UNHCR The UN Refugee Agency | EMERGENCY HANDBOOK

Health out of camps

08 January 2024

Key points

- Access to national health services should be prioritized as much as possible
- Services available must include preventive health activities, surveillance and curative care with a focus on the primary care level and a referral system for emergencies
- Establish clear standard operating procedures for accessing primary and referral health care
- Ensure inclusion of refugees in national programmes (e.g., malaria control, EPI, TB and HIV)
- Monitor access to health care and address barriers

1. Overview

The provision of health services is one component of an overall public health response to emergencies. The overall aim of any public health intervention (emergency or not) is to prevent and reduce excess mortality and morbidity.

In the first phases of an emergency, the public health response focuses on identifying and addressing life-saving needs. The best outcome is to provide refugees with full access to essential health services and wherever possible to ensure access to national services. To achieve this, it is crucial to collaborate closely with and support the ministries and local authorities responsible for public health.

Public Health interventions for refugees who are not in camps, i.e., located in urban or rural areas, aim to meet their basic health needs. Similar to camps, services available must include preventive health activities, surveillance and curative care with a focus on the primary health care level and a referral system for emergencies.

2. Relevance for Emergency Operations (most also

apply to health in camps/settlements)

- The main causes of death and diseases in emergency situations are vaccine-preventable and communicable diseases. Children, especially those under-five years of age, are at most risk.
- Large-scale population movements may overburden a host area's capacity to cope.
- Reproductive health problems (in particular pregnancy and obstetric complications) are more likely during emergencies.
- Emergency situations amplify the risk of exposure to gender-based violence, especially for women and children.
- Displacement may be associated with armed conflict, resulting in casualties and injuries and affect mental health.
- Refugee populations can be stigmatized or suffer discrimination or xenophobia, for example if they are seen as taking away resources from nationals or as bringing disease.
- Barriers to accessing health care services or disparities between the quality or the cost of services, may harm relations between refugees and host populations.
- Increasingly, refugees may not be hosted in camps, but living in urban or rural areas of the host country and may be widely dispersed.

3. Main guidance

Emergency Phase

Public health Interventions save lives and address immediate survival needs. They are, therefore, operational and programme priorities.

Public health programmes should always be available to refugees living out of camps whether in urban or rural dispersed settings. UNHCR should encourage the authorities to grant refugees access to national services, where these are available and adequate. Where they are not, UNHCR should collaborate with the Ministry of Health and other relevant actors in the area to establish new services or improve those that exist, for the benefit of both refugee and host populations.

Health conditions and health risks are associated and depend on many factors, including food security, shelter, WASH and availability of non-food items. Public health interventions are, therefore, multi-sectoral in character. Programmes must be coordinated and linked.

The efficient implementation of public health measures hinges on effective health sector coordination, technical support, and management. Technical expertise is required to provide the necessary oversight.

Given that UNHCR has an overall accountability for the refugee response, UNHCR should deploy public health staff as soon as possible to support the assessment, develop a public health and nutrition strategy and support the operational response.

Public health interventions must always be:

- **Evidence-based.** Activities should be planned and implemented, based on the findings of the initial assessment.
- **Needs-based.** Interventions should be scaled and resources should be allocated to meet the needs of the population.
- **Technically sound.** Services should be based on current scientific evidence and operational guidance and implemented by skilled staff.
- Impact oriented. UNHCR promotes the primary health care approach, which ensures that essential health services address the health needs of the entire population.
- **Priority-based**. Emergency public health interventions and services should be prioritized to achieve maximum impact across the population. Interventions to address immediate health risks, such as disease outbreaks and malnutrition, must be priorities.
- Integrated. Avoid setting up costly parallel services. Assist the national health system to extend its services to refugees.

Key steps

- Establish strong co-ordination with the Ministry of Health (MoH), NGOs, UNICEF, WHO, UNFPA and other relevant actors, to ensure refugees are included in available national public health services and programmes as much as possible.
- Conduct an initial health needs assessment, including 3W (Who? What? Where?). Refer to entry on Health Needs Assessment.
- Map the existing public health services.
    - Assist the MoH to strengthen existing services to ensure they cover the needs of the increased population (refugees as well as host communities). Avoid setting up parallel services.
    - Where refugees are dispersed across many urban or rural areas, gaps in health care services may need to be filled.
- If needed, identify and support local partners (civil society organizations, facilities run by NGOs).
    - The choice and form of facility will depend on the number of refugees, their geographical location, and the capacity, quality and cost of services provided. Health services in urban areas almost always cater for both refugee and host populations. Factor this into planning.
    - Assess the need for additional staff, equipment or medicines.
    - Partners must follow national norms and standards.
- Develop clear standard operational procedures (SOP) for primary and referral care support by UNHCR.
- Make sure that refugees receive information about the services available to them, where these are located, and the conditions under which they can be accessed.
- Ensure translation is available when refugees do not speak the same language as the country of asylum.
- Ensure that refugees have access to essential primary health care services and emergency and obstetric care. The following services should be available:

1. Measles, polio vaccination, and vitamin A supplementation.
2. Screening for acute malnutrition (where indicated) and provision of nutrition support.
3. Communicable disease control, notably:
    - Prevention (including immunization, distribution of mosquito nets).

- Surveillance.
- Outbreak preparedness and response planning.
- Outbreak control.
- Monitoring of disease outbreaks.

4. Primary health care services:
    - Screening/triage.
    - Curative health care (out-patient care and limited in patient depending on contexts).
    - Immunization (EPI).
    - Non-communicable disease care.
    - Mental health and psychosocial support.
    - Reproductive health (RH) and HIV. (See entry on SRH and HIV for detail).
    - Nutrition screening and care. (See Nutrition entries)

Where RH services are not yet available	**Where the MISP or RH/HIV components already exist**
Implement the minimum initial service package (MISP).	Expand to comprehensive RH services.
◦ 24/7 emergency obstetric and neonatal care. ◦ Prevention of gender-based violence (GBV) and clinical management of rape (CMR). ◦ High impact STI/HIV prevention and continuation of ART / EMTCT (elimination of Mother-to-Child Transmission).	All of the MISP, plus: ◦ Antenatal care ◦ Postnatal care ◦ Family planning ◦ Post-abortion care ◦ Fistula detection and management ◦ Adolescent sexual and reproductive health services (SRH) ◦ Comprehensive GBV response ◦ Comprehensive HIV services
Timeframe: 0-6 months.	Timeframe: >6 months.

5. Establish a referral network and mechanisms for life-saving and obstetric referrals, based on country specific standard operating procedures.
6. Explore reinforcing or establishing a community health workforce and priority community-based health prevention activities in line with national approaches.
7. Integrate refugees in national health information system ideally with access to disaggregated data. If no HIS is in place, implement UNHCR's integrated refugee health information system (iRHIS) as soon as possible.
8. Where required, identify and select NGO partners to implement these priority actions. Partners should be available, have operational capacity, and possess the required technical expertise and skills.

- If patients are expected to pay for health care, make arrangements to ensure that all refugees can afford access to essential primary health care services and emergency and obstetric care.
- Use UNHCR's procurement and supply system to support provision of medicines and medical supplies, if insufficient through the national supply chain, in line with the UNHCR/AI/2023/03 Administrative Instruction on Public Health Programming and the UNHCR Essential Medicine and Medical Supply Guidance 2023.
- Refugees with specific needs, who require assistance to access or use health services should be prioritized and supported.
- Apply an Age-Gender-Diversity perspective in programming.
- Ensure links to national programmes (e.g. to treat HIV, TB, malaria, etc.) and inclusion of refugees in these programmes.
- Ensure linkages with partners across sectors, including health, nutrition, WASH and protection.

Post emergency phase

After the first 6 months, ensure expansion to full reproductive health services beyond the MISP if not already done.

Ensure monitoring of access and utilization of health services and address identified barriers.

Health out of camps checlist

- Set up coordination with national authorities and partners.
- Conduct and initial needs assessment.
- Map health services available and capacity.
- Develop an action plan to meet refugees' health needs.
- Establish agreement to include refugees in national system and determine support needed to national system.
- Identify if additional services are needed and suitable partners to provide these.

- Establish SOPs for access to primary and referral care.
- Ensure communication with refugees on available services.
- Establish links with national programmes (EPI, HIV/TB, malaria).
- Ensure linkages across sectors: nutrition, WASH, shelter, protection.
- Monitor health access and trends and address barriers.

4. Standards

- UNHCR has a comprehensive public health strategy (currently 2021-2025) that applies to emergency and non-emergency operations in both camp and out-of-camp settings which includes urban settings.
- UNHCR and its partners follow national standards wherever available and applicable.
- The following SPHERE standards (Sphere handbook 2018) are applicable as minimum international standards:

Health systems standard 1.1: Health service delivery

People have access to integrated quality healthcare that is safe, effective and patient-centred.

Health systems standard 1.2: Healthcare workforce

People have access to healthcare workers with adequate skills at all levels of healthcare.

Health systems standard 1.3: Essential medicines and medical devices

People have access to essential medicines and medical devices that are safe, effective and of assured quality.

Health systems standard 1.4: Health financing

People have access to free priority healthcare for the duration of the crisis.

Health systems standard 1.5: Health information management

Healthcare is guided by evidence through the collection, analysis and use of relevant public health data.

Communicable diseases standard 2.1.1: Prevention

People have access to healthcare and information to prevent communicable diseases.

Communicable diseases standard 2.1.2: Surveillance, outbreak detection and early response

Surveillance and reporting systems provide early outbreak detection and early response.

Communicable diseases standard 2.1.3: Diagnosis and case management

People have access to effective diagnosis and treatment for infectious diseases that contribute most significantly to morbidity and mortality.

Communicable diseases standard 2.1.4: Outbreak preparedness and response

Outbreaks are adequately prepared for and controlled in a timely and effective manner.

Child health standard 2.2.1: Childhood vaccine-preventable disease

Children aged six months to 15 years have immunity against disease and access to routine Expanded Programme on Immunization (EPI) services during crises.

Child health standard 2.2.2: Management of newborn and childhood illness

Children have access to priority healthcare that addresses the major causes of newborn and childhood morbidity and mortality.

Sexual and reproductive health standard 2.3.1: Reproductive, Maternal and newborn healthcare

People have access to healthcare and family planning that prevents excessive maternal and newborn morbidity and mortality.

Sexual and reproductive health standard 2.3.2: Sexual violence and clinical management of rape

People have access to healthcare that is safe and responds to the needs of survivors of sexual violence.

Sexual and reproductive health standard 2.3.3: HIV

People have access to healthcare that prevents transmission and reduces morbidity and mortality due to HIV.

Injury and trauma care standard 2.4: Injury and trauma care

People have access to safe and effective trauma care during crises to prevent avoidable mortality, morbidity, suffering and disability.

Mental health standard 2.5: Mental health care

People of all ages have access to healthcare that addresses mental health conditions and associated impaired functioning.

Non-communicable diseases standard 2.6: Care of non-communicable diseases

People have access to preventive programmes, diagnostics and essential therapies for acute complications and long-term management of non-communicable diseases.

Palliative care standard 2.7: Palliative care

People have access to palliative and end-of-life care that relieves pain and suffering, maximizes the comfort, dignity and quality of life of patients, and provides support for family members.

Annexes

UNHCR, Guidelines for referral health care in UNHCR country operations, 2022

UNHCR Essential Medicines and Medical Supplies Guidance, 2023

UNHCR, Operational Guidance Mental Health and Psychosocial Support Programming for Refugee Operations, 2013

3.2 Critical primary health care interventions

5. Links

Health needs assessment Sexual and Reproductive Health Care Standards Medical referral care Mortality surveillance threshold Primary health care staffing standards Primary health care coverage standards Vaccination coverage standard Primary health care utilization standard

6. Main contacts

Public Health Section, DRS: hqphn@unhcr.org