



IOM Migration Health

ASPHER Task Force on Migration and Public Health
April 15, 2026

MIGRATION HEALTH VISION AND MISSION



IOM's **vision** on migration health is to deliver on the promise of **migration by enabling migrants, mobile populations and host communities to sustainably contribute to society** through creating conditions in which they enjoy the **highest attainable standard of health and well-being** along all mobility pathways.

IOM's **mission** on migration health is to **deliver and promote comprehensive, preventive and curative health programmes** that are beneficial, accessible, rights-based and equitable for migrants, mobile populations and host communities.

In doing so, we strive to create an **enabling environment** to advance evidence-informed and inclusive health and migration policies and support governments in their decision-making processes. This will sustainably contribute to enhancing **migrants' empowerment, inclusion and resilience in society**, as well as **better public health and health security** for all.

IOM Strategic Plan Objectives

01

Saving lives and protecting people on the move

Save lives and protect people on the move by improving access to quality health care and provision of health services

01

02

Driving solutions to displacement

Strengthen health systems and anticipate and mitigate health-related risks surrounding displacement to support durable solutions

02

03

Facilitating pathways for regular migration

Promote the health of migrants and mobile populations and strengthen health governance for regular migration pathways

03

IOM Migration Health Strategic Objectives

Key MHD issues in line with IOM Strategic Plan 2024-2028

SO 1: Saving lives and protecting people on the move



- **Direct life-saving health assistance and referrals for crisis-affected populations**
- **Provision of continuity of care** for vulnerable migrants connecting health, protection and other needs between origin, transit and destination
- **Medical assistance in evacuation** in crisis settings

SO2: Driving solutions to displacement



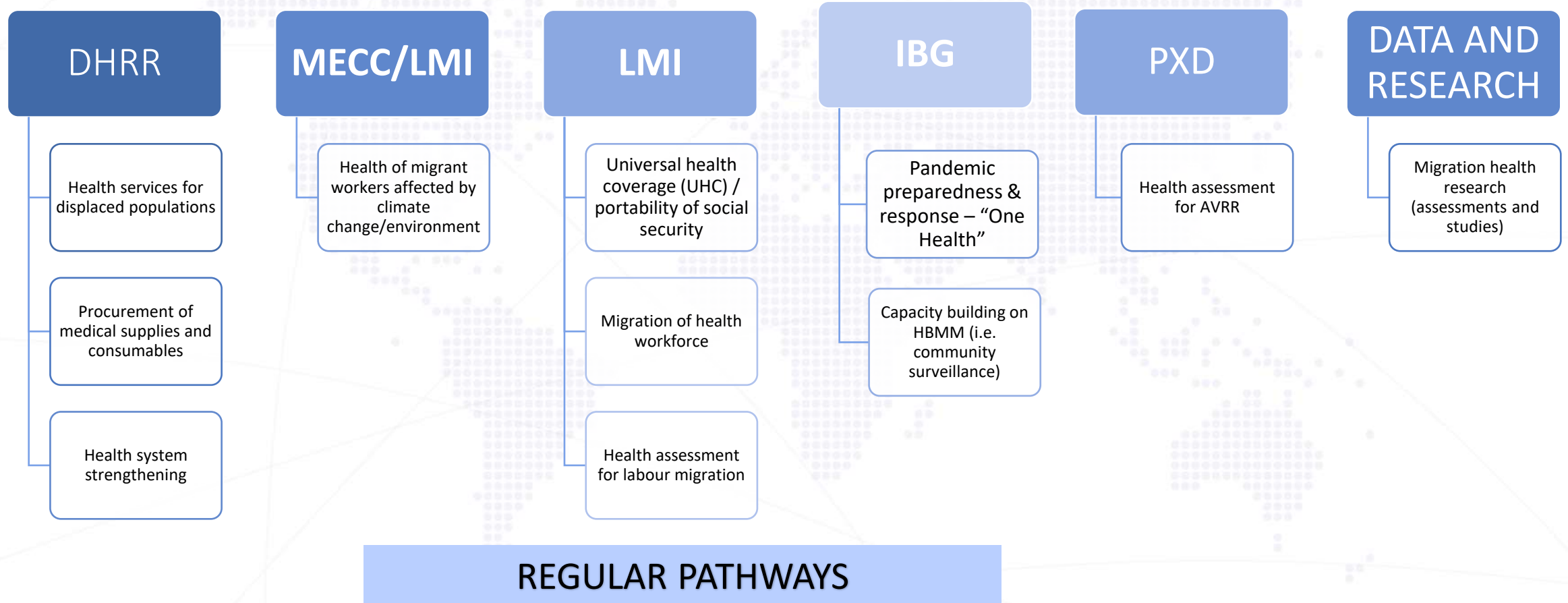
- **Health systems strengthening and support for durable solutions** (e.g. advocacy for migrant inclusive preparedness and response planning/operationalizing it, rehabilitation of health facilities, enhancing staff technical capacity, pre-positioning supplies)
- **Climate change-related health impacts** (e.g. study on the impact of heat on migrant workers, changing disease trends among vulnerable migrants (malaria, dengue, etc))
- **Support for inclusion of migrants/migration in disease surveillance**

SO3: Facilitating pathways for regular migration



- **Migration health assessments** (e.g. TB screening, treatment, vaccination, FTT, medical escort, AVRR)
- **Global health security/border health/pandemic preparedness and response**
- **Health Promotion**
- **Migration health policy and research** (Sustainable health financing)
- **Addressing health driven migration**
- **Migration of health workforce**

Cross thematic health work with non-health programme



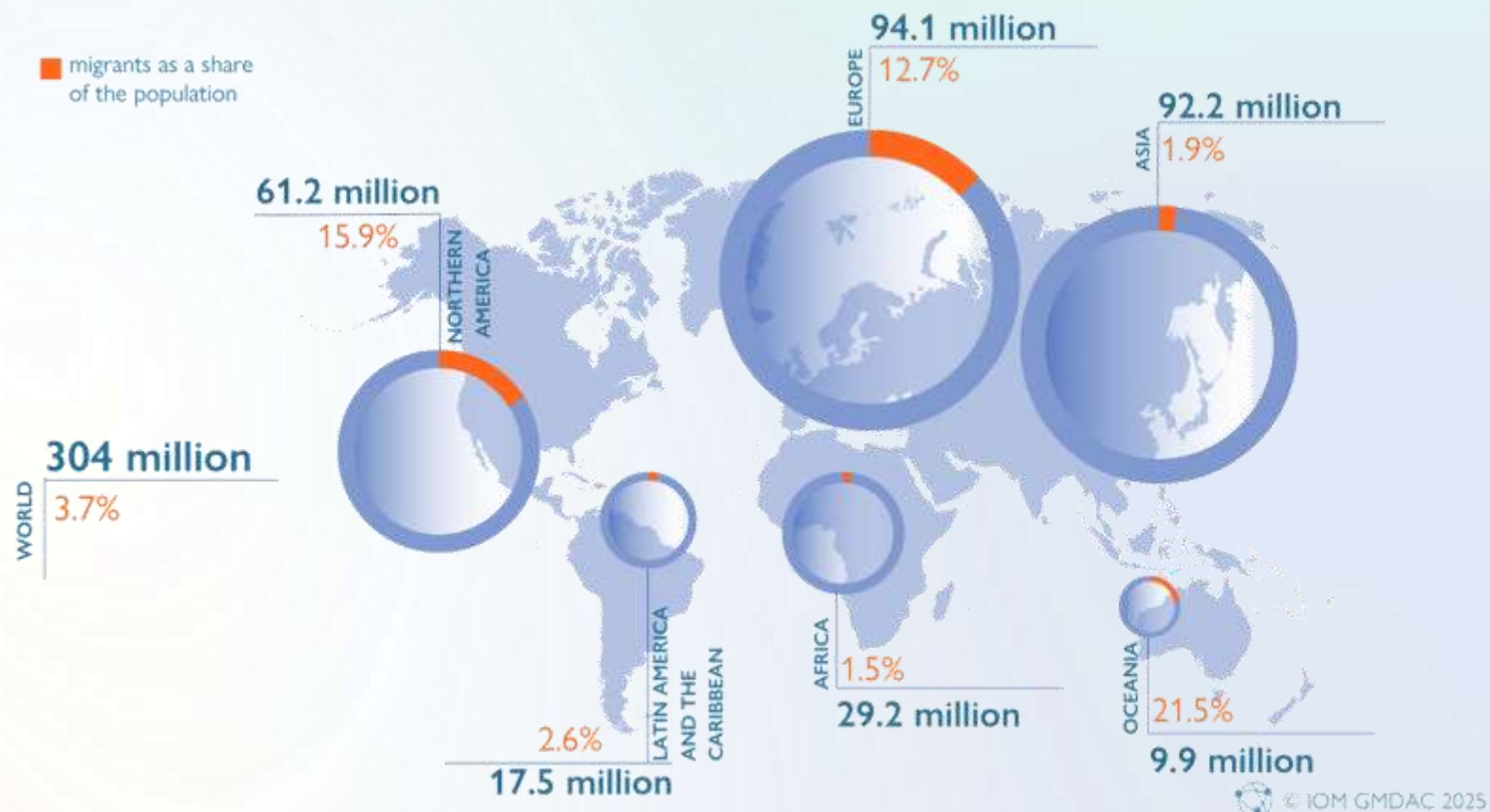
Healthy migrants in healthy communities



EUROPE MIGRATION STATISTICS

- In mid-2024, Europe hosted most international migrants (94.1 million) in absolute terms globally, compared to 83 million at mid-year 2020 (+13%).
- 52% of all migrants in Europe were female
- At mid-year 2024, nearly half (48%) of all international migrants in Europe originated from the same region
- Eastern Europe (28%), Southern Europe (10%), Western Europe (6%), Northern Europe (4%), followed by Asia (21%), Africa (11%), Latin America and the Caribbean (7%), Northern America (1%), and Oceania (<1%).

International migrants by destination region and as share of the population, mid-year 2024 (million and per cent)



Source: UN DESA, 2025 (in IOM GMDAC, 2025).

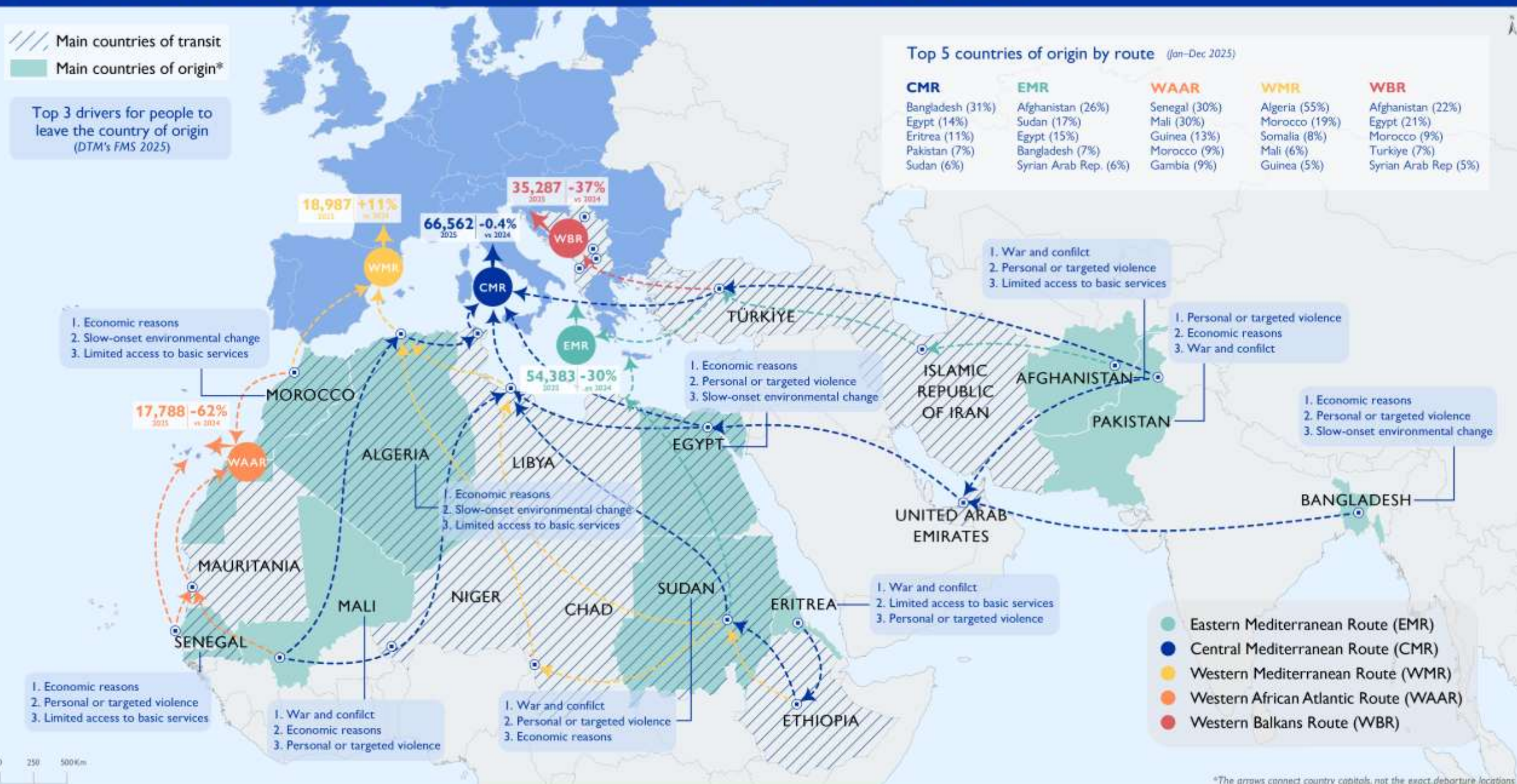
Note: UN DESA figures are subject to verification and potential changes.

//// Main countries of transit
 ■ Main countries of origin*

Top 3 drivers for people to leave the country of origin (DTM's FMS 2025)

Top 5 countries of origin by route (Jan-Dec 2025)

CMR	EMR	WAAR	WMR	WBR
Bangladesh (31%)	Afghanistan (26%)	Senegal (30%)	Algeria (55%)	Afghanistan (22%)
Egypt (14%)	Sudan (17%)	Mali (30%)	Morocco (19%)	Egypt (21%)
Eritrea (11%)	Egypt (15%)	Guinea (13%)	Somalia (8%)	Morocco (9%)
Pakistan (7%)	Bangladesh (7%)	Morocco (9%)	Mali (6%)	Turkiye (7%)
Sudan (6%)	Syrian Arab Rep. (6%)	Gambia (9%)	Guinea (5%)	Syrian Arab Rep (5%)



- Eastern Mediterranean Route (EMR)
- Central Mediterranean Route (CMR)
- Western Mediterranean Route (WMR)
- Western African Atlantic Route (WAAR)
- Western Balkans Route (WBR)

*The arrows connect country capitals, not the exact departure locations

EVIDENCE FROM 2025 - Latest updates and trends

Arrivals to Europe



158,003
in 2025

208,909
in the whole 2024

Dead and missing



2,506
in 2025

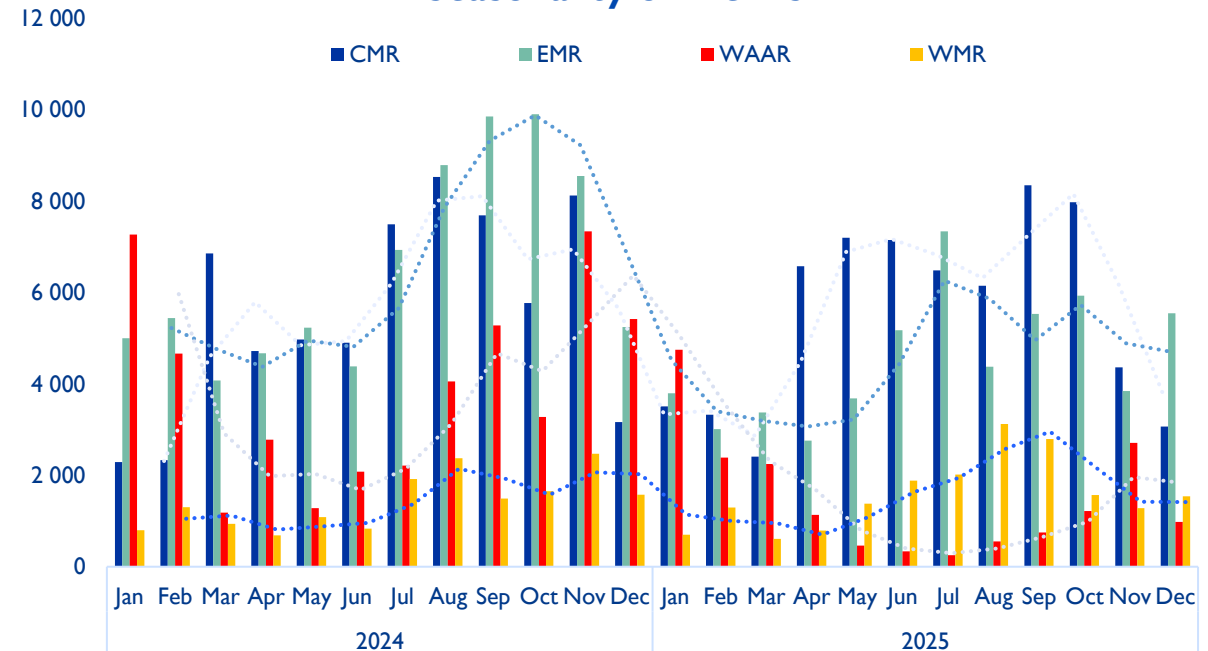
3,642
in the whole 2024

Observations in 2025 show that the overall volume of migration to Europe **decreased** in comparison to the same period in 2024 (-25%, same period).

66,562 arrivals via the **CMR** – nearly equal
 18,987 arrivals via the **WMR** – increased by 11%
 17,788 arrivals via the **WAAR** – decreased by 62%
 54,383 arrivals via the **EMR** – decreased by 30%

Additionally, 63,219 migrants **have been intercepted or returned** by or to Algeria, Lebanon, Libya, Mauritania (partial data), the Gambia (partial data) and Türkiye in 2025.

Seasonality of Trends



Data Sources: DTM Europe and Missing Migrant Project from national authorities, media, IOM's COs.

Data not final and subject to consolidation. Data on interceptions are not available for Tunisia, Morocco and West African countries yet.

EVIDENCE FROM 2026 - Latest updates and trends

Arrivals to Europe



6,701
in 2026

158,003
in the whole 2025

Dead and missing (including West. Atlantic Route)



718
in 2026

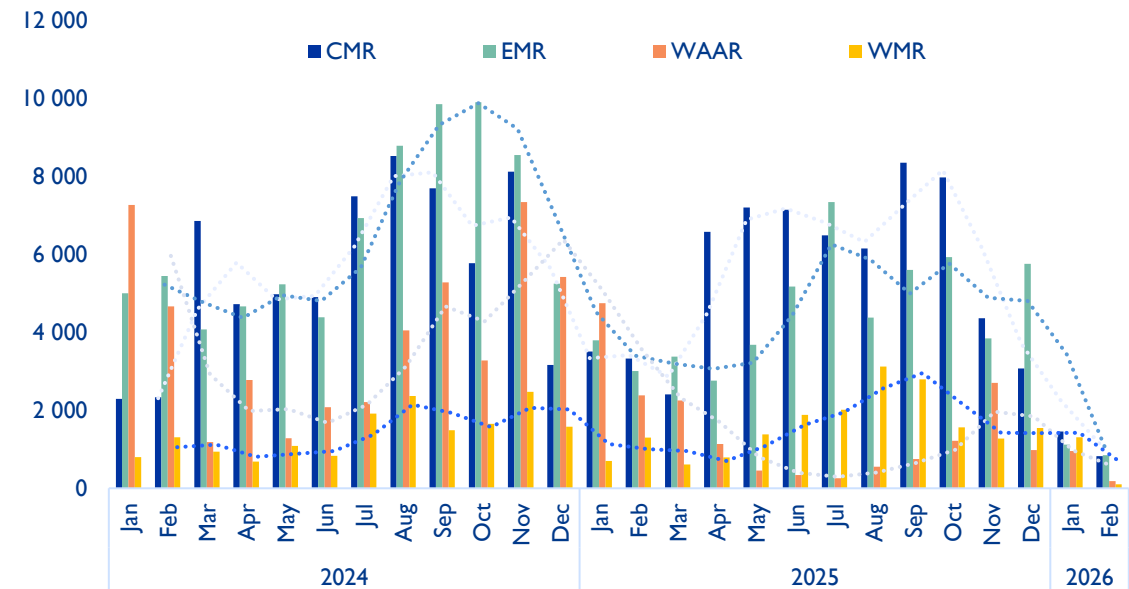
3,405
in the whole 2025

Early observations in 2026 show that the overall volume of migration to Europe (including Western Atlantic Route) **considerably decreased** in comparison to the same period in 2025 (-68%, same period).

2,280 arrivals via the **CMR** – decreased by 61%
 1,994 arrivals via the **EMR** – decreased by 48%
 1,174 arrivals via the **WMR** – decreased by 37%
 1,253 arrivals via the **WAAR** – decreased by 85%

Additionally, 1,008 migrants **have been intercepted or returned** by or to Libya.

Seasonality of Trends



Data Sources: DTM Europe and Missing Migrant Project from national authorities, media, IOM's COs.

Data not final and subject to consolidation. Data on interceptions are not available for Algeria, Morocco, Tunisia, Türkiye and West African countries yet.

Context

- The **war in Ukraine** led to a large influx of migrants.
- National systems in **neighbouring countries** required strengthening to deal with inward migration, including **healthcare**.
- Paramount imperative to ensure **dignity and rights** of migrants.

Adoption of **temporary protection measures** by EU and States to **facilitate pathways for regular migration**



REFUGEES FROM UKRAINE TO NEIGHBOURING COUNTRIES

2-year project on *Improving access to healthcare for refugees and people displaced from Ukraine benefitting of temporary protection in Member States*



Focus

- Health component of the temporary protection measures adopted by the EU and 10 European countries

Objectives

- Support a pathway for regular migration
- Expand access to healthcare
- Uphold the rights of migrants
- Improve health systems resilience
- Addressing health workforce needs

Beneficiaries

- Refugees and displaced persons from Ukraine
- National health systems

Activities

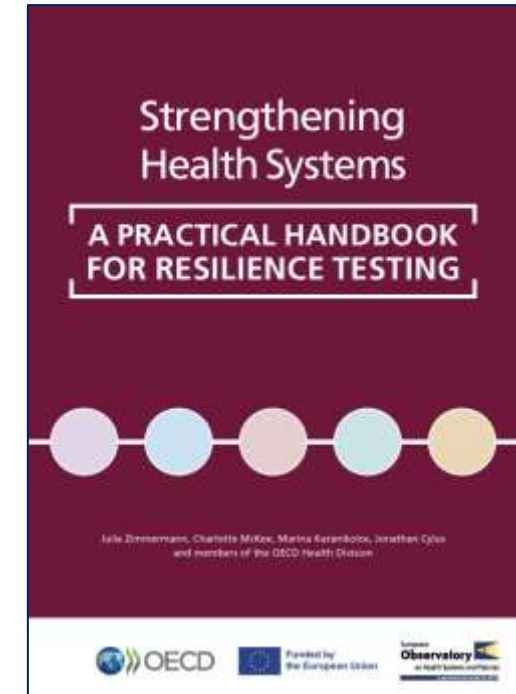
- Health mediation and mobile teams;
- Targeted training;
- Support to health authorities;
- Empowerment of displaced Ukrainian health professionals;
- Establishment of health networks and health promotion campaigns.

- National systems in countries neighbouring Ukraine required strengthening to deal with inward migration, including health care.
- The IOM-WHO-EU project is implemented in Bulgaria, Czechia, Estonia, Hungary, Latvia, Lithuania, Poland, Republic of Moldova, Romania, and Slovakia.

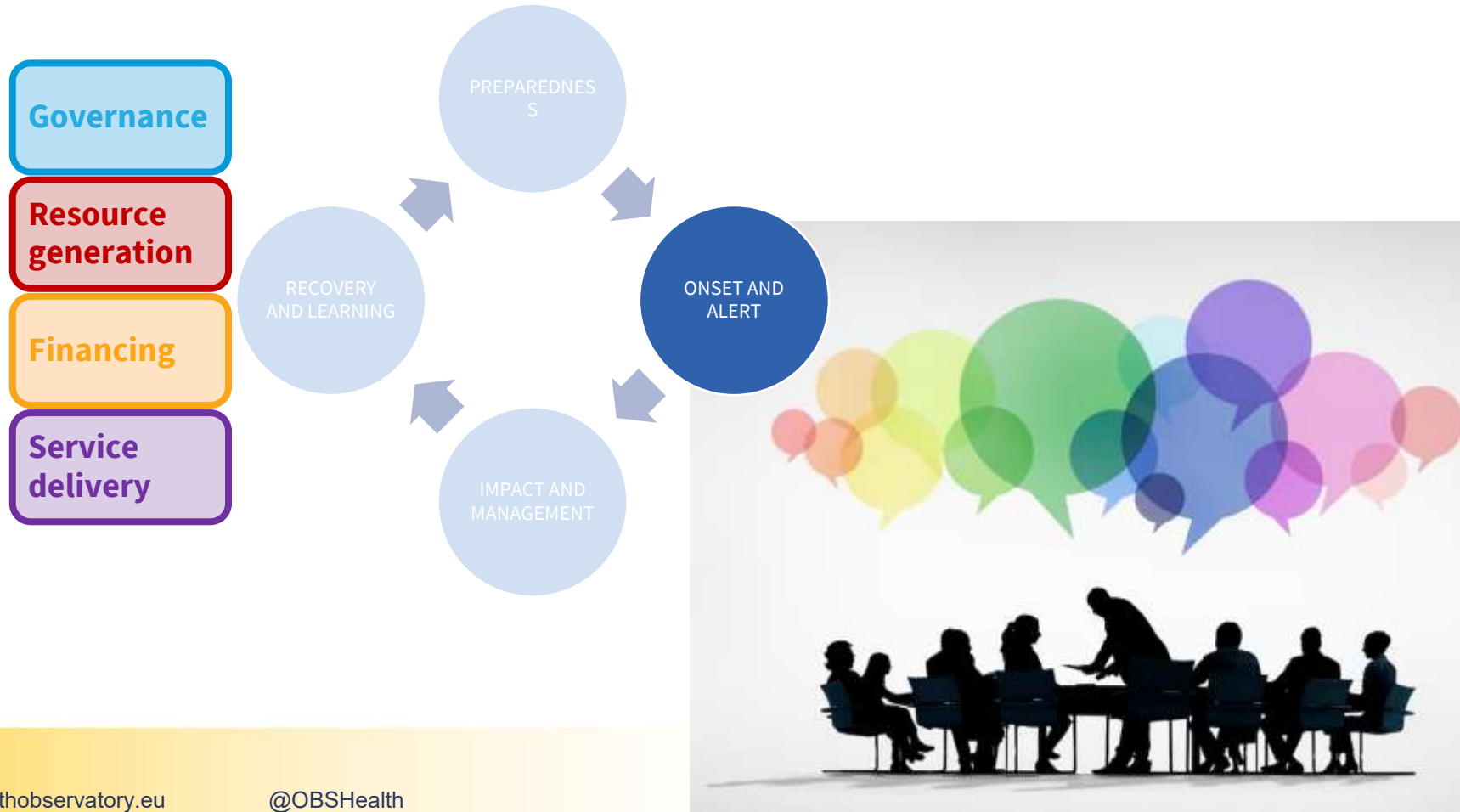
INTERVENTION

European Observatory on Health Systems and Policies and IOM collaboration in 5 countries Poland, Republic of Moldova, Romania, Latvia to implement the Resilience Testing methodology.

“ This handbook helps health system actors ... **assess** how vulnerable their health system is to a shock, **pinpoint** the kinds of actions needed to make it resilient and begin to **develop** responses to protect it.”



Resilience testing implementation



Strengthening health system resilience:
Romanian lessons from the Ukrainian refugee influx

IOM
UN MIGRATION

European
Observatory
on Health Systems and Policies

Partnership with the European Union

What enabled a resilient health system response?



Whole system:

- Ability to mobilize quickly
- Whole-of-society support for Ukrainian refugees
- Learning from COVID-19
- Preceding efforts to improve performance

What undermined a resilient health system response?



What can countries do to strengthen health system resilience to migration shocks?

Mature information systems: establish data sharing protocols; adapt routine data analysis and monitoring systems to understand needs of vulnerable population groups; continue to improve digital information systems and digital infrastructure.

Support workforce: invest in health workforce, ensuring adequate availability, distribution and skill mix; address primary care and mental health workforce shortages and skills gaps.

Build on existing **multisectoral collaboration:** enhance multisectoral collaboration using existing networks to better define and fine-tune roles and responsibilities across sectors and stakeholders in emergency situation; strengthen cross-border collaboration and information sharing.

Refresh policies on **preparedness:** update emergency preparedness plans to account for influx of refugees, develop training programmes and practice response through simulation.

Strengthen service delivery: develop care pathways for patients with complex health needs; retain ad-hoc services that could have long term benefits; prepare screening protocols for communicable disease.

Ensure **sufficient financing:** ensure adequate, stable and sustainable health system financing and ability to (re)allocate financial resources in emergency.

Improve overall health system performance: reflect on (and address) longstanding issues of health system performance; in particular, close gaps in coverage, access and financial protection; institutionalize tools that bridge language and cultural barriers; examine health system responsiveness and adapt to the needs of population



IOM–ASPHER Partnership

Potential areas of collaboration

Objectives

1. Strengthen the evidence base on migration health and public health in human mobility contexts to bridge academic research, policy, and public health practice.
2. Advance education, training, and workforce development in migration and health and support future migration health professionals and researchers through internships, mentorship, and supervision.
3. Leverage joint funding and institutional opportunities for sustainable collaboration and strengthen policy advocacy.

PRIORITY AREA 1

Migration Health Research and Evidence Generation

- Develop a joint research agenda on migration health priorities.

Illustrative themes:

- Access to health services and continuity of care (e.g. health financing/health insurance)
- Mental health and psychosocial well-being
- Communicable diseases and outbreak preparedness
- Noncommunicable diseases and chronic care continuity
- Maternal, child and adolescent health
- Occupational, environmental, and climate-related health risks (e.g. heat health)
- Engage ASPHER institutions, faculty, students, and IOM technical teams in collaborative research.
- Produce co-authored publications, policy briefs, technical papers, and regional analyses.

PRIORITY AREA 2

Education, Training and Workforce Development

- Integrate migration health into public health curricula across ASPHER member institutions.
- Co-develop short courses, micro-credentials, and lifelong learning offers.
- Potential learning areas:
 - Health equity and migrant-inclusive health systems
 - Public health in displacement and mobility contexts
 - Intercultural competence in health service delivery
 - Preparedness and emergency response in mobility settings
- Support capacity building for students, health professionals, and early-career researchers through:
 - Conduct joint webinars, workshops, and scientific dissemination events (e.g. inviting from IOM country offices, good for exposure to IOM colleagues as well as opportunities to hear from the people working in the field),
 - Co-supervision of theses, dissertations, etc.
 - Structured internships (IOM HQ, regional, and country offices)

PRIORITY AREA 3

Joint resource mobilization and policy advocacy

- Map potential donors/funding schemes (e.g. Horizon) of mutual interests, understand the interests of ASPHER partners with IOM, for agreed joint initiatives that require resources (e.g. research, curriculum development, conference, internship, etc)
- Potential policy advocacy with focus areas:
 - Access, coverage, barriers and inclusion in health systems for UHC
 - Continuity and portability of care
 - Migrant-sensitive governance and service delivery
 - Health workforce capacity to respond to diverse population needs
- Joint advocacy through producing policy brief on focus areas, organizing dialogue at regional and international levels
- Synergies with other partnerships (e.g. EUPHA-Migrant and Ethnic Minority Health Section, OBS-European Observatory on Health Systems and Policies. 4EU+ University Alliance)

Suggested Next Steps

- Confirm shared thematic priorities and institutional focal points.
- Draft CN to define the scope, agree on a few activities for the first 6 months and draft annual workplan with resources required (e.g. research, internship, etc)
- Explore possibility of MOU/cooperation agreement, its process, modality, etc
- Explore funding opportunities (e.g. Horizon) to support planned activities.



THANK YOU

QUESTIONS?