



IOM mobile medical team providing primary health care services to women and children in Mokha, Yemen. © IOM 2021

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 from 2021 in countries with established emergency health operations, and presents some examples of the Organization's innovation and adaptation in responding and recovering from the COVID-19 pandemic.

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 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 (WASH)
- IOM's Displacement Tracking Matrix (DTM)
- Gender-based violence risk mitigation and response

2021 EMERGENCY HEALTH GLOBAL HIGHLIGHTS



Emergency health projects in **40** countries



Over **2,600** personnel working on health programming



USD **91.2 million** spent on emergency health globally



51,884 persons trained in crisis settings*



More than **75,800** HIV tests were performed



Mental health and psychosocial support emergency programming in **39** countries



424,507 antenatal care consultations provided



More than **1.47 million** people vaccinated in outbreak response scenarios



Over **26,000** people supported with clinical management of moderate or severe acute malnutrition



Over **531,490** health information sessions conducted



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



492 primary health-care facilities built or rehabilitated



Over **239** points of entry and points of control supported with public health measures



4.31 million primary health-care consultations provided

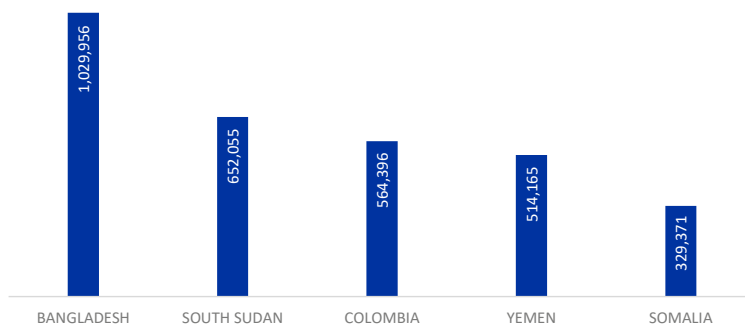
*These trainings were facilitated in areas including mental health and psychosocial support (MHPSS), training for community health workers, communicable disease preparedness and response, COVID-19, and TB, HIV, and malaria, among others. Participants may have attended more than one training.

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 activities.

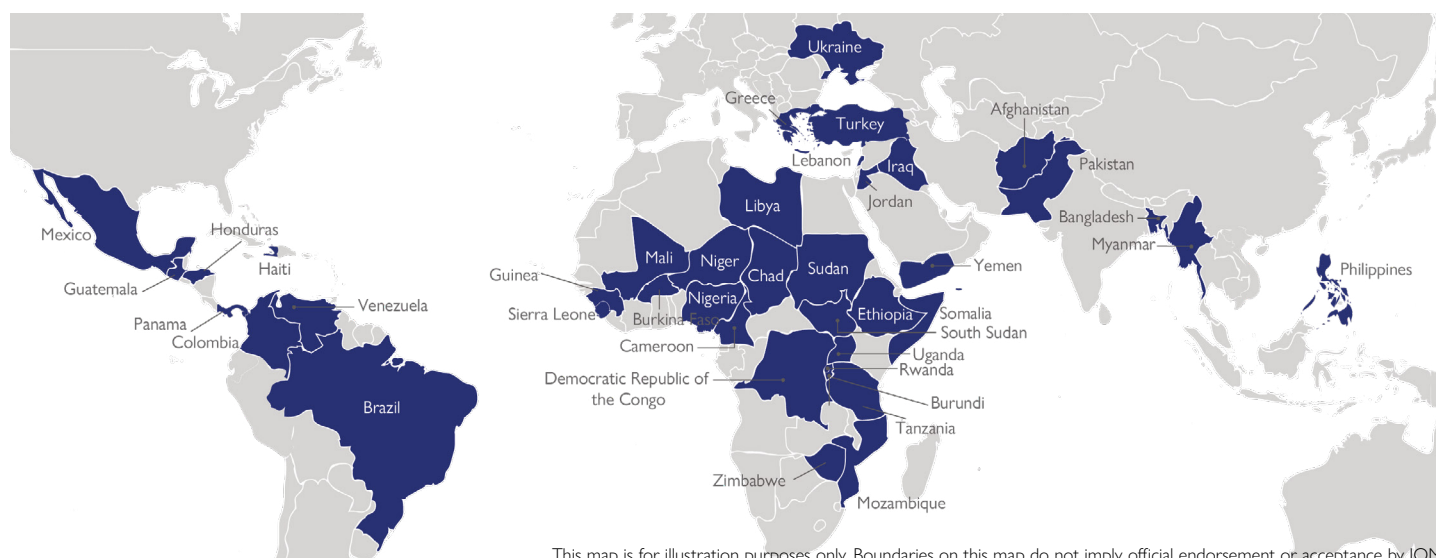
IOM's health response to humanitarian and public health emergencies aims to save lives, reduce morbidity and alleviate suffering, while upholding humanitarian principles and protecting dignity. Programming encompasses the various stages and typologies of emergencies, throughout all phases of the mobility continuum¹.

TOP 5 COUNTRIES PROVIDING EMERGENCY PRIMARY HEALTH-CARE CONSULTATIONS IN 2021



2021 EMERGENCY HEALTH PROGRAMMING GEOGRAPHIC COVERAGE

This map indicates countries (40) in which 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.

CONNECTING HEALTH SECURITY AND HUMAN MOBILITY – HEALTH, BORDER AND MOBILITY MANAGEMENT (HBMM) FRAMEWORK

IOM's Health, Border and Mobility Management (HBMM) Framework was revised and released in 2021 to account for new crises, alongside changing and increasingly complex operating environments. It articulates IOM's strategic role and objectives in the prevention, detection and response to communicable diseases in the context of widespread and multi-directional human mobility and is applied across both humanitarian and development contexts to facilitate more strategic preparedness and response operations for communicable disease control. Ultimately, HBMM provides an action framework for IOM to undertake activities related to health, border and mobility management, and also serves as a reference for IOM Member States and partners to understand the Organization's role and contributions in this area of work. The overarching aim of the HBMM Framework is to ensure that:

- 1) Governments and communities have the capacity to address the mobility dimensions of public health threats.
- 2) Affected and at-risk populations benefit from appropriate and timely support, through inclusive and rights-based approaches that leave no one behind.

The HBMM framework is primarily applied in the context of outbreak-prone communicable diseases along the mobility continuum including, but not limited to, those that result in a declaration of a public health emergency of international concern under the International Health Regulations (IHR 2005), such as yellow fever, cholera, plague, Ebola virus disease (EVD), COVID-19 and other similar threats. The mobility continuum refers to the complete pathway of population movement at points of origin, transit, destination and return – within and across borders. It also includes the routes through various modes of travel and the congregation points along the way, and the interconnectivity among them.

¹The mobility continuum encompasses the complete pathway of movement, temporary or long-term, within or across borders: points of origin, transit, destination and return; routes through various modes of travel; and congregation points along the way. Each space along this pathway can present specific health risks, vulnerabilities and opportunities to reach and empower people, based on the scale of mobility flows, interactions between mobile populations and host communities, and potential occurrence of public health threats such as communicable disease outbreaks.

APPLYING HBMM FOR ROUTINE IMMUNIZATION – GUINEA

In 2021, IOM Guinea utilized a mobility-centred routine immunization approach to address vaccination gaps, where traditional approaches struggle to achieve and maintain coverage for migrants and mobile populations. This approach stems from IOM's Health, Border and Mobility Management (HBMM) Framework; within this framework, IOM developed population mobility mapping (PMM), in collaboration with the World Health Organization (WHO) – a tool adapted from IOM's Displacement Tracking Matrix. The three stages of PMM include participatory mapping exercises, site evaluations, and flow monitoring, which together aim to identify priority communities and hard-to-reach locations that may be vulnerable to public health risks. Using the PMM methodology, and accounting for essential vaccination and mobility-related considerations, IOM developed this standard mobility-centered routine immunization approach, which aims to complement traditional vaccination programmes and increase global immunization coverage of underserved and hard-to-reach populations.



IOM personnel administering a COVID-19 vaccine to a young girl, Guinea.
© IOM 2021

Using this approach, IOM Guinea fully vaccinated over 34,900 underserved persons with the Johnson & Johnson / Janssen COVID-19 vaccine alone in 2021. This was achieved through participatory mapping of hard-to-reach areas with significant population mobility, and conducting a census of those eligible for immunization via this approach through a network of community health workers, alongside targeted microplanning and mobility-sensitive service delivery. For example, the latter included placing fixed vaccination points in key congregation areas, not covered by traditional health facilities and mobile outreach teams, such as markets, bus stations, and points of entry. Community sensitization and awareness-raising was also a critical component of this approach, to help highlight the importance of getting vaccinated, and provide information on where to get vaccinated. Through this intervention, household visits were also done along with regular SMS reminders, and interactive radio broadcasts were disseminated to target communities.

SCALING UP HEALTH OPERATIONS AFTER THE TALIBAN TAKEOVER – AFGHANISTAN

In 2021, IOM rapidly scaled-up provision of lifesaving health services targeting migrant, displaced, hard-to-reach populations and host communities in Afghanistan. By the end of the year, responding to the increasing health needs, IOM expanded operations from 4 to 12 provinces, operating 30 Mobile Health Teams and Rapid Response Teams for COVID-19 in 12 of Afghanistan's 34 provinces, supporting over 190 villages. IOM implemented tuberculosis (TB) programming in 4, COVID-19 vaccinations in 12, and supported health system financing for four COVID-19 hospitals.

IOM mobile teams travelled to remote communities, and provided primary health consultations, referrals, dispensed medicines, provided women and girls access to reproductive and child health services, and basic nutrition services. They provided routine vaccinations (e.g. measles, polio etc) and basic trauma care, and context-specific health promotion activities was prioritized, alongside MHPSS. IOM teams facilitated disease surveillance, contact tracing, ran targeted health promotion activities and ensured access to testing (and referral) services. Teams of vaccinators administered COVID-19 vaccines and facilitated demand generation activities, working with communities to address rumours and answer questions at the community level. IOM also supported disease surveillance at border crossing points with the Islamic Republic of Iran and Pakistan in line with the International Health Regulation (IHR 2005).

In 2021, over 238,200 persons were reached with life-saving primary health services, including reaching more than 30,900 women and girls with reproductive health services. TB teams screened nearly 643,600 persons, and detected and referred 229 cases for follow-up, monitoring and treatment. More than 1,800,000 people were screened for COVID-19 and 1,980,00 persons were reached with promotive health messaging. A total of 33,985 vaccine doses for COVID-19 were administered, and nearly 35,000 people were provided with acutely needed psychosocial support.



IOM mobile health team dress a wound on a young child in Herat, Afghanistan.
© IOM 2021

MOBILE MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS) SERVICES AND ESSENTIAL PRIMARY CARE AS PART OF AN INTEGRATED EMERGENCY HEALTH APPROACH – NORTHERN ETHIOPIA

In 2021, continued conflict in several regions of Ethiopia exacerbated the already extremely challenging living conditions of internally displaced persons (IDPs) and host communities, creating further barriers to accessing shelter, food, safe drinking water, and essential healthcare, including mental health and psychosocial support services. In light of this dire humanitarian situation, IOM significantly increased its MHPSS and mobile primary health service provision efforts through an integrated emergency health approach in Northern Ethiopia, including in Tigray, and neighbouring Amhara, and Afar regions, to assist IDPs and other vulnerable populations with much needed support.

IOM deployed MHPSS mobile teams, alongside mobile health and nutrition teams (MHNTs) to provide counselling sessions, psychological first aid (PFA), community-based socio-relational activities, awareness raising and community mobilization, and capacity building of local actors in MHPSS efforts. MHNTs provided primary and reproductive health care consultations (including access to gender-based violence (GBV) services and referrals), among many other emergency health services, including basic nutrition screening, immunizations, referrals for complex cases and basic trauma care and facilitated risk communication and community engagement (RCCE) activities. In total, 127,347 individuals received MHPSS services in Tigray in 2021. This includes 67,865 people who benefitted from mental health awareness activities and psychoeducation; 55,083 who received psychosocial support; 3,920 persons who benefitted from PFA, counselling services, and referral to mental health specialized services; and 479 who benefitted from mental health-related capacity building activities. Additionally, IOM provided over 54,000 primary health care consultations, screened 13,464 individuals for malnutrition, and directly reached over 278,000 persons with targeted health promotion/RCCE activities. IOM's mobile MHPSS services and MHNTs have significantly improved access to health care services for IDPs and vulnerable populations in Tigray and neighbouring regions, with this essential service provision continuing into 2022.



IOM MHPSS staff and beneficiaries celebrate Global Mental Health Day to raise awareness about the importance of mental health, and available support, 2021 in Tigray, Ethiopia. © IOM 2021

LEAVING NO ONE BEHIND IN THE COVID-19 VACCINATION CAMPAIGN – LEBANON

The people of Lebanon faced continuing economic and political challenges in 2021, further compounded by the effects of the COVID-19 pandemic. With one of the world's highest refugee per capita rates in the world, Lebanon is home to 1.5 million refugees out of a total population of 6.5 million people. Therefore, vaccinating vulnerable groups remains crucial to the country's vaccination campaign success, and broader public health goals to end the pandemic.

With continued advocacy for inclusion of vulnerable populations and direct service provision support provided by IOM and other partners, Lebanon's COVID-19 vaccination roll-out plan began in February 2021 and included vulnerable populations, so as to provide access to life-saving COVID-19 vaccines for migrants and vulnerable communities. 2021 saw IOM working in partnership with UNICEF, Médecins Sans Frontières (MSF), Amel, as well as vaccination centers, non-governmental organizations, embassies, and migrant population representatives to enhance availability and accessibility of COVID-19 vaccines for all. IOM also worked with the Ministry of Public Health (MoPH), relevant embassies, and local authorities to support and facilitate the successful roll-out of the vaccine plan.



IOM medical team registering migrants to receive the COVID-19 vaccination in Beirut, Lebanon. © IOM 2021

Furthermore, to improve COVID-19 vaccine coverage, a commitment was made by the Lebanese National COVID-19 Vaccine Committee, and supported by IOM and other UN agencies, to provide COVID-19 vaccines to 70 per cent of the total population of Lebanon by mid-2022, including 1.2 million Syrian and Palestinian refugees. Over the course of six months, from June 2021 through December 2021, the national vaccination campaign partially vaccinated 14,900 migrants (efforts were made to minimize loss-to-follow-up and promote return for a subsequent dose) and fully vaccinated 10,742 migrants against COVID-19, and directly reached 44,970 persons with targeted and context-specific health messaging, including essential COVID-19 vaccination information to counter myths, enhance knowledge and improve vaccine availability and access understanding. IOM's support continued into 2022, in the fight to keep everybody safe from this disease.

For more information on the above activities please contact the Migration Health Division Emergency Health Team at MHDHQEmergencyHealth@iom.int.

