Interagency cooperation

Harald Siem

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The International Organization for Migration (IOM) is concerned with population movements, while the World Health Organization is concerned with health. Although emergency response is not the dominant activity of either organization, both have come to the rescue during major emergencies over the past few years, assisting displaced populations and trying to meet their health needs in circumstances where little else is available for them. Through joint coordination of appeals for resources and of activities in the field, IOM and WHO are constantly having to evaluate their strengths and areas of competence. In the field, any helping hand is most welcome and partnership is experienced in practice.

One common feature of major emergencies is the unprepared movement of people who are seeking to get away from disaster—whether natural or man-made. Every new disaster has its own characteristics, but almost all disasters involve unprotected, unequipped, displaced populations, damaged infrastructures, and a lack of food, shelter and clean water. At the same time, the risks of infectious disease and mental trauma threaten devastating health consequences.

IOM has no generally applicable definition of a migrant. While many people move from one place to another during their lifetime, a migrant is a person who crosses boundaries for a change of residence that is intended to be permanent or at least of substantial duration. Yet the duration of stay is not specified (though this might be a way to distinguish migrants from travellers or tourists, for instance), nor is the distance travelled, and nor are the boundaries to be crossed. Refugees who cross national borders, internally displaced persons, people who travel to another country to find work, and those who seek asylum—all these are all migrants.

The challenge

When someone migrates or flees from home there are three experiences to go through: the break-up of the network of friends and family, and leaving the familiar environment at short notice; the journey, which may include a stay in a transit camp or refugee settlement; and the process of arrival and integration into a foreign environment. WHO and IOM are often jointly involved in efforts to ensure the health of people who are fleeing, living in camps or adjusting to a new environment. The challenge is to provide conditions in which they can be healthy.

There is a substantial body of experience and knowledge relating to health concerns in refugee camps. The United Nations High Commissioner for Refugees (UNHCR) is normally the lead agency, and usually relies on services from non-governmental organizations (NGOs) and on expert advice from WHO. In turn, WHO is able to link up at short notice with recognized specialists and laboratories, in particular when there is a threat of infectious disease.
Relief supplies, such as these destined for Chechnya, call for interagency cooperation and planning.

to the population or a need to attenuate severe mental disorders.

In fact the health concerns and medical needs are seldom very sophisticated. The main task is to set priorities based on the most accurate description of the population concerned and of the prevailing risks. Priorities are mostly security and shelter, and then clean water, hygiene, food and vaccinations.

Primary health care might come next, and only at a later stage will secondary care and advanced medical treatment normally be provided.

WHO and IOM collaborated for the first time in the field of health care during the Gulf crisis of 1990. At that time, hundreds of thousands of foreign workers fled from Kuwait and Iraq only to be stranded in neighbouring countries. Transit camps were set up by the authorities in these countries, and intergovernmental organizations and NGOs gave assistance. IOM took the lead in helping the people to return home, and also provided medical escorts for the larger groups of returnees. In the early stages of the repatriation there were rumours of cholera, which was rather unlikely under the circumstances but would have seriously hampered the repatriation if true. The rumours were checked but no agency could confirm having seen anything like a cholera case. WHO’s input helped the repatriation to continue successfully, with little delay or unnecessary suffering.

An atypical medical programme took shape in former Yugoslavia. After hostilities had broken out in 1992, WHO was mobilized to restore or safeguard basic health services. The idea was to strengthen local capacity to meet the needs as far as possible within the countries concerned. IOM was involved in refugee movements, but was also soon asked to transport victims of violence to countries which offered advanced medical treatment free of charge. After some months, when the scene was becoming chaotic with a number of NGOs and individual operators trying to evacuate patients, UNHCR set up a central committee for the approval of evacuations. This was necessary to create a minimum of order, to prevent “ethnic cleansing” under medical pretexts, and to save time and resources. At one time it took 28 signatures, from agencies, warring factions and the United Nations Protection Force, just to organize a medical transport.

The United Nations committee, of which WHO and UNICEF became members, coordinated and approved medical evacuations and became a partner to the IOM Special Medical Programme. This eventually placed more than 1500 patients in more than 30 different countries which had offered free treatment of the more serious cases.

Much effort has gone into coordinating emergency humanitarian assistance, not least through the offices of the United Nations Department of Humanitarian Affairs. Yet still more needs to be done. It is tempting to call for basic training for all concerned, for a full professionalization of the field, but there are also arguments against such an army of humanitarian assistance. There is a need for continuous dialogue between agencies, like that between IOM and WHO, and for a clear description of each agency’s competencies and responsibilities. This will lead to more effective use of resources in a domain where all assistance is costly. It will also enhance the ability of the international agencies to assist where they are most needed.

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