Humanitarian Health Best Practice - Applied to Provision of Medical Services to Refugees & Migrants

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The following summary of humanitarian best practice for health assistance to displaced and refugees was compiled in November 2015 by DG ECHO in collaboration with other Commission Services (such as Sante and ECDC) and ECHO partners (with particular thanks to IOM, IFRC, MDM, MSF, UNHCR, UNICEF).

Surveillance

DG ECHO Humanitarian Health Guidance specifies that : *"DG ECHO encourages the implementation of routine epidemiological surveillance systems in order to be able to better monitor trends of common diseases".*

In the case of the present refugee and migrant movements to Europe, ***epidemiological surveillance systems to monitor trends of communicable diseases and detect and respond to possible outbreaks urgently*** *need to be put in place and/or be reinforced/adapted where necessary. Particular attention needs to be given to* ***cross border monitoring needs****.*

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*Essential **epidemiological information needs to be shared between actors**, along the migration routes, in order to adapt health related interventions according to the needs. **Protection of this data** needs to be assured to prevent any misuse, in line with good humanitarian protection practice.*

*Prevention and assessment of morbidity is essential to address health needs. The **rationale for any mandatory health assessments** should be to assess and improve the health of the individual refugees or migrants, and to protect the health of receiving and host communities in a way that avoids discrimination against refugees/migrants. Health assessments should be followed by an appropriate care response in the case of positive findings.*

Needs

*Refugees and migrants have a **high level of vulnerability** to both communicable and non-communicable diseases.*

***Underlying risk factors** include : poor sanitation; overcrowding; lack of clean water; trauma; changed environmental conditions (for example, seasonal changes like winter); and cultural and linguistic barriers to access services. Physical trauma and psychological distress due to direct and indirect violence, as well as poor travel conditions, are highly prevalent among refugees and migrants.*

*These **specific vulnerabilities should inform all sectors of response**, such as protection, shelter, water, sanitation and hygiene (WASH), food and nutrition for vulnerable groups such as infants.*

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Preparedness and Response

Access to a basic package of health services *should be ensured - with medical and psychological support to victims of violence (including gender based violence).*

The ***quality of medical supplies*** *needs to be assured at all levels and by all partners.*

Minimum humanitarian standards on living conditions *and basic needs apply also to reception, transit and detention centers. Non respect of minimum water, hygiene and other basic provisions can lead to disease outbreaks in these settings.*

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***Response mechanisms need to be flexible** so as to adapt to the highly fluid nature of the crisis and be designed in a way that they do no harm. Providing services while people are on the move (staying in one place from as little as a few hours to a few days) is a particular challenge. Innovative measures being considered include providing health assistance on trains and other means of transportation involved in the main migratory routes or provision of treatment packages for non-communicable diseases.*

***Coordination of actors** improves the coherence and efficiency of the response. While long recognized in the humanitarian context, with a specific cadre of expertise available, this seems to be a specific challenge in the current crisis.*

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*Engaging **a range of actors**, with their respective **comparative advantages** to respond to certain aspects of the crisis, can considerably improve responses, for example local and international NGOs and/or public health teams deployed under European Union Civil Protection Mechanism. This would apply particularly where rapid scale-up of capacity is required to respond to sharp increases in needs.*

*Measures should be established to **inform refugees and migrants on the availability of services**, and how to access such services. As part of these services, safe child and young infant feeding practices need to be promoted and facilitated according to the specific guidance*

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Refugees and migrants presently coming to Europe may include those who had not received full coverage of ***recommended vaccinations****.*

While delivery of preventative measures such as vaccination is part of humanitarian response for refugee and migrant populations, humanitarian responses should seek to ***ensure the best coverage possible****, including for those migrants and refugees now involved in the refugee and migrant influx to Europe - in line with WHO/UNHCR/UNICEF specific guidelines on vaccination.*

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Personal medical records are important to guarantee proper medical care. Access to such data (especially for chronic conditions, including HIV and TB) has to be managed with full respect to individual protection concerns.

Refugees and migrants can be reluctant to carry personal documentation, including health records. This puts emphasis on the **need for improved coordination platforms**, including innovative solutions for data sharing, possibly involving mobile/e-health technology.

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Preparedness and contingency planning is important. For example, preparation for winter should include: **winterization** of temporary medical reception facilities; increased capacity for managing hypothermia; and consider vaccination against influenza.

For example, **preparing for increased numbers of 'stranded' refugee/migrant populations**, such as ensuring sufficient capacity to address chronic diseases, including sufficient medical supplies.

Advocacy

Proper **communication (sensitization) to the general public** in transit and host countries should include the fact that: the main health needs arise from the vulnerability of the refugees and migrants during their transit.

Access should be provided for the appropriate range of health actors needed to ensure an adequate response, for example humanitarian and/or civil protection to complement existing services where rapid scale-up of capacity is required. As soon as possible, once emergency needs are covered, responses should return to services through existing systems.

Contingency plans to deal with important migrant and refugee influxes, or **abrupt changes in the scale** of these influxes, need to be developed. Such contingency plans should **draw on the best range of response actors** available.

All efforts should be made to ensure the safety of health staff and supporting personnel, both local and expatriate, and patients.

In addition to coordination across health response actors, **coordination is required with other sectors** – such as WASH, and Shelter – to help address some of the underlying causes of morbidity.

THANK YOU