

MIGRATION HEALTH ANNUAL REPORT 2018



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IOM is committed to the principle that humane and orderly migration benefits migrants and society. As an intergovernmental organization, IOM acts with its partners in the international community to: assist in the meeting of operational challenges of migration; advance understanding of migration issues; encourage social and economic development through migration; and uphold the human dignity and well-being of migrants.

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Cover photo: An IOM staff member engages with local youths in a volleyball match. The youth are also part of a peacebuilding initiative that helps promote cohesion between community members within the town of Abyei in South Sudan. © IOM 2016

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MIGRATION HEALTH ANNUAL REPORT 2018

I. MHD in a snapshot



65 IOM migration health assessment centres worldwide



Provided **2.8** million medical consultations in crises



Emergency health project implementations in **38** countries



Over **377,700** IOM-assisted pre-departure migration health assessments for both refugees (24.5%) and immigrants (75.5%)



Provided **361,189** doses of vaccine to more than **118,335** migrants during pre-departure health assessments



648 active cases diagnosed by IOM's pre-departure health assessments, of which (77.01% lab confirmed) with positive sputum culture and **17** were multidrug-resistant (MDR) TB cases (3.41%)



341,271 beneficiaries vaccinated in crisis situations, including **268,295** children under 5 years of age



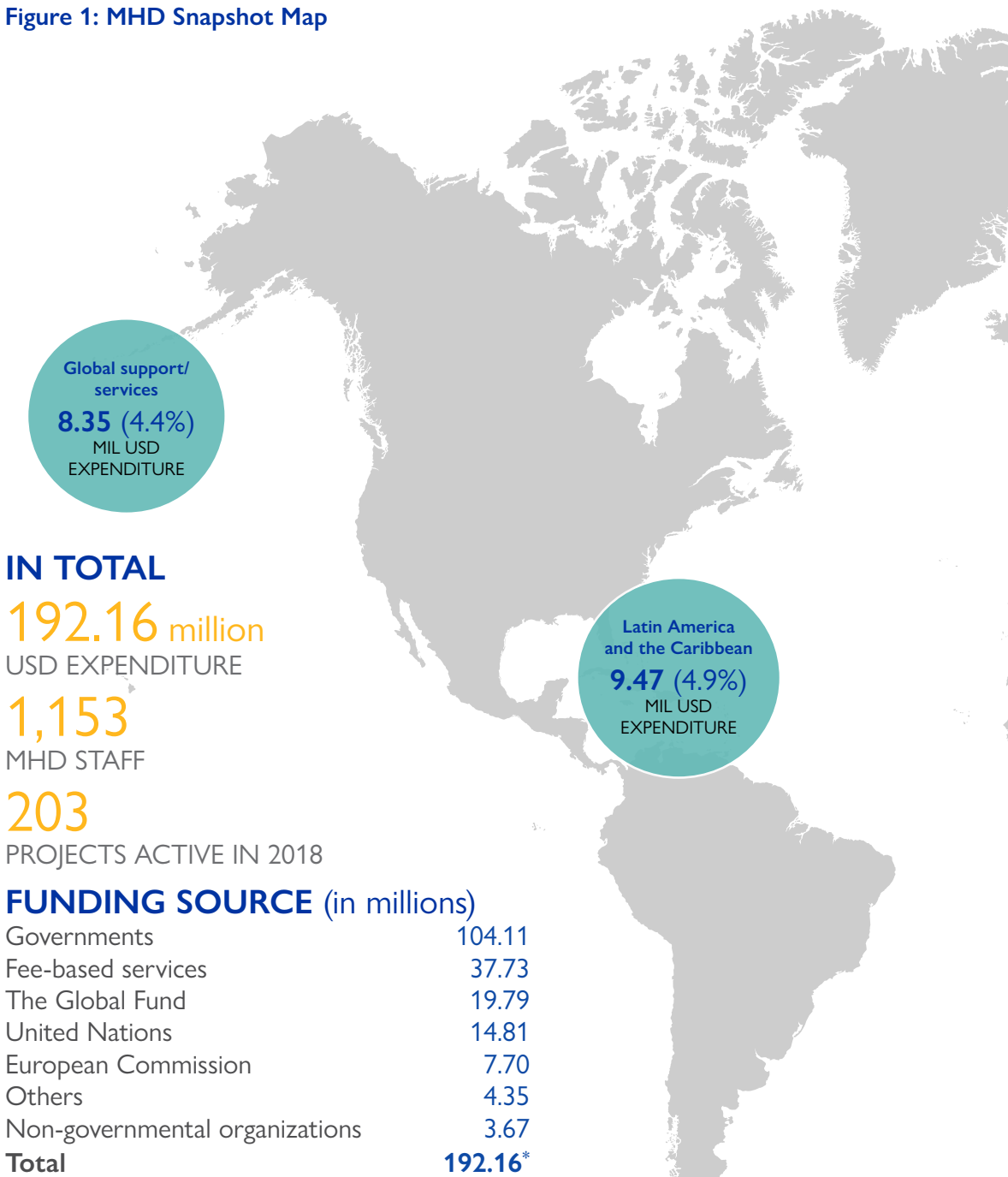
220,406 antenatal consultations provided for pregnant women in crisis situations



197,007 beneficiaries received mental health and psychosocial support (MHPSS) in crisis situations

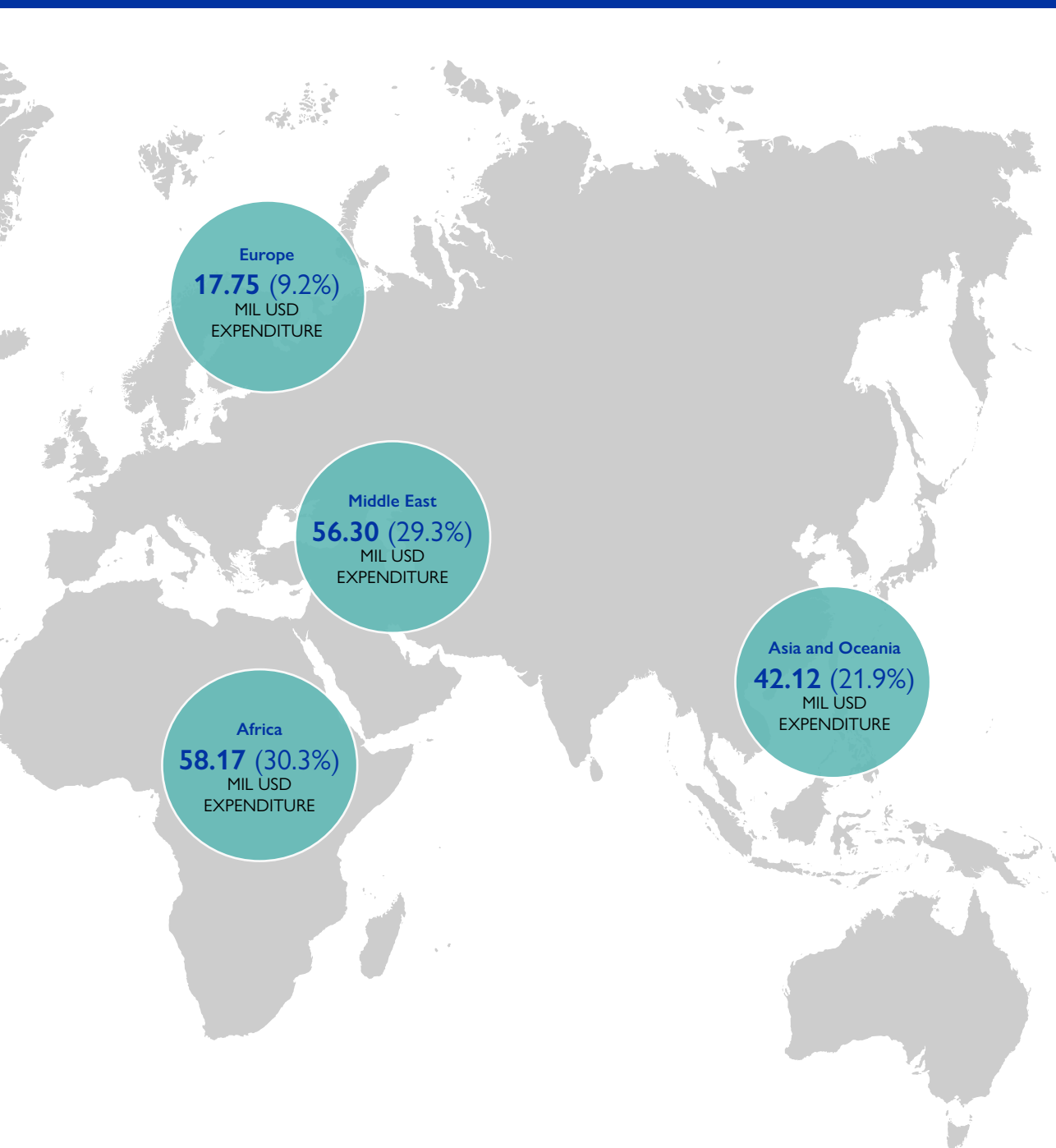
The Migration Health Division (MHD) of the International Organization for Migration (IOM) has the institutional responsibility to oversee, support and coordinate migration health services globally. MHD ensures its services are integrated throughout the work of the Organization and in line with public health and human rights principles, enabling migrants to contribute to the socioeconomic development of their communities. Services aim to meet the needs of Member States in the management of health-related aspects of migration by promoting evidence-based policies, sharing practices and providing a platform for multisectoral and multi-country collaboration. In close collaboration with partners, and in response to the World Health Assembly Resolutions on the health of migrants, the Division advocates for migrant-inclusive, people-centred health systems and capacity-building for the health and relevant non-health sector workforce. As the UN Migration Agency, IOM acts with Member States, UN agencies and other partners, including civil society and academia, to meet the operational challenges of migration, advance understanding of migration issues and work towards ensuring respect of human dignity and the well-being of migrants.

Figure 1: MHD Snapshot Map



* Health issues affect all migrants and cut across all areas of IOM's work. Migration health projects amounted to USD 150.74 million, while migration health expenditures that are integrated into other IOM services amounted to USD 41.42 million in 2018.

Note: *Fee-based services* are directly paid for by immigration visa applicants in the context of global health assessment projects, which are delivered on behalf of major immigration countries. *Others* entails funding from the Asian Development Bank and IOM, including the IOM Development Fund.



* There is a small difference (less than 1%) between this expenditure data (from project recap files) and the expenditure reported in the IOM Annual Report and Snapshot. This is due to a slight difference in asset depreciation criterion.

Note: Global support/services are comprised of managing missions, including headquarters and delocalized headquarter structures that are not considered as implementation sites.

II. Improved access to health services for migrants

Migration is a global phenomenon with nearly 250 million international migrants and an estimated 750 million internal migrants on the move. It is critical that migration be recognized as a determinant of health, as migrants and mobile populations face many obstacles in accessing essential health-care services due to a number of factors, including lack of migrant-inclusive health policies, language barriers, poor continuity of care due to mobility and lack of portability of health insurance. Consequent disparities impact the well-being of migrants and host communities, which raise challenges in achieving the global health targets and health-related Sustainable Development Goals (SDGs). In the migration domain, the adopted Global Compact for Safe, Orderly and Regular Migration presents an historical opportunity to uphold the human rights of migrants and recognize their positive contribution to the sustainable development of their communities. IOM contributes towards the physical, mental and social well-being of migrants and host communities and their social and economic development.

Piloting worksite malaria systems for migrant and mobile populations in Greater Mekong subregion countries

Migration in the Greater Mekong subregion is a long-standing and widespread phenomenon linked to traditional practices, cultural ties, economic opportunities and development. Migration alone is not a risk factor for increased malaria transmission; however, several factors can make migrants and mobile populations (MMPs) more vulnerable to malaria. Such factors include the following: (a) travel between endemic and non-endemic areas can present risk of exposure; (b) social factors associated with mobility can increase risk-taking behaviours; (c) poverty, lack of knowledge and awareness may increase susceptibility to transmission; and (d) distance and lack of access to health facilities may present significant barriers. In addition to these factors, the majority of MMPs move for economic opportunities, and their working and living conditions can be a major driver of malaria susceptibility risk. Worksites in endemic areas employing migrants can be hotspots for malaria transmission; however, there is limited engagement of employers in malaria control and elimination efforts.

In order to address this gap, IOM worked in Cambodia, Lao People's Democratic Republic and Myanmar to develop and pilot approaches to addressing malaria among migrant workers in worksite settings. This work was financially supported by the Asian Development Bank's (ADB) Regional Capacity Development Technical Assistance, a partnership between ADB and the Ministries of Health of Cambodia, Lao People's Democratic Republic and Myanmar. IOM piloted the worksite malaria systems in collaboration with national malaria programmes to increase access to malaria prevention, testing and treatment



for MMPs. Mapping and situational analyses were also carried out in the target countries to study the migration and mobility patterns of the selected project sites. This served to better understand the MMPs' living and working condition with regards to malaria risks. The mapping exercises also included an assessment of the knowledge, attitude and behaviour of these MMPs towards malaria, as well as their access to health and malaria facilities.

IOM, with focal points from the government counterparts, also trained worksite volunteers including migrant workers and worksite managers to conduct malaria activities in their communities. They served as main resource persons for providing information to their co-workers, other migrants and peers regarding malaria risks and prevention techniques. They were also trained in community mobilization methodologies, malaria awareness, malaria testing and diagnosis techniques and were provided with appropriate testing kits and health promotion materials.

Migrants participating in sports and recreational activities in a transit centre in the Niger. © IOM 2018



Implementation of the electronic Personal Health Record



The electronic Personal Health Record (e-PHR) aims to enhance knowledge among stakeholders about refugees' and migrants' health needs and ensure that migrant health assessment records are available at transit and destination countries. The e-PHR also ensures confidentiality and the facilitation of continuity of care, avoiding duplication of efforts. It has been developed, piloted and implemented under two subsequent collaborations (Re-Health 2016–2017 and Re-Health2 actions 2017–2018) between IOM MHD, the European Commission's Directorate-General for Health and Food Safety (DG SANTE) and Member States. Through these collaborations, the e-PHR has been implemented in Bulgaria, Cyprus, Croatia, Italy, Greece, Slovenia and Serbia with about 24,000 records collected.

The e-PHR is grounded in the [Personal Health Record](#), which is based on IOM's extensive experience in pre-departure health assessments (PDHAs), within the long-standing context of resettlement of refugees and, since 2016, with the Emergency Relocation Mechanism in Europe. In processing personal patient data, IOM closely follows the [IOM Data Protection Principles and Manual](#). The e-PHR contributes to strengthening national and cross-border disease surveillance and response capacities. The system allows for the recording of the provision of treatment and other interventions, such as vaccinations, and allows for opportunities to provide counselling and health education services. The tool helps health professionals to have a comprehensive view of a person's health status and needs during clinical encounters. It is supplemented by a [Handbook for Health Professionals](#), developed by IOM in collaboration with DG SANTE, to foster appropriate health-care provision to migrants and harmonize health assessment practices within the European Union. The e-PHR can be used to inform public health and support reporting in the context of the International Health Regulations (IHR 2005) and other obligations through aggregated statistics.

Expanding sexual and reproductive health services and rights to migrants and migration affected communities in Southern Africa

Sub-Saharan Africa has considerable sexual and reproductive health challenges, including the following: (a) high rates of unplanned pregnancies, maternal mortality and morbidity; (b) unmet family planning needs; (c) high prevalence of sexually transmitted infections, human immunodeficiency virus (HIV) and cervical cancer; and (d) significant numbers of unsafe abortions. Since 2016, the SRH-HIV Knows No Borders consortium – formed by IOM, Save the Children Netherlands and the University of the Witwatersrand School of Public Health – has fostered collaboration towards implementing a holistic, regional project to improve sexual and reproductive health among migrants. This sexual and reproductive health and HIV (SRH-HIV) project is implemented in six countries in the Southern African region, including

Eswatini, Lesotho, Malawi, Mozambique, South Africa and Zambia, and includes migrants, adolescents and young people, sex workers, as well as people living in migration-affected communities.

This regional project recognizes that sustainable improvement in health outcomes involves working at multiple levels – community, local, national and regional – and has engaged with community change agents. The impact of these change agents is evident through the increase in persons receiving comprehensive SRH-HIV services. Activities undertaken by community change agents to reach beneficiaries include home visits with consistent follow-up, community dialogues, awareness campaigns, mobile clinic outreach and training of health-care providers and gatekeepers. This ensures that barriers to access and use of SRH-HIV services by the vulnerable groups are removed.

Historically, Mozambican mineworkers have travelled across the border to work in the South African mines. The nature of this work and social toll of being away from home for long periods of time puts these migrant workers at risk of exposure to negative health outcomes, including TB, silicosis, non-communicable diseases, HIV and other sexually transmitted diseases. High HIV prevalence rates further increases the risk of obtaining TB. As such, a project targeting Mozambican mineworkers offers complete continuum of care, addressing the specific barriers that this population and their families experience in accessing care and adhering to treatment.

SRH-HIV Project Figures



229,575 beneficiaries (including migrants, adolescents, young people and sex workers) have received comprehensive SRH-HIV information



8,092 beneficiaries have received services ranging from HIV testing, family planning, initiation on HIV treatment antiretroviral therapy (ART), as well as services for survivors of sexual and gender-based violence



1,470 community change agents contributed to the SRH-HIV project

Middle East and North Africa's access to health services for migrants

IOM, in close partnership with the World Health Organization (WHO), Ministries of Health, national TB programmes and international and national NGOs, has provided essential primary and secondary care, as well as MHPSS to vulnerable migrants and their host communities throughout the Middle East and North Africa region. In 2018, IOM successfully completed the second year of the Middle East Response funded by the Global Fund in Jordan, Lebanon, Syrian Arab Republic and Yemen. IOM provided ART to people living with HIV, tested people from the key populations for HIV and TB, and distributed long-lasting insecticidal nets among at-risk population.

IOM staff providing information on TB to raise awareness in Azraq camp in Jordan. © IOM 2018



Middle East Response Figures



2,700+ people living with HIV provided with ART



12,000+ clinically diagnosed TB cases



33,000+ people from the key populations tested for HIV



2.1 million long-lasting insecticidal nets distributed among at-risk population

Through another regional project, IOM contributed to improving the national capacity to prepare and respond to migration health challenges through training health-care providers, rehabilitating health facilities, providing medical equipment and supplies, providing life-saving services and strengthening the referral systems in countries, such as Egypt, Iraq, Libya, Morocco, Sudan and Tunisia. In 2018, IOM provided approximately 1,135,451 medical consultations in the region through this project.

IOM is also engaged in various regional and national research and strategic forums to advocate and promote the health of migrants, such as in the WHO assessments on migration health situations in Libya and Jordan, and the WHO regional committee for the Mediterranean region. IOM is working closely with key national stakeholders, including non-health sectors such as border authorities in Algeria, Chad, Libya, Mali, the Niger, Sudan and Tunisia to establish a cross-border health coordination mechanism, along the central Mediterranean migratory route in consultation with the mentioned countries.

Mental health and psychosocial support services provided to Venezuelan refugees and migrants

The region of Latin America and the Caribbean is experiencing an influx in migration movements, mostly from the Bolivarian Republic of Venezuela, a situation that has required the attention and response of multiple stakeholders at national and international level. After a series of interviews with key stakeholders, including governmental institutions, the Venezuelan community in Panama, diaspora and civil society organizations, IOM Panama identified the pressing need to deliver MHPSS services for this mobile population.

According to informants, difficulties faced during the migration and integration process have affected refugees' and migrants' well-being. IOM, in partnership with the Piero Rafael Martínez Foundation – a Panamanian organization specializing in the provision of psychosocial support – developed a training-of-trainers for mental health professionals (psychologists, psychiatrists and social workers) to respond to the Venezuelan situation. In terms of direct care to migrants, IOM Panama provided psychosocial support to Venezuelans during the distribution of hygiene kits. IOM psychologists distributed hygiene kits, provided psychological first aid to beneficiaries, and referred them to existing psychological services when additional care was deemed necessary.

IOM Costa Rica has also expanded MHPSS actions for Venezuelan refugees and migrants through the Migrant Support Centre, which opened in May 2018. The centre now includes a psychosocial support department with an IOM psychologist who offers services, such as biweekly group workshops.

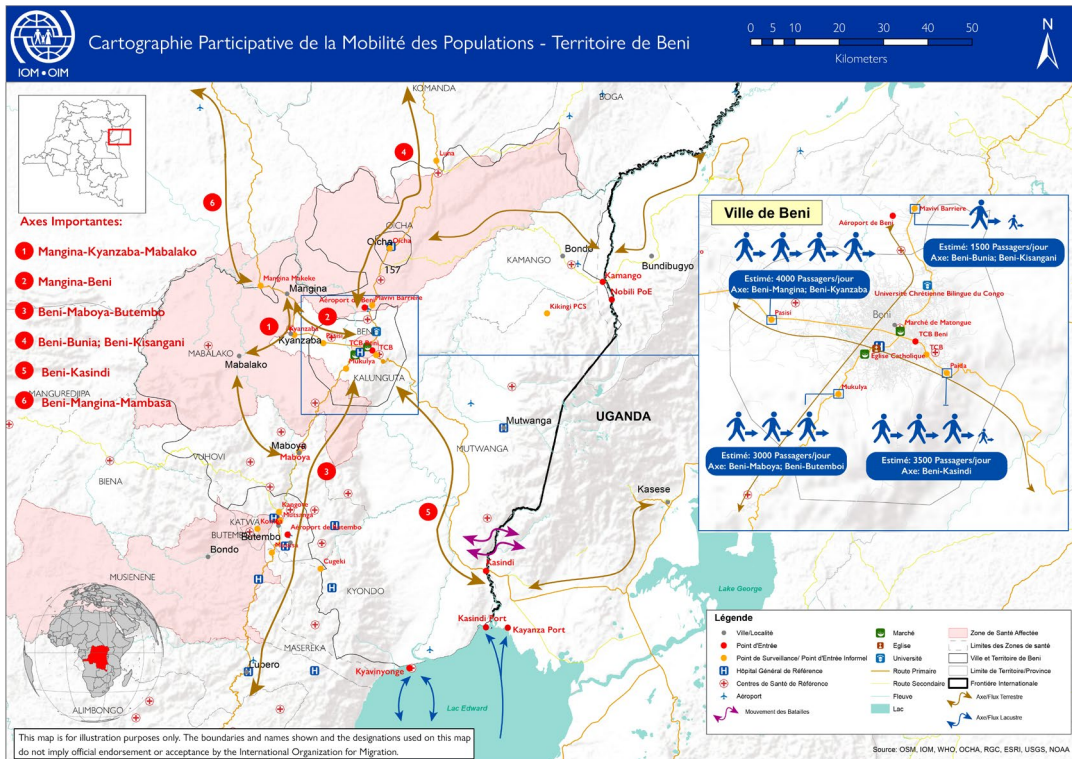
III. Outbreak preparedness and response

In 2018, IOM expanded its programming that aimed to prevent, detect and respond to health risks in relation to migration and human mobility, including disease outbreak response and preparedness. As a formal partner of the WHO, the Global Outbreak Alert and Response Network, and more recently as a member of the Strategic Advisory Group of the Inter-Agency Standing Committee's Global Health Cluster, IOM is increasingly a key player in responding to public health emergencies. IOM's outbreak response and preparedness activities included provision of direct health-care services and strengthening core capacities of Member States in line with the IHR 2005 through IOM's Health, Border and Mobility Management framework. IOM's outbreak response is based on a multisectoral approach to better prevent and respond to disease outbreaks.

IOM's response to the Ebola outbreak in the Democratic Republic of the Congo and neighbouring countries

In 2018, two outbreaks of the Ebola virus disease (EVD) were declared in the provinces of Equateur (May–July 2018) and North Kivu (August 2018–ongoing as of April 2019) in the Democratic Republic of the Congo. The current outbreak is the second largest in history, developing in the east of the country where long-standing insecurity, armed conflicts and instability challenge the public health response. Since the start of the first deadly outbreak, IOM has supported cross-border coordination and preparedness and response to contain the disease before it claims more lives and spreads across borders, in line with the IHR 2005. In response to the outbreak in Equateur, IOM supported the Government to screen 25,127 travellers at 53 points of entry (POEs) and congregation points. In the outbreak in North Kivu, IOM supported the screening of more than 30 million travellers at 76 screening points at official border crossings and in areas of high population mobility within the country, such as markets, bus terminals and along major key transport routes.

In partnership with the WHO and the Congolese Ministry of Health, particularly the National Programme of Hygiene at Borders, IOM enhanced cross-border coordination, surveillance and prevention activities, analysing mobility trends to target efforts in minimizing disease transmission to new areas and across borders. Using an IOM Displacement Tracking Matrix (DTM) approach, IOM conducted rapid mappings of population movements in affected areas (population mobility mapping or PMM) to inform the government and health sector's preparedness and response. IOM also trained over 700 front-line workers to identify key signs of illness among travellers and raise alerts. In addition, IOM provided essential equipment and supplies to screening points and strengthened the capacity of health authorities to oversee screening and infection prevention and control activities.



Example of IOM's population mobility mapping from Beni, Democratic Republic of the Congo (August 2018).

Source: IOM.

At the screening points, travellers passed through screening procedures in line with national guidance, which includes observation for symptoms of illness, temperature checking, hand-washing and a review of Ebola risk factors, such as travelling to an Ebola-affected zone. As travellers were screened, IOM provided key messages about the risks of Ebola, how to prevent infection and what to do if travelling while sick.

IOM has also contributed to the regional preparedness efforts, including supporting the development of Member State core capacities under the IHR 2005 in East Africa. For example, in South Sudan and Uganda, IOM supported the capacity-building of border officials on EVD preparedness; this included conducting PMM exercises to identify priority sites for preparedness. IOM also conducted a joint training on health and humanitarian border management with border officials from Burundi and the Democratic Republic of the Congo to enhance cross-border coordination, among other activities. Additionally, in Uganda, IOM spearheaded the development and finalization of a toolkit on surveillance for POEs alongside the Ministry of Health. In South Sudan, IOM established seven POE screening sites along the border with Uganda and the Democratic Republic of the Congo, screening 64,331 inbound



A woman passes through an IOM-supported Ministry of Health screening point that includes observation of symptoms and temperature checking.
© IOM 2019/Alexis HUGUET

travellers in 2018. IOM also rehabilitated and constructed water and sanitation hygiene (WASH) facilities at POEs and nearby health facilities and conducted risk communication and community engagement activities.

Preventing disease outbreaks in South Sudan through mass vaccination campaigns

For over four years, IOM's Rapid Response Teams (RRT) in South Sudan have been actively involved in preventing and responding to acute outbreaks. In 2018, IOM continued to support the management of disease outbreaks in South Sudan. IOM conducted nine RRT missions in response to the outbreak and helped prevent future outbreaks. The RRT deployments covered Upper Nile, Unity, Lakes, Western Bahr el Ghazal, Northern Bahr el Ghazal and Eastern Equatorial states. The IOM RRT Missions were in response to measles outbreaks and part of the prevention efforts against the threat of cholera. IOM's RRTs provided support to mass vaccination campaigns for measles and cholera in coordination with the Ministry of Health (MOH), WHO, UNICEF and other partners. RRTs provided 122,433 individuals with measles vaccination and reached 309,371 individuals with the oral cholera vaccine. IOM ensured services reached both internally displaced persons in protection of civilian sites and other locations, as well as conflict-affected host community members.

The population, particularly children, is vulnerable to outbreaks due to protracted displacement, weak water and sanitation infrastructure, food insecurity, poor living conditions, limited functioning of health facilities, and lack of access to health services. As such, the RRTs served to achieve the following: (a) decrease vulnerabilities, mitigate impact and reduce risk of excess morbidity and mortality; (b) improve health of the displaced persons and vulnerable host community members in hard-to-reach areas; and (c) protect public health more broadly.

Waterborne disease outbreaks along a migration corridor in Djibouti

In 2018, IOM supported the management of acute watery diarrhoea (AWD) in Djibouti. IOM's DTM estimates that more than 10,000 migrants cross through the country monthly, often moving to and from the East and the Horn of Africa and Yemen. Such migrants faced increased vulnerability during the AWD outbreak, due to poor access to safe drinking water and sanitation along the migration route. Travelling by foot, the migrants relied on contaminated roadside wells and water points for access to water during their journey in the hot and dry climate. Poor access to health-care services and pre-existing conditions such as malnutrition and co-morbidities further exacerbated the vulnerabilities.

In response, to reduce morbidity and mortality and improve health outcomes, IOM established a diarrhea treatment centre (DTC) at its Migration Response Centre (MRC) in Obock. With the Ministry of Health (MOH), IOM triaged more than 450 suspected cases and admitted more than 300. IOM also engaged in health patrols with the MOH, conducted community health and hygiene promotion and strengthened WASH infrastructure. In addition, IOM strengthened the capacity of MOH health workers through on-the-job training on triaging, AWD diagnosis and international treatment protocols in addition to WASH and infection control measures. IOM also trained community health workers and improved the capacity of a MOH DTC along a migration corridor in order to help mitigate any future outbreak and increase the resilience of the health system.

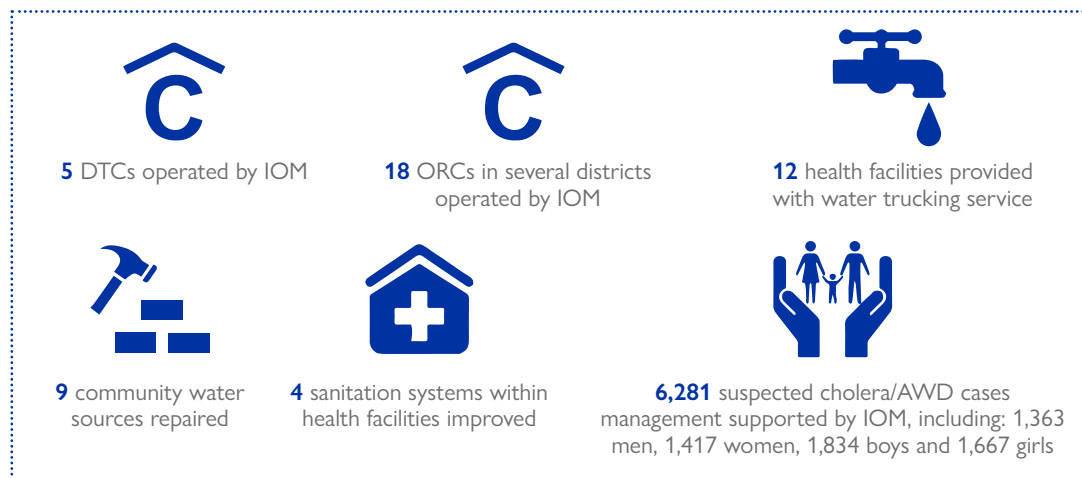
Health system strengthening in Yemen: Responding to cholera

In 2018, the Ministry of Public Health and Population of Yemen reported a total of 371,316 suspected cholera cases and 505 associated deaths. Although the number of suspected cases significantly decreased from 2017 (64% reduction), the outbreak continued throughout 2018. This was in part due to the ongoing conflict in Yemen leading to a weakened health system, resulting in higher vulnerability to epidemic-prone diseases.

IOM's response, in coordination with government health authorities and health cluster partners, focused on supporting DTCs and oral rehydration centres (ORCs) in key governorates. IOM also contributed significantly to prevention activities such as health and hygiene promotion, improvement of water and sanitation systems, chlorination of water sources and water

trucking. As a part of IOM's health system strengthening approach, IOM also contributed to improving health emergency preparedness including capacity-building of health-care workers, as well as pre-positioning of medicines and medical supplies.

Health System Strengthening in Yemen in Figures



Strengthening Paraguay's national strategy to prevent the reintroduction of malaria

In June 2018, the WHO certified Paraguay as a malaria-free country, becoming the first country in the Americas to be granted this status since 1973. The last autochthonous malaria case was notified in Paraguay in 2011. IOM supported this achievement through the implementation of a three-year project. Funded by the Global Fund, the initiative aimed to obtain the malaria-free certification and prevent the reintroduction of malaria in Paraguay with a focus on mobile and vulnerable populations.

Traditionally, malaria diagnosis, treatment and response activities were the sole responsibility of Paraguay's National Service for the Elimination of Malaria (Servicio Nacional de Eradicación del Paludismo; SENEPA per acronym in Spanish). IOM's main challenge was to transfer SENEPA's expertise to the local level, in order to increase coverage, strengthen the surveillance systems for early detection and increase preventative capacities. To achieve this, standardized procedures were developed with local health services, and health practitioners were re-trained on early detection. Also, a malaria diagnosis network was established and standardized procedures for case diagnosis were developed for the Central Public Health Laboratory and the Health Surveillance General Direction, to expand diagnosis coverage for mobile populations at high-risk locations. The project's success lies not only on achieving the malaria-free certification, but also on strengthening Paraguay's health surveillance and entomological surveillance through the establishment of a Malaria Technical Committee within the MOH that ensures integration of malaria-related activities at all levels of the health system and facilitates coordination among stakeholders.

IV. International cooperation and global partnerships in migration health

Migration health raises issues related to human rights, social protection, public health, foreign policy, security and development. The health sector alone is often unable to offer all the solutions. The SDGs offer an opportunity to address migration health, in particular through the linkages among targets 3.8 on “Universal health coverage” and 10.7 on “Orderly and safe migration through well-managed migration policies”. Universal health coverage (UHC) will not be truly universal, nor SDG target 3.8 achieved unless migrants are progressively provided access to equitable health services and financial protection measures in all countries, especially migrants who are marginalized or in situations of vulnerability. To address the health of migrants, multisectoral action is necessary, and this requires continued international cooperation and multisectoral partnerships to achieve the SDGs.

Milestones in promoting policy coherence in migration health through partnerships: Towards achieving migrant-inclusive universal health coverage



In line with the 2030 Sustainable Development Agenda and as an active member of the [UHC2030 partnership](#), IOM continues to provide support to Member States, UN and other stakeholders on opportunities for migrant-inclusive health policies to link with and advance the SDGs. In particular, migration health links were made between UHC (SDG 3.8) and SDG 10.7 through IOM’s engagement and participation in various global and regional venues in 2018, including the [Global Conference on Primary Health Care in Kazakhstan](#) and the [Ministerial Regional Meeting on Universal Health Coverage in Oman](#). IOM, together with WHO and the Ministry of Healthcare of Kazakhstan organized an expert forum at the Global Conference on Primary Health Care in October 2018. The event discussed primary health care as the minimum package of health care for migrants and the socioeconomic aspects of improving migrants’ access to equitable health services.

IOM participated in the UN General Assembly High-Level Meetings on the Fight to End Tuberculosis and the Prevention of Non-Communicable Diseases in September 2018. On the margins of the High-Level Meeting on the Fight to End Tuberculosis, IOM jointly organized with WHO and the Government of Slovakia a side event on [Ending HIV, TB and viral Hepatitis through Intersectoral Collaboration in Europe and Central Asia](#). The event highlighted how social and economic factors affect migrants’ vulnerability to communicable diseases and stressed the importance of intersectoral collaboration in reaching the migration- and health-related SDG targets. Following this meeting, the [UN Coalition on Health and Well-being in Europe and Central Asia](#), WHO Europe, together with IOM and other UN agencies, developed a UN common position paper on ending TB, HIV and viral hepatitis in Europe and Central Asia through intersectoral collaboration.

Migration health is a key component of IOM's ongoing capacity-building work towards mainstreaming migration into the SDGs, including within the [Migration and the 2030 Agenda Guide for Practitioners](#). IOM also organized a side event on [Mainstreaming the Health of Migrants in the Implementation and Review of the Global Compact for Migration – Towards International Cooperation for a Shared Vision](#), on the margins of the Intergovernmental Conference to Adopt the Global Compact for Safe, Orderly and Regular Migration in Marrakesh in December 2018. With approximately 70 participants, including the active support and participation of Portugal, the Philippines, Tajikistan, International Labour Organization, European Agency for Safety and Health at Work, Platform for International Cooperation on Undocumented Migrants, University College London Institute for Global Health and WHO, the event showcased a high-level commitment to cooperation for the implementation of the health-related aspects of the Global Compact for Migration.

The 109th IOM Council – IOM's annual governing body meeting – in November 2018 featured a panel discussion on [Policy Coherence for Migration Health: Challenges and Opportunities](#). The session brought together Member States, including Mozambique and Thailand, WHO and the GAVI Alliance to discuss opportunities and challenges to advance migration health. Key themes discussed were UHC, primary health care, solidarity and the need for international cooperation and partnerships to ensure policy coherence in promoting the health of migrants.

IN FOCUS: Health commitments in the Global Compact for Safe, Orderly and Regular Migration

The adopted Global Compact for Safe, Orderly and Regular Migration presents an historical opportunity to uphold the human rights of migrants and recognize their positive contribution to the sustainable development of their countries of origin, transit and destination through a multisectoral approach. Objective 15 of the Global Compact for Migration calls for the provision of access to basic services for migrants. Well-managed migration policies imply that the health needs of migrants and host communities are met as a prerequisite for sustainable development. An analysis of the final text of the [key health-related commitments and actions](#) was published, with selected examples of working together with Member States in implementation and capacity-building for migration health programmes.

Upon the request of WHO Member States, IOM cooperated closely in the drafting of the [WHO Framework of priorities and guiding principles to promote the health of refugees and migrants](#). This framework is now explicitly mentioned in the context of health-related actions and commitments in both the Global Compact for Migration and the Global Compact on Refugees. In 2018, IOM has continued to work in close cooperation with WHO throughout the development of a [situation analysis on migrant health](#), as well as the relevant [Global Action Plan on promoting the health of refugees and migrants](#), presented at the World Health Assembly in 2019.

IOM Member State Forum on a Comprehensive Approach to Resettlement and Complementary Pathways to Europe

In November 2018, IOM held a forum in Brussels, Belgium with European Member States and other interested countries to provide a venue for experience-sharing and discussion. The aim – through testimony and evidence from various resettlement countries, IOM and other agencies – was to demonstrate how a managed end-to-end process could maximize the benefit of PDHA protocols for both refugees and resettlement countries. PDHAs can address conditions of both public health and individual health concern.

European Member States have significantly expanded resettlement and humanitarian admission programmes over the last few years and are exploring additional protection pathways for refugees and migrants in vulnerable situations. The resettlement situation in Europe is complex, with a multitude of PDHA protocols in use. For instance, IOM Turkey applied 10 different health assessment protocols on behalf of some 20 European States. The absence of protocols can lead to preventable delays because important medical information is lacking and some medical conditions are only detected immediately prior to departure, leaving insufficient time to stabilize medical cases or make appropriate travel arrangements, such as medical escorts or supplemental oxygen. There is also an increased chance that certain conditions escape detection entirely and may pose a public health or individual health risk. IOM is prepared to continue to assist Member States in providing advice, support and evidence, along with other key agencies, such as DG SANTE, WHO and the European Centre for Disease Prevention and Control.



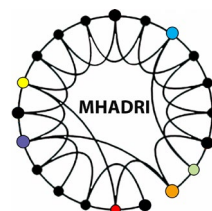
IOM Council panel discussion on Policy Coherence for Migration Health: Challenges and Opportunities in November 2018. © IOM 2018

Advancing evidence-informed migration policy and practice: IOM and Migration Health and Development Research Initiative map migration and health research output at global level



The Migration Health Research Unit provides technical support and guidance on advancing evidence-informed approaches and migration health research across the programmatic areas within MHD. In collaboration with IOM's Global Migration Data Analysis Centre (GMDAC), MHD has contributed to the [Migration and Health Data Portal](#). Further research undertaken by the Unit, as well as information about IOM migration health projects globally, are housed in the [Migration Health Research Portal](#). The Unit has also been engaged in assessing health assessment data with government partners, for example the analysis of the nutritional status of Syrian refugee children undertaken in partnership with the University of Washington and the United States' Centers for Disease Control and Prevention.

IOM and the [Migration Health and Development Research Initiative \(MHADRI\)](#) – a global network of scholars that aims to promote research collaborations and capacity-building to advance evidence-informed global migration health policies and practices – jointly completed a comprehensive analysis of 16 years of scientific literature on international migration and health. Published in the *BMJ Public Health Journal*, the “[Bibliometric analysis of global migration health research in peer-reviewed literature \(2000-2016\)](#)” has generated a wide interest among migration health academics and practitioners.



The research gap on specific migrant groups such as labour migrants and from the Global South is clearly highlighted. Migrant workers, especially those from low-to-middle income countries comprise over half of all international migrants, yet represent only 6.2 per cent of total research output in health literature. Data is concentrated on perspectives within high-income, migrant “receiving” countries, with limited analysis by gender and health domains such as non-communicable diseases.

During the IOM Council Meeting in November 2018, MHD collaborated with the BMJ, IOM's GMDAC, Graduate Institute Geneva, WHO and MHADRI network, in hosting a panel discussion titled “[Advancing the Migration Health Research Agenda for Evidence-Informed Policy and Practice](#)”. The discussion tackled ways to support Member States in developing evidence-informed and migrant-sensitive health systems and policies. IOM also contributed to the *The UCL–Lancet Commission on Migration and Health: the health of a world on the move*, a landmark report that aimed to debunk myths about migrants and to articulate evidence-based approaches to inform policy and programs, as well as in “[Advancing health in migration governance, and migration in health governance](#)”.

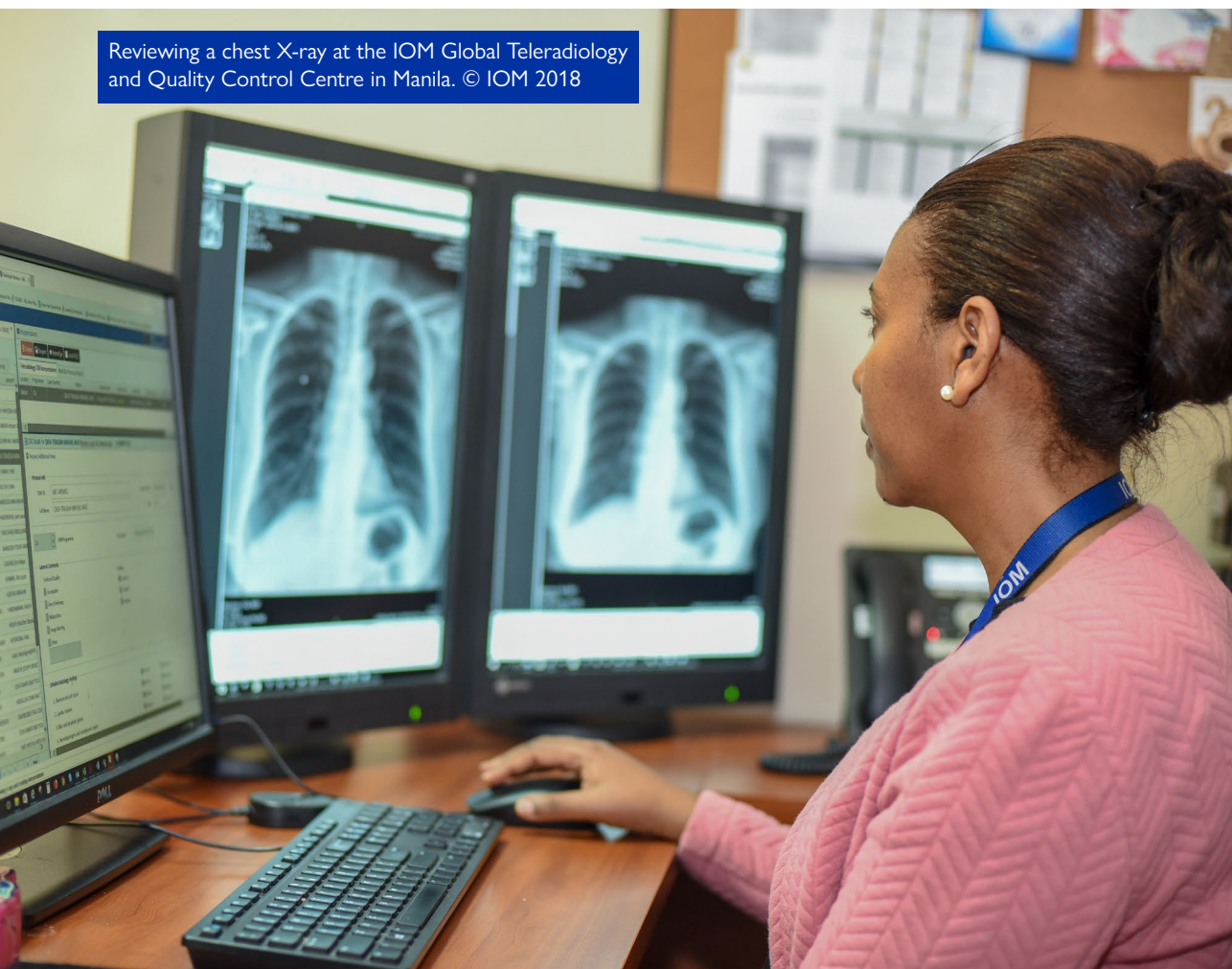
IOM partnership towards innovative TB diagnostics

Over the past year, IOM's Global Teleradiology and Quality Control Centre in Manila, Philippines has teamed up with the WHO and the Foundation for Innovative New Diagnostics (FIND) to design a study of artificial intelligence (computer-aided detection or CAD) for diagnosing TB with chest X-ray (CXR). The purpose of the study is to evaluate the accuracy of the CAD software for reading CXRs compared with radiologists' readings.

The results of this study are relevant for IOM because if it is able to demonstrate that CAD for diagnosing TB (CAD4TB) can be used as a screening tool, it may result in more efficient TB screening overall, reducing the workload of radiologists and potentially lowering costs of the diagnostic procedure. Additionally, it could serve as an internal quality control tool and improve the accuracy of CXR interpretation. The use of CAD4TB at IOM stands to improve the services provided to migrants and receiving countries. The results of the study could also serve the global TB community and, in particular, low- and middle-income countries that are not fully utilizing CXRs in the diagnostic process of pulmonary TB, due to the lack of trained and experienced radiologists. The study aims to have a global impact on the improvement of TB detection and contribute to the WHO global programme to end TB.

CXR examination is a key component for identifying suspected pulmonary TB in IOM migration health assessment programmes and a requirement for many resettlement countries for prospective migrants. IOM has two teleradiology interpretation and quality control centres in Manila and Nairobi, which provide primary CXR readings and quality control.

Reviewing a chest X-ray at the IOM Global Teleradiology and Quality Control Centre in Manila. © IOM 2018



Thank you to our donors, partners and beneficiaries

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