



IOM's mobile health, nutrition and MHPSS teams provide life-saving care and support to displaced persons in Ethiopia. © IOM 2022

MIGRATION HEALTH ASSISTANCE FOR CRISIS-AFFECTED PEOPLE AND HOST COMMUNITIES

The International Organization for Migration (IOM) plays a key role in responding to humanitarian and public health emergencies. Health support in emergencies is an essential part of IOM's humanitarian mandate and is recognized by the Organization's Migration Crisis Operational Framework¹ as one of the 15 sectors of assistance to address before, during and after crises.

This factsheet showcases some of the emergency health programming from 2022 in countries in which IOM assisted people affected by crises with direct provision of emergency health-care services and interventions to support long-term health system recovery and resilience.

The International Organization for Migration (IOM) is a:

- Formal partner of the World Health Organization and a member of The Technical Working Group on Pandemic Preparedness and Response
- Member of the Global Outbreak Alert and Response Network
- Active member of the Inter-Agency Standing Committee Global Health Cluster

IOM's direct health service provision saw significant growth from 2021 to 2022. Most notably, in 2022, IOM has quadrupled the number of emergency health related deployments, conducted **30%** more primary health-care consultations, and provided **23%** more routine and outbreak response vaccinations in crisis settings, among other interventions.

2022 GLOBAL HIGHLIGHTS: EMERGENCY HEALTH IN CRISIS SETTINGS



Emergency health projects in **47** countries



370 mobile clinics deployed



Over **900,000** people screened for acute malnutrition



Almost USD **130 million** spent on emergency health programming



Almost **5.6 million** primary health-care consultations



Over **23,700** health workers trained



Over USD **18 million** worth of medical supplies procured



Over **1.8 million** routine and outbreak response vaccinations administered



Over **200** points of entry and points of control supported



705 health facilities supported or managed



7.78 million people reached with health promotion activities



64 Emergency Health Deployments

¹ www.iom.int/mcof

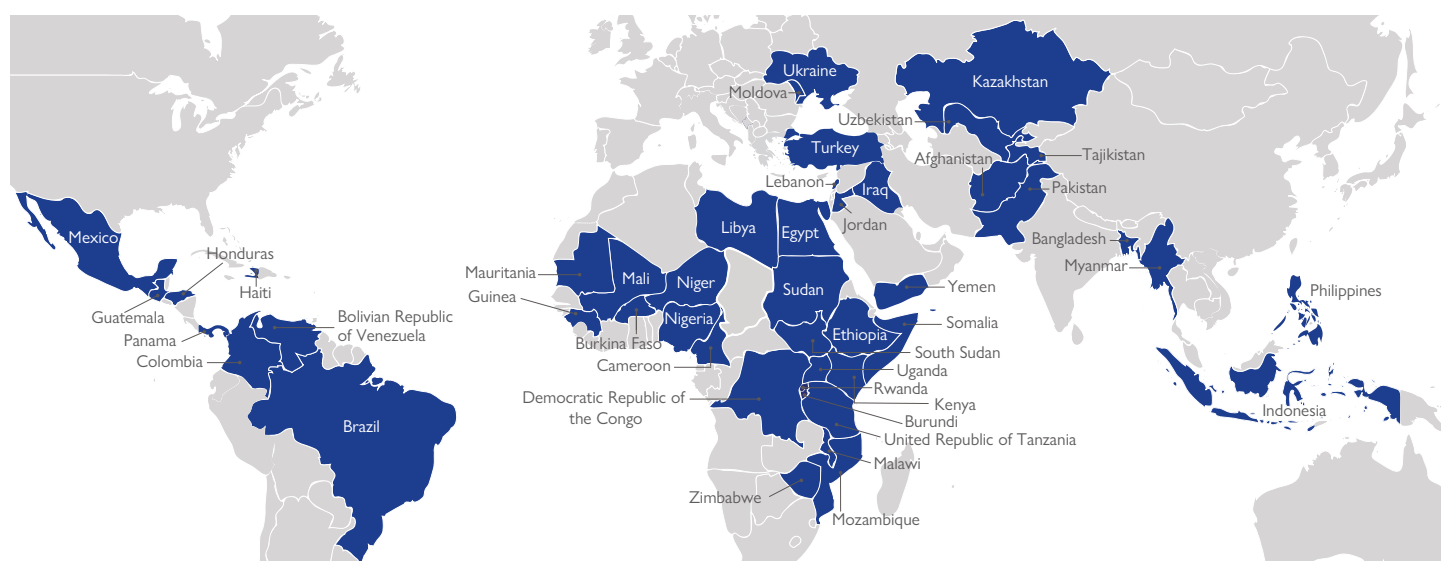
SCOPE AND AIMS OF IOM'S EMERGENCY HEALTH INTERVENTIONS

IOM's emergency health programming aims to ensure essential life-saving health care is available and accessible to those affected by crises. IOM uses targeted interventions that seek to uphold humanitarian principles and protect dignity while improving health outcomes of crisis-affected people and host communities through direct health service provision by mobile teams to hard-to-reach communities, establishment of referral networks to specialized care, health promotion through community engagement and vaccinations, and supporting access to mental health and psychosocial support (MHPSS) services.

Health system strengthening is crucial to guarantee continuity of care for crisis-affected people and the longer-term recovery and resilience of a health system after an emergency. IOM collaborates closely with Ministries of Health and interagency partners to strengthen health systems' ability to prepare and respond to crisis. IOM provides targeted capacity-building to medical professionals, supports health facilities including procurement of essential medical supplies, and develops mobility-sensitive public health interventions in relation to outbreak preparedness and response.

2022 EMERGENCY HEALTH PROGRAMMING GEOGRAPHIC COVERAGE

This map indicates countries (47) in which emergency health programming was implemented. It does not illustrate all countries where migration health interventions were implemented.



This map is for illustration purposes only. Boundaries on this map do not imply official endorsement or acceptance by IOM.

DURABLE SOLUTIONS – Improving health outcomes for displaced persons

IOM is one of the leading agencies responding to the emergency needs of displaced persons. Over 60 million individuals were internally displaced at the end of 2022.² In crisis settings, it is necessary to consider not only emergency health responses guided by humanitarian principles, but also sustainable public health interventions in relation to historical population flows driven by structural inequity. These types of interventions seek to address the root causes of conflict and disasters and contribute to health system strengthening, universal health coverage and progress towards the 2030 Agenda for Sustainable Development.

These principles are reflected in IOM's Migration Crisis Operational Framework and Health, Border and Mobility Management Framework, and operationalized through programmes with the following types of focus:

Health and health systems strengthening: Poor access to health and other basic social services is both a driver and consequence of conflict and displacement. Equitable access to health services is often a challenge for both displaced and host populations. IOM's approach to health system strengthening in this context takes a whole-of-community approach, whereby health services are strengthened to overcome access barriers and ensure flexibility in the context of humanitarian needs. In 2022, IOM trained 23,769 health professionals in crisis settings, supported the rehabilitation of 269 health facilities and provided over USD 19 million in medical supplies and equipment to 782 health facilities in need.

Reducing vulnerabilities and increasing resilience through community engagement: Creating enabling environments for communities to contribute meaningfully to solutions that directly affect their health and well-being can complement multisectoral responses to public health threats. IOM's PMM brings together perspectives of diverse community members and technical experts to gain a deeper understanding of human mobility dynamics and characteristics in relation to public health threats. In 2022, IOM conducted 37 PMM exercises in 11 countries. These activities led to tailored mobility-sensitive public health interventions and contributed to ownership of public health preparedness and prevention at the community level.

²Internal Displacement Monitoring Centre (IDMC), Global Report on Internal Displacement 2020 (Geneva, April 2020)

Contributing to long-term health sector development: IOM works closely with government, intergovernmental and non-government partners to build capacity to manage the impact of mobility on human health. This is accomplished through the development of preparedness and anticipatory actions, early warning systems and community-based surveillance; the combination of which can contribute to preventing future displacement. IOM health has established sectoral partnerships with WASH, Protection and DTM, among others, to facilitate data sharing, joint analysis for solutions and targeted advocacy for policy change.

UGANDA – RESPONDING TO THE EBOLA VIRUS DISEASE PUBLIC HEALTH EMERGENCY WITH EXPERTISE AND IMMEDIATE ACTION

IOM has been working in Uganda and across the continent to support preparedness efforts for Ebola virus disease (EVD) and other disease outbreaks as they occur. On 20 September 2022, the Ministry of Health of Uganda declared an outbreak of EVD, Sudan strain, in Mubende District and IOM immediately scaled up support for national authorities and local communities, within and across Uganda's borders.

In collaboration with public authorities and UN agency partners, IOM carried out a population mobility mapping (PMM)³ exercise to gain an understanding of the human mobility dynamics in five at-risk districts (Mubende, Kassanda, Kyegegwa, Kagadi and Bunyangabu). This was used to define priority sites for public health interventions with a focus on border crossings, official points of entry (PoE) and key congregation areas. IOM targeted PoEs to reduce the risk of cross-border transmission as well as utilize PoE as points of care to support a range of synergistic interventions such as infection prevention and control, laboratory services, risk communication and community engagement (RCCE), disease surveillance and data collection and management.

Following the PMM exercise, IOM selected six health screening points and ten PoEs to support with essential supplies and technical support. Over the course of the response phase, IOM conducted over one million health screenings, and raised over 2,600 alerts; screened close to 60,000 vehicles passing through PoEs; directly reached more than 165,000 individuals with health messages on EVD; and trained almost 350 PoE officials and other key stakeholders on health topics. The outbreak in Uganda was declared over in January 2023.

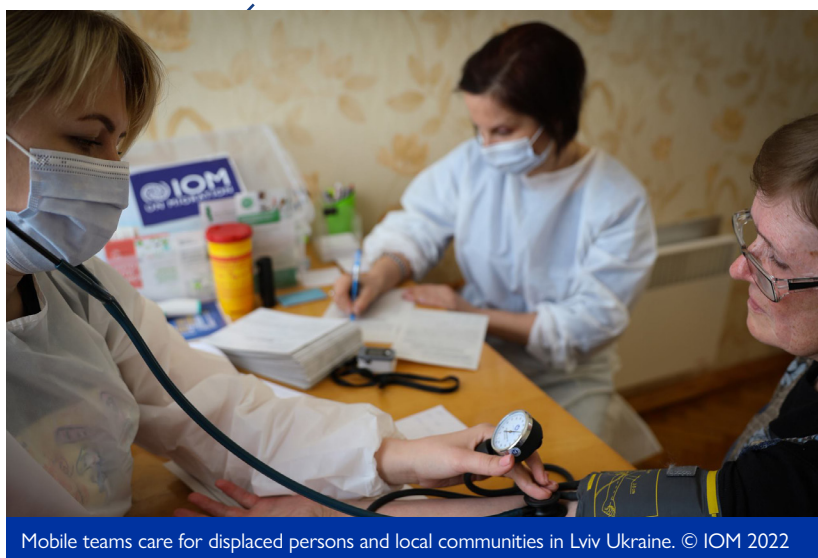


IOM health staff conducting population mobility mapping (PMM) in response to the Ebola outbreak in Uganda. © IOM 2022

UKRAINE – PROVIDING LIFESAVING CARE AMONGST CONFLICT AND DESPAIR

In 2022, the Russian Federation's 24 February invasion of Ukraine negatively affected people's health and seriously impacted the health sector by impeding access to routine and emergency services, damaging and destroying medical facilities and overwhelming the remaining ones. In addition, health professionals were displaced and supply chains for essential medicines and supplies were disrupted. Inside Ukraine and across borders, health systems struggled to meet the trauma care, primary care and specialized care needs. As a first response, IOM has been offering humanitarian health support through mobile clinics since April 2022.

Throughout 2022, IOM mobile care clinics in Ukraine provided 63,692 lifesaving primary and specialized health care consultations, as well as 16,993 psychological consultations. IOM provided capacity building and on-the-job training to more than 5,950 medical



Mobile teams care for displaced persons and local communities in Lviv Ukraine. © IOM 2022

³PMM consists of three linked components – participatory mapping exercises, site assessment and flow monitoring. These exercises gather valuable quantitative and qualitative information on mobility patterns and vulnerabilities at national and subnational levels as well as PoEs, informal border crossing points and other locations, to inform public health preparedness and response efforts.

practitioners on topics such as chemical, biological and radio nuclear training, physical therapy, infection prevention and control, surgical mentoring and trauma first aid training.

From May to July, IOM ran the TRAN-MED project, implemented in close partnership with the Ministry of Health of the Republic of Moldova. The project offered medical support to people affected by the war in Ukraine, facilitating the safe transfer of people with trauma-aggravated medical needs, people living with disabilities, non-communicable diseases, chronic illnesses, children and the elderly to places where they could receive appropriate care. In just three months, a total of 115 people were assisted with medical care and movement support, including 50 individuals who were provided with specialized care through hospitalization.

In September, IOM signed a cooperation agreement with Ukraine's Ministry of Health to jointly provide physical and mental health assistance and services to host communities and migrants, including internally displaced people (IDPs), refugees and returnees. To further aid in the health response, IOM procured and distributed medical supplies worth over USD 600,000. This enabled 62 health facilities and government institutions from across 16 oblasts to receive medical supplies and to continue providing health care services.

BANGLADESH – Strengthening IOM's response to gender-based violence in Cox's Bazar

In 2022, there were nearly one million displaced Rohingya refugees residing in 33 extremely congested camps in Ukhiya and Teknaf Upazilas of the Cox's Bazar District, as well as on the island of Bhasan char. Over half of these refugees were women and girls. Insecurity caused by displacement, difficult living conditions within camps, restricted livelihood and educational opportunities, and lack of freedom of movement – particularly for women and girls – have created conditions that exacerbate the risks of gender-based violence (GBV), particularly intimate partner violence (IPV) and child marriage.

Throughout 2022, IOM in Cox's Bazar supported 44 health facilities within the Rohingya humanitarian context in coordination with implementing partners. These facilities provided integrated health, GBV response, and MHPSS services within health facilities. IOM further supported nine women and girls' safe spaces, of which eight are linked to IOM health facilities through established referral pathways. IOM engaged in rehabilitating 100 community clinics in Cox's Bazar District and upgrading the infrastructure of Cox's Bazar District Hospital.

Additionally, IOM piloted sexual and reproductive health-GBV guidance notes, a clinical integration toolkit and an addendum on migrant and mobility friendly approach for GBV case management through a series of capacity building trainings in Cox's Bazar.

A total of 745 clinical and non-clinical staff in Cox's Bazaar joined 33 training sessions on topics including GBV Basic Concepts and Safe Referral Pathways; Clinical Management of Rape and IPV Survivors; and Adolescent Sexual Reproductive Health. These trainings were aimed at equipping the staff with the right knowledge, skills and attitudes to help overcome barriers to access to health care services for survivors of rape and other forms of GBV including IPV. The trainings enabled staff to facilitate safe identification and confidential referral of GBV survivors from the community level to health facilities as well as to strengthen the provision of SRH information, counselling and services to the adolescents.



Orientation for non-clinical staff on GBV Core Concepts and Safe Referral, Cox's Bazar, Bangladesh.
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For more information on the above activities please contact the Migration Health Division Emergency Health Team at MHDHQEmergencyHealth@iom.int.

