More information can be obtained from the IOM Migration Health Division (MHD)
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Basic principles for a public health approach on health of migrants & host communities
• Avoid disparities in health status and access to health services between migrants and host populations.
• Ensure migrants’ health rights. This entails limiting discrimination or stigmatization and removing impediments to migrants’ access to available preventative and curative interventions.
• Put in place life-saving interventions to reduce excess mortality and morbidity among migrant populations. This is of particular relevance in situations of forced migration resulting from disasters or conflict.
• Minimize the negative impact of the migration process on migrants’ health outcomes. Migrants exposed to hazards, stressors arising from displacement, insertion into new environments, and return to home communities.

Guided by the 2008 World Health Assembly Resolution on the Health of Migrants, Health Support is one of the 15 sectors of assistance within IOM’s Migration Crisis Operational Framework before, during and after crisis phases and throughout the migration cycle.

IOM integrates primary health care (PHC) within its scope of services to address both immediate and longer-term health needs of migrants and other vulnerable and hard-to-reach populations in crisis or emergency situations.
IOM works within existing health systems and with WHO and the global and national health cluster coordination mechanisms to provide operational relief and support to local health authorities to fill in the gaps in providing access to life saving and urgent healthcare and referrals services which are often disrupted due to disaster, conflict, distance, and/or other accessibility issues.
IOM goals are fully aligned with WHO goals in reducing exclusion and disparity, organizing services based on people’s needs, integrating health into other sectors, and increasing support from other stakeholders.

Primary Healthcare Services for Migrants in Crisis Situations

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Why Migrants?
• Migrants have a right to health
• Migration is a determinant of ill-health
• Migrants are exposed to patterned conditions such as risky travel, stigma, marginalization, exploitative living and working conditions, and from no to limited care or substandard care
• Migrants face anti-migrant sentiments
• Vulnerabilities are often aggravated in crisis situations

Public Health Agendas in PHC
1. Primary Prevention
2. Secondary & Tertiary Prevention
3. Continuity of Care
4. Health Systems Strengthening
5. Health Education and Promotion

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Referral Services are activated in situations when mobile clinics and health posts do not have the capacity to treat. Some patients may have to walk far distances to reach an adequately equipped hospital. In response, IOM arranges for patient transportation, facilitates discharge from secondary or tertiary health facilities, or provides coverage of travel costs and support of necessary laboratory examinations to ensure continuity of care.

Health facilities may be partially or severely damaged as a result of disaster or conflict. To support early transition to health system recovery, IOM assists in the Repair and Rehabilitation of local health infrastructure. Coordination with local health and government agencies and health partners are necessary in deciding to build temporary health posts and transitional health clinics as well as in repairing or rehabilitating pre-existing health facilities in response to the immediate needs of crisis affected populations.

Recognizing that the local health workforce plays a central role in the delivery of health care services, Training and Capacity Building activities are carried out for local health professionals and community health workers after conducting targeted training needs assessments with health authorities. Hence, the continuity of quality care is ensured and sustained after IOM activities are phased out.

Community Health Education and Promotion is an important aspect of all of IOM’s interventions. Empowering migrant and host communities with the necessary knowledge to care for the health and hygiene of their families through improved health literacy and lifestyles can help prevent the spread of waterborne and communicable diseases, in addition to improving access to health care services for affected populations and host communities.

Mobile Health Clinics serve as triage spots and are usually the first points of intervention to provide lifesaving health care and preventive care services for hard-to-reach or vulnerable populations in the immediate aftermath of a crisis event. This includes augmenting fixed primary health centers, provision of essential medicines, supplies, and surge staff capacity.

IOM provides operational support to access primary health care services. As of April 2014, close to 22,000 consultations including over 4,500 immunizations were done, 5 health facilities were repaired and 515 life-saving referrals were facilitated across affected areas in Panay Island (Region VI).

The ongoing conflict in CAR resulted in disrupted health services and unmet health needs among thousands of IDPs. IOM operates mobile health clinics and conduct health triage, basic treatment and care in various sites not regularly serviced by other health providers. IOM also provides referral services to nearby health facilities and other medical institutions.

Pre-departure Phase
- Individual health care (comm. diseases & continuity of care for chronic conditions)
- Health referrals
- Health promotion
- Public & environmental health
- Pre-departure fitness to travel and Medical Escorts
- Psychosocial support

Travel & Transit Phase
- Individual health care (comm. diseases & continuity of care)
- Health referrals
- Health promotion
- Hygiene & environmental health in transit sites
- Psychosocial support
- Training of health/immigration staff

Upon Return Phase
- Facilitated health referrals
- Continuity of care for chronic conditions
- Psychosocial assistance to reintegration

Scope of Primary Health Care Services

Mobile Health Clinics

Referral Services

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IOM has provided direct health/psychosocial support to 18,441 IDPs during resettlement and has trained over 450 community health agents who act as focal points of health information.

Case Studies

Haiti, 2010—2014
Following the earthquake, IOM continues to support cholera response in 73 camps (West), 26 communes of Artibonite and South East Regions and reactivated 118 Oral Rehydration Posts (ORPs) while working closely with MSPP and partners to integrate cholera response into PHC. IOM has provided direct health/psychosocial support to 18,441 IDPs during resettlement and has trained over 450 community health agents who act as focal points of health information.

South Sudan, 2014
IOM provides life-saving primary health care within UNMISS’ Protection of Civilian (POC) area in Malakal, Upper Nile State and Bentiu, Unity State. Since January 2014, IOM has conducted over 45,000 consultations, works on prevention/response against waterborne diseases (cholera and Hepatitis E), conducts Oral Cholera Vaccination Campaign in Bor, Jonglei State and soon on OCV/measles campaign in Bentiu.

Philippines, 2013
Typhoon Haiyan (locally known as Yolanda) in November 2013 caused massive destruction to the existing health system. IOM provides operational support to access primary health care services. As of April 2014, close to 22,000 consultations including over 4,500 immunizations were done, 5 health facilities were repaired and 515 life-saving referrals were facilitated across affected areas in Panay Island (Region VI).

Central African Republic, 2014
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