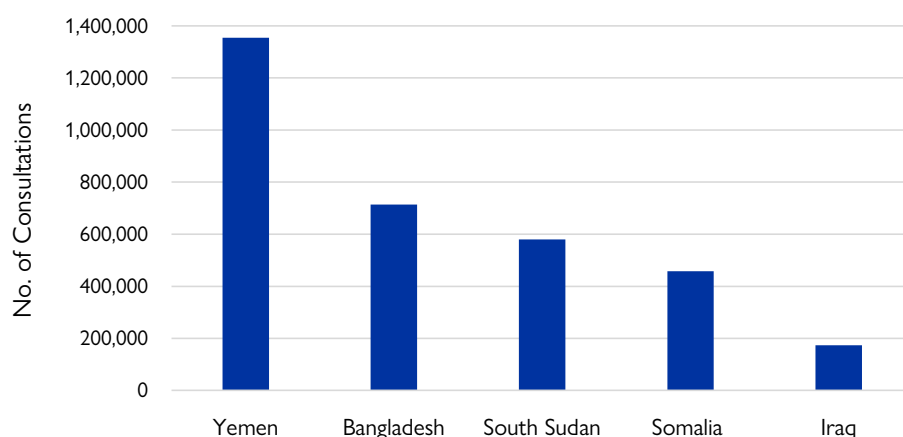
IOM took a leading role in the response and, recognizing the IASC scale-up, IOM's Level 3 emergency status for DRC was declared in response to the outbreak and deteriorating humanitarian situation in country. This outbreak has since become the world's second largest EVD epidemic on record.

The outbreak has also greatly affected the neighbouring countries of Burundi, Rwanda, South Sudan, Tanzania and Uganda, among others.

In DRC and neighbouring countries, IOM has supported the establishment/refurbishment of points of control (PoCs, or health screening points) and PoEs and, in 2019, supported the screening of over 116 million travellers across 108 locations. IOM has conducted contextually-specific and tailored health screening and prevention activities (e.g. risk communication and community engagement and handwashing/hygiene promotion); 20 PMM and flow monitoring exercises to inform preparedness and response efforts; enhanced capacity-building; continued active surveillance, including contact tracing and community events-based surveillance; and improvement of WASH facilities as part of infection prevention and control efforts. Regarding coordination, IOM had a leadership role at the national level in DRC and neighbouring countries (Burundi, South Sudan and Uganda), co-leading the PoE response taskforce and working groups with WHO.

Population Mobility Mapping (PMM) informs responses by identifying areas of frequent mobility and areas of congregation — both within and across borders — and strengthening work at points of entry (PoEs), to help prevent and rapidly respond to health hazards, alongside surveillance, and risk communication and community engagement efforts. PMM was critical to IOM's 2019 operations, notably by providing a mobility-focused approach to outbreak response, including during the tenth Ebola virus disease outbreak in DRC (2018 – 2020).

Top 5 Countries Providing Emergency Primary Health-Care Consultations in 2019



MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT FOR ROHINGYA REFUGEES AND HOST COMMUNITIES IN BANGLADESH

IOM is one of the largest providers of health-care services in Cox's Bazar, Bangladesh, where IOM MHPSS teams bring much-needed support to both the displaced Rohingya and their host communities. In 2019, MHPSS was provided to close to 43,850 persons through health facilities, including psychoeducation and awareness raising, counselling, assessment and identification of people with moderate to severe mental disorders, specialized services provided by clinical psychologists and medical doctors trained in WHO's Mental Health Gap Action Programme (mhGAP), referral to psychiatrists, and follow up.

At the same time, IOM MHPSS teams contributed to the strengthening of the overall MHPSS system in Bangladesh by providing capacity-building to government stakeholders, community and religious leaders, representatives of community networks, local community-based organizations and NGOs. At the community level, a variety of MHPSS services included support

group networks, socio-relational activities, creative and art-based activities, rituals and celebrations ("healing ceremonies"), sports and plays, non-formal education and informal learning activities (self-awareness sessions and psychoeducation). Additionally, IOM continued to pursue the creation of a Cultural Memory Centre to create a community space to promote the preservation of Rohingya collective cultural memory. These efforts helped address the loss of identity endured by the Rohingya, which has contributed to counteracting some of the cultural limitations they have faced, as well as the isolation due to their displacement, which directly affects their mental health.

In 2019, to ensure an effective response, IOM was engaged in various coordination mechanisms, including co-leading the IASC MHPSS Working Group in Cox's Bazar, leading its Emergency Preparedness and Response Plan and Assessment and Research subgroups, and contributing to the National MHPSS Task Force in Dhaka.



Henna design for adolescent girls is one of IOM's MHPSS activities in Bangladesh. © IOM, 2019.

GENDER-BASED VIOLENCE AND SEXUAL AND REPRODUCTIVE HEALTH

In 2019, IOM's emergency health programming continued to expand its work on sexual and reproductive health (SRH) and GBV, in line with the Organization's commitments to the Call to Action on Protection from Gender-Based Violence in Emergencies. An example of these efforts is the expanded GBV programming in Somalia, where IOM has prioritized interventions to enhance the capacity of national authorities to deliver survivor-centred health, psychosocial support, safety and justice services. Displaced women and children are more likely to experience sexual exploitation, intimate partner violence and rape, as safety conditions deteriorate in IDP camps, forced evictions increase in urban centres, and loss of livelihoods heighten vulnerabilities for crisis-affected people. Hazardous journeys along regional migration routes also further expose thousands of Somalis to severe protection risks annually, including sex trafficking and rape.

A critical gap in service availability to prevent and manage the health consequences of GBV have been identified in camps established for internally displaced persons. Fragmented service coverage and weak referral networks prevent timely access to life-saving care. In response, the Migration Health Division of IOM Somalia led the implementation of a capacity-building approach engaging a diverse group of stakeholders in immigration, justice and law enforcement, social welfare, health, and humanitarian assistance to improve the accessibility of survivors to life-saving health services. IOM trained a total of 48 male and female nurses, doctors and midwives, supporting 14 government primary health-care centres and three regional hospitals across Somaliland and Puntland, expanding existing SRH care services to include the



IOM staff members provide counselling to a group of Ethiopian migrant women and mothers in Hargeisa, Somaliland. © Muse Mohammed/IOM

prevention and management of sexual violence. These trainings were supplemented with a three-day workshop bringing together stakeholders to develop localized referral pathways, identify collaborative opportunities to prevent, mitigate, and respond to GBV, and identify resource needs to strengthen skills and competencies for the provision of care to GBV survivors.

To ensure accountabilities to service providers and the conflict-affected population, IOM monitors the functioning of these established GBV service referral networks and engages stakeholders to take corrective action to address observed obstacles to safe and timely referral.

HEALTH IN EMERGENCIES TRAINING

INTERNAL CAPACITY-BUILDING, NAIROBI, KENYA

IOM's Migration Health Division held an intensive four-day Health in Emergencies training, hosted by the Regional Office for East and the Horn of Africa in Nairobi from 10 to 13 June 2019. The training aimed to build MHD's capacity to effectively prepare for, scale up and respond to public health aspects of humanitarian emergencies, including public health emergencies such as disease outbreaks. MHD has some 1,310 staff globally. The training aims to expand IOM's pool of qualified health staff that can be deployed to support emergency operations. The sessions covered three core modules explaining the Humanitarian Architecture, Global Standards and Needs Assessments, as well as the Humanitarian Programme Cycle. Given the ongoing Ebola outbreak in DRC and the implications for the region, supplemental modules on communicable disease control in emergencies, infection prevention and control and field epidemiology were also included. Given the success and added-value of the training, MHD will be carrying out these trainings annually, either virtually or in-person.



IOM staff provide health screenings to people on the move in Beni, DRC. © Muse Mohammed/IOM, 2019.

For more information on the above activities please contact the Migration Health Division (MHD) at mhddpt@iom.int

