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# PUBLIC HEALTH AND NUTRITION

IN OPERATIONALIZING THE GLOBAL COMPACT  
ON REFUGEES AND COMPREHENSIVE RESPONSES

## INTRODUCTION

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Within UNHCR public health covers various areas including primary health care, nutrition and food security, reproductive health and HIV, mental health and integrated refugee Health Information Systems (iRHIS). Sectoral programming in a comprehensive response context means applying a whole-of-government (i.e. relevant national and local authorities for health and nutrition response) multi-stakeholder approach and planning with relevant partners. The overall responsibility of coordinating the health sector response in refugee-only situations will be with the Ministry of Health, with support of UNHCR and relevant partners. A wide range of partners play a role in planning and delivering public health interventions in different areas and at different stages of the refugee response. For an effective and comprehensive response it is therefore essential to know how and when to engage these various partners. 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 services through the national health system. Host countries may require assistance from other partners, including international organizations but also local partners, to make the necessary adjustments to comprehensively include refugee health needs into national development and local health plans, to strengthen/reinforce national and local resilience of national and local health systems to meet the health needs of refugees and host communities.

## OBJECTIVES OF HEALTH AND NUTRITION PROGRAMMING AS PART OF COMPREHENSIVE RESPONSES

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### 1.

Refugees have access to quality, comprehensive health and nutrition services from the onset of the emergency to stabilization which address the main causes of morbidity and mortality, including the needs of the most vulnerable and marginalized.

### 2.

Inclusion of refugees into the national / development response in the health sector is accelerated as part of global efforts towards universal health coverage (UHC) as per the United Nations 2030 Agenda for Sustainable Development (“leave no one behind”).

### 3.

National health systems are strengthened at the local and national level.

### 4.

Host communities benefit from improved access to quality health services alongside refugees in an equitable manner.

## UNDERLYING POLICIES/PRINCIPLES/STANDARDS

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- ➔ UNHCR's global public health strategy 2019-2023 (forthcoming) aims to ensure that all refugees are able to exercise their **rights** in accessing life-saving and essential health care, mental health, HIV prevention, protection and treatment, reproductive health and nutrition services.
- ➔ UNHCR promotes **Universal Access** to Health Care and Equity Principles in support of Sustainable Development Goal (SDG) 2 and 3 and through a **primary health care (PHC)** approach embedded into the national public health system. While supporting global efforts towards UHC, access to primary health care and to cost effective interventions at secondary health care level will take precedence over long term and costly secondary and tertiary care, and be based on country level standard operating procedures for referral care<sup>1</sup>.
- ➔ Wherever **National Health Service delivery programmes** are available, these are preferred to setting up parallel services for refugees. In emergencies and in refugee camp situations, UNHCR and partners may have to establish health centres, due to lack of availability or poor absorption capacity of the national health care system. These health centres should be integrated, and where feasible, accredited by the Ministry of Health and be part of the national health system. Structures, equipment and design should be in line with the national standards for health facilities to avoid the need for expensive rehabilitation/ upgrade of facilities during the handover phase.
- ➔ UNHCR works to ensure that refugees have access to health and nutrition services at **equal levels** and at similar costs to that of nationals of the host community once ensuring that minimum standards have been met.
- ➔ Effective **coordination** between the Ministry of Health (MoH) and other line ministries is of paramount importance including in exploring opportunities for integration of services.
- ➔ Not all refugee situations start with an influx, and all emergency responses need to transform into a more consolidated and stable programmatic response in the mid- to long-term. This would include seeking the engagement of relevant national and local government authorities and development actors. The Global Compact on Refugees envisages that refugee responses would be designed in a manner that would pave the way for more **sustainable support and responses**, where possible, integrating responses for refugees into national systems while ensuring these are adequately supported.
- ➔ **Regardless of the location** (camp, settlement, out of camp, urban<sup>2</sup>, rural etc.), it is critical to ensure (and support directly if necessary) refugee access to quality health services and means to meet their basic needs. Advocate to ensure that existing social protection systems (including cash-based transfers as part of social safety nets) are available for vulnerable refugees so that they can access services equitably.

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<sup>1</sup> [UNHCR's Principles and Guidance for referral Health Care for Refugees and Other Persons of Concern](#). UNHCR, 2009.

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<sup>2</sup> [Ensuring access to health care: Operational guidance on refugee protection and solutions in urban areas](#). UNHCR, 2011.



## ROLES AND RESPONSIBILITIES

- ➔ States are primarily responsible for ensuring refugees are protected.
- ➔ UNHCR retains the overall accountability for Persons of Concern
- ➔ UNHCR's role includes the following key elements:
  - **Coordination:** As the agency ultimately responsible for refugee responses, UNHCR has a role in coordinating UN and partner responses for refugees including convening and catalysing the engagement of a broader array of stakeholders in line with the GCR.

- Ensuring that **protection considerations** are taken into account in the health-related interventions of the refugee response, including those of partners
- **Advocacy and technical support to legislative, policy or strategy changes** where relevant, to facilitate **inclusion in national systems and plans:** UNHCR advocates with relevant counterparts (Ministries, UN) to include refugees in health service delivery at national and local levels, and in national planning documents (National development plans (NDP) and support frameworks such as UN Sustainable Development Cooperation Framework (UNSDCF). When needed and feasible, UNHCR to work with relevant partners [relevant line ministries, international organizations such as WHO and local partners] who would provide support to host governments to strengthen national health systems and health service provision.
- Ensuring that a **situation analysis and mapping of relevant actors** (Government, UN agencies, NGOs, multilaterals and donors) in the health sector is done in collaboration with the line ministry to inform the design of a response in each area of public health and nutrition and for every stage of the response.
- **Facilitating data driven responses** Facilitate and support the collection, compilation, analysis, interpretation and dissemination of health program data. Support inclusion of refugees in national data systems and tools including disaggregation of data by nationality to the extent possible.
- **Refugee participation and consultation:** wherever possible, continue to develop and support consultative processes that enable refugees and host community members to assist in designing appropriate, accessible and inclusive responses.
- **Providing technical expertise & support:** UNHCR will seek to provide or facilitate technical and general support to partners on program implementation and support for inclusion of refugees in national data systems..

# TIMELINE AND SPECIFIC CONSIDERATIONS<sup>3</sup>

PREPAREDNESS	EMERGENCY	TRANSITION	LONG-TERM INCLUSION
OBJECTIVES/ OVERALL ACTIONS			
<p>Where refugee influxes are anticipated, engage with the government wherever possible, in preparedness actions such as contingency planning.</p> <p>Review national and regional policies/plans (including existing social protection programmes related to health) to advocate for/ensure inclusion of refugees.</p> <p>Identify key development actors, including donors for national health programming.</p> <p>Map the extent that refugees are included in national health programs e.g. Expanded Programme on Immunization (EPI), malaria, TB, HIV, malnutrition treatment etc. and availability of services in areas which are likely to be receiving or hosting refugees.</p>	<p>Ensure MoH-led response with support of UNHCR as co-lead with integration/inclusion into national health systems from the onset of emergency response, to the extent possible.</p> <p>Develop and align refugee public health emergency response strategy with MoH plans.</p> <p>Plan and implement specific humanitarian responses to public health risks in coordination with MoH.<sup>4</sup></p> <p>Where the need is identified,<sup>5</sup> support the development of parallel or additional services (but linked to national health system) in the early phases of an emergency.</p> <p>Ensure basic needs are met through humanitarian assistance based on inter-agency joint needs assessments.</p>	<p>Maintain comprehensive level of health and nutrition services with MOH/NGO partners, while investing into upgrading of infrastructure, capacity and skills building/transfer in line with national policies/plans.</p> <p>Develop a multi-stakeholder, multi-year health integration plan/strategy agreed with the government</p> <p>Explore linkage/inclusion in the national development plans.</p> <p>Ensure health facilities serving refugees are accredited by MoH.</p> <p>Develop strategy for handing over health support in collaboration with MoH and host communities.</p> <p>Promote the inclusion of refugees into national health plans.</p> <p>Where feasible, transition refugees into national health insurance and/or other national social protection systems e.g. Cash based social transfers.</p> <p>Support the targeting of assistance to meet basic needs.</p>	<p>Promote the inclusion of accredited refugee health facilities in MoH national health plans.</p> <p>Establish links to other national social protection programmes and services aimed at reducing socio-economic poverty and improving economic and financial inclusion.</p> <p>Regularly review MoH-UNHCR led inter-agency health integration plans and document good practice, unmet needs and required resources.</p>

<sup>3</sup> Inclusion is cross-cutting and starts at onset of the response planning and should be gradually and contextually formulated as per guidance in this document.

<sup>4</sup> New arrival, wide-age-range vaccination, screening for and treatment of acute malnutrition, management of injuries, prioritized reproductive health services etc.

<sup>5</sup> For example, where national services are not nearby or do not have the capacity or unable to meet the particular needs of refugees such as specific mental health services or sexual and gender-based violence services

**PREPAREDNESS****EMERGENCY****TRANSITION****LONG-TERM INCLUSION****KEY PARTNERS**

Ministry of Health (MoH) to include refugees in national programs with support from UN agencies and NGOs (national and international).

UN agencies: 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.

Development partners and international financial institutions: strengthen institutions for the management of a refugee influx; develop financial instruments to facilitate the flow of financial support; and to establish surge capacity for service delivery.

MoH to include refugees in national programs with support from UN agencies and NGOs (national and international).

Global Fund: for HIV, TB, malaria program support where applicable including emergency fund grants.

Gavi: For vaccine support to MoH for refugee response with possibility of waiving co-financing obligation of MoH.

WHO: support MoH on health system capacity needs, technical support for the public health situation analysis and risk assessment.

WFP: Providing food and nutrition assistance to refugees in collaboration with UNHCR.

UNICEF: support refugees access to immunisation programmes; vitamin A and deworming campaigns, commodities relating to maternal newborn and child health; nutrition materials and supplies for the treatment of Severe Acute Malnutrition (SAM), Infant and Young Child Feeding (IYCF) support, nutrition in the surrounding community, support to nutrition assessments and surveys and behaviour change communication (BCC).

UNFPA: support refugees and hosting communities to access reproductive health care services and commodities.

MoH to include refugees in national programs with support from development partners (multilateral development banks and bilateral donors), UN agencies, NGOs (national and international) among other partners.

WHO: Health system strengthening; support the MoH with an assessment of the impact on the national health system.

MoH to include refugees in national programs with support from development partners, UN agencies, NGOs (national and international) among other partners.

UN agencies: Support MoH in developing health and related policies and strategies and in activities favourable towards inclusion of refugees and to enhance the capacity of the national systems to equitably and sustainably integrate refugees.

Development partners and international financial institutions: Support to MoH & partners in health system strengthening for sustainable inclusion of refugees in national systems and equitable health services for both refugees and host communities.

# OVERALL RESPONSIBILITIES OF VARIOUS ACTORS<sup>6</sup>

PREPAREDNESS	EMERGENCY	TRANSITION	LONG-TERM INCLUSION
<b>ASSESSMENTS</b>			
Needs assessment of health systems' readiness/capacity to respond to influx of refugees and to extent possible the MoH/partners' response capacity.	Rapid situation analysis  Joint inter-agency needs assessment to understand health, nutrition and food needs.	Public Health and nutrition related assessment, monitoring and evaluation jointly with government, UN agencies, NGOs, development partners, beneficiaries among others.	
<b>HEALTH INFORMATION SYSTEM (HIS)</b>			
Establish HIS protocols linked to MoH and agree on minimum reporting requirements in case of refugee influx.	Implement HIS from onset of emergency (Basic indicator report) and gradually scale up to full HIS. Ensure the HIS/refugee data is integrated with national health management information system from onset and disaggregation of data by nationality to the extent possible.  Other HIS tools to be used in partnership with MoH and partners e.g. Health Access and Utilization Surveys (HAUS) etc.  Nutrition surveys from onset of emergency and in coordination with government and partners.  Ensure refugees are included in any national health surveys e.g. HIV indicator surveys, demographic and health surveys, multiple indicator cluster surveys etc., ideally with oversampling for refugees <sup>7</sup> , among other methodologies.		
<b>DISEASE SURVEILLANCE</b>			
Develop outbreak preparedness and response plan focusing on key diseases of outbreak potential.	Disease surveillance and outbreak preparedness and response in emergency phase including updating existing response plans as appropriate.	Refugees included in national and regional/local emergency preparedness and response plans.  Surveillance of epidemic-prone diseases to include refugee hosting areas (adapted to the national context).	

<sup>6</sup> Inclusion is cross-cutting and starts at onset of the response planning and should be gradually and contextually formulated as per guidance in this document.

<sup>7</sup> In some contexts where refugees represent a large proportion of the population, particularly where there is reason to suspect that coverage may be different among this group, oversampling may be considered to provide estimates for both the displaced persons and the host population

PREPAREDNESS

EMERGENCY

TRANSITION

LONG-TERM INCLUSION

**OTHER ACTIVITIES (PUBLIC HEALTH, NUTRITION, FOOD SECURITY)**

Review national health plans and policies and advocate that activities for refugees are included and equitably provided as nationals.

Measles, polio vaccination on arrival and vitamin A supplementation.

Expand vaccination to national immunization schedule (EPI) and supplementary immunization activities (SIA).  
 Additional support for vaccines and human resources may be needed and may be sought as per the GAVI, Fragility, Emergencies, and Refugees Policy.  
 UNICEF may support cold chain capacity, training of health workers and vaccine related activities

As above

Essential primary health care.

Integrated primary health services.  
 Gradually integrate refugees into national health services, support services if need be with human resources for health, medications, medical supplies and equipment.  
 Engage other UN agencies (UNICEF, UNFPA and WHO) to support efforts to include refugees in national program/systems.  
 If refugee standalone facilities, aim for accreditation and inclusion in national system.  
 Engage supervision from Ministry of Health especially for malaria, TB, HIV, nutrition, reproductive health and immunization.  
 Use national clinical management protocols.  
 International (and in exceptional situations, local) procurement of medicines in line with UNHCR policy. Review of and support to MoH procurement protocols/systems and integrate where applicable (context-specific and based on quality assurance assessment).



PREPAREDNESS	EMERGENCY	TRANSITION	LONG-TERM INCLUSION
As above	<p>Comprehensive nutrition services integrated as much as possible into MoH systems (often supported by UNICEF in collaboration with UNHCR).</p> <p>Nutrition assessments of refugees and national populations.</p> <p>Prevention of acute malnutrition, anaemia and stunting by gradually integrating refugees into national programmes of fortification, deworming and supplementation as well as close nutritional monitoring. If need be in collaboration with UNICEF, WFP and other partners for human resources, nutritional supplies and equipment.</p> <p>Advocate for eligible refugees to receive therapeutic feeding products (ready-to-use therapeutic food, F75, F100) and medications (systemic treatment and ReSoMal) through national system.</p> <p>Engage UN agencies (UNICEF, WFP) to support treatment and prevention of acute and other forms of malnutrition.</p> <p>Engage supervision from MoH on nutrition service provision.</p> <p>Include refugees in national Vitamin A, deworming, school feeding and micronutrient fortification programmes.</p> <p>Prevention of micronutrient deficiencies and anaemia by gradually integrating refugees into national programmes of Vitamin A supplementation, deworming, school feeding and micronutrient fortification programmes as well as close nutritional monitoring and enhanced collaboration with reproductive health programmes. If need be in collaboration with UNICEF, WFP and other partners for human resources, nutritional supplies and equipment.</p> <p>Include refugee nutrition programme staff (government and local partners) in national capacity building programmes for improved/integrated health and nutrition services.</p>		
As above	<p>Infant and young child feeding in emergencies (IYCF-e).</p> <p>Prioritize life-saving IYCF activities (defined by context) and advocate for needs of infants and pregnant and lactating women to be considered in all sectors.</p> <p>Reference: UNHCR/Save the Children IYCF in Refugee Situations: A Multi-Sectoral Framework for Action.</p>	<p>Multi-sectoral integrated IYCF programmes. Engage other sectors e.g. WASH, camp management, security, settlement and shelter, health, food security and livelihoods, logistics, child protection, general coordination.</p> <p>Building systems and capacity to promote IYCF support (often in collaboration with UNICEF).</p> <p>Include refugees in national IYCF and child health programmes.</p>	

PREPAREDNESS	EMERGENCY	TRANSITION   LONG-TERM INCLUSION
As above	Minimum Initial Service Package for RH (MISP) including Emergency Obstetric Care.	<p>Scale up to comprehensive reproductive, HIV/TB health services.</p> <p>Advocate for inclusion of refugees into national HIV, TB and malaria programmes for provision of ART, malaria and TB drugs, rapid testing kits, early infant diagnosis, GENExpert and viral load, bed nets (LLIN) etc. Global Fund support may be needed including emergency funds for large influxes, reprogramming of existing grants or inclusion into new grants. (Reference GFATM’s Challenging Operating Environment Policy and UNHCR’s Global Framework Agreement).</p> <p>Include in national cervical cancer screening programmes and obstetric fistula programs where they exist.</p> <p>Include refugees health workers or staff working in refugees sites in national trainings</p>
As above	Life-saving referral care and logistics support.	<p>Referral standard operating procedures (SOP) established/updated and linked with national secondary and tertiary level referral system.</p> <p>Additional support to referral facilities may be needed in terms of equipment support, payment of referral costs</p>
As above	<p>Identification of NCD patients &amp; ensure continuity of care.</p> <p>Support training/refreshment of health providers on NCD updated protocols.</p> <p>Prioritize patients considered to be at higher risk of complications – symptomatic; those for whom medication interruption is likely to have significant consequences; those who have had recent disease instability; and those with multiple co-morbidities.</p>	<p>Integrate NCD care into primary health care and ensure congruence with the national health system.</p> <p>Advocate for inclusion into existing national NCD services and programs.</p> <p>In the absence of functioning local facilities, identifying and supporting a reliable health partner is important and, equally, referral systems should be established where specific care is not provided directly by the health partner.</p> <p>Support the local health system to maintain and enhance their NCD services.</p> <p>Reference: NCDs in Humanitarian Settings- Operational guidelines (contact UNHCR Public Health Section).</p>

<p><b>PREPAREDNESS</b></p> <p>As above</p> <p>Promote the dissemination and use of international guidance documents such as IASC Guidelines for Mental Health and Psychosocial Support (MHPSS) and mental health entries in Sphere Minimum Standards and UNHCR Emergency Handbook.</p>	<p><b>EMERGENCY</b></p> <p>Protect the rights of people with severe mental health conditions in the community, hospitals and institutions.</p> <p>Orient staff and volunteers on how to offer psychological first aid.</p> <p>Make basic clinical mental healthcare available at every healthcare facility.</p> <p>Make psychological interventions available where possible for people impaired by prolonged distress.</p> <p>Work with protection actors to strengthen community self-help and social support.</p>	<p><b>TRANSITION</b></p> <p>As in emergency stage PLUS:</p> <p>Organize a referral mechanism among mental health specialists, general healthcare providers, community-based support and other services.</p> <p>Develop plans with the MoH, development donors and NGOs to develop a sustainable mental health system.</p>	<p><b>LONG-TERM INCLUSION</b></p>
<p>Review national health plans and policies and advocate that activities for refugees are included and equitably provided as nationals.</p>	<p>Comprehensive food security interventions to include provision of blanket assistance to meet basic needs (food- in-kind or cash, with partners).</p> <p>Joint Needs/Vulnerability Assessments (refugee/host).</p> <p>Nutrition sensitive agriculture, livelihood programmes.</p> <p>Development of Self-Reliance Strategy for food/nutrition.</p>	<p>Comprehensive food security interventions to include provision of targeted assistance to meet basic needs (food- in-kind or cash, with partners) where government social protection programmes do not yet include refugees and needs are identified.</p> <p>Continue food security activities as per Self-Reliance for food and nutrition Strategy.</p> <p>Link and support to social protection systems for most vulnerable.</p>	<p>Assessments with line ministries to determine vulnerability (poverty and food security).</p> <p>Integration into government social protection system.</p>
<p>Training of health workers and other relevant actors on culturally-sensitive service delivery, including interpreters; harmonized with health system processes.</p>	<p>Training of refugees on key health and nutrition and hygiene promotion messages.</p>	<p>Continuous training of health workers in refugee settings linked with MoH national training curricula.</p> <p>Support efforts to ensure qualified refugee health workers are able to work similar to national system health workers.</p> <p>Capacity/skill building of refugees.</p>	

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