Health of refugees and migrants

Situation analysis and practices in addressing the health needs of refugees and migrants: Examples of public health interventions and practices

WHO Eastern Mediterranean Region

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ACRONYMS AND ABBREVIATIONS

AWD	Acute Watery Diarrhoea
BAFIA	Bureau for Aliens and Foreign Immigrants' Affairs
BPHS	Basic Package of Health System
CP	Child Protection
COE	Challenging Operating Environments
CRC	Convention on the Rights of the Child
CTCs	Cholera Treatment Centres
DHIS	District Health Information System
DTC	Diarrheal Treatment Centre
EPI	Expanded Programme on Immunization
EWARS	Early Warning and Response System
IDP(s)	Internally Displaced Person(s)
IEC	Information, Education and Communication
IERS	Interactive Electronic Reporting System
IHEK	Inter-Agency Health Emergency Kits
IHIO	Iran Health Insurance Organization
IMC	International Medical Corps
INGO(s)	International non-governmental organization(s)
IOM	International Organization for Migration
HEAR	Helpline Egyptians for Asylum Seekers, Migrants and Refugees
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
MER	Middle East Response
MHPSS	Mental Health and Psychosocial Support
MMU	Mobile medical units
MOH	Ministry of Health
MoHME	Ministry of Health and Medical Education
MoPH	Ministry of Public Health
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
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
TB	Tuberculosis
TSPs	Trauma Stabilization Points
UHC	Universal Health Coverage
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
UPHI	Universal Public Health Insurance
WASH	Water Sanitation and Hygiene
WHA	World Health Assembly
WHO	World Health Organization
YMCA	Young Men Christina Association

WHO Eastern Mediterranean Region

EXAMPLES OF PUBLIC HEALTH INTERVENTIONS AND PRACTICES IN ADDRESSING THE HEALTH OF REFUGEES AND MIGRANTS

To achieve the vision of the 2030 Sustainable Development Goals – to leave no one behind – it is imperative that the health needs of refugees and migrants be adequately addressed. In its 140th session in January 2017, the Executive Board requested that its Secretariat develop a framework of priorities and guiding principles to promote the health of refugees and migrants[1]. In May 2017, the World Health Assembly (WHA) endorsed resolution 70.15 on 'Promoting the health of refugees and migrants'[2]. This resolution urges Member States to strengthen international cooperation regarding the health of refugees and migrants in line with the New York Declaration for Refugees and Migrants. It urged Member States to consider providing the necessary health-related assistance through bilateral and international cooperation to those countries hosting and receiving large populations of refugees and migrants, as well as using the Framework of priorities and guiding principles at all levels. In addition, the resolution requested the Director-General to conduct a situation analysis and identify best practices, experiences and lessons learned in order to contribute to the development of a global action plan for the Seventy-second WHA in 2019.

Building on the WHA resolution 70.15, the WHO Eastern Mediterranean Region has developed a position paper 'Promoting the health of refugees and migrants and a plan of action to address the public health needs of forcibly displaced populations and migrants'. The document provides an understanding of what the right to health requires and the real public health needs of these vulnerable and marginalized populations as well as determining how to implement the framework of priorities and guiding principles to promote the health of refugees and migrants. The Regional position highlights key challenges regarding migration and forced displacement throughout the region and offers strategies for optimal short and long-term regional solutions.

In alignment with WHA resolution 70.15, WHO made an online call from August 2017 to January 2018 for contributions on evidence-based information, best practices, experiences and lessons learned in addressing the health needs of refugees and migrants. This generated 57 inputs covering practices in 17 Member States in the Eastern Mediterranean Region; these were received from Member States and partners such as the Office of the United Nations High Commissioner for Refugees (UNHCR), the International Organization for Migration (IOM) and the International Labour Organization (ILO). The submissions included valuable information on the current situation of refugees and migrants, health challenges associated with migration and forced displacement, past and ongoing practices and interventions in promoting the health of refugees and migrants, legal frameworks in place for addressing the health needs of this population, lessons learned and recommendations for the future.

Based on the contributions and taking into account the twelve areas of the WHO framework of priorities and guiding principles in promoting the health of refugees and migrants, the following practices that respond to these areas are highlighted.[3] In addition, the report's accompanying document highlights practices in the Region that include efforts to address the health needs of refugees and migrants. The information received from Member States and partners in response to the aforementioned WHO global call for contributions was examined and compiled in the

[1] EB Decision 140(9) on Promoting the Health of Refugees and Migrants
[2] WHA70.15 on Promoting the Health of Refugees and Migrants
[3] For more practices and further detail of each practice, please see the compendium of practices in addressing the health needs of refugees and migrants.

accompanying document – practices in addressing the health of refugees and migrants in the Region of the Eastern Mediterranean.

1. Promoting right to health, and mainstreaming refugee and migrant health in the global, regional and national policies, planning and implementation

In **Djibouti,** refugees' access to health care has been primarily provided by international non-governmental organizations (INGOs) and refugees job opportunities have been restricted to the informal sector where refugees worked as domestic workers, fishermen, restaurant staff or labourers. On 5 January 2017, the Djibouti Head of State, President Ismail Omar Guelleh, promulgated the national refugee law adopted by the Djibouti Parliament in December 2016. The law ensures a favourable protection environment for refugees and enables them to enjoy their fundamental rights, including the inclusion of access to services and socio-economic determinants such as education, health, employment and naturalization.[4]

In **Jordan,** the large influxes of Syrian refugees into the country have overshadowed other refugee populations. Refugees from Iraq, Somalia, Yemen and other countries became less visible in Jordan with donors, as most funding has been provided in response to the Syrian humanitarian crisis. The Jordan response plan (2018 – 2020) adopts a resilient-based approach by integrating humanitarian and development responses. The response is aiming to bridge the division between responding to short-term needs and addressing mid- to long-term institutional fragilities. The plan seeks to respond and mitigate the effects of the Syrian crisis on refugees, vulnerable Jordanians, host communities and institutions.

In **Lebanon**, the Ministry of Public Health (MoPH) provides primary health care (PHC) services through its centres for every person residing in Lebanon at minimal personal contributions of the costs. In addition, the MoPH provides free vaccinations for displaced persons in all its centres and at border and registration sites, coordinates with donors and NGOs for the effective distribution of funds within the PHC system, provides mental health services under the national mental health programme with the support of the World Health Organization (WHO), United Nations International Children's Emergency Fund (UNICEF) and the International Medical Corps (IMC), and supports Syrian displaced persons with chronic medication through the Young Men Christina Association (YMCA). The tertiary care provided by the Lebanese public and private hospitals uses financial support from UNHCR and other non-governmental organizations (NGOs) for displaced Syrians.

In **Pakistan,** the government signed a cooperation agreement with UNHCR in 1993 and generally accepts UNHCR decisions to grant refugee status and allows asylum seekers to remain in Pakistan pending identification of a durable solution, granting them temporary legal residency, freedom of movement and access to essential services, including health.

The occupied Palestine territory including east Jerusalem: Advocating for the right to health

CONTEXT: The population of occupied Palestine including east Jerusalem was estimated at 4.7 million. The division of the West Bank and Gaza Strip has been particularly disruptive for the functioning of the Palestinian health system. Palestinians face complex bureaucratic impediments in

[4] Information from the UNHCR partner submission.

trying to reach health facilities. Unrestricted access to medical care is crucial for patients and is a fundamental element of the right to health.

PRACTICES: Collaborative efforts are ongoing between the WHO Regional Office for the Eastern Mediterranean and the United Nations Relief and Works Agency (UNRWA) to support and strengthen health services for Palestine refugees. These efforts mainly focus on joint advocacy for the right to health of Palestinians under occupation and on supporting the integration of mental health services into PHC within the framework of the family practice approach. WHO, through its right to health advocacy project, has examined the scope of the complex bureaucratic impediments facing Palestinian patients in trying to reach medical facilities.

Results: The data and analyses have been presented in monthly and annual evidence-based advocacy reports. Health access in the occupied Palestinian territories including east Jerusalem (oPt incl eJ) has been raised at the World Health Assembly and through human rights reports to the highest governing bodies in the United Nations and has made recommendations to the duty bearers to realize the right to health.[5]

2. Promoting refugee- and migrant-sensitive health policies, legal and social protection and interventions to provide equitable, affordable and acceptable access to essential health services for refugees and migrants

In **Morocco,** the health status of the sub-Saharan migrant population has been a matter of concern for many years. The Ministry of Health (MOH) has undertaken several initiatives to safeguard migrants' right to access health services. In 2003, a ministerial circular allowed migrants to receive free preventive and curative care from the communicable diseases control (CDC) programmes, and in 2008, the MOH expanded free access to all services provided at PHC centres.

In **Pakistan**, the Government of Pakistan worked in collaboration with UNHCR to develop the 2014 - 2018 five-year health strategy. The strategy prioritizes the most vulnerable refugees by mainstreaming them into the national health system. Implementing this strategy will allow easy access for refugees to the preventive and curative programmes such as national programmes on tuberculosis (TB), malaria, human immunodeficiency virus (HIV), hepatitis, family planning and PHC, expanded programmes on immunisation (EPI) and programmes for non-communicable diseases.

In **Sudan**, efforts that have been in place for few years have finally paid off through a high-level agreement to include urban refugees within the same health insurance scheme that the national citizens receive. Including refugees in the health insurance scheme started with a pilot project covering the whole Yemeni population that was registered. The plan will also expand to cover different nationalities in urbanized settings. The country-wide coverage of the health insurance card may help refugees to move freely between states looking for business and employment opportunities without worrying of access to health services.

The Islamic Republic of Iran: Health insurance for refugees

CONTEXT: The Islamic Republic of Iran has provided asylum for refugees for nearly four decades and is currently host to one of the largest and most protracted urban refugee situations in the world. There are an estimated 3.5 million Afghans residing in Iran, including registered refugees, passport

[5] WHO. (2016). Right to health. Crossing barriers to access health in the occupied Palestinian territory. Online. Available from <http://applications.emro.who.int/docs/Coun_pub_doc_2017_EN_19900.pdf?ua=1> (accessed 9 May 2018).

holders and undocumented Afghans. Since many Afghans arrived around 35 years ago, a lot of Afghans are second or third generation. According to the last registration phase that was completed in mid-2014, the government estimates that 951,142 Afghan refugees and 28,268 Iraqi refugees reside in Iran. Approximately 97 percent of them live in urban and semi-urban areas, while the remaining 3 percent reside in 20 refugee settlements that are managed by the Bureau for Aliens and Foreign Immigrants' Affairs (BAFIA) of the Ministry of Interior. Working towards ensuring refugees have the same access to health services as the host population, UNHCR complements the efforts of the MOH and Medical Education (MoHME) in providing PHC services to all refugees.

PRACTICE: Universal public health insurance (UPHI) is a government-run initiative between BAFIA, UNHCR Iran and the Iran health insurance organization (IHIO), in close coordination with the MoHME. UPHI offers all registered refugees the possibility to enrol and benefit from a comprehensive health insurance package similar to that available to Iranians. UPHI covers hospitalization, para-clinical and outpatient services, including doctor's visits, radiology, lab tests and medication costs incurred at any MOH-affiliated hospital and/or pharmacy. Complementing the Government of Iran's generous contribution, UNHCR's support covers 100 percent of the premium costs for 110,000 of the most vulnerable refugees, including those with special health conditions and their family members. The remaining refugee population enrols in exactly the same healthcare package by paying the full premium (approximately US$ 11 per month) to receive their booklet, which provides 12 months insurance coverage. This initiative improves refugees' access to health care and addresses their financial challenges in relation to the cost of healthcare services, reducing out-of-pocket expenses.[6]

3. Addressing the social determinants of health such as water, sanitation, housing, and nutrition

In **Egypt,** in 2017 approximately 10,744 Syrian families per month received unconditional cash grants to help with purchasing essential goods. In addition, the Micro, Small and Medium Enterprise Development Agency through its partnership with local NGOs in Alexandria is implementing a cash for work programme, which aims to provide job opportunities for unskilled workers whilst also improving public health services and waste management.[7]

Morocco, traditionally an emigration and transit country, is also fast becoming a country of destination. The country has integrated refugees and migrants into the state subsidized social housing programmes. Furthermore, refugee and migrant children can pursue their education within the public-school system and can be beneficiaries of housing loans granted by credit institutions to low-income and refugees and migrants. Refugees and migrants are also granted the right to employment.

In **the occupied Palestine territory including east Jerusalem Palestine,** rooftop gardens provide access to fresh organic produce, create safe educational spaces, and develop capacity for sustainable livelihoods via urban agriculture models. Furthermore, it is an investment into the continually deteriorating environment of the camps given poor infrastructure, lack of permits for repairs, and vulnerability to systematic violence. The gardens are creating capacities for women, youth and children to engage with green and organic food production methods. The gardens also have the potential to generate incomes for refugee and migrant communities through the development of sustainable and green spaces.

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[6] UNHCR. (2017). Iran factsheet. Online. Available from <https://reliefweb.int/sites/reliefweb.int/files/resources/Iran%20Factsheet%20July%202017%20-%20Final.pdf> (accessed 9 May 2018).

[7] Information from Country online survey related to the livelihood sector response and from the Regional Refugee and Resilience Plan 2017 progress report http://www.3rpsyriacrisis.org/wp-content/uploads/2017/10/3RP-Progress-Report-17102017-final.pdf

Sudan is one of the main host countries for refugees fleeing conflict in South Sudan. As of 15 January 2018, more than 770,000 South Sudanese refugees where registered in the country, of which nearly 200,000 arrived in 2017. WHO is supporting the government to scale up screening and management of malnutrition, providing medicines and supplies as well as building the capacity of health and nutrition workers, as well as key federal and state nutrition directors through training in nutrition literacy.

Yemen: Integrated water, sanitation and hygiene (WASH) response

CONTEXT: Kharaz camp, which is a temporary home to some 16,000 people of whom almost half are children, is mainly populated with Somali refugees. It is situated in a remote location in Lahj governorate. The provision of health services including WASH activities in the camp benefits both refugees and the local populations.

PRACTICES: WASH activities include water chlorination, frequent water testing, vector control and waste management, the distribution of hygiene kits, jerry cans and chlorine tablets, in addition to the use of hygiene promotors to inform communities on the importance of cleanliness and how to reduce the spread of disease. Furthermore, UNHCR supported preparedness for potential cholera cases through the rehabilitation and isolation of a ward in the camp clinic as well as the establishment of a diarrhoea treatment centre (DTC), enhanced infection prevention control including further training of medical staff on case management, disseminated WHO guidance and best practices, and coordinated with authorities including the surveillance department at the district level.

Results: Increased access to clean water, both in terms of quantity and quality, with some 2600m3, or 696,847 gallons of water distributed weekly for the families in the camp. A further 1,800m3 of clean water was disbursed to the police station, health centre, schools, mosques, warehouses and power station within the camp weekly.[8]

4. Enhancing health monitoring and health information systems

In **Afghanistan,** the MoPH, in collaboration with WHO and 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.