



Nurse Ofelia with Mustafa and his son in Azraq camp. © IOM 2018

INTRODUCTION TO THE GLOBAL FUND

Founded in 2002 and based in Geneva, Switzerland, the Global Fund is a partnership organization consisting of joint efforts between donor and implementing governments, the private sector, civil society organizations, and UN agencies that focuses on raising funds to invest in programmes which serve to end three of the world's major communicable disease epidemics: HIV/AIDS, Tuberculosis (TB) and Malaria.

The Global Fund provides financial support for life-saving interventions to countries bearing the highest disease burden and lowest economic capacity, where key and vulnerable populations are disproportionately affected by HIV/AIDS, TB and malaria.

The Global Fund does not implement directly but instead funds programmes implemented by countries, regional organizations and partners in over 100 countries with high-level burdens of HIV, TB and Malaria.

The Global Fund partnership focuses on impact, through prevention, treatment and care services and focuses on four key principles, including partnership, country ownership, performance based funding, and transparency.

INTRODUCTION TO IOM

Established in 1951, the International Organization for Migration (IOM) is the leading inter-governmental organization in the field of migration and works closely with governmental, intergovernmental and non-governmental partners. As of December 2017, IOM has 169 Member States and 8 Observer states. In 2016, IOM joined the United Nations (UN) as a related agency, becoming the official migration agency of the UN. In 2018, 1,223 IOM staff members in 101 IOM country offices will be implementing 128 health-related projects.

Within its Migration Health Division (MHD), IOM delivers and promotes comprehensive, preventive and curative health programmes which are beneficial, accessible, and equitable for migrants and mobile populations.

In recent years there has been significant progress in advancing the migration health agenda. Notably, two World Health Assembly (WHA) Resolutions on the Health of Migrants (WHA 61.17) and Promoting the Health of Refugees and Migrants (WHA 70.15), which call upon governments to promote migration health through policies, programmes and international cooperation.

IOM, the World Health Organization (WHO) and the Government of Sri Lanka organized the 2nd Global Consultation on the Health of Migrants in February 2017, which outlined priority actions for the migration health agenda.

HOW GLOBAL STRATEGIES RELATE TO MIGRATION HEALTH



IOM supporting National Disease Programmes through HIV outreach awareness activities, in Somalia © IOM 2011

Migrant-inclusive policies that address migration-related health vulnerabilities and increase access to migrant-friendly and sensitive health services must be promoted in order to ensure universal health coverage, the targets of the Global Malaria Strategy, the End TB Strategy and the UNAIDS Fast Track Strategy to end the HIV epidemic by 2030 - all of which are aligned with the Sustainable Development Goals and inclusive of or relevant to migration. The current Global Fund Strategy runs from 2017-2022 and has four strategic objectives, all of which advance IOM's commitment to improving the health of migrant.

1. Maximize impact against HIV, TB and malaria

IOM and the Global Fund support national disease programmes and governments in executing and sustaining impactful programmes. Successful implementation of these strategies will contribute to progress the fight against the three diseases, ensuring evidence based, high impact and sustainable interventions are prioritized.

2. Build resilient and sustainable systems for health

For the benefit of all, it remains key to ensure that migrants have access to effective and inclusive health services, particularly in areas with fragile health systems and infrastructure. IOM and the Global Fund acknowledge the importance of strengthening community responses to building sustainable and effective health systems. IOM supports governments and communities in tailoring their responses in accordance to their own political, cultural and epidemiological contexts.

3. Protect and promote human rights and gender equality

IOM and Global Fund recognize that human rights barriers including discrimination, punitive laws, gender inequality and gender-based violence threaten the effectiveness of health programmes. These barriers must be addressed in order to ensure universal access to quality healthcare. The Global Fund includes migrants and refugees as key populations likely to experience high burden of disease with reduced access to services and/or affected by criminalization of behaviors or marginalization.

4. Mobilize increased resources

With increasing needs globally in the wake of multiple acute and protracted conflicts, it is crucial for stakeholders to lobby together for increased resources for HIV, TB and Malaria. With financial resources provided by the Global Fund and programme implementation executed by IOM, together this partnership is crucial in advocacy and resource mobilization efforts to sustain current levels of programming globally, to ensure gains made are sustained over time.

IOM is proud to work closely with the Global Fund, a modern day partnership that has changed the way the world is fighting to end the AIDS, tuberculosis and malaria epidemics.

Jacqueline WEEKERS

Director, IOM's Migration Health Division

FRAMEWORK AGREEMENT

On December 18 2015, IOM and the Global Fund entered a Framework Agreement where IOM was nominated to implement relevant programmes as defined in the Global Fund Grant Regulations (2014) in relevant implementing countries. On September 15 2017, the Global Fund renewed IOM's status as a pre-qualified potential implementer for the Emergency Fund valid for the period 2018-2022 to potentially manage funding that the Global Fund may provide to maintain HIV/AIDS, TB or malaria responses in certain countries or regions facing emergency situations.

CHALLENGING OPERATING ENVIRONMENTS POLICY

Challenging Operating Environments (COE) are countries or regions characterized by weak governance, poor access to health services, and man-made or natural crises. COEs account for a third of global disease burden for HIV, TB and malaria, and for a third of Global Fund investment. The COE policy acknowledges that protracted crises in COEs may involve refugee and displaced populations.

Global Fund investment in COEs aims to increase coverage of HIV, TB and malaria prevention and treatment interventions, to reach key and vulnerable populations. Investment in COEs also aims to build resilience through stronger community and health systems and to address gender-related and human rights barriers to services. IOM seeks to build sustainable health systems in order for programmes to have long lasting, positive effects on communities.

IOM maintains a collaboration with the Global Fund in Latin America, the Middle East, East Africa and Asia, as a principal and sub-recipient of grant funds, and as a technical partner, which involves addressing systemic health challenges for migrants and providing technical assistance to governments and partners to promote migrant-friendly health services.

HIV/AIDS

IOM works with its Member States and partners to implement cross-border HIV initiatives, mobilize multi-sector partnerships and provide technical assistance to ensure migrant-sensitive, comprehensive and integrated HIV/AIDS policies and services.

With funds from the Global Fund, IOM collaborated with Guyana's Health Ministry to develop a programme to improve healthcare for Brazilian migrants in Guyana, including miners, sex workers, and loggers. The programme consisted of HIV prevention behavior change communication and HIV counselling and testing. This project has reached over 14,047 miners and loggers and over 532 female sex workers. Almost 300 female sex workers (FSW) received HIV counselling and testing.

Furthermore, IOM has been supporting Global Fund HIV portfolios in South Sudan and Somalia, as a sub-recipient and technical partner, respectively. Since 2016 IOM has reached 34,662 FSW with HIV prevention programmes and 20,436 FSW with HIV testing and counselling. In Somalia IOM has implemented three rounds of HIV integrated biological and behavioral surveillance (IBBS) surveys to monitor HIV and sexually transmitted infection prevalence trends, in collaboration with the three AIDS Commissions.



IOM staff provide health education for rubber plantation workers in Myanmar. © IOM 2016/Muse Mohammed

TUBERCULOSIS

IOM programmes supporting TB interventions focus on preventing transmission through awareness campaigns and health education, early detection and treatment.

In Myanmar, IOM has implemented programmes involving community awareness, diagnosis, treatment and counselling for individuals and communities affected by TB. IOM works with the National TB Programme to provide TB services in seven townships affected by migration. IOM trained CHW community health workers to encourage TB testing and treatment, refer symptomatic patients for testing and support patients on treatment. IOM also introduced the Migrant Outreach with Health Education and access to lab diagnosis for TB and HIV in Yangon. The 'More Healthy' bus is a vehicle that provides on-site X-rays for TB screenings. In 2015, with the help of IOM, 7,809 migrants and community members were able to access diagnostic or treatment services and a total of 2,099 new TB cases were detected.



Migrant Outreach with Health Education and Access to Lab Diagnosis for TB and HIV in Yangon 'More Healthy' Bus in action. © IOM 2018

MALARIA

IOM promotes key interventions in the fight against malaria, such as gathering data on malaria and population movements, promoting inclusive national and regional health systems and addressing all levels of health seeking behavior.

From 2011 to 2015, with support from the Global Fund, IOM provided malaria services in Thailand to vulnerable populations and host communities along several border provinces. Services included vector control, distribution of long lasting insecticide treated bed nets (LLIN) and behavior change communication campaigns to enhance treatment seeking, drug compliance and self-protection. IOM distributed over 100,000 LLIN to over 11 provinces in Thailand. The behavior change campaigns reached over 460,000 migrants through radiobroadcasts and peer visits to individuals who have been diagnosed with malaria.

In Somalia, through a technical partnership with the Global Fund PR-UNICEF in 2017, IOM distributed over 356,000 LLINs through both mass and routine distributions and trained 100 health workers in the Medium Malaria Package. This partnership will continue in 2018, with IOM as the technical partner for distribution of LLINs in IDP settlements.



Providing malaria services to migrant populations and host communities along the border provinces of Chiang Mai, Chiang Rai, Mae Hong Son, Tak, Kanchanaburi, Phetchaburi, Chumphon, Ranong, Phang Nga, Chantaburi and Sa Kaeo. © IOM 2015

MULTI-COUNTRY PORTFOLIOS THROUGH THE MIDDLE EAST

In the Middle East, which is suffering the effects of conflict and coping with humanitarian crises and large numbers of internally displaced people and refugees, the Global Fund has launched a new initiative through IOM to increase efficiency and offer more implementation flexibility.

IOM is a PR for the Middle East Response (MER) initiative (2017-2019) which provides HIV, malaria, and TB care and treatment to mobile populations, including refugees and IDPs, as well as vulnerable populations including women and children in Syria, Yemen, Jordan, and Iraq. The grant focuses on ensuring continuity of health services during conflict or service disruption, providing support to key and vulnerable populations in Yemen and Syria, particularly those in hard-to-reach areas and providing support to refugees in Jordan and Lebanon. Approximately 400,000 LLINs were distributed in Yemen and an additional 1,770,000 LLINs are expected to be delivered in 2018. In 2017, more than 2,000 PLHIV in the four MER countries received ARV treatment; ten with cases of TB were notified, and more than 50 cases with drug resistance, including three XDR cases, began second low treatment.



Mijhem shares his toys with friends in Azraq camp after recovering from TB. © IOM 2017/Fedza Lukovac

EMERGENCY FUND SPECIAL INITIATIVES

Working with migrant-sending and receiving countries, IOM provides active TB screening and treatment services through migrant health assessment programmes.

IOM has been a recipient of a grant under the Emergency Fund between August-December 2016, "Enhancing Tuberculosis Prevention, Diagnosis and Treatment among Syrian refugees and other vulnerable migrant populations in Jordan and Lebanon." TB awareness campaigns reached over 115,000 migrants in Jordan and almost 12,600 refugees in Lebanon. In Jordan, 10 mobile X-ray screening sessions were conducted in which 349 refugees and migrants were screened for TB.



A mobile X-ray screening (for TB diagnosis) in Azraq refugee camp in Jordan was conducted in March 2016. © IOM 2016

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

