

## MIGRATION HEALTH IN THE CONTEXT OF CRISIS: FROM EMERGENCY TO REINTEGRATION AND REHABILITATION

IOM promotes health approaches in emergencies based on widely accepted guiding principles and existing inter-agency policies:

- While alleviating suffering, "immediate" humanitarian assistance should also strengthen the existing health system, enhancing its capacity to recover.
- Humanitarian assistance in the health sector is driven by need and neither undermines the existing health system nor substitutes it when this is not needed.
- Humanitarian assistance, beyond the immediate urgent response, does not create expectations, or provide services, that will not be sustainable once external assistance is withdrawn.

### REHABILITATION OF LOCAL HEALTH INFRASTRUCTURES AND TRAINING

- While a real and urgent need for medical evacuation exists for cases whose treatment is not locally available, it is recognized that reconstruction, rehabilitation and development of health infrastructures, human resources and preventive and curative service capacity, is the only durable solution to address the health care needs of crisis affected populations.
- The analysis of the nature and recurrence of cases needing evaluation, can help in identifying gaps in terms of infrastructure, equipment and training to be urgently addressed in the country. Most frequently severe burns, cardio-surgery, plastic-reconstructive surgery, oncology, ophthalmology etc, are areas in need of reinforcement.
- IOM ensures that the assistance provided for the rehabilitation of local health infrastructures is sustainable and meant to strengthen the existing national health systems. Coordination with WHO, other humanitarian partners, and the Ministry of Health is sought at all times.
- In some cases and in coordination with the local Ministry of Health, IOM facilitates the sending in of medical teams. This is meant to reduce the potential caseload for medical evacuation, extend care provision to a larger number of patients, and enhance long term sustainability through the transfer and upgrading of skills.



### IOM AND HEALTH PROGRAMMES IN THE CONTEXT OF CRISIS:

- Medical evacuations;
- Health assistance for resettling vulnerable groups (particularly of wounded civilians) and receiving communities (e.g. delivering health supplies, kits and services at community level, quick impact projects, etc.)
- Health components within return;
- Health components within demobilization;
- Health components within IDP camp or transit center management;
- Return of qualified health professionals;
- Mobile primary health care teams, or temporary international specialist teams;
- Gender awareness for access to health assistance and care;
- Mental and psycho-social health support to vulnerable groups;
- HIV awareness, prevention and HIV and AIDS care;
- Diagnosis and management of tuberculosis and other communicable diseases;
- Surveys and research;
- Migration health assessments for resettlement to third countries.

### GENERAL GUIDING PRINCIPLES IN DESIGNING AND IMPLEMENTING MIGRATION HEALTH PROGRAMMES IN CONFLICT AND POST-CRISIS SETTINGS :

- Humanitarian assistance must be equitable, neutral, impartial and free of political conditions;
- Humanitarian assistance should respond to verified needs;
- Identified needs should be met as much as possible through national resources and only when necessary, through temporary external support;
- While providing short-term relief, always concurrently seek to support development of the local technical and management capacity of the local system;
- Donations and provision of medical supplies and equipment should be relevant to the needs, and comply with international guidelines for such donations, so as not become a burden for the local health systems;
- Initiatives need to be based on sound rationale and be relevant to the cultural, social, technical and physical environment.

## IOM - MEDICAL EVACUATIONS AND HEALTH REHABILITATION

## IOM MEDICAL EVACUATIONS AND HEALTH REHABILITATION

**H** health is a crucial factor in relief and rehabilitation/reintegration programmes, and a recognized priority area for the International Organization for Migration (IOM) when delivering services to migrants and mobile populations affected by crises.

IOM takes a holistic approach to the treatment and care of patients following emergencies. IOM's strategy contributes to meeting the urgent needs of patients, to strengthening disrupted referral systems, and to an early recovery of national health systems through rehabilitation. The Internal Referral of patients between primary, secondary or tertiary levels of care, or to home-care or long-term treatment and rehabilitation centers, is critical for an efficient use of medical relief aid in emergencies. **IOM's Migration Health Department (MHD)** employs a referral strategy that serves to support both individual migrants and the local health system, and has been developed and refined by decades of experience in many crisis and post-crisis situations, the more recent of which include Indonesia, Myanmar, and Sri Lanka.

In some instances when patients cannot access adequate treatment in their country, and pro-bono assistance is offered by receiving entities, the temporary **Medical Evacuation** of patients abroad has proved an effective mechanism to meet individual needs and to alleviate overstretched local health care services. These mechanisms, however, require a professional and comprehensive patient movement management system, a sector in which IOM has consolidated experience through operations in post-war scenarios, such as the former Yugoslavia, Macedonia, Afghanistan and Iraq.

Though operations are adapted to the specific reality of each emergency through field assessments, this document describes the primary IOM policy approaches, preferred institutional framework for collaboration, priority target groups, and overall programme structure.



**BOSNIA:** Operation Angel: an international effort involving several UN agencies, NGOs and IOM to evacuate injured civilians from Mostar to the United Kingdom.

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### SCOPE OF ACTIVITIES

In most cases, crises — whether in the context of lasting unrest, pre-existing international economic sanctions, or neglect due to poor governance and competing social and economic priorities — result in the disruption of already fragile health services. Hospitals and health care services are overwhelmed with patients, health workers have left or are not able to report to work, and scarce resources are absorbed by the emerging crisis. The situation is often compounded by the lack of medical supplies, water, power supply, and by security concerns which impede access to health care.

The overwhelming needs of those who have been injured in the crisis and require urgent and complex medical care usually result in fewer resources and fewer health staff to tend to less urgent cases, such as the chronically ill, or those who require regular or intensive medical treatment.

Based on a two-pronged approach, IOM's evacuation and health rehabilitation programmes aim to:

- provide pro-bono medical assistance in third countries for select cases requiring specialized, resource-intensive treatment not immediately available on-site
- contribute to the in-country capacity and rehabilitation / enhancement of the national health infrastructure, through training and micro-projects that address gaps in health service delivery identified through the evacuation needs.



AFGHANISTAN



IRAQ MEHRPI



IOM International Organization for Migration  
OIM Organisation Internationale pour les Migrations  
OIM Organización Internacional para las Migraciones

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# IOM MEDICAL EVACUATION FRAMEWORK



**IOM initiates Medical Evacuation Programmes** in collaboration with local governments and partners and other interested states, subject to the presence of the conditions necessary to implement successfully and safely such programmes.

IOM, in coordination with an established International Medical Selection Team, screens and documents appropriate cases, manages the placement of patients in donor countries, and organizes assisted transportation to the country of treatment and back to the country of origin, upon the completion of medical care.

IOM is not responsible for the patients' medical treatment and follow up, which must be assured by the hospital and health professionals in the receiving country, and the medical structure in the country of origin respectively, by way of capacity-building and technical cooperation.

Medical evacuation will not answer the needs of all patients; as the national health service capacity increases, the **IOM Medical Evacuation Programme** gradually phases out, usually leaving in place a network of support and cooperation amongst international and national health providers meant to sustain the recovery of the local health system in the long term.

Medical evacuations across a border as a collateral ad hoc rescue mechanism are often implemented by various local humanitarian organizations. Large-scale programmes such as though run by IOM are meant to systematically support the recovery of the local health system while saving lives. IOM has developed competence in managing comprehensive medical evacuation programmes for migrants and mobile populations affected by crises.

## PROGRAMME STRUCTURE

### Central Medical Unit (CMU)

- Responsible for centralizing all information regarding the programme, especially the case and administrative management.
- Receives and stores all files of screened patients; sends copies of the files to the various countries (via IOM field offices where present), notifies patient's acceptance to the Field Medical Unit(s) (FMU) so that transportation may be arranged and keeps updated records of all patients movements.
- Decides to put on hold or to close cases which have not been accepted by two or more hospitals, and rapidly conveys the decision to the Field Medical Units (FMU).
- Responsible for periodic reporting that is passed to the FMU and patients' families, and monitoring and evaluation of the programme.
- Overall coordination of travel documents, ensuring that visa requirements / legality of stay of patients / family escorts and accommodations in host countries are in place.
- Maintains contacts and liaises with local authorities in the country of origin, transit and destination, particularly with the Ministry of Health, host Governments' points of contact, respective Red Crescent Societies / Red Cross, local NGO's, charitable organizations and other official agencies and organizations, to arrange and coordinate overall operations (logistics/transportation of patients, accommodation, pocket money for family escorts and eventual return after treatment, as well as arrangements for medical follow up of cases upon return).

### Field Medical Units (FMU)

- In charge of identification and screening of patients in coordination with the International Medical Selection Team (IMST), and partner international NGO's and ensuring they are transported to host countries in a timely and coordinated manner.
- Receives referrals, contacts, or is contacted by local hospitals, and international agencies, NGO's to identify suitable cases, reviews cases for screening into the programme and organizes the necessary cooperation with NGOs and international organizations present in the field. Joint operations may at times be implemented.
- Coordinates with the CMU visas and transportation arrangements, informs local hospitals of cases put on hold, closed or not accepted, and maintains contacts with the local hospital/medical structures for any matter regarding patient management.
- Implements all field activities for the evacuation, and keeps families informed.
- Assesses the fit-to-travel status of the patient, and conveys information about the patient to the CMU so that ground or air travel requirements (such as wheelchair, mobility, need for medical escorts) are addressed.
- Acts as the clearing house for information received from the CMU and other IOM missions regarding patient information and feedback to the referring agencies / medical structures in the country of origin.

### Mission In Country of Treatment (MCT)

- The IOM **MCT** assists with the patient placement and internal transportation when these functions are not carried out by the government or a government designated entity.
- The **MCT** contacts local hospitals, explores their availability to accept patients for pro-bono treatment, receiving patient's files from the CMU, submits files to the hospitals, and rapidly informs the CMU when cases have been accepted or rejected so that transportation or submission to other hospitals may be arranged.
- The **MCT** is usually staffed by an IOM staff member as assigned by the Chief of Mission, and in consultation with the Migration Health Department (MHD) in Geneva. The MCT relies for medical advice, if needed, on the CMU or the FMU.

### International Medical Selection Team (IMST)

- An **International Medical Selection Team (IMST)** including IOM and interested essential partners from specialized agencies, international organizations / NGOs is set up and tasked to select and prioritize the most urgent cases for specialized treatment unavailable in the country (or in the country of transit) using the patient selection criteria.
- The IMST function is one of transparency and technical advice. IOM medical officers convene the selection committee meetings when applicable.
- Preliminary diagnostic investigations will be coordinated and taken care by the IOM Medical Officers to minimize the burden of clinical and documentation work on the national health structure.



### GUIDELINES FOR GENERAL CRITERIA FOR MEDICAL TREATMENT ABROAD:

- Selection criteria are solely medical. Patients can qualify for the program irrespective of ethnicity, religion, sex, nationality, etc.;
- Treatment will preserve life and function. It is expected that the provision of the required medical treatment will result in significant improvement of quality of life;
- Required treatment for the medical condition of the patient is not available in the country;
- The injury or condition requiring secondary or tertiary referral must be of a severity to justify medical evacuation;
- One family member can accompany the patient to host country and stay with the patient for the extent of their treatment;
- All children/minors must be accompanied by 1 parent or a family member/legal guardian;
- Patient and family are expected to return to the country of origin upon completion of the medical treatment;
- The patient is stable to transport and his/her condition does not represent an additional risk for the accompanying persons, medical escorts, host country;

### OTHER SERVICES:

#### Family Escorts

In special circumstances, patients are accompanied by family members to the country of treatment.

#### Children and Accompanying Family Member(s)

When children are involved, either as patients or dependents of patients, special attention must be paid to the need to preserve the family unit as much as possible. Children under this program will require an informed and written consent from the family members, and must be always accompanied by 1 parent or legal guardian.

#### Medical Documentation

IOM will ensure proper documentation of patients before selection. Documentation of approved patients will be forwarded to hospitals abroad in order to ensure matching treatment.

#### Hospital Placement

The countries interested through their respective Ministries of Foreign Affairs representatives and Ministries of Health or other entities, will offer pro bono treatment. Arrangements will be made with the respective receiving countries for the legal stay of the accompanying family members.

#### Submission of Cases and Acceptance

Once cases are selected, the FMU Medical Officers will forward the Medical Documentation Forms to the IOM Medical Programme Coordinator, who in collaboration with Ministry of Health counterparts will submit these medical forms and other accompanying documents (including x-rays, photos, etc) to the selected hospitals in receiving states.

#### Transportation and Logistics

IOM will coordinate the transportation and logistics arrangements with its partners in the transit, destination /receiving countries and within the country in coordination with IOM Movement Management Division (MMD) in Geneva and the region.

#### Visa and Travel documents

The IOM medical unit will coordinate the travel documents and visa procurement, in cooperation with the Ministries of Health/Interior by providing advance notification of arriving patients/family escorts and person identification papers.

#### Return home

IOM organizes the return of patients and family members to Iraq after the appropriate recovery period, costs of which will be borne by host government.

#### Hand-over to the Ministry of Health or local health authorities

The implementation in partnership with, and the hand-over to local authorities of management systems established within IOM Medical Evacuation Programs can contribute to better structured, transparent and efficient channeling of international aid in this domain beyond the lifespan of a project.