

MIGRATION HEALTH

2021 IMPACT OVERVIEW



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Cover photo: The IOM Reception Centre in Spin Boldak, at the Afghanistan-Pakistan border, offers Afghan returnees emergency health services, COVID-19 and tuberculosis screening, medical consultations and measles vaccination, among other things. © IOM 2021/Muse MOHAMMED

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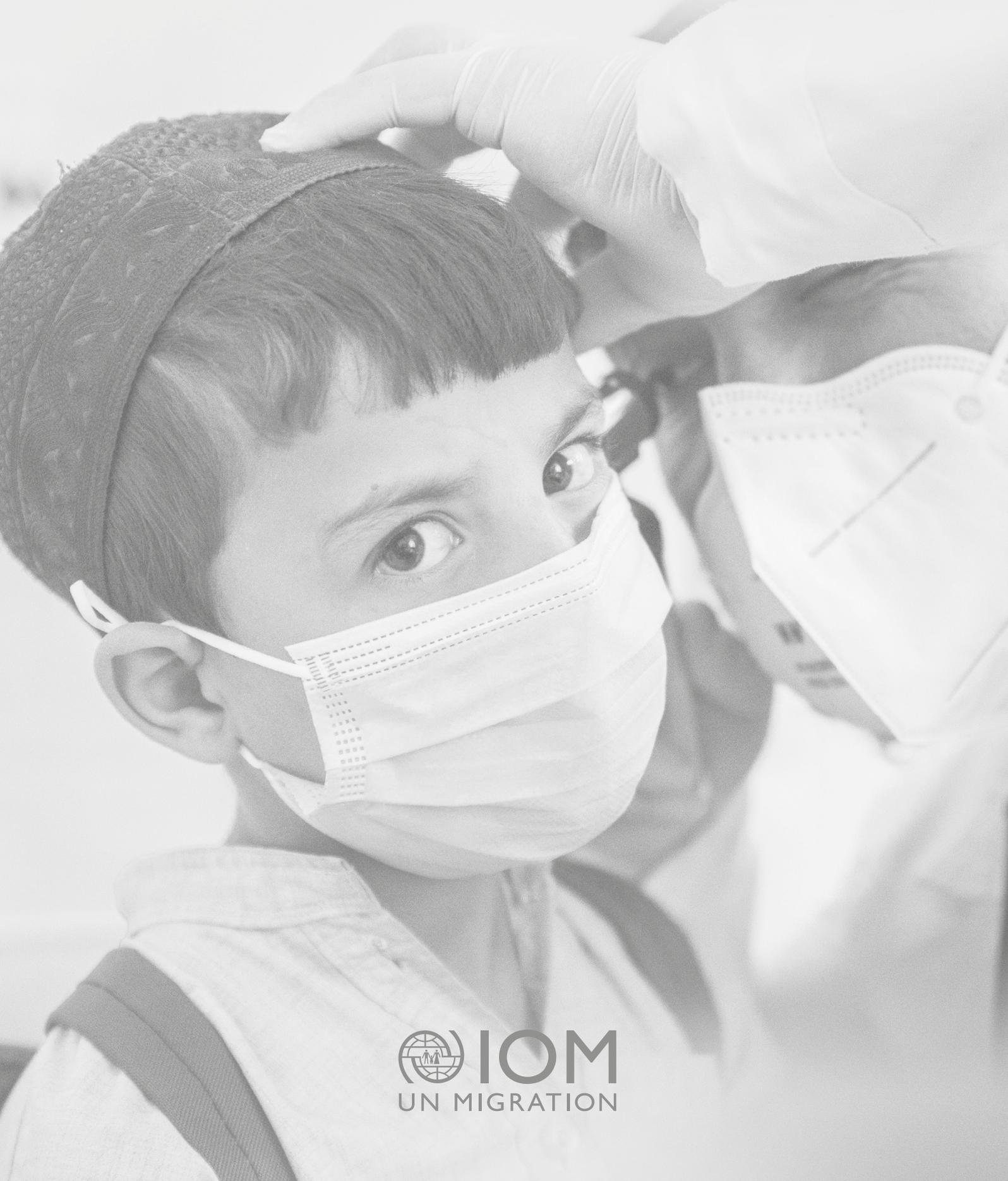
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ACRONYMS

AIDS	acquired immunodeficiency syndrome
COP 26	UN Climate Change Conference of the Parties
COVID-19	coronavirus disease 2019
DOT	directly observed treatment
EU	European Union
EVD	Ebola virus disease
FLoD	United Nations First Line of Defence framework
GBV	gender-based violence
HAP	Health Assessment Programme
HIV	human immunodeficiency virus
ICEM	Intergovernmental Committee for European Migration
ICM	Intergovernmental Committee for Migration
IDP	internally displaced person
IHR	International Health Regulations
IOM	International Organization for Migration
MHAC	migration health assessment centre
MHPSS	mental health and psychosocial support
PICMME	Provisional Intergovernmental Committee for the Movement of Migrants from Europe
PoE	point of entry
PSEA	prevention of sexual exploitation and abuse
RCCE	risk communication and community engagement
SDGs	Sustainable Development Goals
SRH	sexual and reproductive health
TB	tuberculosis
UHC	universal health coverage
UN	United Nations
UNICEF	United Nations Children's Fund
WASH	water, sanitation and hygiene
WHO	World Health Organization

FOREWORD

By **Ugochi Daniels**
Deputy Director General for Operations

The year 2021 gave us many reasons for hope. With diagnostic, therapeutic and immunization advances, science offered solutions to kickstart recovery from the COVID-19 pandemic and its devastating effects. In most of the world, human mobility – which had been severely limited since early 2020 – started resuming, cautiously, thanks to various mitigation tools, such as testing, vaccination, and health passes, that made it possible to align international travel with public health imperatives. Most importantly, we witnessed a genuine desire to make COVID-19-related health services more accessible and inclusive.

However, despite several positive developments, profound inequalities and discrimination have persisted. While the public health emergency slowed down many activities, including regular migration, it did not put an end to conflict, disaster, humanitarian need or forced displacement.

According to the latest [World Migration Report](#), the current global estimate is that there were around 281 million international migrants in the world in 2020, which equates to 3.6 per cent of the global population.

The poorest and most at-risk, such as migrants in irregular situations or stranded, internally displaced persons (IDPs), refugees, and asylum seekers, often remain the most neglected and the least able to access reliable health information and services. The cost of this injustice has been laid bare these past two years: in addition to being a moral failure, it is a dead end in terms of public health and global health security.

In 2021, the International Organization for Migration (IOM) celebrated [70 years of existence and service](#). Our migration health mandate has been a core pillar of our *raison d'être* since day one.

Over the decades, the scope and geographical reach of IOM's migration health work has expanded to some 110 countries – low-, middle- and high-income alike. In humanitarian contexts or through sustainable development initiatives, our life-saving work now spans a wide range of activities, including



primary care consultations, sexual and reproductive care, routine and outbreak-related immunization, mental health and psychosocial support (MHPSS), fight against persistent diseases like HIV, tuberculosis and malaria, health assessments for migration and resettlement processes, advocacy and research.

This past year, in addition to our long-standing health portfolio and the COVID-19-specific activities launched the [first year of the pandemic](#), IOM played a key role in supporting national COVID-19 vaccination campaigns and ensuring that doses could reach migrants no matter their legal status. This was done through community outreach activities, including risk communication and community engagement (RCCE) activities to address vaccine hesitancy and support uptake improvement, [the provision of technical and logistical support](#), and even – where relevant – [the direct administration of vaccine doses](#). This report offers only a glimpse into our global 2021 achievements, made possible by the unyielding determination of our staff and continued trust of our Member States, partners and donors.

On behalf of the migrants whose lives were improved thanks to access to health services, we thank all our donors and partners for their support.

There is much left to do if we want to achieve a world where health coverage is truly universal and where no migrant is left behind. We will not stop. As the health equity gap persists, so does our ambition to defeat it.

MIGRATION HEALTH

2021 IN NUMBERS

 **829**

SUPPORTED HEALTH FACILITIES

including

 **102**

IOM-MANAGED HEALTH FACILITIES
IN CRISIS CONTEXTS

and

 **69**

IOM-MANAGED MIGRATION HEALTH
ASSESSMENT CENTRES (MHACs)

 **300.8 million**

USD

invested in

 **118**

COUNTRIES

including

 **40**

EMERGENCY OR CRISIS CONTEXTS

with

 **1,299**

HEALTH STAFF

working across

 **301**

PROJECTS

 **2 million**

PEOPLE VACCINATED

including against COVID-19

and

 **1.6 million**

PEOPLE ASSISTED WITH
MENTAL HEALTH AND
PSYCHOSOCIAL SUPPORT

 **51,884**

HEALTH WORKERS
TRAINED IN CRISIS SETTINGS

 **480,000**

MIGRATION
HEALTH ASSESSMENTS

(18% among refugees and 82% among immigrants)

in addition to

 **4.3 million**

PRIMARY HEALTH-CARE
CONSULTATIONS
IN CRISIS CONTEXTS

and

 **426,884**

ANTENATAL CONSULTATIONS

 **2**

TELERADIOLOGY CENTRES

networked to 121 locations

as well as

 **53**

LABORATORIES

with 9 biosafety level 3 labs (for tuberculosis detection)

 **664**

SUPPORTED
HEALTH SCREENING POINTS
AND POINTS OF ENTRY

in addition to

 **11.6 million**

PEOPLE REACHED WITH HEALTH
PROMOTION ACTIVITIES IN
CRISIS SETTINGS

 **116**

ADVOCACY AND
RESEARCH PUBLICATIONS

 **277**

MOBILE MEDICAL TEAMS
IN CRISIS CONTEXTS

 **20,000**

UNITED NATIONS STAFF AND
DEPENDENTS ASSISTED
WITH ESSENTIAL HEALTH SERVICES

A GLOBAL FOOTPRINT

HEADQUARTERS, REGIONAL OFFICES AND ADMINISTRATION

USD 20.6 million

EUROPE AND CENTRAL ASIA

USD 19.9 million
 121
 13
 3

AMERICAS

USD 35.4 million
 226
 8

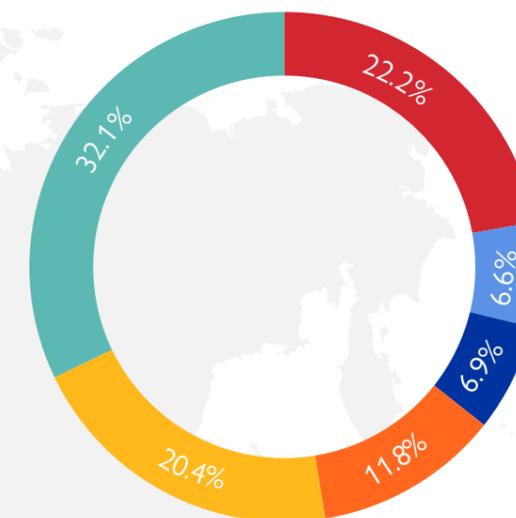
MIDDLE EAST AND NORTH AFRICA

USD 61.5 million
 72
 10
 7
 6

SUB-SAHARAN AFRICA

USD 96.6 million
 104
 23
 20
 1
 18

EXPENDITURE PERCENTAGE BREAKDOWN BY REGION



Total 2021 expenditure: USD 300.8 million

- Expenditure in USD
- IOM health facilities in crisis settings
- IOM migration health assessment centres
- IOM laboratories
- IOM teleradiology centres
- Countries with programmes in emergency or crisis settings

Note: This map is for illustration purposes only. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the International Organization for Migration.

LOOKING BACK ON 70 YEARS OF HEALTH SERVICES

In the wake of the Second World War, in battle-scarred Europe, no government alone could tackle the challenge of helping survivors in need of resuming their lives freely and with dignity.

The year 2021 marked 70 years since the first incarnation of IOM, called the Provisional Intergovernmental Committee for the Movement of Migrants from Europe (PICMME, 1951), created to safely – and healthily – resettle refugees in the post-war period. The provision of health services in the context of migration and refugee resettlement is therefore one of IOM's original and longest-standing services.

Over the decades, as the Organization became the Intergovernmental Committee for European Migration (ICEM, 1952), the Intergovernmental Committee for Migration (ICM, 1980) and the International Organization for Migration (IOM, 1989), its migration health portfolio grew, ever expanding to address new challenges, tackle new diseases, operate in new crises and, ultimately, find ways to support the health and well-being of migrants and displaced persons all over the world.

From 1951 to 2021, the importance of protecting migrant health and connecting the dots between human mobility and public health has become increasingly self-evident for governments, communities, and individuals – culminating in the overwhelmingly multisectoral response and recovery measures needed for the COVID-19 pandemic with its

devastating effects on people's health, socioeconomic well-being, and mobility.

IOM's migration health work currently covers 118 countries (including 40 humanitarian or crisis settings), with close to 1,300 health staff and thousands of third-party contractors, working across more than 300 projects. All this, with three key objectives, aligned with IOM's 2019-2023 Strategic Vision:

- Connecting health security and human mobility, with tangible interventions that include pre-migration health assessments, and a long list of outbreak preparedness and response activities, among others.
- Boosting the health resilience of migrant and migration-affected communities, through the provision of essential care for people caught in crisis contexts, combatting persistent disease (HIV, tuberculosis, malaria and noncommunicable diseases), and providing sexual and reproductive health services, routine and outbreak related immunization, mental health and psychosocial support, and more.
- Strengthening migration health governance: with critical policy, advocacy, and research efforts, so that public health systems are migration-sensitive, and migration systems are health-competent, with an overarching objective of equity and universal health coverage.



From left to right and top to bottom:

ICEM provides pre-migration health services for Yugoslavia refugees. © IOM 1957 • Tuberculosis patients being resettled to France from Trieste, Italy, with transportation provided by ICEM. © IOM • Awaiting their turn to be vaccinated by ICM, Vietnamese, Cambodian and Laotian refugees stand in line at the Phanat Nikom Transit Camp, in Thailand. © IOM 1983 • In the Philippines, all recently arrived refugees undergo a complete eyesight examination by IOM. © IOM 1990 • At Corlu airport, in Turkey, IOM provides travel-related health assistance to a refugee from Kosovo*. © IOM 1999 • An IOM "health brigade" provides emergency health assistance to asylum seekers in Colombia. © IOM 2007/Eduardo SILGADO • IOM supported the Government of Afghanistan's plans to improve health services for Afghans, by refurbishing 174 health facilities across 23 provinces of country. © IOM 2007/Barat ALI BATOR • One of IOM's health facilities in Digaale settlement for internally displaced persons in Hargeisa, Somaliland. © IOM 2014/Mary Sanyu OSIRE • Displaced Nidhal enjoys playing with the hula hoop at IOM psychosocial center at Haj Ali emergency site in Iraq. © IOM 2017/Raber AZIZ • A laboratory technologist in IOM's migration health assessment centre lab in Kuala Lumpur, Malaysia. © IOM 2017 • IOM supported the response to the tenth Ebola virus disease outbreak in the Democratic Republic of the Congo, with disease surveillance at points of entry and along mobility corridors. © IOM 2018/Muse MOHAMMED • A patient at an IOM-supported health centre in Aden receives a vaccination. © IOM 2021/Majed MOHAMMED.

*References to Kosovo shall be understood to be in the context of UN Security Council resolution 1244 (1999).

MIGRATION HEALTH 2021 HIGHLIGHTS

JANUARY

- IOM deploys telemedicine equipment to Somalia to support local health capacities.

MARCH

- IOM launches a USD 8 million plan to stop Ebola virus disease resurgence in Guinea.
- 65th Commission on the Status of Women: IOM co-hosts an event on Eliminating Gender-based Violence to Help Ensure Migrant Women's Effective Participation and Decision-making in Public Life.
- IOM launches a USD 812 million COVID-19 Strategic Response and Recovery Plan for 2021.

MAY

- IOM warns that 800,000 people in South Sudan who rely on IOM for their health care may face reduced access to life-saving services, issues urgent appeal for additional funds.

JULY

- One year anniversary of IOM's contribution to the UN "First Line of Defence" framework: 18,977 UN staff benefited from at least one health service through IOM health facilities and staff, including 29,434 COVID-19 tests performed.

SEPTEMBER

- IOM co-launches the first Professional Master's Degree Programme in Psychosocial Counselling and Conflict Transformation, at the University of Maiduguri, in Northeast Nigeria.

NOVEMBER

- International conference on climate change 'COP 26': IOM co-hosts two key events on the climate change-health-migration nexus, and advocates for the need to address the three elements in a holistic – not a siloed – approach.
- IOM launches a free, self-paced, online training to raise the capacity of mental health practitioners working in emergency settings worldwide.

FEBRUARY

- IOM scales up operations to respond to the resurgence of the Ebola virus disease in Guinea and the Democratic Republic of the Congo.
- UN Security Council Resolution 2565 calls "for COVID-19 national vaccination plans to include the most vulnerable", including refugees, internally displaced people and migrants.

APRIL

- World Health Day: IOM launches a global social media campaign in seven languages calling for #VaccinEquity.
- World Immunization Week: IOM co-hosts a high-level policy event on Advancing Access to Immunization for People on the Move in Times of COVID-19.

JUNE

- High-level Meeting on AIDS: IOM co-hosts an event on Addressing HIV among People on the Move.
- Humanitarian Affairs Segment of the UN Economic and Social Council: IOM co-hosts an event on Advancing Access to COVID-19 Vaccines for People on the Move.
- IOM Ukraine wins a major public relations award (SABRE) with a campaign promoting the importance of mental health amid the COVID-19 pandemic.

AUGUST

- Conflict escalation and political crisis in Afghanistan: IOM is forced to pause its health services for two weeks, then scales up, expanding its operations from 4 to 12 provinces, supporting the COVID-19 vaccination roll-out.

OCTOBER

- IOM takes part in the Global Mental Health Summit.
- IOM co-hosts a high-level event on Advancing Mental Health Services for People on the Move.
- IOM joins WHO's Global School on Refugee and Migrant Health for a high-level discussion on Financing Health Care for Refugees and Migrants.

DECEMBER

- IOM celebrates 70 years supporting the health and well-being of migrants, including refugees.
- First International Conference on Public Health in Africa: IOM hosts a high-level event on migrant health.
- International Migrants' Day: IOM and WHO reiterate their joint call for greater investment in migration health across the world.

I. CONNECTING HEALTH SECURITY AND HUMAN MOBILITY



A team of IOM hygiene promoters, composed of young returnees and other community members, visits households in Digaale site for internally displaced persons, in Hargeisa, to raise awareness about COVID-19. © IOM 2021/Claudia ROSEL

OUTBREAK PREPAREDNESS AND RESPONSE

THE CHALLENGE When a public health threat occurs in this ever-more mobile world, analysing and understanding human mobility dynamics and trends is critical to effectively prevent outbreaks, and make informed decisions to help prepare communities and provide adequate responses. In line with the 2005 International Health Regulations (IHR), IOM works directly with national and local authorities, mobile populations, and host communities to help halt the spread of infectious diseases wherever they emerge, with as little impact as possible on the movement of people and goods.

THE STRATEGY A member of the Global Outbreak Alert and Response Network and an official partner of the World Health Organization (WHO), IOM approaches outbreak preparedness and response from a human mobility angle. IOM's emergency health response is achieved through strong collaboration with external partners, and also other IOM sectors, including WASH, protection, and IOM's Displacement Tracking Matrix (DTM) teams. As such, IOM has become a key actor in addressing public health emergencies, in particular those that span across borders and are a cause of international concern. Some of IOM's key interventions in this area of work contributing to overall global health security with a mobility perspective include, among others:

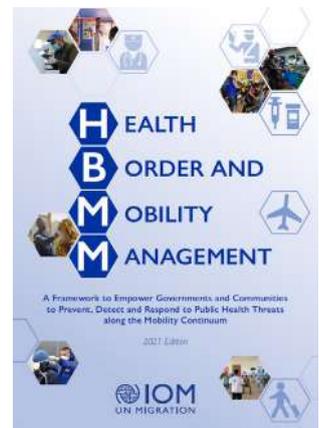
1. **Population mobility mapping** through the monitoring of population flows in and out of a location, as well as focus group discussions to map local mobility dynamics and identify priority areas for public health preparedness and response interventions;
2. Disease surveillance, including community-based, syndromic, events-based, early-warning, cross-border, and others;
3. Targeted and context-specific risk communication and community engagement (RCCE);
4. Vaccination as part of mass or outbreak response campaigns (alongside routine vaccination);
5. Assessing and strengthening the health capacity of points of entry (i.e. airports, ports, and land border crossings) related to disease surveillance capacity, infection prevention and control measures, capacity for detection, management and isolation of ill travellers, referrals, contact tracing, and preparation and implementation of public health preparedness and contingency plans. Furthermore, the creation and or revision and or revision of guidelines/standard operating procedures and simulation exercises to enhance response capacity.

With a unique methodology anchored in IOM's understanding of the complex inter-linkages between mobility and health, IOM has its **Health, Border and Mobility Management (HBMM)** framework. It articulates IOM's strategic role

and objectives in the prevention, detection and response to communicable diseases in the context of widespread and multi-directional human mobility and is applied across both humanitarian and development contexts to facilitate more strategic preparedness and response operations for communicable disease control. HBMM provides an action framework for IOM to undertake activities related to health, border and mobility management, and also serves as a reference for IOM Member States and partners to understand the Organization's role and contributions in this area of work. The overarching aim of the HBMM Framework is to ensure that governments and communities have the capacity to address the mobility dimensions of public health threats and affected and at-risk populations benefit from appropriate and timely support, through inclusive and rights-based approaches that leave no one behind.

The HBMM framework is primarily applied in the context of outbreak-prone communicable diseases along the mobility continuum including, but not limited to, those that result in a declaration of a public health emergency of international concern under IHR 2005, such as yellow fever, cholera, plague, Ebola virus disease (EVD), COVID-19 and other similar threats. The mobility continuum refers to the complete pathway of population movement at points of origin, transit, destination and return – within and across borders. It also includes the routes through various modes of travel and the congregation points along the way, and the interconnectivity among them.

Ultimately, IOM's **health operations in emergency settings** aim to respond to crises globally through the direct provision of wide-ranging emergency health-care services, while also strengthening long-term health system recovery and resilience.



THE RESULTS Throughout 2021, IOM assisted people affected by crises globally through the direct provision of wide-ranging emergency health-care services, while strengthening long-term health system recovery and resilience. While the COVID-19 pandemic continued, IOM ran dedicated emergency health programmes in 40 crisis-affected countries. Emergency health interventions related to COVID-19 nonetheless spanned across 140 countries.

IOM also supported EVD control efforts in North Kivu, Democratic Republic of the Congo (February and October 2021), and Guinea (February 2021) and significantly expanded emergency health operations in Afghanistan (expanding operations from four to twelve provinces within a three-month period after the Taliban takeover) with a focus on outbreak preparedness and response including for measles, acute watery diarrhoea/cholera, TB, malaria and COVID-19 (alongside expanding its mobile primary health-care service provision).

IOM continued to strengthen work in communicable disease surveillance and interventions at points of entry (POEs) using data to underpin evidence-informed response efforts while supporting cross-border preparedness and response in line with the IHR. Targeted health operations were also facilitated by IOM's health teams in Bangladesh, the Bolivarian Republic of Venezuela, Iraq, Myanmar, Nigeria, the Syrian Arab Republic, South Sudan and Yemen, among other countries.

 1.4 million

Persons vaccinated as part of outbreak responses or mass vaccination campaigns in crisis settings

 11.6 million

Persons directly reached with RCCE efforts in crisis settings

 57

Public health emergency response/contingency plans supported (across 26 Member States) in crisis settings

 239

PoEs or health screening points with enhanced capacity in crisis settings

 51,800

Persons trained in crisis settings



BANGLADESH

Ramping up the health response for COVID-19 in Cox's Bazar

Since early 2020, in Cox's Bazar, IOM has been running two severe acute respiratory infection treatment centres inside the refugee sites. In May 2021, following the surge in cases and a government-imposed lockdown in five sites, IOM quickly scaled up the centres' capacity from 120 beds to 173. Both centres, along with 10 other IOM-supported health facilities, collected samples from suspect COVID-19 patients and sent them for analysis to the Cox's Bazar national laboratory. Six additional COVID-19 sentinel sample collection sites were opened in collaboration with WHO, and 15 health-care workers were extensively trained in COVID-19 sample collection, transportation and biosafety.

IOM's role in the fight against COVID-19 in the Rohingya camps has been critical thanks to the creation of a quarantine facility with 93 shelters for contacts of COVID-19 cases, the use of three ambulance decontamination facilities to minimize the risk of transmission among staff and beneficiaries, the distribution of regular personal protective equipment, regular RCCE activities, and mental health and psychosocial support aimed at alleviating the stress caused by COVID-19.

In July 2021, the Bangladesh National Committee on COVID-19 Vaccination announced that the COVID-19 vaccine would be provided to Rohingya refugees living in Cox's Bazar as part of the National Deployment and Vaccination Plan (NDVP) for COVID-19 and prioritized those aged 55 years. Over 33,000 refugees in this prioritized age group received two doses of vaccines during the first phase of the vaccination campaign, held August-September 2021. On 1 December 2021, the Government of Bangladesh started the second phase of COVID-19 vaccination for all Rohingya refugees older than 18 years. During the campaign, IOM's 17 camp-based health facilities were selected as vaccination centres.



Sentinel sites were set up by IOM in the Rohingya refugee camps to help control the spread of COVID-19. © IOM 2021/Abdullah AL MASHRIF

LAO PEOPLE'S DEMOCRATIC REPUBLIC

RCCE on HIV/AIDS and COVID-19

Returned migrants in Luang Prabang quarantine centre. © IOM



In 2021, IOM's mission in Lao People's Democratic Republic handed over 72 loudspeakers to 72 village chiefs for broadcasting safe migration and HIV/AIDS prevention audio messages. A "NO stigma" radio script was developed by IOM and broadcast through United Nations Development Programme's community radio and Lao National Radio to over 300,000 people across five provinces. As the pandemic continued, activities were adapted to include COVID-19 specific messages and considerations in a bid to contribute to the global effort to stop the pandemic.

Through community campaigns in eight provinces, IOM was able to distribute factsheets and other information, education and communication materials on relieving mental stress during the pandemic, as well as dengue prevention, HIV/AIDS prevention, family planning, reproductive health, and

COVID-19 prevention to local communities, quarantine centres, and provincial government facilities.

In partnership with a private bus company, IOM also conducted a six-month bus campaign on safe migration and COVID-19 prevention in 120 places on five different bus routes highly used by migrants. The messages shared through the campaign directly reached close to 2,000 passengers a day while over 46,000 materials were distributed at various levels.

AFGHANISTAN

Scaling up health operations after the Taliban takeover

In 2021, IOM rapidly scaled-up provision of lifesaving health services for mobile, displaced, hard-to-reach populations and host communities. By the end of the year, responding to the increasing health needs, IOM expanded operations through the establishment of 30 Mobile Health Teams (MHT) and Rapid Response Teams (RRT) for COVID-19 in 12 of Afghanistan's 34 provinces, supporting over 190 villages. IOM implemented TB programming in four provinces, COVID-19 vaccination in 12 provinces, and supported health system financing for four COVID-19 hospitals.

Operating in remote communities, MHT provided a wide range of primary health services, including routine vaccination alongside MHPSS services. Dedicated RRT facilitated disease surveillance and contact tracing for diseases such as acute watery diarrhoea (cholera), COVID-19, measles and other diseases, they also ran targeted health promotion activities, and ensured access to COVID-19 testing and referral for care and treatment services. Teams of vaccinators administered COVID-19 vaccines and facilitated demand generation activities, working with communities to address rumours and answer questions at the community level. IOM also supported disease surveillance at border crossing points with the Islamic Republic of Iran and Pakistan in line with IHR.

In 2021, IOM reached 238,280 persons with life-saving primary health services. TB teams screened 643,592 persons, and detected and referred 229 TB cases for follow-up, monitoring and treatment. IOM screened 1,848,402 people for COVID-19 and 1,980,626 people benefited from health messaging on COVID-19 prevention measures and sensitization on other key diseases. A total of 33,985 vaccine doses for COVID-19 were administered and 1,496 COVID-19 severe cases were treated at IOM-supported COVID-19 hospitals.

GUINEA

Mobilizing to stifle another Ebola virus disease resurgence

On 14 February, the Ministry of Health of Guinea declared an EVD cluster in the town of Gouécké, in the southeastern region of N'Zérékoré. This is the first time EVD has been reported in the country since the 2014–2016 outbreak which spread across land borders into Sierra Leone and Liberia, claiming more than 11,300 lives.

Within days, IOM was able to deploy the necessary resources to set up five health screening points around Gouécké, and response measures on the borders with Côte d'Ivoire and Liberia. In addition, with IOM's support, targeted Ebola prevention and response RCCE activities were carried out and three Public Health Emergency Operations Centres were activated to facilitate coordination and contact tracing efforts among partners involved in the response. Although the outbreak officially ended on 19 June 2022, IOM continues to this day to support the Government with its surveillance efforts as a means of preparation for future outbreaks.

In recent years, IOM has implemented Ebola-related interventions across a dozen countries, including Burundi, the Democratic Republic of the Congo, Liberia, Senegal, Sierra Leone, South Sudan, Rwanda and Uganda.



To halt the spread of EVD in Guinea, IOM set up five health screening points and carried out RCCE activities. © IOM 2021/Lucas CHANDELLIER

PRE-MIGRATION HEALTH ACTIVITIES

THE CHALLENGE Pre-migration health activities (PMHAs), including health-related travel assistance, are some of IOM's longest-standing services for migrants, including refugees. They are carried out as part of the process for obtaining a temporary or permanent visa, resettlement, family reunification or international employment, for specific migrant assistance programmes, and during post-emergency relocation, and are key in ensuring safe migration processes for migrants, the communities they leave, and those they join. Although initially hampered by COVID-19-related restrictions on movement within and across country borders, as travel slowly resumed in much of the world in 2021, IOM's routine pre-migration health activities demonstrated a remarkable recovery, with an increase in services provided to the highest level recorded in the programme's history.

The crisis in Afghanistan, however, presented new operational challenges in 2021, as it resulted in the abrupt suspension of IOM operations within Afghanistan, including the IOM Migration Health Assessment Centre (MHAC) in Kabul, as well as significant refugee outflows to various third countries, requiring complex coordination to respond to the health and humanitarian needs.

THE STRATEGY Delivered through IOM's Global Migration Health Assessment Programme (HAP) at the request of receiving country governments, pre-migration health activities entail any number of screening, diagnostic, treatment or and/or preventive services, as well as health-related travel assistance; they may include a review of medical and immunization history, a detailed physical examination, laboratory or radiologic investigations, counselling, health education, vaccination, management of conditions detected during the assessment, provision of medical escorts, and more. While most activities are carried out prior to migration, some services may be provided in the post-arrival phase, generally associated with the renewal of visa status, such as with the IOM Sri Lanka Inbound Health Assessment Programme. The scope and requirements are tailored depending on receiving country protocols and the epidemiologic profile of the country of origin, with a key basic principle: the migration process should not endanger the health of migrants or the communities they are joining.

Activities in 2021 were undertaken through 69 IOM MHACs and 34 IOM laboratories located across Africa, Asia, Europe, and the Middle East, two IOM teleradiology centres networked to 121 locations worldwide, mobile teams in remote areas and a large network of partner service providers.

As the COVID-19 pandemic persisted into 2021, IOM worked to ensure the continued safety of its staff and beneficiaries through maintaining stringent infection prevention and control measures in MHACs and transit centres, reinforcing capacity-building initiatives for MHAC staff, providing additional pre-embarkation checks and pre-departure COVID-19 testing where required by national authorities or airlines, and exploring opportunities to provide additional services for beneficiaries, such as COVID-19 vaccination, among other efforts.

In the midst of a global resurgence in PMHAs, the deterioration of the security situation in Afghanistan in mid-2021 necessitated a rapid scale-up of support for the resettlement or relocation of Afghan nationals in third countries, including the identification of solutions in countries in Eastern Europe and Central Asia, such as Albania, North Macedonia, Tajikistan and Kosovo*, where humanitarian cases required resettlement or relocation assistance but where IOM capacity was limited. IOM increased health staff capacity and resources to support the provision of PMHAs on behalf of several receiving countries through a variety of means, including through the additional recruitment of HAP staff for short-term assignments and mobile missions, and collaboration with non-IOM panel physicians.

In addition, toward the end of 2021, IOM supported the establishment of a significant operation in Qatar as part of the United States Refugee Admissions Programme, deploying HAP staff from various regions to develop capacity to undertake pre-migration health activities; it is estimated that approximately 2,000 humanitarian beneficiaries a month will be assisted under the arrangement over the course of 2022.

* References to Kosovo shall be understood to be in the context of UN Security Council resolution 1244 (1999).





Height measurement during a migration health assessment at an IOM MHAC in Nigeria.
©IOM 2021/Natalie OREN

THE RESULTS In 2021, though some travel restrictions persisted in parts of the world, IOM's PMHAs rebounded to an unprecedented level, promoting the health and well-being of migrants and refugees, while adapting to the new global health context.

With the increased global need to ensure access to COVID-19 vaccination for recovery from the pandemic, IOM explored opportunities to provide COVID-19 vaccination services for migrants and refugees through its MHACs, where the national context allowed. Notably, the IOM MHAC in Nairobi, Kenya coordinated with the Government of Kenya to provide COVID-19 vaccine administration as part of the pre-migration health process for migrants and refugees attending the MHAC. The IOM MHAC was subsequently designated an official COVID-19 vaccination facility and an initial donation of COVID-19 vaccines was provided by the Kenyan Ministry of Health.

To enhance preparedness and support routine immunization activities undertaken during PMHAs, IOM built the capacity of its staff and ensured compliance with international standards through the development of guidance, such as the global IOM immunization manual, and implementation of mandatory trainings.



480,000

Migration health assessments provided (18% for refugees; 82% for migrants)



34

IOM pre-migration health laboratories provided testing (15 provided COVID-19 testing services)



200,000

Vaccine doses administered against 22 vaccine-preventable diseases (including COVID-19)



617

Refugees supported with a medical escort for travel

ZIMBABWE

A new migration health assessment centre in Harare

As part of broader efforts to provide access to high-quality, reliable, and efficient pre-migration health activities for migrants and refugees in Zimbabwe, IOM established a new MHAC in Harare in July 2021. From 2019 to 2021, the mission observed an increase in migrants assisted with PMHAs from 2,302 to 6,010, mainly among visa applicants to the United Kingdom; this upward trend is expected to accelerate in 2022. Considering this, opportunities for expansion of the MHAC capacity have been explored, including further enhancements of infrastructure and logistical support, as well as increasing the number of MHAC staff to meet growing needs.

The new MHAC replaces a smaller clinic in the IOM office and allows IOM to provide a one-stop-shop for migrants and refugees, comprising clinical facilities, as well as in-house radiology and laboratory capacity. The IOM Harare MHAC primarily provides PMHAs for migrants bound for the United Kingdom, as well as PMHAs for refugees under the United States Refugee Admissions Programme.



Client registration at the IOM MHAC in Harare, Zimbabwe. © IOM 2022

HEALTH SERVICES FOR FRONT-LINE AID STAFF

THE CHALLENGE Against a background of overstretched health systems due to the COVID-19 pandemic, in 2020, the UN launched a mechanism to provide essential health services to aid workers across the world, in particular UN staff and their families. Named “First Line of Defence” (FLoD), it was designed to ensure that UN personnel could remain in their duty stations and continue delivering on their mandates, thanks to access to high-quality, reliable health services, minimizing the need for medical evacuations, considered to be the “second line of defence.” IOM became a key contributor in the effort as of July 2020 and continued throughout 2021.

THE STRATEGY In 2020, IOM’s FLoD services were made available in 20 countries across Africa, Asia, Central Europe, and the Middle East. IOM offered different services, based on context, such as clinical care, laboratory testing, telehealth, home monitoring services as well as medical movement support. IOM enhanced its capacity under FLoD in 2021 by extending services to an additional country, accrediting over 300 clinical staff to provide health services worldwide, providing resources and trainings for staff, and developing or adapting technological solutions, including a telemedicine application and systems for feedback management. Finally, drawing on its extensive experience delivering vaccination programmes, IOM supported the UN system-wide COVID-19 vaccination efforts, working with national governments to receive the necessary authorizations to administer COVID-19 vaccine doses to UN staff and dependents, as well as other eligible beneficiaries, such as members of the diplomatic community. In addition to direct vaccine administration, IOM also assisted with coordination of country vaccine deployment teams, logistics, and by providing staff and clinical premises for registration and monitoring.

THE RESULTS This new activity proved critical in enabling aid workers across the world to remain present on the front lines despite the pandemic and its effects on health systems across the world. As a result of the successful collaboration between the UN and IOM, demand for services increased in many locations and discussions were initiated for the extension of the global FLoD framework agreement between the two entities beyond the end of 2021. This framework will be revised to accommodate a broader scope of services beyond COVID-19, to complement UN system health services where they may be limited.



Countries where IOM FLoD services were available



UN staff and their dependents received at least one service through IOM



COVID-19 tests were conducted for clinical purposes



People received remote home monitoring services



People received mental health and psychosocial support



People were referred for a higher levels of care (hospitalization or medical evacuation)



COVID-19 vaccine doses were administered across eight countries



A health worker from IOM Uganda’s First Line of Defence Unit performs a COVID-19 test.
© IOM 2021/Richard KAVUMA

Mental health and psychosocial support activity for conflict-affected women in Maiduguri, Nigeria. © IOM 2021/Natalie OREN



2. INCREASING COMMUNITIES' HEALTH RESILIENCE

PRIMARY CARE FOR PEOPLE IN CRISIS CONTEXTS

THE CHALLENGE Health support in crisis situations is an essential part of IOM's humanitarian mandate. IOM offers direct medical services to people affected by conflict, natural disasters, or public health emergencies – including internally displaced persons (IDPs), returnees and refugees – host communities, and migrants in need of medical care or psychosocial support along perilous migration pathways and hard-to-reach areas, as well as working with trusted implementing partners where appropriate. As the COVID-19 pandemic threatened to further aggravate the health needs of populations caught in crisis, IOM strove to maintain its life-saving operations, while ramping up COVID-19 – specific health services in these contexts.

THE STRATEGY IOM's direct health-care services for people in crisis situations have three critical objectives: save lives, reduce morbidity, and alleviate suffering. In line with International Humanitarian Law, services are provided in camp and non-camp settings, through IOM or third-party health workers. In 2021, 601 IOM-managed or supported primary health-care centres provided primary health-care (PHC) services, with over 4.3 million consultations provided, as well as 277 mobile medical teams were providing life-saving services to mobile and hard-to-reach populations.

Among other things, activities include emergency care provision, routine and outbreak-related immunization, basic nutrition programming, malnutrition screening and referral for children under the age of five, screening and treatment for tuberculosis (TB), voluntary testing and treatment for HIV/AIDS and malaria, sexual and reproductive care, as well as mental health and psychosocial support (MHPSS).

IOM works in coordination with emergency health partners. In addition to being a member of the Global Outbreak Alert and Response Network, IOM is a member of the Strategic Advisory Group of the Inter-agency Standing Committee's Global Health Cluster. Through a multisectoral approach, IOM's programming encompasses the various stages and typologies of emergencies, throughout all phases of the mobility continuum. It is implemented in coordination with other sectors and units, including Water, Sanitation and Hygiene (WASH) services, IOM's Displacement Tracking Matrix (DTM) teams, Protection, and gender-based violence (GBV) risk mitigation and response efforts.

THE RESULTS With COVID-19-related measures mainstreamed across all operations, IOM provided a wide range of emergency health focused projects in 40 countries classified as crisis/humanitarian settings culminating in millions of vulnerable persons in hard-to-reach locations receiving essential health-care services worldwide. IOM also played a critical role in emergency settings in preventing, detecting, and providing treatment for thousands of people, for three of the world's greatest threats: HIV/AIDS, malaria, and TB, alongside multiple other public health threats.



4.3 million

Primary health-care consultations



82,400

Referrals to higher levels of care



424,000

Antenatal care consultations



21,000

Deliveries attended by skilled birth attendants at IOM-supported facilities



11.6 million

Persons reached with RCCE



26,300

Children benefited from management of moderate or severe acute malnutrition services



492

Primary health-care facilities built or rehabilitated

SPAIN

Strengthening emergency health care for migrants in the Canary Islands



IOM is supporting the COVID-19 vaccination of migrants arriving in Tenerife, Spain. © IOM 2021

To address the needs of those arriving in the Canary Islands, since September 2020, the Government of Spain has been expanding the emergency reception capacities on the islands by establishing new emergency reception facilities. Since February 2021, IOM has been providing site management support, including protection assistance, in a facility on the island of Tenerife, namely Las Canteras, with a total accommodation capacity of 1,150 people.

In 2021, IOM conducted over 15,000 primary health consultations to migrants on-site. The medical team in the facilities also ensured 960 referrals for secondary level medical treatment to both private and public off-site health centres, and has provided 1,686 psychological consultations.

Following a series of bilateral discussions, the Canary Islands Health Authorities confirmed the successful integration of IOM's migration health protocols in the new regional health assistance plan for migrants reaching the Canary Islands. As a result of this cooperation, IOM was able to continue the roll-out of the COVID-19 vaccination programme. Between July and December 2021, 703 migrants received the one-dose of COVID-19 vaccine delivered by the authorities.

ETHIOPIA

Providing life-saving health services to displaced persons in Tigray

Since the conflict broke out in Tigray, northern Ethiopia, in November 2020, over 2 million people has been displaced. As a result, humanitarian need have skyrocketed, in particular for essential and life-saving health care. Health facilities have been severely overstretched, and people are still living in overcrowded makeshift sites with limited access to hygiene facilities, against the background of the ongoing COVID-19 pandemic.

Responding to the crisis, IOM's mobile health and nutrition teams as well as MHPSS teams have been providing life-saving primary care consultations, providing basic sexual and reproductive health (SRH) services, psychosocial support, screening and referral management for moderate and severe malnutrition among children, as well as targeted RCCE activities on COVID-19 prevention in IDP sites and fixed clinics and malaria interventions.

In 2021, IOM has supported 53,498 people with primary health-care consultations, provided MHPSS services to 127,347 individuals, screened 13,464 individuals for malnutrition, and directly reached 277,842 persons with targeted health promotion and RCCE activities.



IOM mobile health clinic in Mekelle, Tigray. © IOM 2021/Kaye VIRAY

ADDRESSING CONTINUOUS DISEASE THREATS

THE CHALLENGE While migration is not a risk factor in itself, the circumstances in which migrants and mobile populations can find themselves during the migration process can make them particularly vulnerable to life-threatening diseases such as malaria, HIV/AIDS, and one of the world's deadliest infectious diseases, tuberculosis (TB).

In 2021, through IOM's direct service delivery alongside IOM's work with implementing partners, in spite of the COVID-19 pandemic, IOM adapted existing service models to ensure continuation of life saving HIV, malaria, and TB services for migrants, mobile and hard-to-reach populations and host communities.

THE STRATEGY IOM works with health ministries and communities directly, targeting all phases of the migration process with prevention, diagnostic and treatment services. In the past decade, IOM has worked to integrate HIV services and awareness across its health activities in about 100 countries. Among the beneficiaries of IOM's HIV-related projects are migrant workers across a range of sectors in regular and irregular situations; IDPs and refugees; families and partners of migrants, including sex workers; as well as survivors of GBV and trafficking in persons. In addition, IOM provides HIV/AIDS diagnostic, treatment, referral services, and pre- and post-test counselling as part of a comprehensive service delivery model.

In partnership with national TB programmes, IOM contributes to cross-border TB detection and control by providing a wide range of tuberculosis-related services, from facilitating diagnostics to treatment, as well as public health measures, such as contact tracing and health education in migration-affected communities. These services are provided across all areas of IOM's health programming (e.g. pre-migration health activities, as part of emergency health services, and as a part of more development-oriented health promotion efforts), most of which are located in countries with an intermediate or high burden of TB. Whenever possible, IOM uses directly observed treatment (DOT) – the internationally recommended strategy for TB control – to increase patients' adherence to and completion of TB treatment. Ultimately, IOM's programming supports the early detection of TB, aims to improve outcomes for individuals, reduce transmission and incidence at a population level, whilst working to combat multi-drug resistant and extremely drug-resistant TB by working closely with communities.

IOM also supports malaria programming across many countries through multi-pronged evidence-based public health strategies, including interventions around vector control, distribution of long-lasting insecticide treated bed nets, treatment and behaviour change communication campaigns to raise awareness around prevention, and encourage both prevention and treatment-seeking behaviour, including the importance of drug compliance.

THE RESULTS In 2021, IOM made a sustained effort to continue delivering support so as not to lose and continue building on previous gains made in the global fight against HIV/AIDS, TB, and malaria.

 650,000

Persons reached with HIV prevention programmes

 194,000

HIV tests performed (across all areas of migration health programming)

 38,000

Persons commenced on antiretroviral therapy

 1.1 million

TB radiological investigations carried out

 13,000

TB patients received support with DOT

 6 million

Persons reached with malaria prevention messages

 2.5 million

Bed nets distributed for malaria prevention

 752,000

Malaria rapid diagnostic tests provided

 260,000

People received malaria treatment

MIDDLE EAST

Six years fighting HIV, tuberculosis and malaria



Maheer, a patient with multidrug-resistant TB, and an IOM health worker review test results. Anbar province, Iraq. © IOM 2021

Since 2017, IOM has been working with the Global Fund to Fight AIDS, TB and Malaria, governments, and other key partners, to help deliver continuity of care for the three diseases, while strengthening access and service provision across national and community health systems for displaced persons, migrants and key vulnerable people in Iraq, Jordan, Lebanon, the Syrian Arab Republic, and Yemen.

Years of conflict in Iraq have led to substantial damage to public health infrastructure and interrupted care across the board. In partnership with the national TB programme, IOM's focus has been to help fight TB. Over 14,600 cases have been detected and notified in less than three years. In 2021, more than 260 people suffering from multidrug-resistant TB were also supported with treatment.

In Lebanon, IOM's health teams have been supporting migrants and other key vulnerable persons with TB and HIV diagnosis and treatment, in partnership with national disease control programmes. In five years, close to 39,000 people were tested for HIV voluntarily, and more than 1,900 people who tested positive received access to antiretroviral therapy. In addition, over 2,000 people were diagnosed as having TB and notified accordingly, 20 of whom were identified as having multidrug-resistant forms and given adequate treatment. In the Syrian Arab Republic, IOM has been working with the WHO and national NGO partners to tackle TB and HIV/AIDS in the north-east and north-west of the country. IOM is working with WHO to support three TB centres in Azaz, Idlib and Afrin, with plans to support the opening of a centre in Al-B in the coming year, with funding for TB diagnostics and drugs.

Since 2017, nearly 5 million long-lasting insecticidal nets were distributed in Yemen, covering over 11 million at-risk Yemenis and other vulnerable persons in the fight against malaria. In 2021 alone, more than 1.2 million people suspected to be suffering from malaria were able to access health facilities to get tested and over 157,000 who were positive were able to receive treatment with IOM's support. In addition, 3,000 health workers were trained on diagnosis and treatment of malaria, including antimalarial drugs and management of severe malaria. IOM has also been working hand-in-hand with the national disease control programmes in Yemen to help defeat HIV and tuberculosis. Since 2017, over 45,000 people were diagnosed with TB including 204 multidrug-resistant TB cases who were able to access treatment subsequently. In addition, over 35,500 people were provided with HIV testing and counselling services and over 3,100 people living with HIV were given access to antiretroviral therapy.

REPUBLIC OF MOLDOVA

Marking World TB Day through a gender lens

Thousands of Moldovans migrate each year, seeking opportunities that are not available at home. Although cases of regular tuberculosis have been declining in recent years, the Republic of Moldova is one of 30 countries with high burden of multi-drug resistant TB, where one third of new cases are multi-drug resistant, making them difficult and expensive to treat. Migrants make up 15 per cent of all TB cases in the country and are particularly vulnerable to TB, especially those in irregular situations, as they often do not know how to access health-care services or are afraid to approach authorities for fear of losing their jobs or being deported.

On World TB Day 2021, IOM joined forces with the National TB Programme, border police and other public authorities to run a week-long information campaign with a special focus on women and their susceptibility to the disease, particularly if they are what is known as "circular migrants" who come and go often.

Public information materials have been placed in airports, hospitals, border crossings, and broadcasted on television, radio and via social media. These have been developed to be gender- and migrant-sensitive, and include information, education and communication materials relevant to women who have been affected by TB. The team also organized several flash mobs in partnership with the medical student association in the Republic of Moldova to raise awareness about this disease that affects millions globally.

GENDER-SPECIFIC HEALTH SERVICES

THE CHALLENGE While IOM service provision takes into account all gender-specific barriers and challenges to accessing health care, women in particular are disproportionately and consistently overrepresented among low-skilled migrant workers, especially in the domestic and informal sector, and in precarious employment conditions. Migrant and displaced women and girls are more likely to experience sexual exploitation, intimate partner violence, and rape as safety conditions deteriorate in IDP camps, forced evictions increase in urban centres, and during socioeconomic downturns – including the COVID-19 pandemic. Additionally, while being more exposed to diseases, exploitation, poor working and living conditions, and gender-based violence GBV, they often face more obstacles in accessing essential, uninterrupted health-care services, including sexual and reproductive health (SRH) support and GBV services.

THE STRATEGY IOM is on the front lines of strengthening migrant women's access to health services while mitigating the health risks they may face, for example by advocating for extending migrants' roles in the design, implementation, and monitoring of national and local health responses. IOM strives to integrate gender considerations across its health programming, particularly in emergency and low-income settings. Within its [Institutional Framework for Addressing GBV in Crises](#), and in line with its commitments to the Call to Action on Protection from GBV in Emergencies, IOM aims to ensure that the safety, dignity, well-being, and equitable access to services for all GBV-affected persons are prioritized and integrated. IOM's health programmes include activities tailored to support GBV survivors through an integrated approach, such as direct health-care services, MHPSS, referrals for specialized support, community-based health education and service information for survivors.

During refugee resettlements, IOM facilitates special arrangements in transit centres such as gender-specific accommodation and sanitary facilities, well-lit infrastructure, 24/7 security services, and dedicated hotlines to enable the disclosure of incidents.

In line with its zero-tolerance policy on preventing of sexual exploitation and abuse (PSEA), across its health operations, IOM has been implementing a number of key measures including mandatory PSEA trainings for all staff, awareness-raising on patients' rights and complaints mechanisms across IOM health facilities, the use of a chaperone of choice during health assessments and, whenever possible, the right to request that medical examinations be performed by a health professional of the same sex as the person receiving the service.

THE RESULTS In 2021, IOM administered SRH services in 21 emergency and development context countries which included a wide range of services such as antenatal and postnatal care, referrals to emergency obstetrics care, clinical management of rape for survivors of GBV, MHPSS services for survivors of GBV and sexual violence, among other SRH services. IOM played a critical role in providing migrant girls and women and host communities with comprehensive SRH services and training over 160 health-care providers on GBV, clinical management of rape and referral pathways to improve IOM's overall capacity to treat survivors.



21,000

Deliveries attended by a skilled birth attendant



426,000

Antenatal consultations took place



2,700

Women referred for emergency obstetric care



199

Trainings provided to health-care providers on GBV and clinical management of rape

IOM'S mobile clinic delivers life-saving assistance to people in the Shahrak Sabz IDP settlement in Afghanistan.
© IOM/Muse MOHAMMED



SOUTHERN AFRICA

Improving lives, one change agent at a time

In 2021, IOM's SRHR-HIV Knows No Borders project implemented in Eswatini, Lesotho, Malawi, Mozambique, South Africa, and Zambia conducted a baseline study in all six project countries as part of the inception activities for phase II of the project. Compared to the 2018 baseline study findings, the 2021 study found a decrease in teenage pregnancies in all countries; a reduction in women aged 15-49 reporting using modern contraceptive methods in all countries; and an increase in the number of migrants, young people and sex workers tested for HIV and know their status in five countries, except Mozambique. In addition, the incidence of gender-based violence increased in Lesotho, South Africa and Zambia but decreased in Eswatini, Mozambique and Malawi. Moreover, the number of beneficiaries reached with SRH-HIV education increased by more than 30 per cent in all six countries.

In 2021, the project reached over 100,000 young vulnerable people, migrants and sex workers with health education on sexuality, HIV/AIDS, sexually transmitted diseases, pregnancy and contraception through door-to-door visits and community events such as mobile clinics, outreach campaigns and community dialogues. Across all countries, a total of 817 change agents actively conducted health education on SRH-HIV amongst non-migrants, migrants, young vulnerable people and sex workers. The project referred over 14,000 young vulnerable people, migrants and sex workers for health and non-health services.

The services provided included health services such as HIV testing and counselling, antiretroviral therapy, antenatal care, family planning, sexually transmitted diseases and cervical cancer screening and treatment, sexual and gender-based violence support, and non-health services such as immigration, social welfare, counsellors, and police. The project trained 567 individuals from service provider organizations to deliver SRH-HIV, GBV and related services. A total of 516 young vulnerable people were trained in entrepreneurship, financial literacy, and vocational skills in an effort to link them to better livelihood opportunities.

The project continues to address the environmental barriers (harmful traditional cultural practices and social norms) to accessing SRH-HIV services by engaging with communities and key populations through dialogues and sensitizations. Over 1,500 policymakers, community, religious and traditional leaders at national and regional levels were sensitized on the migration of young vulnerable people, SRH rights and sexual and gender based violence. A total of 19 community dialogue platforms were established, while 29 others were strengthened.

YEMEN

Building the capacities of midwives and health workers

Throughout 2021, millions in Yemen continued to face one of the world's worst humanitarian crises. Despite the challenging environment the conflict poses, migrant arrivals to Yemen have increased and, accordingly, IOM has been strengthening its assistance and services. Years of conflict in Yemen have resulted in a near collapse of an already fragile public infrastructure and its health-care system has not been exempt from the deterioration of public services, especially in the rural areas of the country. Only half of the health facilities in Yemen are fully or partially functioning, and many of these still lack basic requirements, such as fuel, water, essential medical supplies and qualified health staff.

Like many other health-care facilities in war-torn Yemen, Alroos Hospital was suffering from severe shortages in health workers and supplies. To meet the crucial need for health care in Saber Al Mawadem, IOM partnered with Qatar Charity to upgrade Alroos Hospital and improve the health services provided to the rural community in that area.

IOM's support also included training midwives and health workers, as well as providing financial incentives for all medical and administrative staff to overcome the shortage of staff in the hospital. Now, an additional obstetrician, gynecologist and seven midwives are available to receive patients at all times of the day, and women can receive antenatal, delivery and postnatal health-care services as well as consultation and treatment for gynecological conditions at all times. Through IOM, more than 70,000 people can now access primary and secondary health care in Saber Al Mawadem district.



A baby receives medicine from an IOM health staff in Saber Al Mawadem district in Ta'iz. © IOM 2021/Majed MOHAMMED

GREATER IMMUNIZATION COVERAGE

THE CHALLENGE Vaccines are one of our most critical and cost-effective tools for preventing outbreaks of vaccine-preventable diseases and keeping individuals and entire communities safe and healthy. The COVID-19 pandemic has demonstrated in the clearest terms that no one is protected until everyone is. In line with [UN Security Council Resolution 2565](#) (February 2021) and in coordination with partners, IOM has endeavored to improve access to immunization for all mobile populations, including migrants in regular or irregular situations, IDPs, refugees, asylum seekers, host communities, and other vulnerable and hard-to-reach populations.

THE STRATEGY IOM's vaccination activities aim to improve the health of migrants by increasing essential vaccine coverage and strengthening health systems, including immunization. The Organization has been a key player in global efforts to ensure that migrants and mobile populations have access to routine immunization as well as campaigns deployments. In 2021, IOM vaccination activities against 22 diseases were undertaken in over 90 countries – both routinely and in response to outbreaks.

In the context of pre-migration health activities, this includes catch-up vaccine schedules for refugees and other migrants not routinely covered by national immunization programmes, with the aim of reducing the risk of arrival in destination countries with vaccine-preventable diseases. These services require a robust system of vaccine storage, distribution and delivery, which IOM ensures through its primary health-care facilities and MHACs, including by procuring and maintaining appropriate supply and cold chain equipment and establishing prevention measures against cold chain failure such as temperature monitoring and alert systems. To ensure the appropriate delivery of vaccines, IOM staff are provided with relevant trainings in line with international standards.

THE RESULTS In 2021, IOM was able to continue to contribute to the improvement of vaccination coverage. IOM's work in reaching migrants, IDPs, refugees, host communities and other vulnerable populations with immunization during the COVID-19 pandemic has been particularly important in light of the overall decrease in routine vaccination coverage reported by WHO and others in 2020 as one of the effects of the global health emergency.

Throughout the year, IOM focused on bolstering national capacities to roll out COVID-19 vaccines so that no migrant, including forcibly displaced persons would be left behind. Among other things, IOM was part of the Inter-Agency Standing Committee's COVID-19 Vaccination Humanitarian Buffer Working Group for the allocation of last-resort doses for neglected populations.

 **2 million**

People vaccinated (routine, campaign, including against COVID-19)

 **30,000**

Children received routine measles vaccination

 **83,000**

Children received routine polio vaccination

 **54**

Countries supported by IOM with their national COVID-19 vaccination roll-out

 **75,000**

Migrants and refugees received vaccination through pre-migration health activities



IOM has been providing technical and logistical support to national health authorities in the Niger to ensure that the COVID-19 vaccines can be delivered to all, including migrants.
© IOM 2021/Daniel Kisito KOUAWO

SOUTH SUDAN

Routine immunization to protect children against infectious diseases

Through its Routine Vaccination Programme supported by Gavi, the Vaccine Alliance, IOM supports South Sudan's Expanded Immunization Programme. Initiatives are carried out through various programmes in collaboration with the Ministries of Health and key partners such as WHO and the United Nations Children's Fund (UNICEF). In coordination with its partners, IOM strives to improve access and coverage to immunization for all mobile populations, including refugees, asylum seekers, migrants and hard-to-reach individuals, such as IDPs and vulnerable host communities. In the East and Horn of Africa, IOM continues working towards vaccine equity to leave no one behind by providing vaccination to refugees and migrants, both routinely and in response to outbreaks of vaccine preventable diseases, including COVID-19. IOM's vaccination efforts are geared towards supporting global efforts to improve health and well-being, while simultaneously enhancing equity in immunization access for zero-dose, under-immunized and missed communities among migrant and hard-to-reach communities.

IOM Migration Health provides access to essential primary health-care and nutrition services to displaced communities, returnees, and host populations across the country, with 24 IOM-supported health facilities within and around the major IDP camps in Bentiu, Wau and Malakal. IOM also reaches populations in need through mobile clinics and rapid response teams. Devasted by years of protracted civil war, South Sudan's health systems and infrastructure have been severely weakened, resulting in limited access to primary health care particularly for the most vulnerable populations, as well as routine immunization for babies and children. IOM's migration health teams have been working to scale up the provision of routine immunization to IDPs, returnees and conflict-affected host communities in health facilities, including in the sites for protection of civilians. The country's expanded programme on immunization has brought life-saving vaccines to thousands of children in South Sudan, through static and mobile teams, reaching even the hardest-to-reach pockets of South Sudan. This helps ensure that children receive essential vaccines and are protected against a range of infectious diseases, including measles, polio, diphtheria, tetanus and hepatitis B. Overall, in 2021, IOM South Sudan was able to provide over 52,650 people with vaccination, including 50,200 through health centres and 2,450 through rapid response teams.

ECUADOR

Ensuring no one is left out of the COVID-19 vaccination roll-out

Once Ecuador's COVID-19 Deployment and Vaccination Plan was developed, a multilateral work process began, led by the Ministry of Public Health in joint coordination with the Ministry of Foreign Affairs and Human Mobility, IOM, the UN Refugee Agency, and different organizations part of the Group for Refugees and Migrants, to ensure the inclusion of populations in a situation of human mobility in the vaccination plan. In 2021, through these joint efforts, close to 1.6 million COVID-19 vaccine doses were made available to foreign nationals. Of these, close to 900,000 corresponded to first doses, while almost 700,000 foreign nationals were able to access a complete vaccination plan (with either single-dose or two-dose vaccines). Among those accessing vaccines were Venezuelans, Colombians, Peruvians, Cubans, Chinese, Spaniards and Americans. As part of this cooperation, IOM provided support to the national health system to address staffing needs and deliver medical supplies, IT equipment and educational materials. IOM also supported the vaccine cold chain, which includes cold rooms, freezers, refrigerators and cold boxes that keep vaccines at the right temperature from the moment of manufacture until administration. Moving forward, IOM has developed a work plan in line with the National Immunization Strategy and the National Directorate of Epidemiological Surveillance that includes several activities seeking to not only further strengthen the COVID-19 response but also contribute to preparing for and mitigating the potential effects of future outbreaks.

HAITI

Raising awareness to reach those most vulnerable

At the end of 2021, in coordination with the Government of Haiti, local partners and communities, IOM carried out a large-scale COVID-19 awareness-raising campaign in 12 of the most vulnerable communities along the border between Haiti and the Dominican Republic. COVID-19 prevention messages directly reached over 15,000 people and were disseminated using various channels, such as community radios, sound trucks, murals, social media and participatory theatre.

In coordination with authorities, IOM also set up five quarantine facilities at four points of entry in Ouanaminthe, Belladère, Malpasse and Anse-à-Pitres, along with one at the airport in Port-au-Prince, to temporarily accommodate Haitian returnees with COVID-19 symptoms. In addition, IOM has supported the Government to open a quarantine centre and an isolation facility for IDPs in the suburbs of Port-au-Prince, as well as vaccination centres along the border between Haiti and the Dominican Republic, in close coordination with WHO. To further boost the operational capacities of Haitian authorities for the transportation of people suspected of COVID-19 to health centres, IOM has provided support to the National Ambulance Centre to repair 58 ambulances.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

THE CHALLENGE As any form of migration implies a redefinition of individual, family, group and collective identities, roles and value systems, many migrants face a number of stress factors such as uncertainty about the future, being confronted with new cultural norms and regulations, xenophobia, the loss of family members and friends, etc. that may affect their mental health and well-being at large. In addition to exacerbating pre-existing vulnerabilities, the COVID-19 pandemic presented migrants with a long list of new and unexpected difficulties related to travel restrictions, health concerns, sudden socioeconomic downturn, and other compounded stress and distress factors, that IOM aimed to address throughout its programming. The delivery of MHPSS services, traditionally largely based on face-to-face interventions and group work was also greatly impeded by the realities of the pandemic, and IOM had to adapt its programming considerably from early 2020.

THE STRATEGY Across its operations and at the policy level, IOM advocates for all migrants, regardless of their legal status, to have access to MHPSS. The Organization provides direct services to migrants, returnees, crisis-affected people, and host communities, and strives to build national and local capacities in MHPSS worldwide, including for humanitarian, law enforcement, social welfare, educational, cultural, health, mental health and psychosocial support professionals.

Depending on needs, contexts and available resources, IOM MHPSS efforts are implemented through a variety of modalities ranging from community and family support, including sociorelational and cultural activities (such as creative and art-based activities, ritual and celebrations, sport and play, nonformal education and informal learning activities), one-on-one psychological counselling, (peer) support groups and specialized mental health services. IOM also provides referrals to other service providers, coordinates inter-agency efforts in nine countries as co-chair of MHPSS technical working groups, and fosters local and national capacities through the provision of training and capacity-building activities.

MHPSS is mainstreamed across many of IOM's programmatic areas including emergency health services, pre-migration health activities, general health promotion and assistance to migrants, protection, voluntary returns, camp coordination and camp management, education, GBV prevention and mitigation and more.

THE RESULTS To meet the growing need for MHPSS during the COVID-19 pandemic and despite the challenges in service delivery created by lockdowns, physical distancing recommendations, limitations in social gatherings and in performing rituals, and mandatory teleworking policies, to name a few, IOM managed to scale up and fundamentally adapt its operations thanks to creative solutions. For example, to continue a safe provision of services, IOM provided psychological counselling session remotely via hotlines. In addition, in 2021, IOM launched a free, self-paced, [online training for MHPSS practitioners worldwide](#) which enabled them to increase their capacities to design, implement, monitor and evaluate community-based MHPSS programmes even when face-to-face training was not possible.



1.6 million

People reached with MHPSS services



33,000

People trained in MHPSS principles and approaches



9

National or subregional inter-agency MHPSS coordination mechanisms co-chaired



19

Global virtual events on MHPSS that IOM participated in or co-organized

IOM regularly conducts MHPSS activities for children and adults in Tigray, Ethiopia.
© IOM 2022/Hiyas BAGABALDO



GUATEMALA

Psychosocial support through art and play for returnee children



IOM organized psychosocial activities for unaccompanied returnee children in Guatemala. © IOM

From June to September 2021, as part of the Integrated Response on Migration programme, IOM implemented project Pepita through which it provided psychosocial support to unaccompanied returnee children and adolescents in Guatemala. The children received the support at the *Casa Nuestras Raíces* shelter in Guatemala City, which falls under the administration of the Social Welfare Secretariat of the Presidency of the Republic, and which provides a safe space for the family reunification process. At the shelter, returnee children and adolescents have access to humanitarian assistance and protection support before the reunification with their families and return to their communities.

Through a methodology that integrates play, theater and art, IOM was able to deliver psychoeducational messages to help children and their families understand the importance of mental health,

psychosocial well-being and self-care. In addition, the intervention sought to strengthen resilience, facilitate the recognition of agency and the identification of personal and family resources in the wake of their imminent return, and address family reunification and reintegration with a community-based approach. The project reached a total of 1,225 people, including 929 children and adolescents and 296 family members. During the intervention, the methodology was adapted to also support COVID-19 positive cases in quarantine.

BANGLADESH

A cultural memory centre for the continuity of Rohingya heritage

In May 2021, IOM and the Rohingya community jointly launched the [Rohingya Cultural Memory Centre](#), a multidisciplinary initiative which provides an online community space, interactive gallery, digital archive, and web-based exhibition, and one of the first significant attempts to comprehensively document and preserve the cultural heritage of the Rohingya people.

In 2019, IOM researchers in Cox's Bazar started collecting and documenting cultural practices and objects shared amongst the Rohingya community from the Rakhine State in Myanmar, after an assessment identified the fear of losing their cultural heritage as one of the main stressors for Rohingya people in Bangladesh. The centre tells the story of the Rohingya people through a comprehensive collection of cultural artefacts and artworks researched and produced by Rohingya refugee artists living in the camps. These efforts produced a thorough ethnographic map, detailing activities central to the Rohingya identity.

By providing the Rohingya community with the tools and platform to tell their story, the cultural centre addresses the "identity crisis" named by three-quarters of the refugees as a key factor in their loss of well-being. The facility strives to function as a vehicle that preserves and enhances their rich culture, contributing towards strengthening the collective identity of the Rohingya population and supporting exchange among community members.

The collection combines objects of tangible and intangible heritage, ranging from traditional architectural models to embroidery, pottery, basketry, woodwork, visual arts, music, storytelling, poetry and more. All the artisans and researchers involved in the centre's activities receive proper acknowledgment and authorship for their work.



IOM's Rohingya Cultural Memory Centre in Cox's Bazar provides much-needed support to refugees. © IOM

DJIBOUTI

Mental health : the road to recovery

In Yemen, migrants have extremely limited access to shelter, health care, food and water and are subjected to human rights abuses, including kidnapping, exploitation and arbitrary detention. These risks existed before the pandemic but have been rising over the past years as the crisis has exacerbated existing inequalities. With few options to return home, migrants along this route often contact smugglers for the sea crossing back to Djibouti and Somalia without any guarantee of safe arrival. Smugglers use small, unseaworthy, and overcrowded boats that can easily capsize. Occasionally, some throw migrants overboard to reduce the weight. Between May 2020 and August 2021, more than 15,000 migrants arrived in Djibouti from Yemen, according to IOM's DTM.

At IOM's migration response centre in Djibouti, migrants benefit from a variety of recreational activities to help support their mental health and recovery. In addition, women are introduced to traditional basket-weaving to equip them with skills for when they return home. In August 2021 alone, 92 recreational activities were organized for the centre's residents. To complement this, 64 migrants had individual discussions with IOM mental health staff and 92 migrants participated in discussion groups, which allowed them to express the difficulties on their journey and any fears about returning home.

The stigmatization of people suffering from mental health issues is a major problem which all governmental and international actors need to address. Through the facility, migrants can begin to express their emotions again and make significant strides in their recovery.

UKRAINE

The delicate balance of breaking mental health stereotypes

Even before the newest escalation of conflict in the country, IOM has been actively helping those in need of MHPSS in Ukraine by running a toll-free emotional support hotline staffed by four operators, seven psychologists and one psychiatrist. More than 3,400 consultations have been provided in the hotline's first year of operation. People are reaching out from across Ukraine, but most are women from Donetsk and Luhansk regions. Only 30 per cent of the callers in the first year were male.

To encourage more men to seek help, IOM launched in 2021 a new campaign aimed at men and boys, titled "Start Talking and You Will Feel Better". The public launch in Kyiv featured a giant Jenga board game, made of tiles with messages such as "I will manage", "You have to be strong", "I am just tired", "Leave me alone". As individual blocks were removed and the tower collapsed, hidden messages appeared, showing what might really be going on: "I cannot sleep", "This has no end", "I am scared", "I cannot stand this anymore". The campaign also included posters and a video encouraging people, specifically men, to make use of existing support structures, as well as the support of a famous Ukrainian basketball player sharing his own story.

Within only a few days, the number of men contacting the hotline grew by 60 per cent. The main reasons for calling the hotline are problems with their partner, a state of anxiety and fear, problems with children, severe experiences of loss and lack of motivation.



IOM has been actively helping those with mental health issues by running a toll-free hotline. © IOM2021/Plus One Agency

GERMANY

Supporting Syrian men with self-care tools

IOM launched last year a [self-care handbook to help Syrian men living in Germany](#) to identify and address psychosocial challenges, such as isolation, difficulties adapting to the German culture, discrimination, language barriers, uncertainty about the future, unemployment, bureaucracy and shifting roles within the family.

The handbook enables Syrian men to better understand their feelings and emotions, as well as their bodies' reactions to stress factors, and supports them in developing coping strategies tailored to their individual needs and resources. It is based on experiences of Syrian men, complemented by the perspectives of their sisters, mothers, wives or daughters.

The Self-Care Handbook for Syrian Men Living in Germany was developed from 2020 to 2021 by IOM's MHPSS team. It builds upon the resource [Self-Help for Men Facing Crisis and Displacement](#) developed by IOM in the Syrian Arab Republic and Lebanon from 2014 to 2015. It is available in Arabic, English and German, and the related website includes an overview of organizations providing various forms of support to Syrian men and their families to help them address the challenges they face.

3. STRENGTHENING MIGRATION HEALTH GOVERNANCE



IOM supports the Ministry of Health in South Sudan by administering vaccines to protect infants against vaccine-preventable diseases. © IOM/Aleon PICS

PAVING THE WAY TO UNIVERSAL HEALTH COVERAGE

THE CHALLENGE Through policy efforts, public and private advocacy, and strong partnerships at all levels, IOM has been a key voice for the advancement of migration health-related aspects of the Sustainable Development Goals (SDGs), including Goal 3 Target 8 to achieve universal health coverage (UHC) by 2030. In addition, the Organization's migration health work is anchored on World Health Assembly resolutions relating to the health of migrants, as well as the Global Compact for Migration, in particular Objective 15 on the provision of access to basic services for migrants. The first UN high-level meeting on Universal Health Coverage in New York, held in 2019, ended with the adoption of a political declaration which includes migrants, and represents a significant milestone for global health.

THE STRATEGY The COVID-19 pandemic has highlighted the importance of advocacy for policies that promote equitable access to health services for all, per the universal health coverage principles. At the global level, IOM is a leading voice for the recognition that migration is a determinant of health, that there is no public health without migration health, and that migration plays a key role in ensuring that nations advance towards achieving the positive health outcomes embodied in the 2030 Agenda. IOM is an active partner of the [UHC2030 partnership](#), and it often contributes to the development of key migration health policies, in partnership with Member States and key partners, participating in relevant dialogues linked to migration, global health and development policy agendas. In addition, IOM continues to advocate at the regional level to facilitate multi-country partnerships and cross-border cooperation for the inclusion of migrants in health preparedness and response efforts.

At the national level, IOM promotes and provides technical support for the development of national migration health policies. At the local level, IOM works with municipalities, in partnership with the United Cities and Local Governments and the Mayors Migration Council through the UN Network on Migration, for the inclusion of all migrants – regardless of their migration status – in health services. IOM is a longstanding official partner of WHO, the Joint United Nations Programme on HIV/AIDS, the UNICEF, the Global Fund, and Gavi, The Vaccine Alliance and constantly seeks to expand and strengthen these strategic partnerships. IOM migration health activities are implemented in partnership with governments, health and other officials, United Nations agencies, civil society organizations and more, for a multisectoral approach.

THE RESULTS In 2021, to continue contributing to health-related SDGs, and in the face of the COVID-19 pandemic, IOM co-organized and participated in over a dozen high-level, political and technical events and dialogues, and continued to foster strategic partnerships to promote migrant inclusion in health services.

On International Women's Day, an event was co-organized on GBV prevention and the importance of the participation of migrant women in public life. In June 2021, one notable development was the explicit inclusion of migrants and refugees in the [Political Declaration on HIV and AIDS](#), during the High-Level Meeting on AIDS. In November, IOM hosted a high-level policy dialogue with the Government of France, WHO and The Lancet Migration during the twenty-sixth UN Climate Change Conference of the Parties (COP 26) highlighting the linkages between climate change, health and migration. For the WHO Global School on Refugee and Migrant Health, IOM participated in a high-level discussion on Financing Health Care for Refugees and Migrants. Throughout the year, IOM continued to work closely with the COVID-19 Vaccines Global Access Facility (COVAX) to further enable the engagement of IOM around the world in immunization programmes and help ensure that migrants were included in national COVID-19 vaccination roll-outs.

IOM has continued to engage closely on access to health services and integration of health in multisectoral migration governance through various work streams of the UN Network on Migration, for which IOM is the Coordinator and Secretariat. Given the significant developments in this area as governments assess COVID-19 response and related measures, IOM also initiated policy discussions with its member states on the interlinkages between human mobility and the future of pandemic preparedness and response at the 2021 Council. Migration health was also a topic of focus in both sessions of the International Dialogue on Migration in 2021, understanding the linkages between migration, environment, and climate change and migration health in the context of COVID-19 and promoting the inclusion of environment and climate change dimensions in COVID-19 recovery efforts, with speakers from WHO, Lancet and UNICEF. In October, Gavi Deputy Chief Executive Officer gave opening remarks, and convened a policy dialogue on the impact of COVID-19 on mobility.

LATIN AMERICA AND THE CARIBBEAN

COVID-19 support for the most vulnerable



COVID-19 vaccination campaign for migrants at Parque Samanes, Guayaquil, Ecuador. © IOM 2021

Since the start of the COVID-19 pandemic, Latin America and the Caribbean has been one of the most impacted regions worldwide. As of January 2022, the region recorded more than 135,5 million cumulative cases, approximately 3 per cent of all infections recorded globally despite only accounting for about 8.4 per cent of the total global population. The mortality figures followed a similar trend. The region has witnessed 2.5 million deaths from COVID-19 up until January 2022, almost half of all deaths observed worldwide.

Since the beginning, IOM has successfully implemented numerous activities to combat the disease and support migrants in prevention, diagnosis, treatment, and overall management of the situation. COVID-19 vaccination campaigns in all countries have opened new opportunities for IOM to continue its cooperation with the Member States and deliver migrants more tools to overcome many challenges imposed by the pandemic.

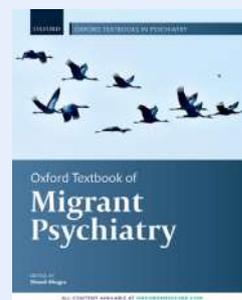
Through a regional project, IOM works to support country offices in Latin America and the Caribbean to facilitate access to COVID-19 health services amongst migrants and people on the move. It combines advocacy efforts to formally include migrants in the national COVID-19 vaccination plan and inherent campaigns and RCCE activities to address vaccine hesitancy, improved demand and sensitize beneficiaries on the benefits of vaccination. It also aims to encourage migrants to access health structures to pursue COVID-19-related treatment, and combat xenophobia and other behaviours that might discourage migrants and people on the move in accessing such services.

WORLDWIDE

Focusing on migration governance and mental health

In 2021, IOM authored two chapters titled “Migration Governance and Mental Health” and “Migration and Mental Health Care in the European Union” in the Oxford Textbook of Migrant Psychiatry. The former presents the Global Compact for Migration, the UN 2030 Agenda for Sustainable Development, and other global governance instruments, focusing on their links to the mental health of migrants. The possibility to limit some of the stressors that accompany certain migration paths, and to promote all migrants’ access to mental health care in new countries of residence is enshrined in these documents. IOM proposes strategies for action and ends with a series of recommendations for the promotion of inclusive and holistic mental health services as part of a rights-based approach.

The chapter focused on the European Union (EU) analyses legal and factual aspects of the provision of mental health care for migrants in the EU. The issue of how services can be made more accessible for migrants is to be considered within the context of the provision of mental health care for all in the EU, where mental disorders are a serious public health concern. The rates of various psychiatric disorders may vary across migrant groups and host populations. Various gaps are identified, and various options are suggested for policymakers and health-care professionals to take into account – with a particular focus on migration from non-EU countries – and the consideration of mental health care as a right for all migrants.



BUILDING MIGRATION HEALTH CAPACITIES

THE CHALLENGE For healthier and safer cross-border mobility pathways, health considerations must be integrated every step of the way, with a deep understanding of the close relationship between human mobility and health outcomes. In turn, for truly migrant-inclusive health service provision and effective public health interventions, IOM supports the development of mobility-sensitive health systems. Through technical assistance, assessments and training, IOM works to significantly build the capacities of governments and actors engaged in health and mobility – at all levels – to better address the challenges of today and tomorrow.

THE STRATEGY IOM plays a unique role in raising the capacities of national and local authorities worldwide and ensuring a greater integration of health and mobility considerations at all levels.

The approach is often implemented with a cross-border scope and involving professionals of various sectors including health workers, immigration staff, border officials, community leaders, members of security forces, academia, and political decision makers, to provide an all-encompassing understanding of the complex relationship between health and migration.

A major focus of IOM's health responses is health system strengthening through training and the promotion of best practices. Through IOM HAP, specifically, IOM continues to train national partners and service providers (e.g. laboratory staff), provides support and collaborates with non-IOM panel sites across the world.

THE RESULTS In 2021, IOM implemented dozens of trainings to facilitate the integration of health and mobility considerations across the world. In South Sudan, IOM provided training and on-the-job mentorship during routine service delivery as well as while responding to acute health needs of displaced populations in 2021, reaching a total of 414 beneficiaries.

In North Macedonia and Armenia, IOM conducted capacity-building activities for public officials and other partners on a variety of aspects of vaccine delivery. A regional project implemented in four Central Asian countries, namely Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan, aimed to implement measures to help reduce spread and likelihood of contracting COVID-19 and other communicable diseases by enhancing health management at the borders in Central Asia by strengthening response capacity, and enhancing inter-sectoral and cross-border cooperation at PoEs. In Croatia, two health trainings on developing key competencies to work with migrants for border police officers and front-line workers took place in 2021.



MEDITERRANEAN ROUTES

Health and protection of vulnerable migrants

The Middle East and Northern Africa is a region of departure, transit and destination of migrant populations. Migrants in vulnerable situations such as victims of trafficking, unaccompanied and separated children, irregular or undocumented migrants, and victims of gender-based violence, are exposed to numerous health risks during their migration journey and are in dire need of protection. A regional project is implemented since 2015 in Egypt, Libya, Morocco, the Sudan, Tunisia and Yemen and contributes to the improvement of migrants' health towards universal health coverage in the region through: the elaboration of health policies that are migrant inclusive; the enhancement of health and protection through medical, psychosocial, and humanitarian assistance; and the strengthening of partnerships and regional exchanges in terms of migration health. In 2021, the project contributed to: the successful inclusion of migrants in regular and irregular situations in the COVID-19 national vaccination plans in the six countries; the launch of the National Strategic Plan of Migration Health 2021–2025 in Morocco; the establishment of a migration health desk within the Sudan's Federal Ministry of Health; the incorporation of migrants into the national AIDS programme in Egypt; and the reinforcement of the South-South cooperation approach through the training of a regional pool of trainers on migration health by the National School of Public Health of Morocco. Overall, in 2021, the project provided medical assistance to 17,854 migrants, psychosocial assistance to 9,007 migrants, humanitarian assistance to 4,956 migrants, and sensitized 7,570 migrants on migration health-related topics.



Anwer, an Ethiopian migrant in Yemen receives a COVID-19 vaccine at the IOM Migrant Response Point in Aden. © IOM2021/Majed MOHAMMED

SOMALIA

Telemedicine to better serve displaced persons and host communities

Somalia's health system has been severely weakened due to conflict and humanitarian crises, with now only four health workers per 10,000 Somalis – well below WHO's recommendations. To mitigate, in January 2021, IOM equipped several hospitals and clinics with digital technology for telemedicine, to strengthen their capacity to provide health services through remote diagnosis and treatment. IOM has been supporting the health capacity in the country through a programme which physically deploys Somalia health experts from the diaspora to the country's hospitals and clinics. However, due to COVID-19-related travel restrictions and physical distancing measures, it had become increasingly difficult throughout 2020 to recruit health-care workers – a gap that IOM's telemedicine initiative helped bridge in 2021. Using IOM-donated video cameras, screens, personal computers and mobile devices such as tablets, through videoconferencing and teleconsultations, doctors located within or outside Somalia's borders can now support those on the front lines with clinical diagnoses, offering real-time recommendations for patient management.

NIGERIA

IOM's first psychosocial counselling master's degree

People affected by conflict are benefiting from the support provided by graduates of IOM's first Professional Master's Degree Programme in Psychosocial Counselling and Conflict Transformation in Nigeria. The degree is offered in partnership with the Centre for Peace, Diplomatic and Development Studies of the University of Maiduguri and aligns with IOM's global MHPSS strategy. The curriculum aims to help professional humanitarian workers gain valuable knowledge on different psychosocial issues in humanitarian settings dealing with displacement, migration and conflict-affected societies in Borno State, North-East Nigeria. The programme was developed to create a community-based mental health and psychosocial support response, while also raising awareness and building the national capacity of humanitarian actors. An e-learning feature has been included to facilitate the roll-out in response to COVID-19 restrictions.

IOM has piloted similar university curriculums in Lebanon in collaboration with the Lebanese University, in Ankara with the Social Sciences University, in Libya, Serbia and Colombia. The Organization currently runs an MHPSS and migration online certificate in Spanish with COLEF the Colegio de la Frontera Norte in Tijuana, as well as summer schools and specialized courses in psychosocial interventions, like the Psychosocial Interventions in Migration Emergency and Displacement one, now at its eleventh edition. The initiatives feed into IOM's strategy to build capacity at state level and improve the quality of MHPSS services for migrants, displaced and host populations at country level.



IOM's psychosocial-oriented livelihood activities for displaced populations in camps and host communities in north-east Nigeria are part of the Organization's MHPSS services. © IOM2021/Natalie OREN

STRENGTHENING RESEARCH AND EVIDENCE BASE

THE CHALLENGE The Global Compact for Safe, Orderly and Regular Migration, the Global Compact on Refugees, multiple World Health Assembly resolutions and Global Consultations on Migration Health have all emphasized the need for countries to invest in mechanisms to better capture migration health related data and to undertake research in order to advance evidence-informed migration health policies and practices.

Despite the magnitude and complexity of international and internal migrant flows and their importance for global health and development, major gaps exist in the knowledge base pertaining to health of migrants and the impact of human mobility on health. For instance, migrant workers, especially those from developing countries, represent more than half of all international migrants, yet published research papers about migrant workers represent only 6.2 per cent of the total international migration and health research output. The lack of reliable evidence to guide decision-making remains a major challenge for countries seeking to find durable and meaningful solutions in providing quality health care and access.

THE STRATEGY IOM provides technical support and practical guidance on advancing evidence-informed approaches for migration health. Strategic actions are carried out along five streams:

1. Undertaking collaborative research projects on migration health at national, regional and global level;
2. Developing applied tools, practical guidance and methods to enhance health-related research and analytics;
3. Enhancing research skills and capacities of Member States, IOM missions and academic networks through training, curricula development, short courses and other capacity-building activities;
4. Building migration health data-sharing repositories and knowledge management platforms;
5. Supporting the establishment of innovative academic and civil society research and advocacy networks, especially in the Global South.

IOM's [Migration Health Research Portal](#) functions as a dynamic research repository and knowledge management platform on migration health. By the end of 2021, the portal housed over 700 IOM migration health publications and more than 2,000 IOM health related projects. To better communicate science and provide latest research insights in the domain of migration health, MHD's Research team publishes a quarterly [Migration Health Research Bulletin](#) and produces an audio podcast "[Migration Health Research Podcast](#)". The site also serves as a practical platform for connecting policymakers, researchers and civil society interested in learning and engaging in migration health research initiatives. The portal received 83,880 page views in 2021 alone.

THE RESULTS In 2021, IOM was actively engaged in the ongoing collaboration with Bielefeld University and University Hospital Heidelberg on systematic review focusing on COVID-19 among migrants, refugees, asylum seekers, and IDPs on a global level. The research aims to provide

evidence on the risk of infection, transmission, development of disease, and risk of severe course of disease including deaths across various migrant categories. The review will also synthesize the evidence on COVID-19 vaccination coverage among migrants, refugees, asylum seekers, and IDPs. A [review protocol](#) was developed and published in 2021.

IOM supported a Middle East and North Africa regional research project which aimed at monitoring and strengthening data collection on vaccination (including COVID-19) and key infectious diseases in migrants residing in the region. Further, the project developed and evaluated a Migrant Health Country Profile tool in six North African countries (Algeria, Egypt, Libya, Morocco, the Sudan, Tunisia) and Yemen, in collaboration with academic partners, Member States, and UN agencies in the region. A [study protocol](#) was published in May 2021.

In coordination with the Migration Health and Development Research Initiative, a network of international scholars in migration health, IOM engaged on two major global projects in 2021. First focused on mapping of institutions, agencies, and networks engaged in delivering or developing training/and capacity-building programmes in the field of migration health. The second involved undertaking a [Bibliometric Analysis on COVID-19 in the context of migration health](#). The findings provided insights to the extent of research activities at the nexus of COVID-19 and migration health, including the key actors (i.e. authors and institutions) and research gaps needed to ensure more inclusive research in the context of investigating COVID-19 and impacts on migrants at the global level.



IOM staff conducts surveys with community members in the Lao People's Democratic Republic. © IOM 2021

MEDITERRANEAN

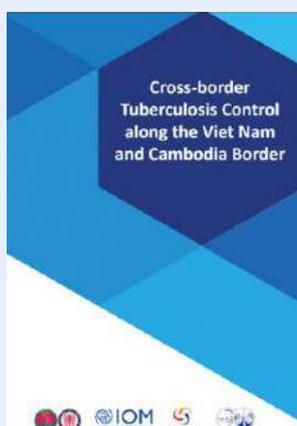
Exploring diaspora engagement in health

In partnership with WHO, IOM carried out a [review study](#) of the medical diaspora originating from the Eastern Mediterranean and the Middle East and North Africa regions. The study provided insights into the (out)migration of health professionals from their home countries and mapped those government institutions and international organizations engaged with diaspora in both countries of origin and countries of destination. The study enumerated examples of how health professionals have been meaningfully engaged in the Middle East and North Africa and other regions, and how engagement has been critical to support the needs of overstretched public health systems on the ground.



ASIA AND THE PACIFIC

Cross-border tuberculosis control along the Viet Nam and Cambodia border



In 2020, both Viet Nam and Cambodia were listed in the top 30 highest-burden countries in the world for TB. While both nations have made significant progress in reducing TB rates in recent years, new challenges and opportunities have emerged on the road towards TB elimination. Inclusion of migrant populations – those moving internally within each country and those moving internationally across-borders between the two countries, is critical for any meaningful efforts in TB prevention and control. Yet this mobility dynamic is often missed or neglected. There also remains a scarcity of data to support the development of national policy and guidelines for TB control for such migrants. For instance, barriers faced by cross-border migrant populations along the Viet Nam–Cambodia border in accessing TB diagnosis and treatment, and those that enable access is poorly understood. [This landmark study](#) aimed at addressing these knowledge gaps and in coordination with governmental and non-governmental agencies and communities along the Viet Nam–Cambodia border, sought to identify strategies to enhance TB prevention and control.

KENYA

What refugees know about COVID-19 and key influences of compliance with preventive measures

[This study](#) explored what refugee women and health-care providers working in refugee health centres understood on COVID-19 prevention measures, the extent of their compliance to public health recommendations, and what influenced the adoption of these measures. The IOM lead project was undertaken with health facility and community health-care staff and refugee women attending antenatal and postnatal care services in Nairobi, Kenya.

While researchers found a high level of awareness about COVID-19 and prevention and control measures among refugee women, multiple barriers affected compliance with such measures. Some of the barriers included misconceptions informed by religious beliefs and political and public narratives constructed about the virus. Practical recommendations for policymakers, health-care planners and community efforts are presented.



2021
INTERNATIONAL YEAR
OF HEALTH AND
CARE WORKERS

The achievements of
IOM's Migration Health Division
draw on:

the generosity of its donors,
the strengths of its partners,
the commitment of its staff,
the resilience of migrants,
and the trust of Member States.

Thank you.



