



UNHCR's perspective on multisectoral responses to public health in humanitarian situations.

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OUTLINE

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Background

Forcibly displaced populations often at greater risk of communicable disease and adverse outcomes due to:

- High levels of mobility
- Poor living conditions- increased exposure to disease or disease vectors
- Decreased access to health services in initial phase
- Weakened immunity - multiple infections and malnutrition especially during first phase of displacement
- Poor water container management & flood / surface water - increased insect numbers and disease transmission
- Open defecation & poorly maintained latrines increase flies and disease transmission
- Movement from low to high transmission zones. Majority of refugees live in areas in which malaria is endemic or occurs in seasonal epidemics
- Women of reproductive age and children constitute a majority of refugee populations

Refugee health status

Health status of refugees influenced by:

1. Background health status

- Morbidity and mortality patterns pre-conflict

2. Direct effects of the conflict

- Injuries and disabilities, psychosocial distress

3. Indirect effects of the conflict

- Breakdown of health and social services, effects of displacement, overcrowding, reduced access to WASH and other services



Public Health in Refugee Emergencies

- Initial Assessment
- Reception and transit services
- Measles, Polio Immunization, Vitamin A
- Water and Sanitation
- Food and Nutrition
- Shelter, Site Planning and Energy
- Management of common acute and chronic non-communicable diseases
- Reproductive and newborn care – MISIP and then comprehensive services
- Public Health Surveillance
- Control of Communicable Diseases and Epidemics
- Mental Health and Psychosocial Support
- Rehabilitation

Multisectoral impacts on health

- Significant part of disease burden related to social determinants of health
- Multisectoral approaches are needed to modify social, environmental and economic determinants of health
 - Cross-sectoral collaboration within UNHCR and with external partners to create synergies and maximize positive impact on health status, welfare and dignity of refugees
 - Joint intersectoral actions to improve health outcomes and reduce health inequalities.
 - Collaboration with protection, shelter and settlements, food security, livelihood, WASH and energy sectors

Multisectoral programming for malaria

- Collaboration with **Protection/Registration sector**. Protection needs, Community work, Population projection/planning figures
- To help retention and use of LLINs, important to address refugees' basic needs e.g. **food and non-food items, cash-based interventions** etc.
- Country public health team-work with **field teams and health partners** on planning and implementation of LLIN mass distribution, targeted distribution and post distribution monitoring including community engagement and mobilization
- Close collaboration with **WASH and environment** sectors e.g. outbreak preparedness and response, vector control, environmental measures.
- **Site selection and shelter** arrangement for the refugees need special attention to environmental factors e.g. swampy areas and shelter design to allow for effective LLIN hanging. Sleeping on mats or beds (former being difficult to ensure nets are held secure)

Multisectoral programming for malaria

- **Leveraging health, education and private sectors to assist with behaviour change communication** during prolonged displacement to help promote malaria-preventative behaviour
- **Breaking down siloes – especially among the Health, WASH and Shelter communities – to take a comprehensive, multisectoral approach to vector control increases the impact of each sectors' efforts.** Establishing a platform to provide technical capacity and exchange best practices
- **Ensuring access to health services for both acute care and preventive services** especially for children under five, and pregnant women

Key findings and recommendations from country reviews

Rapid malaria assessment missions carried out to strengthen malaria programming. Key multisectoral findings and recommendations include:

Uganda (2017)

- Refugees were often missing the means necessary to protect themselves from malaria.
- Insufficient mosquito nets were being distributed to ensure universal coverage and those that were distributed were sometimes sold to buy food or medicine or were used to construct houses.
 - *Recommendation:* UNHCR and partners should distribute 1 LLIN per 2 people on arrival in settlements as well as during mass distribution campaigns. Ensure that LLINs distributed are suitable for the type and size of shelter and bed used
 - *Recommendation:* Using community health workers to conduct social mobilisation and behaviour change communication as part of all malaria control interventions is critical. Messages about malaria as well as ensuring LLINs are properly and regularly used.
- No other vector control measures were being implemented in the refugee settlements
 - *Recommendation:* Consider source reduction through clearing stagnant water (collaborate with WASH teams), improving shelter & housing (collaborate with shelter sector) and Indoor Residual Spraying (*in zones with permanent structures, include surrounding host communities*)

Key findings and recommendations from country reviews

Tanzania (2017)

- Refugees were often missing the means necessary to protect themselves from malaria.
- Insufficient mosquito nets were being distributed to ensure universal coverage. Many nets observed were in extremely poor condition after less than a year of use (*similar recommendations as Uganda*)
- Predominant source of stagnant water is the man-made holes used to store water for making bricks (*the need for shelter, protection, WASH and health sectors to coordinate and coordinate*)
- In addition to environmental management of breeding sites for vector control, larviciding was recommended to be explored as part of an integrated vector management approach under select circumstances (*few, fixed and findable*)-
Coordinating with the government

Thank you

