

Guidance Documents and Tools for Health Support

Overview

The global health references utilized by IOM within its health response to crisis - as well as a number of additional guidance documents and tools - are provided in this entry. Familiarity with these documents and tools supports the designing and implementation of high quality emergency health programming, required to achieve the ultimate life-saving goal of humanitarian assistance.

Guidance Documents:

1. **Everybody's Business - Strengthening Health Systems to Improve Health Outcomes, WHO's Framework for Action:** Health System Building Blocks (HSBB) framework is used to monitor health system strengthening through the identification of key inputs and immediate outcomes within a health system.
2. **WHO Health Resource Mapping System (HeRAMS):** HeRAMS is a standardized tool used by the Health Cluster during a crisis to conduct baseline assessments on the impact of a crisis and to monitor the changes in resource availability throughout the crisis and beyond.
3. **IOM Health, Border and Mobility Management (HBMM) Framework:** HBMM framework aims to improve prevention, detection and response to the spread of infectious diseases and other health threats along the mobility continuum (at origin, transit, destination and return points) and its spaces of vulnerability with a particular focus on border areas.
4. **WHO Emergency Response Framework (ERF):** The ERF defines WHO's roles and responsibilities to best serve and be accountable to populations affected by emergencies.
5. **Age-Friendly Primary Health Care Centres Toolkit:** The toolkit builds upon the concepts and principles of the WHO's Active Ageing Policy Framework, published in 2002 on the occasion of the Second World Assembly on Ageing in Madrid. The Active Ageing Policy Framework calls on policy-makers, governments, and the non-governmental sector to optimize opportunities for health, participation, and security in order to enhance the quality of life of people as they age.
6. **Communicable Disease Control in Emergencies – A Field Manual:** This manual is intended to help health professionals and public health coordinators working in emergency situations prevent, detect, and control the major communicable diseases encountered by affected populations. Emergencies include complex emergencies and natural disasters (e.g. floods and earthquakes). The term "complex emergencies" has been coined to describe "situations of war or civil strife affecting large civilian populations with food shortages and population displacement, resulting in excess mortality and morbidity".
7. **Outbreak Surveillance and Response in Humanitarian Emergencies – WHO Guidelines for EWARN Implementation:** These guidelines are intended for all individuals responsible for disease surveillance activities at all levels. These individuals include health facility staff, surveillance officers, epidemiologists, data analysts and statisticians, government health officials, sanitarians, managers of the Expanded Programme on Immunization (EPI), public health officers, laboratory personnel and community health workers.
8. **Global Reference List of 100 Core Health Indicators:** The Global Reference List is a standard set of 100 core indicators prioritized by the global community to provide concise information on the health

situation and trends, including responses at national and global levels. The Global Reference List contains indicators of relevance to country, regional, and global reporting across the spectrum of global health priorities relating to the post-2015 health goals of the Sustainable Development Goals

9. **International Health Regulations (IHR) 2005 - Third Edition:** The purpose and scope of the IHR (2005) are to prevent, protect against, control, and provide a public health response to the international spread of diseases in ways that are commensurate with and restricted to public health risks and which avoid unnecessary interference with international traffic and trade.
10. **International Health Regulations (2005) – a guide for public health emergency contingency planning at designated points of entry (POE):** This guide was designed to assist WHO Member States, both large and small, to bridge the gap between the legal requirements of the International Health Regulations (2005), or IHR (2005), and the pragmatic readiness and response capacity for public health emergencies at designated POEs.
11. **UNICEF Cholera Toolkit**
12. **Inter-agency Field Manual on Reproductive Health in Humanitarian Settings**
13. **Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations**
14. **MISP Cheat sheet**
15. **IWAG Newborn Health in Humanitarian Settings**
16. **IOM Operational Briefer and Guidance: Use of Breast-Milk Substitutes in Humanitarian Crisis Settings:** The brief and guidance documents, both aim to guide the work of IOM emergency coordinators, heads of programmes, multisectoral colleagues as well as mission-level decision makers when evaluating the need and/or appropriateness of distributing and/or using Breast-Milk Substitutes in humanitarian response to emergencies.

Tools and Infosheets:

- 1.a. Migrant Health & Psychosocial Support in Crises
- 2.a Primary Healthcare Services for Migrants in Crisis Situations
- 3.a IOM Mobile Clinics, Transitional, and Temporary Health Facilities
- 4.a. Health Referrals, Facilitated Hospital Discharge and Assisted Returns for Crisis Affected Populations
- 5.a. IOM Medical Evacuations and Health Rehabilitation
- 6.a. Sexual and Reproductive Health for Crisis-Affected Populations
- 7.a. Health Care and Psychosocial Support for Former Combatants and Families
- 8.a. IOM Environmental Health Activities in Post-Crisis Settings
- 9.a. IOM Public Health Risk Assessment Tool
- 10.a. Early Warning Alert and Response in Emergencies: an operational guide

Contacts

For additional support and guidance on Health in Emergencies contact the Migration Health Division (MHD): mhddpt@iom.int.

Key Documents

- [1. Everybody's Business - Strengthening Health Systems to Improve Health Outcomes, WHO's Framework for Action](#)
- [2. WHO Health Resource Mapping System \(HeRAMS\)](#)
- [3. IOM Health, Border and Mobility Management \(HBMM\) Framework](#)
- [4. WHO Emergency Response Framework \(ERF\)](#)
- [5. Age-Friendly Primary Health Care Centres Toolkit](#)
- [6. Communicable Disease Control in Emergencies](#)
- [7. Outbreak Surveillance and Response in Humanitarian Emergencies](#)
- [8. Global Reference List of 100 Core Health Indicators](#)
- [9. International Health Regulations, 3rd Edition \(2005\)](#)
- [10. International Health Regulations \(2005\) Guide for Public Health Emergency Contingency Planning at Designated POEs](#)
- [12. Inter-Agency Field Manual on Reproductive Health](#)
- [13. Minimum Initial Service Package \(MISP\) for Reproductive Health in Crisis Situations](#)
- [MISP Cheat Sheet \(2010\)](#)
- [15. IWAG Newborn Health in Humanitarian Settings Field Guide](#)
- [16. \(i\) IOM Operational Guidance Briefer: Use of Breast-Milk Substitutes in Crisis Settings](#)
- [16. \(ii\) IOM Operational Guidance: Use of Breast-Milk Substitutes in Crisis Settings](#)
- [Migrant Health and Psychosocial Support in Crises](#)
- [Primary Healthcare Services for Migrants in Crisis Situations](#)
- [IOM Mobile Clinics, Transitional and Temporary Health Facilities](#)
- [Health Referrals, Facilitated Hospital Discharge and Assisted Returns for Crisis Affected Populations](#)
- [IOM Medical Evacuations and Health Rehabilitation](#)
- [Sexual and Reproductive Health for Crisis-Affected Populations](#)
- [Health Care and Psychosocial Support for Former Combatants and Families](#)
- [IOM Environmental Health Activities in Post-Crisis Settings](#)
- [IOM Public Health Risk Assessment Tool](#)
- [Early Warning Alert and Response in Emergencies](#)

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Health Support

Overview

Health interventions in crisis response aim to reduce mortality, morbidity, and the human suffering of crisis affected individuals by ensuring access to and availability of life-saving health care, as well as at the same time supporting the recovery and rebuilding of resilient health systems.

Key Considerations

Global Health References for Crisis Response

The following Global Health References (GHR) outline the minimum standards necessary for more effective health programming in response to crisis. Compliance with these global standards enables IOM staff to accurately map humanitarian gaps, track project progress and performance, evaluate impact and ensure accountability internally as well as to affected populations. The GHR provide a set of indicators and related measurement strategies that are essential components to the strengthening of health system capacities and coordination with partners. For the purpose of this Internal Guidance, the following are recognized GHR to incorporate into health programming in response to crisis.

1. Health Resource Availability Mapping System (HeRAMS)

Health Resource Availability Mapping System (HeRAMS) is a standardized tool used by the Health Cluster during an acute crisis to measure the availability of health system resources in an affected region. The HeRAMS enables both a baseline assessment on the impact of a crisis as well as monitor the changes in resource availability throughout the crisis and beyond. The sub-sectors of HeRAMS include:

- General Clinical Services
- Child Health
- Communicable Diseases
- Sexual and Reproductive Health
- Non-communicable Diseases, Injuries, and Mental Health
- Environmental Health

The response domains, with their respective essential services, are imperative to save lives, reduce morbidity and suffering in times of crisis. IOM's health programming in response to crisis therefore needs to address all sub-sectors comprehensively, whether their essential services are provided by IOM directly or through the identification of partnerships.

Another key component of HeRAMS is the articulation of the each sub-sector and its essential services within the three different levels of care. This allows for more effective referral systems and coordination of care between community care, primary care, and secondary and tertiary care. IOM's programming should address each level of care and its associated services and identify partners to fill in the gaps.

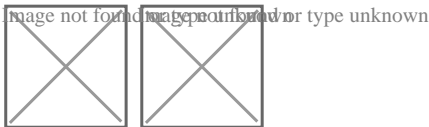
2. WHO Health System Building Blocks (HSBB)

A Health System (HS) consists of all the organizations, institutions, resources and people whose primary purpose is to improve health. IOM's health assistance during a crisis response aims to support and reinforce a crisis-affected HS. Crises can magnify pre-existing problems within a HS as well as create new ones, often previously hidden. Even during the most acute response to a crisis, HS strengthening needs to be the ultimate goal of IOM's health programming. The WHO Health System Building Blocks (HSBB) framework is used to monitor health system strengthening through the identification of key inputs and immediate outcomes in the subsequent areas:

- Service Delivery
- Health Workforce
- Health Information
- Medical Products, Vaccines, and Technologies
- Health Financing
- Leadership and Governance
- Community**

**Community was a building block in the previous version of the HSBB framework. Within health response to crisis, this building block is re-inserted, notably in consideration to the framework for Accountability to Affected Populations.

It is important for IOM to keep in mind the HSBB at all stages of health programming in response to crisis. Direct service delivery and capacity building need to address all seven HSBB, whether activities are implemented by IOM directly or through the identification of partnerships.



Relevance to IOM's Emergency Operations

Health Support is part of IOM's Humanitarian Mandate, and is recognized by the Migration Crisis Operational Framework (MCOF) as one of the 15 sectors of assistance to address before, during, and after crises. As such, health response is frequently part of IOM's larger multi-sectoral humanitarian assistance, although it can also be delivered as a stand-alone intervention. Notwithstanding, coordination within IOM and with other sectors of assistance is critical. Health response in times of crisis aims to alleviate suffering, save lives, and protect human dignity while also upholding IOM's commitment to humanitarian principles, as stated in IOM's Humanitarian Policy - Principles for Humanitarian Action (PHA) and protection mainstreaming.

MCOF Objective of Response: To provide comprehensive health-care and prevention services during the crisis and throughout the movement process at the pre-departure stage, during travel and transit, and upon return based on existing health systems and evidence-based needs assessments.

Since its establishment, IOM's health activities have evolved and expanded in response to the changing needs of migrants as well as the contexts in which migration occurs. The adoption of the resolution Health of Migrants by the 61st World Health Assembly in 2008 (WHA 61.17)¹ signified a shift in global policy and an increased focus by global actors on prioritizing the migration health agenda. Recognized as a partner of the WHO and a member of the Inter-Agency Standing Committee's (IASC) Global Health Cluster (GHC), IOM is increasingly a key player in health service delivery in response to crises and public health emergencies, as well as in supporting health system recovery and resilience.

Coordination

As an active member of the GHC, IOM is also a member of the Health Cluster in many countries affected by crisis, both at the national as well as sub-national levels. In being so, IOM actively participates in Health Cluster and other humanitarian coordination activities and initiatives, takes part in joint needs assessments, and participates in the Humanitarian Programme Cycle (HPC) - particularly in the development of Humanitarian Needs Overview and strategic response plans.

IOM staff in the field should ensure active participation within the Health Cluster at the country level. This participation should be reflected throughout the planning and implementation of IOM's emergency health programmes which should be in line with the overall Health Cluster strategy in country.

Operations

Putting Global Health References into Practice

IOM's health response to crisis is guided by well-established Global Health References. These references delineate the scope of sound emergency health programming required to support the realization of the ultimate life-saving goal of humanitarian assistance. Compliance to global standards of operations is also critical to ensure the equitable delivery of the highest attainable quality of health care during emergencies. Partners of the GHC are expected to follow these standards in their operations.

The two most important references used in IOM's emergency health operations are: 1) the Health Resource Availability Mapping System (HeRAMS) Health Cluster Response Domains, and 2) the World Health Organization (WHO) Health System Framework for Action. HeRAMS is a standardized tool used by the Health Cluster during crises to conduct baseline assessments on the impact of a crisis and monitor the changes in resource availability throughout the crisis and beyond. HeRAMS delineate the different response domains of the Health Cluster, each of which are associated with specific measurement indicators. The WHO Health System Framework for Action describe the different 'building blocks' that make up a health system (Health System Building Blocks - HSBB). The HSBB framework is used to monitor health system strengthening through the identification of key inputs and immediate outcomes within a health system.

Both the HeRAMS tool and the HSBB framework are global references that outline the minimum standards necessary for more effective health response to crisis. Compliance with these global standards enables IOM to accurately map humanitarian health gaps, track the progress of its response, evaluate impact, and ensure accountability internally as well as to affected populations.

Refer to the Key Considerations below for a more detailed explanation of HeRAMS and HSBB.

1. HeRAMS Health Cluster Response Domains and HSBB

The following matrix incorporates the HeRAMS seven domains of response and HSBB seven building blocks into one tool to guide IOM staff to maintain both paradigms throughout all stages of the health response to crisis. The matrix can be used during the needs assessment, project response planning, monitoring and evaluation, in order to not miss a critical sector of the health response while still striving towards overall health system strengthening. A key input to the matrix is the identification of actors involved across the sub-sectors and the different HSBB. The actors include IOM as well as National Health System (NHS) entities such as the Ministry of Health (MOH) and other health partners including Non-Government Organizations (NGOs), Civil Society Organizations (CSOs) and the private sector.

HeRAMS Response Division Domains and HSBB Matrix

HSBB	Health Service Delivery		Health System Finance	Health Information Systems		Health Workforce	
HeRAMS Response Domains	IOM	NHS or Partner		IOM	NHS or Partner	IOM	NHS or Partner
General Clinical Services							
Child Health							
Communicable Diseases							
Sexual & Reproductive Health							
Non-communicable diseases, Mental Health, Injuries							
Environmental Health							

Scope and utilization of the matrix

- **Needs Assessment:** The matrix serves to detect gaps in domains of health response across the seven HSBB, allowing for subsequent prioritization of response, development of interventions and identification of potential partnerships, whether with actors already in place or new ones.

WHO Public Health Risk Assessment (PHRA)

Tools such as the WHO Public Health Risk (PHRA) help facilitate the identification of priority humanitarian gaps, and subsequently the coordination of response activities among all actors working with crisis-affected populations. The PHRA aids in crisis risk assessment and the identification of priority interventions within the seven HeRAMS response domains. For each domain, assessors need to evaluate the levels of associated morbidity, mortality, risk factors, as well as remaining capacities of the health system to function within the sub-sector. The capacities of the health system evaluated in the PHRA ideally need to include the seven building blocks. The aforementioned HeRAMS response domains and HSBB matrix integrates both paradigms together to address humanitarian health needs in a more simple way.

- **Response Planning:** The matrix should be completed with IOM proposed activities for each response domain across the HSBB, as identified and prioritized in the needs assessment. If the intervention does not address all domains and/or building blocks, partnerships with national entities such as MOH and

other health actors need to be identified to fill in the gaps.

- **Monitoring and Evaluation:** The evolution of the content of the matrix illustrates the progress made from the needs assessment stage, throughout response implementation, and ultimately its impact on health system strengthening, and the growth of national partnerships.

Trigger Questions to Aid in Matrix Completion

- **HeRAMS Health Cluster Response Domains**

General Clinical Services	Child Health
Outpatient, inpatient? Diagnostic facilities/ tests? Referral? Emergency care? Case management?	Vaccinations – routine and campaigns? Integrated Management of Childhood Illness (IMCI)? Integrated Management of the newborn? Community-based Management of Acute Malnutrition (CMAM)? Supplementary feeding?
Communicable Diseases, Mental Health, Injuries	Sexual and Reproductive Health
Tuberculosis/Malaria? Notifiable diseases? Vector control? Mass vaccination? Preventive measures? Implementation of the International Health Regulations (IHR 2005)	Minimum Initial Service Package (MISP) for Reproductive Health? Management of Sexually Transmitted Infections (STIs)/AIDS? Family planning? Maternal care? Clinical Management of Rape (CMR)?
Non-communicable Diseases, Mental Health, Injuries	Environmental Health
Psychosocial support? Mental health referral? Disability management? Metabolic syndrome management?	WASH? Sanitation? Waste management and disposal?

- **Health System Building Blocks (HSBB)**

Health Service Delivery	
IOM: Is IOM providing / planning to provide direct health services?	NHS or Partner: Is MOH or another national entity (government agency, local NGOs) providing health services?
Health System Financing	
Is the national government contributing financially to service delivery?	
Health Information Systems	
IOM: Is IOM generating data for internal and external uses? Is IOM data contributing to the prevailing disease surveillance/ early warning system?	NHS or Partner: Is a national health information system (HIS) in place? Is an Integrated Disease Surveillance and Response (IDSR) system in place?
Health Workforce	

IOM: Is IOM deploying/ planning to deploy resources to provide assistance in health service delivery?	NHS or Partner: Is a national entity of health partner involved in providing assistance in service delivery? Is IOM building the capacity of MOH human resources for health in service delivery?
Access to Medical Products, Vaccines and Technologies	
IOM: Is IOM procuring, distributing and/ or administering essential medicines and/ or vaccines and other medical commodities?	NHS or Partner: Is MOH or another national entity/ health partner procuring, distributing and/ or administering essential medicines and/ or vaccines and other medical commodities?
Leadership, Governance	
Is there an existence of national health policies/legislation/framework of operation for health service delivery? Are migrants, refugees, mobile populations, IDPs and other crisis affected populations explicitly spelled out in these policies/legislation/framework?	
Community	
Are the beneficiaries contributing to planning and delivering health services and public health interventions?	

2. Levels of Care

During all stages of the intervention, it is essential to distinguish the levels of care in which the HeRAMS response domains and their essential services are available during a crisis. Coordination between the four levels of care, community care, primary care, and secondary and tertiary care, enables more effective monitoring of the health situation. IOM health response must link the different levels of care through the incorporation of partners and other actors to provide the most comprehensive and effective health support possible.

3. Gender Mainstreaming

It is vital that a thorough gender analysis is carried out in the health needs assessment. Response planning consequently needs to properly address the specific needs of women, men, boys and girls as analyzed in the needs assessment. Subsequent response activities must take into consideration the specific gender dynamics of the affected populations. Monitoring and evaluation need to be based on indicators that are properly engendered. These indicators need to be well articulated at the output, outcome, and impact levels; all key data must be disaggregated by sex and age to the extent possible.

The IASC has developed Guidelines for integrating Gender-based Violence Interventions into Humanitarian Action. The Health Thematic Area Guide can be accessed online and in the Gender Mainstreaming entry.

4. Protection Mainstreaming

The health implications of protection violations need to be addressed throughout all stages of health response to crisis. A comprehensive understanding of protection violations and their potential health implications needs to be part of the initial needs assessment. This will help inform how IOM's health response can both prevent occurrence and reoccurrence of protection violations as well as respond to their health implications. Response activities should articulate how health services will contribute to response and prevention efforts stemming from protection violation. Services dealing with management of protection violations, notably violence, include emergency contraception, clinical management of rape, and trauma care. In many settings, men and boys are just as susceptible to gender-based violence as women and girls. Practitioners need to be prepared to respond to both circumstances in culturally-sensitive ways. Another essential component of protection mainstreaming into the health response is building capacity of personnel on the prevention and

management of the health implications of protection violations - notably violence.

Area of IOM's Health Response to Crises

Primary Health Care Provision and Community Health Revitalization: From the onset of a disaster and through the early recovery transition period following the crisis, primary health infrastructure can be reestablished; the health needs of crisis-affected populations and their host communities can be met by a variety of external and provisional health services. This includes the provision of mobile clinics, temporary health posts, or transitional clinics, depending on the situation.

Health Referrals: To facilitate linkages between the different levels of health services - and notably access of crisis-affected populations and their surrounding communities to adequate secondary and tertiary health care services during crisis and post-crisis recovery periods and to reduce undue congestion of hospitals - IOM provides an adequate environment in strengthening health referral mechanisms to and from secondary and tertiary health care facilities, assisted hospital discharge, and assisted returns with transportation and communications support. In so doing, operational relief is provided to reduce the strain on functioning health care facilities during and after crisis events.

Medical Evacuation and Rehabilitation: In severe circumstances during emergencies or in post-emergency phases where there are overwhelming needs for urgent and complex medical care, some patients may require local, regional or international medical evacuation in order to access adequate life-saving medical care. In these cases IOM initiates medical evacuation programmes in collaboration with interested governments and partners and contributes to in-country capacity and enhancement of national health infrastructure, skills development, and targeted projects that serve to address gaps in health service delivery.

Travel Health Assistance: Travel and movements of populations may pose health risks to both the people traveling and the hosting or receiving communities. IOM has a responsibility to ensure that people traveling under the auspices of the Organization travel in a safe and dignified manner, are fit to travel, receive appropriate assistance through medical escorts to final destination when necessary, and do not become a hazard to other travelers, personnel or receiving communities. The Transport Assistance for Affected Populations entry for more information.

Health, Border and Mobility Management: IOM's approach to responding to public health emergencies, disease outbreaks, and preparing for future health threats is particularly anchored upon human mobility - notably through the Health, Border, and Mobility Management (HBMM) framework. The summary of the components within the HBMM framework are shown in the below figure. HBMM has the ultimate goal of improving prevention, detection and response to the spread of infectious diseases and other health threats along the mobility continuum (at origin, transit, destination and return points) and its spaces of vulnerability, with particular focus on border areas. At the core of HBMM is the understanding that mobility is a continuum that extends beyond the physical or regulated border areas, such as the official Points of Entry (or PoEs, as articulated within IHR, 2005), to include pathways and spaces of vulnerability. Grounded on this understanding, the scope of HBMM ranges from collection and analysis of information on mobility patterns, to disease surveillance and health threat response mechanisms at spaces of vulnerability along mobility pathways. HBMM, therefore, ultimately contributes to health system strengthening that is sensitive to mobility dynamics, notably at the primary health care level.

Health within other humanitarian interventions

Camp Management and Displacement Tracking: As the co-lead of the Camp Coordination and Camp Management (CCCM) Cluster, IOM strives to facilitate the effective and equitable provision of assistance and protection in camps and camp-like settings for displaced persons and migrants in transition. Recognizing IOM's key role in camp management, it is vital that public health dimensions such as public health risk

assessments and monitoring are systematically integrated into existing camp-based operational practices as well as included within the information collection process of the Displacement Tracking Matrix (DTM).

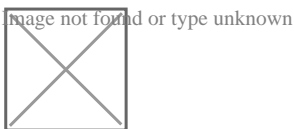
Shelter and NFI: The incorporation of first aid kits into IOM's Non-Food Item (NFI) responses supports existing health promotion practices and promotes self-sufficiency and self-management for the affected populations.

Water, Sanitation and Hygiene (WASH): In addition to ensuring adequate access to clean water, sanitation, and safe waste management in times of crisis, IOM has the capacity to incorporate health promotion and disease prevention activities as well as capacity building support for the affected communities within its WASH programming.

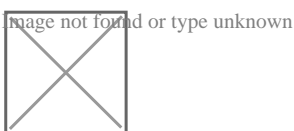
Transport Assistance for Affected Populations: Travel and movements of populations may pose health risks to both the people traveling and the hosting or receiving communities. IOM has a responsibility to ensure that people traveling under the auspices of the Organization travel in a safe and dignified manner, are fit to travel, receive appropriate assistance through medical escorts to final destination when necessary, and do not become a hazard to other travelers, personnel or receiving communities. In severe circumstances during emergencies or in post-emergency phases where there are overwhelming needs for urgent and complex medical care, some patients may require local, regional or international medical evacuation in order to access adequate, life-saving medical care.

Psychosocial Support: IOM also directly implements mental health support and psychosocial interventions to immediately address the needs of crisis affected populations. Services include the deployment of mobile psychosocial teams to provide psychosocial counselling, the setup of referral mechanisms and the provision of basic psychosocial training, including psychological first aid training, for humanitarian workers in accordance with Do No Harm principles.

Prevention of Gender based Violence: Health services are often the first point of contact for survivors of gender based violence (GBV). IOM aims to ensure that survivors have safe access to health facilities and health care workers who are trained to provide quality health care and psychosocial support, as per the standard of the Minimum Initial Service Package (MISP). IOM Health teams work alongside Protection teams to guarantee that appropriate referral pathways are in place for referrals for legal and other services that can support survivors and mitigate and prevent further harm and suffering caused by GBV.



IOM HBMM Framework



HBMM Activity Linkages

Links

- [IOM MHD webpage](#)
- [Global Health Cluster](#)

- [WHO Global Outbreak Alert and Response Network \(GOARN\)](#)
- [ASC Guidelines for integrating Gender-Based Violence Interventions in Humanitar...](#)

Contacts

For additional support and guidance on Health in Emergencies contact the Migration Health Division (MHD): mhddpt@iom.int.

Key Points

- IOM's health response to crises encompasses the various stages and typologies of crises - including public health emergencies, and throughout the migration cycle at places of origin, transit, destination, and return. It includes prevention, curative and rehabilitative care to individuals affected by crises, as well as public health interventions aimed at preventing, detecting, and responding to disease outbreaks and other health threats.

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