



A young Afghan girl suffering from dysentery and dehydration receives medical attention at the Pul-i-Charkhi encashment center, Pakistan.



## IMPROVING REFUGEE HEALTH WORLDWIDE

### THE PEOPLE WE CARE FOR AND THEIR HEALTH NEEDS

As people flee from war and persecution, they are at great risk of injury, or of contracting potentially fatal diseases. Emergencies lead to extensive loss of life and increased incidence of disease, especially in the early phases of crisis. The main 'killers' in refugee situations are measles, diarrhoeal diseases (including cholera), acute respiratory infections (pneumonia), malnutrition and malaria (where prevalent). Other health problems include tuberculosis, meningitis, vector-borne diseases, HIV/AIDS and other sexually transmitted diseases, pregnancy and obstetric complications as well as vaccine-preventable childhood diseases. The surge of such relatively easy-to-prevent conditions in times of emergency is due to the drastic deterioration of people's living conditions.

Moreover, the volatile situation in which many displaced persons find themselves tends to place them at greater risk of sexual violence, resulting in the accelerated spread of sexually transmitted diseases and unwanted pregnancies.

In the immediate aftermath of their flight, many displaced people:

- Are exposed to insecurity and physical violence;
- Lack adequate shelter and sanitation facilities;
- Are packed into overcrowded camps or makeshift settlements;
- Have insufficient access to appropriate food, clean water and basic supplies for personal hygiene;
- Have no immunity to the local diseases of their new environment; and
- Suffer considerable emotional stress as a result of traumatic experiences and the uncertainty of their situation.

One of the greatest challenges is to ensure that the most vulnerable patients are rapidly identified and treated. As the sick and the elderly are often unable to travel, they may have no way to contact the relevant health services themselves without the help of concerned relatives or neighbours. Others may be unaware that any help is available. It is therefore crucial that health care is brought to communities and that those in need of assistance are actively sought out.

Refugees have the same right to quality medical attention as resident communities. How this is pursued depends on certain conditions on the ground:

- Are the refugees living in a remote and enclosed camp situation or are they spread out and integrated into various local communities?
- Are national health services available to them or do they depend on aid agencies for medical care?
- What are the most pressing health problems and to what extent can the refugees themselves contribute to their resolution?

Hence, a thorough assessment of the needs and available resources must be the first step in any situation. In most cases, needs will be identified at several levels, including:

- Basic primary health care needs that can be dealt with at the community level;
- Needs for in-/outpatient care provided by health centres; and
- Needs for more sophisticated treatment at a referral hospital.



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### WHAT WE DO

UNHCR, in close co-operation with its partners and host governments, offers a wide range of health services – in acute emergency situations, in long-term refugee situations and in areas of refugee return. In all its activities it follows a set of **guiding principles**, which include:

- Priority should be given to primary health care with attention to preventive measures and provision of basic curative services (promotion of proper nutrition, adequate water supply, basic sanitation, reproductive and child care, treatment of common diseases, immunisation and health education);
- Refugee participation in the development and provision of health services is essential;
- The particular needs of children under five, women and other vulnerable persons must be taken into account at all times;
- The services available to refugees should be equivalent to those available to country nationals;
- Health programmes should be sustainable and in compliance with internationally accepted health standards.

#### ■ Main Health Programmes

The need for **curative medical care** is greatest in the immediate aftermath of displacement, when refugees are most vulnerable and effective public health systems have not yet been set up. UNHCR can rapidly deploy emergency health workers and equipment to provide appropriate diagnoses and treatments, thus helping to curtail unnecessary loss of life in times

of acute crisis. For example, standard emergency health kits – each worth some US\$5,000 and containing drugs and medical supplies for a population of 10,000 persons for three months – are ready to be airlifted to emergency areas within 24-48 hours. Later, curative health services are institutionalised in health centres and hospitals.

**Immunisations** are undertaken both during emergencies

(if and when appropriate) and as part of ongoing long-term health programmes. The Expanded Programme of Immunisation, generally implemented in stable, longer-term refugee situations, includes diphtheria, pertussis and tetanus toxoid, oral polio and Bacill Calmette-Guerin as well as measles vaccines. Generally, UNHCR advocates the immunisation of children from 6 months up to 12 or even 15 years of age due to the increased risks from living conditions in refugee situations.

**Supplementary and therapeutic feeding** programmes, targeting infants and young children, pregnant and lactating mothers and the sick or elderly, are widely implemented to treat malnutrition and to improve the overall health status of refugee populations. Whereas severely malnourished individuals are usually placed in 24-hour care at a health or therapeutic feeding centre, the moderately malnourished require only supplementary feeding.

**Communicable disease control** measures aim to prevent, detect, control and treat disease outbreaks in refugee communities in close co-ordination with partner agencies and national authorities. For example, the prevalence of tuberculosis (TB) is increasing worldwide, and UNHCR is engaging in TB control in co-ordination with national programmes. In some sufficiently stable post-emergency situations, where drugs, laboratory services and trained staff are available.

**Reproductive health (RH) care** services are made available in all situations and based on needs. UNHCR programmes aim to prevent and manage the consequences of sexual and gender-based violence, to decrease HIV transmission, to ensure safe motherhood and child delivery and to address family planning

issues and the particular reproductive health needs of young people. Efforts are made to take into account religious values and cultural backgrounds as well as international human rights. This type of activity is particularly important in places like Sierra Leone, where returning refugee girls in many instances have been subject to sexual assault, commercial sexual exploitation, unwanted pregnancies and sexually transmitted diseases. UNHCR is preparing to intensify its RH activities in Sierra Leone, while stepping up education and counselling services in the country.

UNHCR's **mental health programmes** seek to address the psychosocial problems of refugees (including post-traumatic stress disorders) resulting from physical violence, grief and bereavement, fear, stress, an uncertain future and a sense of powerlessness. Services, which may include counselling, therapy and day care, are provided based on a solid knowledge and understanding of the refugees' background.

**Capacity-building** programmes include both health education for the wider public (covering issues such as personal hygiene, waste disposal and water management) as well as training of refugee teachers, community health workers, doctors and nurses. Training of indigenous human resources is an essential for any effective and sustainable health programme.

Sufficient **medical supplies** are vital in both emergencies and long-term refugee situations. UNHCR aims to ensure - through its own health services or through partner agencies - the supply of safe, effective and affordable drugs to meet priority needs of refugees. This may also include provision of essential drugs to national clinics and



UNHCR/R. Chalasani

Somali refugee Woman health services in Djibouti

health posts that treat refugees. In Nepal and Myanmar, key drugs are supplied to transit and reception centres for the treatment of new and/or returning refugees.

Since refugees are often located in remote areas, **laboratory services** need to be set up on-site to help health workers perform necessary tests and confirm diagnoses. In Rwanda, for example, HIV test kits are made available to facilitate safe blood transfusion services as well as prevention of mother-to-child transmission services.

### ■ Health Care Providers

In most situations, health services are provided on three levels:

- Through community health posts/clinics and outreach services;
- Through health centres (usually one per 10,000 to 20,000 persons) with basic in-/outpatient facilities, a pharmacy and a laboratory; and
- Through national referral hospitals at the district, regional or national level, which provide emergency obstetric and surgical care, treatment for severe diseases, laboratory and x-ray services.

Community-level health care is essential - and often sufficient. UNHCR works to set up decentralised systems of peripheral health posts combined with outreach services delivered by trained and supervised community health workers and traditional birth attendants. These health workers undertake home visits, identify pregnant women, the sick and malnourished, carry out basic health education and gather

health data. In Dadaab refugee camp in Kenya, for instance, community workers render medical and nursing care to chronically ill or incurable patients at the household level.

Only a few particularly complicated cases require referral to national hospitals for specialised treatment. UNHCR will generally cover the cost related to the transport and treatment of these patients and support the national hospitals, as necessary, with medical supplies, food and additional health personnel. In countries such as the Islamic Republic of Iran, where the vast majority of refugees have settled in urban areas, UNHCR is running a network of Medical Referral Units (MRUs), where refugees can seek a first medical opinion and obtain a referral letter and financial allowance for treatment at a national health facility.

For the purpose of sustainability and capacity-building, UNHCR promotes the use and support of host country health facilities to the maximum extent possible. At the same time, health services must be developed not just for but with refugees. This can be done through regular consultation, health education, training of refugee health workers and the integration of traditional healers and midwives into the new health structures. In many locations, such as Nepal, Kenya and the Democratic Republic of the Congo, health services are managed with and by refugee committees.

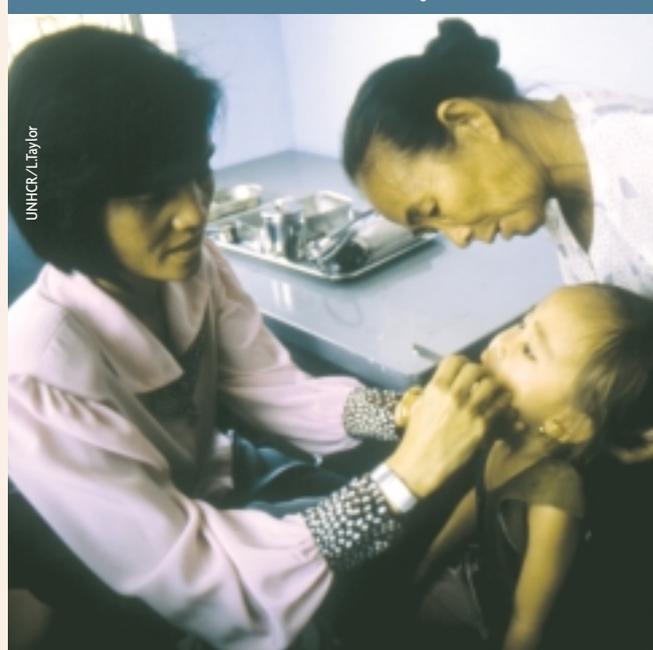
## HOW YOU CAN HELP

In 2001, UNHCR spent some US\$36 million (5% of its expenditure for refugee support programmes) on its efforts to render effective health and nutrition services to refugees, returnees and internally displaced persons worldwide. However, health activities are only part of our complex task, and only one of the basic concerns of refugees.

Your unrestricted financial contribution could help UNHCR to operate and expand its comprehensive, multi-sectoral programmes for refugees around the world and, most importantly, would:

- Make a difference in the lives of some of the world's poorest and most vulnerable persons, enabling them to take care of themselves and their families;
- Help protect and empower women, children and other vulnerable persons;
- Curtail the spread of HIV/AIDS and other communicable diseases;
- Contribute to the recovery of war-ravaged countries;
- Help us not only to assist victims of high-profile current emergencies, but to sustain the 'forgotten' refugees who are mired in protracted situations and remote areas - beyond the radar of short-lived media and public attention.

Vietnamese retinee child at a UNHCR-funded clinic in Pho Doug.



UNHCR/LTaylor



# IMPROVING REFUGEE HEALTH WORLDWIDE

## UNHCR IN SHORT

### MANDATE AND BENEFICIARIES

UNHCR has an official mandate to protect and assist refugees world-wide and to seek durable solutions to their plight. At times, UNHCR is also called on to care for other people in 'refugee-like' situations, such as persons who have been displaced within their own country or who are not recognised as nationals of any state. Today, almost 20 million people are forced to live away from their homes as a result of conflict and persecution around the world. Some 75% of them are women and children.

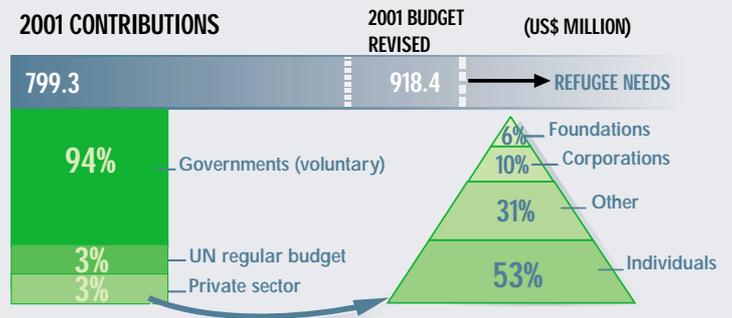
UNHCR's work is guided by the 1951 Geneva Convention and 1967 Protocol Relating to the Status of Refugees and by other relevant international legal instruments. For the implementation of its far-reaching protection and assistance work, UNHCR co-operates closely with governments and some 510 non-governmental partner agencies in 114 countries.

### FUNDING

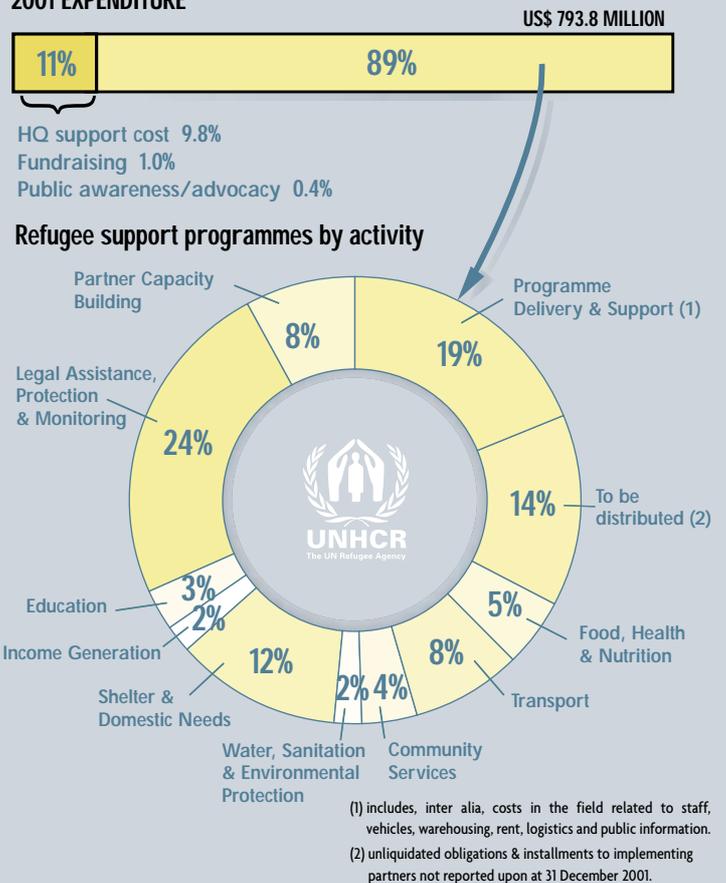
Despite its mandate and more than 50 years of achievements - recognised twice with the Nobel Prize for Peace - UNHCR still has to go to great lengths, year after year, to mobilise the necessary resources for its important work. Unlike other agencies, UNHCR does not receive mandatory contributions from governments but relies almost exclusively (i.e. for 97% of its needs) on strictly voluntary contributions from governments and intergovernmental or private sources. However, each year this support falls drastically short of meeting refugees' needs. Furthermore, the world continues to witness new humanitarian crises, which by definition require a quick and comprehensive response and the rapid reallocation of financial, material and human resources to where they are most urgently needed. We therefore thank both our new and established partners for entrusting us with unrestricted contributions, giving us the necessary flexibility to respond to pressing needs as they arise.

Consult our website for more detailed information : [www.unhcr.org](http://www.unhcr.org)

### 2001 CONTRIBUTIONS



### 2001 EXPENDITURE



'A refugee is a person who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country.'

1951 Geneva Refugee Convention