Migration, Mobility and Health Aspects in the Sendai Framework: Ensuring Capacity Building and Service Delivery in migration-affected communities

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Migration Mega-trend: 1 in 7 on the move

7 billion Population

1 billion Migrants

247 million international

>740 million internal

Urbanization: 50% +

Feminization: ca. 50%

Irregular: 15-20%

Six Drivers of migration

1. Demography
2. Demand
3. Distance
4. Digital Revolution
5. Disparity
6. Disasters
Disasters often result in population displacement.

Migration is an adaptation and a coping strategy in disaster situations.

Migration increases vulnerability to ill-health.

Migrants and mobile populations are hard to reach or ‘hidden’ and not able to access services.
2008 WHA61.17 Resolution on Health of Migrants

Operational Framework on Migrants’ Health

- Monitoring Migrant Health
- Policy and Legal Frameworks
- Migrant-Sensitive Health Systems
- Partnerships, Networks and Multi country Frameworks
International frameworks

**WHA Health of Migrants**
- Monitoring Migrant Health
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**Sendai Framework**
- Engage with all stakeholders including migrants (preamble)
- Migrants to be incorporated in DRM at the local level (para 27h)
- Migrants contribute to community resilience (para 36a)
IOM Migration Health Programmatic Areas

Migration Health Assessment & Travel Health Assistance

Health Promotion & Assistance for Migrants

Migration Health Assistance for Crisis Affected Populations

for various categories of migrants, including resettling refugees, immigrants, temporary migrants, labour migrants and displaced persons, either before departure or upon arrival

promoting migrant sensitive health systems (focus especially on labour and irregular migrants and host communities) by advocating for migrant-inclusive health policies, delivering technical assistance and enhancing capacities

especially in natural disasters, IOM assists crisis-affected populations, governments and host communities to strengthen and re-establish primary health care systems

11-Mar-16
Sendai Framework Priority 1: Understanding disaster risk

Data on Disaster and loss (para 25a)

MOBILITY TRACKING
1. Location Assessment
2. Mobility + Displacement
3. Thematic Assessment
4. Event Tracking

FLOW MONITORING
1. En-Route Tracking
2. Transit Point Monitoring
3. Areas of Return Tracking

REGISTRATION
1. Displaced Population
2. Emergency
3. Beneficiary

GROUP & LOCATION

HH & INDIVIDUAL

SURVEYS
1. Return Intention
2. Displacement Solutions
3. Community Perception

IOM response
Priority 2: Strengthening disaster risk governance to manage disaster risk

Coherence of instruments and tools (para 28b)

IOM response

IOM Health and Humanitarian Border Management Framework (HHBM)

Mobility continuum and revision of the IHR concept of Point of Entry

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Priority 2: Strengthening disaster risk governance to manage disaster risk

Mainstream disaster risk reduction in health (para 27a)

IOM response: Migration Crisis Operational Framework (MCOF)

- 15 integrated sectors of assistance
- Health and Psychosocial support
- DRR and Resilience Building
Health system resilience and disaster risk management for health (para 30i)

- Mobile - Fixed - Temporary or Transitional clinics
- Repair or rehabilitation of health facilities
- Rapid response team & Emergency preparedness
- Immunisation and nutrition

- Prevention, care and treatment,
- Counselling, health education enhancing resilience
- Health assessments for remote communities or crisis-affected populations
Priority 3: Investing in DRR for resilience

Access to basic health care services (para 30j)

Service Delivery and Capacity Building- SDCB

- **Individual level**
  - Enhancing resilience to health, community-based DRM

- **Institutional level**
  - Strengthening and enhancing the supply of migration-competent health services

- **Environmental level**
  - Creating an enabling migration-sensitive environment – addressing migration-related social determinants of health

**IOM response**

- **Individual Level**
  - Community health stabilization
  - Early warning/early detection
  - Community-based DRR
  - Life saving

- **Environmental level**
  - Migration-sensitive health policy

- **Institutional level**
  - Training of HW
  - Migrant-competent health service delivery
  - Mobility-sensitive Health system

**11-Mar-16**
Priority 3: Investing in DRR for resilience

Service Delivery and Capacity Building - SDCB

Key Principles

- Work locally, in disaster-affected spaces of vulnerability
- Work with and for disaster-affected communities
- Build on and strengthen what is there
- Gender responsive
- Public Health driven and Human Rights framed

Key Approaches

- Evidence informed
- Regular and targeted communication
- Facilitate local active participation
- Capacity Building
- Partnership
Key Messages

- Critical nexus of migration, health risks and DRR
- Reaching out to migrants and mobile populations who are often hard to reach and including them in national health and DRR strategies
- Capacity strengthening of migrant-inclusive health and DRR systems
- Disaggregated data to support evidence based policies and strategies

Sustainable mechanisms in ‘leaving no one behind’ - we would like to see healthy, resilient and integrated migrants, mobile and displaced populations in healthy communities before, during and after disasters
Thank you!
Questions?

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IOM’s DRR page
www.iom.int/cms/drr