# Health of refugees and migrants

Practices in addressing the health needs of refugees and migrants

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**TABLE OF CONTENTS**

**COUNTRIES HIGHTLIGHTED**



*In response to a request, in World Health Assembly resolution 70.15, the World Health Organization issued a global call for information, including case studies, on current policies and practices and lessons learned in the promotion of refugee and migrant health. This document is based on information gathered from the contributions from Member States, IOM, UNHCR, ILO, other partners and WHO regional and country offices, in response to that global call, as well as from literature searches and reports available in the public domain. They are therefore presented without any claim to completeness. Furthermore, WHO has not independently verified the information from the contributions unless otherwise stated. Moreover, this is a "living" document which will be updated periodically as new information becomes available.*

# ALGERIA

**CONTEXT:** Mixed migration flows have been a constant in the history of Algeria. The country host Saharawi refugees and regularly sub-Saharan Africans regularly move to southern Algeria after natural disasters as well as refugees fleeing crisis in Ivory Coast, Democratic Republic of Congo and recently Niger and Nigeria. Since 2011, many Syrian have sought refuge in the country. Initially considered as a transit route for migration towards northern Europe, currently many individuals stay in Algeria seeking asylum and by the end of 2016, 99,944 refugees and asylum seekers were registered in the country according to UNHCR.[1]

**PRACTICES:**

**Promoting the right to the enjoyment of the highest attainable standard of physical and mental health, equality and non-discrimination of refugees and migrants.** Algeria has replaced the 1966 ordinance 66 - 211 with the law 08 - 11 in June 2008. The new law does not distinguish between different categories of migrants. The 2017 health law draft[2] states that all people in difficulty (refugees and migrants are considered people in difficulties) are entitled to health protection at the expense of the State.

**Addressing social determinants of health and health inequality for refugees and migrants:** Currently the Algerian State is working on setting up reception and accommodation centres for refugees and irregular migrants. The pilot centre in Tizi Ouzou provide shelter with running water and electricity with periodic visits from the Ministry of National Solidarity ensuring good conditions of hygiene and sanitation are met. In addition, Refugees and migrants also have access to routine medical check-up to identify health problems and have access to all national health programs. [3]

**Provision of equitable access to universal health coverage, including access to quality essential services, medicines and vaccines and health care financing for refugees and migrants:** The state provides free healthcare and guarantees access to all citizens[4]. It implements all means of diagnosis, treatment and hospitalization of the sick in all structures and public health establishments as well as all actions intended to protect and promote their health, providing and organizing health prevention, protection and promotion activities

**Provision of free health care for persons in difficulty (comprises refugees and migrants:** The protection of the health of persons in difficulty is reflected in section four of the draft Health Law 2017[5]. Public and private health structures and institutions with a public service mission must provide free health coverage for all people in difficulty, especially those living in an institutional environment and ensure compliance with health and safety standards.

**Medical and psychological care for victims of violence:** The State provides medical and psychological care and puts in place medical means to relieve the suffering of victims of violence and/or in situations of psychological distress with a view to their reintegration into society.

**Promoting people-centred, gender, refugee and migrant -sensitive health policies and health systems and program interventions:** The state takes the necessary measures to encourage the participation of concerned institutions as well as associations to protect the health of persons in difficulty and to provide them with the care, education required by their health status with a view to enabling their integration or reintegration into social life.

**Provision of short and long-term public health interventions to reduce mortality and morbidity among refugees and migrants. Promoting continuity and quality of care for refugees and migrants:** The State implements health protection programs and ensures its implementation at local, regional and national levels[6], providing enough financial resources for its implementation. Health structures organize, as part of the implementation of health programs, with the assistance and assistance of any authority concerned, awareness campaigns, information and preventive actions against diseases, plagues accidents and catastrophes of whatever nature.

**Targeted immunisation campaigns:** In case of epidemic situation and/or protection of certain people at risk, the health authorities organize vaccination campaigns and take any appropriated measure for the population

[1] http://popstats.unhcr.org/en/overview
[2] Draft Health Law: Section 4, article 94
[3] Information collected from an online questionnaire submitted in 2017 by the Direction Génerale de Santé de la Réforme Hospitalière
[4] Draft Health Law 2017 Articles 12, 13 and 14
[5] Draft health Law: Section 4, articles 95, 96, 97 and 98.
[6] Draft Health Law 2017, Article 30 and 31

or persons concerned. Authorised health services are required to provide compulsory immunisations free of charge to the concerned population.

**Improving the health and well-being of women, children and adolescents living in refugee and migrant settings; promoting gender equality and empowering refugee and migrant women and girls:** The State ensures special conditions for health surveillance and care for institutionalized children, including those under the Ministry of National Solidarity. These children in distress must benefit from all the health and socio-educational measures favourable to their harmonious development and insertion in the family and society.

**Mother and Child health programs:** The protection of maternal and child health is ensured by medical, psychological, social, educational and administrative measures intended to: promote breastfeeding, provide all necessary care for the mother before, during and after pregnancy, ensure the physical, and mental health as well as the mental and psychomotor development of the child[7].

**Protecting and promoting the health of adolescents:** Protecting and promoting the health of adolescents and young people is a priority of the State. The Minister of Health develops and implements, in collaboration with the services concerned, specific programs adapted to the health needs of adolescents and young people.

**Addressing the health of migrant workers, occupational health safety measures, including improving working conditions**: The State ensures the protection and promotion of health in the workplace in accordance with the legislation and regulations in force.[8] Workplace protection aims to promote and maintain the highest degree of physical, mental and social well-being of workers in all occupations. Including, prevention of damage to the health workers by the conditions of their work and protection against the risks resulting from the presence of agents prejudicial to their health. Occupational medicine is an obligation borne by the employer for the benefit to the worker in accordance with the legislation and regulations in force.

***(Source: Ministère de la Santé de la Population et de la Réforme Hospitalière)***

# CABO VERDE

## Equality and integration policies

**CONTEXT:** Migration is part of Cabo Verde's history. Over decades Cabo Verde has been a country of emigration. Recently, Cabo Verde started to become a reception county, receiving immigration flows from West Africa. This brought to the archipelago to develop appropriated and effective instruments to deal with migration management.

**PRACTICE:** The General Immigration Department undertook initiatives, including conferences on migration to sensitize the local population and migrants to the importance of migration and mutual respect. Regular training plans for both public care services and the national police are also organized, to ensure that migrants receive equal access to public services and an improved access to the enforcement of their rights.

**RESULTS:** The National Immigration Strategy (Resolution No. 2/2012) is based on the principle of non-discrimination and includes measures aimed at integration and inclusion of migrant workers in society. [9]

***(Source: International Labour Organization)***

[7] Draft Health Law 2017 Articles 72, 73, 74, 77, 78, 86 and 89
[8] Draft Health Law 2017, articles 102, 103, 104 and 105
[9] ILO Promoting fair migration. International Labour Conference. 105th session, 2016 ILC.105/III/1B

# ETHIOPIA

**CONTEXT:** In 2017, more than 850,000 refugees were hosted in Ethiopia in 25 camps across five regional states, mainly form Eritrea, Somalia and South Sudan[10]. Many of the border regions receiving refugees face the challenges of poor infrastructure, high levels of poverty, adverse environmental conditions, low capacity and poor development indicators. The institutional responsibility for the implementation of policies relating to refugees and returnees lies with the Administration for Refugee and Returnee Affairs (ARRA). In responding to the crisis ARRA and UNHCR have established a close cooperation with Ministers are both the Federal and State levels to facilitate refugee inclusion in the national systems. The Ethiopian Government has set targets for the country in the pledges it made during the Refugees Leaders' Summit in September 2016. The Government decision to roll-out the UNHCR-led comprehensive refugee response framework may further improve access to rights and basic service delivery to refugees. The government aims to achieve universal health coverage including refugees and migrants and develop integrated host community and refugee water supply and sanitation systems with integrated operation and management models.

**Promoting the right to the enjoyment of the highest attainable standard of physical and mental health, equality and non-discrimination of refugees and migrants:** Based on the Memorandum of Understanding signed between the Federal Ministry of Health(FMOH), ARRA, UNICEF and UNHCR, all refugees have the right to get basic health services and be treated like that of the host community.

**Health Sector Transformation plan:**[11] In the past two decades the Government of Ethiopia has invested in health system strengthening guided by pro-poor policies madding impressive progress to improve the country health indicators. The Health Sector Transformation Plan has set ambitious goals to improve equity, coverage, quality and utilization of essential health services. The efforts will cover all nationals, refugees and migrants.

**Provision of short- and long-term public health interventions to reduce mortality and morbidity among refugees and migrants, including bridging short-term emergency and humanitarian health assistance with long-term health programmes:** There is Memorandum of Understanding (MoU) signed between FMOH, ARRA, UNICEF and UNHCR regarding delivering health services for refugees in the country. Based on the MOU all refugees have the right to get basic health services and will be treated like that of the host community.

**Vaccinating refugees**: Routine immunization service is delivered in all refugee camps regularly. During planning of SIAs all refugee camps will be considered along with the host community.

**LESSONS LEARNED AND WAY FORWARD:** The risk of polio importation from neighbouring countries have been abolished by providing SIA considering all refugee camps. Continue provision of health services in the refugee camps based on the MoU and at the same time sustain vaccinating children at all border entries.

***(Source: Federal Ministry of Health)***

## Addressing social determinants of health and health inequality for refugees and migrants

**CONTEXT:** Water and sanitation provision in refugee camps are delivered by UNHCR's non-governmental organization (NGO) partners through water schemes or water trucking to the camps. The unit cost of water is relatively high and the achievement of international minimum standards varies from one location to another. Where the standards have been met usually is with the support of humanitarian financing. The government, donors and humanitarian and development actors have put forward new models for sustainable water provision to benefit refugees and host communities alike.

**PRACTICES:**

**Itang integrated water project**:[12] ARRA supported the establishment of a professional water utility management in Gambella region. ARRA, UNHCR, UNICEF and the Regional Water Bureau went ahead to build system spanning two refugee camps and two towns through a pipe network covering 100 km. This large infrastructure development, the Itang integrated water project, has been functional since 2016 and is currently being extended to one additional site.

[10] UNHCR global trends: forced displacement in 2016

[11] https://www.globalfinancingfacility.org/sites/gff_new/files/Ethiopia-health-system-transformation-plan.pdf

[12] UNHCR Submission. More information on the Itang project at: http://crrf.unhcr.org/en/documents/download/111

**RESULTS:** The Itang integrated water system will provide water (once is completed) to 250,000 people (75 percent or more are refugee beneficiaries).

**LESSONS LEARNED:** Ethiopia's willingness to include refugees in the national water system makes it stand apart from to the more traditional humanitarian responses. In many aspects this experience is likely to shape future water programming in other refugee camp settings.

**Provision of equitable access to universal health coverage, including access to quality essential services, medicines and vaccines and health care financing for refugees and migrants:** Primary Health Care services are implemented by ARRA in all 26 refugee camps free of charge for refugees and host communities. For secondary health care, refugees are referred to government hospitals where they can access care at the same cost as nationals. Health care financing is done through ARRA, either paying directly the cost to the hospital or reimbursing expenses to refugees.

***(Source: United Nations High Commissioner for Refugees)***

## Preventing sexual exploitation and abuse

**CONTEXT:** Young women who have relocated to urban areas and slums in Ethiopia are at risk of coerced sex, sex work and exploitative labour. There are few programs seeking to address social exclusion and HIV vulnerabilities among the most marginalized girls including migrant girls. Biruh Tesfa project reached out-of-school adolescent girls in urban slums in 18 cities in Ethiopia, two thirds of the girls enrolled were migrants. From 2006 to 2014, the Biruh Tesfa ("Bright Future") project addressed vulnerabilities of young women in urban areas and slums. A main activity of Biruh Tesfa was mentoring out-of-school girls and young adults aged 7-24 on topics such as HIV and AIDS, reproductive health, and violence and coercion. The mentorship program empowered young women by identifying, training and hiring female community leaders as mentors and by creating 'safe spaces'.

**PRACTICE: Biruh Tesfa Project:** The program provided basic literacy and life skills, financial literacy and entrepreneurship and education about HIV and reproductive health. Participants obtained social support for violence as well as assistance in developing communication and psychosocial skills. Given the extreme poverty of most of the participants, health care is usually out of their reach, mentors provided the girls with vouchers for subsidized or free medical and HIV services at participating clinics. In addition to referrals to a local NGO called Organization for the Prevention Rehabilitation and Integration of Female Street Children which provided support services to rape victims and shelters for evicted domestic workers.

**RESULTS:** Starting in Addis Ababa and Bahir Dar where the project reached 3,700 girls, Biruh Tesfa was scaled up to reach 18 cities and by 2016 the number of girls participating in the project was more than 75,000. The girls in the intervention sites were more than twice as likely to report social support and to score highly on HIV knowledge questions, know where to obtain voluntary counselling and testing and to want to be tested compared to girls in the control site. Further evaluations indicated that participation in the project corresponded to better performance on reading and numeracy tests.

***(Source: Promoting a Rights-based Approach to Migration, Health, and HIV and Aids: A Framework for Action; International Labour Office – Geneva: ILO, 2016)***

## Countering human trafficking and exploitation

**CONTEXT:** Ethiopia has large amounts of migrants leaving for position as domestic workers in the Middle East and Gulf States. Approximately 180,000 women depart each year and 60 - 70 percent of those are estimated to be undocumented. Exploitation, neglect and physical and sexual against Ethiopian domestic workers is common given the legal status of the migrant and weak labour laws. In response, the Ethiopian Government has established bilateral agreements to protect migrants and assigned four national offices to lead its migration-related work. In addition, the government is conducting awareness raising campaigns in an effort to reduce the vulnerability of migrants and reduce risky migration.

**PRACTICE:** In partnership with the Ethiopian Government, the Freedom Fund launched the "hotspot" program[13] to reduce the risk of human trafficking in domestic work abroad in 2015. The focus of the programme is to encourage improved preparedness for safe migration. The hotspot programme aims to create alternative livelihood options amongst women and girls likely to migrate and to generate improved understanding and practice of safer migration in the communities. Activities include self-help groups; community-based saving loans and vocational training and awareness raising through community and one-on-one meetings. In 2016, the programme had a total of 13 community-based partners in Addis Ababa and the Amhara region.

**RESULTS:** In 2016, hotspot partners supported 11,849 individuals through community groups, partners provided social or legal services to 5,192 individuals including women returnees. The assistance includes medical treatment, individual and group counselling and recreational activities. 458 women and girls graduated from vocational training and 373 people earned new income or started a microenterprise.

**LESSONS LEARNED AND WAYS FORWARD:** Coordination and collaboration with government officials at all levels improve outcomes for overseas workers. Local community members are best placed to identify and execute local solutions. Exchange with other countries is very valuable, in 2016 the Freedom Fund sponsored a trip for Ethiopian Government officials to Philippines to exchange experiences. Following the Philippines trip, a report including suggestions to adapt Ethiopia's migration policy to promote more effective migration practises and develop services provided to migrants and their families was produced. There is a need to pursue further research on communities' attitudes on migrations and evaluate partners and to establish a national migration platform to bring together government officials and civil society organisations. [14]

***(Source: Freedom Fund)***