

Health of refugees and migrants

Practices in addressing the health needs
of refugees and migrants

**WHO Eastern Mediterranean Region
2018**



REGIONAL OFFICE FOR THE

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In response to a request, in World Health Assembly resolution 70.15, the World Health Organization issued a global call for information, including case studies, on current policies and practices and lessons learned in the promotion of refugee and migrant health. This document is based on information gathered from the contributions from Member States, IOM, UNHCR, ILO, other partners and WHO regional and country offices, in response to that global call, as well as from literature searches and reports available in the public domain. They are therefore presented without any claim to completeness. Furthermore, WHO has not independently verified the information from the contributions unless otherwise stated. Moreover, this is a “living” document which will be updated periodically as new information becomes available.

Abbreviations

AMERA	Africa and Middle East Refugee Assistance
AWD	Acute Watery Diarrhoea
BAFIA	Bureau for Aliens and Foreign Immigrants' Affairs
BPHS	Basic Package of Health System
CERF	Central Emergency Response Fund
CP	Child Protection
COE	Challenging Operating Environments
COR	Committee on Refugees
CTCs	Cholera Treatment Centres
DHIS	District Health Information System
DTC	Diarrheal Treatment Centre
ECD	Early Child Development
EPI	Expanded Programme on Immunization
EU	European Union
EWARS	Early Warning and Response System
EWARN	Early Warning and Response Network
IDP(s)	Internally Displaced Person(s)
IEC	Information, Education and Communication
IHIO	Iran Health Insurance Organization
IMC	International Medical Corps
IOM	International Organization for Migration
IPC	Infection Prevention and Control
IRC	International Rescue Committee
HEAR	Helpline Egyptians for Asylum Seekers, Migrants and Refugees
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HSC	Health Steering Committee
MENA	Middle East and North Africa
MER	Middle East Response
MH	Mental Health
MHGap	Mental Health Gap
MHPSS	Mental Health and Psychosocial Support
MOH	Ministry of Health
MoHME	Ministry of Health and Medical Education
MoPH	Ministry of Public Health
MoSA	Ministry of Social Affairs
MWH	Midway House
MWTF	Migrant Worker's Task Force
NCD(s)	Non-communicable disease(s)
NGO	Nongovernmental organization
NMCP	National Malaria Control Program
ONARS	Office National d'Assistance Aux Refugies et Refugies
ORC	Oral Rehydration Corner
PHC	Primary Health Care
PSTIC	Psychosocial Services and Training Institute Cairo
RAHA	Refugee-Affected and Hosting Areas
SARA	Service Availability and Readiness Assessment
SGBV	Sexual and gender-based violence
SOPs	Standard Operating Procedures
SRH	Sexual and Reproductive Health
TB	Tuberculosis

ToT	Training of Trainers
TSPs	Trauma Stabilization Points
YFCA	Yemen Family Care Association
UHC	Universal Health Coverage
UMCs	Unaccompanied Migrant Children
UNAIDS	The Joint United Nations Programme on HIV and AIDS
UNHCR	United Nations High Commission for Refugees
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations International Children’s Emergency Fund
UNRWA	United Nations Relief and Works Agency
WASH	Water Sanitation and Hygiene
WHO	World Health Organization
YMCA	Young Men Christina Association
3RP	The Regional Refugee Resilience Plan

AFGHANISTAN

Enhancing health monitoring. Provision of short- and long-term public health interventions to reduce mortality and morbidity among refugees and migrants

CONTEXT: Afghanistan has faced continued conflict for the past four decades, causing people to move within the country and internationally. In 2017, approximately 450,000 people were forcibly displaced from their homes.

The country has a deteriorated security situation, with recurrent violations of international and human rights law. Deliberate attacks on civilians, aid workers, medical facilities and schools are frequently reported, resulting in their closure. In the absence of a political solution to the conflict, widespread hostilities are likely to persist throughout 2018.

After four decades of conflict, there are large economic and development challenges in the country. Approximately 39 percent of the population live below the poverty line, an estimated 10 million people have limited or no access to essential health services and as many as 3.5 million children are out of school. Infant mortality rates in Afghanistan are among the highest in the world and Afghanistan remains one of only two countries globally in which polio is endemic.

The volatile political situation in the region may cause further population movements, including mass returns in 2018. In this context, it is expected that the Afghan people will continue to pay a heavy price from any fighting.

PRACTICES:

Rehabilitation of health centres and hospitals: Due to an increased demand on health services from returnees at the border, health facilities are being overwhelmed with a strain on resources including adequate water, sanitation and hygiene (WASH). In response to a rise in water-borne diseases in health facilities, the Ministry of Public Health (MoPH), in collaboration with health and WASH implementing partners, launched an overall rehabilitation of facilities in health centres and hospitals across the provinces of Herat, Kandahar, Nangarhar, and Nimroz. The aim of this rehabilitation is to reduce the rate of water-borne disease in the most vulnerable populations.

Launching a monitoring and reporting system: The MoPH, in collaboration with the World Health Organization (WHO) and the International Organization for Migration (IOM) and its displaced tracking matrix, launched a monitoring and reporting system within the MoPH's control and command centre. The system aims to allow the most up-to-date information on mass population movements and to facilitate an early and quick response, to provide much needed health services to displaced populations. The reporting system also aims to register attacks on and closure of health facilities, in order to enable rapid response to conflict-affected populations that are deprived of healthcare services.

Ensuring access to health services: In 2017, there were approximately 489,000 undocumented Afghan people returning home from neighbouring countries. These undocumented returnees face significant difficulties in accessing social services and consequently often experience significant poverty. Under the basic package of the health system (BPHS) in Afghanistan, the whole population, including displaced persons, returnees and migrants, are ensured adequate access to essential health services. The BPHS is a strategy for the implementation of primary health care (PHC) by outsourcing BPHS service delivery to non-governmental organizations (NGOs). The BPHS is mandated to provide equitable access to healthcare services to all Afghans, including internally displaced persons (IDPs), regardless of their documentation status.

Ensuring access to treatment for chronic diseases for IDPs and returnees: 36 percent of IDPs and returnees in Afghanistan are diagnosed with life-threatening non-communicable diseases (NCDs). However, addressing this need has often been overshadowed by more urgent cases of trauma and outbreaks. In 2017, WHO, together with the Afghan Red Cross, began to supply essential medicines and supplies for NCDs as part of the emergency response for IDPs and returnees. The overall response strategy is also strengthening the capacity of frontline workers through new training on how to recognize, assess and treat NCDs.

(Source: World Health Organization)

DJIBOUTI

Integrating refugees through a new National Refugee Law

CONTEXT: Djibouti has a long history of hosting refugees. Currently, the country is home to over 27,000 refugees who are mainly from Eritrea, Ethiopia, Somalia and more recently from Yemen. Refugees' access to health care has been primarily delivered from international NGOs. Job opportunities for refugees have been restricted to the informal sector where refugees have worked as domestic help, fishers, restaurant staff or labourers.

PRACTICES: On 5 January 2017, the Djibouti Head of State, President Ismail Omar Guelleh, promulgated the National Refugee Law, which had been adopted by the Djibouti Parliament in December 2016. The law ensures a protection environment for refugees and enables them to enjoy fundamental rights, including access to health and education services and socio-economic inclusion through employment and naturalization. The Ministry of Interior, in close collaboration with other line ministries, is finalizing a decree to implement the National Refugee Law.

Partnership and coordination for preparedness and response

CONTEXT: Following the resurgence of the Oromo crisis in Ethiopia, a contingency plan has been drawn and set up, which was last updated in February 2017. The plan's purpose is to define the general line and coordination mechanisms to be set up in the event of an influx of refugees from Ethiopia. This plan is recognized by the Government Office National d'Assistance Aux Refugies et Refugies (ONARS) and by all United Nations (UN) agencies. In addition, there is a national epidemic preparedness and response plan targeting the key potential outbreaks such as cholera, bloody diarrhoea and measles.

PRACTICE: A simulation exercise in the context of the Oromo crisis took place, following which the contingency plan was adjusted to respond more effectively. Led by the United Nations High Commission for Refugees (UNHCR), the exercise team included ONARS staff and UNHCR field focal points (including WASH, health and shelter professionals). Recently the health partners, including staff from the Ministry of Health (MOH) in refugee hosting areas, have been trained on epidemic preparedness and response.

(Source: United Nations High Commission for Refugees)

EGYPT

Promoting refugee- and migrant-sensitive health policies and interventions

CONTEXT: Egypt is a country of origin, transit and destination for migrants. In March 2018, Egypt was hosting approximately 128,500 Syrian refugees and a further 97,221 refugees with other nationalities (who are mainly from Eritrea, Ethiopia, South Sudan and Sudan).¹ The functional responsibilities for all aspects of registration, documentation and refugee status determination in Egypt have been delegated to UNHCR under a memorandum of understanding signed by the Government in 1954. The Government of Egypt has granted free access to PHC for refugees² and a Ministers decree also assures equality in access to secondary healthcare facilities between Egyptian citizens and Syrian refugees.

PRACTICES:

The regional refugee resilience plan (3RP): The Egypt chapter of the 3RP was launched in April 2017. The plan aims to strengthen protection and support for Syrian refugees and host communities in Egypt. The 3RP partners continue to support the national health system and to enhance capacity in areas with a high density of refugees. NGO-run services were used when necessary to fill in gaps and to meet short-term needs.

Results of the 3RP: By the end of 2017, multi-sectoral case management services had assisted more than 5,000 children, adolescents and youths and a total of 1,164 Syrian sexual and gender-based violence (SGBV) survivors had received integrated care. Further, 192 health facilities had been strengthened in impacted communities and 239 healthcare professionals had received training. 67,597 primary health consultations were provided, 3,459 referrals to secondary and tertiary health care took place and 10,782 Syrian children received routine immunisation and growth monitoring services³.

Mainstreaming refugees into the national health system: The Syrian refugee population in Egypt is fully assimilated, more often living in urbanised areas than camps. The government grants refugees and asylum seekers who are registered with UNHCR a six-month renewable residence permit and since 2012, all Syrian refugees have had access to public PHC services at the same cost as the Egyptian population. Furthermore, the MOH arranges frequent vaccination campaigns in health centres and other locations where refugees and displaced persons live. UNHCR projects in Alexandria, Damietta and Greater Cairo, in collaboration with the MOH, provided access to 89 MOH PHC facilities for over 133,000 Syrian refugees.

WHO provides regular medical consultations at PHC centres, supports effective referral to secondary healthcare, runs a rehabilitation programme for children living with disabilities, conducts community health awareness sessions for newly arrived refugees and runs capacity building for Syrian communities. In addition, WHO finances the provision of secondary and tertiary health services through four specialised medical centres.

(Source: World Health Organization and United Nations High Commission for Refugees)

Providing user-friendly information on services available for refugees and migrants

Information booklet for young people, women and children:⁴ In Cairo, information booklets are produced every few years for young people, women and children, which are distributed from a central office and by community outreach workers. The booklet aims to provide useful information on how refugee status determination works, frequent legal problems, psychosocial and health services available in Cairo, sexual and gender-based violence in Egypt, the resettlement process and programmes, as well as other important information for unaccompanied children and young people. The booklet has 47 pages in its most recent form and is published in the languages of Cairo's five predominant urban refugee communities.

Helpline Egyptians for asylum seekers, migrants and refugees (HEAR): The benefits, strategies and interest in expanded phone use for asylum information are illustrated by a recent Cairo initiative. In spring 2010, a

¹ UNHCR. (2018). Monthly statistic report. Online data. Available from <<https://data2.unhcr.org/en/documents/download/63178>> (accessed 8 May 2018).

² Egypt MOH decree 601/2012.

³ 3RP. (c. 2017). 'Egypt Regional Refugee & Resilience Plan 2017-2018'. Online. Available from <<https://reliefweb.int/sites/reliefweb.int/files/resources/Egypt3RPRegionalRefugee%26ResiliencePlan2017-2018.pdf>> (accessed 9 May 2018).

⁴ UNHCR. (2012). 'Urban refugee protection in Cairo: the role of communication, information and technology'. Online. Available from <<http://www.unhcr.org/4fbf4c469.html>> (9 May 2018).

coalition of health professionals acting under the name ‘Helpline Egyptians for Asylum seekers, migrants and Refugees’ (HEAR)⁵ took initial steps in the creation a volunteer-staffed telephone hotline. The hotline aims to address information and communication gaps regarding asylum in Cairo. The helpline objectives are to allow people to call in and ask questions, to request help with problems or to ask for referrals from trained volunteer-staff, who have a full guide of details of service and healthcare providers available.⁶

Addressing mental health needs for refugees and migrants

Workshop for teachers and refugee students: Africa and Middle East Refugee Assistance (AMERA) designed a participatory-approach workshop in Cairo to explore issues between teachers and their refugee students and to find solutions. Issues raised by refugee students in the workshops included limited access to clean water to wash before or after school, difficulties facing students with learning disabilities in overcrowded educational settings, challenges in access to educational facilities for students with physical disabilities, limited social opportunities outside of school, discrimination and sexual abuse while travelling to school and family stress and tension in the home limiting opportunities to study. To address these issues, teachers were trained in the basic principles of psychological first aid including listening to a child’s story, providing empathy, protecting, giving advice and information to prevent the problem from recurring, and connecting to the child’s network to bolster support as needed. Role-play demonstrations showed teachers new techniques to address specific issues with students. To address declines in student performance, some teachers proceeded to visit caregivers at home to talk through issues in the hope of finding ways to enhance learning opportunities.⁷

Mental health outreach volunteers: Psychosocial services and training institute Cairo (PSTIC) was established in 2009 and is currently an implementing partner of UNHCR in Cairo. The goal of the PSTIC is to ‘increase the psychosocial and mental health support presently offered to refugees’, with a specific objective to offer quality mental health and psychosocial support (MHPSS) services in refugees and asylum seekers’ in their own language, according to their own culture and traditions.⁸ To achieve this, PSTIC launched a 9-month training programme for refugees and asylum seekers, who are selected by their own communities, aiming to build their capacity to become psychosocial workers. The trainees learn a range of skills and activities to integrate these activities and approaches into existing programmes such as health, social welfare, and legal services. The psychosocial workers also act as an intermediary between refugees and UNHCR.

Results and lessons learned: The participatory approach of PSTIC’s training programme has been found to be empowering to both psychosocial workers and the broader community of refugees and asylum seekers. It was also found to be an effective approach to identifying protection cases, given that the trained psychosocial workers conduct home visits and engage with communities on a daily basis.⁶

(Source: United Nations High Commission for Refugees)

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