



MIGRATION
HEALTH ANNUAL
REPORT 2017

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IOM is committed to the principle that humane and orderly migration benefits migrants and society. As an intergovernmental organization, IOM acts with its partners in the international community to: assist in the meeting of operational challenges of migration; advance understanding of migration issues; encourage social and economic development through migration; and uphold the human dignity and well-being of migrants.

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Cover Photo: A *Rohingya* boy receives an oral cholera vaccine from an IOM health worker. © IOM 2017/Muse MOHAMMED

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MIGRATION HEALTH ANNUAL REPORT 2017

MHD in a snapshot



60 IOM migration health assessment centres worldwide



408,500 doses of vaccine to more than 100,000 migrants during health assessments



2.4 million primary health care (PHC) consultations provided in fragile contexts



365,248 beneficiaries vaccinated in fragile contexts



263,407 beneficiaries reached with mental health and psychosocial support (MHPSS) services in crisis situations



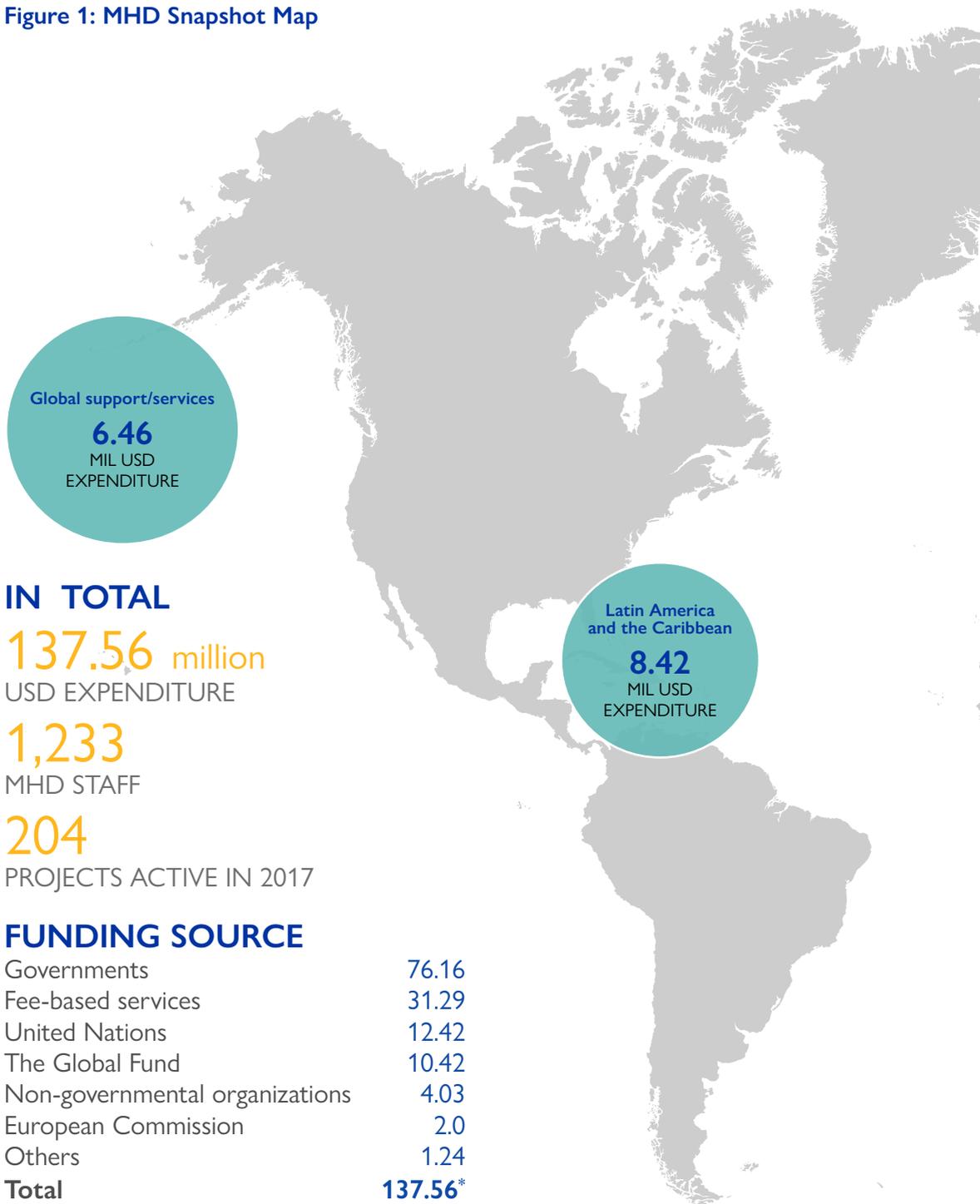
350,756 pre-departure migration health assessments provided for both refugees (30%) and immigrants (70%) in 2017

The Migration Health Division (MHD) has the institutional responsibility to oversee, support and coordinate migration health services globally, ensuring its services are integrated throughout the work of the Organization and in line with public health and human rights principles, enabling migrants to contribute to the socioeconomic development of their home and host communities. Services aim to meet the needs of States in managing health-related aspects of migration by promoting evidence-based policies, sharing practices and providing a platform for multisectoral and multi-country collaboration. In close collaboration with partners, and in response to the World Health Assembly Resolutions on the health of migrants, the Division advocates for migrant-inclusive, people-centred health systems and capacity-building for the health and relevant non-health sector workforce.

Migration is a global phenomenon with close to 244 million international migrants and an estimated 740 million internal migrants on the move. It is critical that migration be recognized as a social determinant of health, as migrants and mobile populations face many obstacles in accessing essential health-care services due to a number of factors, including lack of migrant-inclusive health policies, language barriers, poor continuity of care due to mobility, lack of portability of health insurance or no social protection, to name a few. Such disparities impact the well-being of migrants and host communities and raise challenges in achieving the global health targets and health-related Sustainable Development Goals (SDGs). High morbidity and mortality among migrants, especially in irregular, forced or exploitative migration situations, is also an underassessed critical health concern that deserves international attention.

As a UN related agency, the International Organization for Migration (IOM) acts with Member States, UN agencies and other partners in the international community, including civil society and academia, to meet the operational challenges of migration, advance understanding of migration issues, encourage social and economic development through migration, and work towards ensuring respect of the human dignity and well-being of migrants.

Figure 1: MHD Snapshot Map



* There is a small difference (less than 1%) between this expenditure data (from project recap files) and the expenditure reported in the IOM Annual Report and Snapshot. This is due to a slight difference in asset depreciation criterion.

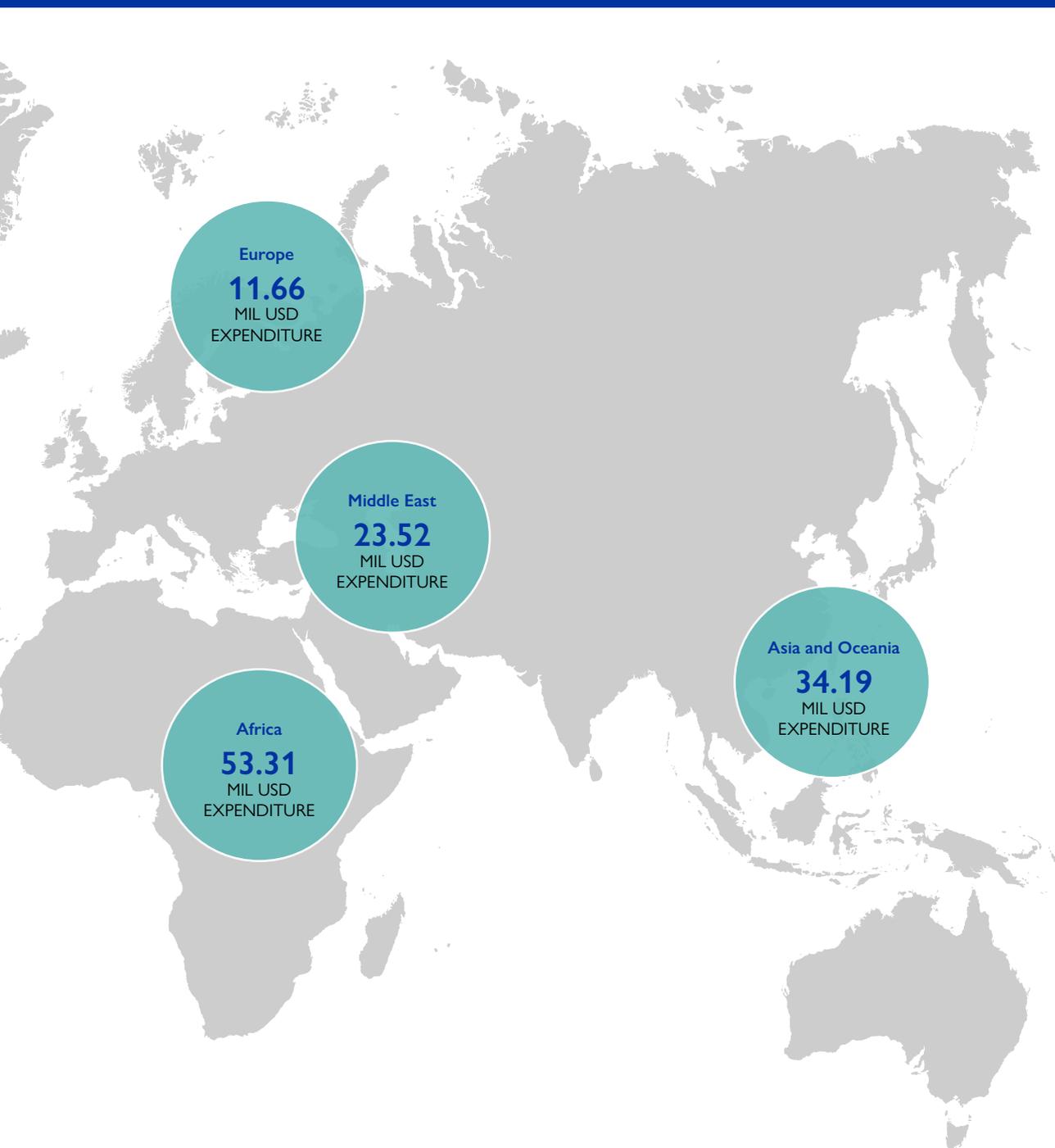
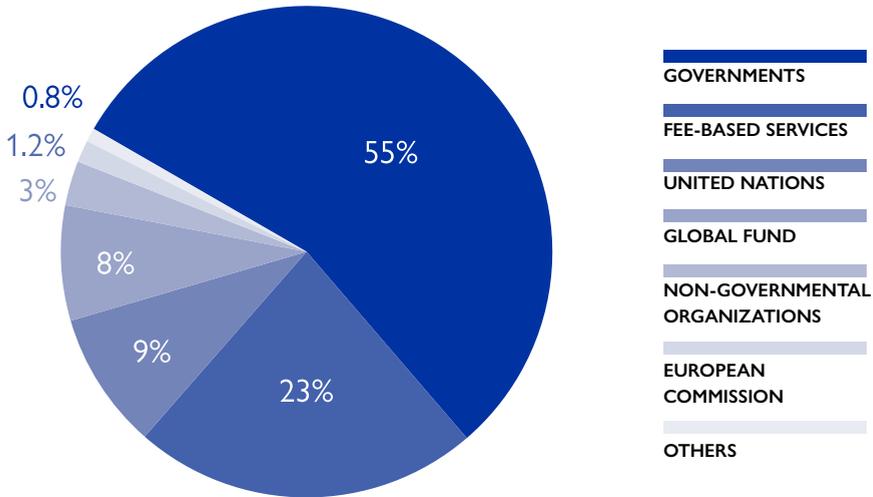
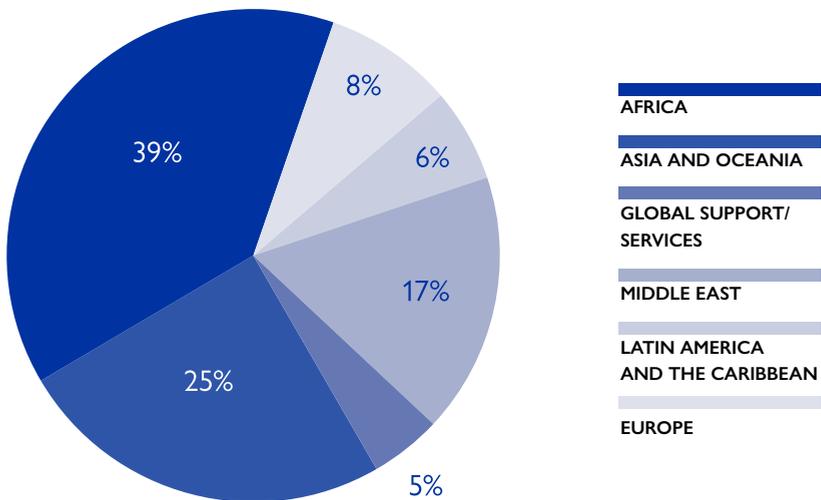


Figure 2: 2017 MHD funding source



Note: Fee-based services are directly paid for by immigration visa applicants in the context of global health assessment projects, which are delivered on behalf of major immigration countries.
 Others entails funding from the Asian Development Bank and IOM, including the IOM Development Fund.

Figure 3: 2017 MHD expenditure by region



Note: Global support/services are comprised of managing missions that are not considered as implementation sites.

Partnerships in migration health

IOM believes in strengthening partnerships to enable sharing of information and resources, promoting dialogue and building of effective programmes for migrants and mobile populations and fostering collaboration at the national, regional and global levels. Dialogue among stakeholders promotes an improved understanding of the multifaceted nature of migration, including the obstacles faced by migrants and the benefits to both origin and host communities. IOM also facilitates partnerships between governments and local and regional organizations to reduce health inequalities for migrants and establish long-lasting and sustainable programmes. Cooperation among UN agencies, national governments, civil society organizations and other stakeholders enhances monitoring of migrant health trends and improves the health of migrants through migrant-inclusive health policies.

Mainstreaming of health within the Global Compact for Safe, Orderly and Regular Migration and the Global Compact on Refugees in coordination with the World Health Organization (WHO) and other partners



**Global Compact
FOR Migration**

On 19 September 2016, the United Nations General Assembly (UNGA) adopted the New York Declaration for Refugees and Migrants, a political declaration that set forth commitments for refugees and migrants in large movements. The Declaration also introduced the plans for a comprehensive refugee response framework and steps towards the development of a global compact on refugees (GCR), as well as towards the development of a global compact for safe, orderly and regular migration (GCM) in 2018.

The GCM, a State-led process, offers the international community a unique opportunity to ensure that health will be mainstreamed into future global and regional migration and development architecture. As health was not identified as a specific topic for the GCM thematic sessions, MHD, in close partnership with WHO, made efforts to ensure health was adequately addressed within the discussions under respective themes and eventually included in the GCM drafts. These efforts included jointly organized side events on migration health during the GCM [first](#), [third](#) and [sixth](#) thematic sessions; a [side event](#) during the UNGA high-level week, to which both WHO Director General Margaret Chan and IOM Director General William L. Swing attended; and the joint development of [Proposed health components to the GCM](#) with WHO and other UN agencies, as well as civil society organizations. This document was presented to Member States and was accepted by the GCM co-facilitators as input to the stocktaking phase of the process. MHD also developed a [thematic paper](#) on the topic for Member States to refer to during the consultative process of the GCM.

At the [Second Global Consultation on Migrant Health](#) in February 2017 – co-organized by IOM, WHO and the Government of Sri Lanka – 19 Member States endorsed the Colombo Statement, an example of a multisectoral effort to mainstream the health of migrants within the global health agenda, governing bodies’ and international migration and development debates. This [Statement](#) was accepted as a formal input to the preparatory phase of the GCM by the co-facilitators.

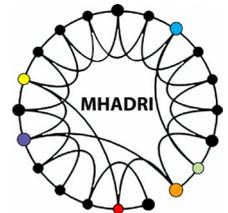
Migration Health and Development Research Initiative Global Scholars Network and the Migration Health Research Portal



IOM launched the [Migration Health Research Portal](#) – a global repository or “one-stop shop” of the Organization’s migration health-related projects and publications. The portal has profiled 735 of IOM’s migration and health projects at national, regional and global levels, all of which are accessible by an open-source interface. The portal also houses 500 publications on migration and health that includes peer-reviewed scientific papers, technical reports, training guides, policy briefs, discussion papers, fact sheets, newsletters and research reviews. All publications in the repository have been commissioned, authored or developed by IOM contributors. The portal is thus a true reflection of the diversity and dynamism of IOM health programming globally.

The portal also hosts the [Migration Health Research Bulletin](#), a bimonthly magazine produced by IOM’s Migration Health Research Unit aimed at presenting key highlights from research projects undertaken from IOM’s health programmes.

The portal also houses the [Migration Health and Development Research Initiative](#) (MHADRI) Global Scholars Network, which was launched in 2016 with the aim of building a global network of research scholars devoted to advancing interdisciplinary research at the nexus of health and migration. The network has grown to encompass 100 researchers globally, across diverse disciplines and geographic areas.



Partnership on Health and Mobility in East and Southern Africa

The Partnership on Health and Mobility in East and Southern Africa (PHAMESA), from 2014 to 2017, was a flagship project for IOM. With support from the Government of Sweden, IOM contributed to the improved standard of physical, mental and social well-being for migrants and migration-affected communities in East and Southern Africa, enabling them to substantially contribute to the social and economic development of their communities.

The strategic objectives of PHAMESA II responded to World Health Assembly Resolution 61.17 on the Health of Migrants, which promotes migration-sensitive health policies and practices, and equitable access to health promotion, prevention and health-care services. With a holistic, multisectoral and regional approach, PHAMESA II sought to address the social determinants of health faced by migrants and migration-affected communities, and the interrelated factors that impact migration health at micro, mezzo and macro levels. Through PHAMESA II, IOM finalized and piloted core frameworks for advocacy and health service delivery for migrants and host communities.



973,392 beneficiaries reached with community health education



255,718 individuals reached with a package of services on sexual and reproductive health and rights



2,434 health workers and **3,357** change agents trained



65,830 individuals tested for HIV and received results



14 national surveys and health surveillance instruments incorporated various migration-related variables



34 policies, laws or strategies developed to include migration and health, along with 18 in non-health sectors



Medical nurse treating IOM-PHAMESA beneficiaries in the Dadaab refugee camp in Kenya's north-eastern province. © IOM 2014

Migration health in crisis context

From violence and war, to outbreaks and natural disasters, IOM has been on the front line of several humanitarian crises, implementing 85 emergency health projects throughout 32 countries in 2017; 47 per cent in Africa, 26 per cent in the Middle East and North Africa, 19 per cent in Asia and the Pacific, 5 per cent in Europe, and 3 per cent in the Americas. In 2017, MHD aimed to assist countries to achieve the SDGs through strengthening health systems and making health care accessible for the most vulnerable populations in humanitarian crises.

IOM clinical officer providing a health consultation in South Sudan. © IOM 2016



Libya



- 15,095 migrants living in and outside of detention in Libya, and those rescued at sea, provided life-saving health-care services



- 13 anti-scabies campaigns, treating 4,475 migrants in 15 detention centres



- 479 migrant children received measles and polio vaccinations



- 125 public health professionals trained on Early Warning, Alert and Response System

Nigeria



- 123 team members recruited and trained



- 150,000 beneficiaries reached with MHPSS services in North-East Nigeria

Cameroon and Mali



- 1,939 beneficiaries reached in Cameroon with MHPSS services



- 41 local authorities trained on emergency psychosocial support measures



- 851 individuals identified and provided with psychosocial support



- 2 counselling centres rehabilitated



- 40 community facilitators trained

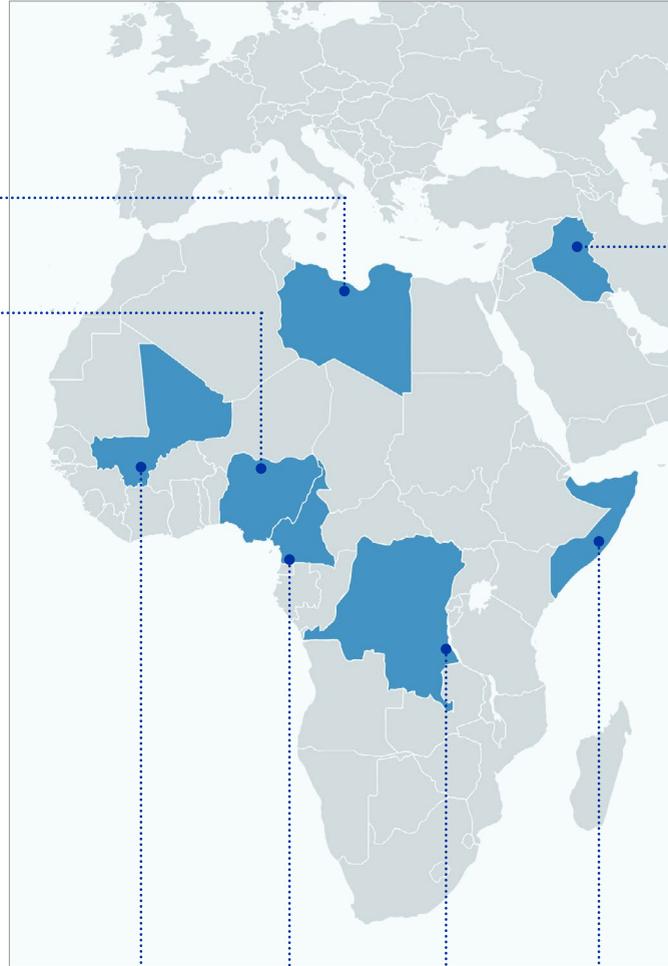
Democratic Republic of the Congo



- Health and protection assistance to 42,878 internally displaced persons (IDPs) in 13 displacement sites in North Kivu



- Training of 145 government health officials, deployed at border posts





Iraq

-  • 608,139 PHC consultations conducted
-  • 17,610 children under 5 years of age vaccinated
-  • 12 PHC centres in East Mosul supported by IOM
-  • 8,821 presumptive tuberculosis (TB) cases screened with the assistance of IOM
-  • 89,786 individuals received information on prevention of communicable diseases including TB

Bangladesh

-  • 280,974 PHC consultations conducted
-  • 10 PHC clinics established
-  • 2,639 deliveries attended by skilled birth attendants
-  • 28,548 outreach sessions conducted by community health volunteers, reaching 235,626 beneficiaries
-  • 7,069 beneficiaries provided with MHPSS

Somalia

-  • 555,433 PHC consultations provided
-  • 435,520 individuals reached with health education
-  • 100 health service providers trained in the minimum malaria package
-  • 195,000 long-lasting insecticide-treated mosquito nets (LLINs) were distributed to 50,667 households, reaching 369,658 individuals



Psychosocial support team member conducting an informal education session at a rehabilitation centre in Maiduguri, Nigeria, in October 2016. © IOM 2016/Julia BURPEE

Case study: Emergency MHPSS in South Sudan

In 2017, IOM continued to provide mental health and psychosocial support to conflict-affected IDPs in South Sudan, including those living in protection of civilian sites in Bor, Bentiu, Malakal and Wau. The project contributed to enhance the capacity of humanitarian and governmental actors in the provision of psychological first aid and by mainstreaming MHPSS approach in different humanitarian sectors, especially camp coordination and camp management. IOM provided support to more than 10,000 individuals. The multilayered programme included the training and deployment of multidisciplinary mobile teams comprised of professionals and activists identified within the affected community for establishment of peer-to-peer community-based support groups for single mothers and widows, teenage mothers, men, youth and children, people living with HIV/AIDS and other vulnerable groups. Furthermore, family visits and basic counselling, as well as referrals for treatment and support to families of people with severe mental disorders were provided. In addition, trainings in Problem Management Plus – a form of non-specialized counselling – and in the use of theatre and creative activities as a form of community mobilization and stress management were conducted at the various sites.

Case study: IOM partners with Emergency Medical Teams (EMT) in Bangladesh

- Following the influx of 678,000 Rohingya¹ from Myanmar into Cox's Bazar, crowded living conditions, poor hygiene and sanitation and low levels of immunization and immunity led to a deadly outbreak of diphtheria within the refugee camps, a disease that had not been seen in Bangladesh nor much of the world for decades.
- IOM moved rapidly to scale up its response, including building and equipping temporary diphtheria treatment centres and supporting community-level outreach, vaccination and contact-tracing initiatives. Severe cases of diphtheria require specialized management and 24-hour isolation and care, including capacity for emergency and surgical airway management and administration of diphtheria anti-toxin, which itself can be life-threatening.
- In order to rapidly deploy specialists with advanced airway management skills to prevent diphtheria-related deaths, IOM partnered with the UK Emergency Medical Team (UK-Med), supported by the Department for International Development (DFID), to deploy 40 health workers over a five-week period to provide specialist clinical support and training in collaboration with IOM national staff on the ground in diphtheria treatment centres.
- IOM diphtheria facilities, supported by UK-Med, triaged 5,974 patients; of those, 658 were admitted for isolation and treatment.
- This was the first time an EMT, through the WHO system, has been embedded in another organization rather than coming as a self-sufficient unit.



IOM medical staff and British medics treat a young Rohingya refugee with suspected diphtheria at an IOM clinic in Cox's Bazar in January 2018.
© IOM 2018/Fiona MACGREGOR

Source: <https://medium.com/@UNmigration/iom-new-diphtheria-wards-saving-lives-and-calming-fears-of-rohingya-refugees-b796902704a6>

¹ Note that the term *Rohingya* as used to describe the Muslim peoples of Rakhine State, Myanmar, is not accepted by the Government of the Union of Myanmar, which in June 2016 issued an order directing State-owned media to use the term “Muslim community in Rakhine State”.

Disease prevention and response

Migration itself is not a risk factor for increased morbidity or mortality; however, migrants and mobile populations may encounter circumstances during migration that make them more vulnerable to diseases, particularly communicable diseases. Since migration is a social determinant of health, it is necessary to target all phases of the migration process to prevent disease. Many of IOM's disease prevention programmes target HIV/AIDS, TB and malaria. Due to the highly communicable nature of HIV/AIDS and TB, awareness and information campaigns, as well as screening services, are key to preventing these diseases and promoting healthy habits. Similarly, prevention campaigns are critical to malaria control efforts. Distributing LLINs and training for clinical personnel around testing and treatment are two key strategies used by IOM and partners to counter high morbidity and mortality rates.

Vaccinations programme as part of IOM Health Assessment Programmes

IOM has provided pre-departure migration health assessment services since 1951. Health assessment services generally comprise medical history taking, physical examination, mental health assessment, laboratory examinations, chest radiographs, preventive health services and travel health assistance. Vaccinations are increasingly provided as a preventive health service due to the growing recognition by migrant-receiving countries of the value of providing vaccinations prior to departure.

Vaccinations are one of the most meaningful public health interventions in the context of health assessments. They protect individuals, as well as communities, in the countries of origin and destination, prevent outbreaks and associated cancellations of travel and the importation of vaccine-preventable diseases. They also serve to facilitate the integration of migrants, especially children, who benefit from earlier enrolment into schools and other children's institutions.

IOM has worked with resettlement country partners, such as Australia, Canada, the United Kingdom, United States of America and others, to build a comprehensive vaccination programme, introducing vaccination against many vaccine-preventable diseases affecting migrant populations early in the process to ensure their protection during migration and upon arrival.

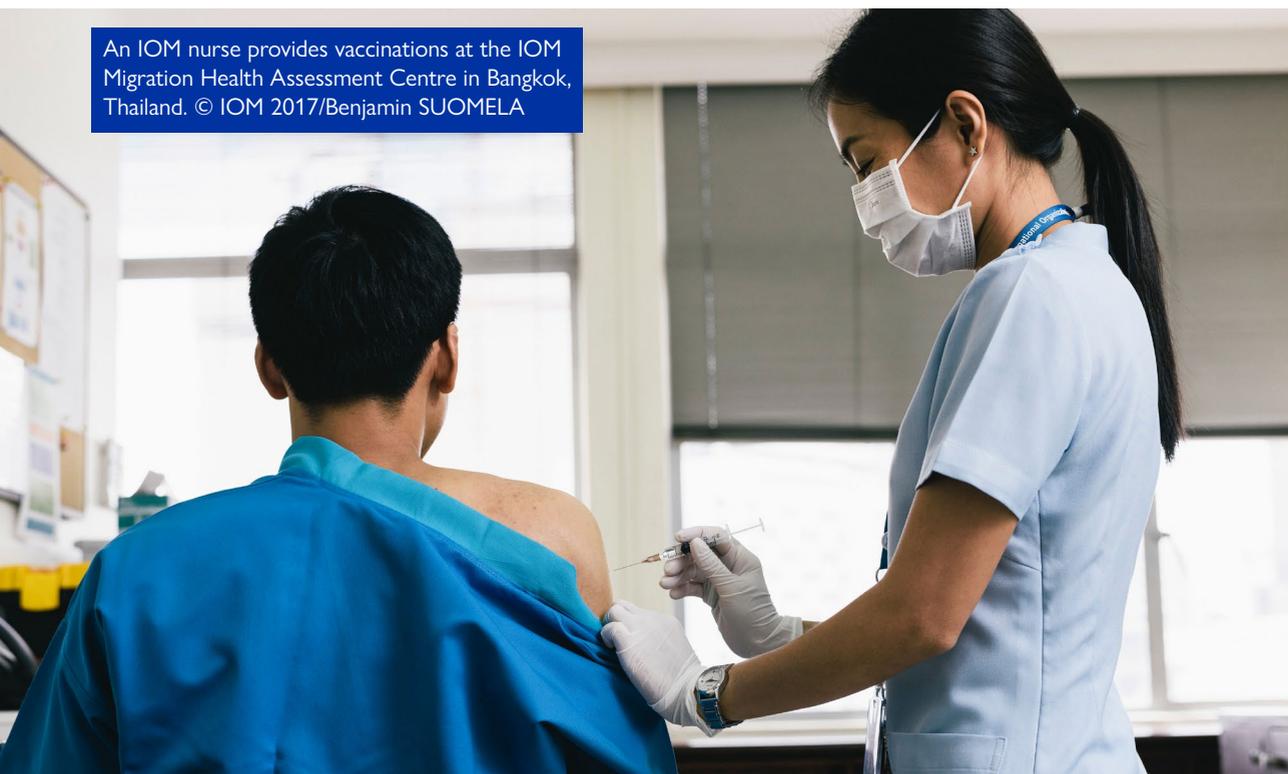
Delivering vaccination services in many settings where IOM works, particularly remote locations or in countries with weak infrastructure, presents challenges. To address these challenges, such as proper cold chain maintenance throughout procurement, transportation and storage, IOM established a vaccine procurement and distribution framework. In coordination with UNICEF, national governments and ministries of Health in countries across Asia, Europe, the Middle East and sub-Saharan Africa, IOM supplies its field operations with cold chain equipment,

such as cold boxes, ice-lined refrigerators, digital thermometers, temperature data loggers and generators. Temperature monitoring and alert systems have been established in case of power outages, including standard operating procedures (SOPs) for emergency retrieval.

Over the past five years, IOM has provided nearly 2 million doses of vaccines against more than 15 vaccine-preventable diseases. These include diphtheria, Haemophilus influenzae type b infection, hepatitis A, hepatitis B, Japanese encephalitis, measles, meningitis, mumps, pertussis, polio, rotavirus infection, rubella, streptococcus pneumoniae, tetanus, TB, varicella and yellow fever influenza. In 2017 alone, over 40 IOM Migration Health Assessment Centres provided 408,500 doses of vaccine to more than 100,000 migrants. Vaccinations were provided on behalf of 12 receiving countries, namely Australia, Canada, Finland, Germany, Ireland, Italy, Japan, Malaysia, New Zealand, Spain, the United Kingdom and the United States.

In cooperation with resettlement country partners, IOM also developed vaccination information systems, electronic data-sharing interfaces, manuals, toolkits on developing country-specific SOPs and country-specific guidelines and vaccination SOPs. IOM staff are provided with ongoing training to deliver vaccinations in line with international standards. Migrants are counselled on the benefits and risks of vaccines, as well as risks of the relevant vaccine-preventable diseases, and provided with health education material and records of vaccinations received.

An IOM nurse provides vaccinations at the IOM Migration Health Assessment Centre in Bangkok, Thailand. © IOM 2017/Benjamin SUOMELA



Global Fund, Middle East Response



12,563 cases of all forms of TB notified across the four countries



2,364 people living with HIV received antiretroviral treatment



60 identified cases of multi-drug-resistance TB started second line treatment



396,180 LLINs distributed in Yemen

With support from the Global Fund, the Middle East Response (MER) project is an innovative two-year multi-country initiative that delivers essential prevention and treatment services for malaria, HIV and TB in countries that fall under the Challenging Operating Environments (COE) policy of the Global Fund. COEs are areas characterized by weak governance, poor access to health services and man-made or natural crises. HIV, TB and malaria are often not prioritized in COEs due to lack of resources that are concentrated on basic and emergency primary health-care services. MER addresses the needs of key vulnerable populations including IDPs, people in hard-to-reach areas in Iraq and the Syrian Arab Republic, as well as refugees from the Syrian Arab Republic and Palestinian Territories in Jordan and Lebanon. The MER project's primary goal is to ensure the continuity of treatment and that health-care services are available in times of conflict.

In Jordan, Syrian refugees are dispersed throughout the country in urban, peri-urban and rural areas and camps. TB diagnosis and treatment for these populations is difficult because they often change locations and remain in remote areas. To reach the most number of people most in need, IOM focused on interventions in Amman, Irbid, Mafraq and Zarqa, where most refugees and migrants are located. IOM supports the National TB Programme in Jordan, which includes TB case detection and treatment, mobile chest X-ray tests, symptom screening and awareness raising in refugee camps and hard-to-reach areas.

TB screening within IOM Health Assessment Programmes

IOM contributes to cross-border TB detection and control by screening migrants for pulmonary TB prior to their departure for countries of destination, as a core component of its Health Assessment Programmes.

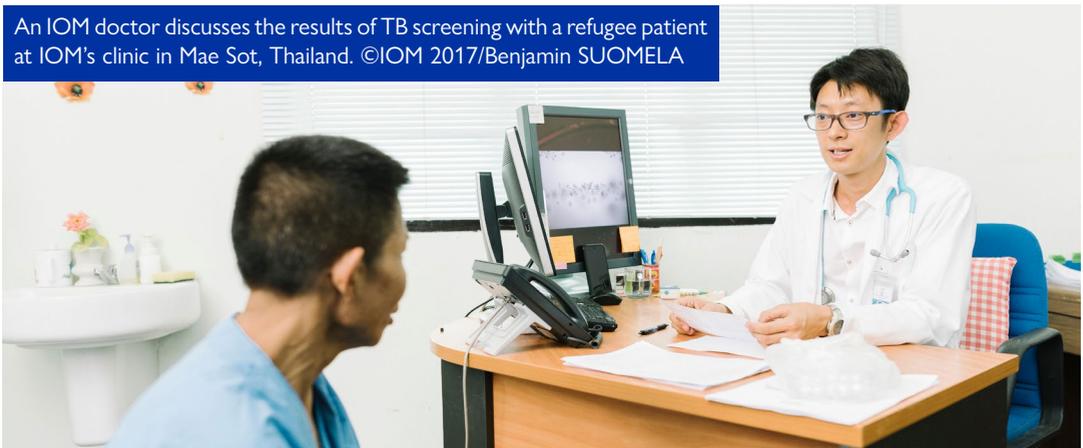
IOM provides a wide range of TB-related services at its 60 Migration Health Assessment Centres worldwide, which are mostly located in countries classified as intermediate or high TB burden countries. IOM also operates two Teleradiology Interpretation and Quality Control Centres, the first of which is in Manila, Philippines, and the second in Nairobi, Kenya.

TB-related services include physical examination, radiological investigation, sputum smear microscopy and culture, molecular testing, drug susceptibility testing, tuberculin skin test or serological testing for latent TB, contact tracing, health education and directly observed treatment (DOT). TB treatment is provided either directly by IOM or through a referral system, in partnership with national tuberculosis programmes (NTPs).

In 2017, the majority of migrants examined by IOM's health assessment programmes underwent TB screening prior to their migration. Overall, the TB detection yield in 2017 was 189 per 100,000 health assessments – in particular, there were 153 cases per 100,000 refugee health assessments and 204 per 100,000 immigrant health assessments. Of the 656 total active TB cases detected in 2017, 486 (74.1%) were confirmed by sputum culture and 170 (25.9%) were diagnosed based on clinical and radiological findings. Of the culture-confirmed cases, 68 (14.0%) were mono- or poly-resistant and 24 (4.9%) were multidrug-resistant TB.

In 2017, IOM Migration Health Assessment Centres provided DOT for over half of patients with active TB, while the rest were referred for treatment to NTPs. In addition, IOM Centres also provided preventive therapy for cases with latent TB infection in selected locations. Drugs were procured in collaboration with NTPs in the respective countries.

An IOM doctor discusses the results of TB screening with a refugee patient at IOM's clinic in Mae Sot, Thailand. ©IOM 2017/Benjamin SUOMELA



IOM's chief nurse at the Migration Health Assessment Centre in Kigali, Rwanda shows some of the centre's TB health promotion materials. © IOM 2017/Amanda NERO



Malaria programming in Paraguay

In 2017, IOM supported Paraguay's declaration to be a malaria-free country, through partnership with the Ministry of Public Health and Social Welfare. With funding from the Global Fund, IOM was the principal recipient, overseeing the project focusing on prevention, identification of potential cases, diagnosis and treatment, more specifically training community health workers, providing malaria detection tests, supplying treatment services, distributing long-lasting insecticide treated bed nets and other appropriate housing measures, such as floor repellents and treated clothing, awareness-raising projects and behaviour change campaigns. A key component of this project was training government officials to create suitable public policies.

Thank you to our donors, partners and beneficiaries

We would like to thank our donors, partners and beneficiaries for their generous support in the development and implementation of our activities.



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