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# Medical Missions, When Humanity Sleep, Humans Die and Earth Sinks Deep

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# Declaration of Interest

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## Areas of interest

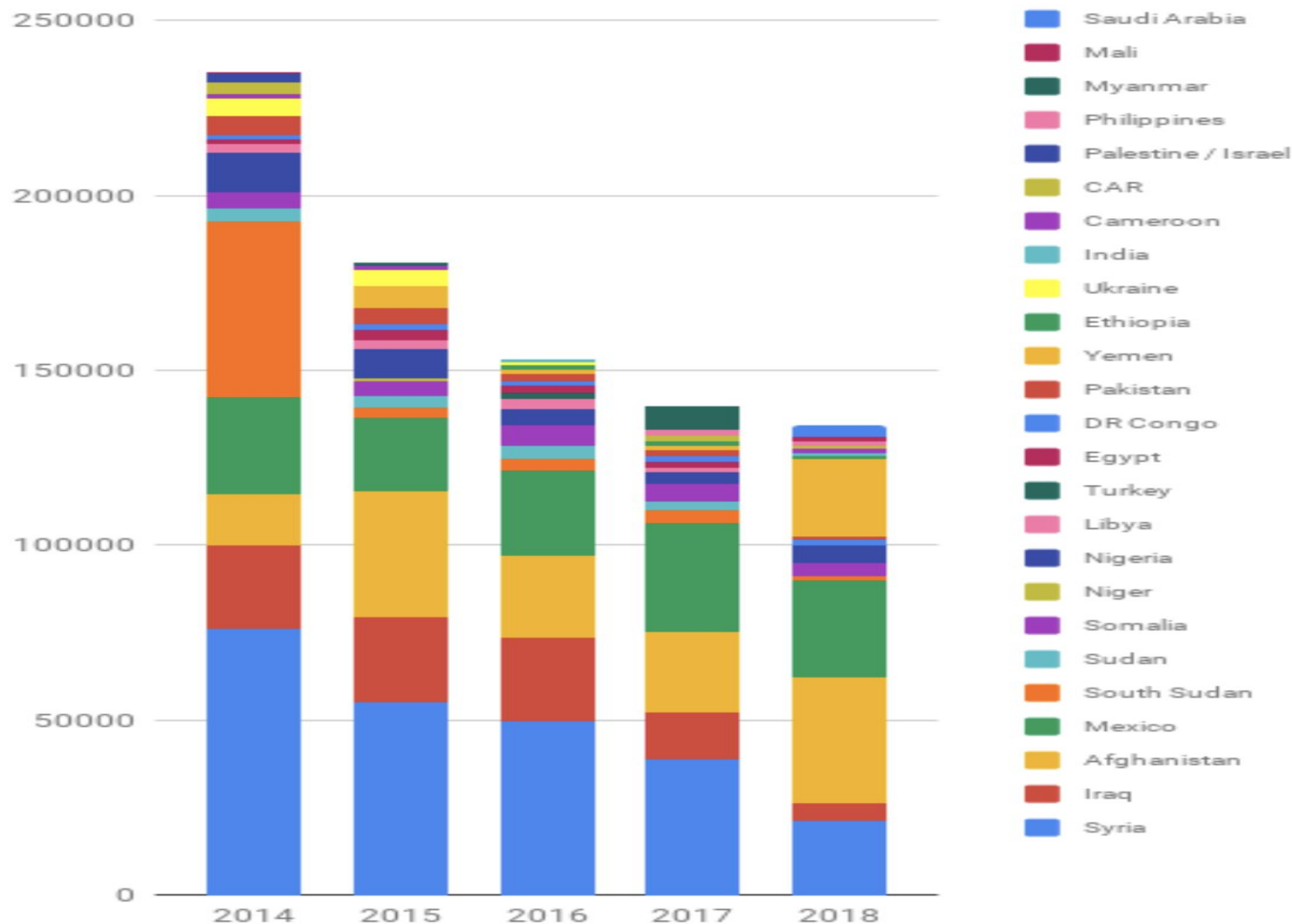
- Dermatology. Extended skills Training
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- Medical Missions and Refugees Health. Member of SAMS (Syrian American Medical Society)

**No known conflicts of interest associated with this publication and there has been no financial support for this work**

# Overview

- **Conflict-related fatalities**
- **Refugees**
- **Syrian Refugees in:**
  - ✓ Jordan
  - ✓ Lebanon
  - ✓ Turkey
- **SAMS (Syrian American Medical Society )**
- **Palestinian Refugees**
- **Medical Aid for Palestinians (MAP)**
- **Palestine Children's Relief Fund**
- **Yemen**
- **Promoting Refugee Health**
- **Healthcare Challenges & Recommendations for Refugees**

# Conflict-related fatalities in the world's 17 most affected countries 2014 - 2018



# Refugees

**A refugee is someone who has been forced to flee his or her country because of war, persecution or violence.**

- The refugee crisis is one of the most pressing challenges for the world.
- The world is currently experiencing the largest refugee crisis since world war II.
- Every two seconds a person is being forced to seek refuge due to conflicts or persecution.
- Around 68.5 million people worldwide are currently displaced, with an overwhelming 25.4 million of them children under the age of 18.
- Many are coming from Middle East and North Africa.
- A handful of countries are shouldering the burden of housing refugees, while rich countries increasingly refuse to take on the responsibility.



**Refugees flee their homes as a last resort  
BUT**

**What happen when they leave their home country and arrive in another country to seek  
protection**

# When Refugees are Resettled, They May Face:



The fact of never going home



Loss of family and friends



Loss of familiar culture



Anxiety over discrimination in host country



Concern over cultural adaptation



Concern for economic survival



Daily Survival Issues



Language barriers

# Syrian Refugees



The Syrian Civil War, which began in March 2011, has caused as estimated 6.5 million Syrians to flee the country .

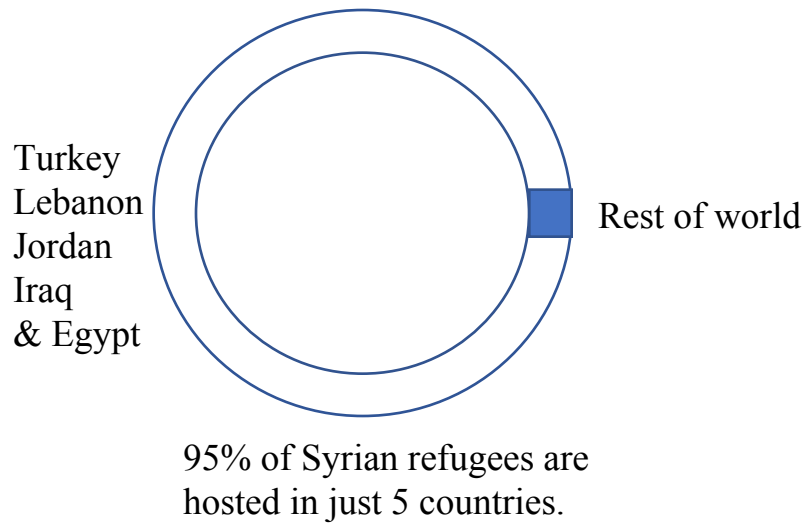
Eight years into the Syrian crisis, over half the country's population has been forcibly displaced. Of the world's 25.4 million refugees, over 6 million of them are from Syria, mostly in neighboring Jordan, Lebanon and Turkey.

Syrians are also one of the largest populations of Internally Displaced People (IDPs), accounting for more than 6 million of the world's 40 million IDPs.

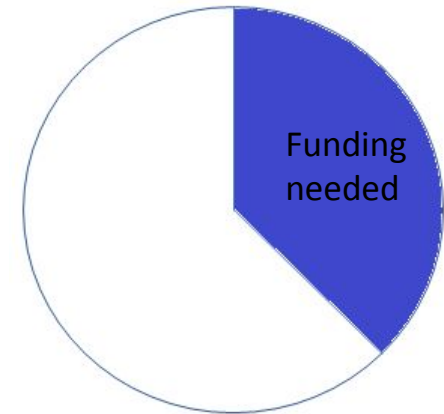
Refugees live in a variety of conditions ranging from formal camps and informal settlements to being integrated within host country communities in rented accommodations, staying with host families or in temporary housing.

Refugees often have complex medical problems including physical injuries and psychological trauma. In host countries, they often face poor housing and sanitary environments, difficult labor conditions, inadequate nutrition, and inaccessible medical care.

# Syria's Refugee Crisis in Numbers



The UN humanitarian Appeal for Syrian refugees is just 40% funded.



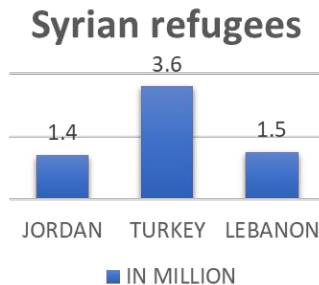
- **Over 50% of Syrian's population are currently displaced.**
- **Just 2.6% of the Syrian refugee population have been offered resettlement places globally, since the start of the Syrian crisis.**



# Overview

## Syrian refugees in :

- Jordan (1.4m)
- Turkey (3.6m)
- Lebanon (1.5m)



The Syria crisis has become the biggest humanitarian emergency of our era, yet the world is failing to meet the needs of refugees and the countries hosting them.

The majority of Syria's refugees have fled by land.

About 6.5 million Syrians are now refugees, and another 6.2 million people are displaced within Syria. Half of the people affected are children.





## Syrian Refugees in Jordan



# Syrian Refugees in Jordan

Jordan is one of the countries most affected by the Syrian crisis, hosting the second highest share of refugees per capita in the world.

Since the Syrian war broke out in 2011, Jordan has welcomed nearly 1.4 million of Syrian refugees, the vast majority of whom live on less than US\$ 2 a day. Many have been in Jordan for over six years.

85% of Syrian refugee are outside the camps, living in communities, and not registered with UNHCR.

The number of refugee registered with the UNHCR is estimated to be 660,000.

About 80 percent of the registered Syrian refugees live in host communities across the country. Over one hundred thousand of them are unable to complete or update their registration, leaving them at risk of detention and forced relocation to the camps.

The majority of the refugees in Jordan live in the local communities rather than refugee camps, which had added a large strain on the country's infrastructure, particularly towns in northern Jordan adjacent to the Syrian border.

The vast majority (75%) of the Syrian refugee population has no form of health insurance in Jordan and pays out of pocket for health services.

As one of the top ten driest countries in the world, Jordanians' livelihood is already at risk, and the influx of new residents has only exacerbated the issue of water scarcity.





# Syrian refugees in Jordan

## Demographic Characteristics

- ✓ Overall, the Syrian refugee population is young for both males and females: 62% are below the age of 24, with 48% aged below 15, which is much younger than figures for the population in Syria prior to the crisis.
- ✓ Most refugee families (56%) are between four to six-member households, with 11% of households comprising eight or more members.
- ✓ The refugees have been in Jordan for 4.6 years, on average. 2% have been back in Syria.



## Health and health services

- ✓ 16% of the Syrian refugee population in Jordan report chronic health failure.
- ✓ Health insurance is not readily accessible for Syrian refugees in Jordan. Lack of health insurance may be a barrier to receiving care as well as increasing the financial challenges of paying for care.
- ✓ Despite the low incidence of disability in children, disabled children make up a substantial share of the total number of disabled people because there are many more children than elderly in the overall population: 19% of the disabled are aged 5 to 19; 26% are aged 20 to 39; 19% are in their 40s; 15% are in their 50s; and 22% are 60 years or older.
- ✓ 78% of Syrian refugees with chronic health failure are in need of medical follow-up; of these, 21% do not receive follow-up, 30% turn to services provided by an NGO, 26% use public services and 18% use services from private providers. 4% benefit from UNRWA's health services.
- ✓ As with medical follow-up associated with chronic health problems, the poorest Syrian refugees more frequently turn to NGO services.
- ✓ Investments in health and human capital of very young Syrian refugee population will have long-term impacts both for the future reconstruction of Syria and demographic and economic trends in Jordan, should large numbers of refugees remain in Jordan.



## Syrian Refugees in Lebanon

# Syrian Refugees in Lebanon

- Since the onset of the Syrian Civil War in March 2011, over 1.5 million Syrian refugees have fled to Lebanon, and constitute nearly one-fourth of the Lebanese population today. Lebanon currently holds the largest refugee population per capita in the world.
- One million refugees are registered with UNHCR.
- More than 1/2 of displaced from Syria are women & children.
- 1/3 of displaced Syrians households are moderately or severely food insecure.
- 36% of displaced Syrians live in substandard or dangerous shelter conditions.
- 54% of displaced Syrian children between 3 and 18 years are out of school.



**The conflict in Syria has significantly impacted Lebanon's social and economic growth, caused deepening poverty and humanitarian needs, and exacerbated pre-existing development constraints in the country.**



# Health and Health Services

- Syrian refugees largely depend on international agencies and their nongovernmental partners for healthcare, in the absence and inability of the Lebanese health system to provide adequate healthcare. Health services in Lebanon have become increasingly inaccessible to refugee populations because of the high costs incurred for treatment in a largely privatized healthcare system.
- Syrian doctors in Lebanon are not allowed to treat refugee populations because of outstanding laws that protect the livelihood of local health professionals.
- The Lebanese healthcare system is overburdened, fractured, and inefficient due to treating Syrian refugees, vulnerable Lebanese groups (living on less than US\$2.4/day), Lebanese returnees from Syria, Palestinian refugees from Syria, and Palestinian refugees in Lebanon.
- UNHCR supports refugees' access to comprehensive primary health care services, including child and maternal health, sexual and reproductive health, care for non-communicable diseases and mental health services, through subsidizing health services and medication, including vaccinations, at primary health care centres, hospitals and mobile health services.



# Syrian Refugees in Jordan & Lebanon

	Jordan	Lebanon
<b>NUMBER OF SYRIAN REFUGEES</b>	1.4 million (657,628 registered)	1.5 million (982,012 registered)
<b>TOTAL POPULATION OF EACH COUNTRY</b>	9.9 million	5.9 million
<b>SYRIAN REFUGEES PER INHABITANT</b>	140/1,000	250/1,000
<b>AVERAGE COST TO HOST SYRIAN REFUGEES</b>	\$2.5 billion Per year	\$13 billion (2012-2015)

Source: Data complied from UNHCR, World Bank, Jordan Response Plan, and Lebanon Response Plan





## Syrian Refugees in Turkey

# Syrian Refugees in Turkey

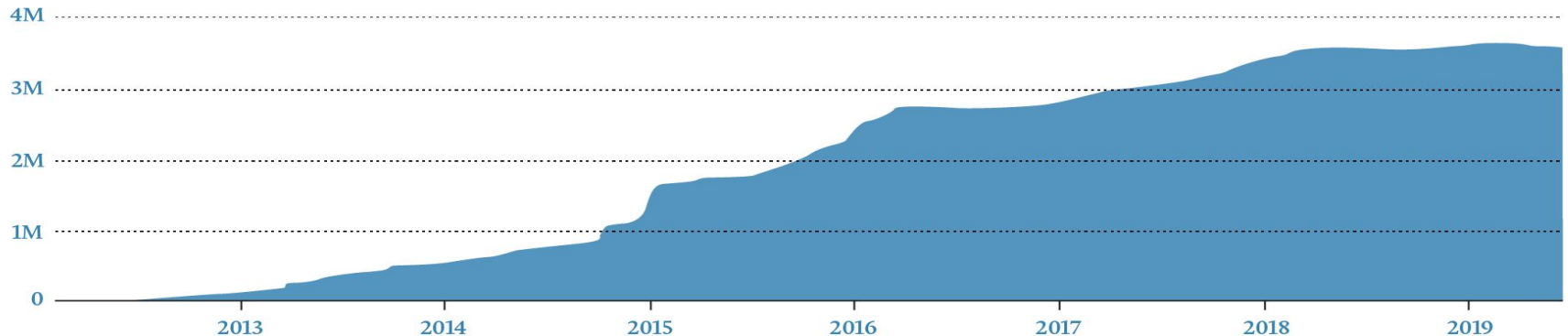


Since the beginning of the crisis in Syria, over 3.6 million Syrian refugees have fled to Turkey where they have been granted shelter. This makes Turkey the country with the highest number of refugees in the world.

## Registered Syrian Refugees in Turkey

3,614,108

Last updated 13 June 2019



Sources: UNCHR, Government of Turkey



# Health and Health Services

- The Turkish government has made several regulations for Syrian refugees, which allow them to benefit from emergency care units and primary, secondary and tertiary healthcare centres.
- Effectiveness of healthcare services for refugees is limited by language barriers, mobility of the refugees and some legal restrictions. Mental health and rehabilitation services are relatively weak because of the inadequate number of qualified practitioners.
- Efforts were made to strengthen the national health system through integrating Syrian health care workers and translators, to build capacity for mental health care, to provide linguistic and culturally sensitive health services and to support home care for older and disabled refugees.
- WHO served over three million people by responding to urgent health needs and supporting health facilities in the delivery of health services, such as the delivery of vital medicines and medical supplies, support with operational costs of health facilities and capacity-building of health staff.
- Under Turkish law, Syrian refugees cannot apply for resettlement but only temporary protection status. Registering for temporary protection status gives access to state services such as health and education, as well as the right to apply for a work permit in certain geographic areas and professions.



# Key numbers for 2018

## Refugee Health response in Turkey



700

Syrian doctors, nurses and midwives completed the adaptation training to serve in the Turkish health care system and provide health services to their fellow nationals in Turkey



1038

Turkish and Syrian doctors received specialized training in mental health and psychosocial support to respond to the high needs of refugees in Turkey



731

Turkish/Arabic interpreters were trained to serve as patient guides for Syrian refugees



427

Syrians received training to serve as community health support staff for the provision of home care and social services for older and disabled refugees



588 500

free-of-charge and culturally sensitive health consultations were provided to Syrian refugees in seven WHO-supported refugee health training centres across the country



29 000

mental health and psychological support consultations were provided to Syrian refugees in 7 WHO-supported refugee health training centres



# **Introduction of The Syrian American Medical Society (SAMS)**

# The Syrian American Medical Society (SAMS)

**SAMS** Is a global medical relief organization that is working on the front lines of crisis relief in Syria, neighboring countries, and beyond to alleviate suffering and save lives.

**SAMS** was founded in 1998 as a professional society, working to pro-vide physicians of Syrian descent with networking, educational, cul-tural, and professional services.

**SAMS** organizes and facilitates medical missions to allow doctors, members, students and volunteers to participate in medical and surgical missions. Medical professionals travel to the region to support ongoing medical relief programs and provide healthcare to Syrians inside Syria as well as in refugee camps in Jordan, Turkey, Lebanon and Greece.

**SAMS MISSION:** is to save lives, alleviate suffering, advocate for medical neu-trality, and ensure a healthier future for Syrians inside Syria, in neighboring countries, and beyond through medical relief and healthcare development.

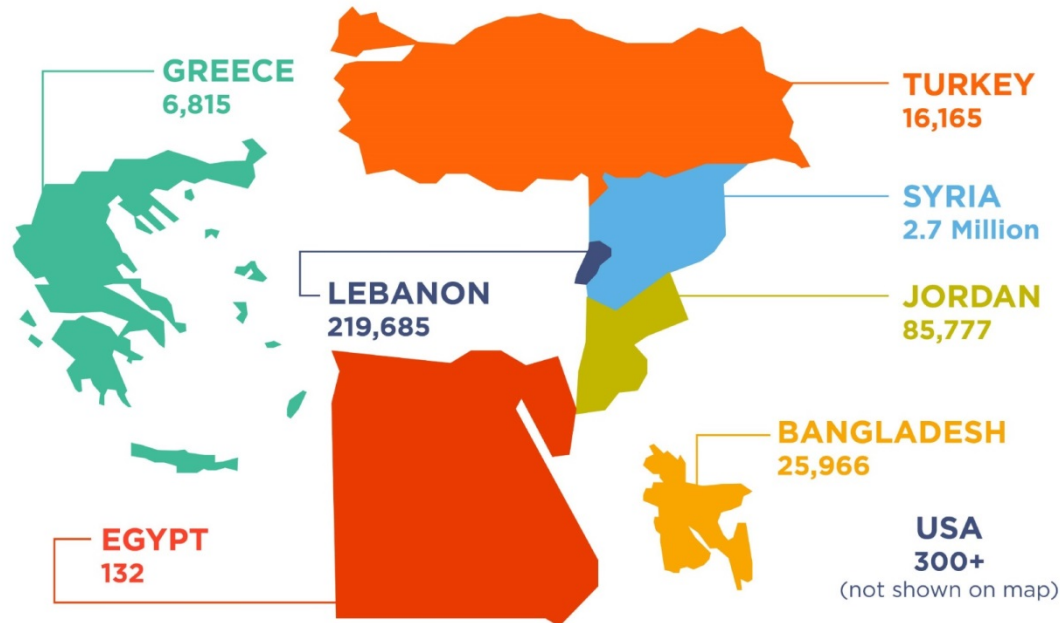
**SAMS VISION:** is to be a leading humanitarian organization, harnessing the talents of Syrian-American healthcare professionals, and channeling them toward medical relief for the people of Syr-ia, the United States, and beyond.

**SAMS is one of the most active and trusted international NGOs on the ground in Syria**





In 2018, SAMS provided **over 3 million health care services** to those in need.



Since the beginning of the conflict in 2011, SAMS has been working on the front lines of crisis relief in Syria, neighboring countries, and beyond. Since then, SAMS has expanded its operations to new locations to meet growing medical needs worldwide. In 2018, SAMS operated in eight countries, with major operations inside Syria, Turkey, Lebanon, and Jordan, with an average cost of \$12.26 per patient.



# SAMS Medical Missions to the Region

## JORDAN

Missions	4
<b>Total Volunteers</b>	<b>237</b>
<b>Physicians/ Nurses</b>	<b>153</b>
<b>Other</b>	<b>84</b>
<b>Total Beneficiaries</b>	<b>15,232</b>

## LEBANON

Missions	8
<b>Total Volunteers</b>	<b>284</b>
<b>Physicians/ Nurses</b>	<b>118</b>
<b>Medical Students/ Volunteers</b>	<b>237</b>
<b>Total Beneficiaries</b>	<b>5,365</b>



# Jordan Medical Missions

**SAMS** members and volunteers in the United States and around the world take frequent medical missions to Jordan to support ongoing medical relief programs.

Missions allow health workers of different specialties to volunteer their skills, provide dignified healthcare to those in need, and give back the community by providing free healthcare services to Jordanians in rural areas who can't afford high medical bills.

In 2018 **SAMS** organized its largest medical mission to Jordan to date, which brought together a total of 47 doctors and 90 volunteers from across the world to provide over 5,000 health services to Syrian refugees and underserved Jordanians.

In Jordan, **SAMS** operates medical relief programs, providing free medical services to Syrian refugees in Al-Zaatari Camp, the second largest refugee camp in the world, and in urban areas throughout the country.

**SAMS** supports the largest multi-specialty clinic in Al-Zaatari camp, providing internal medicine, paediatric care, surgery, obstetric and gynaecological services, cardiology, neurology, dermatology, ear/nose/throat services, orthopedics, ophthalmology, dental care, physiotherapy and psychosocial.



# Medical Mission for the Syrian Refugees in Jordan

Throughout **SAMS** six-day multi-specialty medical mission, we travelled long distances every day to reach hundreds of patients that were waiting for us.

During the mission I treated on average 45 patients a day, mainly women and children.

The health needs of the camp's population are complex, and access to health care is strained. Refugees face a lack of consistent care for chronic and acute conditions with no money to get treated and no health insurance.

Beyond treating medical issues, we were there to pass on a message of hope, to hear their stories and to make them feel cared for. This, I believe, was the amazing part of our role. I was there to take care of their health and skin conditions but most notably of their souls.



**I strongly encourage the medical community to be actively involved in supporting refugees.  
Being part of a SAMS mission is the way forward.**

# SAMS Mission to Jordan Provide Hope & Healing

Anwar, 28, a Syrian refugee, currently lives in Al-Za'atari Refugee Camp with her husband and four children.

Anwar was suffering from severe respiratory distress which impacted her daily life in the camp.

she was diagnosed with severe atrophy of the aortic valve, and aortic aneurysm.

In order to survive, Anwar needed an immediate open heart surgery.

The cost of an open heart surgery and valve replacement is more than \$20,000, a high cost that very few, especially not Syrian refugees, can not afford.

Anwar was one of the 15 patients on the list of patients who needed an open heart operations during **SAMS'** medical mission to Jordan in October 2018, by volunteer cardiologists, and surgeons

Her condition is monitored by **SAMS** volunteer doctor, Dr. Wael Al-Hossami, by periodic testing and continued medication.

**SAMS is the only organization that carries out these operations free of charge.**



# SAMS Mission to Jordan Provide Hope & Healing

Amber Heard met Weam during SAMS medical mission to Jordan, 2018. Weam lives in Zaatari Refugee Camp, and cannot get the treatment she needs for her thalassemia because the care is too expensive.

Sadly, 12 other children in the camp have the same condition.

Amber, teamed up with a donation company Crowd Rise to ensure that Weam, and the other children with the same condition, can find the life long care they need.







**Palestinian Refugees**



# Palestinian Refugees

- Sixty years after their exodus, Palestinian refugees embody the very essence of 'refugeeness'. They constitute the 'oldest' and most numerous refugee population in the world.
- Estimated at over 720,000 in 1949, they represent, together with their descendants, a population of over six million today.
- Conflict and violence, occupation, high levels of poverty, and other social determinants of health jeopardize the wellbeing of Palestine refugees.
- The United Nations Relief and Works Agency for the Palestine Refugees in the Middle East (UNRWA) was originally set up to take care of hundreds of thousands of Palestinians displaced by the 1948 Arab-Israeli war.
- UNRWA has provided support to Palestinian refugees in Jordan, Lebanon, Syria, the Gaza Strip, and the West Bank since the 1950s.
- UNRWA is continuing to face a severe financial crisis since the US cut its contributions from \$360m to \$60m in 2018 and then down again to zero for 2019.



The population of over 5.3 million Palestinian refugees registered with UNRWA continue to live amidst conflict, violence and occupation, and aspire to a just and lasting solution to their plight

# Access to Healthcare

- The medical administration of the occupied Palestinian territory is divided into three regions: Gaza, the West Bank and East Jerusalem.
- Consequently, the Palestinian health system also spans these three regions, each having different challenges and limitations on resources and expertise as a result of fifty years of conflict, meaning that referrals between regions are frequent and essential.

	 CARDIAC SURGERY	 SPECIALIST CANCER CARE	 SPECIALIST ONCOLOGY TREATMENT	 CHILDREN'S DIALYSIS	 SPECIALIST REHABILITATION SERVICES	 COMPLEX EYE SURGERY
GAZA	✗	✗	✗	✗	✗	✗
WEST BANK	✗	✗	✗	✗	✗	✗
EAST JERUSALEM	✓	✓	✓	✓	✓	✓



# Access to Healthcare

- The passage of Palestinian residents between and within these regions is controlled by Israel and there is no free passage between regions and medical institutions.
- On a yearly basis, tens of thousands of patients are referred for treatment outside the Palestinian healthcare system when the medical treatment they require is unavailable in the Palestinian territory.

## HOW DO PATIENTS GET TO HOSPITAL?

Palestinian patients entering East Jerusalem must undergo the 'back-to-back' ambulance transfer process. The average back-to-back delay at checkpoints for emergency cases is 24 minutes.\*





# Access to Healthcare in the Gaza Strip

- The health system in Gaza has been severely impacted by a decade of blockade and repeated conflict.
- Shortages of medical equipment and medications are frequent, and doctors are often prevented from being able to exit Gaza for training, leaving them unable to keep up to date with advances in medical practice.
- Facilities are overstretched, and service is frequently interrupted by power cuts.
- Patients are frequently required to seek treatment in other areas of the occupied Palestinian territory (West Bank or East Jerusalem) or abroad, especially for more specialized surgeries and care.
- the over 1.2 million Palestine refugees in Gaza.
- For patients in Gaza, accessing vital care in other parts of the occupied Palestinian territory or abroad is fraught with delays or denials.
- Food insecurity and rising poverty mean that most residents cannot meet their daily caloric requirements, while over 90 per cent of the water in Gaza has been deemed unfit for human consumption.

## EXITING GAZA: WHO CAN GET A PERMIT?

Palestinians without a Jerusalem I.D. must obtain an Israeli-issued permit to travel to hospital in East Jerusalem. Those from Gaza experience the harshest restrictions.

### PATIENTS MAY BE REFUSED BASED ON



#### AGE

People aged 18-45 experience the most delays and denials



#### GENDER

Men are more likely to be refused than women



#### ASSOCIATION

Patients with family considered to be a security risk by Israeli authorities have more chance of delay and denial



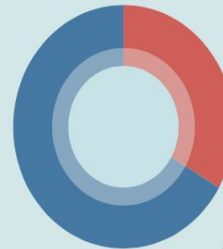
#### SEVERITY

Patients requiring non-life threatening treatment experience increased denials and delays



#### APPROVAL TIME

Patients only find out if their application was successful the evening before they are due to travel



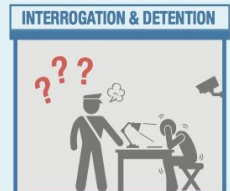
**1/3**

**OF PATIENTS  
WERE DENIED  
OR DELAYED  
IN 2016**



#### SECURITY INTERVIEW

Patients and companions risk being arbitrarily detained and interrogated by the Israeli security services



#### PATIENT COMPANIONS

Patients are only allowed one companion, who must also apply for a permit. Companions under the age of 55 (94% of Gaza's population) are more likely to be refused.



**MAP** is a non-religious, non-political, non-sectarian, humanitarian organization.

For over 30 years, **MAP** has been reaching out to Palestinian communities, striving to deliver health and medical care to those worst affected by conflict, occupation and displacement.

In every healthcare system it is essential that care is effective and accessible to the population it serves. But for Palestinians living under occupation or as refugees, this access is often denied by the circumstances in which they live, and the restrictions on their underlying civil and political rights.

**MAP** is working to build a sustainable healthcare system.

**MAP is a unique organisation helping Palestinians across the Middle East and it is essential that its good work continues.**





**PCRF** is a non-political, non-profit humanitarian medical relief organizations addressing the medical and humanitarian crisis facing Palestinian youths in the Middle East.

**PCRF** sends medical equipment, supplies, and American medical personnel to the region to treat difficult cases and train Palestinian surgeons.

Several injured or sick children are being treated in the U.S. for free.

**PCRF** relies on volunteers throughout the U.S. who act as host families and donors.

**PCRF** helps suffering children from other Middle Eastern nations, based on medical need.

**PCRF** creating sustainable solutions to ongoing regional health challenges by training local doctors and providing crucial healthcare infrastructure to local hospitals.



**Gaza Urgent Humanitarian Relief**



# Humanitarian Crisis in Yemen

**15.9 Million**  
People in food crisis

**12.3 Million**  
Children in need

**400,000** Children suffering severe malnutrition

**24.1 Million**  
People in need

**560** Deaths from Cholera Since Jan. 2018  
+100,000 more children suffering from Cholera since Jan. 2019

**Millions of Internally displaced persons**  
remain displaced in Yemen

# Humanitarian Crisis in Yemen

Yemen one of the poorest countries in the world, currently has the greatest level of humanitarian needs, being plunged into a deeper crisis with the onset of a civil war in March 2015.

After 4 years of conflict, about 24 millions Yemenis, around 80% of the population, are in need of humanitarian assistance.

Nearly 16 million people don't have enough to eat and are in urgent need of emergency assistance. The conflict has resulted in over 10,000 deaths and two million people displaced, looking for shelter from disease and violence.

The war in Yemen is having a disproportionate impact on Yemeni women and girls, who are exposed to increased risk of violence, exploitation and abuse while having a harder time accessing basic health care, including maternal and child health.

Ongoing fighting has devastated the country's economy, destroyed critical infrastructure, and led to chronic food insecurity verging on famine.



**Yemen crisis is man-made, with the war deepening and exacerbating the humanitarian situation.**

**Without immediate help, the lives of millions are at risk.**

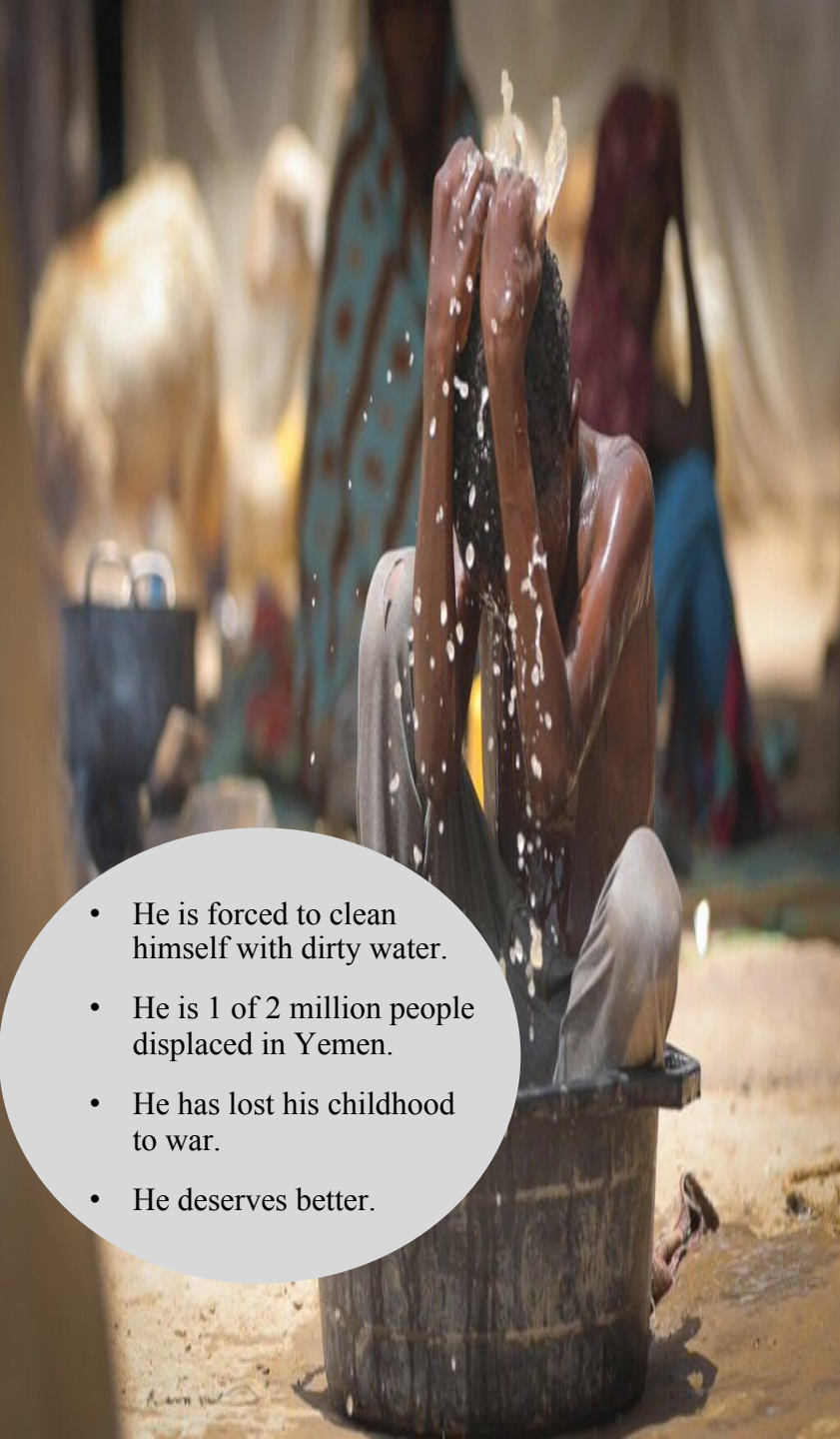
# Health Sector in Yemen

- Yemen's health sector faces major institutional challenges; less than half of Yemen's health facilities are functioning, there is a severe shortage of medicines, healthcare access is difficult, and hospitals are short of doctors and medical staff.
- It has proven difficult for humanitarian organizations to provide aid to Yemen due to the lack of open routes and ongoing violence.
- According to WHO Health Cluster analysis, the main causes of avoidable deaths in Yemen are communicable diseases, maternal, perinatal and nutritional conditions (together accounting for 50% of mortality), and non-communicable diseases (39% of mortality).
- Women and children are already dying from malnutrition in Yemen and the situation could grow far worse.
- 1.8 million children are suffering from acute malnutrition, of whom 400,000 children under five are suffering from severe acute malnutrition.
- There are around 1.1 million malnourished pregnant and breast-feeding women. More than 3.25 million women in Yemen are facing increased health and protection risks.



**Hunger and famine are a direct result of war and can only fully be eliminated by bringing the conflict to an end**





- He is forced to clean himself with dirty water.
- He is 1 of 2 million people displaced in Yemen.
- He has lost his childhood to war.
- He deserves better.



## In the last 500 days in Yemen



**6,500+**  
killed



**3,000,000**  
fled their homes



**32,000**  
injured



**14,000,000+**  
don't have access to clean  
water and healthcare



**8 out of 10**  
Yemenis are in need  
of humanitarian aid



## Promoting Refugee Health





# The Refugees Health Crisis Challenges

- The health challenges of refugees are not just about chronic and acute diseases, injuries, or shortage of health resources or health disparities. It is a health burden that has become an economic, political and social crisis, and measures and support to help to continue to provide for refugees are needed.
- Medical care of refugees should take into account both health status of the refugees and the well being of the host community.
- Improving access to healthcare is important to protect refugees' human rights and wellbeing.
- Investments in health are critical for large population of young refugees, as well as their households.
- Refugee populations have an increased vulnerability to post-traumatic stress disorder, depression, and anxiety due to their exposure to traumatic experiences prior to migration.
- While refugees are considered vulnerable group in general, women and children in particular are considered very vulnerable and prone to health problems.



**With more than 2,000 refugees each day, it is really challenging and it is not easy to find the right solutions**

**BUT**

**It is crucial to always treat human beings with human dignity and with great respect for human rights law**

# Promoting the Health of Refugees

Health promotion is the process of enabling people to gain more control over, and improve their own health to achieve physical, social and mental well-being, and that of their families and communities.

**258 million**



Globally, there are an estimated 258 million international migrants, and 763 million internal migrants.

**68 million**



Globally, there are an estimated 65 million people forcibly displaced from their homes.

**86%**



Developing countries host 86% of the forced displaced population.



The 2030 Sustainable Development Goal Agenda recognizes the positive contributions of refugees and migrants for inclusive growth and sustainable development.



The recent large-scale population movement has posed epidemiological and health system challenges, to which public health and health systems must adjust.



Lack of Universal Health Coverage can lead to excessive costs for refugees and migrants, many of whom pay out of pocket for health services.

# Challenges to Refugee health

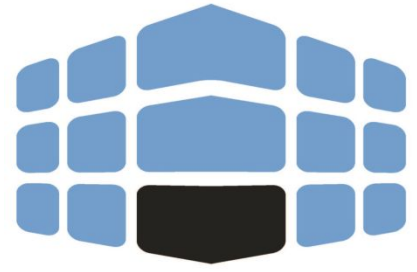
Refugees experience a threefold challenge to their health and well-being:

Psychiatric disorders precipitated by refugee experience

Infectious and parasitic diseases endemic to countries of origin

Chronic diseases endemic to host countries

# Services to be Provided by the Primary Healthcare System



- Primary care clinics are often the first access point to health care for refugees.
- Intersectoral and international collaboration is important to meet the heterogeneous needs of refugees populations which could foster integration.

## **Vaccination**

**Health  
promotion**

**Treatment of chronic diseases**

**Mental health services**

**Mother and child health**

**Treatment of vulnerable social groups  
(persons with disabilities, unaccompanied children etc)**

**The health, safety, and wellbeing of vulnerable populations must be uppermost in the mind of anyone who is a health professional.**



# Healthcare Challenges and Recommendations for Refugees



Challenges	Recommendations
Family integrity and social adjustments trump medical issues for most arriving refugees.	Clinicians and medical staff must take a history that includes current housing stability and appropriateness and assist in advocating for safety when indicated.
Competing demands of distinct services such as: social welfare, education, housing, transportation, public health, mental health, primary care, and specialty care encountered by refugees overwhelm them and tax limited resources.	Track competing demands and schedule conflicts with therapeutic plans. Active assistance helping families navigate appropriately the varied demands will facilitate the chance of clinical success.
Language barriers impede the adjustment process.	Trained professional medical interpreters, in-person or by phone, are essential for refugee clinical care.
Some refugees with urgent and complex medical conditions are unable to establish care and specialty referrals in a timely manner.	Establish clinical connections to fast track sick new arrivals into appropriate clinical settings with available specialty services.
Underdeveloped or eroding health care systems in the countries of origin or first asylum leave many refugees with poorly controlled or undiagnosed chronic medical conditions.	Have high clinical suspicion for common chronic conditions immediately in risk populations: diabetes, cardiovascular risk factors, chronic lung disease, hypothyroidism.

Challenges	Recommendations
Most refugees are unfamiliar with the biomedical practice of preventive medicine and primary health care.	Culturally tailored materials and outreach will help identify and explain asymptomatic chronic disease management, disease prevention and health promotion to new arrivals.
Public health's infectious disease screening results are not communicated to those providing ongoing medical care.	Link screening programs to immediate clinical care and do not rely on refugees to communicate the screening information to their clinicians.
Loss upon loss is the nature of refugee life and so depression, PTSD, and anxiety are prevalent and often unrecognized.	Psychiatric and behavioral medicine services nested within primary care programs are ideal for integrating care, especially since these services may be unfamiliar or stigmatized in many home countries.
Exposure to violence, torture, warfare, and internment is common, even among children.	Take torture histories, record the relevant details, and integrate them into patient care for affected individuals. Realize that torture trauma has a chronic nature and can recur years after the event.

**None of the solutions are impossible to achieve and tackle the massive humanitarian crisis**



**If you could see through a refugee eyes, what would  
life look like?**

**We are able to unite and overcome a global  
crisis**

**THANK YOU**





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