

IOM HEALTH RESPONSE TO EMERGENCIES 2016 GLOBAL OVERVIEW



International Organization for Migration (IOM)
The UN Migration Agency

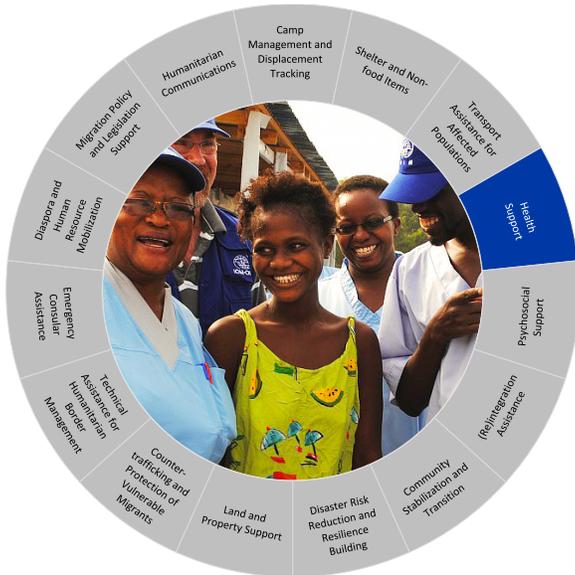


Figure: Health support within IOM's Migration Crisis Operational Framework. © IOM

MIGRATION HEALTH ASSISTANCE FOR CRISIS-AFFECTED POPULATIONS

As a formal partner of the WHO, and as a member of the Inter-Agency Standing Committee's Global Health Cluster, and more recently, the Global Outbreak Alert and Response Network, IOM is an increasingly 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 protect human dignity. IOM's programming in this domain encompasses the various stages and typologies of emergencies, throughout all the phases of the mobility continuum.

Additionally, health is an integrated component of IOM's overall humanitarian response, particularly in natural disasters where IOM is a Camp Coordination and Management Cluster lead. IOM assists crisis-affected populations, governments and host communities to strengthen and re-establish primary health care systems.



31
COUNTRIES

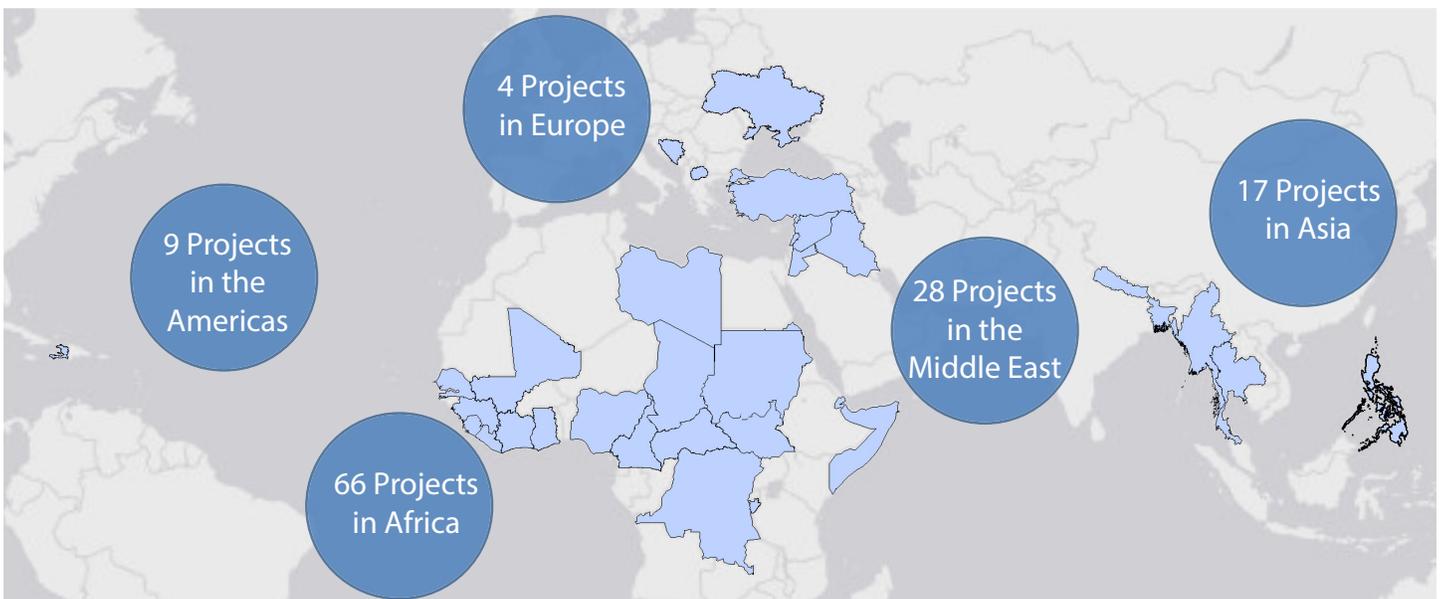


124
PROJECTS



\$46.35M
FUNDING

COVERAGE OF IOM'S EMERGENCY HEALTH PROGRAMMING



PROVISION OF HEALTH SERVICES IN EMERGENCIES

2016 GLOBAL OVERVIEW



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1,550,671
Clinical Consultations



36
Medical Teams Deployed



543,252
Immunizations



269
Fixed Health Facilities Supported



1,792,966
Health Promotion and Risk Communication Beneficiaries



18,382
Acutely Malnourished Children Assisted

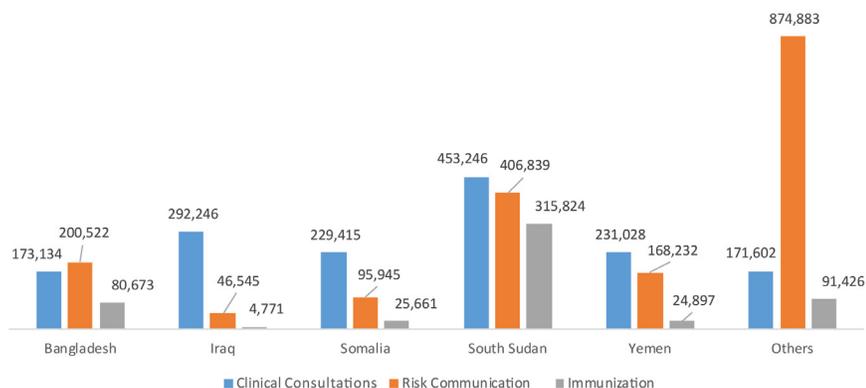


A pediatrician examining a Syrian boy at a primary health clinic in Fatih, Istanbul, with support from IOM. © IOM Turkey 2016

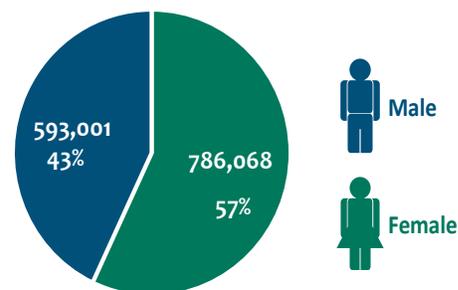
IOM delivers health care and psychosocial support for displaced persons, facilitates medical referrals and arranges medical evacuations for individuals who cannot be cared for locally. IOM assists in rebuilding community-based services and strengthens crisis-affected health care systems.

From the onset of a crisis through the subsequent early recovery and transition period, well-functioning primary health care (PHC) needs to be sustained. PHC provision can be done through a variety of internal, external, and/or provisional health services. This includes the provision of health services through mobile clinics, temporary health posts, transitional clinics, community health outreach, and support to existing health care facilities, depending on the context, availability of resources, and operational feasibility. IOM's provision of PHC is aligned with global standards.

SNAPSHOT: FIVE LARGEST EMERGENCY HEALTH OPERATIONS



Clinical Consultations by Sex



HEALTH, BORDER & MOBILITY MANAGEMENT 2016 GLOBAL OVERVIEW



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Health, Border & Mobility Management framework

IOM's Health, Border and Mobility Management (HBMM) framework endeavours to build human mobility competent health systems at both the community and primary health care levels, which is essential for global health security. HBMM is a conceptual and operational framework with the ultimate goal of improving prevention, detection and response to the spread of diseases along the mobility continuum (at points of origin, transit, destination and return) and its Spaces of Vulnerability (SOVs), with particular focus on border areas. The scope of HBMM activities ranges from collection and analysis of information on human mobility dynamics, to disease surveillance and response mechanisms along mobility corridors.



3,874,052
Temperature Screenings for Disease Surveillance



108
Points of Entry Supported with Capacity Building



30
Emergency Operations Centres Supported



650
Laboratory Samples Transported for Cholera Investigation



237
Population Mobility Mapping Exercises



7,115
Communities Supported with Community Events-based Surveillance

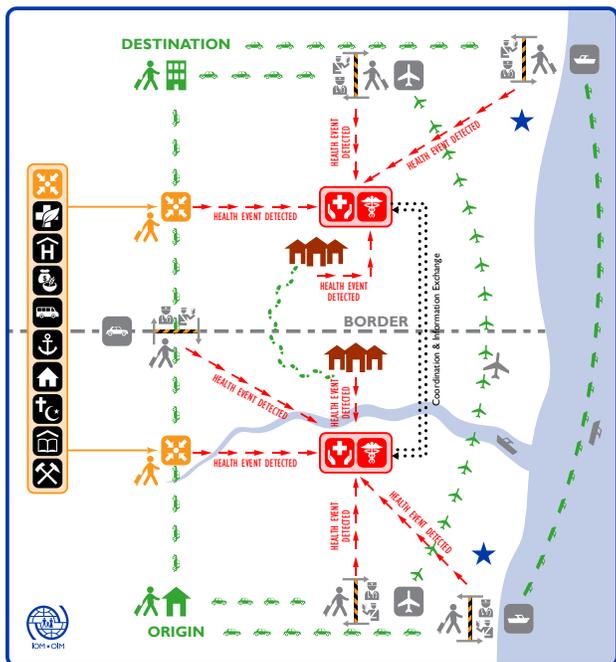


320
Rapid Response Missions Deployed



Community Health Volunteer Evaluation in Grand Cape Mount County, as part of IOM Liberia's Community Events Based Surveillance program © IOM Liberia 2016

IOM HEALTH, BORDER AND MOBILITY MANAGEMENT (HBMM) FRAMEWORK



TARGET/LOCATION

- Migrants & Mobile Populations (MMP) at Origin (pre-departure) & Destination (post-arrival)
- Travel by Land Vehicle: train/bus/truck/car/motorcycle
- Footpath/Informal Ground Crossing
- Travel by Air
- Travel by Sea
- MMP Transit and Congregation Hubs
- Traditional Healers
- Health Facilities
- Marketplaces
- Transport Stations
- Temporary Residence
- Ports and Ferry/Fishing Wharfs
- Places of Worship
- Schools
- Workplaces (Mining/Timber/Agriculture/Fisheries)
- MMP at Transit and Congregation Hubs
- Point of Entry (Ground, Airport & Seaport)
- MMP at Point of Entry
- Health Screening
- Immigration, Law Enforcement, Customs & Quarantine
- Ground Crossing
- Airport
- Seaport/Wharf
- Health Event Detected: initiate Public Health Response and refer migrant to Health Service
- Public Health Response
- Emergency Operations Center (EOC)
- Referral Health Service
- Coordination & Information Exchange
- Border Community
- National Government

PILLARS	ACTIVITIES
POLICIES AND LEGAL FRAMEWORK ON HEALTH, BORDER AND MOBILITY MANAGEMENT	
OPERATIONAL RESEARCH, EVIDENCE, DATA GATHERING AND SHARING	<ol style="list-style-type: none"> Needs Assessment, Operational Research, and Data Collection Surveillance / CEBS / IDSR Data Analysis and Risk Mapping Data Dissemination and Reporting
ENHANCED CAPACITY OF HEALTH SYSTEMS AND BORDER MANAGEMENT SERVICES	<ol style="list-style-type: none"> SOP Development (IPC, Case Management, and Migration Management), Training Manuals and Curriculum, Simulation of PHEIC Events, and Training Implementation Health Screening and Referral System Health Management and Public Health Response Provision of Infrastructure and Supplies
INTER-SECTORAL AND MULTI-COUNTRY PARTNERSHIPS AND NETWORKS	<ol style="list-style-type: none"> Social Mobilization, Population Awareness, and Behaviour Change Coordination and Dialogues

EMERGENCY HEALTH PROGRAMMING

SCOPE OF ACTIVITIES



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GUINEA

In 2016, IOM identified 5,462 vulnerable sites, 571 health facilities and 595 Points of Entry from Population Mobility Mapping exercises in Guinea. IOM also mapped 80 border sub-prefectures located in 14 prefectures (Gaoual, Boké, Guéckedou, Macenta, Youmou, N'Zérékoré, Lola, Boffa, Forécariah, Coyah, Mamou, Faranah, Kankan and Beyla). During the Ebola Virus Disease (EVD) resurgence in the Forest region (March 14 to April 6, 2016), IOM mapped the border regions with the implementation of 3 participatory mapping workshops that involved 30 key informants in identifying 75 vulnerable sites. The data analysed from these exercises were shared with the National Coordination of the Fight against Ebola (CNLE, now ANSS) to inform the emergency response activities implemented by CNLE and its partners in the affected area.



Participatory Mapping exercise conducted as part of IOM's Population Mobility Mapping. © IOM Guinea 2016

SOUTH SUDAN

After the ceasefire on 11 July 2016, IOM teams provided assistance to displaced families in the UNMISS Tongping base where 4,000 people were seeking protection. IOM erected a temporary health and maternal care clinic and delivered medicines and health supplies to the Juba Teaching Hospital and the ADRA compound, where people temporarily sought protection. To respond to the cholera outbreak, a joint IOM and MSF Oral Cholera Vaccination (OCV) campaign reached 3,822 people over three days in July, achieving 93% coverage of the target population. In coordination with the MoH, WHO, UNICEF, Health Link and Live Well, over 23,000 people were later vaccinated against cholera in Juba between 17–20 September.



IOM temporary Clinic in Wau Cathedral. 3,979 births were attended to by skilled birth attendants across the network of six IOM maternal healthcare clinics in 2016. ©IOM/Mohammed 2016

SCOPE OF WORK:

- Preparedness
- Response
- Early Recovery and Transition

HEALTH DOMAINS COVERAGE:

- Public health risk monitoring
- Direct health services delivery:
 - Mobile services and community outreach
 - Support to existing health facilities
 - Support to referral health care services

Management of infectious diseases in emergencies:

- Support to prevailing disease surveillance, alert and Response Mechanisms
 - Disease outbreak rapid response
 - Infection Prevention and Control
- Immunization, routine & mass campaigns
Nutrition in emergencies
Sexual and reproductive health in emergencies
Environmental health
Health system recovery
Health, Border & Mobility Management