Annual Public Health Global Review 2023

Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
FAO	Food and Agriculture Organization
GAM	Global Acute Malnutrition
GAVI	Global Vaccine Alliance
GBV	Gender-based violence
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
IASC	Inter-Agency Standing Committee
IATT	Inter-Agency Task Team
iCCM	Integrated Community Case Management
ILO	International Labour Organization
IOM	International Organization for Migration
iRHIS	Integrated Refugee Health Information System
IYCF	Infant and young child feeding
MAM	Moderate Acute Malnutrition
MHPSS	Mental Health and Psychosocial Support
MNS	Mental, neurological and substance use
MoH	Ministry of Health
MSM	Multi Sector Monitoring
NCDs	Noncommunicable diseases
SAM	Severe Acute Malnutrition
SENS	Standardized Expanded Nutrition Surveys
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
UNHCR	United Nations High Commissioner for Refugees
VHT	Village Health Teams
WFP	World Food Programme
WHO	World Health Organization
WASH	Water, Sanitation and Hygiene

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Key Highlights

Ensuring access to essential health and nutrition services remains a global priority for UNHCR, with efforts focused on timely and robust public health response including during emergencies.

Over 14,5 million health consultations supported by UNHCR were reported from 77 countries. 9.24 million of these were provided in the 19 countries using the UNHCR integrated refugee health information system (iRHIS) compared to 9.36 million in 2022.

In these 19 countries, more detailed disaggregated health information is available. The average crude mortality rate was stable at 0.9 deaths/1,000/month and the under-five mortality rate declined to 0.16 death/1,000/month (from 0.24 in 2022) but mortality thresholds were exceeded in some emergency contexts, notably Sudan. Globally the leading cause of death remained malaria (10%) followed by neonatal conditions (7%), lower respiratory tract infections (6%) and cardiovascular diseases (5%).

Respiratory tract infections (28%) and malaria (25%) were the leading causes of morbidity. The skilled birth attendance rate was 93% and has been maintained above 90% over the past three years. The HIV positivity rate among pregnant women was 0.7% with 99.5% being initiated on antiretroviral treatment.

The nutrition status of refugees remains concerning with ongoing food insecurity and lack of adequate rations. Results from the standardized expanded nutrition surveys (SENS) conducted in 18 countries across 116 settlements, indicate that only 50% of the settlements met the global acute malnutrition (GAM) standard of <10%.

In 2023, UNHCR responded to several outbreaks including measles, cholera, dengue, polio, hepatitis E and malaria, some of these driven by the impact of climate change and necessitated greater multisectoral mitigating and response measures.

Significant efforts have been made to improve childhood vaccination coverage following declines documented due to strained health systems post the COVID-19 pandemic. Refugees were included in the national malaria vaccine roll out plans in Cameroon and Burkina Faso scheduled for early 2024.

UNHCR and WHO established the Group of Friends of Health for Refugees and Host Communities as a collaborative platform resulting in over 230 multistakeholder pledges, including from 49 States (as of March 2024) announced at the 2023 Global Refugee Forum aimed at enhancing integration into national health systems and fostering mental health and psychosocial wellbeing.

Results from the UNHCR's biannual public health inclusion survey in 50 countries indicate the existence of national health plan and policy in 49 countries of which 80% include refugees, a small increase from 77% in 2021. The results revealed that, while refugees generally have access to primary health care facilities under similar conditions as nationals, disparities exist in accessing secondary and tertiary care.

Additionally, efforts were made to address social health protection challenges, with 64% of surveyed countries having social health insurance schemes, of which 47% included refugees with 93% on equal terms with nationals.

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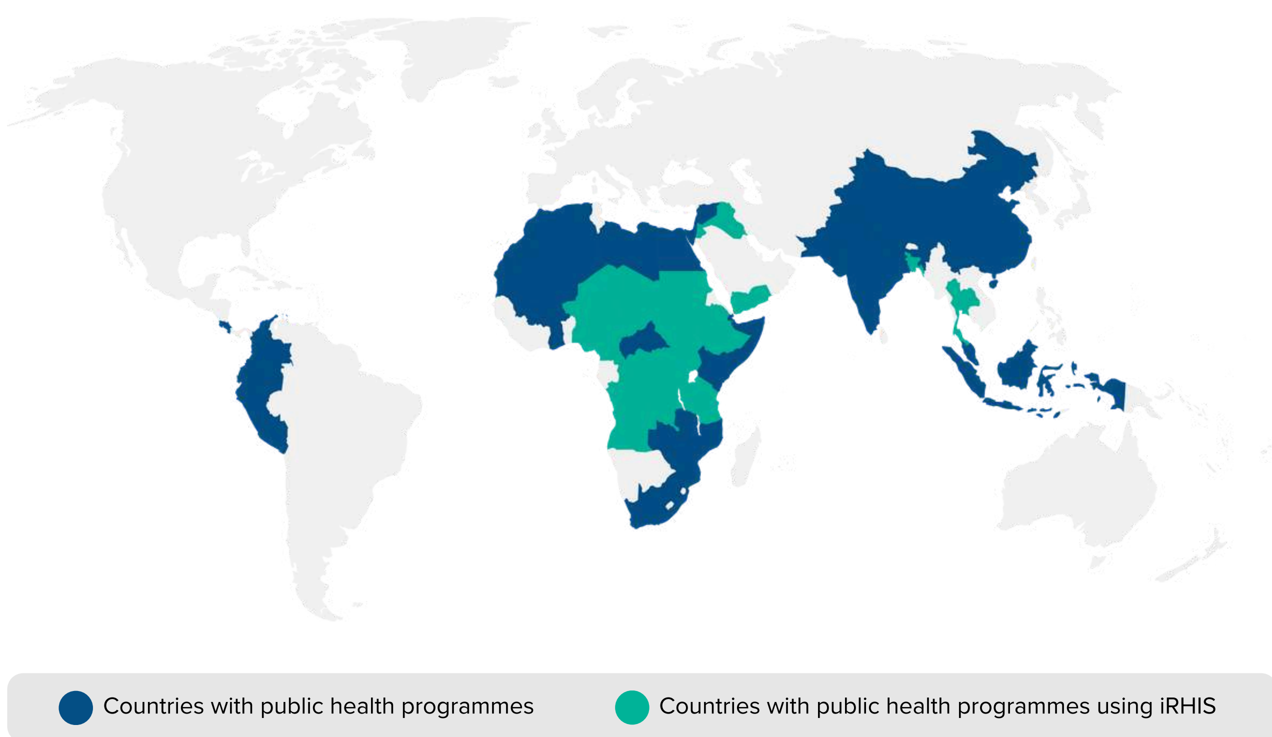
Overview



Gender	Crude Mortality Rate: Deaths	Population	< 0.75 / 1000 / month	1000 / month	Under 5 Mortality Rate: Deaths	U5 Population	< 1.5 / 1000 / month	1000 / month
Male	3,167	2,632,326	✓	0.10	1,104	515,905	✓	0.18
Female	2,630	2,888,540	✓	0.08	883	515,337	✓	0.14
Total	**5,797**	**5,520,867**	✓	**0.09**	**1,987**	**1,031,242**	✓	**0.16**

Skilled Birth Attendance

93%

104,679
Birth Attended

112,412
Live & Still Birth

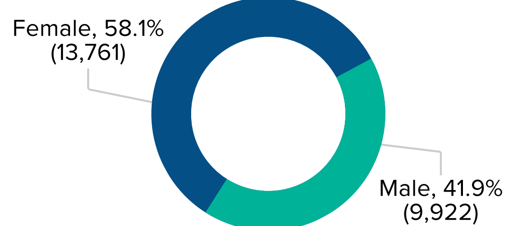
Coverage of complete antenatal care

79%

87,777
Pregnant Women ≥4 Visits

111,230
Live Birth

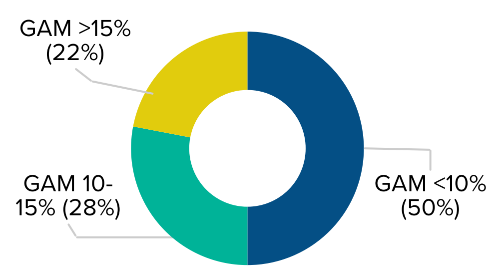
Number of cases currently on ART



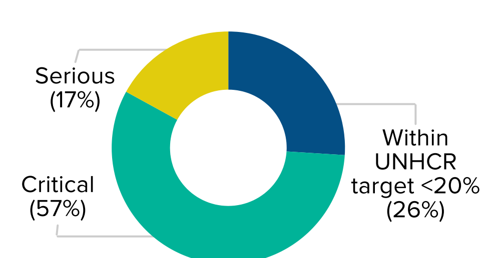
208,777

referrals for secondary/tertiary care

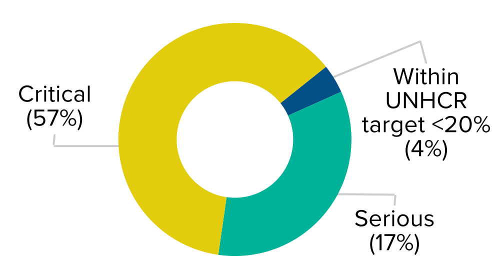
Global Acute Malnutrition prevalence



Stunting prevalence



Anaemia prevalence



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Access to Essential Health and Nutrition Services

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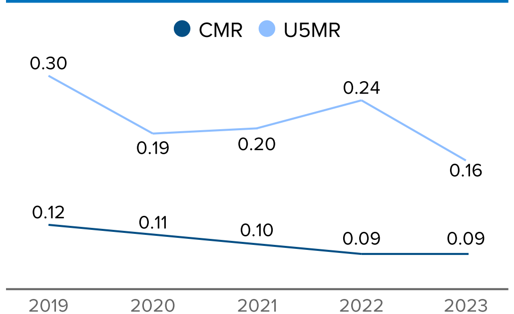
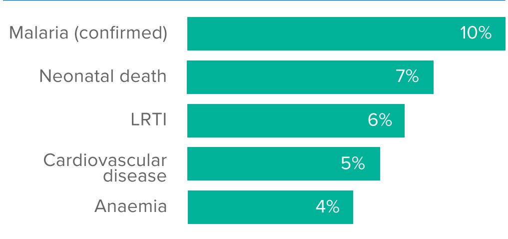
The average crude mortality rate was stable at 0.09 deaths/1,000 population/month and the under five mortality rate declined to 0.16 deaths/1,000 under-five population/month compared to 0.24 in 2022. However, despite this positive overall trend, it should be noted that in some contexts such as Sudan, the under-five mortality thresholds were exceeded due to malnutrition and measles.

Globally, infectious diseases including malaria and lower respiratory tract infections, neonatal deaths, cardiovascular diseases and anaemia are the leading causes of death. One in five deaths in children under-five occurred in the neonatal period and many of these deaths could have been prevented if women had access to adequate care during pregnancy and childbirth.

Crude Mortality and Under Five Mortality Rates



Main causes of mortality (%)



In 19 countries, where the integrated refugee health information system (iRHIS) is used, over 9,24 million consultations (9,36 million in 2022) were provided at 227 settlements of which 17% were for host communities. 89% of these consultations were for acute health conditions with malaria, respiratory tract infections, skin diseases and watery diarrhoea topping this category. Health facility utilisation was 1.27 new visits/refugee/year which is within the standard of 1-4.

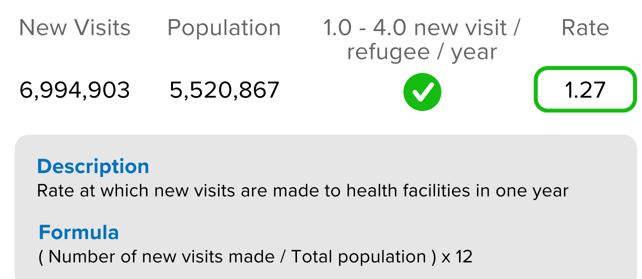
Despite improvements in some countries, childhood vaccination coverage remains below target. Only 29% of countries achieved >=95% measles vaccination coverage.

UNHCR continued to support medical referrals from primary to secondary or tertiary care with more than 208,000 medical referrals made in 43 countries.

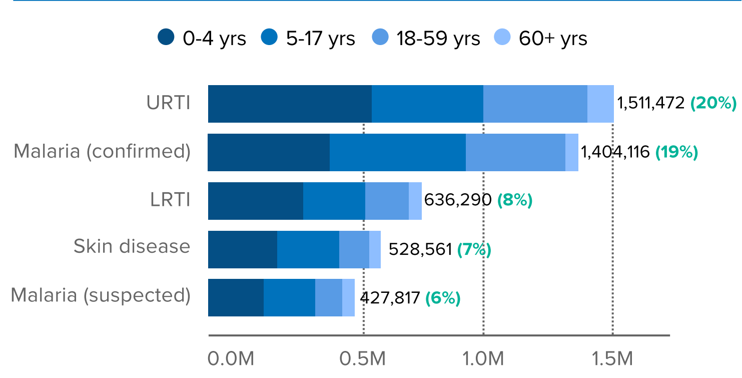
Consultations

Gender	Refugee	National	Total
Male	3,273,405	617,774	3,891,179
Female	4,429,815	919,936	5,349,751
Total	**7,703,220**	**1,537,710**	**9,240,930**

Health Facility Utilization Rate



Main causes of acute health conditions by age (n) (%)



Improving routine vaccination coverage in the Democratic Republic of Congo

Routine vaccination coverage in the Democratic Republic of Congo remained low amongst refugees and host community with only 41% of children 10-23 months fully immunized and 56% measles coverage among those under 5. Several polio cases were also reported in 2023 due to circulating vaccine-derived poliovirus type 2. As a result, UNHCR supported the national measles catch-up and polio response campaigns in refugee hosting areas through micro-planning, training, communication with communities, last mile transportation of vaccines, supervision and incentives for providers resulting in increased vaccination coverage: 99% for measles and 93% for polio, respectively.

In addition to the countries using the UNHCR iRHIS, other countries reported some key indicators on health service provision into UNHCR's Multi-Sector Monitoring System (MSM):

Number of people who have received essential healthcare services	14,596,553	77 countries
Number of women and girls who have received sexual and reproductive health services	1,473,160	51 countries
Number of people who have received MHPSS services	1,319,576	99 countries
Number of children 6-59 months admitted for treatment of moderate acute malnutrition (MAM)	191,000	33 countries
Number of children 6-59 months admitted for treatment of severe acute malnutrition (SAM)	94,500	34 countries

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Disease Outbreaks and Emergency Response

Over the past two years, there has been an increase in outbreaks worsened by ongoing conflicts, lack of access to clean water and sanitation, climate change and shortage of vaccines. In refugee hosting areas, the main outbreaks reported in 2023 were measles, cholera, dengue, polio, hepatitis E and malaria.

Change in temperature and precipitation patterns can affect the distribution of vector-borne diseases leading to the spread of infectious diseases such as malaria, dengue and cholera, increasing the frequency and intensity of extreme weather events and impacting access to water and food security.

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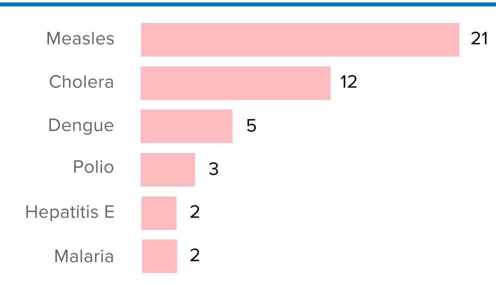
Refugee camps in Bangladesh and Thailand have reported recurrent upsurges of dengue fever cases leading to an endemic pattern of transmission since 2021. In 2023, the number of dengue cases rose from 998 to 1,375 in Thailand while Cox's Bazar in Bangladesh reported 12,200 cases which is high, but a 20% decrease compared to 2022 when the largest upsurge in five years was recorded (15,373 cases) including 23 deaths, a 0.2% case fatality rate.

Main outbreaks reported in refugee settlements in 2023



The burden of dengue is not well understood in the camps hosting refugees in Africa due to lack of diagnostic testing and similarity of clinical symptoms with that of malaria and other acute febrile illnesses.

Globally, data from 19 countries reporting through the UNHCR iRHIS indicate a 4% increase in number of malaria cases compared to 2022.

UNHCR and its partners continue to support prevention and response to disease outbreaks through case management, vaccination, integrated vector management and strengthening surveillance. Multi-sectoral coordination platforms have been key in this regard, e.g. in Bangladesh where the health, field and site management, shelter, environment and WASH sectors have effective coordinated action.

The conflict in Sudan led to large scale refugee movements to neighbouring countries and massive internal displacement requiring a major health response. In Sudan, significant challenges were faced in ensuring provision of health care and essential medicines and responding to outbreaks of measles compounded by malnutrition.

Noncommunicable Diseases

Noncommunicable diseases (NCDs) accounted for 5.7% of outpatient consultations compared to 4.7% in 2022 and there was an overall increase in the number of consultations for NCDs. A significant proportion were people below the age of 60. Hypertension (54%) and diabetes (19%) were the most frequent conditions. Cardiovascular diseases were the 4th most common cause of all reported deaths though this is likely to be under reported. UNHCR convened the informal interagency working group on NCDs in humanitarian settings twice in 2023, incorporating UN agencies, non-governmental organizations, and academia. The group exchanges information on activities and initiatives and identifies collaboration opportunities to improve NCD care in humanitarian settings.

Health system strengthening for NCD care and MHPSS in Tanzania, Burundi and Sudan

UNHCR and partners, with support from the World Diabetes Foundation, have been strengthening integrated NCD and MHPSS care in Tanzania, Burundi and Sudan in collaboration with the Ministries of Health and partners based on an assessment of needs through:

- training of the trainers (58) and community health workers (227) on NCD care,
- procurement of essential diagnostic and laboratory equipment to support NCD care,
- rehabilitation of 3 primary health facilities in Tanzania and enhancement of 5 facilities in Burundi,
- empowerment of patients through: education and provision of equipment for home monitoring of blood glucose and blood pressure,
- referral of patients with complications to secondary level,
- integrated MHPSS support and capacity building of staff,

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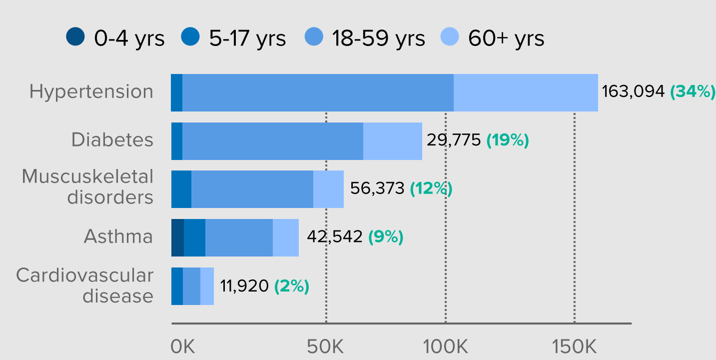
- provision of complementary fresh and nutritious foods for people living with NCDs, and
- strengthening of data collection systems.

This has led to strengthening of the health systems’ capacity to deliver NCD and MHPSS care and strengthening primary care more broadly. Patient empowerment and community support is leading to better self-care and management of NCDs.

Main causes of chronic diseases by age (n) (%)

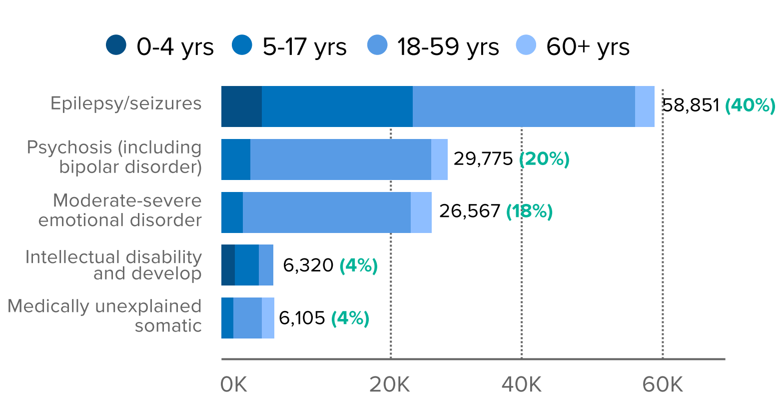


Mental Health and Psychosocial Support Services

Within primary health care facilities, consultations for mental, neurological and substance use (MNS) conditions account for 1.9% of all consultations, comparable to last year. The main diagnostic categories were epilepsy, psychosis and moderate/severe emotional disorders. Among children, epilepsy was the most frequently diagnosed MNS condition. Treatment for MNS conditions is usually provided by trained general health professionals and/or psychiatric nurses.

In 2023, 98% (142) of camps or settlements with more than 25,000 refugees reported a mental health professional available (full-time or part-time) to support diagnosis and treatment. Services for mental health and psychosocial support also take place outside health facilities, in community settings and programmes for protection (including child protection and gender-based violence - GBV) and education. See the MHPSS Annual Report 2023 for details.

Main causes of mental health conditions by age (n) (%)

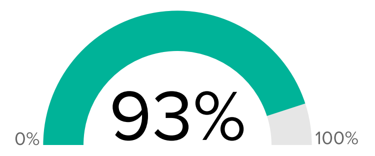


Sexual and Reproductive Health

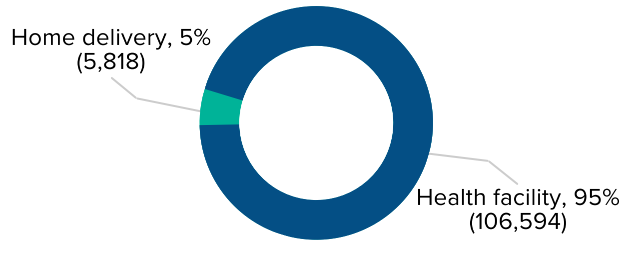
UNHCR played a leading role in supporting life-saving sexual and reproductive health programming in over 50 countries worldwide. To help save and protect the lives of mothers and babies, UNHCR continued to help enable pregnant forcibly displaced women worldwide to have equitable access to comprehensive, quality maternal & newborn care, including services for Prevention of Mother to Child Transmission of HIV, acute malnutrition treatment, as well as prevention of undernutrition and micronutrient deficiencies, on par with host communities.

In 2023, 573,337 refugee women received antenatal care visits and 112,412 were supported during delivery in 19 countries where iRHIS is deployed, achieving overall skilled birth attendance rate of 93%. Institution-based childbirth with the ultimate goal of universal access to skilled birth attendance is critical for reducing maternal and newborn deaths.

Skilled birth attendance rate



Proportion (n) of home versus facility deliveries



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UNHCR continued to promote equity and inclusion into national Human Immunodeficiency Virus (HIV) programmes and access to lifesaving antiretroviral therapy was strengthened. Overall, 163,017 pregnant women were tested for HIV with a positivity rate of 0.7%. Of the 1,133 new HIV positive pregnant women, 99.5% were initiated on antiretroviral treatment.

Globally, 23,683 refugees were on HIV treatment in 2023. In addition, UNHCR maintained an active role as Cosponsor of the Joint United Nations Programme on HIV/AIDS (UNAIDS), co-convener (together with the World Food Programme) of the HIV in Emergencies area of work and contributing to the global goal of ending AIDS by 2030 in line with the Global AIDS Strategy (2021 – 2026).

163,017
pregnant women tested for HIV

1,133
pregnant women tested HIV+

1,127
HIV+ pregnant women who are initiated on ART

Global Nutrition Situation Overview

At the end of 2023 data from the Standardized Expanded Nutrition Surveys reflecting the nutrition situation was available in 116 formal refugee settlements across 18 countries.[1] Results from the surveys indicate that only 50% of the settlements met the GAM standards of <10%, 28% had a GAM prevalence 10-15% indicating a serious situation, and the rest (22%) were above the emergency threshold of ≥15% indicating a critical situation.

Stunting amongst children aged 6-59 months remained of concern. Only 26% of the settlements met the UNHCR target (<20%), 17% of the settlements recorded high levels, and the rest (57%) had stunting prevalence above the critical level of ≥30%. Anaemia in children aged 6-59 months, a measure of iron deficiency and general micronutrient status, only met the UNHCR target (<20%) in 4% of the settlements, with 34% reporting medium levels, and the rest (62%) had critical levels of ≥40%.

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1 Algeria, Bangladesh, Cameroon, Chad, Congo Brazzaville, Djibouti Ethiopia, Kenya, Malawi, Niger, Nigeria, Rwanda, South Sudan, Sudan, Tanzania, Uganda, Zambia, and Zimbabwe

Access to Nutrition Services

To address the various forms of malnutrition highlighted, UNHCR supported the management of acute malnutrition, prevention of undernutrition and interventions to address micronutrient deficiencies.

i. Treatment of acute malnutrition

Early identification and referral of malnourished children was carried out at community and health facility levels in most operations among children under five years, pregnant, breastfeeding women and people living with HIV and tuberculosis (TB) patients. Management of acute malnutrition among children reached 94,475 children aged 6-59 months with severe acute malnutrition (SAM) and 191,053 with moderate acute malnutrition (MAM) who were admitted into treatment programmes for rehabilitation across 34 countries.[2] 29,032 pregnant and breastfeeding women and 1,766 People Living with HIV and TB were also admitted for treatment of acute malnutrition.

ii. Nutrition support and prevention of malnutrition among vulnerable groups

– Improved IYCF practices

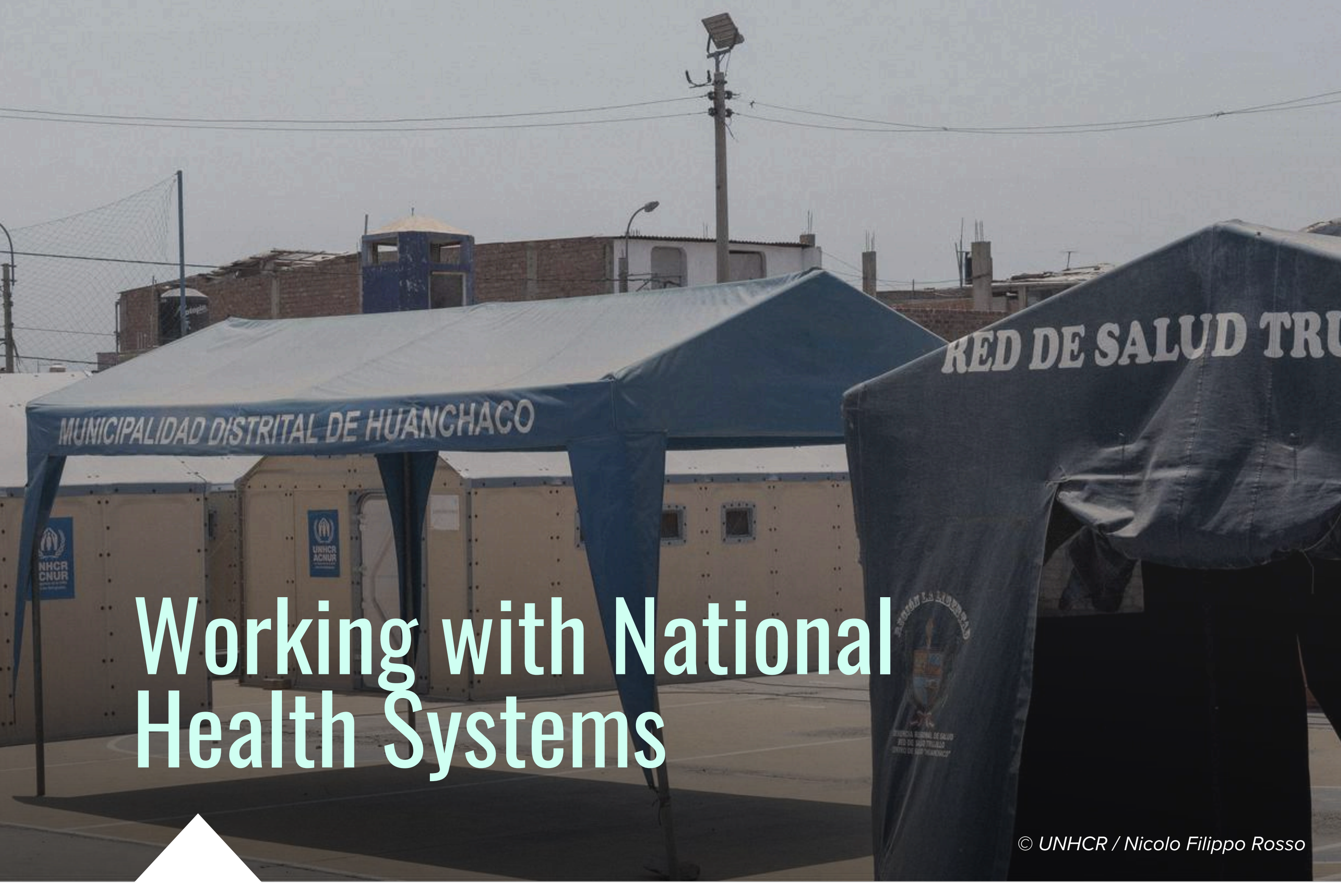
Prevention of malnutrition was supported via UNHCR's Infant and Young Child Feeding program (IYCF). This program aimed to create awareness, protect, and promote recommended breastfeeding practices from birth and promote and support age-appropriate complementary foods and feeding practices in the first two years of life. This[3] was carried out using the IYCF multisectoral framework for action involving various technical sectors, skilled support at the health facility and through community and peer support at community level. Results from the 2023 annual public health survey including 48 operations showed that the multisectoral framework approach is in place in 50% of these operations, skilled support at the health facility in place in 85% and the community support in 58%. Training on the IYCF multisectoral framework for action approach reached 752 health and nutrition staff while at the community level 6,285 mother to mother support groups were maintained and provided peer support. Results from the SENS showed 64% of the 111 surveyed refugee locations met the recommended UNHCR breastfeeding rate proportion (75%) indicating positive practice uptake.

– Other nutrition specific interventions

Nutrition Assessment, Counselling and Support for People Living with HIV and TB patients was in place in 67% of the surveyed 30 countries.[4] In addition to this, NCD nutrition and dietary related support was in place in 77% of these countries, blanket supplementary feeding with micronutrient fortified nutrition products for children 6-36/59 months, pregnant and breastfeeding women, and People Living with HIV and TB patients in 57%, and school feeding mostly among primary school children in 53% of the surveyed operations.

– Nutrition sensitive interventions were in place in 60% of the operations noted above. These included cooking demonstrations and vegetable demonstration gardens, nutrition sensitive agriculture, mother/baby friendly spaces for holistic psychosocial support, cash and fresh food vouchers.

2 iRHIS and MSM reports 2023.
3 Public Health Annual Survey 2023
4 Public Health Annual Survey 2023



Working with National Health Systems

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Group of Friends of Health for Refugees and Host Communities

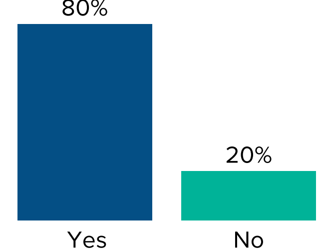
UNHCR and WHO co-convened the Group of Friends of Health for Refugees and Host Communities in May 2023 as an innovative platform to foster inclusion in national systems. The Group's leaders include governments, international organisations, and civil society partners. Two multistakeholder pledges on National Health System Inclusion and on Fostering Mental Health and Psychosocial Wellbeing were announced at the 2023 Global Refugee Forum, supported through over 230 pledges, including from 49 States.

Monitoring Inclusion in National Health Systems

Results from the UNHCR's biannual public health inclusion survey in 50 countries indicate the existence of a national health plan and policy in 49 countries of which 80% include refugees, a slight increase from 77% in 2021. Refugees have access to national primary health care facilities in all surveyed countries and 92% having access under the same conditions as nationals.

However, of the 98% reporting that refugees have access to national secondary and tertiary care facilities, only 88% enjoy equal access compared to nationals.

Are refugees included or covered in the National Health Plan/Policy or other health legislative/regulatory framework?



Is there a National Health Plan/Policy?

Are refugees explicitly excluded or not-included in the aforementioned?

Inclusion in Action: Chad Emergency Response

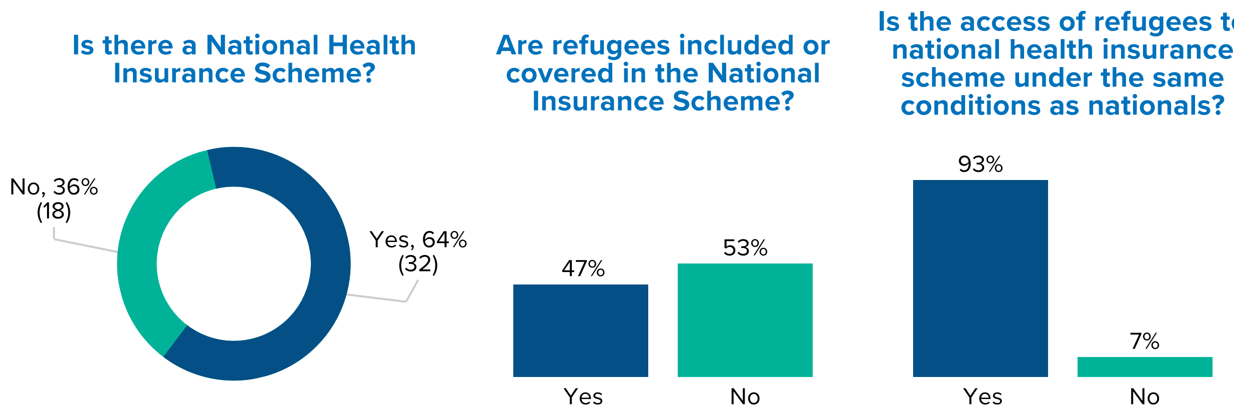
Chad registered over 500,000 new refugees in the east of the country by the end of December, fleeing the conflict in Sudan. Five new camps were established, and ten existing camps were expanded. To respond to the immediate health needs, twelve new temporary health centers managed by UNHCR funded health partners and other partners were established. There was a pre- existing memorandum of understanding between UNHCR and the Ministry of Health (MoH) for the integration of refugees into the national health system. The MoH took the lead of the emergency response with support from UNHCR and WHO. A joint needs assessment and response plan was developed for refugees and hosting populations. Development actors were also engaged early in the response and meetings were held to highlight needs and gaps.

- The World Bank supported the Ministry of Health to recruit 800 health workers, procure 20 ambulances and, medicines and supplies and the health centres of camps were included in the World Bank supported results-based financing project.
- The Global Fund for AIDS, TB and Malaria (GFATM), through UNDP, provided mosquito nets for the new refugees.
- The global vaccine alliance (GAVI) procured fridges for refugee sites and supported the MoH with additional health workers to strengthen immunization activities in refugee hosting districts.
- In the medium to longer term, the World Bank will support construction of 9 health centres, the rehabilitation of 10 centres, and upgrading of a district hospital and are partners are interested in supporting the solarization of health facilities.

Social Health Protection

Thirty-two (64%) countries included in the survey reported having a social health insurance scheme (compared to 59% in 2021), of which 47% included refugees with the majority of those (93%) providing access on the same terms as nationals. However, the capacity of refugees to contribute to schemes is often challenging in the face of limited access to livelihoods. UNHCR supported the payment of premiums for refugees in nine (60%) of the fifteen countries where refugees were included.

UNHCR continued to partner with the International Labour Organization (ILO) to advance inclusion of refugees in functioning social health protection systems. In 2023, feasibility studies were completed in Egypt and Ethiopia to guide consultations with governments and other stakeholders to advance on inclusion.



Nutrition

Following the launch of the Global action plan on child wasting in 2020 and the development of multi-systemic, costed country roadmaps in 2021, UNHCR continued to work alongside UNICEF, WFP, WHO, FAO and others in 2023 to advance the reduction of wasting efforts. In 2023, implementation of the five priority actions identified to accelerate the response to the global food and nutrition crisis in 15 of the most-affected countries commenced.

The inclusion of forcibly displaced populations was advocated for as over 4.6 million refugees are hosted in 12[5] of the 15 most-affected countries. Key outcomes included therapeutic and supplementary feeding nutrition products prioritisation for approximately 230,000 children suffering from acute malnutrition hosted in the 12 targeted pilot countries[6] for the 2023 calendar period.

5 Bangladesh, Burkina Faso, Chad, the Democratic Republic of the Congo, Ethiopia, Kenya, Mali, Niger, Nigeria, South Sudan, Sudan, and Yemen.
6 Burkina Faso, Burundi, Chad, DRC, Ethiopia, Kenya, Malawi, Niger, Nigeria, South Sudan, Sudan, and Yemen.

Equitable Provision of Health Care Services

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UNHCR together with our partners upscaled its work to foster sustainable inclusion of refugees in strengthened national health systems. WHO, UNHCR and IOM jointly organised the Third Global Consultation on the health of refugees and migrants in June 2023, hosted by the Kingdom of Morocco and attended by over 250 participants including representatives from 50 States plus humanitarian organizations, civil society and refugees and migrants. A groundbreaking Rabat Declaration was adopted to strengthen the global commitment to improve the health of refugees and migrants.

UNHCR, WFP and UNAIDS reinforced their collaboration to promote equitable integration of HIV in humanitarian settings through:

- the organization of a joint support and advocacy mission in the DRC that paved the way for revitalized in-country efforts to strengthen evidence and advocacy for improving HIV programming in humanitarian settings,
- the creation of a new co-financed global position dedicated to supporting and coordinating joint efforts in relation to HIV in humanitarian response, and
- the revival of the Global Inter-Agency Task Team on HIV in humanitarian emergencies (IATT HIV-E) which will take forward the 53rd UNAIDS Programme Coordinating Board decisions related to HIV in humanitarian emergencies including the update of the 2010 IASC Guidelines on Addressing HIV in Humanitarian Settings.

Democratic Republic of Congo: Joint collaboration between UNHCR-WFP-UNAIDS to promote integration of HIV in emergencies

In 2023, an in-country joint support and advocacy mission was conducted to pave way for revitalized efforts to strengthen evidence and advocacy for improving HIV programming in humanitarian settings. Rapid assessment of HIV-related needs of internally displaced and host populations were carried out in 4 provinces, a national high-level meeting was organized to raise awareness and interest on the issue, and provincial costed operational and communication plans were developed for North Kivu, Kasai, Ituri, and Tanganyika.

UNHCR also played a vital role in responding to the urgent needs of People Living with HIV – including women and adolescent girls – in Ukraine and neighbouring countries, facilitating access to essential services and cash assistance, and partnering with community-led organizations to support People Living with HIV.

In addition, UNHCR contributed to the development of the UNAIDS Gender Team's guidance note and toolkit on interlinkages between HIV and Gender-Based Violence, intended to strengthen knowledge and skills of staff. Key UNHCR recommendations included incorporating a protection lens, considering those left behind and most at-risk, and ensuring inclusion of clinical management of rape and intimate partner violence.

UNHCR, jointly with the World Bank and the Joint Data Center, convened a meeting with Member States focused on three major spending categories – education, health and basic needs. The initial draft methodologies for the health and basic needs was presented with an aim to solicit inputs from member states for further development. Updated methodologies as well as initial costing numbers will be presented in 2024.

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Multisectoral Collaboration

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Collaborative activities were undertaken with WASH partners to prevent and respond to disease outbreaks such as the training of local health promoters on cholera and conducting cholera road show campaigns in Malawi and joint vector control interventions to prevent malaria and dengue fever in Sudan and Bangladesh.

UNHCRs' public health personnel collaborated with the energy sector to solarize 28 health facilities in Bangladesh, Ethiopia, Lebanon, Mauritania, Kenya, Nigeria, and Uganda. Data from 26 countries indicate that 44% of health facilities now utilize solar power, reflecting UNHCR's efforts to enhance access to reliable and sustainable energy for essential healthcare services.

UNHCR collaborated with WHO, UNICEF and UNFPA in introducing the multisectoral Minimum Service Package for Mental Health and Psychosocial Support in countries with acute or ongoing emergencies including Ethiopia, Iran, Myanmar, Pakistan and Syria.

In the Europe region, multisectoral action is needed to address persistent barriers in access to sexual and reproductive health and GBV services by refugees from Ukraine. Jointly with protection, WHO, Centre for Reproductive Rights and key partners in Hungary, Poland, Romania and Slovakia with over 70 partners in attendance. A first round table discussion was initiated to enable cross-country learning and support the development of country specific action plans.

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Actively Engage Communities in Activities to Promote and Sustain their Health

Community health workers are increasingly recognized for their contribution in moving towards universal health coverage. In refugee contexts, the refugee community-based health workforce, serve in addition as a crucial cultural and linguistic link between the community and health and other service providers. In 2023, UNHCR worked with 11,496 Community Health Workers (54% women, 46% men) in 36 countries who engaged with communities to foster healthy living, supported emergency response during communicable disease outbreaks, provided basic treatment and linked refugees to health facilities and other services. Capacity strengthening initiatives focused on communicable and noncommunicable diseases, childhood immunization, sexual and reproductive health, nutrition, and MHPSS. UNHCR rolled out its Operational Guidance: Community Health in Refugee Settings in South Sudan, Bangladesh, Uganda and other countries, moving towards a strengthened, unified community outreach workforce.

Refugee communities are also actively engaged through a variety of accountability mechanisms such as participatory assessments. In 70% of countries (21/30) monitored in the annual public health survey refugees participate in health committees or other public meetings.

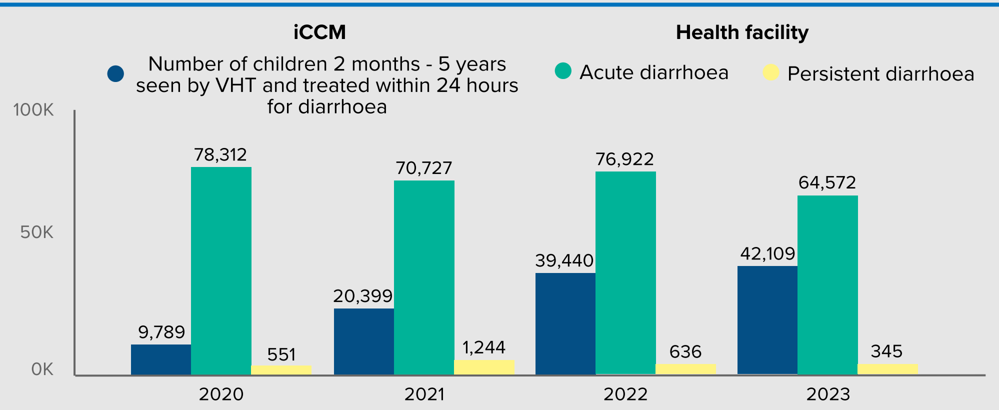
Strengthening health promotion and disease prevention in Uganda

In Uganda, 70% of the disease conditions in the country and refugee settlement are preventable with adequate health promotion and disease prevention. The operation aligned its refugee Village Health Teams[7] (VHT) with the Ministry of Health strategy and currently, more than 2,500 VHT support their community. Key components of the community health service package include social behaviour change communication on health and nutrition, surveillance, nutrition screening, referral, sanitation and hygiene at the community level.

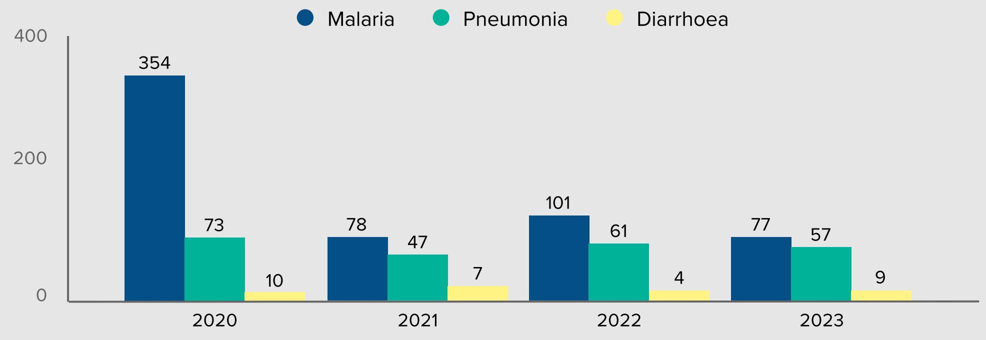
In addition, the operation introduced the integrated Community Case Management (iCCM) in 2020 focusing on treatment for uncomplicated malaria, diarrhoea, and pneumonia in children under 5 years in the community to reduce the severe forms of disease, disease transmission, and mortality. Regular digitalized data monitoring showed that an increasing number of cases are successfully treated in the community and confirmed a significant reduction in deaths especially in malaria.

There is an increase community treatment by VHTs, referrals and improved health promotion and disease prevention interventions in the community and reduction in mortality.

Malaria treated by VHT versus Malaria treated at 100 health centres



Reduced mortality from Malaria, Pneumonia and Diarrhoea



7 Community Health Worker with initial 2 weeks training.

Increasing immunization coverage through community action

Bangladesh hosts close to 1 million Rohingya refugees; more than 1,650 CHWs are supporting community health actions, their work is coordinated through a Community Health Working Group (co-led by UNHCR and Greenhill). Low vaccination coverage was a key problem when refugees arrived in 2017, leading to large scale diphtheria and measles outbreaks. As in many other countries, gains made on immunization coverage dropped further during COVID-19. A joint approach was developed with CHWs regularly listing all children under 2 as a first step for health facility staff. CHWs received training on vaccination schedules and integrated awareness raising in their routine tasks.

When a child was due for vaccination, CHWs did targeted visits to households to counsel parents on vaccination, followed up on the day immunization was due and traced defaulters. Due to the combined efforts of health and community health teams, vaccination coverage increased significantly: measles 2 coverage increasing from 36% in 2022 to 71% in 2023 with ongoing efforts to reach the 95% target.

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Public Health Section | Division of Resilience and Solutions, UNHCR Geneva. Contact: hqphn@unhcr.org