



International Organization for Migration (IOM)
The UN Migration Agency

IOM Regional Office for South-Eastern Europe, Eastern Europe and Central Asia

Migration Health Division Annual Newsletter 2017



Information campaign on migration and TB among migrant women conducted by "The Women Society for Small Entrepreneurs" in Kyzyl orda, Kazakhstan, July 2016. © Saltanat Syzdykova

IN THIS ISSUE: *Overview of projects implemented in 2017, a spotlight on Tuberculosis and Migration, including best practices, regional events and publications.*

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FOREWORD

Welcome to the Regional Migration Health Division for South-Eastern Europe, Eastern Europe and Central Asia's Annual Newsletter for 2017!

The second edition of this regional newsletter provides an overview of migration health projects, events and activities of country missions and the regional office in 2017. It also lists a few selected publications on migration health that can provide references and inspiration for future projects in the region. With its brief descriptions of projects implemented in 2017, the newsletter displays both a variety in sub-regions as well as in the topics covered. The reports were generated from the donor reports and project proposals of the country missions reviewed and endorsed by the Migration Health Unit in RO Vienna.

In 2017, migration health projects in the SEECA region were carried out in **11 countries**, with **3 regional projects** engaging in cross-border activities in Central Asia, South Caucasus and Eastern Europe.

In total, the region had **13 active migration health projects** in 2017. Majority of the projects were on Health Promotion and Assistance for Migrants (MA/H2), and 3 projects were on Migration Health Assistance for Crisis Affected Populations (MP/H3) - see Graph 1. All MP/H3 projects were implemented in Bosnia and Herzegovina. The newsletter also covers one community stabilization project in Tajikistan/Afghanistan not included in this graph, which has a health component.

The **donors** of all migration health projects under RO Vienna were the IOM Development Fund, the US Bureau of International Narcotics and Law Enforcement Affairs, Project HOPE, UNAIDS, the International Medical Programme at University of Linköping and the Kingdom of Norway/Kingdom of Denmark respectively.

In 2017, the **thematic area** focused on was **tuberculosis**, including **MDR-TB and XDR-TB**, which is also highlighted in this edition. Other projects addressed mental health and psychosocial response, substance abuse, HIV and health rehabilitation. While many projects include advocacy for migrants' right to health, one project focused explicitly on this topic. (see graph 2).

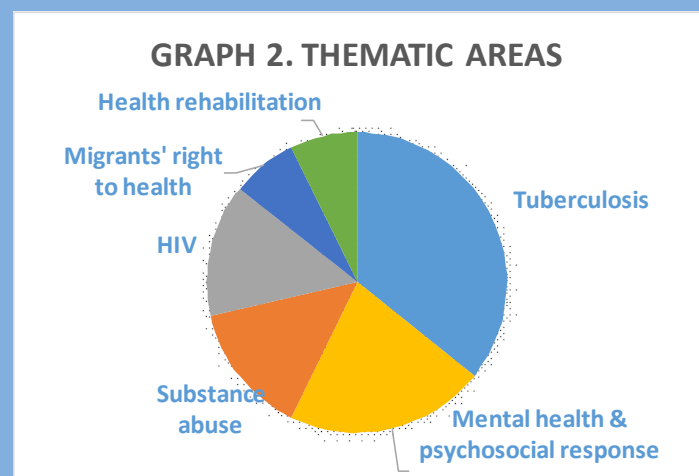
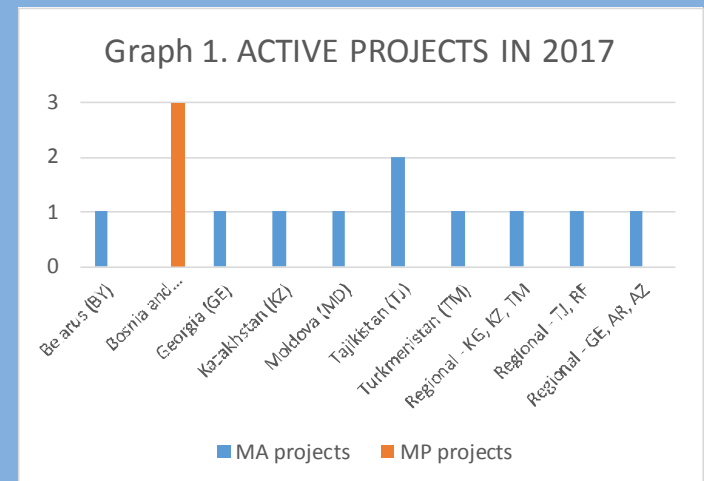
On events and activities, RO Vienna strengthened partnerships with regional public health networks like the South-Eastern European Health Network, and the Northern Dimension Partnership in Public Health. Through these networks IOM advocated and appealed to member states

for mainstreaming of migration health in their national public health approaches. In 2017, IOM also worked closely with WHO Europe in supporting the roll-out of the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region.

Thanks to our engaged migration health focal points, project managers, partners and chief of missions, we have made significant progress on migrant health programming in 2017. It is also a great pleasure to welcome Ursula Wagner, who joined the Migration Health Unit in RO Vienna right before the end of the year to support the team. With her expertise in Medical Anthropology, we hope to enrich our public health approach and contribute to further expanding the migration health portfolio in the region.



In the photo: Ursula Wagner and Dr Jaime Calderon © Joe Lowry



Dr Jaime Calderon, RO SEECA Regional Migration Health Advisor

SPOTLIGHT: TUBERCULOSIS IN THE REGION

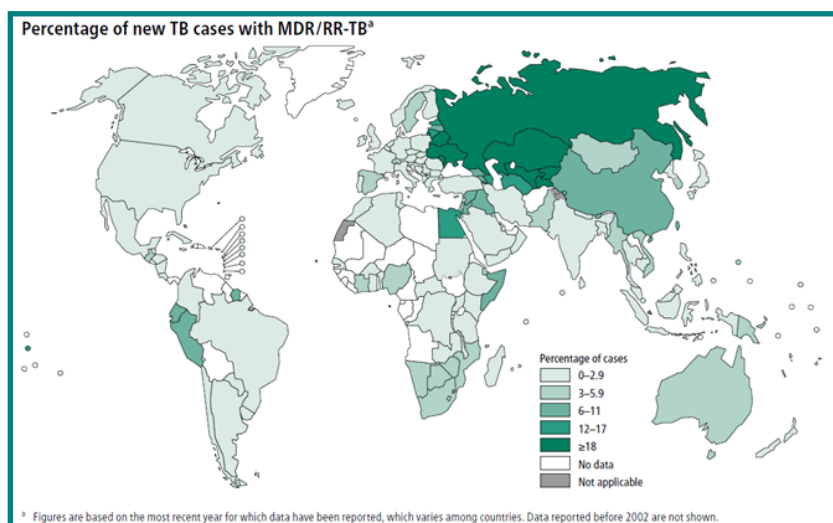
The **Russian Federation** is the only country in the SEECA region listed among the **WHO 30 high TB burden countries**. At the same time, this country is the main country of destination of labor migrants in the region.

The issue of higher concern is multi-drug resistant tuberculosis, as **eight countries in the SEECA region** are ranked among the **30 WHO high MDR-TB burden countries**:

- **Azerbaijan**
- **Belarus**
- **Kazakhstan**
- **Kyrgyzstan**
- **Republic of Moldova**
- **Russian Federation**
- **Tajikistan**
- **Uzbekistan**

Many of them are countries of origin of labor migrants heading to the Russian Federation.

These numbers clearly highlight why enhancing cross-border activities is the key to combating tuberculosis and its multi-resistant strains.



Global tuberculosis report 2017. Geneva: World Health Organization; 2017.

High level meeting on TB control among migrants, Astana, Kazakhstan, 6-7 December 2017

Tuberculosis is a major health concern in Central Asia. This entirely curable disease is posing a severe threat to the 10 millions of migrants in Central Asia. Their at-risk status was highlighted at a high-level meeting in the capital Astana, as part of Kazakhstan's plan on control of the disease. It focused on labour migrants and their increased risk for tuberculosis and its drug-resistant strains.

Migrant workers face health hazards throughout the migration process. They often have limited access to health services, which leads to late detection of the disease, as well as to irregular drug intake and unfinished treatment courses. The later cause a low cure rate, relapses and increasing numbers of patients with multi-drug resistant tuberculosis.

"Without addressing the needs of migrants, we cannot end the tuberculosis epidemic," Dr. Lucia Ditiu, Executive Director of the Stop TB Partnership told delegates at the Astana meeting. Her words were supported by Dr. Jaime Calderon, IOM Regional Migration Health Adviser for South-Eastern Europe, Eastern Europe and Central Asia. He drew on IOM's experiences in Asia on addressing migrants' access to healthcare services.



Dr. Calderon at the high-level regional meeting on TB control among migrants on 6-7 December 2017, © Project HOPE 2017

"Ensuring migrants' well-being requires concerted efforts between countries involved in their migration process. We need to ensure continuity of care and uninterrupted treatment for mobile populations through all health networks. We also need to work with the non-health sectors like the immigration, border security, economic and development sector in making them understand the importance of healthy migrants for healthy economies."



TUBERCULOSIS: BEST PRACTICES

Empowerment of TB patients through psychosocial support and income generation grants

IOM Tajikistan actively provides psychosocial support to TB patients through building the capacity of the primary health care and social workers in the community on providing services for improving adherence to TB treatment. IOM staff regularly conduct field visits to monitor how trained social workers apply the gained knowledge and skills into practice, serving not only TB patients but also family members. The social workers found that a calendar distributed by IOM to indicate receiving medicine by the TB patient is a very useful tool to enhance TB treatment adherence.



IOM staff explains the calendar for taking tuberculosis drugs to a beneficiary, © USAID TB Control Program

"You might not believe it, but I fell in love with this calendar. I am getting TB treatment since April 2015 and many months still remain ahead. The calendar may seem to be just a piece of paper, but it forces me to take the treatment more responsibly. The most interesting thing is that I, an adult person, is secretly checking the calendar several times a day without my family knowing and count the number of days remaining until the end of the treatment. Where were you before, my dear helper? Today I can't understand, why I never thought about using a calendar before."
TB patient from Danghara.

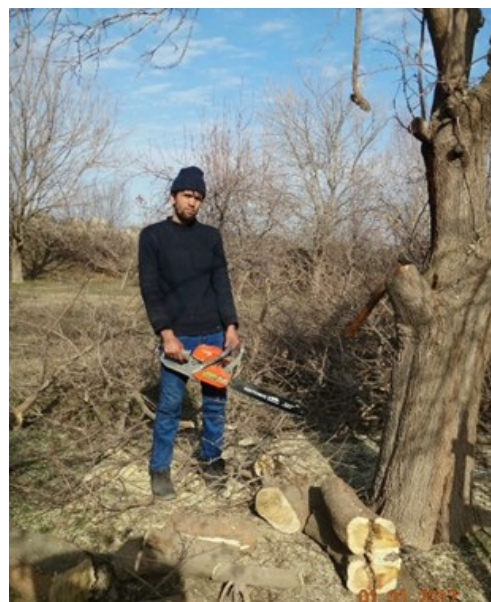
During one of the meetings conducted in the field, the social workers raised the issue of different needs of the TB patients based on their gender. The majority of the returned migrants with TB are men, who traditionally are the breadwinners in their families. But sickness, lack of the job opportunities in the home community, as well as financial problems negatively impact the mental health of the TB patients and weaken the adherence to TB treatment. Some women with the diagnosis of TB are faced with the gender based violence, when the husband or mother-in-law expel the woman from home because of the disease. In such a situation, the woman loses the financial support provided by the husband, returns to her parent's home and has to support herself.

To empower TB patients, IOM piloted a new approach through providing income generation support to the most vulnerable TB patients. The livelihood support approach was piloted in the four target districts Baljuvon, Danghara, Farkhor and Temurmalik in the Khatlon Oblast. In 2016-2017, eighteen TB patients received the following in kind grants: cattle, cow with calf, welding machine, sewing machine for women, hummer drill, angle grinder, cordless drill, and chain saw.

The income generation support contributed to increasing the rate of successfully completed TB treatments. From 18 TB patients, among them 8 patients with MDR-TB, 12 people successfully completed their TB treatment, 4 patients continue the treatment, one patient died and one patient interrupted TB treatment.

The piloting of the new approach was possible thanks to project "Empowering victims of trafficking, vulnerable migrants, their families and communities in Central Asia" supported by the Norwegian Ministry of Foreign Affairs in a synergy with the USAID TB Control Program.

"Cattle breeding is a profitable business in our district. When I raised and sold one of the cows provided by IOM, my income was 600 TJS (nearly 68 USD) that was used for supplemental medicines required to complete successfully my TB treatment. Later selling another cattle, I spent my income to purchase one cow with a calf. Thanks to the cow, we have our daily milk almost all year long."
TB patient from Baljuvon



IOM beneficiary utilizing chain saw granted as a part of the livelihood support, © IOM Tajikistan

IOM Tajikistan's cross-border activities to combat tuberculosis among migrants



Labour migration predominantly to the Russian Federation is an important pillar of the political, economic and social life of Tajikistan. This intensive cross border migration is marked by conditions such as unstable access to health care, that expose Tajik migrant workers to increased health risks and negative health outcomes, especially with regard to tuberculosis. IOM Tajikistan's migration health activities therefore focus on improving the Tajik Government's collaboration with the countries of destination for implementation of the Minimum Package for Cross Border TB Control and Care.

Project: Technical Support & Capacity Building to Improve Cross Border TB Control and Care of Migrant Workers (MA.0375)

Donor: IOM Development Fund

Budget: USD 200,000

Duration: November 2016 – October 2018

Countries: Tajikistan, Russian Federation

The project **Technical Support & Capacity Building to Improve Cross Border TB Control and Care of Migrant Workers** aims to contribute to the implementation of the minimum package of cross border TB control and improve healthcare services among migrants and their families through improved coordination mechanisms between Tajikistan and Russia (main country of destination).

The project covers three components:

- 1) **Fostering the bilateral dialogue** between Tajik and Russian health authorities to improve their commitment and facilitating the development of a bilateral legal framework on cross border TB control and care among Tajik migrant workers;
- 2) **Strengthening the capacity** of the Republican Clinical Centre on Occupational Diseases responsible for the health assessment of migrants and improving coordination and referral mechanisms with the Tajik Ministry of Labour, Migration and Employment;
- 3) **Engaging the Tajik Diaspora** for a TB prevention campaign among migrants in the country of destination.

In 2017 the following achievements were accomplished:

- Established a bilateral Technical Multisectoral Working Group (TWG);
- Developed road map on implementing the minimum package for cross border TB control and care among migrants by the bilateral TWG;
- Developed a technical protocol on health assessment of Tajik labor migrants going to the Russian Federation;
- Conducted a high level meeting with the Tajik Diaspora hosted by the Tajik Embassy in Moscow and developed a work plan on engaging the Diaspora for TB prevention;
- Drafted the Bilateral Agreement between the Russian and Tajik National Tuberculosis Programme on cross border cooperation;
- Signed the Bilateral Agreement between the Centre on Predeparture Preparation of migrants by the Ministry of Labour, Migration and Employment and the Republican Clinical Centre on Occupational Diseases



High level bilateral meeting on crossborder TB control and care among migrants chaired by the Secretary of the CCM of Tajikistan, Deputy of the Ministry of Health and Social Protection of RT with participation of the Russian health authority, Dushanbe, 28 March 2017



Meeting of the bilateral TWG. Skype call with Kasaeva Tereza from the Russian Ministry of Health, Dushanbe, 29 March 2017

PROJECTS UNDER IMPLEMENTATION

responsible for the pre departure health assessment of migrants;

- Developed information, education, communication materials on TB prevention among migrants in Russian and Tajik;
- Presented IOM's cross border activities at the "An Interdisciplinary Approach To Solve The Problem Of Tuberculosis" conference on 14-15 November 2017.

Project: **Tajik-Afghan Integration, Resilience and Reform Building Project** (CS.0887)

Donor: UK Government

Budget: USD 1.030,928

Duration: June 2016 – May 2020

Countries: Tajikistan, Afghanistan

Addressing TB issues at cross border areas with Afghanistan were part of the project "**Tajik-Afghan Integration, Resilience and Reform Building Project**" supported by the UK Government. Improved cross border partnership between Tajikistan and Afghanistan envisages increasing cross-border mobility. To improve migrants' access to TB prevention, diagnostic and TB treatment, IOM facilitates the dialogue between neighboring countries to strengthen cooperation on cross border TB control and care among migrants and their families.

In 2017 the following results were achieved:

- Established dialogue between Tajikistan and Afghanistan on cross border TB control and care among migrants;
- Developed brochure on TB prevention among women in Tajik, Dari and Pashtu;
- Built capacity of seven local Tajik NGOs on improving migrants' access to TB services. 34 TB cases were detected as a direct result of the project;
- Conducted high level meeting with the Afghanistan health authorities in Dushanbe on 1-4 November 2017;



Tajik health authority welcoming Dr. Shahwali Maroofi, Director of the CDC Department of the Ministry of Public Health of the Islamic Republic of Afghanistan, © IOM Tajikistan

- Provided technical support to the Tajik and Afghan Ministries of Health on applying for a cross border TB project to the Global Fund to Fight AIDS, TB and Malaria.

USAID TB Control Program (MA.0387)

Donor: Project HOPE/USAID

Budget: USD 98,316 (year 3)

Duration: September 2014 – August 2019

Countries: Tajikistan, Russian Federation

IOM continues the implementation of the five-year **USAID TB Control Program**. Being part of the consortium of the partners lead by Project HOPE, IOM addresses the issue of migrants' access to TB services. The focus lies on innovative approaches to promote migrants' health-seeking behavior, pre-departure TB screening, and active TB detection. One of the pillars is to engage the diaspora for cross-border TB control, building on the capacity of the migrants' network. The following achievements can be noted for 2017:

Key results of the "Rapid Situational Analysis of The Access of Migrants and Members of their Families to Comprehensive TB, MDR-TB And TB/HIV Services in Tajikistan" were presented in a high level workshop in Dushanbe on 30 May, 2017. The findings draw attention to vulnerability of the migrant workers to TB, raise gender aspects concerning their access to TB services, recommend developing a protocol for the pre-departure health assessment of migrants, and strengthen cross border TB control and care between Tajikistan and countries of destination.

A multidisciplinary team was established in the target districts Baljuvon, Danghara, Temurmalik, and Farkhor. 54 TB cases were detected in total (among migrants and family members), which is nearly twice as the original target set.

A Joint Action Plan on TB prevention among migrants for 2017-2020 was developed with the technical support of IOM and signed by the Ministry of Labour, Migration and Employment and the Ministry of Health and Social Protection.

The network of peer educators has been established by conducting 48 peer sessions for 664 migrants. Trained peer educators conducted information sessions with 2,651 migrants and 2,805 family members, referred 68 people with presumptive TB symptoms for TB diagnostic, including one case referred from the Russian Federation. 5 TB cases were detected.

The volunteers' network for TB prevention among migrants extended up to 429 volunteers (286 men and 143 women). They reached 11,588 beneficiaries, 78 people with TB presumptive symptoms were referred for TB diagnostic, 41 beneficiaries underwent TB testing, and 7 TB cases were detected. The most active 144 volunteers were awarded.

Addressing Tuberculosis among migrant Workers in Kazakhstan

Project: **Addressing TB, MDR/XDR-TB and TB-HIV among Migrant Workers in Kazakhstan (MA.0349)**

Donor: Project HOPE

Budget: USD 146,659

Duration: July 2015 – December 2017

Country: Kazakhstan



Background

The conditions in which migrants move, work and live can increase their vulnerability to TB infection. With over a million registered migrants and an equally high estimated number of undocumented migrants from Uzbekistan, Kyrgyzstan, Tajikistan and China, detection and treatment of TB are of fundamental importance. Migrants fail to access health care due to a restrictive legal framework.

Objective

This project aimed at enhancing the Government of Kazakhstan's operational and institutional mechanisms to fully deliver TB related health services to migrants, referring to the 'Minimum Package for Cross-border TB Control and Care in the WHO European Region: a Wolfheze Consensus Statement'.

Achievements of the project

- IOM provided technical assistance to the Kazakh Government in developing a new **national legislation on migration and the policy document "Migration Concept for 2017 – 2021"** supporting effective migration management including access to social services.
- IOM shared its expertise on prevention, infection control, contact management, diagnosis and treatment of TB within **two international high-level meetings** in 2016 and 2017.

- IOM collected, analyzed and annually updated **national migration data** based on the official statistics.
- More than **190 general health practitioners and NGO partners** have been **trained in migration legislation**. The training module on migration was also incorporated into the training manual developed by Project Hope.
- The **public information campaigns on World TB Day and International Migrants Day** fostered a high level of understanding of the importance of migrants' access to health in the general public. IOM's expertise in providing direct assistance to migrants with TB, and in improving the communication with vulnerable groups of migrants led to the increase in treatment completion based on a referral mechanism from the country of destination to the country of origin.
- Via NGO partners and IOM missions in Central Asia, IOM **assisted ten migrants with TB** (legal, humanitarian, AVR). This resulted in a **sustainable model for TB patient support** for treatment completion.

Marat's return to his country

Marat was diagnosed with tuberculosis, when he lived in Almaty without work or access to medical aid. In 2011, he lost his identity documents and was repeatedly detained by employees of migration service. However, he could not restore his documents due to lack of means. In December 2017, following medical examinations and the confirmation of the diagnosis of tuberculosis, Marat was directed to the Interdistrict Antitubercular Clinic, where he received TB treatment for three months. After he was discharged from the hospital, he received out-patient treatment. His former employers refused to employ him again, knowing that he had tuberculosis. His relative, at whom he lived before, demanded that he immediately moved out because of risk to catch the disease for her and her family.

The NGO Rodnik in cooperation with the IOM Medical Unit visited Marat to make the medical examinations. After this a social worker from local NGO spoke with him, explained what assistance was available and what proceedings should be done for him to return to Kazakhstan. Marat very sincerely thanked and told that for him there was nothing more important than returning home. An NGO partner in cooperation with IOM started the proceedings of getting the certificate of return through the Embassy of the Republic of Uzbekistan. Marat received the necessary documents, and returned to his country of origin. Some time after his reunification with family, he told how his relatives and friends came out to welcome him, how he was glad to see his mother after so many years. His sister called to thank everyone who helped her brother to reunite with the family.

PROJECTS UNDER IMPLEMENTATION

Combating HIV/AIDS and Tuberculosis in the South Caucasus

Project: Enhancing Mechanisms for Prevention, Detection and Treatment of HIV/AIDS and Tuberculosis Among Migrant and Mobile Populations in the South Caucasus Countries (MA.0379)

Donor: IOM Development Fund (IDF)

Budget: 250,000 USD

Duration: December 2016 – November 2018

Countries: Armenia, Azerbaijan, Georgia (implementing mission)



Background. HIV/AIDS and Tuberculosis, particularly high rates of multi-drug resistant (MDR) and extensively drug resistant (XDR) TB forms in the South Caucasus countries of Armenia, Azerbaijan and Georgia represent a great public health concern, factoring into the increased migration in the region and beyond. Rates of interrupted treatment courses are substantial in the Southern Caucasus, representing the main drawback in effective TB and HIV/AIDS control in the region, including the main countries of destination for outbound labour migration such as Turkey and the Russian Federation.

Objective. The project intends to contribute to the enhancement of cross-border mechanisms for prevention, increased detection, referral and treatment of HIV/AIDS and TB among migrant and mobile populations in the South Caucasus. Planned activities are a health promotion campaign focusing on the importance of preventive screening and treatment adherence; cross-border and in-country migrant health surveys in Armenia, Azerbaijan and Georgia; and capacity building of all countries' government counterparts, namely, healthcare professionals and border authorities.

Key achievements in 2017

- **Viable partnership frameworks** were formed with government counterparts of all three South Caucasus countries leading to increased commitment to establish and maintain migrant-oriented healthcare services in the region.
- **The project implementation agreement** was concluded with the L. Sakvarelidze National Centre for Disease Control and Public Health of Georgia
- **The cooperation agreement** with the National Centre for AIDS Prevention of the Armenian Ministry of Healthcare was signed.
- **The International Lead Researcher Expert was contracted** by IOM in coordination with the respective government counterparts to advise and guide the conduct of the regional and in-country migrant health surveys in all three countries.
- **Regional and country-specific information, education and communication (IEC) materials** were developed.
- **Voluntary counselling and testing on Hepatitis C, HIV and other communicable diseases** were offered to more than 4400 migrant beneficiaries (labour migrants and IDPs) in Armenia and Georgia.
- **The Regional Workshop** took place in Tbilisi on 1-2 November 2017 with government counterparts of all three South Caucasus. It was vital for the drafting of the migrant health surveys' design and questionnaire.

Regional Joint Project Preparatory Meeting, 28 February—1 March 2017, Vienna, Austria

Representatives from IOM missions and governments in the South Caucasus gathered in Vienna for a joint Regional Preparatory Meeting aimed at TB-HIV/AIDS response. The objective was to establish the regional dialogue between professional national entities responsible for health policies and disease control and define responsibilities and roles of each governmental counterpart engaged in the implementation of IOM's regional project on TB and HIV/AIDS in South Caucasus .

"We want to respond effectively to the common challenge of TB and HIV/AIDS in an area of high geopolitical importance. Supporting the three governments is an honour to us and we know that our cooperation will help vulnerable migrants through joint response mechanisms."

Ilyana Derilova, Chief of mission of IOM Georgia



Ilyana Derilova (COM IOM Georgia), Argentina Szabados (Regional Director RO Vienna). Dr. Jaime Calderon, @ Nino Shushania

Tackling Drug Abuse among At-Risk Vulnerable Groups in Georgia

Awareness Raising on the Dangers of Drug Abuse among At-Risk Vulnerable Groups in Georgia (MA.0367)
Donor: Bureau of Int. Narcotics and Law Enforcement Affairs (INL)
Budget: USD 70,000
June 2016 – June 2017
Country: Georgia

Background

Due to high rates of substance misuse in Georgia and lack of school-based primary prevention programming, Georgian youth, especially vulnerable migrant and ethnic minority school-children are at higher risk of experimenting with substances.

Objectives

Since the best strategy of primary prevention implies provision of information on risks and consequences of substance abuse, while offering alternatives for healthy lifestyle choices, the project aimed at provision of evidence-based information to Georgian schoolchildren in a child-friendly manner, while promoting healthy lifestyles and alternative behavior models. Another objective of this project was to engage schoolchildren, their parents, local community leaders, school teachers and directorates in an intergenerational dialogue on risks and consequences of substance abuse, thus ensuring that the intervention is interactive and participatory in its nature.

Key achievements in 2017

In cooperation with the Ministry of Education and Science of Georgia, the Healthcare and Social Issues Committee of the Parliament of Georgia, the National Centre for Disease Control and Public Health of Georgia and Ilia State University, IOM Georgia elaborated information, education and communication materials in the “Life is Better” campaign. The materials narrate on risks of eight psychoactive substances that are mostly abused by Georgian youth according to latest surveys. The “Life is Better” campaign was planned and implemented in coordination with the Ministry of Education and Science in seven public schools in the three regions with the highest rates of substance abuse in Georgia. The campaign included an art competition in each school along with individually tailored public events promoting healthy lifestyles. Schoolchildren were invited to submit art works related to their visions and attitudes on substance abuse related risks. The eleven winners of the “Life is Better” art competition were awarded during the concluding event held in each participating school.

Testimony by Gvantsa Shubitidze

Winner of the school-based competition “Life is Better” at Gori Public School no.12:

“Before the “Life is Better” campaign project I did not have any experience of sand art, but when this project became known to our school and when I was offered to take part in the school competition “Life is Better” I started practicing sand art only then and probably I have had a good result. It was quite challenging to participate in this project, because it required a lot of effort and dedicated work, and I am so happy to be part of it that I cannot even convey it through words.”

13 June 2017, Gori, Georgia



Gvantsa Shubitidze doing sand drawings for the art contest, © Nino Shushania



Mike Mc Mahon (Director of INL), parent of awardees, Ilyana Derilova (COM IOM Georgia), Gvantsa and Giga Shubitidze, Rusudan Lomidze (school director), © Nino Shushania

“How you deal with substance abuse, and how your school deals with substance abuse, and how your government deals with substance abuse will determine, whether your country succeeds or fails.”

Mike McMahon of the United States Embassy, at the concluding event of the campaign in the City of Gori.

Psychological services for the Moldovan border police

Project: **Development of Psychological Integrated Services of the Border Police Department in the Republic of Moldova (SPINS) (MA.0400)**

Donor: IOM Development Fund

Budget: USD 170,000

Duration: September 2017 – August 2019

Country: Republic of Moldova

Background

The Border Police (BP) is the main public authority in Moldova that ensures border control and observance of border regime in the border zone and border crossing points. It implements the state policy on Integrated Border Management (IBM), including combatting irregular migration and transnational crime. The BP includes four regional directorates and 53 border sectors and comprises of 3300 employees (25% females and 75% males) of mainly young age (35% under 30 years, 53% of 31 – 40 years, 8% of 41 – 50 years and 4% over 50 years). The average age of female employees is 29 years, while for male it is 31 years.

IOM supported the BP in undergoing progressive structural reforms and in the development of a National IBM Strategy according to EU standards and best practices. An important target was the development of a Human Resources component, including professional and training standards for the development of the BP's managerial capacities on comprehensive organizational diagnosis and psychological testing and support.

Objectives

The objective is contributing to an improved implementation of the state IBM policy through establishing and making operational of integrated psychological services of the BP by creating the System of Integrated Psychological Services (SIPS) for planning, organizing and carrying out activities for appropriate testing of and support to the staff, as well as for providing psychological support to vulnerable migrants.



Expected project outcome:

Improved access of vulnerable migrants and Border Police personnel to quality psychological services.

Project outputs:

- 1.1. The SIPS of the BP developed and made available;
- 1.2. The database to support implementation of the SIPS developed and made operational;
- 1.3. Psychological cabinets of the BP for effective delivery of services renovated and equipped;
- 1.4. Border Police psychologists equipped with knowledge, skills and abilities to provide tailored psychological support to all categories of vulnerable migrants and BP personnel.

"The project results are expected to enhance the professional capabilities of the border police for offering psychological services to BP personnel and especially to immigrants, refugees, asylum seekers, irrespective of their legal status in the country. This will contribute substantially to the protection of rights and wellbeing of migrants and the Moldovan population thus enhancing the country's overall security."

Mr. Fredolin Lecari, Head of the Border Police (during the project launching event)

Key achievements in 2017

- Setting up of the BP implementation team and of the project stakeholders' interaction scheme – Joint IOM-BP meeting as of 11 September 2017;
- Development of the project visibility materials;
- Development jointly with the BP of the ToRs for consultancy services for creation of the SIPS and for development of the Standard Operating Procedures for Psychological Services within the Border Police;
- Project launching event on 11 November 2017;
- Selection of the consultant for creation of the BP system of Integrated Psychological Services (SIPS).



Project Launching Event, November 2017, © IOM Moldova

Drug reduction efforts among migrants in Turkmenistan

Project: **Contribute and extend the drug reduction efforts among internal and international migrants in Turkmenistan (MA.0347)**

Donor: Bureau of Int. Narcotics and Law Enforcement Affairs

Budget: USD 100,000

Duration: September 2015 – February 2017

Country: Turkmenistan



Background

The IOM Mission in Turkmenistan, in partnership with Turkmenistan’s Ministry of Health and Medical Industry, implemented the project: “Phase 2: Contribute and Extend the Drug Reduction efforts among Internal and International Migrants in Turkmenistan” funded by US Department of State’s Bureau of International Narcotics and Law Enforcement Affairs.

The project was a follow-up of the previous INL funded project (2014-2015) on reducing drug use and focused on extending the drug reduction efforts among internal and international migrants in the regions (*velayats*) of Turkmenistan. In the implementation of the project IOM primarily partnered with the Ministry of Health, but also with law enforcement authorities, migration authorities as well as the representatives from local government and NGOs and public organizations.

Objectives

The objective of this project was to contribute to the drug reduction efforts of the Government of Turkmenistan by preventing substance abuse and identifying and referring drug users among external and internal migrants to relevant services. Activities envisaged during the course of this project aimed to:

- Increase the knowledge and capacity of the regional health workers, relevant law enforcement officers and representatives of the local authorities on migrants’ right to health, preventing substance abuse and drug trafficking, and identifying and referring migrants with substance abuse problems to relevant services;
- Extend the knowledge of central and regional level health workers, relevant law enforcement agencies and local governance authorities on a comprehensive approach to countering-drugs and sustain interest in applying the good practices in the country context; and
- Increase the awareness of international and internal migrants on the harmful effects of drug use and abuse as well as on existing treatment possibilities and referral systems in the regions of the country.

Achievements of the project

Two two-days trainings were conducted on in July 2016 in Mary and in Ashgabat: They strengthened the knowledge and understanding of the representatives of relevant law enforcement agencies and public organizations of Turkmenistan’s Lebap, Mary and Ahal *velayats* about Migrant’s Right to Health, a Comprehensive Approach to Protection of the Migrants’ Health, including Prevention of Substance Abuse. The last two-day training was conducted on 22-23 August in Turkmenbashi, bringing together representatives of relevant law enforcement agencies and public organizations of Turkmenistan’s Balkan and Dashoguz *velayats*.

A knowledge-sharing platform brought experts from across Europe to a “Regional Workshop on Migrants’ Right to Health, Comprehensive Approach to Protection of Migrants’ Health including Prevention Substance Abuse among Migrants” in Ashgabat, Turkmenistan on 5-6 December 2017. An International Public Health Expert and Researcher provided a literature overview on the linkage between migration and substance abuse.

Information leaflets for internal and external migrants on the harmful effects of drug use and the existing treatment and referral systems were drafted in Turkmen and Russian and translated into English. 18,000 copies of the leaflets were printed and disseminated mobile groups and migrants by public and non-governmental organizations.



Representatives of government agencies and local public organizations take part in the training on the rights of migrants to health, © IOM Turkmenistan

Towards migrants' right to health in Central Asia

Project: **Towards an Effective Migrants' Right to Health in Central Asia: Assisting Governments in Enhancing the Provision of Health Services for Migrants (MA.0377)**

Donor: IOM Development Fund

Budget: USD 100,000

Duration: November 2016 – October 2017

Countries: Kazakhstan, Kyrgyzstan (managing mission), Turkmenistan



Background

The main objective was to strengthen migrants' right to health by increasing the availability and accessibility of health services for migrants in Central Asia through the development of comprehensive and evidence-based migration health policies and legislation in line with international norms and standards.

Objectives

- **To increase the availability and accessibility of health services for migrants** in the three beneficiary countries through supporting the development of comprehensive and evidence-based migration health policies and legislation in line with international norms and standards.
- **To enhance the legislative and policy frameworks related to health services provision for migrants** in the three beneficiary countries in order for governments in Central Asia to fulfil their responsibilities in the implementation of international standards.
- **To improve the knowledge, skills, capacity and commitment of key officials from relevant government institutions** in beneficiary countries through the conduction of a regional workshop on migrants' right to health.
- **To contribute to the 3rd UN Sustainable Development Goal (Ensure healthy lives and promote well-being for all)**, with a special focus on the following targets: reduce child mortality; improve maternal health; and combat HIV/AIDS, malaria and other diseases.

Achievements of the project

The objective was realized by conducting a comprehensive assessment of current legislative and policy frameworks related to migrants' right to health, as well as conducting advocacy and capacity building activities with key government officials from relevant ministries and agencies. Another achievement was the successful implementation of the regional workshop, which served as a forum for stakeholders to exchange experiences, ideas and best practices and discuss concrete paths for the implementation of recommendations aiming at the enhancement of health services provision for migrants.

Publication: Migrants' Right to Health

Migrants' Right to Health in Central Asia: Challenges and Opportunities, IOM 2017

Ongoing trends of economic development and regional integration are currently intensifying migration flows in Central Asia. More than ever, the region's population is on the move in search of opportunities for employment, education and personal development. However, despite its many benefits, migration often leads to heightened health risks for those who undertake it. Currently, legislation, policies and practices in both countries of origin and destination are not fully adapted to migrants' reality and health needs. Indeed, providing healthcare services to migrants meeting standards of quality and accessibility represents a considerable challenge for governments. The enhancement of legislative and policy frameworks allowing migrants to benefit from healthcare in destination countries requires a better understanding of the context-specific health impacts of migration, of migrants' experience in accessing healthcare and of the specific needs of the most vulnerable migrant sub-groups. The analysis contained in this report aims to fill this knowledge gap by providing stakeholders with information and recommendations for evidence-based policy-making aimed at the realization of migrants' right to health in Central Asia. This report symbolizes IOM's commitment to promote migrants' health in Central Asia and assist governments in developing inclusive healthcare systems for the benefit of all, including migrants and their host communities.



Foreword by **Dejan Keserovic**, IOM

IOM Sarajevo's Migration Health Assistance for Crisis-Affected Populations

Project: Swedish Medical teams & Medical Emergency Assistance for Bosnia-Herzegovina and Kosovo under UNSCR No 1244 (PHASE V) (MP.0280)

Donor: International Medical Programme (IMP) at University Hospital of Linköping

Budget: USD 168,495

Duration: March 2016 – February 2018

Countries: Bosnia-Herzegovina, Kosovo/UNSCR 1244

Background

The conflict in BiH and Kosovo* led to thousands of civilian injuries and severely damaged the country's health care infrastructure. After the immediate need for emergency assistance during and shortly after the war was addressed the focus shifted to long-term redevelopment. In 1997 the first Swedish Medical Team (SMT) was established in BiH. The programme was extended to Kosovo in 2000. The main priority is to build the local capacity of medical staff and institutions in BiH and Kosovo. The SMT's activities focused on informing local health care professionals on contemporary techniques and transferring skills. Among the many specializations included were plastic and reconstructive surgery, ophthalmology, ENT, neuro-surgery, orthopaedic surgery, vascular surgery, interventional radiology, paediatric cardiac surgery, emergency care and treatment for burn patients. Substantial training has been provided during these 20 years, but some areas remain in need to be continued and supported in BiH and Kosovo: paediatric surgery, pediatric urology, emergency care and burn care.

Objective

The overall objective is to contribute to the continuing improvement in the access of patients with complicated health conditions to good quality and needed specialized medical and surgical interventions in prioritized health facilities at the University Clinical Centre Sarajevo, Priština, and the University hospital in Linköping. The project primarily targets medical facilities in BiH and Kosovo that have limited capacities to provide adequate specialized medical treatment, thus requiring treatments and assistance abroad.

Key achievements in 2017

Pediatric surgery & Pediatric urology (Sarajevo and Priština)

Eight Swedish Medical Teams (SMTs) — a pediatric surgeon, a pediatrician with a specialty in urodynamic and a pediatric neurologist — visited the Pediatric Surgery Clinics in Sarajevo and in Priština.

SMTs shared skills and knowledge with their BiH counterparts by involving them in patient care, and through discussions and lectures on relevant topics.

More than 200 patients were examined in Sarajevo and Priština by a SMT, in cooperation with local BH professionals.

More than 100 different surgeries and procedures in pediatric surgery and urology were performed.



Twelve health professionals from Sarajevo and Priština attended a specialized training in Sweden.

Medical equipment and consumables were donated to the Paediatric surgery clinics in Sarajevo and Priština.

The project specifically improved the skills of nurses in the patients care and their role in follow up of the patients.

Reconstruction and Plastic Surgery (Priština)

Three SMTs – two plastic surgeons and an anaesthesiologist – examined and treated large numbers of patients who required complex interventions referred from different regions in Kosovo. Breast reconstruction for breast cancer patients was identified as new field of need.

Hand and congenital anomaly reconstruction (Priština)

Two SMTs – a plastic surgeon and an occupational therapist – performed surgery (reconstruction of complex congenital anomalies and treatment of contractures) on all patients presented by the local team. Continuous training and permanent presence of the local occupational therapist contributed to the achievement of better results in patients' rehabilitation and recovery. This long term project builds on continuous collaboration and assessment of local needs, which are further addressed with adequate medical professionals.

Pre-hospital emergency services in Kosovo 2017

This project aims to achieve **capacity building** of health workers in the emergency health services in Kosovo through trainings and organized exchange visits with health providers from the University Clinical Centre in Linköping, Sweden. The project contributes in improved communication and coordination of the daily operational activities that could shorten the time and quality of emergency health care provided to the patients.

Four SMTs in pre-hospital emergency services visited Kosovo.

Five teams consisting of 20 health professionals participated in pre-hospital emergency services trainings in Sweden with the support of the University Clinical centre in Linköping and Norrköping.

* This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.

PROJECTS UNDER IMPLEMENTATION

IOM Sarajevo's Migration Health Assistance for Crisis-Affected Populations

Project: Building the Capacity of the BiH Institutions to Address and Respond to Mental Health Issues amongst Defence Personnel (Preventiva) (MP.0156)
Donor: Kingdom of Norway, Kingdom of Denmark
Budget: 842,467 EUR
Duration: October 2015 – June 2017
Country: Bosnia and Herzegovina

Background

Since the conclusion of the conflict, there have been no programmes specifically designed to support Military Personnel and members of the Armed Forces in mental health, and there are no comprehensive and reliable data on the number of persons with mental health problems related to the conflict in BiH.

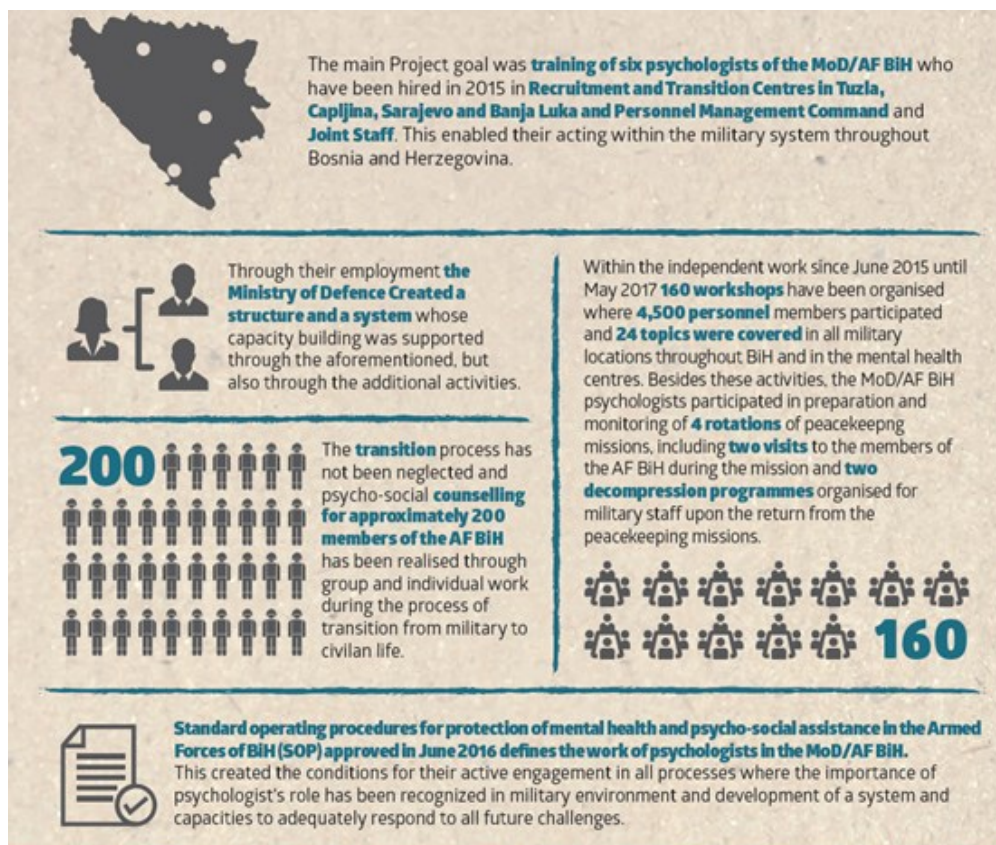
Members of the Armed Forces of BiH receive healthcare through the civil health institutions in BiH. The procedure and manner of usage of the health protection is problematic, since the health insurance only covers the place of origin, while members of the Armed Forces often work abroad and need to use healthcare within the territory of another entity. Furthermore, problems become apparent as a result of assessments of the medical ability of the members of Armed Forces being conducted in a civilian context, without necessarily taking into account the specific situation and needs of Armed Forces personnel. There is a demonstrable need for a systematic approach, and the MoD identified mental health issues amongst personnel as a priority issue. Therefore IOM was fully engaged in strengthening the MoD human resources structures with regard to the discharging of defence personnel. An initiative focused on mental health issues amongst Armed Forces personnel will therefore constitute part of an integrated approach to ongoing Security Sector Reform efforts in BiH.

Objective. The overall objective of the project was to enhance the capacities of the Ministry of Defence (MoD), the Ministry of Health (MoH) of the Federation of Bosnia and Herzegovina (FBiH), and the Ministry of Health and Social Welfare of the Republika Srpska (RS) in providing a systematic response to mental health issues of current and discharged personnel of the Armed Forces of Bosnia and Herzegovina (AFBiH), as well as in the context of their participation in peacekeeping missions.

The principal goal was to create a permanent structure to manage mental health, psychosocial well-being, and the prevention of negative psychosocial consequences in all members of the MoD/AF BiH (new recruits, active duty staff, discharged and retired members and their families, and particularly members of AF BiH participating in peacekeeping missions).

Achievements of the project

The achievements of the project are shown in the folder below. Due to its success, the project entered Phase II in July 2017.



PROJECTS UNDER IMPLEMENTATION

Studying the nexus between HIV and migration in Belarus

Project: **Study on the Nexus between HIV and Migration in Belarus** (MA.0398)

Donor: UNAIDS

Budget: 62,949 USD

Duration: March-November 2017 (no cost extension to March 2018)

Country: Belarus

Background

The limited economic and professional opportunities in Belarus are driving a growing number of Belarusians to seeking employment abroad. Various estimates show that there could be over a million migrant workers of Belarusian origin currently working abroad. Based on the estimates of the Belarusian Institute for Strategic Studies (BISS), about 80 per cent of all migrant workers are seeking employment in the Russian Federation. Meantime the HIV situation in the Russian Federation is worsening, and Russia is one of the few countries worldwide with increasing numbers of new HIV infections and AIDS-related deaths. There is also a rapidly growing community of foreign migrants in Belarus, including asylum-seekers and economic migrants from Ukraine. HIV statistics in Ukraine are extremely unfavorable, especially in the war-torn Donetsk and Lugansk regions, origin of most of the Ukrainian migrants coming to Belarus.

Studies have shown a strong link between various kinds of mobility and a heightened risk of HIV exposure depending on the reason for mobility and the extent of separation people have from their social environment and norms. Therefore, in view of the unfavorable situation in the region, particularly Russia and Ukraine, as well as the high intensity of population's mobility between these countries and Belarus, along with the absence of trustworthy data on HIV among migrants, it is crucial that research sheds the light on the dimensions of the problem in question.



Objective

The overall objective of this project is to strengthen the knowledge and understanding of the dynamics and nexus between population mobility and HIV and the specific vulnerabilities of migrants in Belarus to HIV in order to develop and strengthen comprehensive HIV policies and services that are inclusive of different migrant groups in Belarus.

Specific outputs are:

- Collect qualitative and quantitative data on migrants in Belarus with respect to information, risk perception, sexual behaviors, in line with WHO and UNAIDS recommendations.
- Publish and share research findings and recommendations with government officials, international organizations and local NGOs.

Outcomes of the study

The outcomes of the study are expected in Spring 2018.

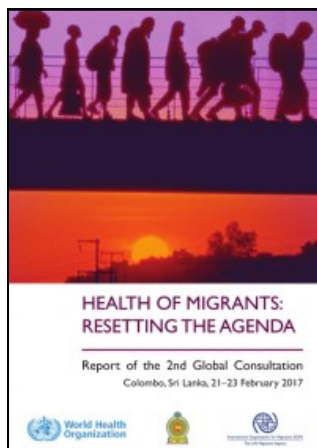
Discussing an “Essential HIV care package for migrants: Central Asia”, 25-27 September 2017

WHO Europe organized the meeting of the National HIV Programme Managers in EECA and non-EU/EEA countries from 24-27 September 2017 in Copenhagen, Denmark. The first two days of the meeting covered discussions on the status, challenges and response to scale-up the accelerated response to the HIV epidemic by countries in the region. The third day was specifically for the Central Asian countries focusing on the progress, challenges and actions to improve access of migrants to HIV services and the review of the draft document on “An essential HIV care package for migrants: Central Asia.” The event was participated by approximately 65 representatives of EECA and non-EU/EEA Member, UN Agencies, INGOs, CBOs and academics in Day 1 and 2, and about 35 persons during the closed-door meeting of the Central Asian countries in Day 3.

IOM was invited to present in the panel discussion the organization's take on the gaps and challenges faced by the countries in the region in fast-tracking the action and cooperation to achieve the 90-90-90 targets by 2020. Dr. Jaime Calderon of IOM RO Vienna emphasized the importance of inclusive approaches for migrants in the planning and delivery of HIV services, inter-sectoral coordination and collaboration among countries of origin, transit and destination, and investing on evidence-based programming that feeds into migrant-inclusive policies and actions.

IOM also provided an overview of the migration situation and access of migrants to HIV services in Central Asia, and co-chaired with the UN Secretary General's Special Envoy for AIDS in EECA the successful negotiation of the draft consensus paper on “An Essential HIV care package for Migrants: Central Asia.” The paper is under review.

REGIONAL EVENTS



2nd Global Consultation on Migrant Health: Resetting the Agenda, Colombo, 21-23 February 2017

WHO jointly organized the 2nd Global Consultation on Migrant Health with IOM from 21 - 23 February 2017, in Colombo, Sri Lanka. Under the title “**Health of Migrants: Resetting the Agenda**” it was convened as a follow-up to the 1st Global Consultation on Migrant Health held in 2010, in response to the renewed international attention to the health needs of migrants through agenda-setting on the 2030 Sustainable Development Goals, Universal Health Coverage, and other global health priorities. Health leaders from over forty countries had a platform to: • share lessons learned, good practices, and research on the health needs of migrants, and to identify gaps, opportunities and new challenges; • reach consensus on key policy strategies and benchmarks to create a unified agenda on the health of migrants, for both acute large-scale displacement and long-term, economic and disparity-driven migration; • engage multisectoral partners at a policy level for a sustained international dialogue and an enabling policy environment for change.

COLOMBO STATEMENT

The ‘**Colombo Statement**,’ adopted at the 2nd Global Consultation on Migrant Health, aims to address the health challenges of increasingly mobile populations, now numbering to about one billion – one in seven people on the planet. The Colombo Statement also calls for mainstreaming migrant health into key national, regional and international agendas and promotes international solidarity for equitable migrant health policies, a shared research agenda and the development of global frameworks to ensure migrant health is protected. Furthermore, ensuring the highest standard of health for all, including for migrants and refugees, are also a key component of the Sustainable Development Goals pledge to leave no one behind.

South-Eastern European Health Network 4th Ministerial Forum, Chisinau, 3-4 April 2017

On 3-4 April 2017, the South-Eastern European Health Network (SEEHN) conducted its 4th Ministerial Forum in Chisinau, Moldova. Representing ten member countries and thirteen partner agencies of the network were the Ministers of Health, Ambassadors, Heads of Agencies, and senior level officials. Under the theme of “*Health, well-being and prosperity in South Eastern Europe by 2030 in the context of the Sustainable Development Goals of the UN,*” 48 forum delegates discussed the status and challenges of NCDs, universal health services, cross-border public health, emergencies and migration, along with the joint efforts to address issues related to the socioeconomic determinants of health.

IOM is a partner agency of the health network since 2005 (formalized in 2013 through a MOU). Dr. Jaime Calderon of RO Vienna delivered his first intervention during the plenary session on “*Universal Health Coverage and Public Health*” reminding delegates on the importance of addressing the health of migrants in realizing the global health goal of “leaving no one behind”, in addition to the mainstreaming of migrants’ health in the public health approaches of health systems. The second intervention “*Public Health Policies on Migration and Health*” recalled IOM’s work and strategies, along with a reminder of the SEEHN policy decision. The event culminated with the endorsement and signing of the *Chisinau Pledge* and the *new MOU* by the Ministers of Health. The pledge reaffirms the SEE member governments’ political commitment to an expanded sub-regional cooperation for the introduction and/or strengthening of the principles, priority areas and actions towards achieving better health, well-being and prosperity in the region in the context of the SDG.



South Eastern European Health Network Meeting in Chisinau, Moldova, © South Eastern European Health Network



USEFUL PUBLICATIONS

IOM

Migrants' Right to Health in Central Asia: Challenges and Opportunities

Bishkek: International Organization for Migration (IOM), 2017

The Mission of the International Organization for Migration (IOM) in Kyrgyzstan published the compendium *Migrants' Right to Health in Central Asia: Challenges and Opportunities*. The publication aims to contribute to strengthen migrants' right to health by increasing the availability and accessibility of health services for migrants in Central Asia through the development of comprehensive and evidence-based migration health policies and legislation in line with international norms and standards.

Number of pages: 164

Format: PDF

Publication language: English / Russian

ISBN: 978-9967-11-628-3



Migrant Vulnerability to Human Trafficking and Exploitation: Evidence from the Central and Eastern Mediterranean Migration Routes

The report *Migrant Vulnerability to Human Trafficking and Exploitation: Evidence from the Central and Eastern Mediterranean Migration Routes*, analyses quantitative data, as well as personal experiences of abuse, violence, exploitation, and human trafficking collected over the past two years from 16,500 migrants in seven countries. While other IOM reports have documented the scale of exploitation on the main migration routes to Europe, this report is the first to identify key factors associated with increased vulnerability to exploitation and human trafficking during the journey. The data comes from IOM's Displacement Tracking Matrix (DTM).

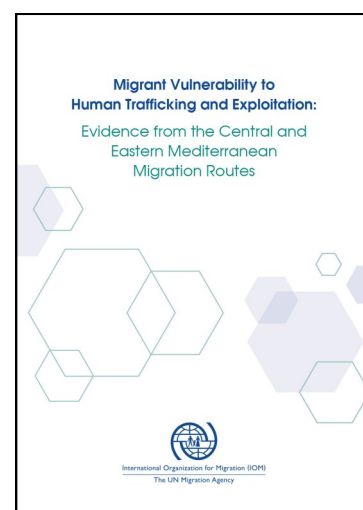
Number of pages: 94

Format: PDF

Publication language: English

Year of publication: 2017

E-ISBN: 978-92-9068-755-9



WHO

Women on the move: migration, care work and health

Geneva: World Health Organization, 2017.

WHO has produced a new report on female care workers, collating evidence across sectors. This report breaks new ground in casting a wide net across disciplines – health, labour, employment, social protection, social services, law, immigration, cross-border movement and citizenship – to shed light on a particular population group that both provides care as well as needs it to maintain their own health and well-being. It looks at the lives of these migrant women care workers as well as the situation for their households left behind. It takes a transnational perspective appropriate to our interconnected world.

Number of pages: 102

Format: PDF

Languages: English

ISBN: 978-92-4-151314-2



REGIONAL MIGRATION HEALTH FOCAL POINTS

Country	Chief of Mission / Head	Designated IOM Focal Person According to Programme Area 2018		
		MH – Migration Health Assessment & Travel Health Assistance (H1)	MA – Health Promotion & Assistance for Migrants (H2)	MP – Migration Health Assistance for Crisis Affected Populations (H3)
		RC for UA & MD – ISLAM Risatul RC for BE, KZ, KO, FYROM & RS - KAZANETS Igor RC for TR – GALEV Aleksandar	RTS - CALDERON Jaime	RTS - CALDERON Jaime
Albania	JANI Alma, HOO	-	JANI Alma GAXHA Alketa	JANI Alma PJETRI Genci
Armenia	TERMINASYAN Ilona, HOO	ASATRYAN Nune	ASATRYAN Nune	ASATRYAN Nune
Azerbaijan	AKTOPRAK Serhan, COM	EMINOV Mushfig	EMINOV Mushfig BABAYEVA Farida	EMINOV Mushfig
Belarus	HAJIYEV Zeynal, COM	PILIPENKO Margarita	KHOLOD Pavel ORANGE Tanya	ORANGE Tanya
Bosnia and Herzegovina	VAN DER AUWERAERT Peter, COM	ZECO Mirsada TORBICA Danijela	TORBICA Danijela	TORBICA Danijela
Georgia	DERILOVA Ilyana, COM	SHUSHANIA Nino	SHUSHANIA Nino	SHUSHANIA Nino
Israel	-	-	-	-
Kazakhstan	KESEROVIC Dejan, COM	SHOINBEKOVA Mayra AKIMOVA Mariya	BEKMAMBETOVA Svetlana	BEKMAMBETOVA Svetlana
Kosovo 1244	KURT Tajima, COM		ALICKAJ Esat	ALICKAJ Esat
Kyrgyzstan	MOLDOBAEVA Bermet, HOO	-	OMUROV Nurbek ATAMBIEV Almaz	AHMETOVA Jyldyz ORUNBAEV Tilek
Former Yugoslav Republic of Macedonia	BOZINOVSKA-PETRUSEVSKA Sonja, HOO	HADZIABDULI Drita	HADZIABDULI Drita	MIRKOVSKI Vanja
Moldova	POLOSA Antonio, COM	CIUBOTARU Eugenia NAZARIA Violina	TERZIOGLO Simion	RACILA Dumitru CIUBOTARU Eugenia
Montenegro	ZIVKOVIC Dusica, HOO	-	TOMOVIC Bojana ZIVKOVIC Dusica	TOMOVIC Bojana ZIVKOVIC Dusica
Russian Federation	KAZANETS Igor, *de facto OIC	GITU Natalia	SERGEEV Boris	KAZANETS Igor SOLDATENKOVA Elena
Serbia	MARKOVIC Lidija, COM	BERBEROVIC Tamara RAJKOVIC Sasa	BERBEROVIC Tamara MARKOVIC Lidija	BERBEROVIC Tamara MARKOVIC Lidija
Tajikistan	-	-	QURBONOVA Rukhshona	QURBONOVA Rukhshona
Turkey	GVILAVA Lado, COM	SIMSEK Aysen TAKAHASHI Kaoru	TAKAHASHI Kaoru SAGLAM Anastasia	ABOULHOSN Mazen
Turkmenistan	ATAJANOV, Azat, HOO	-	ATAJANOV, Azat	ATAJANOV, Azat
Ukraine	WEISS Thomas, COM	MOROZOVA Nataliya	FROES Ivan	FROES Ivan
Uzbekistan	KESEROVIC Dejan, COM	-	TOSHBAEV Sanjarbek	TOSHBAEV Sanjarbek



International Organization for Migration (IOM)

The UN Migration Agency

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