

## CONCLUSION AND RECOMMENDATIONS

The International Symposium on refugee health care called for greater efforts to ensure adequate food, clean and sufficient water, appropriate shelter, good sanitation, and immunization of vulnerable refugee groups, along with the establishment of developmental approaches and the creation of a primary health care system. In order to accomplish that, refugee health work must necessarily extend beyond the usual parameters of activities, as those activities are currently understood. If these objectives are to be met, a broader vision regarding what constitutes health promotion in refugee situations must be adopted and implemented.

This new approach demands a reorientation of health activities, of coordination mechanisms, of funding decisions and of relationships among assistance agency personnel. It calls for innovative measures and the establishment of new priorities for addressing the fundamental health problems. It defines a variety of areas of work as health related that currently are not generally accepted as such. It requires that personnel performing very disparate work and coming from very different educational backgrounds and experience learn to work together in a way that promotes the common goal of improved health. The challenge posed by this broader vision is to galvanize the knowledge, experience and resources to a large degree already available into a common effort to better address the health needs of the millions of refugees around the world.

The following are recommendations for reorienting refugee health care practices and policies to bring them more in line with this broader vision and to achieve more sustainable, effective and participatory refugee programs.

### ■ United Nations

- ♦ Clarify the respective roles and responsibilities of UNHCR, WHO, WFP, UNDP, UNICEF, Food and Agricultural Organization (FAO), World Bank, International Committee of the Red Cross (ICRC), International Organization for

Migration (IOM) and other relevant intergovernmental bodies regarding development of refugee health care policies, implementation of programs, technical assistance for host countries and NGOs, training of host country nationals as well as refugees, resource development and other refugee health assistance activities. This delineation of institutional roles and relationships will require a comprehensive dialogue among all parties in order to define assignment of responsibilities. The following criteria should guide this process:

- ▶ Build upon existing institutional memory and expertise.
  - ▶ Consider which agency offers the most advantageous cost-benefit outcome.
  - ▶ Assign organizational responsibilities in a clear, defined way to facilitate accountability.
  - ▶ Consider which agency is most suited to a given task, keeping in mind the fact that many population groups other than refugees have similar needs; this would include internally displaced persons, externally displaced persons (often classified as illegals), and repatriated refugees.
- ◆ Review all relevant manuals and publications for opportunities to strengthen existing language or add new material in support of primary health care.
  - ◆ Affirm that priority attention be given to the primary health care approach, especially to refugee training and community participation, in all contracts and agreements with NGOs or host governments. Give first consideration to those projects that encompass the priority interventions and incorporate refugee training and participation.
  - ◆ Strengthen the capability of local ministries of health to manage and coordinate all refugee health assistance activities. Provide MOH officials formal emergency manage-

ment training, regular on-the-job orientation and periodic continuing education courses. Develop new and expand existing courses and materials on emergency management, to include information on logistics, epidemiologic surveillance, nutritional assessment and management of mass feeding programs and control of infectious diseases.

- ◆ Institutionalize a capacity for performing rapid assessment surveys of all new refugee situations at the earliest possible time to establish baseline health data and for use as a management tool. Establish a system for on-going data collection and surveillance and for performing periodic follow-up surveys for use in the evaluation of refugee programs. Ensure the use of standard survey and sampling methods, and standard definitions of malnutrition and other indicators of ill health.
- ◆ Apply institutional experience and expertise already acquired in supporting primary health care programs in developing countries to refugee situations. Support host country ministries of health in efforts to integrate refugee health services into the national health system.
- ◆ Apply institutional experience and expertise already acquired in supporting food distribution programs for third world countries to refugee situations. Improve monitoring of the quantity and quality of refugee food rations. Use epidemiologic surveys and on-going surveillance data provided by health personnel to evaluate effectiveness of the food assistance program.
- ◆ Clarify at the field level the institutional roles and relationships of all organizations working in particular refugee assistance programs and identify specific areas where their health-related activities overlap. Designate a Refugee Health Coordinator to ensure appropriate cooperation and consultation.

- ◆ Redirect current financial support for third-world development projects to include assistance activities such as water, sanitation and other health-related developmental projects that benefit refugees as well as host country nationals. Promote other projects that foster refugee participation and training so that refugees can become more self-sufficient and integrated into the host communities.
- ◆ Ensure that planning takes into account the health-related aspects of all refugee assistance activities (including, for example, education, agriculture, home gardening, income-generation activities, workshop production). This might take the form of a "health impact statement" attached to all program planning documents which indicates the specific way in which the program addresses identified health needs of the target population.
- ◆ Ensure that all health programs and activities address the needs and concerns of women, children and other special groups within the overall refugee population.
- ◆ Promote regular planning and assessment meetings, using the concept of the health team that includes all NGOs, intergovernmental organizations and host country agencies working in health-related activities. Include refugee representatives in all of these meetings. The meetings might need to be held in the refugee community in order to facilitate refugee participation.
- ◆ Train all health assistance personnel in protection issues and encourage host governments to accept their role in protection, using the League of Red Cross and Red Crescent Societies as a model.

## ■ **Host Governments**

- ◆ In collaboration with UNHCR, WHO and other international organizations, develop a national capacity to respond rapidly and effectively to refugee influxes, working through established structures. Create a focal point for health-related activities in emergency response, for example, a special unit within the Ministry of Health. Provide opportunities for health professionals and staff in health-related sectors to receive training in emergency management. Upgrade programs such as Expanded Program of Immunization (EPI) and Control of Diarrheal Diseases (CDD) to develop the capacity for coverage of refugee populations.
- ◆ Ensure that the principles of primary health care, with an emphasis on training and community involvement, are applied in all aspects of refugee health programs. Identify and foster links between primary health care activities directed toward the national population and those developed for the refugee population.
- ◆ Identify the health roles of all agencies working in refugee assistance programs, and promote understanding regarding how their health-related activities overlap. Analyze health needs within the broader perspective of refugee health care.
- ◆ Take responsibility for coordinating -- preferably through the ministry of health -- the activities of all agencies working in areas related to the health of refugees. Consider the use of formal agreements with participating NGOs to ensure adherence to technical and policy guidelines. Formalize regular reporting and information sharing. Convene regular team meetings at the national, regional and local levels. Take an active leadership role in program planning, establishing policy guidelines and setting standards for health programs.

- ◆ Recognize the importance of developing a capacity within the refugee community to address health problems. Support the training of refugees, especially of women refugees, as community health workers and integrate them into the national health system to the maximum extent possible. Encourage refugee participation in the planning, implementation and evaluation of all health programs that include refugees.

## ■ **Non-Governmental Organizations/Health**

- ◆ Incorporate principles of primary health care in all aspects of refugee health work. Strengthen institutional capacity to plan and carry out priority interventions such as nutrition/mass feeding, water, sanitation, shelter and camp planning, epidemiologic surveillance and vector control. Make one or several of these interventions an agency specialty, and hire personnel trained in those areas. Seek out and retain senior staff experienced in planning, management, logistics and advocacy. Invest more resources in the training of staff in the necessary skills for refugee health work.
- ◆ Hire field staff that possess the same qualifications, training and experience as professionals in the international health field; for example, advanced degrees in public health or related fields, prior living or work experience in third world countries, language skills, and ability to train others and work in a community setting. Require a minimum two-year commitment to a single field assignment. In order to achieve this, provide for suitable housing, access to health care, and ample vacation and other rest and recreation breaks. Provide career opportunities through adequate salaries, benefits, training and career development programs.
- ◆ Develop sufficient understanding of the other assistance sectors (such as education, agriculture, income-generation activities and workshop production) in order to be able to identify the health-related aspects of those activities.

Support staff in those sectors by helping them to identify obstacles they face in implementing health-related activities and approaches to overcome those obstacles.

- ◆ Make refugee health worker training and community involvement high priorities in all refugee assistance work. Allocate more resources and attention to the preparation and orientation of field staff, with special emphasis on refugee health worker training methodology. Develop -- in coordination with other NGOs, intergovernmental organizations and refugees -- clear training objectives, guidelines, curricula and materials.
- ◆ Use epidemiologic data to document specific program strengths and weaknesses and to advocate for realignment of program activities and resources to areas in most need.
- ◆ Build institutional links among human rights groups and refugee assistance organizations in order to promote more effective assistance and protection to persons displaced due to human rights abuses. Provide guidelines to field staff regarding how to deal with information on human rights violations. Develop a coordinated strategy among all field staff regarding refugee protection.

#### ■ **Non-Governmental Organizations/Health-Related**

- ◆ Develop a better understanding of the impact on refugee health of the organization's assistance programs and activities. Provide field staff with information and training regarding ways to analyze health needs within the broader perspective of refugee health care.
- ◆ Work in coordination with health agencies and participate in team meetings to more effectively identify obstacles to carrying out health-related programs and develop approaches to overcome these problems.

## ■ Donor Countries

- ◆ Develop sufficient policy and technical expertise regarding the issues involved in implementing a more development-oriented, primary health care approach in refugee situations in order to be able to make more informed decisions about funding of refugee programs.
- ◆ Request from UNHCR an assessment of the priority needs of refugees and funding requirements to meet those identified needs. Request that UNHCR provide "health impact statements" to better evaluate amounts of funding needed to support various health-related activities. Establish budgets based on those needs assessments and channel financial resources into priority areas.
- ◆ Reorient use of financial resources to encourage host country governments to take a more active role in managing refugee health programs. Direct funds toward host country preparedness training. Promote the integration of refugees into the national health system and into the life of the host nation to the maximum extent possible. Redirect funding to include affected host country nationals as well as refugees in order to achieve sustainable, developmental programs.
- ◆ Encourage the involvement of refugees in planning, implementing and evaluating refugee programs by reorienting funding in such a way as to provide financial incentives to those organizations and programs that maximize refugee participation.



## ■ **Research Organizations**

- ◆ Identify specific areas in refugee assistance programs where policies and programs overlap among health and health-related sectors. Investigate advantages and disadvantages of various approaches for achieving better coordination among the diverse array of agencies and personnel involved in refugee health programs.
- ◆ Analyze the roles and relationships of the various players in refugee assistance activities, including UNHCR, WHO, WFP, UNDP, NGOs, and host government agencies. Identify how the expertise and experience of each agency can best contribute to achieving the overall goals of refugee health programs.
- ◆ Identify ways of upgrading the refugee health field to enhance the professionalism and career opportunities of health personnel. Assess the relative merits of various positions being held by host country nationals as opposed to expatriates.
- ◆ Analyze the issues involved in establishing more integrated, development-oriented refugee health programs that emphasize community involvement and refugee training. Assess the barriers to host governments' supporting such approaches and identify ways of overcoming those constraints.
- ◆ Identify and investigate technical issues which need further clarification through field studies/operational research such as more reliable surveillance systems, more effective measles control, provision of adequate micronutrients in a refugee setting and efficacy of supplementary feeding programs.

- ◆ Explore ways to improve information-sharing and coordination between refugee health agencies and human rights groups. Assess the roles of both groups in ensuring greater protection for refugees. Identify the most effective mechanisms for collecting, analyzing and disseminating information on human rights abuses.
- ◆ Improve mechanisms for sharing information and for building upon the knowledge base and experience in refugee health in order to apply lessons learned, avoid repetition of mistakes and gain a more comprehensive, long-range perspective.
- ◆ Develop ways of bringing together policymakers and program implementors in conferences and other meetings which facilitate on-going dialogue on the major refugee health issues.