



UNHCR Regional Public Health and Nutrition Strategy for Emergency Refugee Response in Europe 2015 - 2016

GUIDING PRINCIPLES

The following principles will guide the response for refugees and other people on the move:

Access, Equity and Integration

1. UNHCR seeks to ensure that all refugees and other people on the move; women, men, girls and boys, have access to essential health services at equal levels to that of nationals.
2. Support mechanisms and safety nets for refugees, asylumseekers and migrants with specific needs are in place so that they can access services equitably.
3. Support the prioritisation and rationalization of services by identifying and supporting a select number of quality service providers, partners and facilities for primary and essential referral care.
4. UNHCR's response strategy must ensure that public health interventions are integrated into the national system and that the Ministry of Health leads.

Scalability, Flexibility and Effectiveness

5. Public Health interventions must be needs-based, adapted to the country and the local situation, meaning flexible and scalable to respond adequately to the changes in patterns and scale of movements.
6. Promote and strengthen the capacities of key stakeholders and partners to ensure a refugee inclusive approach based on international humanitarian public health principles.
7. Interventions are prioritised and scaled according to scenarios defined as the situations, types of sites and timeframes of movements.

Coordination

1. Health and nutrition coordination meetings should take place with all partners involved at field and capital level, and above all agree with MOH on most efficient and effective health approach.

OPERATIONAL GUIDANCE

The following is guidance for operationalization of the public health and nutrition response, based on the three situations in Europe.

Situation 1. Arrival/ exit sites, way points, assembly points (bus/train stations) border crossings and refugee aid points (0-24 hours)

- Rapid screening and triage of wounded, severely ill and feeding needs for the non-breastfed infants under 6 months and others, with referral to pre-identified partners and hospitals.
- Provide first aid, basic primary health care (mobile clinics or stationary).
- For people with non-communicable diseases and other longer medication needs, that will travel on, provide one packet of each treatment required (2 – 4 weeks), with health education leaflet on when to take medicines.
- Link to referral system including comprehensive emergency obstetric and new-born care, in pre-identified hospitals.
- Identification of pregnant women and where required refer to clinic.
- Provide clinical management for rape survivors and care for survivors of sexual and gender based violence.
- Encourage continuation of breastfeeding for all infants that are breastfed.
- Ensure safe supply of breast-milk substitutes for non-breastfed infants under 6 months without other alternatives and others that may require it and age-appropriate complementary foods from 6 months old.
- Psychological first aid training for border guards and first line responders who are in direct contact with refugees, and ensure links between health and protection actors.
- Ensure strong linkage to health services through national health system.
- Provide information to refugees and asylum-seekers on available health services, centres and how to access.
- Provide basic health and hygiene education messages.

Situation 2. Reception sites, registration sites, transit sites (with residual overnight caseload) 1-5 days

- Rapid screening and triage of wounded, severely ill and feeding needs for the non-breastfed infants under 6 months and others, with referral to pre-identified partners and hospitals.
- Provide first aid and extend primary health care to:
 - Offer immunisation to young children only when logistically feasible.
 - Identify feeding needs of infants and young children < 2 years old.
 - Encourage continuation of breastfeeding for all infants that are breastfed.
 - Ensure safe supply of breast-milk substitutes for non-breastfed infants under 6 months, without other alternatives and others that may require it and age-appropriate complementary foods from 6 months old.
- For people with non-communicable diseases and other longer medication needs, that will travel on, provide one packet of treatment (normally 2 – 4 weeks), with health education leaflet on when to take medicines.
- Identification of pregnant women and where required refer to clinic.
- Provide clinical management for rape survivors and care for survivors of sexual and gender based violence.
- Link to referral system including comprehensive emergency obstetric and new-born care, in pre-identified hospitals.
- Psychological First Aid training for reception, registration and transit staff that are responding in the first line and who are in direct contact with refugees, and ensure links and referral between health and protection actors.
- Provide information to refugees and asylum-seekers on available health services, centres and how to access.
- Provide basic health and hygiene education messages.
- Ensure strong linkage to health services through national health system.

Situation 3. Collective centres, longer term sites as defined by respective governments, with stay > 5 days

- Active health screening, mandatory testing for diseases, including HIV, is not recommended.
- Establish and link to national health care system (e.g. health centres, polyclinics, hospitals).
- Ensure access to comprehensive primary health care, including non-communicable diseases, reproductive health, HIV, clinical management of rape and nutrition.
 - Ensure immunisation to young children in accordance with national expanded programmes for immunization.
 - Encourage continuation of breastfeeding for all infants that are breastfed.
 - Ensure safe supply of breast-milk substitutes for non-breastfed infants under 6 months without other alternatives and others that may require it and age-appropriate complementary foods from 6 months old.
 - Ensure access to reproductive health services including antenatal care, obstetric care, family planning services.
- Link to referral system including comprehensive emergency obstetric and new-born care, in pre-identified hospitals.
- Support mental health and psychosocial support programmes with focus to strengthen non-specialized support and strengthen the community and family support and referral between health and community based protection programmes.
- Support brief evidence based psychological treatments for mild-moderate mental health and psychological needs.
- Provide information to refugees and other people on the move on available health services, centres and how to access.

REFERENCE GUIDANCE AND DOCUMENTS

Coordination, partnership and monitoring of health and nutrition programmes

The overall responsibility of coordinating the health sector response is with the Ministry of Health and in line with the Refugee Coordination Model. UNHCR will support in carrying out this responsibility. Refugee health and nutrition coordination will be decentralized, action-oriented and driven by key outputs. The outcomes of decentralized meetings will feed into the central country coordination mechanism.

Partnerships and close collaboration with other UN agencies, NGO's, Red Cross Societies are critical and will be linked to national initiatives and the Ministry of Health. UNHCR encourages the use of existing MOH health information system and access to reports as provided by MOH, should be promoted.

Public health programmes

UNHCR will support the MoH to ensure refugees and other people on the move have access to confidential curative and preventative health care services. Level and type of prioritized care will depend on the situation. Primary health care should be the first contact with the formal health care system. Critical reproductive health services such as changes to Reproductive health and HIV services, including access to comprehensive maternal and new-born care and clinical management of rape, will be provided in all three situations. Continued access to treatment for persons with non-communicable diseases and other longer term medications should be ensured.

PRINCIPLES ON VACCINATION (Joint statement by WHO, UNHCR, UNICEF)

In line with international policies, refugees and asylum seekers should have non-discriminatory and equitable access to health care services, including vaccines.

The current influx of refugees, asylum-seekers and migrants is not only unprecedented in scale but also in speed of movement. This poses particular challenges in deciding when and where to vaccinate. The situation is compounded further by the fact that many vaccines require consecutive doses in timed intervals. Access to the full immunization schedule through follow up vaccinations is therefore difficult to ensure while people are on the move. However, refugees, asylum-seekers and migrants should be vaccinated without unnecessary delay according to the national immunization schedules of the country where they are envisioned to reside for more than a week.

Vaccination of refugees, asylum-seekers and migrants is not recommended at border crossings unless there is an outbreak of a vaccine-preventable disease in the host or transit country. In such a case, countries are urged to include refugees, asylum-seekers and migrants in any outbreak control measures taken (including vaccination).

Key reference documents:

- **UNHCR Public Health Strategy 2014 – 2018**
(<http://www.unhcr.org/530f12d26.pdf>)
- **Principles and guidance for referral health care for refugees and other persons of concern**, UNHCR 2009. (<http://www.unhcr.org/4b4c4fca9.pdf>)
- **Note on HIV/AIDS and the protection of refugees, IDPs and other persons of concern**, UNHCR 2006. (<http://www.unhcr.org/444e20892.pdf>)
- **Policy statement on HIV testing and counselling for refugees and other persons of concern to UNHCR, WHO and UNAIDS, 2014**
<http://www.unhcr.org/53a816729.pdf>
- **Clinical management of rape survivors: Developing protocols for use with refugees and internally displaced persons**, WHO, UNFPA, UNHCR, 2004
<http://www.unhcr.org/403a0b7f4.html>
- **WHO, UNHCR, UNICEF Joint Statement on general principles on vaccination of refugees, asylum-seekers and migrants in the WHO European Region**
<http://www.euro.who.int/en/media-centre/sections/statements/2015/who-unhcr-unicef-joint-statement-on-general-principles-of-vaccination-of-refugees-asylum-seekers-and-migrants-in-the-who-european-region>

Medicine Management and Donations

UNHCR will support the use of essential medicines and nutrition supplies in line with national protocols as part of the integrated approach. Medicines may be procured through the national system where applicable or at local pharmacies recommended by MOH. Where UNHCR is requested to support the procurement of medicines or nutrition supplies, the **UNHCR policy on medicines** should apply (<http://www.unhcr.org/527baab09.html>) as should the **UNHCR policy related to the acceptance, distribution and use of milk products in refugee settings** (<http://www.unhcr.org/cgi-bin/texis/vtx/home/opendocPDFViewer.html?docid=4507f7842&query=milk%20and%20milk%20products>). Donations and use of unsolicited medicines and medical equipment are governed by **national legislation and the international inter-agency policy on medicines donations, 2011** (http://whqlibdoc.who.int/publications/2011/9789241501989_eng.pdf).

Nutrition support and Infant and Young Child Feeding

The interim **Operational Considerations for the feeding support of Infants and Young Children under 2 years of age in refugee and migrant transit settings in Europe**, (<http://www.unhcr.org/5613bebe9.html>), should be used as a guidance.

Do not provide infant formula in any general distributions. Where infant formula is needed, purchase supplies. There should be no call for donations. Any donations offered/received should be co-ordinated by the designated organisation.

- **Infant and Young Child Feeding in Emergencies Operational Guidance for Emergency Relief Staff and Programme Managers. Version 2.1 – February 2007.** <http://files.enonline.net/attachments/1001/ops-guidance-2-1-english-010307-with-addendum.pdf>
- The **UNHCR (2015) Standard Operating Procedures for the Handling of Breastmilk Substitutes (BMS) in Refugee Situations for children 0-23 months**
<http://www.unhcr.org/55c474859.pdf>

Mental health and psychosocial support

Mental health and psychosocial support programmes should be in line with **UNHCR operational guidance** (<http://www.unhcr.org/525f94479.html>). Interventions should be strongly based on the situations provided above, with **focus on psychological first aid** (http://www.who.int/mental_health/publications/guide_field_workers/en/) for refugees and and other people on the move that are moving on. More intense support to be provided to the persons affected by acute loss of family members during the journey, and experiences and people that are in situation 3 and staying for a longer period. All staff working with Syrians are recommended to read the **Culture, Context and the Mental Health Psychosocial Wellbeing of Syrians** (<http://www.unhcr.org/55f6b90f9.html>).