Refugees and Internally Displaced Persons: Health Care Challenges

Pauline Lubens, MPH
Doctoral Candidate
War and Public Health Lecturer
3/2/2016

Photo by Christoph Bangert

Photo by Pauline Lubens
Today’s Presentation

Global displacement
Complex humanitarian emergencies
3 Challenges to refugee health
Health risks for refugees
Case study: Dadaab Refugee Camp, Kenya
Humanitarian response: the SPHERE project
Case study: Syrian crisis
Providers of health care to Syrian refugees/ IDPs
UN Definition of a Refugee

Someone who has a “... well-founded fear of persecution by reason of his [or her] race, religion, nationality or political opinion and is unable or, because of such fear, is unwilling to avail him [or her]self of the protection of the government of the country of his [or her] nationality, or, if he [or she] has no nationality, to return to the country of his [or her] former habitual residence.”

Have crossed a border and no longer live in their country of origin.

(United Nations, 1998)
Internally Displaced Persons (IDPs)

"Internally displaced persons are persons or groups of persons who have been forced or obliged to flee or leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized state border".

(United Nations, 1998)
59.5 million worldwide uprooted and displaced
  • 37.5 million a decade ago
13.9 million newly displaced
  • 11.0 million newly displaced internally
  • 1.9 million individuals were new refugees
  • Highest figures on record

42,500 per day
  • Forced to leave due to war/ persecution
    2013: 32,200
    2011: 23,400

50% children under 18

(UNHCR, 2015)
Global Displacement by War

The number of people displaced by war has reached a staggering new high

Source: UNHCR / 18 June 2015

© UNHCR

(UNHCR, 2015)
Top Countries of Origin of Refugees: 2014

- **Syria**: 35%
- **Afghanistan**: 24%
- **Somalia**: 10%
- **Sudan**: 6%
- **South Sudan**: 6%
- **Myanmar**: 4%
- **Central African Rep.**: 4%
- **Iraq**: 3%
- **Eritrea**: 3%
- **Dem. Rep. of Congo**: 5%

Data source: UNHCR, 2014
Top Refugee Host Countries: 2014

- Turkey: 19%
- Pakistan: 18%
- Lebanon: 14%
- Iran: 12%
- Ethiopia: 8%
- Jordan: 8%
- Kenya: 7%
- Chad: 5%
- Uganda: 5%
- China: 4%
- Chad: 5%

Data source: UNHCR, 2013
Refugees and IDPs: 1993 through 2013
Refugees and IDPs

Data source: UNHCR, 2014
Complex Humanitarian Emergency

Three main phases:

- “Emergency”
  Most critical for disease prevention
  Highest Crude Mortality Rate
  Most deaths occur among children <5

- “Care and maintenance” or post-emergency
  After the population becomes relatively stable and services are in place

- “Durable solutions” or return and rehabilitation
  Depends on local conditions or repatriation

(UNHCR, 2001; Toole and Waldman, 1997)
The Epidemiology of War

1 death in conflict

10 injured
100 displaced

Communicable disease
Malnutrition
Mental Health
Maternal health
Neonatal health
3 Challenges to Refugee Health

• Mental health trauma due to migration and exposure to war

• Exposure to pathogens endemic to country of origin

• Chronic diseases endemic to host countries

(Palinkas et.al, 2003)
3 Challenges to Refugee Health

Mental Health trauma

- PTSD
- Depression
- Substance Abuse

(Palinkas et.al, 2003)
3 Challenges to Refugee Health

Exposure to pathogens endemic to their country

Most often arrive with:

• Tuberculosis
• Malaria
• Hepatitis
• HIV/AIDS

(Palinkas et.al, 2003)
3 Challenges to Refugee Health

Chronic diseases endemic to destination country

- Cancer
- Hypertension
- Diabetes
- Coronary heart disease

(Palinkas et al., 2003)
Health risks for refugees

Communicable Diseases

• Flu Pandemic
  Overcrowding
  Poor sanitation
  Malnutrition
  Lack of access to health care facilities
  Shortage of personnel and supplies

• Malaria
  Location of refugee camps
  Lack of herd immunity
  Control programs not functioning

(UNHCR, Avian and Human Influenza)
http://www.unhcr.org/pages/49c3646ce6.html

(UNHCR, Malaria Prevention and Control)
Refugee Health

Top causes of mortality in refugee children under 5

- Malaria
- Malnutrition
- Measles
- Diarrhea
- Respiratory tract infections

(UNHCR, 2009)
Other causes of morbidity and mortality

- HIV/AIDS and other STDs
- Tuberculosis
- Childbirth complications

(UNHCR, 2009)
Refugee Health

Preventing or mitigating disease

- Adequate food rations
- Clean water and sanitation
- Immunizations
- Maternal and child health care
- Selective feeding programs

(Toole and Waldman, 1997)
Shortage of food makes refugees more vulnerable to exploitation

Poor nutrition – vitamin and mineral deficiencies affects childhood development
A Case Study

Dadaab Refugee Camp, Kenya
A Case Study

Dadaab Refugee Camp, Kenya

Five camps (Dagahaley, Hagadera, Ifo, Kambios, and Ifo 2) with total population of 329,811

- Constructed in 1991 at the start of the civil war in Somalia
- Intended for as temporary housing for 90,000 people
- Most residents have fled fighting, but 2011 famine brought an influx
A Case Study

Dadaab Refugee Camp, Kenya

In just one camp, Dagahaley, January - May 2012:

- 73,153 primary health care consultations
- 5,483 hospital admissions
- 1,129 hospital deliveries
- 1,050 children hospitalized for severe malnutrition and "medical complications"
- 1,769 children treated as outpatients for severe malnutrition
- 6,594 other children with some malnutrition enrolled in the supplementary feeding program
- 4,276 mental health consultations and counseling sessions

(Doctors without Borders, 2013)
A Case Study
Dadaab Refugee Camp, Kenya
Hepatitis E Outbreak 2012

Photos: UNHCR
A Case Study

Dadaab Refugee Camp, Kenya

Hepatitis E Outbreak 2012

Hepatitis is transmitted through the fecal-oral route.

• Initial symptoms were jaundice, which is highly correlated with Hepatitis
• August 2012, first case of jaundice detected in Ifo 2 camp
• 6 weeks later - 223 cases of acute jaundice in 5 camps (The incubation period for jaundice is one month)

Inadequate numbers of latrines or poor hygiene habits.

(UNHCR, 2013)
Humanitarian Response

Photo: UNHCR/E. Colt
The SPHERE standards:

Photo: Said Khatib, AFP / Getty Images
The SPHERE standards:

- Diarrhea is the leading cause of mortality and morbidity.
- 88% of diarrhea deaths are due to lack of access to sanitation and shortage of safe drinking water or water for hygiene.

http://www.unwater.org/
Water Supply

- At least 15 liters per person per day “for drinking, cooking and personal hygiene in any household.”
- Water is no further away than 500 meters.
- Waiting in line for no more than 15 minutes
- Should take “no more than three minutes to fill a 20-litre container.”

From The Sphere Handbook

Photo: Hugh Macleod/IRIN
Water Supply

- At least 2 clean 10-20 liter containers per household and enough containers to ensure an uninterrupted supply

- Containers have “narrow necks and/or covers,” and safe storage.

- There is at least 250g (1.06 cups) of soap per person per month available for personal hygiene

- Privacy, particularly for women, when there is communal bathing or washing of clothing

From The Sphere Handbook

Photo: Schalk van Zuydam / Associated Press
Water should be “palatable” and of sufficient quality for cleaning and drinking so as not to pose a health risk

- Low risk of fecal contamination
- From a protected or treated source
- No adverse health from use of contaminated water
- Pipes are disinfected “so that there is a free chlorine residual at the tap of 0.5mg per liter and turbidity is below 5 NTU”
Water Standards

Prevention and monitoring

• Sanitary survey/quality testing

• Promote unprotected sources

• Disinfection

• Assess for chemical and radiological contamination

From The Sphere Handbook

Photo: Malteser International
Sanitation

- Maximum of 20 people use each toilet
  50 people per toilet acceptable if conditions demand it
- Arranged by household(s) and/or segregated by sex
- Shared or public toilets are cleaned/well maintained.
- Toilets further than 50 meters from dwellings
- Emphasis on hygiene and disposal

From The Sphere Handbook
Waste Disposal

Poor sanitation is a leading cause of death globally.

Latrines

• Input from the population on design/usefulness

• “Minimize threats to users, especially women and girls, throughout the day and night; emphasis on privacy.”

• “...at least 30 meters from any groundwater source and the bottom of any latrine is at least 1.5 meter above the water table. Drainage or spillage away from any source

From The Sphere Handbook
Waste Disposal

- Containers regular collection and disposal
- At least one 100-liter trash container per 10 families and waste is not buried on-site.
- Proximity to disposal, adequate containers; no more than 100 meters from a communal pit.

From The Sphere Handbook
Other Standards

Vector control

- Use of mosquito nets
- Location of camps 1-2km upwind from breeding areas
- Surveillance, early diagnosis, treatment
- Drain standing water

From The Sphere Handbook

Photo: UNHCR
Other Standards

Vaccinations

• Prompt estimate of measles vaccination history of children 9 months-15 years 1).

• If vaccination coverage is <90 per cent or unknown, conduct a mass measles vaccination campaign for those children plus give Vitamin A to those 6–59 months.

• All infants vaccinated between 6–9 months of age should receive another dose of measles vaccine at 9

• Establish an ongoing system to be sure that at least 95% new arrivals 6 months-15 years old are vaccinated.

From The Sphere Handbook
• 50% of camps unable to meet minimum daily water requirement of 20 liters per person

• 30 percent have inadequate sanitation
SYRIA: A case study

(Left Photo: Mohmmad Hanon/Associated Press)
Syria

4,052,011 Syrians registered as refugees:

Approximately:
- Jordan 628,175
- Lebanon 1,078,338
- Turkey 1,938,999
- Iraq 247,352
- Egypt 132,375

7,632,500 IDPs

(UNHCR, 2015)
Syrian Refugees 2010-2012

2010

2011

2012
Syrian displacement 2012-2014

Refugees
Internally displaced persons (IDPs)
Zaatari Refugee Camp

- Established July 2012
- Now 79,000 Syrians living there
- 50%> children
- 1 in every 3 children not in school.

UNHCR, 2015
Zaatari Refugee Camp

Photo: Khalil Mazraawi/AFP/Getty Images
Zaatari Refugee Camp

Primary Health Care
Primary health care consultations by disease, Zaatari

Communicable diseases
- 41.2% Respiratory Tract Infection
- 39.6% Other
- 7.7% Diarrhoea
- 3.7% Dental Conditions
- 4.8% Skin Infection
- 3.1% Eye Infection

Non-communicable diseases
- 16.8% Diabetes
- 16.9% Hypertension
- 13.7% Chronic Respiratory Disease
- 44.0% Other

Injuries
- 5.5% Bites (all causes)
- 10.2% Injury (war related)
- 21.3% Injury (non war related)
- 63.0% Other

Mental health
- 18.9% Severe Emotional Disorder
- 11.8% Psychotic Disorder
- 10.0% Epilepsy/Seizures
- 59.3% Other

694,280 TOTAL CONSULTATIONS

(UNHCR 2013)
Zaatari Refugee Camp

Communicable Diseases

- 39.6% Other
- 41.2% Respiratory Tract Infection
- 7.7% Diarrhoea
- 4.8% Skin Infection
- 3.7% Dental Conditions
- 3.1% Eye infection

(UNHCR 2013)
Non-communicable Diseases

- 16.8% Diabetes
- 13.7% Chronic respiratory diseases
- 7.6% Cardiovascular disease
- 16.9% Hypertension
- 1.0% Cancer
- 44.0% Other

(Zaatari Refugee Camp, UNHCR 2013)
Zaatari Refugee Camp

Mental Health

- 18.9% Severe emotional disorder
- 11.8% Psychotic disorder
- 10.0% Epilepsy/Seizures
- 59.3% Other

(UNHCR 2013)
Zaatari Refugee Camp

Primary health care consultations by age and disease category, Zaatari

- Communicable diseases
- Non-communicable diseases
- Mental health
- Injuries

(UNHCR 2013)
Displacement Inside Syria

Photo: MSF
Public Health Infrastructure

• Health professionals have fled the country.

• Struggle to maintain vaccination campaigns:
  o Measles, Polio and Tuberculosis

• Water and sanitation systems deteriorated
  o 1650 cases of suspected typhoid

• Destruction of electrical systems

• Factions blocking access to safe drinking water

• Reduced access to health care increasing chronic disease

(Global Polio Eradication Initiative; WHO)
Public Health Infrastructure

• 73% hospitals out of service
• 27% primary health care facilities out of service
• 625 000 people injured since the beginning of the war
• More than 50% of the population is in need of psychosocial support/mental health care.
• Increase in vaccine-preventable/other communicable diseases:
  o Measles
  o Polio
  o Leishmaniasis
  o Acute respiratory infection,
  o Diarrhoea
  o Tuberculosis
  o Brucellosis.

(WHO, 2014)
Malnutrition

“We used to live in the suburbs of a big city. our whole area was under siege. no one could come in or go out. no food or water was allowed in....As supplies of food dwindled, we had to rely on dry food such as rice, beans and flour. there were no vegetables at all. but soon even the dried foods ran out.”

Mother of 1 year-old child

(Save the children 2013)

Photo: Muzaffar Salman /Reuters
Malnutrition

“More than four million Syrians — more than two million of them children — are unable to produce or buy enough food, with many thousands living under fire and with no access to all but the bare minimum foodstuffs needed to survive”

“Syria's agriculture and infrastructure are collapsing, with grain production falling to less than half of what was typical before the war. ”

(Save the children 2013)
Malnutrition

• Before 2011, 8 million Syrians depended on agriculture
• $2 billion of agricultural damage: crops, livestock/infrastructure

Photo: Abdalghne Karoof/Reuters
Malnutrition

• Feb. 2014: 2,000 Syrian refugee children in Lebanon suffering from severe acute malnutrition

• United Nations: 4 million Syrians – ½ children – are in need of emergency food assistance.

• 2013: Syrian refugees in host communities:
  4.6% (3.0% - 6.3% CI 95%) children aged 6-59 months were at risk of acute malnutrition

• Syrian refugees in Za'atri camp in Jordan
  5.6% (3.4% - 7.8% CI 95%) of children aged 6-59 months at risk of acute malnutrition.

(http://reliefweb.int/; Save the Children)
Re-emergence of Polio

• No polio since 1999
• Immunization coverage fell from 99% to 52%
• 1st confirmed case in October, 2013
• By April 2014, 36 children paralyzed
• No new cases in past year

(Global Polio Eradication Initiative)
Measles

• Start of civil war in 2011, routine vaccination program disrupted
• “Epidemic: in northern Syria; up to 7,000 known cases
• Lack of access to health care increasing measles mortality rate

(Medecins Sans Frontieres)
Flight to Europe

Photo: Nilufer Demir /Dogan News Agency
Flight to Europe

Arrivals:

Apr 2011 - Aug 2015: 441,246,
January - 1- September: 487,000

Bottom photo: Jessica Gow/TT News
Top photo: Freedom House
Evolution of Asylum Applications

- Cumulative Syrian Asylum Applications
- New Syrian Asylum Applications by Month

(UNHCR, 2016)
Distribution of Syria Refugees/Asylum Seekers in Europe

- Germany & Serbia (and Kosovo) 43%
- Sweden, Hungary, Austria, Netherlands, Bulgaria 40%
- All others 17%
Most frequent health problems

- Accidental injuries
- Hypothermia
- Burns
- Gastrointestinal illnesses
- Cardiovascular disease
- Pregnancy/delivery-related complications
- Diabetes and hypertension
Characteristics of non-communicable diseases make refugees more vulnerable:

• Require long term continuous care over a long time, pharmacological treatment or specialized medical techniques and equipment.

• Co-morbid acute diseases costly to treat and may limit function, affect daily activities and reduce life expectancy.

• Require coordination of care and follow-up among various providers/settings.

• May require palliative care.
Providing health care to refugees and IDPs

- Médecins Sans Frontières (Doctors Without Borders)
- International Medical Corps
- Syrian American Medical Society
- World Health Organization (WHO)
- UNICEF
- Host countries ministries of health
Providing health care to refugees and IDPs

Médecins Sans Frontières

- Hospitals in Syria
  - Operates facilities and supports other hospitals inside Syria

- Working with Syrian refugees in neighboring countries including Turkey and Jordan
  - Reconstructive Surgery Project: Amman, Jordan
  - Post-operative facility in Zaatari refugee camp.
Providing health care to refugees and IDPs

International Medical Corps

• Focus on mental health
• Programs in Syria, Iraq, Jordan, Lebanon, Turkey.
• Working with refugees arriving in Lesvos
Syrian American Medical Society

- Working inside Syria and in refugee camps
  - Trauma care
  - Psychosocial care
  - Ob-gyn
  - Dialysis
Thank You
Thank You
Thank You!!!!

funmunch.com