UNHCR
The UN Refugee Agency

2024
Public Health Global Review

Public Health Section | Division of Resilience and Solutions (DRS), UNHCR, Geneva

2024
Public Health Global Review at a Glance

13.3 M
refugees

63*
countries with UNHCR supported public health programmes

In 2024, UNHCR, in collaboration with governments and other partners, facilitated access to essential health, nutrition and MHPSS services for refugees, stateless and host communities. Key standards for mortality rate and skilled birth attendance were met. However, acute malnutrition remains high with one in 10 children affected and nearly a third of all deaths were in children under 5, many of which could be prevented with low-cost health interventions.

15,482,183
consultations

183,952
referrals

12,182
community health workers

488,389
NCD consultations*

1,241,379
MHPSS consultations

92%
% camps/ settlements** with a mental health professional

733,648
antenatal care consultations*

138,248
deliveries supported*

24,088
refugees on antiretroviral therapy

1 in 10
children < 5 yrs with acute malnutrition

1 in 3
children <5 yrs with stunting

261,677
treatment provided to children with acute malnutrition

* 22 countries using integrated Refugee Health Information System
** Camps/settlements with more than 25,000 refugees

Key Highlights

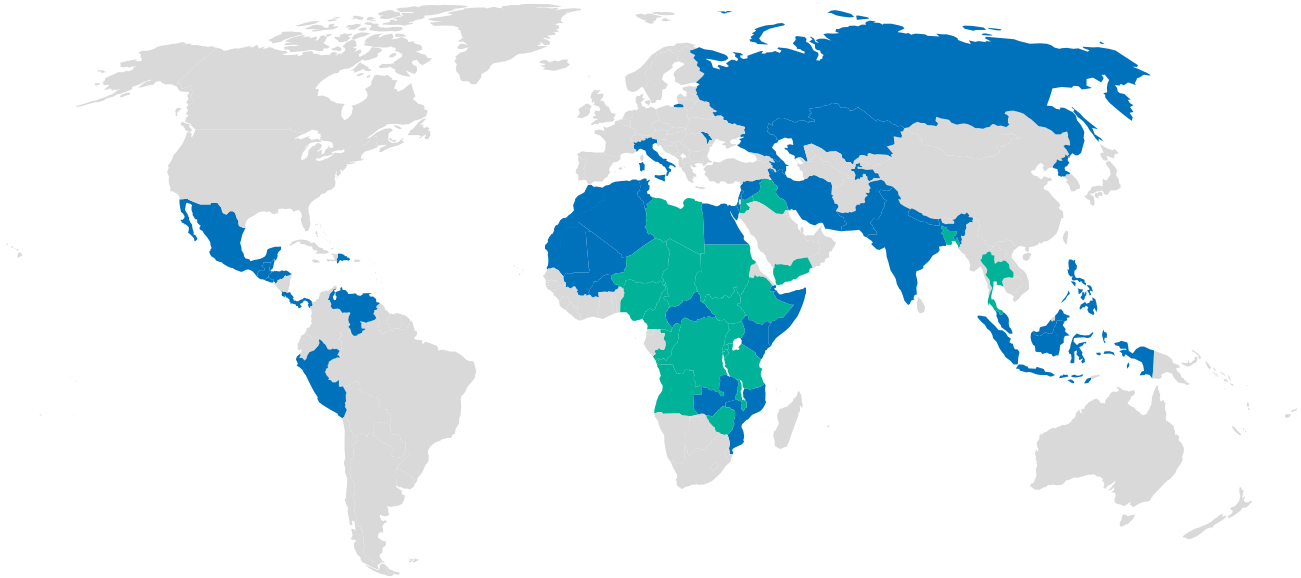
- UNHCR's work continues to save lives each year by responding to emergencies, fostering stability in fragile contexts, and advancing sustainable inclusion in national health systems. This is achieved through strategic and catalytic partnerships with host governments, development partners, civil society, the private sector, and forcibly displaced individuals themselves.
- The Global Compact on Refugees unites multistakeholder partners to achieve sustainable solutions for refugees through concrete commitments. Multi-stakeholder pledges on health inclusion and mental health and psychosocial support (MHPSS) have increased by 8% since 2023, reaching 240 commitments by December 2024.
- Notable achievements include reduction in crude mortality rates compared to 2023 and supporting 15.4 million consultations, including nearly 8.7 million health consultations in the 22 countries where the integrated Refugee Health Information System (iRHIS) is utilised.
- 83% of consultations in countries using the iRHIS were for refugees and 17% for host community members. More than half (57%) of the consultations were for women and girls.
- The most common reasons for consultation were upper respiratory tract infections (21%), malaria (16%), and lower respiratory tract infections (10%). Non-communicable diseases accounted for 6% of consultations. 3% of consultations were for mental, neurological, and substance use (MNS) conditions, an increase from 2023. Nearly 184,000 referrals were made for life-saving care, a 12% decrease from 2023.
- A total of 12,182 community health workers, nearly half (47%) of whom are women, play a pivotal role in building trust, providing health education, and essential services, including first aid, disease surveillance, and referrals to health facilities.
- 79% of pregnant women attended at least four antenatal care visits, though only 43% had their first visit within the recommended first trimester. Skilled birth attendance rate remained stable at 93%, but maternal mortality remains a concern with 180 deaths reported.
- Malnutrition screening led to the treatment of 85,112 children with severe acute malnutrition and 176,565 children with moderate acute malnutrition. Additionally, 29,990 pregnant and breastfeeding women received nutritional support.

Challenges

- Despite the results and achievements presented, the demand for healthcare services in refugees and surrounding communities often exceeds available resources, hindering refugee inclusion and self-reliance and creating strained health systems and gaps in care that lead to preventable suffering and death. This has been further compounded by a reduction in humanitarian funding for the health sector resulting in a decrease in overall consultations and assisted deliveries by 7% and 12% respectively.
- The increasing frequency and intensity of extreme weather events like heatwaves, changing rainfall patterns, and droughts, along with conflict and displacement, are exacerbating existing vulnerabilities and creating new or worsening existing health risks.
- There is a persistent high burden of malaria, vaccine preventable diseases, malnutrition and greater need for mental health and psychosocial support.

Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal care
CHW	Community Health Worker
GAM	Global Acute Malnutrition
GAVI	Global Vaccine Alliance
HIV	Human Immunodeficiency Virus
IASC	Inter-Agency Standing Committee
IATT	Inter-Agency Task Team
ILO	International Labour Organization
IOM	International Organization for Migration
iRHIS	Integrated Refugee Health Information System
IYCF	Infant and Young Child Feeding
MAM	Moderate Acute Malnutrition
MHPSS	Mental Health and Psychosocial Support
MNS	Mental, Neurological and Substance use
MUAC	Mid-Upper Arm Circumference
NCDs	Noncommunicable Diseases
NGO	Non-Governmental Organisation
PLHIV/TB	People Living with HIV and Tuberculosis
SAM	Severe Acute Malnutrition
SENS	Standardized Expanded Nutrition Surveys
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
UNHCR	United Nations High Commissioner for Refugees
WFP	World Food Programme
WHO	World Health Organization
WASH	Water, Sanitation and Hygiene



Countries with public health programmes Countries with public health programmes using iRHIS

Introduction

The 2024 Global Public Health Overview presents key results on UNHCR's public health response and priorities across 63 countries. Grounded in operational data and field experience, the report outlines key trends, results and lessons across a range of technical areas.

It also reflects progress towards the final year of implementation of UNHCR's Global Public Health Strategy (2021-2025), highlighting both the achievements and the challenges that persist. The report shows how operations are adapting to strengthen refugee inclusion and support more sustainable, nationally led health responses.

UNHCR's public health response remained focused on reducing preventable mortality and morbidity, improving access to essential services, and contributing to stronger, more resilient systems in displacement settings. Programming spanned primary health care, maternal and newborn health, nutrition, mental health and psychosocial support (MHPSS), and outbreak preparedness and response. These efforts were delivered in close collaboration with host governments, development actors, UN agencies, civil society, refugee communities, and the private sector. These partnerships are central to delivering services, supporting locally led solutions, and advancing longer-term outcomes.

The report also underscores the broader consequences of declining humanitarian funding, the ongoing strain on health systems, and the need to sustain financing for refugee inclusion and support greater self-reliance. UNHCR operations continued to navigate multiple and overlapping challenges — including conflict, extreme weather events, disease outbreaks, and economic instability. UNHCR worked alongside host governments and partners to sustain access to healthcare, respond to emerging needs, and support national health systems which are under increasing strain.

Looking ahead, 2025 is anticipated to pose considerable challenges for the global public health response as reductions in humanitarian and development financing continue to impact UNHCR and partners across countries. In response, UNHCR will intensify efforts to promote the inclusion of refugees within national health systems, working in close collaboration with Ministries of Health to ensure sustained support. Despite constrained resources, UNHCR remains committed to safeguarding the health and well-being of refugees by prioritizing essential, lifesaving health services and strengthening emergency preparedness and response through government-led approaches.

Access to essential health and nutrition services

In 2024, UNHCR, in partnership with governments and NGO partners, supported access to essential health services for over 13 million refugees and surrounding host communities across 63 countries.

Globally, over 15.4 million consultations were reported across 63 countries. Of these, nearly 8.7 million health consultations were from the 22 countries utilizing the UNHCR integrated Refugee Health Information System (iRHIS) in 2024, with 17% provided to members of host communities. This represents a decline from 9.24 million consultations in 2023, largely attributable to reduced funding and a consequent decrease in the number of UNHCR-supported health facilities—particularly in countries like South Sudan, the Republic of Congo, Tanzania, and Cameroon.

Of the 22 iRHIS countries, all except Chad and Sudan reported a decrease in consultations compared to the previous year. In these two countries, consultation numbers increased due to

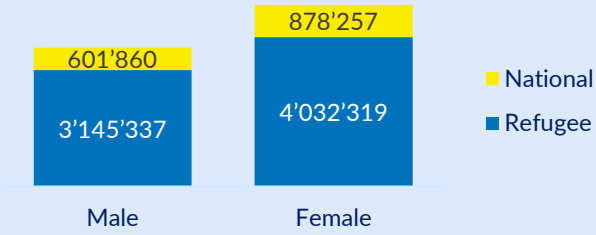
large-scale emergency responses with significant increase in population numbers.

The integrated refugee health information system provides disaggregated data by age group and sex, allowing more granular analysis on key indicators, trends and needs ensuring equitable and effective health care delivery for all. In 2024, 57% of all recorded consultations were for women and girls, highlighting the critical importance of ensuring accessible health services catering to the different needs of all segments of the population.

The leading cause of acute illnesses were upper respiratory tract infections (21%), confirmed malaria (16%), lower respiratory tract infection (10%), skin diseases (6%) and watery diarrhoea (5%). A total of 183,952 referrals were made from primary to hospital-level care for life-saving treatment, a decrease of 12% compared to 2023, due to funding shortfalls in several operations.

Despite progress in some countries, overall childhood vaccination coverage still falls short of global targets. In 2024, 36% of reporting countries achieved at least 95% measles vaccine coverage, marking an increase from 29% in 2023.

Consultations 2024 in iRHIS countries



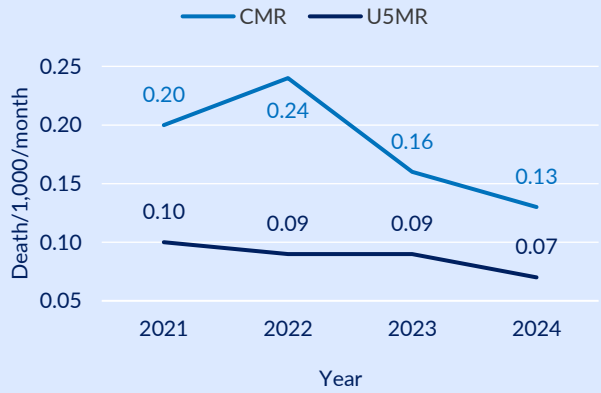
Main causes of acute health conditions	%
Upper respiratory tract infections	**21%**
Malaria (confirmed)	**16%**
Lower respiratory tract infections	**10%**
Skin disease	**6%**
Watery diarrhoea	**5%**

Globally, the average crude mortality rate and under-five mortality rate have declined to 0.07 and 0.13 deaths per 1,000 population per month, respectively. Notably, there were no significant differences in mortality rates between men and women or between boys and girls. While this decrease reflects overall progress, mortality rates continue to vary significantly across countries, highlighting persistent disparities and the need for context-specific interventions. To improve the accuracy of mortality surveillance, particularly in contexts with underreporting, additional community-based health reporting tools will be introduced in 2025 to enhance the documentation of deaths in the community.

The leading causes of death remain consistent, with malaria (10%), neonatal conditions (8%), lower respiratory tract infections (6%), cardiovascular diseases (6%) and anaemia (3%) comprising the top five causes. Notably, nearly one-third (32%) of all reported deaths occurred among children under five years of age. Among this age group, the primary causes of death were neonatal conditions (24%), malaria (16%), lower respiratory tract infections (12%), acute malnutrition (8%) and anaemia (4%). Many of these child deaths are preventable with timely access to quality health and nutrition services, underscoring the urgent need to strengthen primary health care, nutrition support, maternal and child health interventions, and early detection and referral at the community level.

In parallel with efforts to address acute health needs, UNHCR also advanced initiatives to address the long-term and functional health needs of displaced populations. New guidance was developed on Facilitating Access to Assistive Technology and Rehabilitation services, offering vital support to displaced persons with disabilities or with chronic health conditions and older persons, among others, enabling them to lead healthier, more productive and independent lives.

Crude and under five mortality rates | 2021-2024



Main causes of mortality (all ages)	%
Malaria	**10%**
Neonatal conditions	**8%**
Lower respiratory tract infections	**6%**
Cardiovascular diseases	**6%**
Anaemia	**3%**

Main causes of mortality U5	%
Neonatal conditions	**24%**
Malaria	**16%**
LRTI	**12%**
Acute malnutrition	**8%**
Anaemia	**4%**

Disease Outbreaks and Emergency Response

In 2024, UNHCR strengthened its capacity to prepare for, prevent and respond to public health emergencies in displacement settings. Key efforts included the revision of the *Public Health in Emergencies Toolkit* and the launch of the *Public Health in Refugee Emergencies* blended learning course, which enhanced the ability of UNHCR personnel to manage public health crises in refugee contexts. These investments contributed to improved emergency preparedness and fostered stronger coordination with governments, WHO and other partners. From the onset of emergencies, UNHCR continued to prioritize the inclusion of refugees in national health systems.

The impact of extreme weather-related shocks intensified in 2024, with more frequent heatwaves, shifting rainfall patterns and prolonged droughts creating environments conducive to the spread of vector- and water-borne diseases such as malaria and dengue. Displacement contexts remain especially vulnerable to these combined risks.

In response, UNHCR worked with partners to reinforce disease surveillance and respond rapidly to disease outbreaks affecting refugee populations. Throughout the year, measles outbreaks were reported in ten refugee-hosting countries, while cholera was confirmed in six, dengue in five, and mpox in five. Isolated outbreaks of polio and hepatitis E were also recorded. These incidents triggered coordinated multi-sectoral public health responses, implemented in close collaboration with national authorities and humanitarian partners.

Increasing severity of dengue outbreaks in Bangladesh

Since 2019, Rohingya camps in Bangladesh have experienced persistent dengue fever transmission with initial sporadic cases—7 reported in 2019 and 3 in 2020. However, significant upsurges began in 2021 with 1,634 cases, followed by large outbreaks in 2022 (14,490 cases), 2023 (12,367 cases) and 2024 (15,084 cases). In response, UNHCR and its WASH and health sector partners have sustained efforts for timely detection, investigation and clinical management of every dengue case. A rapid risk assessment was conducted in the two camps with the highest burden (camps 13 and 19), identifying potential hazards and risks for dengue transmission and the subsequent report actioned by Health and WASH sector partners. The community health working group, led by UNHCR, and its partners continued to undertake community-based surveillance of dengue fever in camps for early detection of new hotspots and patient referral, in collaboration with WHO.

Mpox outbreak in the Democratic Republic of Congo and the wider region

On 14 August 2024, WHO declared a Public Health Emergency of International Concern (PHEIC) in response to a surge in Mpox cases in the Democratic Republic of Congo (DRC) and neighbouring countries, driven by the clade Ib strain. The outbreak affected 20 African countries, with DRC, Burundi and Uganda reporting the highest number of cases in 2024. Globally, 547 cases were reported among refugees, with no deaths.

In response, UNHCR led coordinated health interventions in refugee operations, collaborating with national health authorities, WHO and other partners and supporting national responses and launching awareness campaigns. In the DRC, refugees were included in the national targeted vaccination campaign with 303 individuals having received 2 doses. To further mitigate transmission risks, UNHCR strengthened water and sanitation capacities in camps and provided personal protective equipment. These efforts underscored the critical importance of integrating refugees into national public health systems, including disease surveillance and vaccination efforts. As part of the broader response, WHO, UNHCR, IOM, WFP and ILO published a Public health advice on mpox for people living in camps, refugee populations, internally displaced people and migrants providing information and recommendations to reduce the risk of Mpox transmission.

* Village Health Team members sensitizing community members on Mpox in Kyangwali Refugee settlement

Noncommunicable diseases

The burden of non-communicable diseases (NCDs) remains a significant concern, accounting for 6% of all outpatient consultations in 2024 — consistent with trends observed in 2023. The most commonly reported NCDs were hypertension (37%) and diabetes (21%). Cardiovascular diseases were the fourth leading cause of death overall, underscoring the significant health burden posed by NCDs in refugee settings.

To strengthen the capacity of health systems to address NCDs, UNHCR conducted two regional training-of-trainers workshops in the Asia Pacific and Middle East and North Africa regions. These workshops aimed to equip government, UNHCR and partner staff with the knowledge and skills needed to deliver quality NCD care for refugees and host communities and to support integration into national health systems.

Main causes of NCDs	%
Hypertension	**37%**
Diabetes	**21%**
Musculoskeletal disorders	**12%**
Asthma	**8%**
Cardiovascular diseases	**5%**

NCD Consultations | 2021-2024

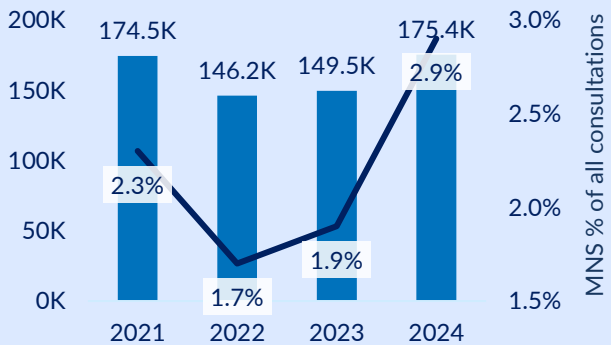
Mental Health and Psychosocial Support Services

Mental, neurological and substance use (MNS) conditions have an increased prevalence (two to three times higher) in conflict affected populations. At the same time, national systems in remote areas of displacement are often severely overstretched or unavailable.

Over the last decade, UNHCR has made the identification and management of MNS conditions an integral part of the primary health services it supports. Addressing mental health needs can be lifesaving—for example, in cases of suicidal behaviour, acute psychotic or manic episodes, or substance withdrawal. These conditions can also cause serious social and occupational impairment and may interfere with treatment for other health issues, including HIV, non-communicable diseases and maternal health. Data from iRHIS countries indicate that around three percent of all consultations in UNHCR-supported primary healthcare facilities were related to mental, neurological and substance use conditions, a marked increase compared to the last two years. Most (almost 80%) consultations were related to epilepsy and seizures (41%), psychotic disorders, including mania (20%) and emotional disorders such as depression, anxiety and posttraumatic stress disorder (18%).

Mental health and psychosocial support is also provided outside health facilities including through the provision of scalable psychological interventions through community-based activities delivered by health and protection partners. The overall number of contacts for mental health and psychosocial support services declined slightly by 6%, from 1.3 million contacts in 2023 to 1.2 million contacts in 2024 which is likely related to a reduction in community psychosocial interventions. Further details on MHPSS interventions will be included in the 2024 Annual MHPSS Report.

MNS Consultations | 2021-2024



Main MHPSS diagnosis	%
Epilepsy/seizures	**41%**
Psychotic disorders	**20%**
Emotional disorders	**18%**
Other psychological complaints	**8%**
Intellectual and developmental disorders	**4%**
Alcohol and substance use disorders	**4%**

Integrating mental health in the emergency response for Sudanese refugees in Chad

The ongoing conflict in Sudan led to the arrival of over 700,000 new refugees in eastern Chad, joining the 400,000 Sudanese refugees already residing there. Mental health needs among the newly displaced are severe, driven by experiences of loss, violence, and the daily stresses of survival in a region with minimal services. The national mental health system in Chad remains severely overstretched, particularly in the refugee-hosting provinces in the east. UNHCR and partners invested in the development of multi-layered mental health support for Sudanese refugees, despite only 30% of the required funding received in 2024 for the Sudanese refugee situation in Chad.

Some of the achievements include:

1. Coordination and mapping

With support of the MHPSS Surge Mechanism – funded by the Netherlands -, a mental health specialist was deployed to Chad and subsequently engaged by UNHCR. The expert plays a pivotal role in coordination and service mapping. For example, in Assoungha, the most affected department in eastern Chad, a detailed mapping in 15 refugee hosting locations identified 54 psychosocial assistants amongst the refugees and host community, 18 psychologists, 12 social workers and 5 mental health nurses. This enabled partners to improve referrals pathways.

2. Capacity building

Together with the coordinator of the national mental health programme of the Ministry of Public Health in Chad, UNHCR organized two-day workshops on the Minimum Service Package for MHPSS for 97 persons from district governmental departments (health, social welfare, education), NGO's and UN agencies in eastern Chad. Participants gained practical knowledge on how their respective sectors can contribute to enhance mental health and psychosocial wellbeing in humanitarian settings, fostering more coordinated and comprehensive support for affected populations.

3.Integration of mental health into primary care

29,550 consultations for MNS conditions were provided in UNHCR supported primary health facilities. General healthcare providers received training and ongoing supervision from a psychiatrist in the identification and management of priority MNS conditions using the mhGAP Humanitarian Intervention Guide from WHO and UNHCR. Additionally, approximately 85,046 persons participated in community-based psychosocial interventions led by health NGOs.

4. Integration of MHPSS into other sectors

For example, UNHCR's national protection partner provided basic psychosocial support to the women and girls who sought care for sexual and gender-based violence and 52% were assessed for mental health and wellbeing.

5. Supporting refugee-led organisations in providing basic psychosocial support to other refugees

UNHCR supports a network of refugee led organisations, including some which focus on MHPSS. For example, the Sudan Volunteer Organization supported 31,044 Sudanese refugees (56% girls, 36% women, 9% men) with a focus on those who experienced sexual violence, those who got injured or lost loved ones during the conflict.

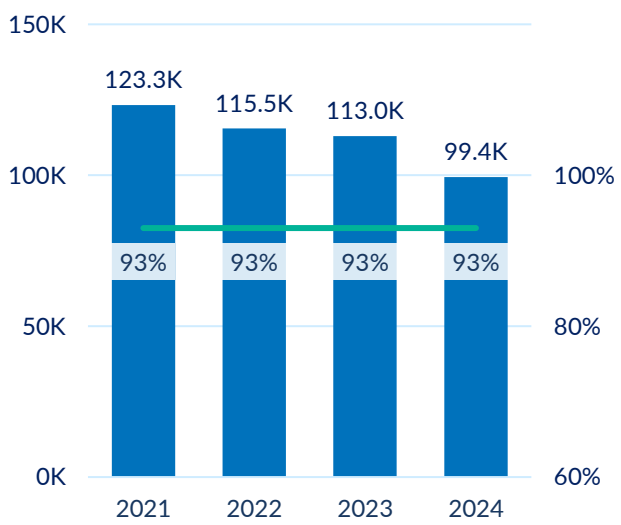
Sexual and Reproductive Health

In 2024, UNHCR reinforced its commitment to safeguarding maternal and child health and intensified its efforts to deliver comprehensive sexual and reproductive health services to refugees. Antenatal care (ANC) coverage remained high, with 733,648 ANC consultations conducted globally - 535,717 for refugees and 197,931 host community. Notably, 79% of pregnant women attended at least four ANC visits, maintaining the same level as 2023 and reflecting an improvement from 72% in 2022. However, only 43% of pregnant women received their first antenatal visit within the recommended first trimester, underscoring persistent barriers such as delayed health-seeking and limited access in some locations.

In 2024, UNHCR supported 138,248 deliveries globally, including nearly 39,000 deliveries for women from the host community. However, reduced funding led to a 12% decrease in assisted deliveries compared to 2023. Skilled birth attendance among refugees remained stable at 93%, consistent with the past three years, an outcome attributed to continued prioritisation of health staff capacity building and community outreach. Despite these efforts, maternal mortality remains a pressing concern, with 180 maternal deaths reported – unchanged from the previous year. However, given the reduced number of assisted deliveries, this represents a relative increase in maternal mortality. The vast majority of these deaths are preventable with timely access to quality care, underscoring the urgent need to strengthen emergency obstetric care services. Another significant concern is that the prevalence of deliveries among adolescents remains high at 12%, underscoring the urgent need for multisectoral interventions to address the underlying causes and ensure comprehensive health and protection support for adolescents.

Family planning services continued to expand, with contraceptive coverage for refugees in 37 countries, a significant increase from 29 in 2023. Progress was also observed in community-level engagement, with a rise in the number of operations offering information, education, and communication (IEC) materials.

Deliveries and Skilled birth attendance (SBA) rate | 2021-2024



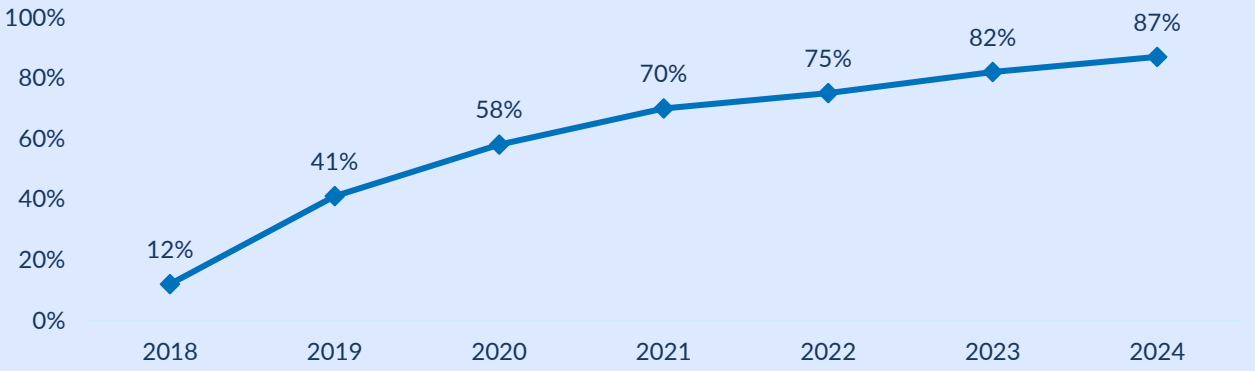
Increasing Skilled Birth Attendance through Community and Facility-Based Interventions in Bangladesh

Between 2018 and 2024, the proportion of births attended by skilled healthcare providers in Rohingya refugee camps rose from 12% to 88%, driven by strong interagency collaboration and effective community mobilization.

At the community level, Community Health Workers (CHWs) conducted household visits to discuss the benefits of skilled birth attendance with families, accompanied expectant mothers to health facilities prior to delivery — ensuring familiarity with available services — and addressed barriers to care. The introduction of an Expected Date of Delivery tracking system was a key intervention to improve facility-based delivery rates. CHWs tracked pregnancies, intensified follow-ups in the four weeks before delivery and facilitated timely referrals. Engagement with religious leaders and male family members further fostered a supportive environment for facility births.

Simultaneously, efforts to enhance both service availability and the quality of care in health facilities were prioritized. Regular capacity-building programmes strengthened healthcare providers' clinical skills, while service delivery was adapted to be more culturally sensitive. Building trust through strengthened provider-patient relationships encouraged greater utilization of health facilities. National maternal and neonatal care experts conducted periodic case reviews, offering technical guidance to improve service quality. Furthermore, regular maternal death audits were carried out to identify contributing factors, with findings shared among healthcare workers and the community to inform care improvements and promote better health-seeking behaviours.

Trend of assisted deliveries among Rohingya Refugees, Bangladesh



HIV prevention, testing, and treatment efforts also expanded in 2024. A total of 573,856 individuals were tested for HIV in UNHCR supported facilities in coordination with national authorities and partners, reflecting a significant increase from 469,314 individuals in 2023. Among those tested, 195,517 pregnant women underwent HIV screening during antenatal care visits, marking a rise compared to 163,017 in 2023. As a result, 627 pregnant women who tested positive were enrolled in anti-retroviral therapy (ART). Furthermore, the total number of individuals currently receiving ART reached 24,088 in 33 countries where UNHCR is tracking the data, underscoring UNHCR's ongoing commitment to ensuring sustained access to life-saving HIV treatment and care.

24,088

 # Total currently on ART

Total tested for HIV	**573,856**
Total identified as HIV+	**3,069**
Total initiated on ART	**2,797**

Adolescent sexual and reproductive health service implementation in Bidibidi settlement, Uganda

In the Bidibidi refugee settlement, Uganda, UNHCR in collaboration with its partner and with support from the UNAIDS Joint Programme, implemented a comprehensive programme on sexual and reproductive health for adolescent boys and girls, encompassing both in-school and out-of-school adolescents. The programme adopted a multi-dimensional approach by leveraging adolescent and youth centers and integrating adolescent-friendly health services across 16 health facilities. Core interventions included edutainment and cultural activities, peer-led sessions, tailored adolescent health services, dedicated adolescent service provision and capacity-building for healthcare providers. Sports tournaments and drama sessions reached 2,750 adolescents and 1,800 adolescents underwent HIV counselling and testing and were linked to further services.

Nutrition

In 2024, multiple forms of malnutrition continued to affect refugee populations. One in ten refugee children experienced acute malnutrition, one in three were stunted and nearly half faced micronutrient deficiencies. Among women, one in three were similarly affected by micronutrient deficiencies. These figures remain consistent with those reported in 2023.

The prevalence of global acute malnutrition (GAM) reflects short-term deficiencies in nutrient intake and recurrent illness, while high rates of stunting indicates chronic nutritional deprivation and underlying socioeconomic vulnerabilities. Widespread micronutrient deficiencies, particularly among women and children, continue to highlight inadequate diet diversity and underscore the urgent need for more sustainable health and nutrition interventions.

At the end of 2024, data from the Standardized Expanded Nutrition Surveys (SENS) was available from 128 refugee settlements across 19 countries. Results from the surveys indicate that:

- 65% of the settlements met the UNHCR GAM target of <10%,
- 26% recorded a GAM prevalence of 10-15%, indicating a serious situation,
- 9% exceeded the emergency threshold (≥15%), indicating a critical situation.

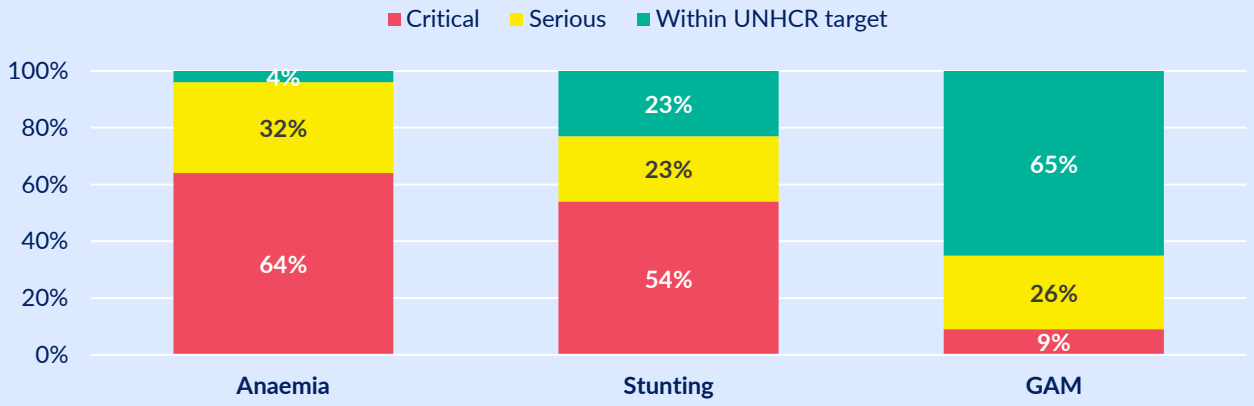
The majority of operations exceeding the emergency threshold, including those in Ethiopia, Chad, Sudan, and South Sudan, have experienced significant numbers of new arrivals, highlighting the increased vulnerability and the urgent need for nutritional support in these locations.

Stunting amongst children aged 6-59 months remained a significant concern.

- Only 23% of the settlements met the UNHCR stunting target (<20%),
- 23% reported high levels of stunting (20-29%), and
- 54% had critical levels (≥30%).

Anaemia among children aged 6-59 months - a key indicator of iron deficiency and overall micronutrient status - met the UNHCR target (<20%) in just 4% of settlements. Medium levels were reported in 32% while 64% had critical levels of anaemia (≥40%). Among women, anaemia prevalence met the UNHCR target (<20%) in 22% of settlements. Medium levels were observed in 55% and 20% recorded critical levels (≥40%).

Global acute malnutrition, stunting and anaemia prevalence, children aged 6-59 months



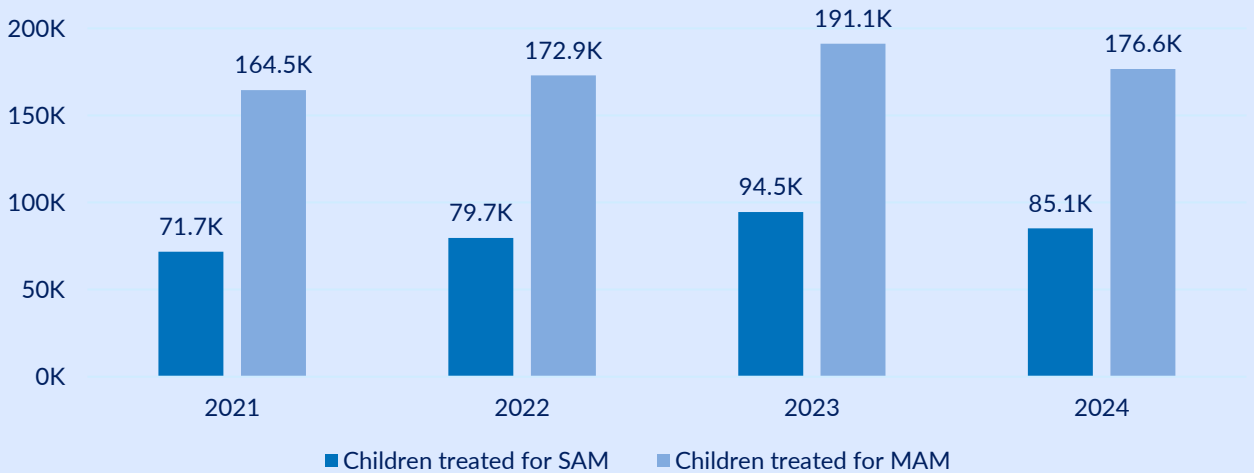
Source: SENS data from 128 settlements in 19 countries

Early identification, referral and management of acute malnutrition

In 2024, UNHCR, in collaboration with Ministries of Health and partners, strengthened the early identification, referral and management of malnourished individuals at both the community and health facility levels. Screening efforts reached more than 2.55 million children under five, pregnant and breastfeeding women, and people living with HIV and tuberculosis (PLHIV/TB). As a result of these efforts, the acute malnutrition management programme provided treatment to 85,112 refugee children with severe acute malnutrition (SAM) and 176,565 with moderate acute malnutrition (MAM) across 26 countries. Despite similar levels of Global Acute Malnutrition (GAM) compared to 2023, the number of children treated for acute malnutrition declined by 8% in 2024. This reduction was primarily attributed to funding shortfalls, which limited the scale and reach of treatment services. Additionally, 29,990 pregnant and breastfeeding women suffering from acute malnutrition received targeted nutrition support.

The programme also supported host communities, reaching 33,015 children and 4,084 pregnant and breastfeeding women. The programme maintained high recovery rates, with over 88% of children successfully rehabilitated. Critical nutrition supplies were provided by UNICEF and WFP, while enhanced coordination with governments and partners significantly enhanced the overall delivery and effectiveness of services.

Children aged 6-59 months treated for acute malnutrition | 2021-2024



Preventing malnutrition through Maternal, Infant and Young Child Feeding (IYCF) support

Preventing malnutrition is crucial to address the immediate and underlying determinants of poor nutritional outcomes. In 2024, the IYCF programme prioritised adequate maternal nutrition, promoting early initiation and exclusive breastfeeding and age-appropriate complementary feeding, all of which are critical to improve child growth and development.

Data from the SENS indicate that 50% of the 128 surveyed refugee locations met UNHCRs target for exclusive breastfeeding during the first 6 months (≥75%). Additionally, UNHCRs annual public health survey across 49 operations showed that IYCF support in 88% of health facilities, while community support was in place in 61% of operations.

To strengthen service delivery, 930 health and nutrition staff were trained on the IYCF multisectoral framework for action. At the health facility level, IYCF support was integrated into antenatal care (ANC) and maternity services. For the first time, data was collected on the impact of this integration. The findings showed that 297,170 refugee women attending ANC services received IYCF counselling. Furthermore, 71,803 newborns (70% of all live births) were breastfed within the first hour after birth. Embedding IYCF into ANC services ensured that women received timely advice, fostering early adoption of recommended infant feeding practices.

Community-based support remained a key component of the IYCF strategy. A total of 5,021 mother-to-mother support groups were active in 2024, offering peer support and promoting breastfeeding practices at the community level

However, this represented a decline from 6,285 groups in 2023, underscoring the need for renewed investment to sustain and expand these critical community-based support networks.

Prevention of micronutrient deficiencies

Micronutrient deficiencies can have severe consequences, particularly for children and pregnant women, contributing to weakened immune systems, impaired cognitive development and increased risk of pregnancy-related complications. In response, UNHCR, in collaboration with national Ministries of Health and partners, implemented targeted interventions across 41 countries. Preventative measures included iron and folic acid supplementation - essential for reducing anaemia and supporting maternal and foetal health - as well as routine haemoglobin monitoring among pregnant women enabling early detection and treatment of anaemia.

To further strengthen child immunity and overall health, biannual Vitamin A supplementation and deworming campaigns targeting children under five were carried out under the leadership of Ministries of Health in 32 and 29 countries, respectively. These efforts contributed to reducing vulnerability to infection and improving child survival and development outcomes.

Other nutrition specific interventions

Nutrition assessment, counselling and support for People Living with HIV and TB (PLHIV/TB) was in place in 33 countries. 3,091 PLHIV/TB suffering from acute malnutrition were provided with nutrition support. In addition, NCD-related nutrition support was available in 19 countries.

Blanket supplementary feeding programmes—providing micronutrient-fortified products—were implemented in 20 countries, targeting children aged 6–36 or 6–59 months, pregnant and breastfeeding women and PLHIV/TB. With the support of national governments, WFP, UNHCR, and various partners, school feeding programmes targeting mainly primary school children were implemented in 23 operations. These programmes focused on improving the nutritional status and educational outcomes of primary school-aged children.

Nutrition-sensitive interventions

In 2024, nutrition-sensitive interventions were implemented in 28 operations. These included cooking demonstrations, vegetable demonstration gardens, nutrition-sensitive agriculture and mother/baby-friendly spaces offering holistic psychosocial support. Additionally, cash and fresh food voucher programmes were introduced to enhance access to nutritious foods and promote dietary diversity in selected operations.

Sustainable public health responses: working in partnerships and supporting national health systems

In 2024, UNHCR continued to work with governments, partners and refugees to implement sustainable public health responses. These efforts focused on upholding universal health coverage (UHC) principles by supporting refugee inclusion into strengthened national health systems. This included promoting national leadership, enabling policy and regulatory frameworks, and advancing responsibility-sharing and sustainable financing. Community engagement remained central to this approach.

Progress on inclusion was made in several countries with some notable examples including in northern Iraq with the transition from UNHCR run facilities to full inclusion of refugees in the national system.

Northern Iraq: transition from emergency response to full inclusion in the national system

At the onset of the Syrian crisis in 2012, UNHCR and other UN agencies supported the provision of primary health care services through NGO partners in coordination with the national health authorities. From 2016, UNHCR started transitioning camp health services from NGOs to the national health authorities and provided direct financial support to the Directorates of Health (DoH) to provide health services. This support covered staff incentives, referrals to hospital, capacity building, procurement of medicines and medical supplies, and maintenance of the camp health facilities. Financial support from UNHCR decreased over time as DoH budget allocations increased and were phased out at the end of 2024. Health facilities and refugees are now fully included in the national health system and have access to care on par with nationals.

Strengthening Health Systems

UNHCR plays a catalytic role and works closely with the WHO, UNICEF, World Bank and other development partners and the private sector to strengthen health systems. This includes training healthcare workers, improving infrastructure, and ensuring the availability of essential medicines and supplies to local health facilities, enabling them to cater for the needs of host communities and refugees. For example, in Pakistan, UNHCR supported national health facilities by providing medical equipment and solarization to 16 national hospitals in refugee hosting areas to strengthen service provision for refugees and host communities alike. Efforts continued to improve access to sustainable energy in health facilities and to reduce carbon emissions. Data collection from 25 country operations showed that 42% of healthcare facilities have access to solar power. This solarisation saves 2,553 tons of CO2 emission annually.

Certification and inclusion of refugee health care workers in Kenya

In Kenya, UNHCR is partnering with Kenya Medical Training College (KMTC) to address critical gaps in human resources for health in Turkana County, which hosts Kakuma camp and Kalobeyei Settlement. In March 2024, 50 students - drawn from refugees and host community – enrolled at KMTC in Lodwar, Turkana, with graduation expected in 2026. A second cohort of 75 students is scheduled to begin training in March 2025. Upon completion of their studies, the students will serve the community for a minimum of two years, gaining essential practical experience in nursing, which is required for registration with the Nursing Council of Kenya.

Social Health Protection

Social health protection is one mechanism of achieving UHC. Collaboration continued with the ILO on advancing inclusion of refugees in national social health protection systems, where they exist. Notable progress has been made in Kenya and work is underway in Egypt and Ethiopia based on joint ILO-UNHCR feasibility assessments, advocacy and collaboration with governments and partners. Cameroon has included refugees in the roll out of its social health protection scheme. In Costa Rica, UNHCR assists over 5,000 vulnerable refugees each year in enrolling in the national health insurance system, as they are unable to work and pay contributions. Meanwhile, other refugees can access health insurance independently through their employment. However, challenges persist, including the need to sustainably include refugees through domestic financing; the mobilisation of adequate development support for inclusion and advancing refugee self-reliance to enable greater contributions to national systems.

Cameroon: inclusion of refugees in Universal Health Coverage (UHC) and in the roll out of malaria vaccine

The first phase of the UHC programme in Cameroon was launched in March 2023, initially targeting children under 5, pregnant women, people living with HIV or tuberculosis and people with kidney failure. Refugees are also eligible and 93,003 refugees have already been enrolled in the universal health coverage scheme by end of 2024 leading to the following outcomes for refugees:

- 7,976 children under 5 treated for malaria;
- 604 deliveries including 40 caesarean sections;
- 1,170 people living with HIV receiving antiretrovirals;
- 250 patients received tuberculosis treatment;
- 18 patients with kidney failure receiving dialysis.

Refugees are also fully included in all vaccination programmes, including the roll out of the new malaria vaccine (RTS, S). By the end of 2024, 2,328 refugee children under two years of age have already received a third dose of the malaria vaccine.

Enrolment into UHC is being extended to all 10 regions of the country. The main challenge is that the package currently offered covers targeted diseases (malaria, HIV, tuberculosis), and the reimbursement process for health facilities takes time, leading to some shortages of essential drugs and medical consumables. The other challenge is the expected contribution of refugees for deliveries and dialysis (6,000 CFA/ 10.4 USD per pregnant woman, 15,000 CFA/ 26 USD for dialysis sessions). UNHCR has been subsidising these costs for the most vulnerable who are unable to contribute.

Data Integration and Research

Recognising the importance of health data of refugees for monitoring and the need for inclusion in national data systems, important progress was made in Bangladesh and Uganda on interoperability of UNHCR and MOH health data systems as well as inclusion of refugees in national health surveys such as in Malawi. In parallel, UNHCR is exploring the transition from iRHIS to DHIS2 in the coming years.

Inclusion of refugees in national data systems and surveys: DHIS2 interoperability in Uganda and Bangladesh and DHS survey in Malawi

- UNHCR has been working with Uganda and Bangladesh on interoperability of UNHCR's integrated refugee health information system (iRHIS) with the district health information system (DHIS2) to ensure that health data from refugee populations is seamlessly available to UNHCR and national authorities. This interoperability will help in monitoring and planning of health services for refugees and reduce the need for duplicating efforts in routine data collection.
- Uganda's health management information system (HMIS) includes disaggregated data by refugee status. This means that health data collected from refugees is separately identified, allowing more precise monitoring and analysis of their health needs.
- Malawi has included refugees in its 2024 demographic and health survey (DHS). This inclusion has helped understanding of the health needs of refugees, facilitating better planning and resource allocation and including refugees in the national system. Additionally, the data will inform UNHCR and World Bank programmes and initiatives for refugees, enabling direct comparison of socioeconomic outcomes between refugees and host communities.

Research on inclusion in national health systems with Queen Margaret University continued with case studies commencing in Kenya, Peru, and Iraq (in addition to Mauritania, Pakistan and Zambia) highlighting lessons learned and advancing our understanding of refugee inclusion and providing services on par with nationals. For example, the Government of Mauritania, with support from UNHCR and the World Bank, transitioned health service management from NGOs to the MoH, reducing healthcare costs per consultation by about 80% and improving health indicators, while extending the services to host communities and out-of-camp refugees. The challenge ahead will be to sustain gains in the rapidly changing environment, as numbers of refugee rise, putting a strain on often under-resourced health systems. The studies identify potential leverage points to support inclusion, such as better alignment in financing, health workforce integration and innovative service provision. Final reports will be published in 2025.

UNHCR worked with the World Bank to publish a **report on the global cost of including refugees in national health systems**, highlighting the low investment needed, especially in low-income countries. The global high-level Technical Meeting on NCDs in Emergencies hosted by the Government of the Kingdom of Denmark and co-organized by the WHO and UNHCR, called for enhanced NCD preparedness and responses in emergencies, ensuring inclusion of refugees and internally displaced people, ensuring financing for NCDs in emergencies through to recovery and enhancing emergency coordination, community engagement, supply chains and strengthening NCD data and information in national health information systems.

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Interagency cooperation

The **Group of Friends of Health for Refugees and Host Communities**, led by the Kingdom of Morocco, the Netherlands, the European Commission, Germany, UNICEF, the Global Fund, GAVI and the Amal Alliance — and co-convened by WHO and UNHCR — continued to serve as an innovative platform to promote inclusion in national health systems. The two Multi-stakeholder Pledges on national health system inclusion and on fostering Mental Health and Psychosocial Wellbeing received an additional 18 pledges, bringing the total number of new commitments linked to the Global Refugee Forum 2023 to 240 as of December 2024.

The **Inter-Agency Task Team (IATT) on HIV in Emergencies**, co-led by UNHCR, WFP and UNAIDS, was relaunched with regular meetings and development of a new IATT website. A core focus of the IATT is updating the 2010 IASC Guidelines for Addressing HIV in Humanitarian Settings. This work began with a consultancy, survey, field visits and regular working group meetings, culminating in a Global Technical Consultative workshop in December 2024. The workshop gathered 46 in-person and 25 online participants from UN agencies, NGOs, civil society, community-based organizations and other partners to discuss and review the guidelines. These efforts emphasize the critical need to integrate HIV into emergency preparedness and humanitarian responses to end AIDS as a public health threat by 2030. Achieving this goal requires ongoing, adaptive collaboration across humanitarian and development partners. In November, UNHCR, WFP, UNAIDS and UNICEF conducted a Joint HIV in Emergencies mission to Ethiopia. The mission underscored the need for enhanced resource mobilization and HIV services in humanitarian settings, through community-led programmes and other initiatives that play a crucial role in reaching the most affected and foster coordinated responses during emergencies.

UNHCR continued to work in partnership with the Food and Agriculture Organization of the United Nations, UNICEF, WFP and WHO under the **Global Action Plan on Child Wasting** initiative which supports efforts towards achieving SDG target 2.2. Efforts in 2024 focused on the development of a global monitoring framework for accountability, regional consultations to operationalise the updated WHO guidelines on the prevention and management of wasting and to assess progress of the national-level multi-sectoral

roadmaps. A Child Wasting Action Review Panel was convened to advocate for sustained action and financial commitments, ensuring the prioritisation of malnutrition prevention and the scale-up of treatment. Refugee inclusion remained a central focus of this initiative, particularly in 14 of the 24 countries with refugee populations.

Together with the United Nations Office on Drugs and Crime and WHO, UNHCR co-chaired the **Thematic Group on Substance Use in Emergencies**, which developed orientation materials on substance use in communities in humanitarian settings, that were field-tested in eight humanitarian settings (342 participants) and showed an increase in knowledge and confidence among the trained community workers.

A joint project with WHO, UNICEF and UNFPA, funded by the Government of the Netherlands focused on the introduction of the **Minimum Service Package for Mental Health and Psychosocial Support** including the new multi-sectoral assessment tool for MHPSS. UNHCR facilitated workshops of two to four days with 311 participants in Chad, Ethiopia and South Sudan to assist governmental departments, UN agencies, and national and international NGOs engaged in integrating MHPSS into sectors such as health, education and protection.

Interagency Analysis: Health & Well-Being Challenges for Refugees from Ukraine

In 2024, to assess the health and mental health situation of Ukrainian refugees, their access to services, and the barriers they face across countries, Regional Refugee Response Plan partners supporting health and MHPSS conducted a regional analysis of the Socio-Economic Insights Survey data from 10 refugee-hosting countries: Bulgaria, Czechia, Estonia, Hungary, Latvia, Lithuania, Poland, Republic of Moldova, Romania, and Slovakia. This analysis was co-coordinated by WHO and UNHCR in collaboration with UNWOMEN, UNFPA, UNICEF, IOM and International Federation of Red Cross and Red Crescent Societies.

The report highlights that access to healthcare remains a top priority for 33% of households, with higher needs among those with disabilities (56%) and chronic illnesses (45%). Encouragingly, 83% of refugees who required healthcare in the 30 days preceding the survey were able to access the services they needed. Mental health and psychosocial needs are growing concerns, with 36% of households reporting at least one member affected.

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Actively engage communities in activities to promote and sustain their health

Community health interventions are at the heart of UNHCR's health and nutrition response, serving as a crucial link between refugee populations and formal healthcare systems. Often led by CHWs who are refugees themselves, CHWs play a pivotal role in building trust, promoting health and providing essential services, including first aid, disease surveillance, and referrals to health facilities. In 2024, UNHCR and partners supported 12,182 CHWs (47% women, 53% men) across 37 countries, an increase by 6% compared to 2023. CHWs contributed to increased vaccination rates, improved maternal health outcomes and the prevention of communicable disease outbreaks. UNHCR regularly provides comprehensive training to CHWs, equipping them with the skills needed to address health issues within their communities. In 2024, this included training in areas such as communicable and non-communicable diseases (22 countries), maternal, neonatal and childcare (23 countries), nutrition (20 countries) and MHPSS (18 countries).

Innovative approaches, such as mobile health applications for real-time data reporting in Uganda and the integration of childhood illness management — such as uncomplicated malaria and diarrhoea — at the community level, have strengthened the effectiveness and reach of CHW initiatives. This community-level management of childhood illnesses has been introduced in refugee programmes in 9 out of the 15 countries where it is part of the national policy. Going forward, this will be monitored annually and operations will be supported in introducing this cost-effective, lifesaving intervention where the context allows

Peer support groups for nutrition in Ethiopia: a sustainable community-based response

In Ethiopia, peer support groups have become a sustainable approach to improving maternal and child nutrition. While Mother-to-Mother Support Groups (MTMSGs) have long supported breastfeeding and complementary feeding, Father-to-Father Support Groups (FTFSGs) are now fostering male engagement in child nutrition. In 2024, the nutrition programme integrated both MTMSGs and FTFSGs, training 6,597 lead mothers and 1,869 father group leaders to mentor their peers. Over 82,000 breastfeeding women, 37,000 pregnant women and 7,688 fathers actively participated, promoting shared responsibility for infant feeding. At the end of the year, 1,456 peer support groups were operational.

A key success was the Family MUAC (Mid-Upper Arm Circumference) screening approach, empowering parents to detect early signs of malnutrition in their children. Over 282,000 mothers were trained in MUAC screening, leading to 38,043 children being assessed and referred for further support. Fathers also contributed by ensuring timely action when malnutrition is identified.

Men are more aware of maternal nutrition and childcare, helping their partners sustain exclusive breastfeeding. This shift has contributed to 1,239 women transitioning from mixed to exclusive breastfeeding and greater psychosocial well-being for both parents. From the SENS survey the overall average exclusive breastfeeding rate was 77%, indicating positive behaviour uptake. By engaging entire families, Ethiopia's community-led approach is a scalable, sustainable solution to combating malnutrition and strengthening child health.

Strengthening community health workers capacities in Nyarugusu and Nduta camps in Tanzania

With support from the World Diabetes Foundation, UNHCR Tanzania trained 232 CHWs in mental health and psychosocial support, as well as 254 CHWs in NCDs, to enhance their ability to identify symptoms and facilitate referrals to health facilities for appropriate treatment. CHWs played a crucial role in raising awareness through public announcements, community meetings, and house-to-house sessions, emphasizing the early signs and complications of NCDs and mental illnesses to promote timely referrals and care-seeking behaviours. As a result of these community-based efforts, combined with additional facility-based interventions, the number of CHW referrals to health facilities for these conditions increased, leading to a 24% rise in mental health consultations in 2024 compared to 2023.

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