Regional Public Health Strategy EGYPT, IRAQ, JORDAN and LEBANON 2016-2018

GUIDING PRINCIPLES

The following principles will guide the response for refugees by UNHCR:

Universal Access to Health Care and Equity

- Support universal access to health care for refugees at equal levels and at similar costs to that of nationals.
- Health services should be anchored in the principles of primary health care (PHC).
- Ensure the establishment of one public health programme for all refugees in the country of asylum, regardless of their country of origin.
- Ensure that the most socio-economically deprived refugees are receiving targeted support to access health care services, while ensuring that social protection and safety nets are available for vulnerable refugees so that they can access services equitably.

Appropriateness

- Access to primary health care and cost effective interventions at secondary health care level will take precedence over long term costly secondary and tertiary care, and be 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.

Evidenced-based decision making

- Promote the collection of data on health status, health outcomes, programme quality and impact to improve evidence based decision-making regarding health interventions.

Partnerships

- Ensure strong partnerships with government, UN agencies and national and international NGOs and communities of refugees, utilising comparative 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.

Promotion of National Coordination Mechanisms

- The overall responsibility of coordinating the health sector response for refugees will be with the Ministry of Health. UNHCR will provide support in carrying out this responsibility.
- Ensure that refugee health coordination is decentralized, action-oriented and driven by key outputs.

UNHCR
The UN Refugee Agency

STRATEGIC OBJECTIVES AND OPERATIONAL GUIDANCE

OBJECTIVE 1. UNIVERSAL ACCESS TO HEALTH CARE PROMOTED AND SUPPORTED

This strategy takes into account the different contexts relating to refugee access to national health care systems in the countries, including the health care financing models and policies on refugee utilisation of health services. UNHCR promotes an integration model, enabling refugees to access national health care services. The access to health care will be considered alongside the need for refugees to access public health services as part of a broader package of social protection and improved livelihoods.

UNHCR will support the Ministries of Health (MoH) to promote that refugees have access to curative and preventative, promotive, rehabilitative and palliative 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. The modalities of delivery may differ by country and may include the use of cash based interventions for achieving universal access to health care.

While in some situations it may be necessary to provide mobile services to meet the primary health care needs of 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 offer a limited package of services they offer with 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. UNHCR will support the social health protection principles consisting of potentially targeting the support to socio-economic and otherwise vulnerable refugees identified based on transparent, consistently applied and harmonised criteria. Suitable safety nets will be provided to ensure access to preventative and curative health services. Specifics relating to cost effective health programming will be adapted for each country setting.

OBJECTIVE 2. ACCESS TO PRIMARY HEALTH CARE PROMOTED

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

Essential health care packages

UNHCR will support the development of packages for essential health care services that defines a complete guaranteed minimum primary and essential health care interventions. Essential packages help to promote universal health coverage and equity through increasing availability of services and efficient resource distribution.

UNHCR will support the use of essential medicines in its programmes. Interagency emergency health kits and reproductive health kits are not cost effective and UNHCR only recommends their use for responding to new refugee influxes, 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.

Expanded immunization programmes and child health and nutrititon

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

- Support the MoH to develop and strengthen the implementation of protocols for catch-up immunization in refugee 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.
- Promote 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. 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.

Feeding practices amongst the youngest refugee children is likely to be at the origin of much of the anaemia and stunting amongst the population. Early initiation of breastfeeding is poor, as is exclusive breastfeeding up to 6 months and the quality and diversity of complementary foods is also lacking. UNHCR will support enabling environments for adequate infant and young child feeding practices. Interventions will aim to promote timely initiation of exclusive breastfeeding and continued breastfeeding as well as the introduction of safe, adequate and appropriate complementary foods

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.

Non communicable Diseases and Mental Health

UNHCR supports the management of non-communicable diseases (NCD) at the PHC level through the establishment of standardized clinical management guidelines based on MOH protocols and the national essential medicines list. The focus of the UNHCR supported NCD activities will be on the high burden NCD's. UNHCR will support the following NCD interventions;

- Where no national NCD guidelines exist, UNHCR is committed to working with the MoH and other actors to adapting international guidance to the country context to improve the quality of management of those already diagnosed.
- Access to essential medicines, rational diagnostics and investigations and irmpoved quality of care for non-

communicable diseases will be supported at the primary health care level to improve disease control, reduce the risk of complications and secondary and tertiary care referral costs.
- Case-finding of diabetes and hypertension in asymptomatic patients will be piloted at PHC centres.
- To improve the efficiency and effectiveness of the NCD care, task shifting will be promoted from specialists to general practitioners and nurses for the re-prescription of medicines in stable patients, detection of complications such as proteinuria and peripheral neuropathy and promotion of adherence to management plans and lifestyle modifications.

While the various countries of the region have different local capacities for mental health and psychosocial support (MHPSS), the basic principles are similar. Consistent with UNHCR's operational guidance for MHPSS, MHPSS is intersectoral and consists of multi-layered activities within the health sectors as well as in community based protection.
UNHCR will;
- Encourage the integration of mental health into primary health care and so decrease the dependency on referral care for common mental health problems.
- Support task shifting approaches such as brief psychosocial interventions by non-specialists.
- Promote a role transition of mental health specialists (such as psychiatrist and clinical psychologists) towards training and supervision of general health workers and community workers;
- Strengthen the links with and referrals from and to community based protection and psychosocial support;

Comprehensive reproductive health services
UNHCR will strongly focus 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 rational approach to ANC services will be promoted with a package of four visits based on national protocols and including urine analysis, anaemia screening, screening for glucose intolerance and diabetes, blood pressure monitoring, tetanus toxoid vaccination, palpation and a rational justification of ultrasounds. Where indicated in national protocols syphilis and rubella screening will also be undertaken.

UNHCR will continue to support the clinical management of sexual and gender-based violence, improved monitoring of services and appropriate confidential referral to protection. 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, psychosocial support and treatment access have been adequately considered, Screening should only be introduced if it 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.

Tuberculosis and HIV
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. Mass screening for TB for refugees should only be considered in presence of such programmes for the national population and be based on recognized guidance for TB screening.

UNHCR, WHO and UNAIDS do not support compulsory or mandatory HIV for refugees or asylum seekers nor *refoulement* on the basis of HIV status. There is no legal basis for imposing HIV mandatory testing in international human rights law and nor is it justified on public health grounds. HIV prevalence in the region is low including in key populations. UNHCR's response to HIV is based on the low prevalence and embedded in the protection principles of non-discrimination and inclusive access to services.

UNHCR will actively partner with the Global Fund and other disease specific donors, to support national TB and HIV programmes and to ensure that refugees continue to be included in the national programmes.

OBJECTIVE 3. ACCESS TO ESSENTIAL SECONDARY AND TERTIARY HEALTH CARE SUPPORTED

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 (SOPs) will be supported. Based on the global UNHCR principles and guidance for medical referral care, these SOPs 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. The SOPs will also include guidance for triage and management of of wounded and severely ill among new arrivals using pre-identified hospitals and partners.

The establishment of an independent referral care committee have been established in Egypt, Jordan and Lebanon, where access to referral care is not provided free of charge. The approval by the referral care committee, will be carried out in a transparent manner and be based on the criteria established in the UNHCR country SOPs.

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.

Access to safe delivery care is critical for UNHCR. UNHCR supports 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 essential neonatal care. UNHCR will aim to reduce the high number of caesarean sections by application of pre-approval of caesarean sections according to medical indications. To promote better quality neonatal care and reduce the high costs of referrals, UNHCR will work with partners to strengthen appropriate, high impact and low technology interventions, including thermal care of the newborn including kangaroo mother care for low birth weight neonates, early initiation of exclusive breast-feeding, vitamin K and targeted home visits of neonates and mothers at days 1, 3 and 7 post-delivery.

Monitoring of referral care, including the costs, is critical to strengthen analysis of the main burdens of referral care, undertake comparisons between countries in the region and indicates where further development of case management criteria is needed. All countries will therefore use the referral care database or its equivalent to monitor the reasons for referrals, outcomes and related costs.

OBJECTIVE 4. MAINTAIN AND STRENGHTEN HEALTH INFORMATION SYSTEMS INCLUDING INFORMATION ON ACCESS, UPTAKE AND COVERAGE OF SERVICES

Where there is no functioning national health information 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. The HIS will be made available to other partners that would like to use this.

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 is an important tool to support outbreak surveillance and response, monitor mortality rates, morbidity rates, coverage and quality of key services including reproductive health. The HIS complements and reports to the Ministry of Health systems.

UNHCR promotes the regular of the health access and utilization survey, for the out-of-camp refugees to monitor the access to and utilisation of key health services over time.

OBJECTIVE 5. STRENGHTEN COMMUNICATION WITH REFUGEES

Communicating with refugees is vital to ensure that they understand the health services available to them, how to access them, as well as details on potential co-payments and access to referral care systems.

The country health teams will maintain updated service guides for the refugee community as well as for partner agencies, and utilise diverse contacts between UNHCR, partners and refugees to make relevant information available and accessible. These include personal communication modalities such as Infolines, Town Hall meetings, community support committees, refugee representatives meetings, UNHCR registration sites, UNHCR Help desks, refugee community volunteers, including community based health work force, psychosocial workers, health agency clinics. One-way communication modalities such as SMS, radio and television announcements will also be utilised for targeted short messages.

OBJECTIVE 6: STRENGTHENED INTERSECTORAL APPROACHES TO IMPROVE HEALTH OUTCOMES

As a multisectoral agency UNHCR health staff will work closely with other units with the aim of better health outcomes. This includes identification and referral of cases for third country resettlement on medical grounds; using existing systems of vulnerability identification and scoring where targeting of health assistance is indicated; using multiple contacts with refugees to provide health-related information; conducting joint protection and health assessments relating to GBV services and joint initiatives to address gaps; referral of cases to protection for refugee status determination or other protection interventions when needed and promotion of access to livelihoods to facilitate access to health care services.

In close collaboration with community based protection, access to rehabilitation services will be prioritized on the basis of impact on health, functioning and participation or reduction of vulnerability to protection risks. Interventions in the rehabilitation domain in the health sector include;

- Physical therapy sessions (facility and home-based) and follow-up, including community-based rehabilitation.
- Occupational therapy (facility, community, and home-based)
- Provision of assistive devices including hearing aids, eye glasses and mobility aids
- Strengthened community based rehabilitation interventions
- Training on self-care to beneficiaries in hospitals before discharge

The number of medical resettlement places is limited and priority should be given to those where resettlement will make a difference to the outcome. Application of the criteria for resettlement on medical grounds will be harmonised throughout the region to promote equal access to resettlement based on need.

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UNHCR The UN Refugee Agency