

UNHCR PUBLIC HEALTH 2014 ANNUAL GLOBAL OVERVIEW



PUBLIC HEALTH

REPRODUCTIVE
HEALTH & HIV

NUTRITION &
FOOD SECURITY

WATER
SANITATION
& HYGIENE

Public Health

2014 ANNUAL GLOBAL OVERVIEW

UNHCR's public health programmes are underpinned by universal human rights principles. Ensuring access to health care is a key component of UNHCR's protection mandate and a life-saving operational priority. UNHCR seeks to ensure that all refugees can access quality public health, reproductive health and HIV services, while prioritizing assistance to those most in need. UNHCR prioritizes quality, cost-effective, evidence-based services in public health.

In 2014, public health efforts focused on emergency response. Public health interventions and programmes needed to be scaled up quickly in Ethiopia, Uganda and Kenya to address urgent health

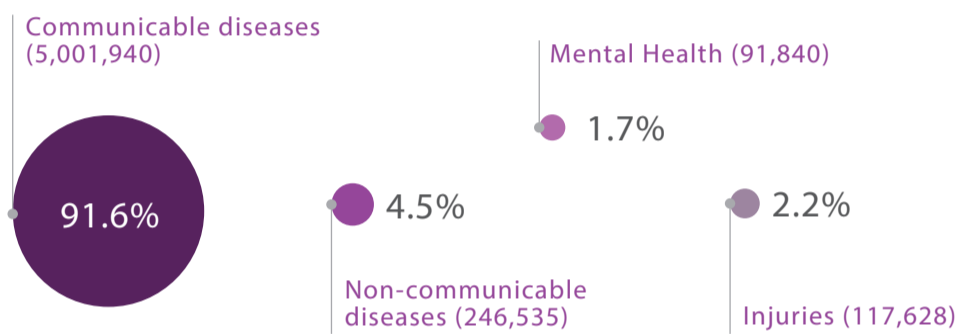
needs of fleeing South Sudanese; while in Cameroon, Chad and DRC Central African refugees required life-saving assistance. UNHCR supported the response to the outbreaks of poliomyelitis in the East and Horn of Africa and Syria.

UNHCR's public health programmes in Africa and Asia continued to emphasise on synergies and integration into national health care systems and alternative health financing options, including health insurance schemes, where applicable.

DISEASE PROFILE

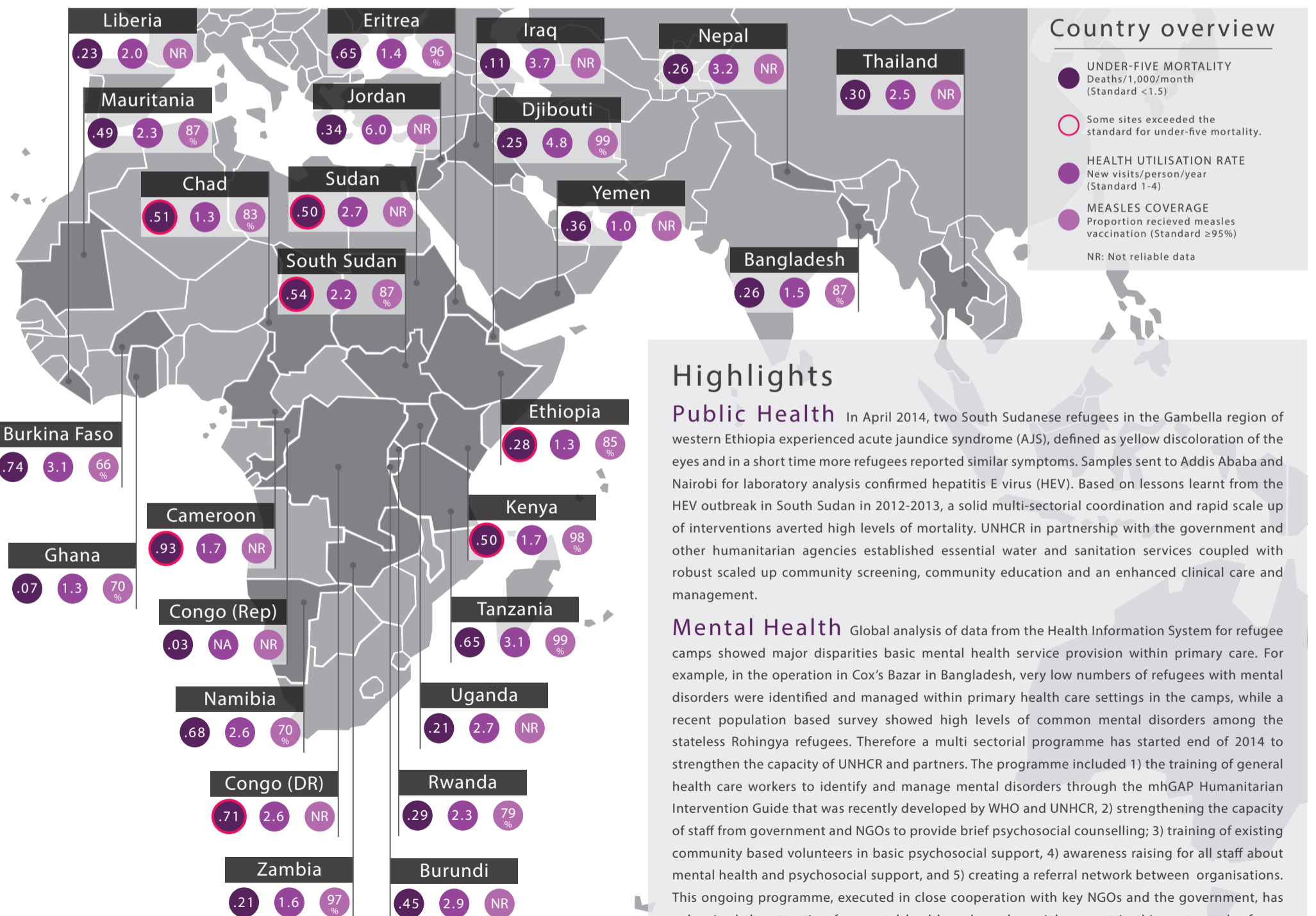
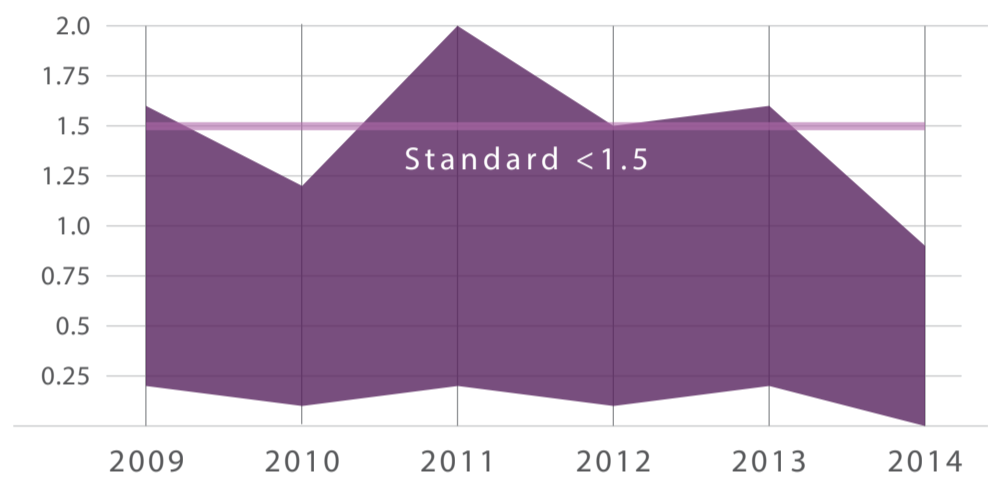
Proportion of all consultations

5,457,943 Total number of consultations in **25** countries



UNDER-FIVE MORTALITY

Deaths/1,000/month (lowest-highest rates)



Highlights

Public Health In April 2014, two South Sudanese refugees in the Gambella region of western Ethiopia experienced acute jaundice syndrome (AJS), defined as yellow discoloration of the eyes and in a short time more refugees reported similar symptoms. Samples sent to Addis Ababa and Nairobi for laboratory analysis confirmed hepatitis E virus (HEV). Based on lessons learnt from the HEV outbreak in South Sudan in 2012-2013, a solid multi-sectorial coordination and rapid scale up of interventions averted high levels of mortality. UNHCR in partnership with the government and other humanitarian agencies established essential water and sanitation services coupled with robust scaled up community screening, community education and an enhanced clinical care and management.

Mental Health Global analysis of data from the Health Information System for refugee camps showed major disparities basic mental health service provision within primary care. For example, in the operation in Cox's Bazar in Bangladesh, very low numbers of refugees with mental disorders were identified and managed within primary health care settings in the camps, while a recent population based survey showed high levels of common mental disorders among the stateless Rohingya refugees. Therefore a multi sectorial programme has started end of 2014 to strengthen the capacity of UNHCR and partners. The programme included 1) the training of general health care workers to identify and manage mental disorders through the mhGAP Humanitarian Intervention Guide that was recently developed by WHO and UNHCR, 2) strengthening the capacity of staff from government and NGOs to provide brief psychosocial counselling; 3) training of existing community based volunteers in basic psychosocial support, 4) awareness raising for all staff about mental health and psychosocial support, and 5) creating a referral network between organisations. This ongoing programme, executed in close cooperation with key NGOs and the government, has galvanized the attention for mental health and psychosocial support in this protracted refugee

Reproductive Health & HIV

2014 ANNUAL GLOBAL OVERVIEW

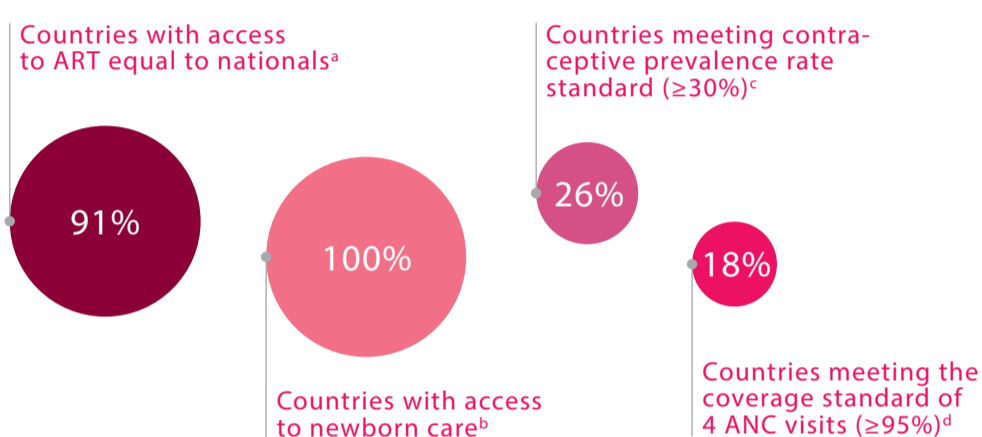
Access to comprehensive reproductive health (RH) and HIV services should be a right for refugees. In emergencies, health services are often disrupted and this affects particular population groups who need continuous services especially people living with HIV and also pregnant women. UNHCR supports the development of programmes for refugees to ensure universal access to comprehensive reproductive health, HIV prevention, care and treatment services.

Over the course of 2014, UNHCR has focused on strengthening field guidance and capacity to address challenging issues in RH and HIV.

Scaling up universal access to anti-retroviral therapy, elimination of mother to child HIV transmission and ensuring protection of HIV positive refugees remained the key areas of intervention in the HIV programme. In advancing comprehensive reproductive health for refugees, emphasis in 2014 was on providing evidence based newborn care, establishing RH quality standards for health facilities and in preventing cervical cancer by promoting vaccination and effective screening and management of pre-cancerous lesions.

REPRODUCTIVE HEALTH & HIV PROFILE

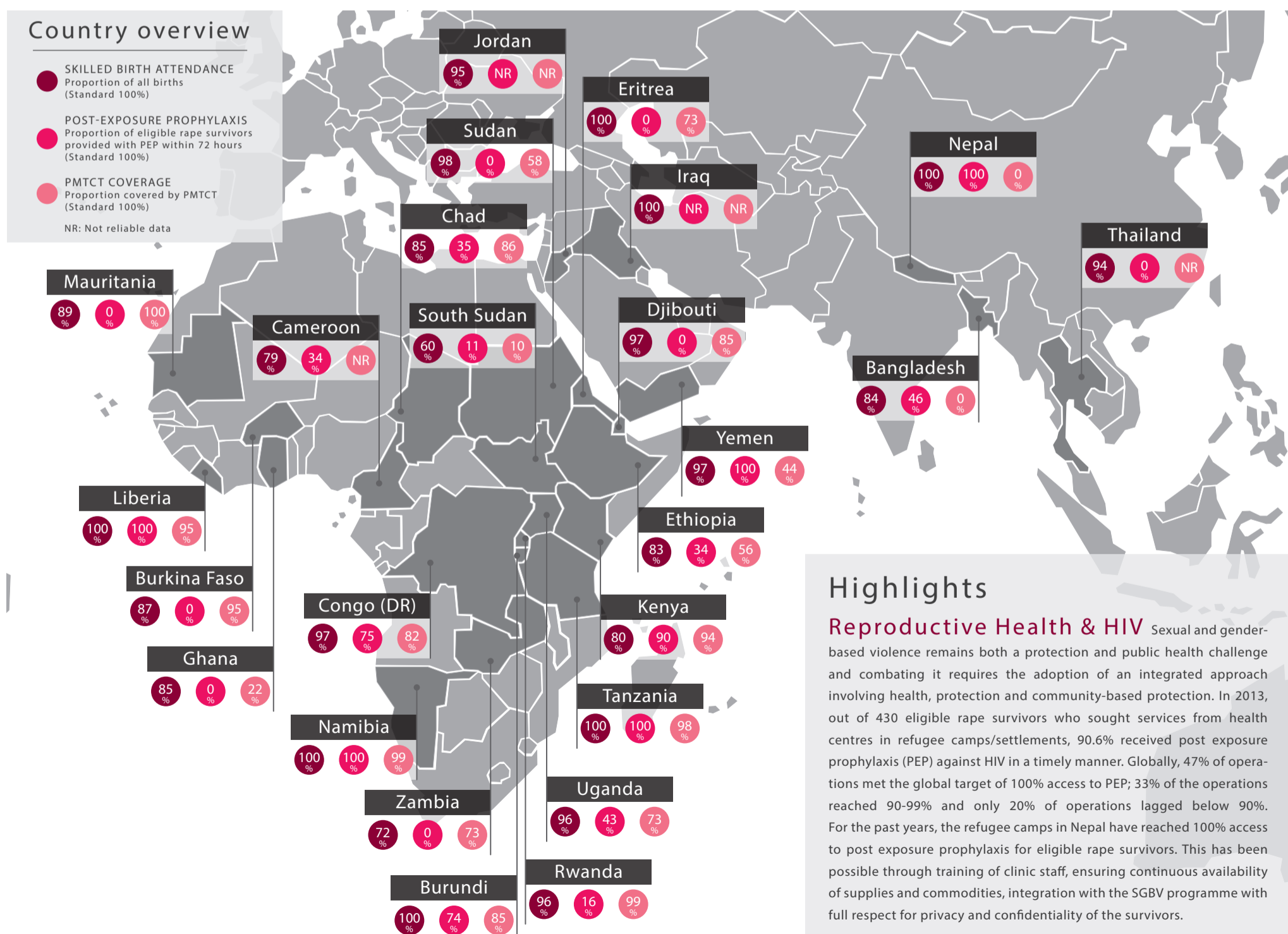
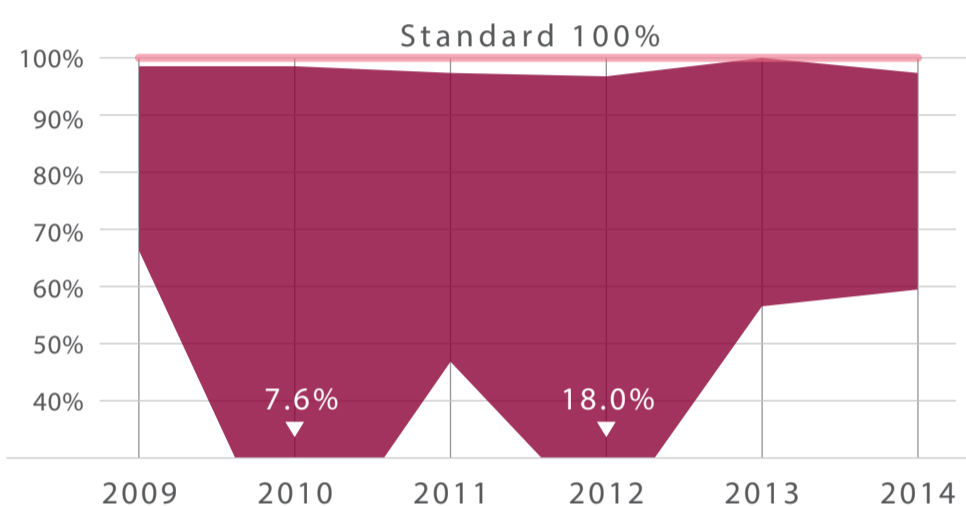
Proportion of countries



Number of countries included in analysis a) 44, b) 40, c) 23, d) 22

SKILLED BIRTH ATTENDANCE

Proportion of all births (lowest-highest proportions)



Highlights

Reproductive Health & HIV Sexual and gender-based violence remains both a protection and public health challenge and combating it requires the adoption of an integrated approach involving health, protection and community-based protection. In 2013, out of 430 eligible rape survivors who sought services from health centres in refugee camps/settlements, 90.6% received post exposure prophylaxis (PEP) against HIV in a timely manner. Globally, 47% of operations met the global target of 100% access to PEP; 33% of the operations reached 90-99% and only 20% of operations lagged below 90%. For the past years, the refugee camps in Nepal have reached 100% access to post exposure prophylaxis for eligible rape survivors. This has been possible through training of clinic staff, ensuring continuous availability of supplies and commodities, integration with the SGBV programme with full respect for privacy and confidentiality of the survivors.

Nutrition & Food Security

2014 ANNUAL GLOBAL OVERVIEW

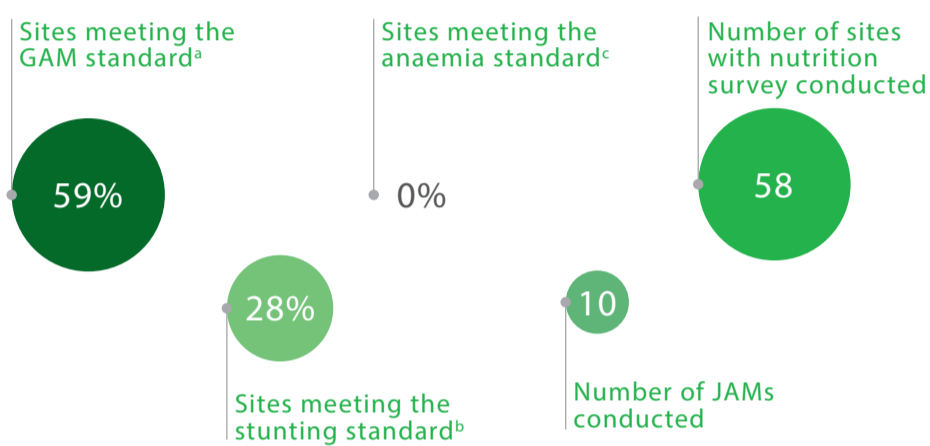
Adequate food security, nutrition and care practices contribute to healthy growth and development of young children, making them more resistant to disease and much less likely to die from common childhood ailments. The dire WFP funding situation adversely affected the food security situation as ration reductions were extremely common. Over half of the operations were affected, some by cuts of up to 50% of the ration. The target of $\leq 10\%$ Global Acute Malnutrition (GAM) was reached in 59% of refugee sites measured in 2014. Stunting, which denotes longer term nutritional deficits, met standards of $< 20\%$ in 22% of sites surveyed in 2014. Childhood anaemia

failed to meet standards of $< 20\%$ in any sites measured in 2014. Nonetheless, some achievement towards reducing prevalence was made in all three indicators. Investment in, amongst others, infant and young child feeding, intersectoral collaboration and staffing in emergency operations has been partially responsible for these achievements.

In addition work was pursued in cash and vouchers, efforts to promote self-reliance in protracted refugee situations were scaled up, and socio-economic targeting of food assistance was piloted.

NUTRITION & FOOD SECURITY PROFILE

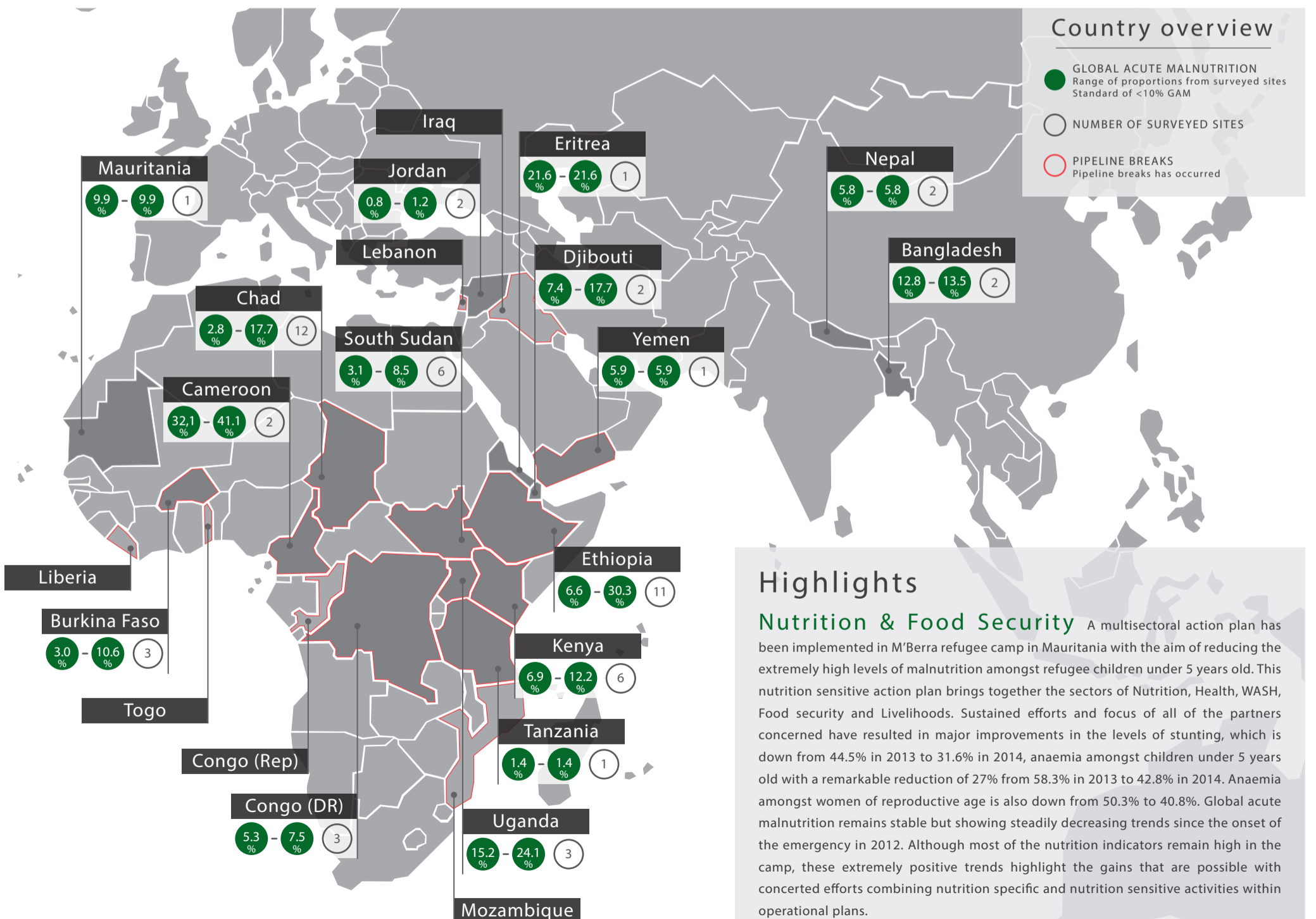
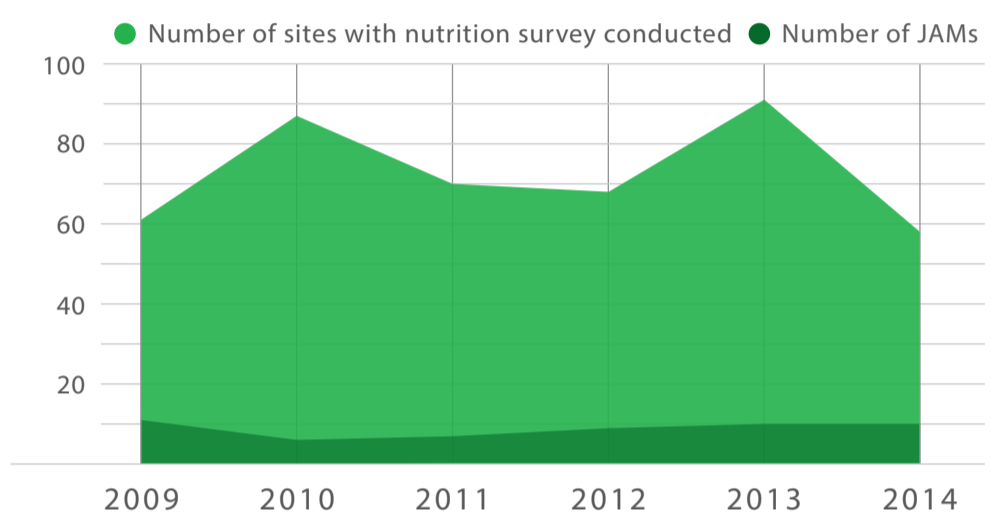
Proportion of surveyed sites



Number of sites included in analyses a) 58, b) 46, c) 53

NUTRITION SURVEY & JAM TRENDS

Number conducted globally



Highlights

Nutrition & Food Security A multisectoral action plan has been implemented in M'Berra refugee camp in Mauritania with the aim of reducing the extremely high levels of malnutrition amongst refugee children under 5 years old. This nutrition sensitive action plan brings together the sectors of Nutrition, Health, WASH, Food security and Livelihoods. Sustained efforts and focus of all of the partners concerned have resulted in major improvements in the levels of stunting, which is down from 44.5% in 2013 to 31.6% in 2014, anaemia amongst children under 5 years old with a remarkable reduction of 27% from 58.3% in 2013 to 42.8% in 2014. Anaemia amongst women of reproductive age is also down from 50.3% to 40.8%. Global acute malnutrition remains stable but showing steadily decreasing trends since the onset of the emergency in 2012. Although most of the nutrition indicators remain high in the camp, these extremely positive trends highlight the gains that are possible with concerted efforts combining nutrition specific and nutrition sensitive activities within operational plans.

Water, Sanitation & Hygiene

2014 ANNUAL GLOBAL OVERVIEW

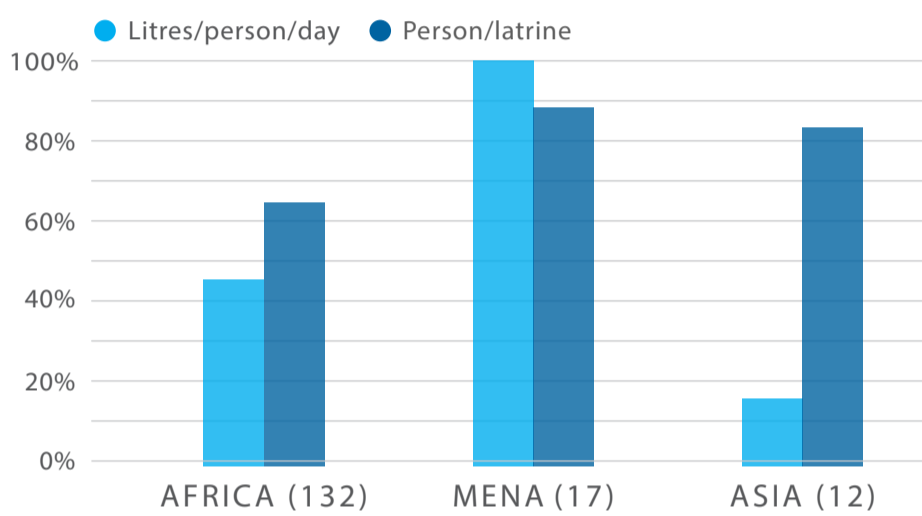
All refugees should be assured the basic right to access safe water of sufficient quality and quantity and to access hygienic sanitation services, both at home and at institutions including schools and health facilities. This will reduce morbidity and mortality and enhance protection, dignity and quality of life for refugees and other persons of concern. UNHCR WASH programmes promote demand-led approaches that put people rather than engineering at the heart of our interventions. In addition UNHCR is committed to WASH solutions which are efficient at reducing long term operation-

al costs and environmental impacts, without compromising on quality.

Over the course of 2014 UNHCR has focused efforts on reducing operational costs for water supply systems by increasing the number of water pumping facilities powered with photovoltaic (solar) energy, and research has been initiated to consider options for converting waste from refugee camps into valuable by-products such as cooking fuel and compost.

WASH PROFILE

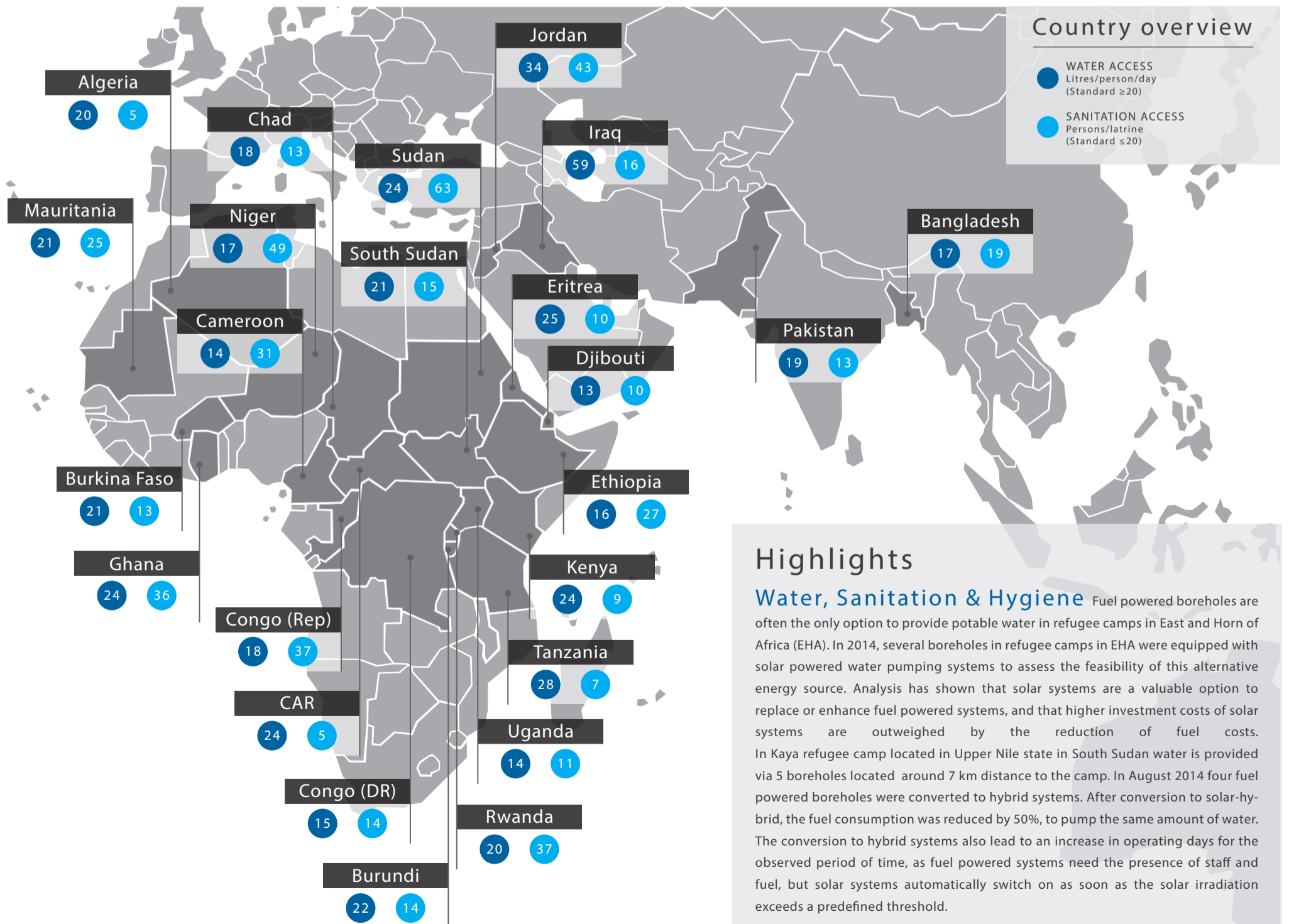
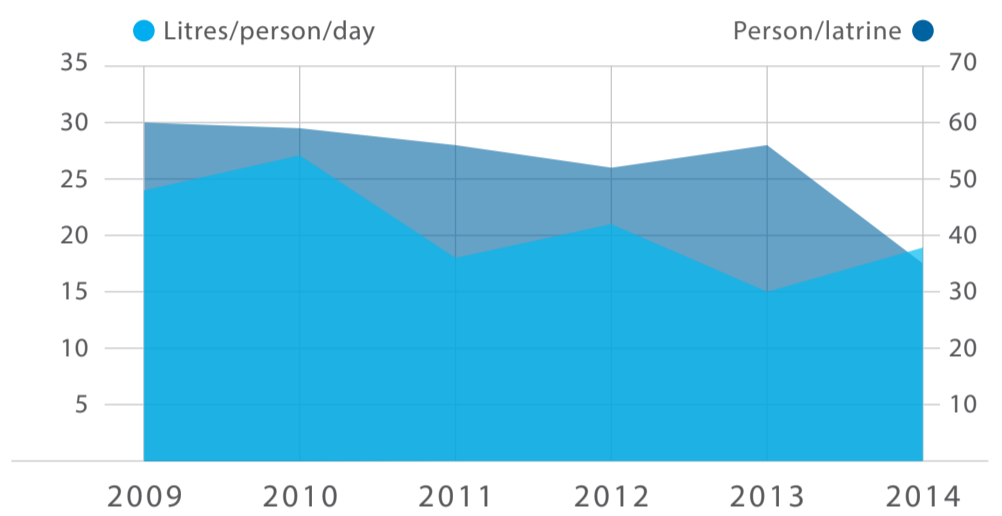
Proportion of sites meeting the standard



The figure in brackets represent the number of sites/settlements included in analysis

WATER & SANITATION TRENDS

Global average



Highlights

Water, Sanitation & Hygiene Fuel powered boreholes are often the only option to provide potable water in refugee camps in East and Horn of Africa (EHA). In 2014, several boreholes in refugee camps in EHA were equipped with solar powered water pumping systems to assess the feasibility of this alternative energy source. Analysis has shown that solar systems are a valuable option to replace or enhance fuel powered systems, and that higher investment costs of solar systems are outweighed by the reduction of fuel costs. In Kaya refugee camp located in Upper Nile state in South Sudan water is provided via 5 boreholes located around 7 km distance to the camp. In August 2014 four fuel powered boreholes were converted to hybrid systems. After conversion to solar-hybrid, the fuel consumption was reduced by 50%, to pump the same amount of water. The conversion to hybrid systems also lead to an increase in operating days for the observed period of time, as fuel powered systems need the presence of staff and fuel, but solar systems automatically switch on as soon as the solar irradiation exceeds a predefined threshold.



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