



IOM staff conducting hygiene best practice awareness raising sessions in individual households across the Rohingya settlements, in Cox's Bazar, Bangladesh.  
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## MIGRATION HEALTH ASSISTANCE FOR CRISIS-AFFECTED PEOPLE

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

This factsheet showcases some of this programming in 2020 in countries with established emergency health operations, and presents some examples of the Organization's innovation and adaptation in countries that found themselves having to implement emergency health programming, to help prepare for and respond to the COVID-19 pandemic.

### The International Organization for Migration (IOM) is a:

- Formal partner of the World Health Organization
- Member of the Strategic Advisory Group of the Inter-Agency Standing Committee Global Health Cluster
- Member of the Global Outbreak Alert and Response Network

### Services are delivered through a multisectoral approach, in close coordination with other actors and units, including:

- Water Sanitation and Hygiene
- IOM's Displacement Tracking Matrix
- Gender-based violence risk mitigation and response

## 2020 EMERGENCY HEALTH GLOBAL HIGHLIGHTS



Emergency health projects in **40** countries



**3.43 million** primary health-care consultations provided



Over **38,750** health information sessions conducted



Over **3,200** personnel working on health programming



**246,150** antenatal care consultations provided



More than **109,000** COVID-19 tests provided worldwide



USD **96.5 million** spent on emergency health globally



More than **640,000** people vaccinated



**123** primary health-care facilities built or rehabilitated



**12,800** health workers trained in communicable diseases and disease outbreaks



Over **20,900** people supported with clinical management of moderate or severe acute malnutrition



Over **544** points of entry and points of control supported with public health measures

## SCOPE AND AIMS OF IOM'S EMERGENCY HEALTH INTERVENTIONS

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 to humanitarian and public health emergencies aims to save lives, reduce morbidity and alleviate suffering, while upholding humanitarian principles and protecting dignity.

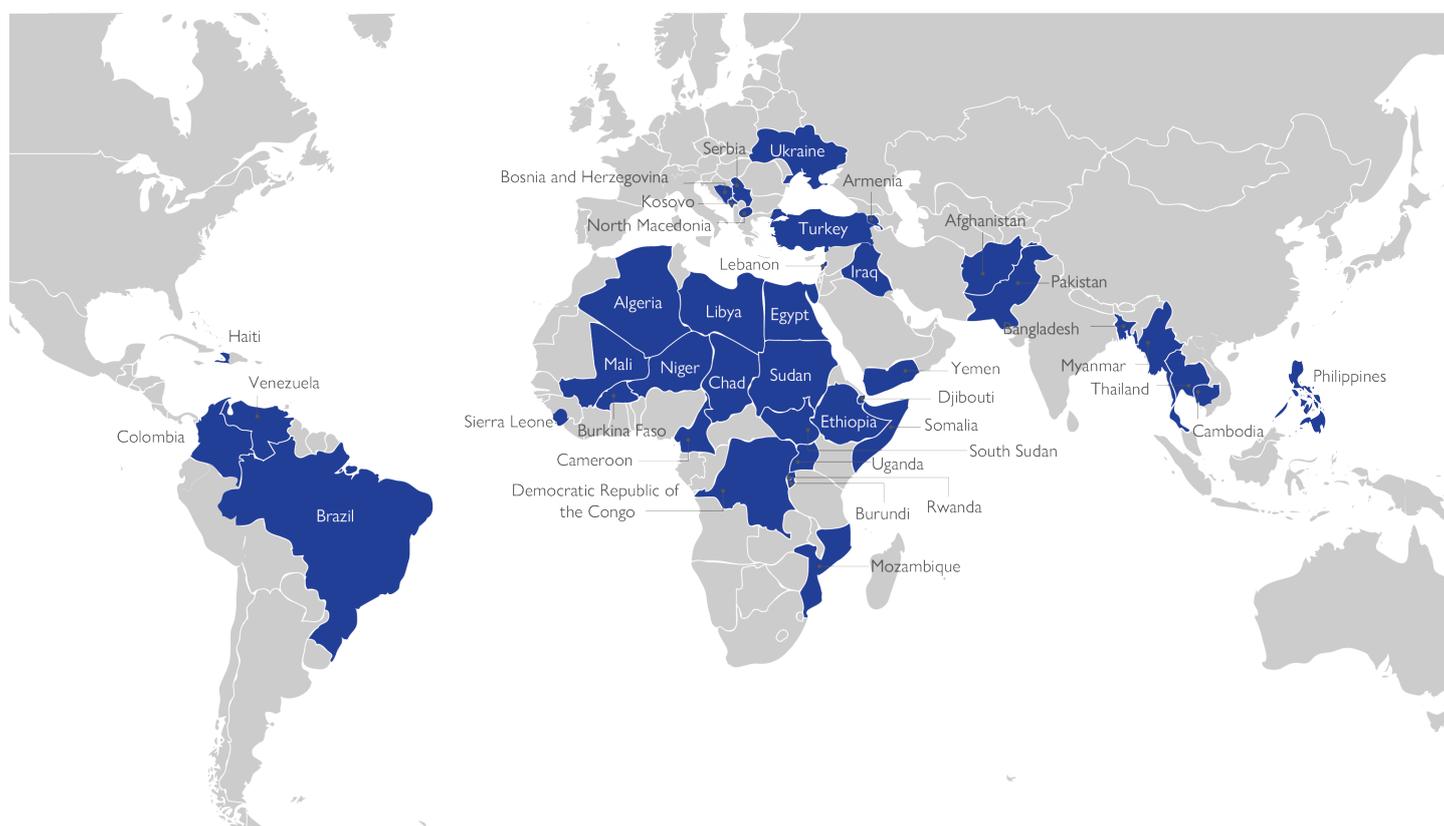
Programming encompasses the various stages and typologies of emergencies, throughout all phases of the mobility continuum.

## TOP 5 COUNTRIES PROVIDING EMERGENCY PRIMARY HEALTH-CARE CONSULTATIONS IN 2020



## 2020 EMERGENCY HEALTH PROGRAMMING GEOGRAPHIC COVERAGE

This map indicates countries in which established emergency health programming was implemented. It does not illustrate all countries where health interventions were implemented in response to COVID-19.



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

## POPULATION MOBILITY MAPPING

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 to help prevent and rapidly respond to health hazards, alongside surveillance, and risk communication and community engagement efforts.

PMM was critical to IOM's 2020 operations by providing a mobility-focused approach to outbreak response, including during the tenth and eleventh Ebola virus disease outbreaks in the Democratic Republic of the Congo and the response to the COVID-19 pandemic.

## POPULATION MOBILITY MAPPING FOR COVID-19 - NEPAL

Covering three provinces with a population of over 700,000 people, IOM implemented PMM in 2020 in partnership with the Nepal Red Cross Society as part of Nepal's Health Sector Emergency Response Plan for the COVID-19 Pandemic.

Over 60 staff members were trained, prior to a nine-week field exercise comprising over 800 individual interviews and focus group discussions in which government representatives, partners, community workers, drivers and vendors shared their knowledge regarding population mobility. These discussions identified over 600 sites with high population mobility that were selected for further assessment and targeted interventions, including [points of entry \(PoEs\)](#), markets, transport stations, worksites, places of worship, health centres, traditional healers, schools, entertainment centres and other sites.

Based on data collected, the team produced maps of formal and informal PoEs, quantified migrant flows at these points, characterized locations in terms of the presence of potential public health threats, and described the purpose of population movement at these sites.

Following completion of the PMM, key recommendations were made to strengthen Nepal's COVID-19 response. These included:

- Establishing health screening stations and infection prevention and control measures at PoEs and other priority locations (e.g. transport stations, markets and places of worship).
- Implementing mechanisms for contact tracing at PoEs and transport stations.
- Investing in capacity-building for health infrastructure.
- Improving risk communication and community engagement (RCCE) strategies, given observed deficits in knowledge regarding infectious disease risks, including COVID-19.
- Enhancing the skills of health, immigration and security officials working at PoEs through training and the development of standard operating procedures.
- Providing health trainings to traditional healers to enhance their practices, given observed reliance on these individuals in many communities for health-related issues.



In Nepal, a participatory mobility mapping exercise is held with vendors in Krishnanagar to inform preparedness and response activities. © IOM 2020

## RISK COMMUNICATION AND COMMUNITY ENGAGEMENT - MIDDLE EAST AND NORTH AFRICA

Clear, contextualized RCCE is critical in promoting the uptake of essential public health and biomedical interventions, including vaccination, to prevent and control the spread of communicable diseases. RCCE's essential role in public health became even more evident at a global scale during 2020, as the international community battled an "infodemic", alongside the pandemic.

IOM responded by ensuring that migrants, displaced populations and host communities had access to timely, targeted, context-specific and reliable information regarding COVID-19, helping them protect themselves and their loved ones and combat misinformation. Worldwide, IOM reached over 37 million people in 2020 with RCCE activities related to COVID-19.

Many of these activities were carried out in the Middle East and North Africa. IOM offices in the region used a variety of channels to deliver health information in complex environments, including, for example, thousands of mobile text messages in Sudan, social media campaigns and television advertising to reach millions in Yemen, online community events and discussions for migrants in Egypt, interactive COVID-19 awareness-raising sessions in Iraq (including in camps), and health education sessions via telephone in Morocco.



COVID-19-related health education campaign among Yemeni internally displaced persons living in Marib, Yemen. © IOM 2020

## EBOLA OUTBREAK PREPAREDNESS AND RESPONSE - DEMOCRATIC REPUBLIC OF THE CONGO AND SURROUNDING COUNTRIES

In 2020, IOM strengthened its work in communicable disease surveillance and related interventions, using data to underpin evidence-informed public health response efforts. IOM continued to play a key role in supporting cross-border preparedness and response, in line with the International Health Regulations and IOM's [Health, Border and Mobility Management framework](#). The 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's capacity in this regard is particularly evident in its response to the tenth and eleventh Ebola virus disease outbreaks in the Democratic Republic of the Congo for example, in North Kivu and Équateur provinces respectively. As part of this response, IOM conducted more than 40 million health screenings of travellers across more than 100 PoEs and health screening points, and trained hundreds of front-line workers in communicable disease surveillance. IOM conducted PMM and flow monitoring exercises to inform preparedness and response efforts, and over 1.8 million individuals were reached with targeted, context-specific RCCE efforts.



Contact tracers in Butembo, North Kivu, in the Democratic Republic of the Congo, responding to the country's tenth Ebola outbreak. © IOM 2020

## RECONNECTING DISPLACED COMMUNITIES TO LIFE-SAVING HIV AND TUBERCULOSIS TREATMENT - MOZAMBIQUE

Cabo Delgado, Mozambique, where HIV prevalence is almost 14 per cent, was struck by an escalation of violence in 2020, which had displaced over 670,000 people by March 2021. This displacement interrupted critical HIV and tuberculosis (TB) prevention and care efforts due to loss of patient documentation and disruptions to health and social services. IOM has been working in close collaboration with local health authorities and partners to ensure the integration of HIV and TB services in the response in the region, relinking internally displaced persons (IDPs) and host community members who had been lost to follow-up. In 2020, IOM relinked over 1,200 HIV and TB patients back to care in Cabo Delgado, with over 90 per cent of patients retained in treatment after three months.

This outcome was achieved through data-driven approaches focused on strengthening Mozambique's health system, including supporting provincial health authorities to improve existing patient registration databases to facilitate more efficient referrals for patients lost to follow-up. IOM also developed an IDP-specific registry form at receiving health facilities to provide patients without referrals and treatment cards with access to medication.

IOM has been responding to these populations' complex needs through mobile teams that deliver a package of essential health, MHPSS and protection services, supported by a network of trained workers recruited from internally displaced and host communities. This integrated approach has been crucial to ensure that services were tailored to beneficiaries' needs and that barriers to treatment related to loss of livelihoods, social networks and family supports were considered and, where possible, alleviated.

## COVID-19 PANDEMIC RESPONSE - COLOMBIA

Migrants and displaced populations have been especially vulnerable to the COVID-19 pandemic's consequences. IOM rapidly scaled up and adapted its programming in 2020 to help control the spread of the virus and help address the new health needs it created.

In Colombia, for example, IOM supported the preparation of health emergency preparedness and response plans for COVID-19 in 52 municipalities and six PoEs with a multidisciplinary team of nurses, epidemiologists, mental health and psychosocial support professionals and community health workers. IOM teams reached more than 30,000 beneficiaries in the country with tailored RCCE interventions, including through the implementation of an information, education and communication strategy regarding COVID-19 risks in 26 municipalities affected by violence, and contributed to health system strengthening by training over 20,000 community health workers and mobilizers in RCCE. Materials were translated into various indigenous languages, in an effort to leave no one behind.

IOM Colombia also strengthened epidemiological surveillance systems in over 25 rural municipalities by hiring staff and community health workers to conduct screening for COVID-19 symptoms, refer individuals to health services when required, and support contact tracing and notifications to the national communicable disease surveillance system. Recognizing the importance of the continuation of essential services despite the challenges posed by the pandemic, IOM supported more than 70 Colombian health facilities to maintain life-saving immunization services and provided financial, technical, human resources and logistics support to enable local health centres to continue primary health care activities for migrant populations, Colombian returnees and host communities alike.



COVID-19 related mental health workshop for migrants living in Medellín, Colombia. © IOM 2020

For more information on the above activities please contact  
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