



IOM NIGERIA

MIGRATION HEALTH STRATEGY

2023-2027

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## ACRONYMS

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>BAY (States)</b>	Borno, Adamawa and Yobe (States)
<b>COVID</b>	Coronavirus Disease
<b>DDRR</b>	Disengagement, disassociation, reintegration and reconciliation
<b>DTM</b>	Displacement Tracking Matrix
<b>ECOWAS</b>	Economic Community of West African States
<b>FMoH</b>	Federal Ministry of Health
<b>GCM</b>	Global Compact for Safe, Orderly and Regular Migration
<b>HIV</b>	Humane Immunodeficiency Virus
<b>IDP</b>	Internally Displaced Person
<b>IHR</b>	International Health Regulation
<b>IOM</b>	International Organization for Migration
<b>MHAC</b>	Medical Health Assessment Center
<b>MHD</b>	Migration Health Division
<b>NCD</b>	Non-Communicable Disease
<b>NCFRMI</b>	National Commission for Refugees, Migrants and Internally Displaced Persons
<b>PHC</b>	Public Health Care
<b>PTSD</b>	Post-Traumatic Stress Disorder
<b>SDG</b>	Sustainable Development Goals
<b>SGBV</b>	Sexual and gender-based violence
<b>SRHR</b>	Sexual and Reproductive Health Rights
<b>TB</b>	Tuberculosis
<b>UHC</b>	Universal Health Coverage
<b>UNAIDS</b>	United Nations Programme on HIV/AIDS
<b>UNFPA</b>	United Nation Population Fund
<b>UNICEF</b>	United Nation Children's Fund
<b>WHO</b>	World Health Organization

# 1. INTRODUCTION

The complex interaction between migration, and health in today's globally interconnected society is increasingly recognized as a driver for sustainable development<sup>1</sup>. Aside from being a human right, being and remaining healthy is also an essential condition for migrants to study, learn, work, be productive, and contribute to the cultural, social and economic development of both their communities of origin and destination<sup>2</sup>. Migrants, especially those displaced internally, asylum seekers, refugees, victims of trafficking, and those in an irregular situation are prone to health-related vulnerabilities due to factors such as the lack of access to health services, inadequate hygiene and sanitation within densely populated living spaces, inadequate nutrition, and violence<sup>3</sup>. They are at risk of exacerbation of non-communicable diseases and poor

mental health due to the migration experience, including displacement because of conflict, man made and natural disasters. Also crucial to the health of migrants and their communities are economic and social policies, human rights and equity concerns, development agendas, and social norms<sup>4</sup>. To understand the complexities between migration and health in Nigeria, including key challenges and opportunities, the IOM Migration Health Strategy 2023 – 2027, will serve as a framework to support Migration and Health in Nigeria, considering the unique sociocultural context, specific challenges, and available resources. The strategy will provide concise and tangible next steps, that outline follow-up interventions necessary for improved migration health outcomes in Nigeria.

## 2. CONTEXT

### 2.1 Political, Social and Geographical Context

Nigeria is situated in the western region of Africa. It has a land border with Niger to the north, Chad and Cameroon to the east, Republic of Benin to the west. Its coast lies on the Gulf of Guinea in the south and borders Lake Chad to the northeast.<sup>5</sup> Nigeria is the most populous country in Africa, with over 220 million people, and by 2050, it is expected to be the third most populous country in the world.<sup>6</sup> The country is divided into six geopolitical zones-North Central, Northwest, Northeast, South South, Southwest, and Southeast, each with a

unique topography, ethnic composition, socio-cultural practices, and religious groups. It is characterized by its diversity, with more than 250 distinct ethnic groups. Its political landscape is characterized by social, economic and geographic disparities<sup>7</sup>. Nigeria's federalism lie not in the pluralities of economic and geographic regions or the ethnic nationalities, but in the plurality of the imposed colonial administrative traditions.<sup>8</sup> The traditional rulers in Nigeria play a crucial role in the legislation, although they do not have any formal political power, they continue to



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command respect from their people and have considerable influence in their communities.

Criminality and violence in the forms of banditry, kidnappings and clashes, particularly in the north and east part of the country enormously influence the political stability, while farmer-herder violence and nascent separatist movements prevail in the south-east. It is estimated that

## 2.1 Migration dynamics, trends, and patterns

Driven by its population characteristics, insecurity, the prevalence of formal and informal trans-border trades, the porosity of its borders, and the effects of climate change, Nigeria is a major country of origin, transit, and destination in the mobility continuum. The migration landscape in the country is complex and characterized by a weak influx of migrants, including refugees, and asylum seekers; significant internal displacement resulting from conflicts, effects of climate change, and insecurity; a strong diaspora and an increasing number of regular and irregular emigrants.

According to IOM's data, Nigeria is, as of December 2023, hosting 3.4 million Internally Displaced Persons (IDPs) because of conflicts, other forms of violence and natural disasters. This figure represents an increase of over 19 percent since 2018. IDPs reside in camps, camp-like settings, and host communities in the northcentral, northwest, and northeast of the country due to protracted insurgency in northeast and the herder-farmer conflict in North central. This was compounded by the flood of 2022, which affect 2.8 million people and internal displacement of 921,782 population mostly in Southsouth, southeast and Northcentral states. Climate change and environmental

pressure have altered transhumance migratory patterns with associated increased tension between farmers and herders further contributing to internal displacement of population in the Southeast, Northwest, and Northcentral. over 37,000 people have been killed and further 300,000 have died as an indirect consequence of the conflicts due to disease and hunger.<sup>9</sup> Over 8 million people are in need of humanitarian assistance in the north-eastern BAY states (Borno, Adamawa and Yobe), where protection, malnutrition, transmission of communicable diseases and sexual and gender-based violence (SGBV) remain as major

pressure have altered transhumance migratory patterns with associated increased tension between farmers and herders further contributing to internal displacement of population in the Southeast, Northwest, and Northcentral.

The 2023 Global Slavery Index Report ranked Nigeria as the 38th country out of 160 countries with 1.6 million individuals living in modern slavery. Internal trafficking of children for domestic servitude and begging among other forms of exploitation is widespread and on the rise as a result of increased displacement and harmful traditional practices. Also, especially young women and men are trafficked and exploited inside the country and trasnationally, for sexual exploitation with severe effects on their mental and physical health, due to the experience of violence.<sup>11</sup> With shared land and sea borders with four neighbouring countries and a prominent role in the Economic Community of West African States (ECOWAS), cross-border trade is a prevalent migratory feature, especially in the Southwest, Northeast, and South South geopolitical zones of the country.

Nigeria has experienced large migration flows in the last decades. In the 1970s, the oil boom attracted immigrants, and the country saw more people immigrating to Nigeria than emigrating from the country. However, in the 1980s, the number of Nigerians leaving the country increased because of the economic downturn and political instability. The number of migrants from Nigeria is forecast to outweigh the number of people entering Nigeria between 2023 and 2050.<sup>12</sup> Nigeria hosts 1,308,568 international migrants as of 2020<sup>13</sup> (45% women and 55% men). Regular emigration from Nigeria, primarily for employment and education, has increased dramatically in recent years. Nigeria, with over 17 million Nigerians living abroad, was the ninth-highest recipient of remittances globally in 2022, having received 20.1 billion USD in remittances.<sup>14,15</sup> Top destinations for highly trained Nigerians, specifically health experts, are the United Kingdom, Canada, the United States of America, Australia, and Saudi Arabia. In 2022, Nigeria has the second-highest concentration of health professionals in the United Kingdom.

The number of people returning to Nigeria has increased recently; with 618,610 migrants returning in 2019. A significant percentage of the returnees were stranded Nigerian migrants on irregular migratory journeys to Europe through the central Mediterranean route. This is often associated with human smuggling or trafficking and the associated health vulnerabilities including physical and mental health issues (e.g., Post-Traumatic Stress Disorder – PTSD), lack of access to quality healthcare services, poor living, and work conditions, and overcrowding. Also, returning to their home communities after an unsuccessful migration journey, can be experienced as an emotional burden and negatively affect the psychosocial wellbeing of the returning migrants. Furthermore, over 1.6 million Nigerians get victim of internal trafficking from the rural areas in the southern regions. The most vulnerable to trafficking include people from rural communities, IDPs, irregular migrants and those working in the informal economy.<sup>16</sup>



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## 2.1 National migration policies and international migration law

Nigeria is a signatory to several legally-binding multilateral and bilateral treaties, as well as non-binding instruments on Migration, including the Sustainable Development Goals (SDG), the Global Compact for Safe, Orderly and Regular Migration (GCM), the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, the United Nations Convention against Transnational Organized Crime and its Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children. Other instruments

incorporating migration and health with Nigeria as a signatory include the International Health Regulations and the 61st World Health Assembly Resolution on the Health of Migrants.

In 2015, Nigeria adopted its National Migration Policy. It aims to support realization of migrants' rights, as well as the efficient management of migration for Nigeria's socioeconomic growth. To increase the retention of skilled health professionals, the policy emphasizes on training

and capacity building of the healthcare practitioners. The strategies include increase access to basic health services targeting vulnerable displaced population, awareness

raising among regular migrants through pre-departure information sharing and address cross-border health related issues.<sup>17</sup>

## 2.1 Health System and Status of the Population

### 2.4.1 Communicable and Non-Communicable Diseases.

The country has a high burden of both communicable diseases (such as malaria, tuberculosis, HIV infection/AIDS) and non-communicable diseases (NCDs). With an estimated tuberculosis (TB) incidence of 219 cases per 100,000 population, Nigeria remains one of the high-burden TB countries. Similarly, HIV infection/AIDS remains a public health challenge in the country, with an estimated 1.8 million people living with the disease, ranking it fourth among countries with a high HIV burden globally. In 2021, Nigeria had an estimated 65.4 million cases of malaria with 195,512 deaths, mainly among children under-5 years old. In 2017, 27% of deaths in the country were attributed to NCDs, mainly from cardiovascular disease, chronic respiratory illnesses, diabetes and cancers, with a 30% risk of premature deaths. The mortality from NCDs in the country is driven by cardiovascular risk, alcohol consumption, smoking, and rising cases of obesity.

### 2.4.2 Maternal, Child and Adolescent Health

The Federal Ministry of Health developed the reproductive health policy to guide the provision of reproductive health services in the country. However, many of these laws in different areas of reproductive health do not reflect the reproductive health concept and are inadequate in actualizing reproductive health rights of Nigerians.<sup>18</sup> One out of every eight Nigerian children does not survive to their fifth birthday, with an incidence rate of 132 deaths per 1,000 live births. The highest number of deaths occurs among the neonates at 39 deaths/1,000 live births.<sup>19</sup> In 2020, the maternal mortality ratio increased to 1,047 deaths per 100,000 live births, ranking the third highest maternal deaths in Africa.<sup>20</sup> In Nigeria, maternal and child health are closely related to key socioeconomic and geographic characteristics. Both rates decrease as the household wealth index and the mother's education level increase, while both are higher in rural areas and the North-West geopolitical zone. Barriers to accessing Sexual and Reproductive Health Rights (SRHR) services in Nigeria include, gender roles, inadequate funding, social

taboos, religious factors, lack of proper infrastructure and lack of access to information.

### 2.4.3 Mental Health situation

Nigeria is facing a serious mental health crisis. While up-to-date prevalence figures are not available, a WHO in 2015 published that more than 7 million Nigerians (3.9 per cent of the 2015 population) were suffering from depressive disorders, and almost 5 million (2.7 per cent) lived with anxiety disorders.<sup>21</sup>

Recent figures might be even higher due to a growing population. Overall, it is estimated that on a global level one in every eight individuals live with a mental condition, which for Nigeria would be more than 27 million persons.<sup>22</sup> Among them, about 80 per cent with severe mental health needs are unable to obtain care due to a lack of services and stigma related to the topic.<sup>23</sup> This inaccessibility of services contributes to Nigeria being “one of the epicenters of suicide in the world” with a suicide rate of 17.3 per 100,000 citizens. For comparison, the estimate on global level is 10.5 per 100,000, while the estimate for the African continent is 12.0 per 100,000.<sup>24</sup>

While the Government of Nigeria in the previous years adopted the First Mental Health Act (2021), a National Mental Health Policy (2023) and a National Suicide Prevention Strategic Framework (2023), the implementation of these instruments has not yet lead to a significant improvement of the situation.

### 2.4.4 Governance, Health Financing and Human Resources for Health

Healthcare financing in Nigeria is one of the poorest globally. Funding health care is mainly out of pocket which undermines the goal of the Universal Health Coverage; less than 5% of the population is covered by the health insurance scheme.

Nigeria is one of the countries on the WHO health workforce support and safeguards list with human resources for the health of less than 46/10,000 population.

With regard to mental health the gap is even worse, with a ratio of 0.1/100,000 citizens for psychiatrists, 0.7/100,000 for psychiatric nurses and 0.02/100,000 for psychologists. The budget for mental health is only about 3.3–4% of the overall national health budget, with over 90 % allocated to the few neuropsychiatric hospitals in the country and almost no funding for non-specialized, lower level interventions such as counselling and psychotherapy.<sup>25,26</sup>

Furthermore, the uneven health workforce distribution continues to drive the rural-to-urban disparity in healthcare delivery in the country. Recently, there has been growing concern about the increasing emigration of Nigeria healthcare professionals, worsening healthcare delivery in the country.



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### 3. STRATEGIC FOCUS

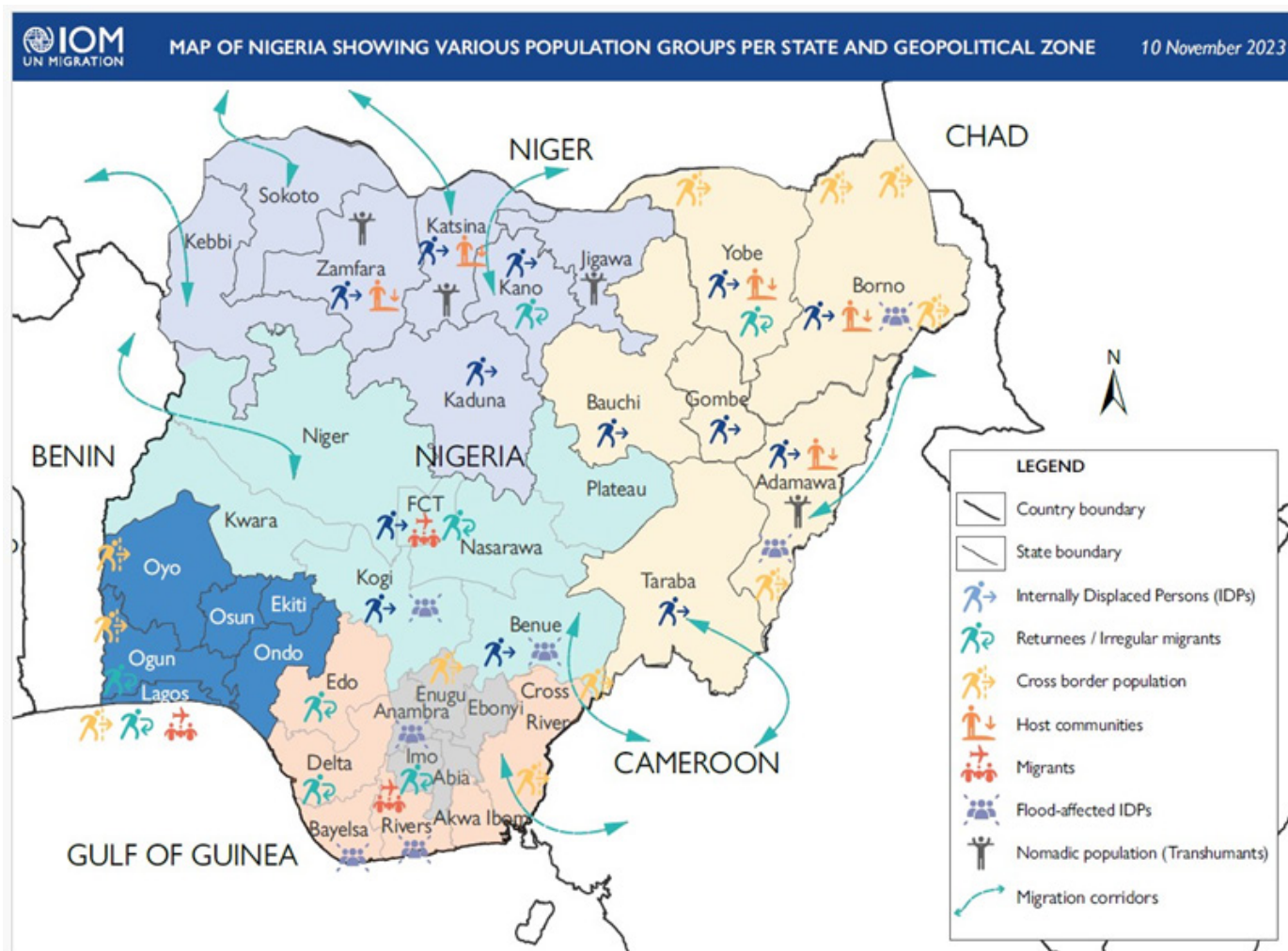
#### 3.2 Vision and Goals

**A migrant-sensitive health system that is resilient to public health threats and emergencies, while sustainably meeting the needs of migrants and their communities.**

#### 3.1 Target populations

The target population for IOM Nigeria Migration and Health Strategy (2023 – 2027) are migrants and migration-impacted communities in Nigeria. Migrants are defined as persons who move away from their place of usual residence, whether within a country or across an international border, temporarily or permanently, and for various reasons.<sup>27</sup> In Nigeria, international migrants include migrant workers, family members, international students, refugees and asylum seekers, survivors of human trafficking. Internal migrants include IDPs and persons migrating

from rural to urban areas but also victims of trafficking in persons. Migration-impacted communities refer to communities or spaces in which migrants and/or members of their families live, work or transit; communities where migration occurs. They include migrants' communities of origin, transit and destination and can include defined spaces, including border districts, transit hubs, urban areas with high rates of migrants such as refugee and internally displaced camps, and villages from where migrant leave to work in industries including fishing, farming, mining etc.



### 3.3 Priority actions/interventions

IOM will prioritize strategies and initiatives that support the health of migrants, including displaced persons, and their communities to promote population health, equity and development from a public health perspective. The Organization will achieve this goal through overarching strategies that align with Sustainable Development Goals (SDG), the 61ST WHO Resolution on the Health of Migrants, the Global Compact on Safe, Orderly, and Regular Migration (objectives 7, 10, 16 and 22), the WHO Global action plan on the health of migrants and refugees,

and the Africa Union multidimensional approach to migrant's health.

Prioritized actions are based on discussions and collaborations with governments, partners and civil society stakeholders. Furthermore, the design and implementation of interventions will be guided by cross-cutting evidence-based methodology, whole-of-government and whole-of-society approach, and synergies with national, regional and global health priorities.

### 3.4 Priority areas

**Priority Area 1: Advocate for the mainstreaming of migrant health into country agendas and policies, legislations and social protection**

This priority area focuses on creating an enabling policy and legislative environment that supports realisation of migrants' right to health. It also recognises the importance of strategic data and evidence to inform policies and actions. In addition supporting Nigeria to develop systems and processes to monitor migration health is critical. IOM will work with the Government of Nigeria and relevant stakeholders to lower or remove physical, financial, information and discrimination barriers to accessing health care services and social determinants of health.

*Interventions under this priority include but are not limited to:*

1. Raise awareness on issues regarding the (mental) health of migrants and improve communication and dissemination of information to combat misconceptions and misinformation through mass media, public education platforms, and consultation fora.
2. Promote measures that ensure services to migrants are provided within existing health systems.
3. Promote actions that address factors that negatively influence the health of migrants, especially key determinants that lie outside the health domain, such as socioeconomic, working, cultural, environmental, structural conditions, and human rights considerations.



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4. Support the development of strategies, plans, and actions that enhance the ability of health systems to provide comprehensive, accessible (including physically and information accessible and affordable) and acceptable health services and activities that support realize the right to health of the migrants, including displaced populations.
5. Promote dialogue, stakeholder engagement, partnership, and coordination through the establishment and/or strengthening of platforms that bring stakeholders together, facilitate communication, sharing of information, and implementation of joint actions in the planning and developing of health agendas that incorporate migrant health, ensure continuity of care, and address their vulnerabilities.



6. Support the mobilization of resources for multiyear, flexible funding so that health systems and communities can address the short-, medium-, and long-term health needs of migrants.
7. Encourage migrants to actively participate in health policy discussions so that appropriate interventions can be identified for their right to health to be realized. This will be done by recognizing migrant groups and their communities, establishing, and/or enhancing migrant coordination platforms, and promoting communication and information networks.

8. Promote measures to recognize migrant health professional certifications and their ability to contribute to the health systems.

## Priority Area 2: Migrant health promotion and access to acceptable and of quality healthcare services

Interventions will focus on strengthening migrant-inclusive healthcare services, ensuring that essential components, such as vaccination of children and adults and the provision of health promotion, disease prevention, timely diagnosis and treatment, rehabilitation, and palliative services for acute, chronic and infectious diseases, injuries, mental and behavioural disorders, and sexual and reproductive health care services incorporate context-specific, need-based, language appropriate and ethnoculturally sensitive practice.

*Interventions under this priority include but are not limited to:*

1. Support the development of tools, protocols, and guidelines on management, governance, and provision of healthcare services that address epidemiological factors, and linguistic, cultural, financial, administrative, and legal barriers to healthcare access for migrants.
2. Training of health Professors and health care providers on migrant health and in particular the provision of culturally sensitive and language-appropriate service delivery, and specialized care for vulnerable migrants such as victims of trafficking, survivors of gender-based violence, and other forms of potentially traumatizing experiences.
3. Support the development of tools and provision of training that enhance healthcare professionals' ability to identify vulnerable migrants in a gender-appropriate manner, safeguard them from abuse and exploitation, prevent fraud and other types of deceit that undermine the rights, safety, and well-being of migrants, and refer for non-health related assistance and for protection.
4. Promote the mainstreaming of a psychosocial approach into other sectors of life, and support the integration of mental health into Primary Health Care to reduce access barriers and make services available to more persons, including migrants.

5. Provision of disease prevention services, prompt diagnosis and treatment, rehabilitation and palliative services for acute, chronic, and infectious diseases, injuries, mental and behavior disorders, sexual and reproductive health and right services, newborn, adolescent, and child health services, etc. in emergency and for migration-impacted communities.
6. Promote multi-sectoral collaboration towards reducing negative impacts of social determinants of migrant's health and facilitating equity in health outcomes.
7. Monitor migrants' health, support the development of disaggregated data on the health of migrants and the establishment of databases and migrants' health information management platforms on disease-risk distribution, risk reduction, demographic and other determinants of migrant's health in the countries of origin, transit, and destination, including the potential for health cards and records for migrants, to help with continuity of care.
8. Improve health literacy among migrants and migration-affected communities. Often times, when people move from their homes, they step into an unknown socio-cultural and ecological environment that increases their exposure to health risks. In such cases, migrants' health-seeking behaviour may change as they are not only unaware of the risks but also do not know where to go, are not sure whether they are allowed access care or, simply, they face language/communication barriers. Addressing health challenges at the individual level in such contexts requires empowering individuals through dissemination of culturally sensitive information, capacity building and skills development to support improved health-seeking behaviour.
9. Support the Government of Nigeria with the implementation of the country's health policies such as the National Mental Health Policy (2023) and the National Suicide Prevention Strategic Framework (2023).



### Priority Area 3: Cross-border disease surveillance, preparedness and response to public health events

IOM will prioritize initiatives that support robust and resilient public health capacity to prevent, detect and respond to public health events that endanger health across geographical regions and international boundaries, in alignment with international health regulations and the Global Health Security Agenda. Supporting strategies that help communities affected by migration develop their community and institutional capacities in championing community health promotion, promoting cross-border and multisectoral action, and fostering healthy living.

*Interventions under this priority include but are not limited to:*

1. Support the development of tools, strategies, and plans for assessing risk and health vulnerabilities along Nigeria's mobility corridors, points of entry, cross-border communities, and transit points.
2. Enhance the capacity of health and non-health actors involved in border security and public health response at Nigeria PoEs on the identification and



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3. Strengthen existing and/or support the establishment of cross-border coordination platforms for effective monitoring, exchange of health information, and multisectoral collaboration through the development of communication tools, strategies, and action plans that promote stakeholder engagement and active participation.
4. Strengthen cross-border collaboration to ensure adequate support and provision of (mental) health services for returning migrants.
5. Strengthen cross-border community health resilience through rehabilitation/construction of health infrastructures, training of community health care providers, promotion of Water, Sanitation, and Hygiene infrastructure, capacity development on infection prevention and control, community health literacy, and provision of essential health services.
6. Support the development/strengthening of cross-border communication and information management systems, such as the development of the database, standardization and harmonization of reporting protocols, and integration with national disease surveillance systems and communication channels.
7. Support cross-border community risk communication activities, including social and mass media communication, to monitor disinformation and rumours and promote healthy lifestyles and healthy behaviours.
8. Enhance the capacity of actors on transboundary coordinated human, environmental, animal, and wildlife disease surveillance through training, development of tools, and strengthening platforms for a one-health approach.
9. Support emergency response during outbreaks through exit and entry screenings, promotion of infection prevention and control initiatives, and collection, analysis, and transfer of data on health-related population mobility patterns, geographical distribution, and vector circulation.
10. Enhance response and recovery from transboundary public health events through the development of standard operating procedures, provision of medical evacuation and referral services, training, and simulation exercises for first-line responders.

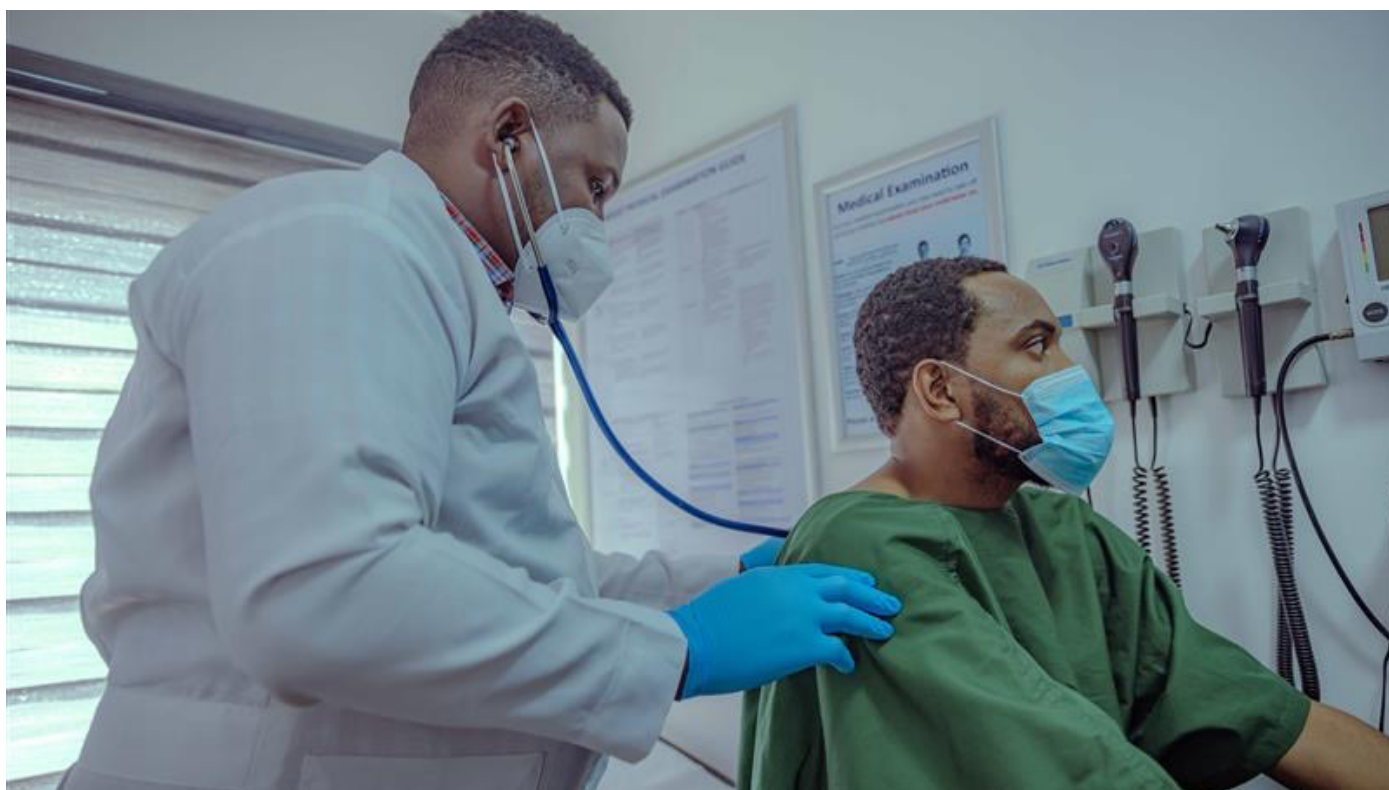
**Priority Area 4: Promote diaspora mobilization and engagement in the development of the health sector**

This will entail supporting the development and/or strengthening of diaspora networks and coordination mechanisms, facilitating strategies to encourage diaspora investment and the use of social and financial remittances to strengthen the health system, and assisting in the

dissemination of information about the Nigerian health workforce in the diaspora, both domestically and abroad as well as facilitating diaspora access to information on health plans and potential areas of engagement.

*Interventions under this priority include but are not limited to:*

1. Enhance diaspora mobilization through Sensitization campaigns both inside and outside of Nigeria to improve the contributions and roles of the Nigerian Diaspora to health sector development.
2. Support the development and/or strengthening of coordination mechanisms for sustained diaspora engagement, partnership, and cooperation with relevant Government agencies and the private sector in the field of health development. This will include the establishment of diaspora consultation structures, and facilitating diaspora advisory councils and bilateral communication channels.
3. Support the development of databases on the diaspora health workforce profile, migratory trends and geographical location, development potential, and expectations through the establishment and/or strengthening of information desk and surveys in the country, and at destination.
4. Harness diaspora skill, and knowledge transfer through the establishment of facilities for internship/apprenticeship, scholarship opportunities for health professional training and exchange programs, telehealth platforms, short/mid-term clinical engagement, and mentorship programs.
5. Support initiatives that promote diaspora engagement in medical service delivery, governance and leadership, and supply of medical products, vaccines, and technology through platforms such as Private-Public partnerships, engagement with International Non-Governmental Organizations, and development partners and diaspora associations.
6. Support diaspora engagement in health system financing through the development of strategies and institutional mechanisms aimed at supporting diaspora and returnees' investment and use of remittances in health infrastructure development, service delivery, and capacity development in terms of administration, registration, logistical support, and business counseling.
7. Foster international cooperation and bilateral agreements with destination countries through cost-sharing mechanisms towards improving the working conditions of the health workforce in Nigeria, including boosting wages and remunerations, provision of training support, and professional development.



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### 3.5 Target populations and priority interventions

Target migrants and communities	Geopolitical zone and States	Strategic health focus
Internally Displaced Persons and their host communities	Northeast-Borno, Adamawa, Yobe, Katzina, Benue, Jigawa, Zamfara and Sokoto	<ul style="list-style-type: none"> <li>• Improved health literacy</li> <li>• Emergency health response to outbreaks</li> <li>• Provision of essential healthcare services</li> <li>• GBV prevention and management</li> <li>• Support the protection of the victims of trafficking</li> <li>• Mental health and psychosocial support</li> <li>• Health promotion</li> <li>• Health infrastructure development /renovation and construction</li> <li>• Capacity development for the community health care providers</li> <li>• Advocacy and resource mobilization</li> </ul>
Immigrants	All geopolitical zones and States	<ul style="list-style-type: none"> <li>• Improved health literacy</li> <li>• Monitor migrant health</li> <li>• Increased availability, accessibility and acceptability of services that improve the health of migrants</li> <li>• Migrant health advocacy and social protection</li> <li>• Public health Capacity Development on victim Identification and care for vulnerable migrants.</li> </ul>
Nigerian returnees	<ul style="list-style-type: none"> <li>• Southsouth- Edo and Delta,</li> <li>• Southwest- Lagos and Ogun,</li> <li>• Northwest- Kano, Zamfara, Sokoto</li> <li>• Northeast- Yobe, Jigawa</li> <li>• Southeast- Imo, Anambra,</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of essential health services, and referral for continuity of care</li> <li>• Mental health and psychosocial support to support reintegration.</li> <li>• Advocacy and social protection</li> <li>• Public health Capacity Development on victim Identification and care for vulnerable people</li> </ul>

Target migrants and communities	Geopolitical zone and States	Strategic health focus
Migration impacted communities-cross border population	<ul style="list-style-type: none"> <li>• Southsouth-Cross River,</li> <li>• Southwest-Lagos, Ogun, and Oyo,</li> <li>• Northeast-Borno, Adamawa, Yobe,</li> <li>• Northwest-Zamfara, Sokoto, Jigawa and Kebbi.</li> </ul>	<ul style="list-style-type: none"> <li>• Cross-border community health promotion</li> <li>• Advocacy and social protection</li> <li>• Health infrastructure development: renovation/rehabilitation and construction</li> <li>• Capacity development for healthcare providers on inclusive healthcare services</li> <li>• Cross-border disease surveillance, preparedness, and response to public health events</li> <li>• Cross-border health information strengthening</li> <li>• Cross-border health Coordination and partnership</li> <li>• Mental health and psychosocial support for victims of trafficking</li> </ul>
Nigerian Emigrants		<ul style="list-style-type: none"> <li>• Health assessments and screening</li> <li>• Travel assistance</li> <li>• Trafficking prevention and referral</li> <li>• Fraudulent job offers prevention</li> </ul>
Nigerian Diaspora		Diaspora mobilization and engagement, networking, information, and communication towards health sector development.



## 4. OUR APPROACH

Overall, the migration health process includes complex linkages between, inter alia, economic, social, trade, labour, cultural and security policy areas, as well as rights and obligations, including, at the international level, those of migrants and States.

The IOM Nigeria approach will imply an active participation in health coordination meetings at various levels, mapping and engaging with key stakeholders and synergising with public and private entities identified by IOM as working directly or indirectly on migration health issues.

IOM's support to the FGN facilitated through the Ministry of Health, Ministry of Interior and the National Commission for Refugees, Migrants and Internally Displaced Persons Offices (NCFRMI), and Ministry of Women Affairs and Social Development, will involve operationalizing health programmes in alignment with different health and health-related instruments across all levels.

Advocacy and regular consultations with partners will enhance the analysis of existing health and health related, including migration, instruments and the proposal of eventual amendments..

Gender mainstreaming will ensure equality and equity in IOM activities, fostering the full engagement of all gender groups in decision-making, programme implementation and monitoring.

Protection, based on the IOM protection mandate, will be integrated into health advocacy. IOM will champion disability inclusion, community participation and accountability and maintain a close monitoring and evaluation approach.

IOM will ensure that its approach is environmentally sustainable.

IOM will work closely with all its units to address the health challenges comprehensively.



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#### 4.1 IOM capacity to respond to migration and health - Mandate and capacities

Since 2002, IOM has been active in Nigeria, carrying out various activities across all six geopolitical zones, including Abuja. Our offices are strategically located in Abuja, Maiduguri, Yola, Katsina, Benin City, and

Lagos, with IOM Medical Health Check Centres, operating in three locations. Currently, IOM involvement in Migration and Health in Nigeria encompasses a dedicated team of over 250 health staff, including laboratory personnel, medical doctors, nurses, radiology specialists, public health specialists, clinical psychologists, case workers, X-ray and laboratory technologists, clinic support staff, and psychological counsellors.

IOM ensures a seamless connection between its health programmes and ongoing initiatives, such as the protection, including family reunification, resettlement, assisted voluntary return and reintegration of migrants, displaced tracking matrix (DTM), durable solutions, and the disengagement, disassociation, reintegration and reconciliation (DDRR).

IOM collaboration extends beyond the Organization, with strong coordination and partnerships established with other United Nations Organizations, like WHO, UNAIDS, UNFPA and UNICEF.

The IOM health interventions have covered a wide range, from conducting vaccinations in IDP camps and responding to COVID for UN staff and IDPs to promoting health after floods and addressing tuberculosis concerns.

## ENDNOTES

- 1 Please visit this website for more information [www.iom.int/migration-health-sustainable-development](http://www.iom.int/migration-health-sustainable-development)
- 2 Please visit this website for more information [www.iom.int/sites/g/files/tmzbdl486/files/our\\_work/DMM/Migration-Health/mhd\\_infosheet\\_general\\_28.01.2019\\_en.pdf](http://www.iom.int/sites/g/files/tmzbdl486/files/our_work/DMM/Migration-Health/mhd_infosheet_general_28.01.2019_en.pdf)
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- 19 National Population Commission. Federal Republic of Nigeria: Final Report on Nigeria Demographic and Health Survey, 2018. Available online: <https://www.dhsprogram.com/publications/publication-fr359-dhs-final-reports.cfm> (accessed on 15 April 2024)
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