Regional Public Health and Nutrition Strategy for Syrian Refugees

EGYPT, IRAQ, JORDAN, LEBANON AND TURKEY

2014 - 2015

VISION

UNHCR aims to ensure that Syrian refugees are able to fulfil their rights in accessing primary health care, and essential life-saving secondary and tertiary health services, to reduce mortality and morbidity.

Jordan / Syrian refugees / UNHCR / A. Rummery / August 2012

GUIDING PRINCIPLES AND KEY STRATEGIC ISSUES

The following principles will guide the response to Syria refugees;

ACCESS AND EQUITY

- UNHCR seeks to ensure that Syrian refugees have access to health services at similar or lower costs to that of nationals.
- Support mechanisms and safety nets for vulnerable refugees so that they can access services equitable.

PRIMARY HEALTH CARE PRINCIPLES

- Support for Syrian refugees in accessing health care is anchored in the principles of primary health care (PHC).
- Support primary health care programmes, to ensure that both prevention and curative care are provided
- Resource allocation based on public health approach with the aim of ensuring the greatest good for the greatest number of people.
- Support community level health programming as an essential component of PHC programmes.

APPROPRIATENESS

- Access to primary health care and emergency care; will take precedence over long term costly secondary and tertiary care based on country level standard operating procedures.
- Promote cost-effective, evidence-based interventions, including the use of essential medicines and rational use of diagnostics.
- Support the rationalization of services by identifying and supporting a select number of quality service providers/ facilities for primary and essential referral care.

INTEGRATED APPROACHES AND SUSTAINABILITY

- Ensure that public health services for refugees are embedded into the national public health system.
- The establishment of parallel health services will be supported only where necessary to cover short term needs, while working on mainstreaming refugees in the national public health system.
- Support health system strengthening while ensuring that immediate and short-term needs of refugees are addressed.

MONITORING AND EVALUATION

- Ensure evidence based decision-making, with regional and country analysis to improve and prioritize health interventions.

PARTNERSHIPS

- Ensure strong partnerships with government, UN agencies and national and international NGOs and communities of refugees, utilising added advantage of partners while ensuring a refugee inclusive approach.

CAPACITY BUILDING

- Promote and strengthen the capacities of key stakeholders and partners to ensure a refugee inclusive approach based on international humanitarian public health principles.

STRATEGIC OBJECTIVES

OBJECTIVE 1. SUPPORT ADEQUATE TRIAGE, HEALTH SCREENING AND AGE-APPROPRIATE IMMUNIZATION OF NEW ARRIVALS

TRIAGE AND HEALTH SCREENING

Rapid medical screening and triage of wounded, severely ill and others with referral to pre-identified hospitals and partners.

Health screening will be conducted as appropriate and depending on the situation in the country. Improved monitoring of health screening data is required to better understand the health status of new arrivals.

The development of a country specific screening protocol is recommended. The following should be considered for inclusion in the country specific protocols: a) acute illness and injuries, b) chronic and non-communicable diseases with risk of treatment interruption, c) pregnant women in the third trimester d) nutrition screening of children less than five years d) appropriate confidential referral mechanisms for sexual and gender based violence and torture.

A regional approach for immunization of new arrivals is recommended, based on the epidemiological patterns of outbreaks.

UNHCR does not support compulsory or mandatory HIV testing of individuals on public health grounds or for any other purpose. There is no legal basis for imposing HIV mandatory testing of refugees and asylum seekers in international human rights law. Such testing violates the rights to privacy, liberty and security of the person and may lead to a violation of the right to non-discrimination.

Turkey / Syrian refugees / UNHCR / A. Branthwaite/ September 2012

OBJECTIVE 2. SUPPORT ACCESS TO COMPREHENSIVE PRIMARY HEALTH CARE

The focus of UNHCR's protection and assistance health programmes in the countries will be a combination of curative and preventative health care that is supported by a community-based health approach. Primary health care centres should be the first contact with the formal health system and be available on a continuous basis.

ACCESS TO PHC SERVICES

UNHCR will support the Ministries of Health (MoH) to ensure that refugees have access to curative and preventative health care services. Parallel services will only be established when necessary to fill gaps and meet short-term needs. UNHCR will support MoH facilities and ensure geographical coverage, with a rational use of a health services by identifying and supporting a select number of quality health service providers/facilities and partners.

While in some situations it may be necessary to provide mobile services to meet the primary health care needs of Syrian refugees who may have limited access to healthcare, these are not suitable for situations that have a well-established primary health care system. Mobile clinics have a limited package of services they offer and limited coverage; where mobile clinics are used they should have a predictable and coordinated visiting schedule and should be replaced by static services as soon as possible.

Fees for accessing health services depend upon the specific country context, but UNHCR advocates that they should not be higher than the fees paid by nationals and should be in line with the relevant Ministry of Public Health fees. Vulnerable refugees should be identified based on strict criteria and a suitable safety net provided for them to ensure access to preventative and curative health services. UNHCR recommends that immunizations, antenatal and delivery care, and management of notifiable communicable diseases be provided free of charge or heavily subsidized.

ENSURE ADEQUATE INFORMATION ON ACCESS TO SERVICES

Where required UNHCR will develop a service guide for the refugee community and agencies working with refugees, in appropriate languages and pictorials on the available health services in refugee hosting areas. Details such as co-payments where applied and access to the referral care system will be clearly communicated.

Diverse communication modalities such as SMS messaging (targeted messaging only), info lines, and radio and television announcements on access to health care services will be developed. These one- way methods of communication, will be supported by personal communication modalities such as through the community based health work force.

RATIONAL USE OF ESSENTIAL MEDICINES AND DIAGNOSTICS

UNHCR will support the use of essential medicines in its programmes. Interagency emergency health kits and reproductive health kits are no longer necessary or cost effective and UNHCR only recommends their use for contingency planning and preparedness purposes. The exception to this is the Clinical Management of Sexual Violence Kit which contains medicines which may not be readily available in all countries. UNHCR country operations will aim to improve clinical diagnostic skills and develop guidance where these don't already exist in order to reduce the often expensive and unnecessary diagnostic procedures.

SUPPORT THE DEVELOPMENT OF COMMUNITY BASED HEALTH CARE

UNHCR will further strengthen community level systems in order to link the refugee community to primary health care services especially in out of camp populations.

Ideally the community-based workforce will consist of 1 community based health worker for 500- 1,000 persons (depending on geographical distribution and expected tasks). While countries will adapt the, expected tasks of the community based health workers will need to address the main causes of morbidity and mortality, immunization in children, promotion of antenatal, post natal care, facility deliveries and early neonatal care. The community based health worker is critical to strengthen the linkages between refugees and relevant services and partners.

OBJECTIVE 3. DECREASE MORBIDITY FROM COMMUNICABLE DISEASES AND OUTBREAKS

UNHCR recognized the PHC system as the cornerstone for identification and response to communicable diseases.

UNHCR will work with the MoH and WHO to ensure that the early warning systems (EWARNS) are functioning in areas where there are high concentrations of refugees living in out-of-camp situations. The existing Health Information System used in refugee camps should be used as the outbreak surveillance system in camp settings and report to the Ministry of Health systems. In partner clinics serving out-of-camp refugees a similar HIS will be established in areas where the national HIS is not yet fully functioning and the communicable diseases surveillance component will report to the national system to ensure integration.

For refugee camps and longer-term transit areas and sites, UNHCR with MoH and other partners, will develop specific disease outbreak plans for small number of diseases based on potential for outbreaks and potential impact and regularly monitor preparedness to maintain the capacity to respond.

TUBERCULOSIS

UNHCR will support the early detection and treatment of tuberculosis (TB) including Multi-drug resistant TB through national TB programmes. Every effort should be made to continue treatment for those already on treatment. Priority is given to sputum smear positive or serious forms of TB. WHO/UNHCR guidelines agree on the necessity of directly observed treatment and recommend 6-month drug regimens with target cure rates of 85%. The circumstances of individual refugees should be assessed and where appropriate contingency plans in case of further displacement (forced or otherwise) should be made with the individual refugee. These include establishing cross border or inter-country links with TB services.

Recognising the burden on national programmes, UNHCR will actively explore funding opportunities with other donors including the Global Fund, to support national TB programmes and to ensure that refugees continue to be included in these programmes.

OBJECTIVE 4. SUPPORT CHILDHOOD SURVIVAL AND EXPANDED PROGRAMME FOR IMMUNIZATION

UNHCR will support access for all Syrian refugee children to expanded immunization programmes and improved diagnosis and treatment of childhood illnesses. UNHCR will support the MoH and UNICEF in strengthening national expanded immunization programme s (EPI) and ensure that Syrian refugees are included in these programmes;

- Support the MoH to develop and strengthen the implementation of protocols for catch-up immunization in Syrian children who may have interrupted their routine schedule.
- Support PHC centers to actively follow up on vaccination status of all children under five. The aim is to ensure that

all children who are unable to provide a documented vaccination records will be given the opportunity to "catch-up" with their immunizations, regardless of age and based on a flexible country-specific protocol.

- Expand the use of immunization coverage surveys to better understand and respond to the immunization status of children.
- Support the Ministries of Health to reprint vaccination records / childhood cards to make available to refugee children.

UNHCR supports the integrated management of childhood illness strategy to improve case management skills of healthcare staff, overall health systems and family and community health practices. For Syrian refugees UNHCR will support training and capacity building of primary health care staff for the improved diagnosis and treatment of childhood illnesses; while encouraging the use of clinical diagnoses, rather than expensive diagnostics and the use of updated simplified clinical protocols based on essential medicines.

OBJECTIVE 5. SUPPORT INTEGRATED PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES AND MENTAL HEALTH

NON COMMUNICABLE DISEASES

UNHCR supports the management of non-communicable diseases at the PHC level through the establishment of standardized simplified management guidelines based on MOH protocols and the national essential medicines list. Where these do not exist UNHCR is committed to working with the MoH and other actors to adapting international guidance to the country context. Preventative components will be further developed but the initial aim is to improve the quality of management of those already diagnosed. Access to essential medicines for non-communicable diseases in PHC centres will be supported to mitigate the referral costs and longer-term burden of diseases and secondary and tertiary care costs.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

In line with its operational guidance for mental health and psychosocial support, UNHCR will further strengthen its mental health programmes.

UNHCR will focus its interventions at each of the four levels:

- Level 4 (clinical services): implement integrated mental health into general health care services using the mhGAP Intervention Guide (2010) and the forthcoming WHO/UNHCR mhGAP Intervention Guide for humanitarian settings;
- Level 3 (focused non-specialized support): explore task-shifting approaches with brief evidence based psychological treatments for mild -moderate mental disorders;
- Level 2: (strengthening community and family support and improve links and referral between protection actors and health actors;
- Level 1: PFA training for registration and reception centre staff.

OBJECTIVE 6. SUPPORT ACCESS TO COMPREHENSIVE REPRODUCTIVE HEALTH SERVICES

MATERNAL AND NEW-BORN HEALTH SERVICES

Given the context as well as the duration of the conflict, the MISP is not appropriate and is not promoted by UNHCR - the focus will be on strengthening access to comprehensive reproductive health care including neonatal care.

Poor attendance at antenatal services is a major problem, compromising maternal and neonatal health and contributing to high costs at the secondary care level. UNHCR will actively support improving uptake and quality of antenatal and postnatal care and addressing the unmet need for family planning. To ensure that costs are maintained and service quality improves a regional approach to ANC services will be promoted with a package of four visits, syphilis screening, rubella screening, anaemia, glucose, blood pressure, and palpation and a rational justification of ultrasounds.

Furthermore, the delivery by skilled birth attendants in institutions with adequate facilities including emergency referral, access to safe blood transfusion and caesarean sections when indicated, post-natal care, including post-partum family planning counselling and early neonatal care. To reduce the high costs in neonatal care, UNHCR will work with partners to strengthen appropriate and low technology interventions when indicated, including early discharge from hospitals and Kangaroo mother care for low birth weight neonates, early initiation of exclusive breast-feeding, vitamin K and home visits of neonates and mothers.

UNHCR will continue to support the clinical management of sexual and gender-based violence in selected clinics, improved monitoring of services and appropriate confidential referral. Mandatory reporting continues to be an obstacle to the provision of confidential timely sexual violence services.

In some countries, cervical and breast cancer screening of refugees has been proposed. It is very important to ensure before such programmes are established that costs of additional investigations and treatment access have been adequately considered, Screening should only be introduced if is part of a well-established national programme with wide coverage and quality control measures in place. In countries where there is no screening of national populations, such programmes will not be introduced for refugees.

OBJECTIVE 7. SUPPORT ACCESS TO NUTRITION SERVICES

Infant and young child feeding (IYCF) practices, including exclusive and continued breastfeeding, is poor throughout the region. Adequate IYCF practices are important to prevent immediate and long-term consequences on child health and development. Adequate IYCF practices are especially important to promote and protect in situations of displacement coupled with food insecurity and poor sanitation and hygiene conditions to prevent diarrhoea and other infectious diseases, acute malnutrition and micronutrient deficiencies.

UNHCR will support enabling environments for adequate infant and young child feeding practices. Interventions will include, but are not limited to: timely initiation of exclusive breastfeeding and continued breastfeeding as well as the introduction of safe, adequate and appropriate complementary foods. UNHCR will further support management of acute malnutrition through prevention and treatment when needed. This should be done through community-based activities to early identify children presenting with acute malnutrition and referral to treatment programmes in existing health structures. UNHCR will work together with other UN agencies and partners to ensure adequate and timely access to nutrition interventions, especially targeting young children and their care takers, pregnant and lactating women, and other vulnerable groups.

OBJECTIVE 8. SUPPORT ACCESS TO SECONDARY AND TERTIARY HEALTH CARE

While access to quality primary health care is the core of this strategy access to essential secondary and tertiary care based on country specific standard operating procedures will be supported.

Based on the global UNHCR principles and guidance for medical referral care, the country operations will follow country-specific standard operating procedures for referral that stipulate guiding principles, the referral process including roles of key actors, criteria for referral, and monitoring and evaluation of referral care on the specific country context.

Monitoring of referral care, including the costs, is critical to strengthen analysis of the main burden of referral care, regional comparison and indicates where further development of case management criteria is needed.

Where access is provided free of charge by the hosting country, assessment of hospital capacity and gaps will be done with the MoH in order to design appropriate support to the health systems. This includes critical care units including neonatal care, operating theatres, haemodialysis units, blood bank support and upgrading of laboratory facilities.

OBJECTIVE 9. MAINTAIN AND EXPAND HEALTH INFORMATION SYSTEMS INCLUDING INFORMATION ON ACCESS, UPTAKE AND COVERAGE OF SERVICES

HEALTH INFORMATION SYSTEM

Where there is no functioning national system, the urban HIS will be used in UNHCR partner clinics. This will be adapted as much as possible to the national diseases under surveillance, case definitions and reporting systems. HIS will be promoted in UNHCR supported clinics and made available to other partners that would like to use this.

INFORMATION ON ACCESS TO HEALTH SERVICES FOR OUT-OF-CAMP REFUGEES

UNHCR promotes the use of population-based surveys in out-of-camp refugees where limited knowledge is available on the access and obstacles to health care for this population. UNHCR will expand the use of prospective surveillance to monitor key knowledge and access indicators in the out-of-camp populations.

QUALITY OF CARE

UNHCR would like to expand the use of its balanced scorecard together with partners to improve the technical integrity of its supported services, identify gaps and develop targeted recommendations related to key domains of health service management and service provision

- To monitor changes over time;
- To mobilize additional training, resources or technical support;
- To document good practices.

The balanced scorecard will be implemented on a regular basis in UNHCR supported clinics in collaboration with partners.

NUTRITION SURVEYS

UNHCR will continue to promote the use of Standardised Expanded nutrition survey (SENS) (http://www.sens.unhcr.org) in each of the countries in the region and advocate that in the nutrition surveys, the infant and young child-feeding module and anaemia module are included, as well as where applicable the food-security and WASH modules.

OBJECTIVE 10. COORDINATION

The overall responsibility of coordinating the health sector response is with the MoH. UNHCR will support the MoH in carrying out this responsibility.

Refugee health and nutrition coordination will be decentralized, action-oriented and driven by key outputs. The outcomes of decentralised meetings will feed into the main country refugee health coordination meetings. Sub-working groups could be established for RH, MHPSS and nutrition. Coordination will be supported by updated terms of reference, country specific humanitarian strategy, sector work-plans and appropriate contingency planning.

Where task forces are established these should be of time-limited nature and have clear deliverables that are reported back to the main health and nutrition working group.

Partnerships and close collaboration with other UN agencies, international and national NGOs in public health and nutrition are critical to ensure that response is embedded into a comprehensive public health package and linked with national initiatives. UNHCR will endeavour to develop Letters of Understanding at country level with key partners.

Jordan/Mafraq Hospital/ J.Kohler/UNHCR/March 2014

KEY REFERENCE DOCUMENTS

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- Antiretroviral medication policy for refugees. UNHCR 2007. http://www.unhcr.org/refworld/docid/45b4af612.html
- Policy Statement on HIV Testing and Counselling in Health Facilities for Refugees, UNHCR/WHO/UNAIDS (revision in 2014)
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ACRONYMS

EWARNS	Early Warning Systems
HIS	Health Information Systems
IYCF	Infant and Young Child Feeding
MOH	Ministry of Health
PHC	Primary Health Care
SENS	Standardised Expanded Nutrition Survey
TB	Tuberculosis
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organization

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