IOM assists crisis-affected populations, governments and host communities to strengthen and re-establish primary health care systems. As a formal partner of the WHO, and as a member of the Strategic Advisory Group of the Inter-Agency Standing Committee’s Global Health Cluster, and more recently, the Global Outbreak Alert and Response Network, IOM is increasingly 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 IOM Migration Crisis Operation Framework as being one of the 15 sectors of assistance to address before, during and after crises.

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 human dignity. IOM’s programming in this domain encompasses the various stages and typologies of emergencies, throughout all the phases of the mobility continuum.

In 2018, IOM provided health support within crisis contexts in 38 countries. IOM’s health programming included provision of direct health care services, mental health care and psychosocial support (MHPSS), as well as outbreak preparedness and response. IOM’s health response in emergencies works alongside other sectors including water, sanitation and hygiene (WASH), the Displacement Tracking Matrix (DTM), as well as gender-based violence (GBV) risk mitigation and response, which enables IOM’s multi-sectoral approach to address the health needs of vulnerable populations.

### 2018 GLOBAL HIGHLIGHTS

- **38 countries**
- **39 million USD global emergency health expenditures**
- **2.8 million primary health care consultations provided**
- **341,271 beneficiaries vaccinated, including 268,295 children under 5 years of age**
- **220,406 antenatal consultations provided for pregnant women**
- **197,007 beneficiaries received mental health and psychosocial support**

*Health issues cut across all areas of IOM’s work, including Emergency health expenditures which are integrated into other IOM services.*
Overview of IOM’s Emergency Health Projects in 2018. This map is for illustration purposes only. Boundaries on this map do not imply official endorsement or acceptance by IOM.

IOM Missions providing largest number of primary health care consultations*, in emergency context

- Yemen
- South Sudan
- Somalia
- Sudan
- Colombia
- Ethiopia
- Niger

*Excluding mental health and psychosocial support services.
IOM EMERGENCY HEALTH 3

An IOM doctor provides medical assistance to a newly arrived Rohingya refugee at Balukhali settlement. © IOM 2018

GLOBAL ACTIVITY HIGHLIGHTS 2018

EBOLA OUTBREAK PREPAREDNESS AND RESPONSE
DEMOCRATIC REPUBLIC OF THE CONGO AND NEIGHBOURING COUNTRIES

“We are very happy about the work they (IOM) are doing for us towards fighting the Ebola disease. They have set up hand-washing facilities. They have sensitized us on how to protect ourselves from contracting Ebola. They tell us not to eat meat from dead animals in the forest. They tell us not to touch any sick person without protective equipment used by doctors”

KABYAURA KOLEKI, a fish trader from Tchomia, Ituri

Two Ebola outbreaks were declared in 2018 in Equateur Province (May-July 2018) and in North Kivu (August 2018-ongoing as of April 2019). IOM has played a key role in supporting cross-border preparedness and response, in line with the International Health Regulations (2005) and IOM’s Health, Border and Mobility Management (HBMM) framework. Using an IOM DTM approach, IOM conducted population mobility mapping (PMM) in affected areas to inform the government and health sector’s preparedness and response. IOM also supported the establishment of Points of Control (POCs) and Points of Entry (POEs), health screening and prevention activities (risk communication, hand washing/hygiene promotion).

IOM supported the screening of 25,127 travellers at 53 POEs in Equateur and of over 30 million travellers at 76 POE/POCs in North Kivu. IOM also contributed to the regional preparedness efforts in South Sudan, Uganda and Burundi. IOM’s activities included PMM, capacity building of health and border officials, health screening at POEs, improvement of WASH facilities and risk communication among travellers and other mobile populations.

PROVIDING ENHANCED SEXUAL AND REPRODUCTIVE HEALTH CARE FOR ROHINGYA REFUGEES
BANGLADESH

IOM is one of the largest providers of health care services in Cox’s Bazar providing 667,720 medical consultations through 26 facilities in 2018. Provision of sexual and reproductive health and maternal and newborn care and the link to gender-based violence (GBV) remains a priority. In 2018, IOM supported women’s groups and survivors of GBV with clinical management of rape and psychosocial support for survivors.

To support the reduction of maternal/neonatal morbidity and mortality, IOM provided ultrasound services as a component of the basic antenatal care package. IOM provided ultrasound imaging for over 3,800 patients, conducted 45,786 antenatal care sessions and 2,393 safe deliveries across the camps. IOM receives referrals from different agencies and through a vigilant community health workers’ network, pregnant women are identified for services.

Currently IOM provides ultrasound services in three health facilities within the camp setting with the plan to expand services in 2019.

Hand-washing station at the screening point that is supported by IOM. © IOM 2019/Alexis Huguet

“Hand-washing station that is supported by IOM.”

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IOM is a key partner in the provision of Mental Health and Psychosocial Support (MHPSS) in North-East Nigeria, supporting the State Ministry of Health as co-chair of the MHPSS Sub Working Group and providing direct psychosocial support and services to the affected population in Borno, Adamawa and Yobe States.

IOM has established a multитiered psychosocial program and has been operating both in MHPSS centers and through multidisciplinary psychosocial mobile teams mainly based in camps. The mobility of these teams, composed by Health Worker, Social Worker, Lay Counselor, Teacher and Community Resource person, has promoted continuity and quality of care in a truly challenging and unstable environment.

For instance a total of 123 team members have provided more than 200,000 psychosocial and support services in North East Nigeria in the last two years. In addition, a training was provided to the members of the mobile team that has facilitated preparedness in the country and has contributed to strengthening the capacity of both the host and the displaced communities to deal with future emergencies.

In 2018, the Ministry of Public Health and Population of Yemen reported a total of 371,316 suspected cholera cases and 505 associated deaths. Although the number of suspected cases significantly decreased from 2017 (64% reduction), the outbreak continued throughout 2018. This was in part due to the ongoing conflict in Yemen leading to a weakened health system, resulting in higher vulnerability to epidemic-prone diseases.

IOM’s response, in coordination with government health authorities and health cluster partners, focused on supporting Diarrhea Treatment Centers and Oral Rehydration Centers in key governorates.

IOM also contributed significantly to prevention activities such health and hygiene promotion, improvement of water and sanitation systems, chlorination of water sources, water trucking.

As a part of IOM’s health system strengthening approach, IOM also contributed to improving health emergency preparedness including capacity building of health care workers as well as pre-positioning of medicines and medical supplies.

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