A photograph showing the silhouettes of a group of people walking across a field at sunset. The sky is filled with large, dramatic clouds in shades of blue, purple, and orange. The people are carrying various items, including bags and bundles, suggesting they are refugees or displaced persons. The scene is reflected in a body of water in the foreground.

Displaced populations

Global health policy landscape

Istanbul- February 2025

Outline



About UNHCR



Refugee health Status and challenges towards inclusion



UNHCR Public Health Programming approach



Opportunities to advance towards UHC for refugees and host communities

UNHCR: Protecting people forced to flee

World's leading organization protecting those forced to flee, present in **136 countries** providing **life-saving assistance** and defending the right of people forced to flee to reach **safety** and help them find a place to call **home**

Respond to emergencies

- Within 72 hours, UNHCR can mobilize supplies for 1 million people and deploy expert staff to protect people forced to flee.

Protect human rights

- UNHCR has worked with more than 100 countries to interpret and apply legal standards to ensure refugees can exercise their rights.

Build better futures

- Over the last decade, UNHCR has helped almost one million refugees rebuild their lives in new countries, as part of our work to find long-term solutions.



Number of Forcibly Displaced Persons (mid-2024)

Refugees

Refugees are people who have fled their countries to escape conflict, violence, or persecution and have sought safety in another country.

Internally Displaced People

Internally displaced people (IDPs) have been forced to flee their homes by conflict, violence, persecution or disasters, however, unlike refugees, they remain within their own country.

Asylum Seekers

An asylum-seeker is someone who is seeking international protection

Stateless people

Stateless people are not recognized as citizens by any country. Denied the right to a nationality, they are often also not allowed to go to school, see a doctor, get a job, or even get married.

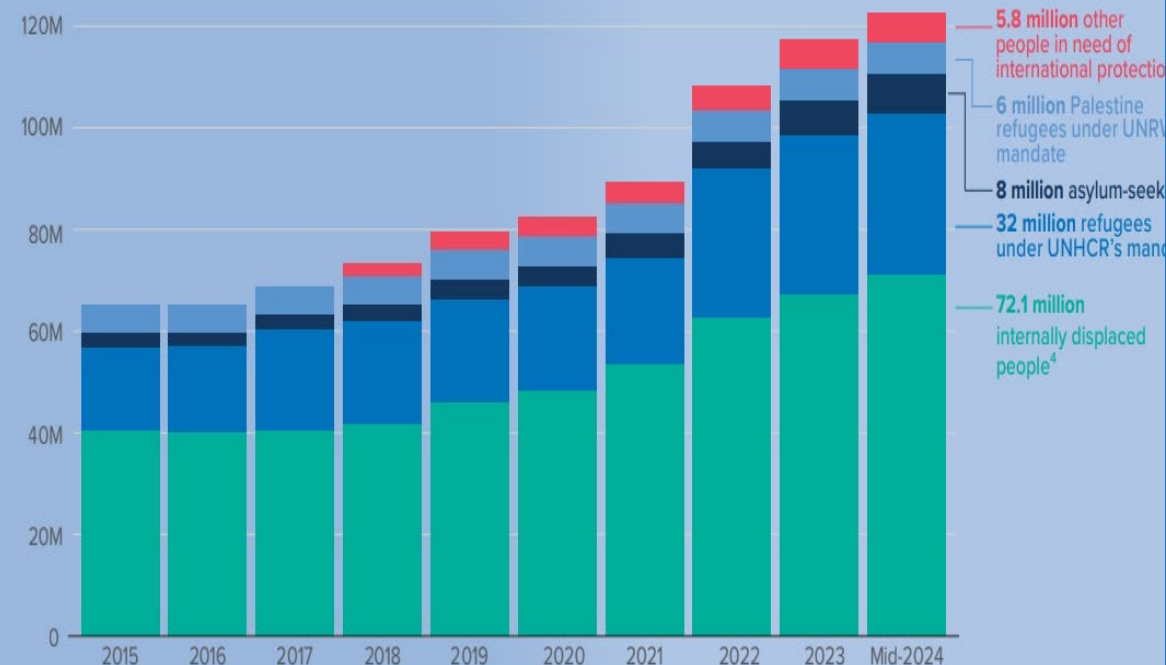
Returnees

Over the years, UNHCR has helped millions of refugees & other forcibly displaced people to return home.

We help people make an informed decision on when it is safe to return, aim to ensure that any returns are voluntary and dignified, and support people as they rebuild their lives.

122.6 MILLION FORCIBLY DISPLACED WORLDWIDE¹

At the end of June as a result of persecution, conflict, violence, human rights violations or events seriously disturbing public order.



REFUGEES AND OTHER PEOPLE IN NEED OF INTERNATIONAL PROTECTION:

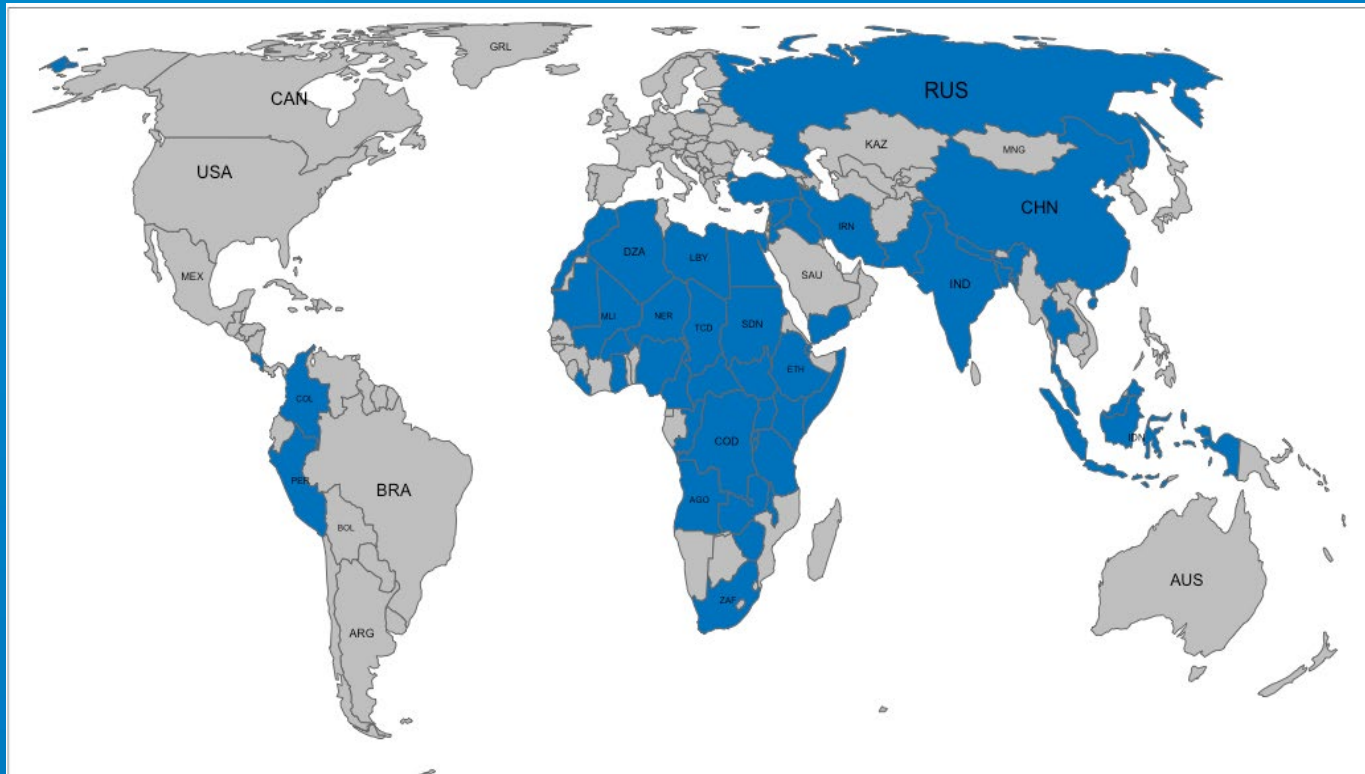
Refugees and Migrants

- UNHCR, governments and humanitarian organizations provide **protection and lifesaving assistance to refugees**, who are recognized by State authorities or UNHCR, because it is **too dangerous for them to return home**.
- On the other hand, people who move to a different country **primarily to improve their lives** by finding work or gaining education, or to reunite with family, are known as **migrants**.
- This distinction is important and allows for proper identification and responses for those involved, ensuring **refugees get access to asylum** as per norms defined in regional and international frameworks and that **vulnerable migrants get the tailored support they need**.
- The **UN General Assembly and World Health Assembly** have adopted important resolutions highlighting this distinction including reaffirming the **right of every human being, including refugees and migrants, to enjoy the highest attainable standard of physical and mental health**



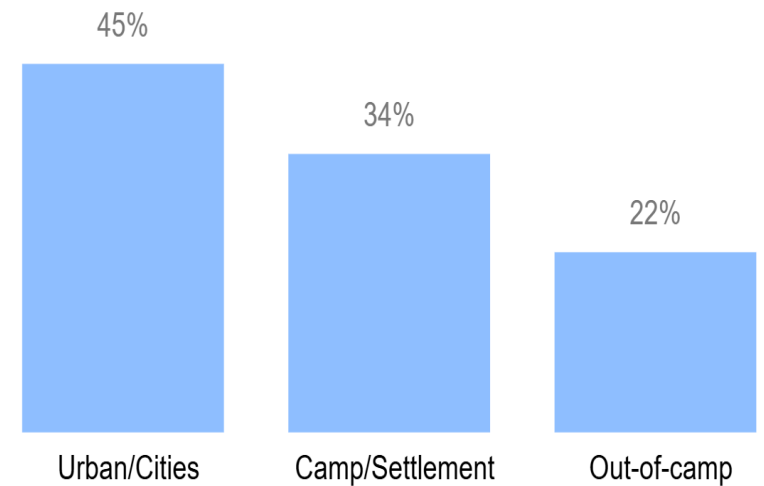
UNHCR Public Health Programmes Globally

- UNHCR currently has public health programmes in 50 countries



Refugee location

● 2023



Guiding Approaches in Health Response

- **Recognised minimum services** should be provided at the start of an emergency;
 - once the situation stabilises expand to more comprehensive services
- Aim to **integrate refugees into national systems** (services, policies and strategies) as much as possible;
- If there is a need to establish standalone services make these services available to host communities and provide the same level of services that are available to the host community once ensuring that minimum standards are met
- Sometimes refugees have **particular needs** not met by national services (e.g. mental health needs or sexual and gender based violence needs)
 - in such cases these services will be established but we work with other actors to strengthen these services in the host community

Refugee Health Status

Health status of refugees influenced by:

1. Background health status

- Morbidity and mortality patterns pre-conflict

2. Direct effects of the conflict

- Injuries and disabilities, psychosocial distress

3. Indirect effects of the conflict

- Breakdown of health and social services, effects of displacement, overcrowding, reduced access to WASH and other services



Refugee Health Status - Continuation

- In protracted situations, especially in middle-income host countries and in urban refugee populations, the health status is increasingly aligning itself with that of the host population
- Disease burden shifting towards non-communicable diseases
- Social determinants for health become increasingly important
- Higher demands on advanced healthcare

Inclusion into national Health Systems

UNHCR continuously works with the ministries of health to promote greater inclusion of refugees and other forcibly displaced people into national health services, policies, plans, and major health financing mechanisms

While progress has been made, integration into service delivery remains a challenge in a number of host countries

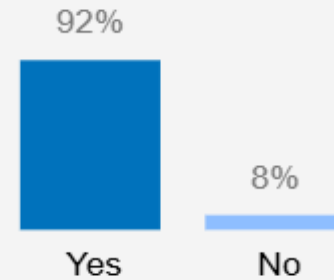
Inclusion at a glance

Provision of primary and secondary/tertiary care

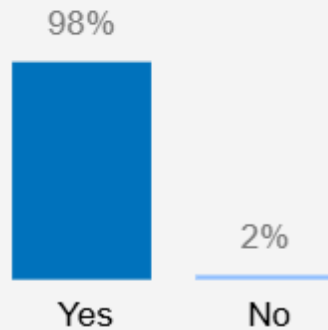
Are refugees able to access National Primary Health Care facilities?



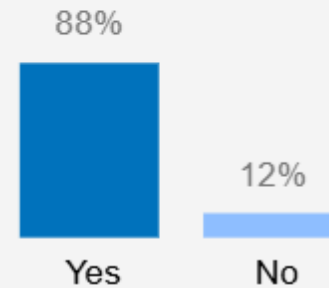
Is the access of refugees to National Primary Health Care facilities under the same conditions as nationals?



Are refugees able to access National Secondary/Tertiary Health Care facilities?



Is the access of refugees to National Secondary/Tertiary Health Care facilities under the same conditions as nationals?



Inclusion – Examples from Egypt

- Refugees have access to the Ministry of Health facilities on par with citizens

However

- Some public facilities not under MoH (university hospitals)
- Refugees are not included in national mechanisms providing financial support for healthcare
- Refugees are partially included in various “health initiatives/ campaigns”
- Refugees do not have access to social and community networks that Egyptians depend on for financing health care
- Discrimination, cultural- and language barriers reduce access



“We don’t give up,
we still have **hope.**”

DR. EVAN ATAR
2018 Nansen Refugee Award Winner

©UNHCR/Will Swanson



**NANSEN
REFUGEE
AWARD**



