Operational Guidance on the Collaboration between UNHCR and WHO on Refugee Health at Country Level

Purpose
This Guidance Note seeks to clarify the collaboration between UNHCR and WHO, especially the WHO Health Emergencies Program (WHE). It is based on the recently updated Memorandum of Understanding, updated guidance on the Refugee Coordination Model, and the accumulation of practical experience in the field between UNHCR and WHO.

This guidance note clarifies the principles of the collaboration and informs the roles and responsibilities of each agency at country level. It can be used to develop a plan of action at country level which outlines the related activities and results expected.

Background
One of the most visible consequences of conflict, violence and disasters has been the mass displacement of people within countries or across borders, often for protracted periods. Providing adequate standards of quality health services for refugees is not only important for meeting their health needs and improving their health status but is also fundamental to protecting and promoting their human rights as well as those of the host communities. At the World Humanitarian Summit, UN agencies and the World Bank signed the Commitment to Action, calling for a new way of working and for collective outcomes with the aim of reducing vulnerabilities and humanitarian needs over the long term. The adoption of the New York Declaration for Refugees and Migrants in September 2016 and the subsequent development and adoption of the Global Compact for Refugees in December 2018 pave the way for achieving a more equitable sharing of the responsibility for hosting and supporting the world’s refugees, through notably calling for humanitarian and development efforts to be mutually supportive. Though the establishment of refugee-specific services may be needed in the early phases of a refugee situation, longer term solutions are required to ensure that refugees have access to health care through the national health system. To achieve this, Member States will often require assistance from international partners to mainstream refugee health needs into the national development and local health plans, building resilience and strengthening local health systems to be able to meet the health needs of refugees as well as affected local populations.

UNHCR and WHO have been strengthening their partnership at the global, regional and country levels and strive towards predictable forms of collaboration, based on complementarity of missions, mandates and capacities. The Memorandum of Understanding between UNHCR and WHO outlines the respective mandates and roles of each organisation, recognizes their comparative advantages and establishes cooperation modalities which result in “value-added”. While the roles and responsibilities are distinct, they are interrelated, and both, UNHCR and WHO, seek to support national authorities with regard to the health and well-being of refugees, while also taking into account the needs of the national population.

Objectives on which the collaboration is built include:

- Seek longer term durable solutions for refugees together from the start, to reduce needs and protracted displacement, strengthen resilience and self-reliance.
- Seek integration of refugee health within the existing health care delivery system where possible, aiming for similar quality and financial protection for refugees and host communities; though recognising that parallel or additional services may be needed in certain situations and, in particular, in the early phases of an emergency.
- Work collaboratively towards collective outcomes, ensuring that gaps are filled on the basis of respective comparative advantages.
- Support capacity of subnational health authorities for decentralised coordination.
The following are specific areas of complementarity between the two organisations in a refugee response:

**Coordination of refugee responses**

- **Refugee-only situations.**
  - The overall responsibility of coordinating the health sector response in refugee-only situations will be with the Ministry of Health (MoH), with support of UNHCR and WHO.
  - In situations where the authorities are unable or unwilling to coordinate the health response, WHO and/or UNHCR will coordinate the health sector response in support of the national system.
    - The refugee health coordination should be decentralized to the urban areas, regions, and districts where refugees are living, including refugee camps/settlements, and be action-oriented and driven by key outputs.

- **Mixed situations.**
  - A mixed situation is defined as a “situation where a complex emergency or natural disaster is taking place, a Humanitarian Coordinator has been appointed, and a UNHCR-led refugee operation is also underway”. In these contexts, the Joint UNHCR-OCHA Note on Mixed Situations: Coordination in Practice clarifies roles and responsibilities in a way that ensures UNHCR’s accountabilities for its mandated responsibilities.

**Situation analysis, contingency planning and assessment**

- In acute refugee emergencies, public health and nutrition needs and risks will be assessed as early as possible in the refugee influx, with UNHCR supporting the MoH to coordinate the initial rapid assessment jointly with WHO and other key actors.
- WHO will provide technical support for the public health situation analysis and risk assessment, as well as with the formulation of the collective health outcomes for the entire population in the assessment area.
- WHO will ensure that in countries that have, or are likely to have, an influx of refugees, national health contingency plans incorporate this.
- Both, WHO and UNHCR recognize that the health and nutrition status and needs of refugees may differ to those of the surrounding populations, warranting programmes or approaches in the refugee response which are different to regular national health programmes.
- In large refugee emergencies or refugee contexts where the national health system is affected, WHO will support the MoH with an assessment of the impact on the national health system.

**Advocacy and respect to International Refugee Law and other international rights**

- WHO and UNHCR will support and advocate for the universal access to health care for refugees at equal levels and at similar costs to that of nationals; in particular, they will advocate for the removal of legal and financial barriers which will facilitate affordable access and ensure financial protection.
- WHO and UNHCR will jointly advocate against mandatory testing of HIV and discriminatory screening of refugees and/or asylum seekers.
- WHO will support in overcoming legal and other barriers to the accreditation and registration of refugee health workers according to the requirements of the host country.

**Technical support and capacity building for national systems**

- WHO will support the MoH in preparedness and contingency planning for scenarios with a refugee influx, within the broader work on strengthening MoH capacities in health emergency risk management.
- WHO will support the update and improvement of normative guidance/policies, standards and guidelines taking into account the increased needs at country level.

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1 UNHCR. Updated Refugee Coordination Guidance Note 1st April 2019
WHO will support the adaptation of existing protocols to the emergency context, where applicable (for example promoting the use of the mhGAP Humanitarian Intervention Guide (WHO/UNHCR, 2015) during emergencies instead of - and as a stepping stone to - the 'regular' mhGAP Intervention Guide (WHO, 2010/2016).

WHO will support UNHCR and UNICEF with the review and adaptation of immunization schedules and implementation requirements and modalities adapted to the needs of refugees fleeing war-torn countries where the health systems have broken down.

WHO will support with the inclusion of refugee-affected areas in national roll-out of health trainings and other health initiatives.

In large refugee emergencies or refugee contexts where the national health system is affected WHO will support the MoH with an assessment of the impact on the national health system.

WHO will deploy technical experts as required to advise on preventing and responding to major causes of morbidity and mortality in large refugee emergencies or during large disease outbreaks in refugee situations.

Disease surveillance and Health Information Systems

For refugees living outside camps, WHO will apply the existing system for the disease surveillance and extend to cover refugees. If there is no national surveillance system, WHO will introduce an Early Warning, Alert and Response System (EWARS), based on international standards.

UNHCR will take the lead in routine health information systems (HIS) for public health and nutrition for the refugee camps or settlements and vertically funded health facilities, through the use of the global health information tools. Where possible, these will be harmonised with national HIS systems. These include surveillance of epidemic-prone diseases adapted to the national context, the Balanced Scorecard to assess the quality of services in health facilities, disease outbreak reports and maternal and neonatal death audits where required.

In out-of-camp situations, WHO and UNHCR, will support the MoH with the adaptation of the national health information system to collect refugee-specific data.

Service delivery

For refugee situations which require the establishment or support of services in addition to those provided by the MoH, UNHCR will promote the engagement of implementing and operational partners to support such services; this will include the establishment and/or support of referral systems to secondary and tertiary care.

In mixed situations, UNHCR will work with the MoH, WHO and other health partners to support services which benefit refugees, internally displaced populations and host populations as part of the larger health response and in line with the overall agreed health sector strategy.

For WHO, the Assistant Director-General, Emergency Response will lead the implementation of this operational guidance. For UNHCR, it will be the Assistant High Commissioner for Operations.

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