UNHCR The UN Refugee Agency | EMERGENCY HANDBOOK

Health intervention in emergencies

15 April 2025

Key points

- Ensure public health programmes and services: led by national authorities and in coordination with partners to prevent and manage disease outbreaks and malnutrition.
- Prioritize vaccination: ensure children are vaccinated against measles and polio as early as possible from the first point of contact.
- Prioritize access to national health services and inclusion in national programmes (e.g., malaria control, EPI, TB, and HIV).
- Proritize primary care services: include preventive health activities, surveillance, and curative care, focusing on primary care and establishing a referral system for emergencies.
- Monitor health access and address barriers: continuously monitor access to health care and address any barriers.
- Intersectoral Collaboration: ensure collaboration and coordination across sectors, as nutrition and food security, WASH, shelter, and protection are closely linked to health outcomes.

1. Overview

Ensuring access to health services is one component of an overall public health response to emergencies. The overall aim of any public health intervention 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 functioning national services. To achieve this, it is crucial to collaborate closely with the ministries and local authorities responsible for public health and seek integration in national systems from the onset

of an emergency where possible and ensuring minimum standards are met.

Essential health screening and services should be provided as soon as possible and during population movements. This will range from borders/ points of entry, transit and reception centres, waypoints or temporary accommodation before refugees reach a settlement whether that be a camp or out of camp setting.

Public Health interventions aim to meet the essential health needs of refugees whether they are located in camps or settlements or out of camps.

Health services are closely linked to nutrition and food security, WASH, shelter and protection services to prevent disease outbreaks and reduce and mitigate public health risks.

2. Relevance for emergency operations

- The main causes of death and diseases in emergency situations are vaccine-preventable and communicable diseases. Vulnerable groups including pregnant and lactating women and children 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 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, injuries and affecting 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.

3. Main guidance

3.1 Emergency Phase

Public health Interventions save lives and address immediate survival needs.
In the immediate phase of refugee movements, health must be considered at the first point of contact as well as in the location where refugees settle.

This section provides: A. General guidance on health interventions in emergencies and B. considerations for specific contexts such as points of arrivals, camps, non-camp and mixed settings.

A. General guidance on health interventions in emergencies

UNHCR should advocate with authorities to grant refugees access to national services, where these are available and adequate. Where they are not, UNHCR should collaborate with the local Ministry of Health and other relevant partners in the area to support existing services where they exist, for the benefit of both refugee and host populations. Exceptionally new services may need

to be developed but should be done so in close coordination and collaboration with national authorities and partners to enable inclusion from the start.

Health conditions and health risks are influenced on many factors such as food security, shelter, WASH and availability of non-food items. Public health interventions are, therefore, multi-sectoral and must be coordinated and linked.

The efficient implementation of public health measures hinges on effective health sector coordination. 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 and health coordination.

Key steps

- Conduct an initial health needs assessment government and partners, including 3W (Who? What? Where?). Refer to handbook entry on Health Needs Assessment.
- 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.
- Determine and map the presence of existing health facilities near camps and settlements if these are in place and whether these can be used and what support may be required. It is always preferable to use and support national facilities from the outset.
- If inclusion in existing facilities is not possible, specific PHC services will need to be set up in the camp/ settlement with partners. Partners should be available, have operational capacity, and possess the required technical expertise and skills.
- Develop clear standard operational procedures (SOP) for primary and referral care support by UNHCR.
- Develop a priority action plan and 3W matrix with local authorities and partners that focuses on the following programme components: prevention (e.g. immunization and mosquito net distribution), curative care, surveillance and communicable disease control.
- Ensure access to primary health care services which should include:
  - Screening/triage.
  - Curative health care (out-patient care and limited in patient care, depending on contexts).
  - Immunization (EPI).
  - Non-communicable disease care.
  - Mental health and psychosocial support.
  - Nutrition screening and care. (See Nutrition entries)
  - Reproductive health (RH) and HIV. (See entry on SRH and HIV for detail).

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. ◦ Access to contraceptives ◦ Post-abortion care	All of the MISP, plus: ◦ Antenatal care ◦ Postnatal 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.

- Establish a community health workforce and priority health prevention activities.
- Where no health information system has been established, implement the national DHIS2 system if available or UNHCR's integrated refugee health information system (iRHIS).
- Use UNHCR's procurement and supply system to obtain medicines and medical supplies when needed, in line with the Public Health Administrative Instruction, 2023 and Medicines and Medical supplies guidance, 2023.
- Refugees with specific needs, who require assistance to access or use health services should be prioritized and supported.
- Ensure refugees have access to information and know where services are available and are able to voice their opinions.
- Apply an Age-Gender-Diversity perspective in programming.
- Ensure links to and refugee inclusion in national programmes (e.g. HIV, TB, malaria, etc.).
- Ensure linkages with partners across sectors, including health, nutrition, WASH and protection.

B. Interventions in specific contexts

Depending on the stage of the emergency, national health policies, health system capacity, and the location of refugees, there are various contexts where health service provision should be ensured for refugees: **Points of Entry, Reception, and Transit Centres**: For newly arriving and transiting refugees; **Refugees Living in Camps or Settlements; Refugees Living Outside of Camps and Mixed Situations w**here some refugees may be living in camps and others outside of camps.

Irrespective of the situation, refugees should be included in national health systems as much as possible and in government-led responses. Recognizing that support from UNHCR and partners may be needed if national capacities are exceeded.

Specific considerations for the approach in each type of context are highlighted below:

1. Specific considerations for points of entry or other access points (e.g. reception and transit centres)

- Screen and identify:

1. Identify those with severe medical conditions and refer to nearby public hospitals with emphasis on emergency obstetric and neonatal care and life saving care.
2. Nutrition screening: screening of children under 5 and pregnant and lactating women for acute malnutrition and linkage to services.
3. Identify and link patients in need of continuous medication for chronic non-communicable diseases, HIV or TB treatment to health services.

- Deliver services:

1. Vaccinate all children (under 5 or up to 15 years of age depending on context) against measles and polio and provide Vitamin A supplements.
2. Prioritize treatment of acute illnesses in line with local epidemiology.
3. Prioritize access to essential primary healthcare and access to emergency obstetric and neonatal care. This includes communicable disease control, infant and young child services, essential reproductive health services including clinical management of rape (See also SRH and HIV entry), noncommunicable diseases (NCDs), mental health and emergency medical care.
4. Treatment of severe acute malnutrition (see nutrition entry).
5. Food assistance: provision of high energy biscuits, hot meals (depending on the situation)

- Support providing psychological first aid (PFA) and connect those in need to services.
- Set up epidemiological surveillance.
- Share data regularly with MoH and partners as well as with other sectors.

2. Specific considerations for refugees living in camps or settlements

In addition to the general guidance:

- Seek inclusion in national services and access to national facilities from the onset of the emergency.
- If national services are not easily accessible from the refugee settlement, additional services may be needed such as a primary care facility or health post. If these are needed, negotiate to have them be part of the national system and if authorities cannot manage immediately, provide support through partners with a plan to transition ownership and management to the ministry of health.
- Support the establishment of a community health network.
- Ensure surveillance and a health information system, ideally the national system / DHIS2 from the outset.
- Ensure outbreak preparedness and response plans are in place.
- Ensure referral links to nearest national secondary care facilities.
- Ensure inclusion of camp in national programmes such as EPI and malaria control.

3. Specific considerations refugees living outside of camps
In addition to the general guidance:
- Refugees may be widely dispersed in urban or rural areas and needs assessment should determine location of refugees, health needs, mapping of health services and access to national facilities.
- Explore early inclusion in national social health protection systems such as health insurance if they exist.
- Identify barriers to access health service sand address these, e.g. advocacy to ensure a favorable policy environment; catalyse support if health system requires strengthening; advocate for access to livelihoods and social protection schemes/ safety nets if out of pocket costs are a barrier; support access to information, translation if there are language and cultural barriers.

4. Mixed Situations
In situation where some refugees are living in camps and others outside, the considerations in both sections above need to be considered.

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 checklist

- **General:**
  - Initial health needs assessment completed
  - Coordination mechanism with national authorities (ideally as the lead) and partners.
  - Action plan to meet health needs.

- **At Points of entry:**
  - Triage and health and nutrition screening.
  - Vaccination against measles and polio of children under 5 (up to 15 years of age depending on local factors).
  - Primary care for those with immediate needs.
  - Continuity of care for people with chronic conditions (e.g. TB, HIV, NCDs).

- Psychological first aid (PFA).
- Referral system and transport for emergency cases including EmONC.
- Surveillance system and a HIS in place.

- **In camp, out of camp and mixed settings:**

  - Refugees included in national system.
  - Surveillance and HIS/ DHIS2 in place.
  - Outbreak preparedness and response plan in place.
  - SOPs for access to primary and referral care.
  - SRH MISP (Minimum Initial Service Package) in place.
  - Community health worker system with prioritized actions.
  - Communication with refugees on available services.
  - Links with national programmes (EPI, HIV/TB, malaria).
  - Linkages across sectors: nutrition, WASH, shelter, protection.

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.
- 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.

Establish or strengthen triage mechanisms and referral systems.

- Implement protocols for triage at healthcare facilities or field locations in conflict situations, so that those requiring immediate attention are identified and quickly treated or stabilized before being referred and transported elsewhere for further care.
- Ensure effective referrals between levels of care and services, including protected and safe emergency transport services and between sectors such as nutrition or child protection.

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, maximises the comfort, dignity and quality of life of patients, and provides support for family members.

5. Policies, Guidelines and Useful Links

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

UNHCR Essential Medicines and Medical Supplies Guidance, 2023

UNHCR, Epidemic Preparedness and Response in Refugee Camp Settings, 2011

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

Annexes

3.2 Critical primary health care interventions

6. Learning and field practices

Accessible to UNHCR staff only: An Introduction to Public Health in Refugee Settings in Workday

7. 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 threshold

8. Main contacts

Public Health Section, DRS: hqphn@unhcr.org