



Mobile health team in Abyan Governorate, Yemen © IOM 2013

## Primary Healthcare Services for Migrants in Crisis Situations

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.

### 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

### 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**



## Scope of Primary Health Care Services



Egypt, 2014

**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.

**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.



Chad, 2014



Philippines, 2014

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.

**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 water-borne and communicable diseases, in addition to improving access to health care services for affected populations and host communities.



Haiti, 2013



Sri Lanka 2013

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.



# 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.



## 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).



## 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.



## Central African Republic, 2014

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.

## Comprehensive Migrant Health Prevention & Care Package in Crises Along the Migration Process

### 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

# IOM Migration Crisis Operational Framework



## 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.

More information can be obtained from the **IOM Migration Health Division (MHD)**

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