



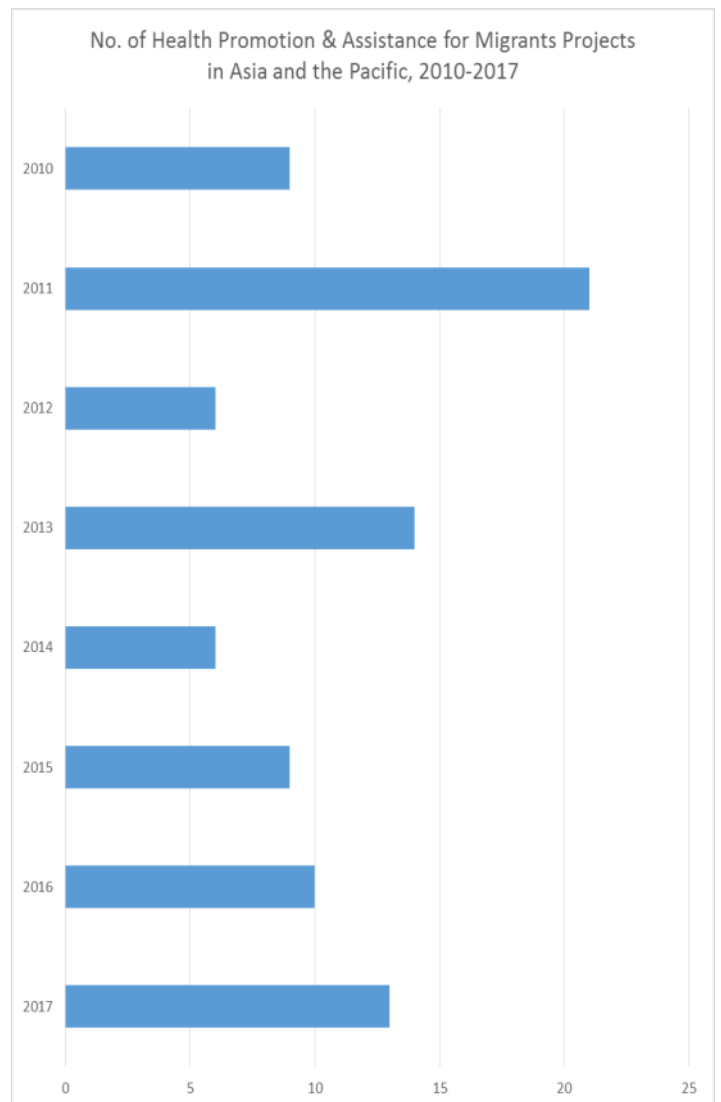
OUTREACH AND HEALTH EDUCATION PROGRAMME IN MON STATE, MYANMAR © IOM 2016/M. MOHAMMED

## OVERVIEW

The health promotion and assistance for migrants programme area of Migration Health Unit caters its strategy and activities to the needs of migrant populations and the changing requirements of Member States (MS) in Asia and the Pacific to address the health of migrants. IOM projects in this area provides access to high-quality health services for migrants, and undertake substantial amount of operational research to promote evidence-based migration health policies. Technical support and national capacity-building efforts are included in this work area to support MS in efforts to better manage migration-related health challenges by strengthening health systems and ensuring that migrants have equitable access to health services. Migrant beneficiaries of this area of work include workers, undocumented migrants, trafficked persons, seasonal and temporary cross-border migrants and displaced populations, as well as labour migrants and migrant hosting communities. Partners include governments, NGOs, UN agencies including WHO, civil society groups and academic agencies.

This programme area covers a range of health topics including emerging and re-emerging infectious diseases such as TB, malaria and HIV as well as non-infectious health issues such as maternal and child health. Overall, these activities facilitate the strengthening of migrant-friendly and migrant inclusive health systems which benefit migrants and the communities in which they live.

To ensure effective programmes, IOM builds strong affiliations with health ministries to create solid, sector-wide migrant-friendly health systems ultimately benefiting migrants and their host communities. Increasing support to migrant beneficiaries through IOM programmes also comes from global funding mechanisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and disease-specific funding programmes such as TB REACH, which brings much needed resources for hard-to-reach populations such as migrants.





## Maternal, Newborn and Child Health Services in Myanmar



MNCH SERVICES FOR UNDERSERVED POPULATIONS IN MYANMAR © IOM 2013

### 2013 Achievements

MNCH supported in **662 villages** in Maw-lamyinegun Township and in **589 villages** in Bogale Township

**689,875** total estimated population covered across two townships

**61** Township Health Department and IOM joint supervision visits to Rural Health Centres and Volunteer Health Workers

**45%** decrease in maternal deaths (33 in 2012; 18 in 2013)

**32%** decrease in under-five mortality (368 in 2012; 249 in 2013)

IOM has partnered with DOH and communities in the Delta since 2008. Funded through the 3MDG and in support of Myanmar's rational strategies for reproductive and child health, IOM's activities strengthen the health system and community-based systems for the promotion and delivery of quality maternal, newborn and child health care.

The increase in numbers of emergency referrals and the decrease of maternal deaths has shown the importance of early intervention in remote areas. Community mobilization and step-by-step referral is taking place by recruiting, training and supporting Community Health Volunteers at village level who interact with Auxiliary Midwives and Midwives. Pregnancy is often the first time a woman decides to access health care, and therefore a good opportunity for the health system to reach out.



IOM NEPAL AWARDED RANA SAMUNDRA TROPHY BY NATIONAL TB CENTER © IOM 2013

### Early and Improved TB Case Detection Through GeneXpert Technology in Nepal, 2014-2016

The TB REACH project operated 10 GeneXpert instruments installed within microscopy centres in Eastern Development Region and Central Development Region. A total of 19,234 cases were screened and 17,590 were eligible for GeneXpert test. 14,993 smear negative TB suspects were tested by GeneXpert and 2,301 of which were tested positive. A total of 1,818 confirmed B+ (Xpert+) TB cases were put on treatment. 125,886 TB suspects were screened in private sectors and 12,960 symptomatic cases were identified. 12,959 of which were referred for microscopy and Xpert. This technology is useful in detecting hidden TB cases and to detect rifampicin resistance in low-resource settings.



IOM STAFF PROVIDING HIV TESTING SERVICES © IOM 2014

### Targeted HIV Prevention and Community-based Intervention in Myanmar, 2013-Ongoing

This Global Fund project has been scaling up HIV prevention, testing and supported services in Mon and Kayin States. In the Jul-Dec 2014 reporting period, IOM conducted 4 advocacy meetings with Men who have Sex with Men (MSM) and female sex workers (FSW) to address implementation challenges. IOM participated in high-level policy meetings on cross-border coordination with MoH officials from Myanmar and Thailand. IOM supported MSM to advocate a program increasing awareness of HIV prevention, care and support. Services such as voluntary confidential counseling and testing, STI treatment and peer education were provided to FSW, MSM and their partners at drop in centres and through outreach in their workplaces.







Photo: Mayco Nang / IOM 2016

### Supplementary Feeding for Vulnerable HIV and TB Patients in Eastern Myanmar, 2008-Ongoing

Through the support of World Food Programme, IOM has distributed dry rations to vulnerable HIV and TB patients and their families since 2008. This project ensures efficiency and effectiveness of treatment and mitigates the effects of the illnesses by supporting community coping mechanisms through providing food supplementation to TB and HIV/AIDS-affected households. IOM organized the storage and handling of these dry rations and distributed them through community-based mechanisms to persons who are already under the care of other IOM projects. In the July-December 2013 reporting period, IOM received 127.000 Metric Tonnes (MT) of rice, 19.150 MT of pulses, 9.701 MT of vegetable oil, 1.620 MT of iodized salt and 20.837 MT of blended food. Each eligible TB or HIV patient received 12,kg of rice, 1.8kg of pulses, 0.9kg of vegetable oil, 0.15kg or iodized salt and 1.9kg of blended food per person per month. In this reporting period, 851 HIV patients and 879 patients benefited from the project.



AN IOM MOBILE CLINIC PROVIDES RAPID DIAGNOSTIC TESTS FOR MALARIA © IOM 2016

### Community-based Artemisinin Resistance Containment Project for Mobile Populations in Myanmar, 2011-Ongoing

A community-based Global Fund project has been ongoing since 2011 to contain Artemisinin resistance in mobile communities in Myanmar. It is now implemented in 15 townships in Mon and Kayin States. Activities carried out in this project include: 1. Distribution of long-lasting insecticide treated bednets (LLINs); 2. Outreach and health education; 3. Case detection and referral; 4. Technical and operational support or community representatives; 5. Capacity building for health staff. From January-June 2017, 4,773 LLINs have been distributed 23,739 suspected malaria cases have received parasitological tests. 157 confirmed malaria cases have received first-line antimalarial treatment and 204 village health volunteers have been trained and supported.



IOM BANGLADESH STAFF PROVIDING SUPPORT © IOM 2017

### Addressing Health Issues of Victims of Human Trafficking and Abuse in Bangladesh, 2013-2014

The ANESVAD-funded project strengthened the quality and integrated health service within the Ministry of Health and Family Welfare (MoH&FW) services and structures which are accessible to the victims of human trafficking and abuse in Jessore and Satkhira districts. 75% of health facilities in project area were upgraded as per UNFPA guidelines, 38 trafficking victims received quality integrated treatment within these health facilities. 244 health professionals (doctors, nurses and community level field workers) were trained on caring for victims of human trafficking. 10 coordination and advocacy meetings were held at national and district levels.





## IOM Migration Health Programme Areas

<b>H1</b>	<p><b>MIGRATION HEALTH ASSESSMENT AND TRAVEL HEALTH ASSISTANCE</b></p> <p>IOM conducts migrant health assessments including resettling refugees, labour migrants and displaced persons either pre-departure or on arrival. This reduces and manages the potential public health impact of human mobility on migrants, receiving countries and communities. Pre-departure services include treatment for conditions such as malaria, and diagnostic treatment for tuberculosis (TB) sexually transmitted infections. IOM also immunizes migrants against preventable diseases and offers specialized counseling.</p>
<b>H2</b>	<p><b>HEALTH PROMOTION AND ASSISTANCE FOR MIGRANTS</b></p> <p>IOM promotes the health of migrants through advocating for migrant-inclusive policies, delivering technical assistance and enhancing partners and government capacity to provide migrant-friendly services. IOM's programmes include HIV, cholera, TB, malaria, non-communicable diseases, environmental health and influenza, in addition to assisting governments in managing the migration of health workers. Among other key interventions, IOM's regional, multi-sector coordination Joint UN Initiative on Migration and Health in Asia (JUNIMA) advocates for the right to health and access to health in Asia.</p>
<b>H2</b>	<p><b>MIGRATION HEALTH ASSISTANCE FOR CRISIS-AFFECTED POPULATIONS</b></p> <p>Health is an integrated component of IOM's overall humanitarian response. IOM is a Coordination Camp Management Cluster lead, coordinating the response of UN agencies to emergencies and crises. IOM a) assists crisis-affected populations, governments and host communities to strengthen and re-establish primary health care systems; b) delivers health care and psychological support for displaced persons, facilitates medical referrals and arranges medical evacuations for individuals who cannot be cared for locally; c) assists in rebuilding community based services and strengthens crisis-affected health care systems.</p>



## IOM'S GLOBAL APPROACH TO MIGRATION AND HEALTH

<b>Monitoring Migrant Health</b>	<b>Policy and Legal Framework</b>
<p style="text-align: center;"><b>Research and Information Dissemination</b></p> <p>STRENGTHENS knowledge on the health of migrants via research and information dissemination to ensure evidence-based programming and policy development.</p>	<p style="text-align: center;"><b>Advocacy for Policy Development</b></p> <p>ADVOCATES for migrant inclusive health policies and programmes at a national, regional and global level, and assists in the development of policies to promote and protect the health of migrants.</p>
<b>Migrant Sensitive Health System</b>	<b>Partnerships</b>
<p style="text-align: center;"><b>Health Service Delivery and Capacity Building</b></p> <p>DELIVERS, FACILITATES and PROMOTES equitable access to migrant-friendly and comprehensive health care services.</p>	<p style="text-align: center;"><b>Strengthening Inter-Country Coordination and Partnership</b></p> <p>COMMITTED to developing and strengthening multi-sectoral partnerships and coordination among member states, stakeholders and migrants.</p>

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