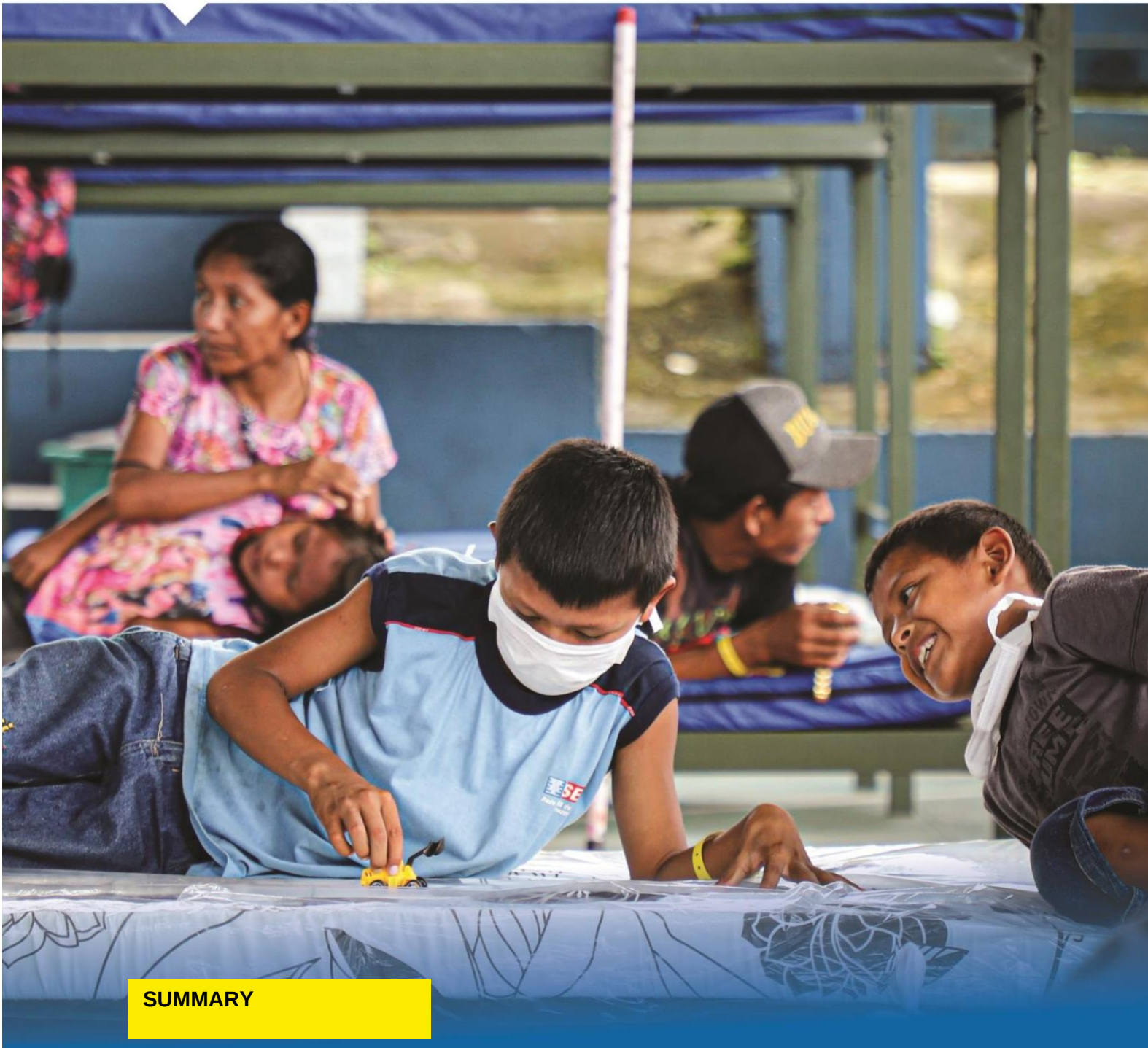
UNHCR
The UN Refugee Agency



SUMMARY

HIGH COMMISSIONER'S DIALOGUE ON PROTECTION CHALLENGES: PROTECTION AND RESILIENCE DURING PANDEMICS

Resilience and inclusion in health

18 NOVEMBER 2020, 15:00 - 17:00 (CET)

Resilience and inclusion in health (emergency and longer-term approaches with reference to COVID-19)

SESSION DESCRIPTION

The 2030 Agenda for Sustainable Development laid out ambitious goals to promote the health and wellbeing of all populations, including the scale-up of universal health coverage and a commitment to meet the needs of more marginalized, vulnerable, and often excluded populations.

Many States are struggling to meet the healthcare needs of populations on their territory in the face of the pandemic and urgently need financial and technical support.

Refugee-hosting countries can benefit from inclusive approaches to healthcare and other national services that bring humanitarian and development funds, multi-year planning, and strategies in support of immediate and longer-term goals.

This session unpacked the concept of inclusion from global, national and subnational perspectives. Through a diverse range of speakers, this panel considered good practices, lessons, and challenges related to inclusion and integration in national health systems.

The session opened with a panel chaired by the Assistant High Commissioner for Operations and included a refugee and representatives from a refugee-hosting country and the World Bank.

Panel members shared reflections on approaches to inclusion in national health systems and strengthening health systems from national and subnational perspectives, a refugee perspective, and that of a key development actor.

These reflections set the stage for the next part of the session, which included a moderated discussion with representatives from United Nations agencies, academia, a major global health actor, a development donor, a national NGO, and a refugee-hosting country. The discussion focused on good practices, lessons learned, and challenges relating to inclusion and integration in national health systems – including financing – with reference to COVID-19 responses.

An online interactive platform allowed for additional questions from the audience which could also be posed in advance. The session concluded with a summary of the main outcomes and reflections.

Chair

Mr. Raouf Mazou
Assistant High Commissioner for Operations, UNHCR

Mr. Raouf Mazou took up his appointment as Assistant High Commissioner for Operations for the United Nations High Commissioner for Refugees (UNHCR) in Geneva on 1 February 2020. Prior to this appointment, he served as the Director of UNHCR's Africa Bureau in 2019 and as the UNHCR Representative in Kenya for over five years. In the four years immediately preceding this assignment, he served a Deputy Director in the Africa Bureau, covering the East and Horn of Africa Region. Other senior positions he has occupied in UNHCR include: Deputy Director of the Division of Operations Support and Head of the Emergency and Security Service, a position in which he oversaw UNHCR's global emergency management and staff security interests. Having served UNHCR for over 28 years, Mr. Mazou has worked in the field in many capacities, starting in the early nineties in the Great Lakes Region and subsequently in West Africa in the context of the Liberian and Sierra Leonean refugee crises. He has garnered expertise in various areas of UNHCR's activities, particularly in emergency response, repatriation, and the development of strategies aimed at bridging the gap between relief and development.

Mr. Mazou holds a Bachelor's degree in law from the University of Geneva, Switzerland. He is fluent in English and French.

Moderator

Mr. Nigel Pearson
Independent Consultant

Mr. Nigel Pearson specializes in strengthening health systems in countries experiencing fragility and conflict, working with Health Ministries, donors, UN organisations, and NGOs. He has supported development of the health system across the Somali states and in Libya, was involved in designing the DFID-led Health Pooled Fund in South Sudan and has advised the Global Fund on their programming in challenging operating environments. He has led teams developing national treatment guidelines for Somalia and South Sudan. He also has worked as a consultant and senior health advisor on UNHCR's global public health strategy for refugees and on financing for refugee health programming and has been instrumental in contributing to policy work on the inclusion of refugees in national systems. He worked recently as FCDO's humanitarian health adviser and also works as a General Practitioner in Oxford.

Speakers

PANEL ONE

Dr. Sami Sheikh Ali, *Director of Communicable Diseases Directorate, Ministry of Health, Jordan*

Dr. Sami Sheikeh Ali is a medical doctor and epidemiologist.

Mr. Alberto Rodriguez
Director for Strategy and Operations in Human Development, World Bank

Mr. Alberto Rodriguez is the Director for Strategy and Operations in Human Development, responsible for the strategy and operational aspects of the World Bank's global portfolio and activities in Health, Education, Gender, Social Protection, and Jobs.

A Colombian national, Mr. Rodriguez has more than 25 years of experience in international development, with a strong emphasis on human capital and education sector policies. Among his leadership positions, Mr. Rodriguez has served as Senior Adviser to the Vice President in the Latin American and the Caribbean Region at the World Bank; Regional Director for Perú, Bolivia, Chile, and Ecuador, responsible for the World Bank's strategic engagement in these countries and oversight of the analytical and operational portfolio. He also served as Manager for the Education Sector in the Europe and Central Asia Region. Mr. Rodriguez further served as Technical Secretary of the Ministry of Education in Colombia. He holds a BS in Industrial Engineering; a MA in Educational Administration, a Master in Public Administration (MPA), and a Ph.D. in Educational Policy and Administration.

Dr. Fezzeh Hosseini
Afghan Doctor | Esfahan Province, Iran

Dr. Fezzeh Hosseini, 38, is a refugee doctor in Esfahan province, Iran. As the head of a health centre, she oversees a dozen doctors and nurses and, since the COVID-19 outbreak, has gone beyond her medical duties to ensure Afghans and Iranians have information about and access to health services. She was born in Afghanistan, but her family fled the conflict to Iran when she was just 1 month old.

- Afghan doctor helps refugees fight COVID-19, one phone call at a time
- Word Refugee Day Op-Ed by Tehran Times
- Afghan female doctor in Iran shares her story
- Afghan female doctor in Iran shares her story

PANEL TWO

Dr. Sophie Witter

Professor of International Health Financing and Health Systems, Queen Margaret University

Dr. Sophie Witter is a Professor of International Health Financing and Health Systems at the Institute for Global Health and Development at Queen Margaret University, Edinburgh. She is also Research Co- Director for ReBuild for Resilience, focusing on fragile and shock-prone health systems, and is Deputy Director of the NIH Research Unit on Health in Fragility at QMU.

Dr. Alfred Driwale

Assistant Commissioner of Health Services, Ministry of Health | Uganda

Dr. Alfred Driwale is the Assistant Commissioner Health Services: Vaccines and Immunization and heads the National Immunisation Program in the Ministry of Health, Uganda. He is a former refugee, managed refugee health services, comes from a refugee hosting community, and until recently was the refugee health desk officer in the Ministry of Health where he produced the Integrated Refugee Health Response Plan. Previously, he served as Health Services Manager through the different levels of health system in Uganda: in charge of Health Center IV, as Medical Superintendent of a General Hospital, and Health Sub District and District Health Officer in refugee-hosting districts.

Mr. Driwale shares his professional experiences in delivery of primary health care to shape the governance of the health system by participating on vital committees and boards in Uganda, e.g. the National Medical Stores board, the Health Policy Advisory Board, and academic platforms. He has also spearheaded a number of national initiatives, program and sector performance reviews, successful mass immunization campaigns, integrated refugee response planning, and emergency response, including strategic guidance for the ongoing COVID-19 pandemic.

Dr. Md Akramul Islam

Director, Communicable Diseases, Water, Sanitation & Hygiene (WASH), BRAC | Bangladesh

Dr. Md Akramul Islam is the Director of Communicable Diseases and Water, Sanitation, and Hygiene (WASH) Programme, BRAC. He also served as interim director for humanitarian response, disaster management, and climate change programmes of BRAC from 2014 to 2018. He is an adjunct professor of the James P. Grant School of Public Health at BRAC University. Dr. Islam was nominated for the Award of the Global

Development Network of the World Bank in 2002 for his PhD research on cost-effectiveness of a tuberculosis (TB) control programme in Bangladesh. In 2008, the International Union against TB and Lung Disease, South East Asian Region recognized him for his leadership in a public-private partnership model for TB control. Dr. Islam was a visiting lecturer at the University of Tokyo from 2002 to 2005 and at Harvard University from 2008 to 2009.

Dr. Santino Severino
Director of the Migration Health Programme at World Health Organization

Dr. Santino Severoni is Director of the Migration Health Programme, Office of the Deputy Director-General at the World Health Organization's European Office. He is a medical doctor, health economist, and epidemiologist and has experience in systems management.

Dr. Severoni has over 24 years of experience as an international senior technical advisor and executive, worked for governments, multilateral organizations, NGOs, and foundations in Eastern Africa, the Balkans, Central Asia, and Europe. He has dedicated his work to global health during his professional career, focusing on health sector reforms, health system strengthening, health diplomacy, aid coordination/effectiveness, and management of complex emergencies, and as WHO Representative in Albania and Tajikistan. In 2011, he established and led the public health aspect of migration work for the WHO Regional Office for Europe. In 2019, he was appointed EURO Special Representative on health and migration and Director a.i. on health systems and public health. In June 2020, he was appointed Director of the Migration Health Programme at the WHO Headquarters in Geneva to lead the WHO global work on health and migration.

Ms. Valérie Schmitt
Deputy Director, Social Protection Department, ILO

Ms. Valérie Schmitt is the Deputy Director of the Social Protection Department of the International Labour Organization (ILO) based in Geneva. She is also leading ILO's flagship programme on building social protection floors for all. Born in 1972, Ms. Schmitt holds a Master of Advanced Studies (first year of doctoral studies programme) in quantitative economics from Paris Sciences Economiques (Laboratoire du Delta) and a Master of Business Administration with honours from HEC (Europe's highest-ranked MBA programme by the *Financial Times*). She also holds a Bachelor's degree in Philosophy from the University of Paris IV– La Sorbonne. Ms. Schmitt joined the ILO in 2003. She has 23 years of progressively responsible professional experience in the field of social protection, combining both headquarters and field experience in various types of organizations: the ILO in Africa and Asia, the corporate sector in France, and an NGO in Africa.

Mr. Thomas Gonnet
Public Health Task Team, Agence Française de Développement

Mr. Thomas Gonnet is an emergency and development practitioner in failed/fragile states and emerging countries. Since 2018, he has been responsible for the instruction, financing, and implementation of public health programmes in the Middle East, with a particular focus on mental health and psychosocial support projects in Lebanon.

Ms. Olga BORNEMISZA
Senior Specialist, Resilient and Sustainable Systems for Health, Technical Advice and Partnerships Department, The Global Fund | Geneva

Ms. Olga Bornemisza has worked at the Global Fund for the last ten years as a senior advisor on health systems strengthening, supporting policy and strategy development and design and implementation of health systems investments. As part of her work, she has focused on how best to support health systems strengthening in fragile states, and on the inclusion of refugee and internally displaced populations in HIV, TB, and malaria programmes.

Prior to this, Ms. Bornemisza worked at the London School of Hygiene and Tropical Medicine (LSHTM) for nine years, where she specialized in post-conflict health systems, refugee health, and the links between health and state building. She also worked for three years at CARE Kenya, where she developed health programmes and monitoring and evaluation systems. She has worked with a variety of actors, including national and state governments, research institutions, aid agencies, and grassroots community organizations. She holds a BSc. in Biology from Queen's University, a MSc. in Environmental Science from the University of Calgary, and a MSc. in Public Health in Developing Countries from LSHTM.

SUMMARY OF DISCUSSION

The session was attended by more than 520 participants from 82 countries.

The Assistant High Commissioner for Operations, Mr. Raouf Mazou, opened the session, noting that UNHCR has been working with host governments and other partners for a number of years towards the inclusion of refugees and other persons of concern in national health systems. COVID-19 has highlighted that many refugee hosting countries are struggling to meet the health needs of their own populations. While providing services to refugees through one system has distinct advantages, it is important that health systems in refugee hosting countries get adequate financial and technical support to be able to advance on inclusion equitably. The health session of the dialogue highlighted some success stories and some challenges.

Key issues

The opening panel set the scene with perspectives from a host government, the World Bank, and a refugee health care provider reflecting national and sub-national perspectives.

Mr. Alberto Rodriguez, *Director for Strategy and Operations in Human Development, World Bank Group,* outlined the support for refugee hosting governments to strengthen the health systems and better meet the needs of hosting communities as well as refugees. The World Bank is very engaged in the COVID-19 response around the world, including in 30 countries affected by fragility, conflict, and/or violence where they have delivered USD 2.5 billion in support. The strategy includes strengthening the social contract between citizens and the state, protecting human capital, and ensuring inclusion of the poorest and most marginalized groups, such as refugees, in the national responses. The World Bank is also working with member States to measure the fiscal impact of hosting, protecting, and assisting refugees; future analysis is planned for the health sector.

Dr. Fezzeh Hosseini, *Head of the Coronavirus Public Outreach Programme, Iran,* a refugee, and medical doctor, spoke of providing care to both refugees and Iranians during the COVID-19 pandemic. The health system in Iran is inclusive of both Iranians and refugees – an example of good practice. In addition, in recognition of the socio-economic vulnerability of Afghan refugees, COVID-19-related services were provided free of charge to refugees to facilitate their access.

Dr. Ghazi Sharkas, *Assistant to Secretary General of the Primary Health Care Directorate, Ministry of Health, Jordan,* set out policy changes instituted to manage the health needs of Syrian refugees and facilitate the link between the humanitarian and resilience responses. Syrian refugees can access healthcare services for primary, secondary, maternity, and mental health services through the national system at the uninsured Jordanians' rate and are exempt from fees for certain maternity and childhood services, including vaccines. The Ministry of Health has been supported by various international partners to strengthen the resilience of the national health system, including through the construction and rehabilitation of healthcare facilities and the provision of medical equipment, particularly in the host communities in the northern governorates and areas with high concentrations of Syrian refugees.

Good practices

The second panel was moderated by **Dr. Nigel Pearson,** *an independent consultant*, and looked further at good practices, lessons, and challenges of inclusion and integration in national health systems.

Dr. Alfred Driwale, *Assistant Commissioner of Health Services, Ministry of Health, Uganda,* outlined Uganda's policies and strategic approaches in support of refugee integration. Following the Comprehensive Refugee Response Framework, the Government developed an integrated refugee response plan for health with a redefined service package promoting integrated service delivery, a policy environment where health and other social services are provided free at the point of care, and a Refugee Act, which allows free movement of people. All refugees benefit from the same healthcare package as nationals.

Ms. Valerie Schmitt, *Deputy Director, Social Protection Department, International Labor Organization*, described how access to social health protection for refugees is one avenue to

support access to health services. Access to healthcare is the first guarantee of any social protection floor but requires sustainable financing and other investments. There are different ways to organize and finance social protection and healthcare schemes: non-contributory schemes versus contributory schemes. Inclusion of refugees in non-contributory schemes often requires donor support to host countries, while contributory schemes require refugees, who are often socio-economically vulnerable, to pay. Health financing research has shown that funding through non-contributory systems is preferable, as contributory systems create barriers and can be inequitable. For example, contributory systems can discriminate against women due to the nature of their employment. Joint feasibility studies by ILO and UNHCR with host governments and others can assist in determining the most appropriate avenue.

Dr. Sophie Witter*, Professor of International Health Financing and Health Systems, Queen Margaret University, Edinburgh,* spoke of research findings relating to health financing in countries affected by conflict and fragility that can also be applied to the inclusion of refugees in national health systems. These include a long-term vision beyond the immediate humanitarian phase and avoiding schemes or subsystems which are inconsistent with universal health coverage, such as multiple uncoordinated actors. Coordinated actions that use and support domestic systems where possible, or otherwise mirror critical public health functions, can strengthen health system resilience. Examples include pooling of health funds, common pay scales for health workers, and prioritizing funding for critical inputs required for service delivery.

Dr. Santino Severoni, *Director Migration Health Programme, World Health Organization,* outlined a shift in approaches which move away from reacting to refugee influxes to a more systematic and programmatic approach that focuses on better preparing national health systems to respond to the needs of diverse populations, including refugees. This means consideration of refugee needs in policy development, health systems research, data collection, evidence generation, and design of services. Thus, national health systems are developing their own capacities to respond. An example of a good practice is establishing refugee health unit within ministries of health acquiring refugee health specialization.

Dr. Md Akramul Islam, *Director, Communicable Diseases, Water, Sanitation, and Hygiene, BRAC,* highlighted a good practice of including refugees in Bangladesh in the national tuberculosis (TB) strategic plan and receiving support for malaria and TB diagnostics and treatment through the Ministry of Health, with support from the Global Fund. In this way, support to refugees and their host communities by the government is supplemented by donor funds. Another good practice was access to the emergency funds from the Global Fund to be able to respond to the large influx in 2017.

Ms. Olga Bornemisza*, Senior Specialist Resilient Health Systems, Global Fund,* spoke of how the Global Fund, a major investor in country health systems, has made substantial changes in how it works in emergencies and protracted crises, including with the aim of increasing refugee inclusion in national health systems. Policies and processes have been revised to include refugees implicitly, for example: allowing quick reprograming of existing grants and taking refugee populations into consideration in the allocation policy, which guides funding to countries. Applicants are now strongly encouraged to include refugees explicitly in their funding requests; the technical review panel checks for this as it considers refugees a vulnerable population.

Mr. Thomas Gonnet, *Public Health Task Team Leader (Lebanon, Syria, and Iraq), Agence Française de Développement (AFD),* outlined AFD's approach for supporting communities to link humanitarian and development responses and facilitate inclusion through the different phases of refugee responses. AFD targets specific areas, including security, justice, and governance, with a long-term view of the transition to development. A particular focus is on essential services, including health for both refugees and host communities, working at both the local level with community groups and national level with ministries.

The panel highlighted that COVID-19 has been an accelerator for rapid change and innovation and has contributed to quick implementation of practical solutions. However, the policy environment remains diverse with some countries adopting a very inclusive approach and others excluding refugees and non-citizens from national responses. In terms of service delivery, good practice examples were provided, such as Bangladesh using community-level providers to maintain certain services such as TB treatment. COVID-19 also provides opportunities to include vulnerable displaced populations further in national responses in recognition of the public health urgency. Also, more attention should be given to empower communities regarding their own health.

Recommendations

- Coordinate actions that use and support domestic systems where possible, or otherwise mirror critical public health functions, to strengthen health system resilience, such as pooled health funds.
- Address the health needs of both the host community and refugees to promote harmonious co-existence.
- Improve monitoring of refugee populations' actual access to quality health services and associated expenditures.
- Encourage the Country Coordinating Mechanisms of the Global Fund to increase their engagement with humanitarian actors and with refugee populations who are best placed to articulate their needs.
- Concentrate aid within the most vulnerable regions and communities.
- Try to support local actors - public, private, and civil society.

Conclusion

While there is willingness on the part of States to work towards greater inclusion of refugees in national health services, we have seen that many countries need support to achieve the SDGs for all populations living on their territory. Refugee-hosting countries can benefit from inclusive approaches that bring humanitarian and development funds and multi-year planning and strategies in support of short, medium, and long-term goals. The direct and indirect costs of accessing and utilizing health services mean that the sustainable and effective integration of refugees in national services will not happen without advancing the self-reliance of refugees.

Throughout the series of dialogues, participants made the following further recommendations related to participation of refugees, internally displaced persons, and stateless persons in supporting the response through the online Q&A as well as in written statements:

- Include people forced to flee in national health systems, including for mental health and vaccinations.

- Build resilience by ensuring the input of women and girls in national pandemic response plans for health, education, and economic recovery.

- Include refugee children in national systems policies, and plans to ensure they receive the health, education, protection, WASH and other services they need.

- Ensure the UN can deliver as one during the pandemic.