HEALTH DELIVERY IN EMERGENCIES: GVA-BASED HUMANITARIAN ORGANIZATIONS

April 20, 2021
10.00-11.45 (Swiss time CET)

# Technical reminders
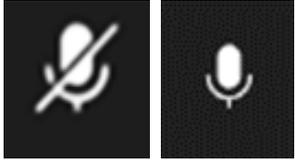
Your microphone

Please keep your mic on mute, and unmute it only when you are talking.
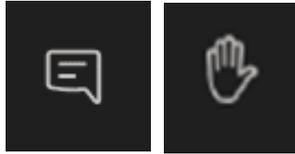
If you have comments or questions during or after a presentation or discussion, post them in the chat in writing, or raise your hand if you wish to speak using your mic.
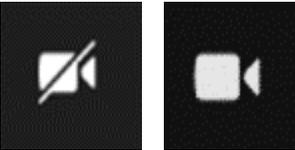
If you are speaking, you can turn on your camera, internet connection permitting.
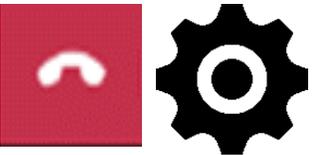
If you can't hear or see: close and rejoin the meeting, and close all other programs.

The webinar will be recorded.

Objectives of the webinar:

- What are the specific focus of the SDC in supporting multilateral humanitarian organizations?
- To what extend health is a priority in humanitarian interventions?
- What are the health needs in emergency contexts?
- How do humanitarian organizations respond to health emergencies of migrant populations?
- Protection of the most vulnerable: why is health critical?
- Beyond first aid: why and how shall we ensure continuum of care once the emergency is over?

Agenda

Brief introduction: "Effective multilateralism as a 2022 priority of the Swiss Federal Department of Foreign Affairs"

Overview of the SDC support to multilateral humanitarian organizations: institutions and priorities.

Part 1: Short presentations of selected Geneva-based humanitarian organizations: the International Organization for Migrations (IOM), the International Committee of the Red Cross (ICRC) and the International Federation of the Red Cross and Red Crescent (IFRC)

Micaela Serafini, Head of Health, ICRC

Lasha Goguadze, Senior Health Officer, IFRC

Andrew Mbala, Senior Migration Health Emergency Response Officer, IOM

Part 2: Panel discussion with presenters. Stuart Vallis, Humanitarian Aid manager at the SDC will also join as panelist.

Facilitation: Carla Koch, SDC Health Focal Point

SDC - Mutliateral humanitarian organizations

ICRC

IFRC

UN organizations

- OCHA
- WFP
- UNHCR
- IOM
- unicef
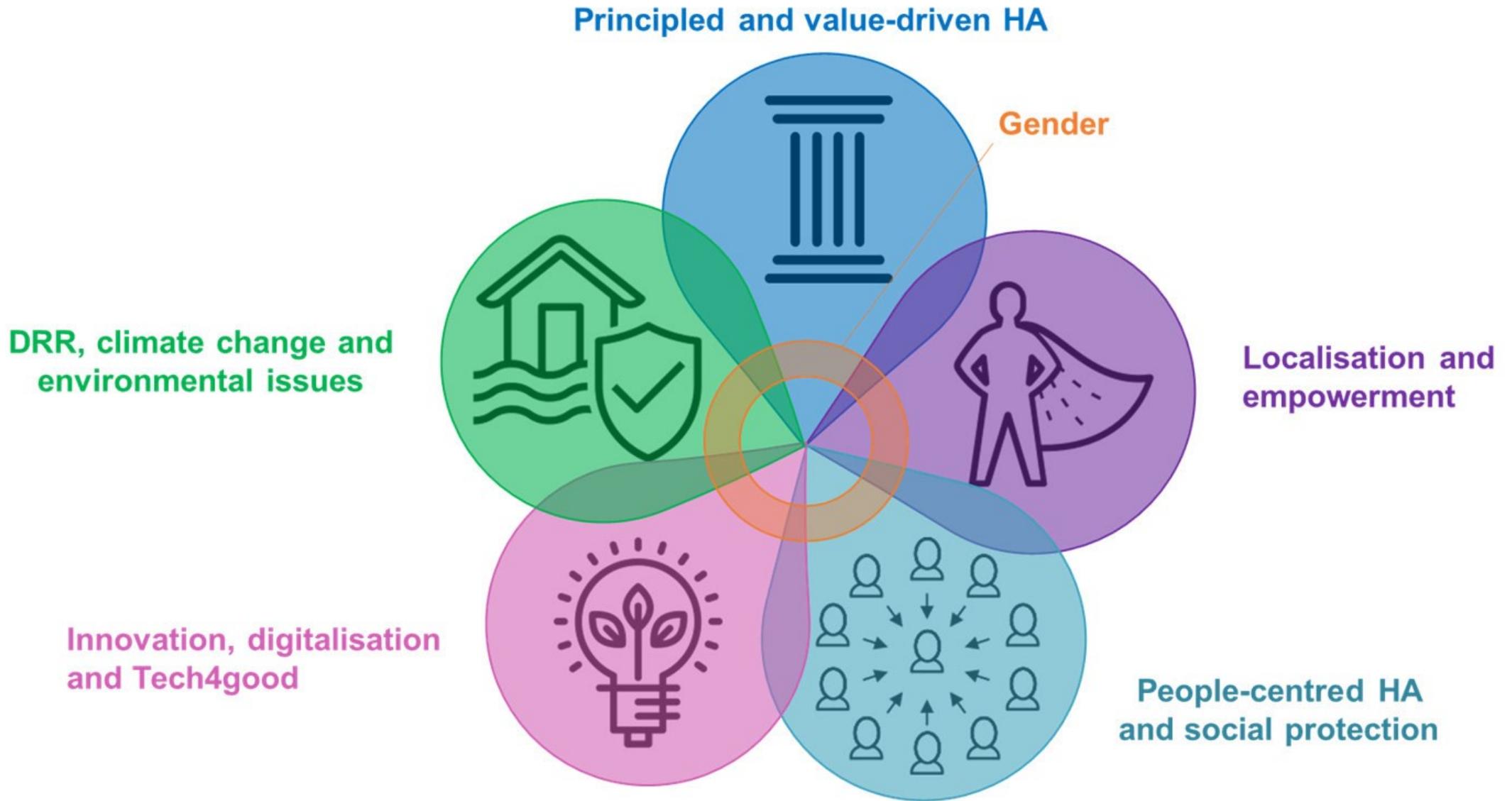
HEALTH ACTIVITIES

CARING FOR PEOPLE AFFECTED BY ARMED CONFLICT AND OTHER SITUATIONS OF VIOLENCE

International Committee of the Red Cross

HEALTH PROGRAMS

VISION

Within the mandate of the ICRC, the **health needs** of people affected by armed conflict and other situations of violence are met by **quality healthcare** as a part of an **integrated public health approach** to contribute to the protection of life and human dignity, and to prevent and alleviate suffering.

- **Health professionals represent up to 20% of ICRC's field mobile workforce**

- **Close to 80 different health roles**

- **Over 500 mobile health staff deployed in 2020**

- **> 150 new health professionals recruited into the health pools in 2020**

6 CORE ACTIVITIES

HOSPITAL CARE

HEALTH CARE IN DETENTION

PHYSICAL REHABILITATION

PRIMARY HEALTH CARE

FIRST AID PREHOSPITAL EMERGENCY CARE

MENTAL HEALTH & PSYCHOSOCIAL SUPPORT

Cooperation with external stakeholders: e.g. technical, HR, Research & Innovation.

HEALTH CARE IN DANGER IT'S A MATTER OF LIFE & DEATH

http://healthcareindanger.org

IOM- Migration Health Division -MHD

Andrew Mbala
Emergency Migration Health Officer
Africa & Middle East

20.04.2022

DEFINING "MIGRANTS"

7 BILLION HUMANS.

> 1 BILLION MIGRANTS.

More than half live in cities.

More than half are women and girls.
Close to a third (31%) are aged 15 to 24.
Number of people displaced by conflict or disaster: 82.4 million
Estimated number in irregular situations: 15-20%

IOM defines as a migrant **any person who moves away from his or her place of usual residence, whether within a country or across an international border**, temporarily or permanently, and for a variety of reasons .

Some categories (in millions):

Category	Value
International migrants	281
Migrant workers	164
Internally displaced	48
Refugees	26.4
Forced labour	24.9
Asylum seekers	4.1
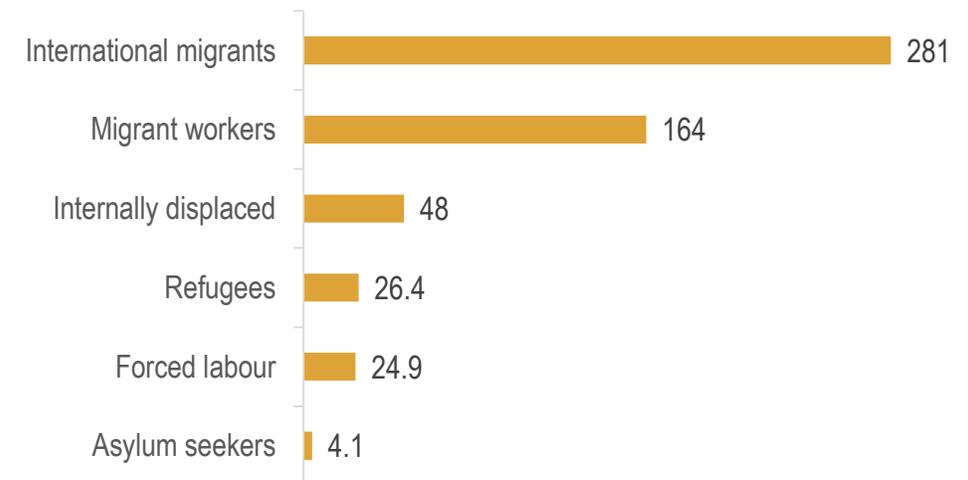
>> DIFFERENT HEALTH VULNERABILITY LEVELS

Sources: IOM, ILO, UNHCR, UN DESA.

TRACING MIGRANT HEALTH IN THE 2030 AGENDA

1 NO POVERTY

TARGET 1.3
Implement social protection systems including floors and achieve sustainable coverage of the poor and vulnerable

TARGET 1.5
Strengthen resilience of the poor and most vulnerable to economic, social and environmental shocks and disasters

3 GOOD HEALTH AND WELL-BEING

TARGET 3.8
Achieve Universal Health Coverage

TARGET 3.c
Increase health financing and establish a sufficient health workforce in developing countries

5 GENDER EQUALITY

TARGET 5.2
Eliminate all violence against women and girls

TARGET 5.6
Ensure universal access to sexual and reproductive health and reproductive rights

8 DECENT WORK AND ECONOMIC GROWTH

TARGET 8.7
Eradicate forced labour, end modern slavery and human trafficking; eliminate child labour

TARGET 8.8
Protect labour rights and promote safe and secure working environments for all workers including migrant workers

Migrant health is key in achieving the SDGs in this Decade for Action

10 REDUCED INEQUALITIES

TARGET 10.7
Orderly and safe migration through well-managed migration policies

11 SUSTAINABLE CITIES AND COMMUNITIES

TARGET 11.1
Access to adequate housing and basic services; upgrade slums

TARGET 11.5
Reduce deaths and number of people affected and decrease the economic losses following disasters

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

TARGET 16.1
Reduce violence and related death rates

TARGET 16.2
End abuse, exploitation, trafficking, violence against and torture of children

17 PARTNERSHIPS FOR THE GOALS

TARGET 17.16
Utilize global and multistakeholder partnerships to support the achievement of sustainable development goals in all countries

TARGET 17.18
Assist developing countries in increasing the availability of high-quality data disaggregated by migratory status

Migration as a determinant of health

Pre-Migration Phase
- Pre-migratory events and trauma (war, human rights violations, torture), especially for forced migration flows;
- Epidemiological profile and how it compares to the profile at destination;
- Linguistic, cultural and geographic proximity to destination.

Movement Phase
- Travel conditions and mode (perilous, lack of basic health necessities), especially for irregular migration flows;
- Duration of journey;
- Traumatic events, such as abuse;
- Single or mass movement.

Cross-Cutting Issues:
Gender; age; genetic factors; socioeconomic status, etc.

Migrants' well-being

Return Phase
- Level of home community services (possibly destroyed), especially after crisis situation;
- Remaining community ties;
- Duration of absence;
- Behavioural and health profile as acquired in host community.

Arrival and Integration Phase
- Separation from family/partner;
- Discrimination and social exclusion;
- Abuse and exploitation;
- Legal status;
- Language and cultural values;
- Duration of stay.

1

IOM MIGRATION HEALTH 3 CORE AREAS

CONNECTING HEALTH SECURITY AND HUMAN MOBILITY

- ✓ Outbreak preparedness and response
- ✓ Pre-migration health activities
- ✓ Health-related travel assistance
- ✓ Health services for front-line UN staff

INCREASING COMMUNITIES' HEALTH RESILIENCE

- ✓ Primary care for people in crisis contexts
- ✓ Combating persistent disease (HIV, TB, malaria…)
- ✓ Gender-specific health services (GBV response and mitigation, sexual and reproductive health)
- ✓ Immunization services
- ✓ Mental health and psychosocial support

STRENGTHENING MIGRATION HEALTH GOVERNANCE

- ✓ Policy and advocacy for universal health coverage
- ✓ Capacity-building
- ✓ Research

A GLOBAL FOOTPRINT

EXPENDITURE PERCENTAGE
BREAKDOWN BY REGION

23.9%
5.4%
6.9%
7.4%
22.5%
33.9%
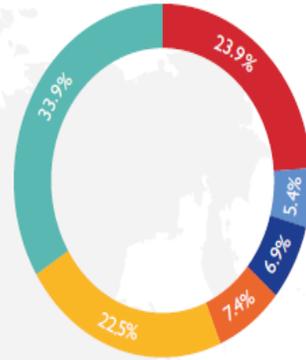
Total 2020 expenditure: USD 233.1 million

HEADQUARTERS, REGIONAL OFFICES AND ADMINISTRATION
USD 16.2 million

AMERICAS
USD 17.1 million
✳ 4

EUROPE AND CENTRAL ASIA
USD 12.7 million
13
✳ 7

MIDDLE EAST AND NORTH AFRICA
USD 52.4 million
11
10
3
✳ 7

ASIA AND THE PACIFIC
USD 55.8 million
17
25
18
1
✳ 7

SUB-SAHARAN AFRICA
USD 78.9 million
11
21
12
1
✳ 15

Legend
- Expenditures USD
- IOM health facilities in crisis contexts
- IOM MHACs
- IOM laboratories
- IOM teleradiology centres
- ✳ Countries with emergency or crisis context

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.

IOM MIGRATION HEALTH IN 2021

233 million USD

invested in

108 COUNTRIES

including

40 EMERGENCY OR CRISIS CONTEXTS

91.2 million

spent on

EMERGENCY HEALTH

653 SUPPORTED HEALTH FACILITIES

including

39 IOM-MANAGED HEALTH FACILITIES IN CRISIS CONTEXTS

and

69 IOM-MANAGED MIGRATION HEALTH ASSESSMENT CENTRES (MHACs)

121 MOBILE MEDICAL TEAMS IN CRISIS CONTEXTS

2 TELERADIOLOGY CENTRES

networked to 83 locations

as well as

33 LABORATORIES

with 9 biosafety level 3 labs (for tuberculosis detection)

2600 HEALTH STAFF

working across

265 PROJECTS

181 ADVOCACY AND RESEARCH PUBLICATIONS

2021 KEY ACHIEVEMENTS

Over **2 million** PEOPLE VACCINATED

and

732,350 PEOPLE ASSISTED WITH MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

75,800 HIV TESTS

271,100 MIGRATION HEALTH ASSESSMENTS (18% among refugees and 82% among immigrants)

in addition to

4.31 million PRIMARY HEALTH-CARE CONSULTATIONS IN CRISIS CONTEXTS

and

424,507 ANTENATAL CONSULTATIONS

887 SUPPORTED HEALTH SCREENING POINTS AND POINTS OF ENTRY

in addition to

370 PARTICIPATORY MOBILITY MAPPING EXERCISES

as well as

531,490 HEALTH INFORMATION SESSIONS AMONG COMMUNITIES

51,884 HEALTH WORKERS TRAINED IN COMMUNICABLE DISEASES IN CRISIS CONTEXTS

6,814 UNITED NATIONS STAFF AND DEPENDENTS ASSISTED WITH ESSENTIAL HEALTH SERVICES

26,000 SAM & MAM

10 WAYS IOM SUPPORTED MIGRANTS THROUGH COVID-19

ADAPTED AND SUSTAINED ESSENTIAL HEALTH SERVICES

TAILORED HEALTH EDUCATION AND COMMUNITY ENGAGEMENT

MAINSTREAMED INFECTION PREVENTION AND CONTROL

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

COVID-19 CASE MANAGEMENT

TARGETED DISEASE SURVEILLANCE

STRENGTHENING NATIONAL HEALTH SYSTEMS

HEALTH-COMPETENT POINTS OF ENTRY

SUPPORT COUNTRIES' LABORATORY CAPACITY

EVIDENCE-BASED POLICY AND ADVOCACY EFFORTS

Strategic Objectives	Core Activities	Expected Outcomes	Impact
SO1: Enhance the evidence base on the human mobility dimensions of communicable disease to inform effective prevention, detection and response	• Needs assessment and risk analyses • Population mobility mapping (PMM) • Disease surveillance, including community event-based surveillance (CEBS) • Operational research • Reporting and information sharing	Public health response informed by an understanding of population mobility	Governments and communities are better capacitated to respond to the mobility dimensions of communicable disease control
SO2: Build health system and border health capacity at points of entry and along the mobility continuum for communicable disease prevention, detection and response	• Standard operating procedures (SOPs), plans and guidelines • Screening and referral • Capacity building of health, border and other front-line workers • Infection prevention and control (IPC) • Vaccination • Clinical case management • Laboratory and testing • Provision of infrastructure and supplies	Mobility-sensitive and inclusive health, including border health, systems and services	
SO3: Enhance community engagement and empower migrants, mobile populations and host communities in communicable disease prevention and response	• Mobility-sensitive risk communication and community engagement (RCCE) • Social and behaviour change communication • Mental health and psychosocial support (MHPSS)	Improved population awareness, trust, behavioural change and community engagement in response to communicable disease threats	
SO4: Promote mobility-sensitive and inclusive policy, legal and strategic frameworks	• Advocacy for mobility-sensitive and inclusive policies, strategies and legal frameworks • Technical support to develop and implement such frameworks	Policy, legal and strategic frameworks to protect and promote the rights of migrants, mobile populations and communities near borders and in migrant-dense areas, along with public health	Affected and at-risk populations benefit from needed services – "leaving no one behind"
SO5 *(Cross-cutting)*: Strengthen multisectoral partnerships and coordination, including cross-border coordination	• Multisectoral coordination within countries • Multisectoral coordination across borders • Interagency coordination • Internal IOM coordination to leverage Organization-wide response capacity	Enhanced multisectoral and cross-border collaboration for communicable disease preparedness, prevention, detection and response	

THANK YOU/MERCI