



IOM'S MOBILE HEALTH TEAMS SETUP IN A REMOTE TOWNSHIP AND CONDUCT TEST SCREENING FOR TUBERCULOSIS IN MYANMAR  
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## OVERVIEW

Tuberculosis is one of the world's main health challenges with 9 million new cases and nearly 1.5 million deaths each year. Approximately one third of new cases are missed by the health system and occur in populations which are most vulnerable to TB including migrants, internally displaced persons, refugees, and other crisis-affected individuals due to poor nutrition status, poor living and working conditions, low education and awareness and low healthcare access.

Emergencies such as natural disasters, conflict-related humanitarian crises and migration crises result in disruption of the capacity of public health systems to meet the healthcare needs of affected populations. Forced displacement often results in relocation to camps or other temporary settlements where risk factors such as overcrowding, malnutrition, substance abuse, social exclusion, disruption of regular healthcare and poor health seeking behavior make affected populations more vulnerable to TB. Additionally, emergency health responses traditionally focus on acute disease threats such as measles and cholera outbreaks leaving chronic conditions such as TB unattended.

IOM's TB in emergencies programme is based on extensive experience with prevention, diagnosis and treatment services under its Migration Health Assessments and Travel Health Assistance programme for immigration and refugee resettlement and TB REACH programmes worldwide.

**Measurement & analysis of TB burden among migrants**

**Robust migrant-sensitive health systems for an effective TB response**

**Intersectoral policy & legal frameworks—Health-in-all policies approach**

**Networks & multi-country partnerships with common goals**

*Addressing TB among migrants:  
Four key building blocks*



## Community-Based TB Intervention in Mobility Impacted Communities in Myanmar



IOM'S MOBILE HEALTH TEAM SETUP IN A REMOTE TOWNSHIP IN MYANMAR © IOM 2016/MUSE MOHAMMED

From 2013-2017, The Global Fund to Fight AIDS, Tuberculosis and Malaria has funded 3 projects to provide community-based TB awareness, detection, diagnosis and treatment in mobility impacted communities in Mon and Kayin States.

As of 2014, IOM has achieved and exceeded core indicators for TB. Among 7,424 presumptive TB cases, 2,153 bacteriologically and clinically confirmed cases were detected. During the reporting period, IOM provided nutritional support, counseling and follow-up for treatment adherence to improve treatment success rate.

IOM continues regular coordination and collaboration with government counterparts at state, district, township and village levels in Mon and Kayin State including General Administration Department and medical personnel from Border Guard and Ethnic Armed Forces.

Township General Practitioners' Coordination Meetings focusing on TB-HIV collaboration activities were conducted in 4 townships: Ye, Mawlamyine and Mudon in Mon State and Myawaddy in Kayin State. The State Health Director (Mon), National AIDS Program (NAP) and National TB Program (NTP) TB Team Leaders, Township Medical Officers, general practitioners, specialists, assistant surgeons and midwives attended to share updates.



IOM MOBILE HEALTH TEAMS CONDUCTING TB SCREENING © IOM 2016/M. MOHAMMED



IOM STAFF SENSITIZING COMMUNITIES ON IMPORTANCE OF PREVENTION © IOM 2016

### Key Highlights

**5,575** patients received incentives in the form of transport costs and/or treatment referred by Community Health Workers (CHWs)

**1,358** number of notified TB cases contributed by CHWs and Community Health Volunteers (CHVs) in Basic Management Unit

**2,020** most vulnerable and low-income TB suspected and patients who received support for Chest X-Ray charges

**442** CHWs trained and actively involved in TB case finding and treatment activities at community level

**1,104** TB patients with known HIV status; TB patients registered during the reporting period who had an HIV test result recorded in the TB register





MIGRANTS RECEIVING AN INTRODUCTION TO TB SCREENING  
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### Increasing Active TB Case Detection for Returned Irregular Migrants at Poi Pet Border in Cambodia, 2011-2013

The IOM TB REACH project, in partnership with CENAT, WHO and WPRO set up systematic TB screening using innovative strategies targeting daily flows of Cambodian irregular migrants being deported from Thailand and Malaysia to Poi Pet. The project successfully diagnosed 254 new SS+/Bact+ cases. 11,604 irregular migrants were successfully interviewed to determine if they have TB symptoms, a total of 6,680 with long detention history and symptoms of TB were referred for screening and chest radiology. A total of 1,390 migrants suspected of TB were examined with GeneXpert MTB/Rif assay. 127 were found positive for MTB to health facilities of the National TB Programme.



MASS SCREENING TRAINING FOR VILLAGE HEALTH VOLUNTEERS IN CHAMPASAK  
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### Facilitating to National TB Control Centre Efforts for TB Control in Hard-to-Reach Populations in Lao PDR, 2010-2012

This TB REACH project screened 363,878 people and identified 88,082 TB suspects. 6,737 number of TB suspects were tested with microscopy and 176 patients tested positive. Out of the 176 patients, 175 started treatment. Activities conducted were: a) ToT for key health staff from TB service facilities, b) Trained mobile units to conduct active case finding, c) Behaviour change communication to MMPs, d) Established community DOTS program, e) Supported National TB centre and Provincial Health Department to include migrants' health and needs in plans and actions, f) Conducted continuous monitoring and evaluation for project implementation.



IOM NEPAL AWARDED RANA SAMUNDRA TROPHY BY NATIONAL TB CENTER  
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### 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 CHW EXAMINES A PATIENT WHO HAS CANCER AND TUBERCULOSIS IN THE THAI BORDER  
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### Increase TB Case Detection in Vulnerable Populations in Thailand Through Community Mobilization and GeneXpert Technology, 2011-2012

This TB REACH project targeted Thai and migrants living in 7 provinces in North and North-eastern Thailand. In June 2012, project staff attended central level NTP meeting regarding policy advocacy and the national plan for MDR-TB related activities. In the 2012 Q3 reporting period, a total of 1,960 cases were screened. 54 CHWs and 100 CHVs were trained and conducted active case finding. Health campaigns in target areas were also conducted through community radio stations broadcasting TB information and education (IEC), behaviour change communication (BCC) and outreach activities.





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

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