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## Migration Health Assessments in IOM

Migration Health Assessments are among the most well-established migration management services offered by IOM. They consist of an evaluation of the physical and mental health status of migrants, made either prior to departure or upon arrival, for the purpose of resettlement, international employment, enrolment in specific migrant assistance programs, or for obtaining a temporary or permanent visa. Reflecting national differences in immigration and public policies and practices, there is a diverse range of assessment requirements, the most common denominator being the need to ensure that the migration process does not endanger the health of the migrant or the host population. The purpose of the health assessments is to identify and address conditions of public health concern in order to mitigate the impact of the migrants' disease burden on national health or social services. The program also seeks to address the migrants' specific health needs in order to facilitate integration with the host community.

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

Health assessments are valuable in the migration process. Migrants benefit from the health assessment by becoming more aware of their own personal health conditions and by being empowered to take preventative or curative actions. Migration health assessments contribute substantially to addressing the health needs of migrants and of hosting communities alike, particularly when supported by adequate pre- and post-arrival health services and community-based interventions. These measures can also promote positive health seeking behaviours through pre-departure health education and awareness campaigns.

With the migrant's consent, health care providers at the receiving community level can obtain information on individual conditions that require follow-up treatment or specialized investigation so they are better prepared to receive and provide relevant services.

*In 2008, IOM provided health assessment services to a total of 230,944 migrants in 40 countries through its stationary and mobile health teams. In response to the request of countries, IOM has established permanent medical and diagnostic laboratory and radiology services in many settings worldwide, including, among others, Bangladesh, Kenya, Nepal, Pakistan and Thailand. In other settings, IOM partners with existing health care providers and provides oversight to ensure the delivery of efficient, customized and quality services. In addition, IOM's global team of migration health physicians can be quickly mobilised worldwide to provide health assessments for remote communities or crisis-affected populations as needed. These established resources are available to help build capacity and to support programmes in the countries where IOM is working and to assist both resident and mobile populations.*

In the context of health assessments, IOM provides many complementary travel and integration-oriented health promotion services, including treatment, counselling, health education, immunization and medical escorts.

Increasingly, there has been a willingness of governments to use health assessments as a tool for the integration of migrants into receiving communities and not for the exclusion of persons with certain health conditions.



## COMPONENTS OF THE MIGRATION HEALTH ASSESSMENTS

Depending on the situation, the type of migrant and country-specific guidelines, a migration health assessment may include some or all of the following components:

- *Review of medical and immunization history*
- *Detailed physical examination and mental health evaluation*
- *Clinical or laboratory investigations*
  - *Serological tests*
  - *Radiological screening (chest x-ray for tuberculosis)*
  - *Chemical analysis (blood/urine)*
- *Referral or consultation with a specialist*
- *Anti-fraud and corruption measures, including for services such as DNA testing and bio-sampling*
- *HIV/AIDS education and counselling, health education and voluntary testing*
- *Arranging for the administration of vaccinations and provision of or referral for directly observed treatment for some conditions (intestinal and other parasitic infestations, tuberculosis, malaria, sexually transmitted infections, anti-retroviral administration and prevention of mother-to-child vertical transmission)*
- *Detailed documentation of findings, preparation of required immigration health forms and documents*
- *Confidential transfer of relevant information or documentation to appropriate immigration or public health authorities*
- *Ensuring fitness to travel*
- *Public health surveillance and outbreak management in camps, transit centres and other temporary settlements*
- *Provision of medical escorts/special services for travel and relocation*
- *Collection and analysis of data*

## MIGRATION HEALTH ASSESSMENTS WITHIN IOM PROGRAMMES

### RESETTLEMENT

Health assessments of refugees admitted for resettlement to third countries are government funded and carried out at the request of resettlement countries such as Australia, Canada, Denmark, New Zealand, Norway, the United Kingdom and the United States of America. They are tailored to comply with the national immigration requirements of the receiving health authority in immigration countries. The Migration Health Department (MHD) coordinates closely with other departments within IOM for refugee case processing, including cultural orientation, language training, transportation and integration assistance in the country of resettlement. IOM provides these services also in coordination with agencies responsible for standard setting and best practices, with the overarching goal of successful integration of resettling migrants into receiving societies.

### TEMPORARY AND PERMANENT MIGRANTS, INCLUDING MIGRANT WORKERS

Some destination countries require health assessments of migrants prior to departure. These requirements can be selective for certain diseases of public health concern, such as pre-departure screening for tuberculosis, as in the United Kingdom Pre-Departure Tuberculosis Detection Program. In addition to screening for tuberculosis, other countries such as Australia, Canada, the US and New Zealand require more extensive investigations, including tests for HIV/AIDS, sexually-transmitted infections, and certain chronic illnesses or disorders that pose a safety risk to both migrants and others. These are fee-based services to migrants wishing to migrate to other countries either temporarily or long-term.

Labour migrants are another group of temporary migrants who may require a visa and/or work permit for employment in receiving countries. Health assessments serve to evaluate the health status of labour migrants either pre-departure, upon arrival, or upon separation and return for purposes of occupational health. These assessments are particularly relevant when they serve sending and receiving countries which have significant epidemiological differences.

### ASSISTED VOLUNTARY RETURNS (AVR)

Migrants who have failed to gain asylum are assisted by IOM to voluntarily return to their country of origin. The provision of health assessments in assisted voluntary returns are not mandatory, but are undertaken when countries request that IOM provide such services as a measure of support to reintegration and return. Basic fitness to travel assessments for safe transportation are usually routinely offered by IOM in the case of assisted movements. Within AVR, IOM offers a voluntary examination that includes a physical examination, mental health evaluation and fitness to travel assessment. Migrants requiring follow up for certain health conditions may be referred to third-party healthcare providers.

## IRREGULAR MIGRATION

### (a) Cross Border Migration

In settings with a high burden of diseases such as tuberculosis, the movement of persons between countries also involves the movement of diseases of public health concern. When significant disparities in healthcare infrastructure and access to health services exist between neighbouring countries or between countries of origin and destination, addressing the health of migrants is necessary. Irregular migrants, both at borders and within host communities, often receive only emergency medical assistance, and may be overlooked for communicable diseases and chronic conditions. Establishing a rapid diagnostic and referral system for tuberculosis and other conditions at border regions can benefit individual migrants as well as benefiting the host, transit and origin communities through the minimisation of on-going transmission of infection. The key approach IOM promotes in relation to migrants with an irregular status is the right to affordable and accessible healthcare, irrespective of their legal status.

### (b) Trafficked persons

Trafficked persons are often exposed to violence and abuse, and have limited access to healthcare. During the rescue phase, there could be an opportunity to evaluate persons for diseases of public health concern and to facilitate reintegration and recovery. The health assessment can be tailored to an individual's specific problems, including mental health evaluation and psychosocial support. Trafficked women and minors may be exposed to higher risks of STI and HIV/AIDS transmission, as well as other reproductive, sexual, mental and psychosocial health problems, due to their vulnerability to abuse.



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Photo: Bhutanese refugees waiting for chest X-ray which is standard part of the resettlement health assessment. Damak, Nepal

## POST-EMERGENCY RELOCATION AND REINTEGRATION

Health assessments are a movement-and integration-related component of emergency response activities for crisis-affected populations. Health assessments are implemented in cases involving the return of displaced people, stranded third-country nationals (TCNs), refugees, demobilized soldiers and their families, or persons requiring temporary relocation. They serve to identify conditions which require treatment prior to travel or post arrival, as a means to foster individual safety, public health, stabilization and integration.

### COMMONALITIES OF HEALTH ASSESSMENTS

*The aim of the health assessment is to ensure that migration does not endanger the health of the migrant or pose a public health risk during travel or upon arrival at the final destination.*

*The health evaluation of migrants is tailored to satisfy existing public health and immigration entry requirements of destination countries. Health assessments may be used as instruments to ensure safe travel and to promote integration.*

*It is IOM's practice to begin the health assessment prior to laboratory examinations by providing applicants with a comprehensive and high standard of counselling to achieve informed consent. In addition, IOM provides post-test counselling for a variety of positive results so the migrants are empowered to understand their personal medical conditions, which may require additional treatment either prior to departure or for follow-up at the final destination.*

*Health assessments provide the opportunity to promote the health of migrants through the initiation of preventative and curative interventions for conditions that, if left untreated, could have a negative impact on the migrant's health and/or on the public health of the host communities. In addition to offering pre-departure treatment of high-prevalence conditions like malaria and intestinal parasites, MHD treats migrants diagnosed with active pulmonary tuberculosis using the directly observed treatment (DOT) method, treats certain sexually-transmissible infections and immunizes for vaccine-preventable conditions.*



IOM supports the STOP TB Programme in Thailand

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### TUBERCULOSIS AND MIGRATION

The detection of pulmonary tuberculosis (TB) is one of the main foci for the migration health assessment process. The disease's natural history and mode of transmission, which are strongly influenced by social and environmental factors, make it one of the most important infectious diseases in the context of migration.

Most migrants travel from countries where the prevalence of active tuberculosis is greater than 40 per 100,000 population (high prevalence) to countries where the prevalence is less than 25 per 100,000 population (low prevalence). However, despite these parameters, countries with a high burden of tuberculosis may have prevalence rates as high as 700 per 100,000, while the average global burden of tuberculosis is estimated at 200 per 100,000, or approximately 13.7 million prevalent cases (WHO Global Tuberculosis Control Report 2009). In 2007, it was estimated that approximately 9.27 million new cases occurred globally. Screening and treatment for active tuberculosis is therefore a critical component of tuberculosis control, particularly in regards to its spread across borders.

IOM contributes to cross-border control of TB through its early detection and treatment prior to resettlement. IOM has accumulated significant experience in the management of TB, including MDR-TB. In some countries, IOM has established its own Directly Observed Treatment (DOT) Centers; in others, migrants are referred to health care providers who adhere to international standards of care. Currently, in conjunction with the government of the United Kingdom, IOM manages a pre-departure tuberculosis detection program in 8 high prevalence countries for visa applicants planning to stay in the UK for six months or longer.

### HEALTH INFORMATICS

Migration health informatics (MHI) refers to the systematic application of information, computer science and technology to migration health practice, research and learning. MHI applied in the case of health assessments for resettlement purposes gives IOM a major competitive advantage in the domain of global service provision. This advantage is exemplified by MiMOSA, a tool within the health informatics program that was developed with the idea to integrate all activities at the mission level, to standardize data collection between missions and to create a venue for centralized data collection at the organizational level. These functions enable IOM to analyze and understand patterns of morbidity related to migration health, to aggregate data and to ensure quality control in services. This, in turn, allows IOM and receiving governments to tailor screening tools for different epidemiological contexts, thereby enabling receiving governments to provide more rational screening protocols as well as better integration services for migrants. Additionally, MHI allows for a continuation of healthcare provision through the electronic transmission of relevant data prior to a migrant's arrival in the receiving country; this service is currently being provided for the United States Centers for Disease Control and Prevention.

### HEALTH SYSTEM STRENGTHENING

In providing health assessment services, IOM aims to integrate with existing national disease control and prevention programs by aligning with local systems and protocols. IOM also works to accomplish this objective by collaborating through the sharing of data in the full respect of confidentiality of individual information, outsourcing services to available local partners, training local providers and employing local personnel. Health promotion services inherent in migration programs are extended whenever applicable to local populations.

For further information on Migration Health Assessments activities, please visit our website <http://www.iom.int> or write to [mhddpt@iom.int](mailto:mhddpt@iom.int)

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