



PLAN OF ACTION
ANNEXED TO THE ARAB STRATEGY ON ACCESS
TO PUBLIC HEALTH SERVICES IN ASYLUM AND
DISPLACEMENT CONTEXTS
2021 - 2030



Plan of Action

**annexed to the Arab Strategy on Access to Public Health
Services in Asylum and Displacement Contexts**

2021 - 2030

The Preparation and Review Team of the Plan of Action annexed to the Arab Strategy on Access to Public Health Services in Asylum and Displacement Contexts in the Arab Region

United Nations High Commissioner for Refugees

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Council of Arab Health Ministers
Regular Session (54)
Via videoconferencing: March 15, 2021



Resolution 6

on

The Plan of Action annexed to the Arab Strategy on Access to Public Health Services in Asylum and Displacement Contexts in the Arab Region

The Council of Arab Health Ministers, after reviewing:

- **A note by the Technical Secretariat on the subject,**
- **Recommendation of the Technical Advisory Committee of the Council of Arab Health Ministers on February 16, 2021,**
- **Draft Resolution of the Executive Office of the Council of Arab Health Ministers on March 14, 2021,**
- **and, after discussion,**

Decides:

1. Adoption of the Plan of Action annexed to the “Arab Strategy on Access to Public Health Services in the Asylum and Displacement Contexts in the Arab Region”,
2. Launching the “Arab Strategy on Access to Public Health Services in Asylum and Displacement Contexts in the Arab Region” and its action plan in cooperation with the Ministries of Health and the WHO Regional Office for the Eastern Mediterranean,
3. Establishing a framework for follow-up, at the level of member states, that includes monitoring and evaluation indicators, taking into account the timeline and national contexts,
4. Assigning the Technical Secretariat to study the possibility of establishing a central system to collect evaluations and to reflect them into policies and technical support, through the Arab Platform of Health Ministers, and in coordination and cooperation with each of the ministries of health in the Arab member states, the Regional Office of the United Nations High Commissioner for Refugees in Cairo, and the Regional Office of the World Health Organization for the Eastern Mediterranean.



مجلس وزراء الصحة العرب
الدورة العادية (54)
عبر تقنية الفيديو كونفرانس: 15 مارس 2021

قرار رقم 6

بشأن

خطة عمل الإستراتيجية العربية بشأن إتاحة خدمات الصحة العامة في سياق اللجوء والنزوح في المنطقة العربية

إن مجلس وزراء الصحة العرب، بعد اطلاعه على:

- مذكرة الأمانة الفنية حول الموضوع،
- توصية اللجنة الفنية الاستشارية لمجلس وزراء الصحة العرب بتاريخ 16 فبراير 2021.
- مشروع قرار المكتب التنفيذي لمجلس وزراء الصحة العرب بتاريخ 14 مارس 2021.
- وبعد المناقشة،

يقرر

1. اعتماد خطة عمل «الإستراتيجية العربية بشأن إتاحة خدمات الصحة العامة في سياق اللجوء والنزوح في المنطقة العربية».
2. إطلاق «الإستراتيجية العربية بشأن إتاحة خدمات الصحة العامة في سياق اللجوء والنزوح في المنطقة العربية»، وخطة عملها بالتعاون مع وزارات الصحة والمكتب الإقليمي لمنظمة الصحة العالمية لشرق المتوسط.
3. وضع اطار للمتابعة على مستوى الدول الأعضاء يشمل مؤشرات المتابعة والتقييم مع الأخذ في الاعتبار الخط الزمني والسياقات الوطنية.
4. تكليف الأمانة الفنية بدراسة إمكانية إنشاء نظام مركزي لتجميع التقييمات وترجمتها إلى سياسات ودعم تقني، من خلال المنصة العربية لوزراء الصحة، وبالتنسيق والتعاون مع كل من وزارات الصحة بالدول العربية الأعضاء والمكتب الإقليمي للمفوضية السامية للأمم المتحدة لشؤون اللاجئين بالقاهرة، والمكتب الإقليمي لمنظمة الصحة العالمية لشرق المتوسط.

Acronyms and Abbreviations:

AU	African Union
GCR	Global Compact on Refugees
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
IOM	International Organization on Migration
LAS	League of Arab States
MoE	Ministry of Education
MoF	Ministry of Finance
MoH	Ministry of Health
MoU	Memorandum of Understanding
NGO	Non-Governmental Organization
PHC	Primary Health Care
SOPs	Standard Operating Procedures
SRH	Sexual and Reproductive Health
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
UHC	Universal Health Coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency
WBG	World Bank Group
WFP	World Food Programme
WHO	World Health Organization



STRATEGIC PILLAR 1:
Supporting a legislative,
policy and regulatory
environment that foster
universal health coverage for
refugees and asylum-seekers

Objective 1:

To develop and support the implementation of the updated health policies established by the League of Arab States through its mechanisms of action in specialized Arab Councils that take into account the health needs of refugees and asylum-seekers, which respect and promote their rights to access to equitable, quality and affordable basic health care; in line with international and regional conventions, which guide the development of national health laws, frameworks and practices for Arab countries.

Priority Actions:

Action 1.1 Develop national public health policies on refugees and asylum seekers' health and legislation that support fair and equitable access of refugees and asylum seekers to healthcare.

Sub-activity 1	Core Indicator	Responsibility	Partners	Time	Activities/Output
<ul style="list-style-type: none"> Develop a national entity headed by relevant ministry to set national refugees and asylum seekers' health policies aligned with national plans for health and asylum in every country, Arab League documents and resolutions, as well as the international and regional frameworks, and adopt a specialized budget and facilitate their implementation at different levels of the health system. 	<p>Guiding reference for policies and regulations for providing public health services to refugees and asylum-seekers.</p>	<p>MoH Representatives of the health sector (preventive, curative and nursing), and other relevant ministries.</p>	<p>LAS/ UNHCR/ WHO/ UNRWA/ UNICEF other relevant UN agencies/ World Bank/ African Union Commission and NGOs/ private sector and stakeholders.</p>	<p>2021 – 2030</p>	<ul style="list-style-type: none"> National entity to identify key persons and experts in health policies for refugees and asylum seekers, including international partners such as representatives from UNHCR, WHO, UNICEF and other members. Reviewing and modifying health policies to be inclusive of refugees' and asylum seekers' rights and needs. Reinforce the consistency between public health policies in the Arab countries to facilitate the ability of refugees and asylum seekers to access public health services in the Arab countries. Outline the refugees' and asylum seekers' needs and demands for health services. Describe the requirements of comprehensive and inclusive health services¹ for refugees and asylum seekers that consider age, gender, vulnerability, communicable and non-communicable diseases, SRH, mental and psychological health, as well as dietary health.

¹- Comprehensive and inclusive health services are comprehensive services that ensure full health coverage, and hence, addresses refugee health needs.

Sub-activity 1	Core Indicator	Responsibility	Partners	Time	Activities/Output
<ul style="list-style-type: none"> • Develop / update the national public health policy related to healthcare for refugees and asylum seekers. • Review Arab public health policies on healthcare provision in asylum and displacement contexts. 	<ul style="list-style-type: none"> • National Public health policy framework that includes refugees and asylum-seekers' rights and needs for health care as a particular target group, including those aiming to reduce health inequalities in health services and address the social determinants of health. 				<ul style="list-style-type: none"> • Establish an operating procedure to include the refugees' and asylum seekers' health policy within national health systems. • Ensure inclusiveness, particularly of vulnerable groups of refugees and asylum-seekers such as women, children, the elderly, persons with disabilities, mothers and pregnant and nursing women, and for mental and psychological health care. • Develop and/or update national public health policies to be in line with the strategy adopted by Council of the Arab Health Ministers of the League of Arab States, and in line with national legislations. • Provide a framework for accessibility, acceptability and availability of PHC and referral system for secondary and tertiary health care. • Describe the health information system that provides output, outcome and impact of health services directed to refugees and asylum seekers. • Demarcate the monitoring and evaluation indicators for health services provided to refugees and asylum seekers. • Develop an implementation framework with timeline and benchmarks including a monitoring framework.

Action 1.2 Monitoring the implementation of the developed public health policies at national and regional levels.

Sub-activity 2	Core Indicator	Responsibility	Partners	Time	Activities/Output
<ul style="list-style-type: none"> • Collecting all national policy documents concerning the provision of health care in asylum and displacement contexts as reference documents at the Arab League. • Assessment survey² of Arab countries to investigate and measure the degree of adoption and implementation of health policies related to refugees and reviewing the set of indicators adopted by states to monitor progress towards achievement of coverage and equity, reflecting commitment to this goal; this also entails government interventions, as appropriate, to ensure enforcement of supportive legislation that promotes transparency and accountability. • Developing a unified Arab system to monitor the health status of refugees and asylum seekers to follow up on the health services provided to them and presenting the recommendations to decision-makers. 	<ul style="list-style-type: none"> • Development of a monitoring system with a set of indicators to monitor progress at national and regional levels. 	National entities entrusted with this matter.	LAS/ UNHCR/ WHO/ UNRWA/ UNICEF other relevant UN agencies/ World Bank/ African Union Commission and NGOs/ private sector and stakeholders.	2021 – 2030	<ul style="list-style-type: none"> • Developed monitoring systems for data collection. • Establish a taskforce from partners to collect and review national and regional policy documents and analyze them by country. • Report on implementation of policies (by statement of policies) in each Arab State. • UNHCR to support the establishment of a central system to collect periodic assessments and practically translate them on a regional level.

²- This survey is for assessment purposes and is performed periodically and practically with constant coordination between the health concerned UN agencies and the Health Ministries at the relevant countries.

Action 1.3 Advocacy for policies that support the coverage of refugees and asylum seekers by public health departments.

Sub-activity 3	Core Indicator	Responsibility	Partners	Time	Activities/Output
<ul style="list-style-type: none"> • Advocacy and support activities in each country including all sectors and for all stakeholders. • Conduct workshops for health departments' representatives, NGOs and private sector, involved in health and social programs in each country. 	<ul style="list-style-type: none"> • Number of public health policies supportive for providing public health services to refugees and asylum seekers at equal footing with nationals and prioritizing refugee' needs. • Percentage of refugees and displaced persons who received comprehensive and inclusive health services in the host country. • Number of health regulations and systems that equate between citizens, refugees and displaced persons in comprehensive service provision with reference to the core indicator. 	<p>MoH relevant ministries, and national committees on public health.</p>	<p>LAS/ UNHCR/ WHO/ UNRWA/ UNICEF and other relevant UN agencies/ World Bank/ African Union Commission and NGOs/ private sector and stakeholders.</p>	<p>2021 – 2030</p>	<ul style="list-style-type: none"> • Having advocates within the health sector and NGOs to champion policies to support refugees and asylum seekers. • Conducting workshops for the target groups, to familiarize them with health policies that provide refugees with UHC and to build their skills of advocacy to involve policy-makers at all levels and the service communities to consider health services for refugees and asylum seekers as a pivotal component of human rights.



STRATEGIC PILLAR 2:

Supporting equitable access of
refugees and asylum-seekers
to quality primary, secondary
and tertiary health care

Objective 2:

Ensure refugees and asylum-seekers access to needed services at all levels of care in similar ways and at similar costs to those of nationals (whenever possible), thus fulfilling their health needs.

Sub-objectives

- 2.1 Provide essential PHC services of high quality to refugees and asylum-seekers.**
- 2.2 Improve access and quality of secondary and tertiary healthcare services in hosting (impacted) areas.**
- 2.3 Sustained public health services for refugees and asylum-seekers within the national public system.**

Sub-objective: 2.1 Provide essential and high-quality PHC services to refugees and asylum-seekers on an equal footing with citizens, as much as possible.

Sub-objective 2.1: Priority Actions.

2.1.A Promoting an effective legal environment (see Strategic Pillar 1)

2.1.B Linking refugees and asylum seekers to national health systems in a way that supports their integration and mainstreaming of their health needs. This requires:

- Developing an integrated basic benefit package that identifies and ensures effective, comprehensive and evidence-based primary health care interventions; the package should support expanded immunization programs, reproductive health and HIV / AIDS care, nutrition support, management of communicable and non-communicable diseases, and referral systems; mental health services, and support for people with special needs.
- National public health programs should take into account age, gender and vulnerable groups to avoid exclusion of women, children, the elderly and people with disabilities, and to take into account specific health problems such as those with chronic diseases, mental health problems, people with special needs and protection from sexual violence and violence against women.
- Targeting the most vulnerable groups based on special criteria through an appropriate safety net to provide them with access to needed health services.
- Distribution of health service delivery points in a manner that ensures justice and equality and equipping them in the affected areas for easy access.

2.1.C Financing options to support refugees and asylum-seekers with health needs, e.g. cash assistance and insurance schemes, should be analyzed and appropriate options selected and implemented. The full range of available financing mechanisms including insurance schemes, cash-based financing should be examined, to assess how to protect poor refugees and asylum-seekers and other potentially vulnerable persons and groups and to enable them to access health services.³

2.1.D To activate a follow-up system to monitor access to services for refugees and asylum seekers.

³ - Fund is a national priority that depends on the national financing system, and national priorities considered with a support from the UN agencies and international platforms, which takes place annually through the international platforms of donor countries (3RP and World Refugee Summit). Countries can also secure financial support through contributions from international donors, in addition to bilateral financial contributions, and international donor conferences such as the Global Refugee Forum to implement projects provided by countries with a burden in the field of health development.

2.1.B Linking refugees and asylum seekers to national health systems in a way that supports their access and mainstreaming of their health needs

Sub-activity	Core Indicator	Responsibility	Partners	Time	Activities/Output
<ul style="list-style-type: none"> • Integrate the health rights of refugees and asylum seekers into public health policies and frameworks. • Develop mechanisms to provide the needed public health services. • Remove all barriers to refugees and asylum seekers from accessing national services (institutional, administrative and technical). 	<ul style="list-style-type: none"> • Number of programs aimed at ensuring the provision of affordable and acceptable health services to refugees and asylum seekers in national health systems. • Integrating refugees and asylum-seekers within public health services at equal footing with citizens. 	National committees on Public Health.	LAS/ UNHCR/ WHO/ UNRWA/ UNICEF and other relevant UN agencies/ World Bank/ African Union Commission and NGOs/ private sector and stakeholders, as well as donor countries.	2021 – 2030	<ul style="list-style-type: none"> • Review and update the national public health framework. • Updating national public health laws and policies to recognize equal rights in health services for refugees and asylum seekers on an equal basis with nationals without discrimination. • Integration and provision of the needed public health services for refugees and asylum seekers. • Capacity building of service providers. • Financial support for expanded service needs and requirements: for service delivery, provision of equipment and drugs, health workforce, SOPs, health information systems and supportive community outreach. • Raise awareness among affected communities in hosting countries. • Periodic verification of quality and quantity requirements in health facilities.

Sub-activity	Core Indicator	Responsibility	Partners	Time	Activities/Output
<ul style="list-style-type: none"> Integrating the school health services within the health rights of refugees at the event of the presence of refugee-specialized schools (Health preservation, medical examination, vaccination, epidemic control, health awareness, etc.) Establishing a coordination working group for all partners concerned with the health care of refugees and asylum seekers with the participation of all international organizations at the regional level. 	<ul style="list-style-type: none"> Number of activities directed at them. 	<p>First Line Committees – Prevention Committees.</p>	<p>LAS/ UNHCR/ UNRWA/ UNICEF and other relevant UN agencies/ World Bank/ African Union Commission/ MoH/ MoE/ and NGOs.</p>	<p>2021 – 2030</p>	<ul style="list-style-type: none"> Preparing the legal and capacity building frameworks. Preparing the procedural guidelines. Annual activity programme for school health activities directed to refugees. Building the capacities of responsible intervenors. Monitoring financial accreditations.
<ul style="list-style-type: none"> Establish a coordination working group for all partners concerned with the health care of refugees and asylum seekers at the national level to determine roles and funding, and to prevent overlap of services and filling gaps in different services by gender and location. 	<p>List of organizations involved in supporting or providing services to refugees through specialization and scope of activities.</p>	<p>National committees on Public Health.</p>	<p>LAS/ UNHCR/ UNRWA/ UNICEF and other relevant UN agencies/ World Bank/ African Union Commission and NGOs/ and stakeholders at the national level.</p>	<p>2021 – 2030</p>	<ul style="list-style-type: none"> National Coordination Committees. Coordination Mapping. Coordination meetings. National coordination framework with monitoring indicators and standards. Exchange of updated information during periodic meetings of the working group. Monitoring service delivery and refugees and asylum seekers support activities by gender, location and vulnerability index.

- **National public health programs should be age, gender and risk-sensitive.**
- **Vulnerable groups should be targeted on the basis of special criteria to ensure access to required health services.**
- **Development of a basic benefit package of services in basic health care (priority).**

Sub-activity	Core Indicator	Responsibility	Partners	Time	Activities/Output
<ul style="list-style-type: none"> • Survey of target groups of refugees and asylum seekers and their public health needs. • Establish a national targeting mechanism based on criteria to identify vulnerable groups in need of care, especially in emergency and ongoing care. • National studies to assess the situation of services provided and to identify gaps in the service package; and to include and provide age, gender and vulnerability needs that cover all vulnerable groups. • Health technology national assessment study to create evidence-based information for decision-making. • Design workshops for health professionals, stakeholders, NGOs, refugees and asylum seekers in each country to design a fair and appropriate basic benefit package with priority programs and interventions. • Draft bilateral or multilateral protocols and then amend national protocols and implementation guiding principles.⁴ • Organize capacity building and training workshops on the evolving package of basic services and guiding principles. • Financial planning for sustainable financing with better allocation of resources. 	Basic benefit package required (minimum) with operating instructions and provision of financial resources.	Concerned Ministry of Health, National committees on Public Health.	LAS/ UNHCR/ UNRWA/ UNICEF other relevant UN agencies/ World Bank/ African Union Commission and NGOs.	2021 - 2030	<ul style="list-style-type: none"> • A targeting mechanism to identify refugees and asylum seekers at risk based on criteria to support health needs and access to continuity of care. • Develop policies and procedures for targeting and linking to safety nets. • Desk review and community surveys to identify gaps in health care and the needs of refugees and asylum seekers. • Workshops to design the basic benefit package. • Develop reference manuals for implementation. • Approval of the basic benefit package by the Ministry of Health and service delivery outlets. • Capacity building workshops for service providers on required services. • A financial plan to ensure the sustainability of implementation.

4 -Signing protocols usually takes place between UN agencies and the host countries.

• **Distribution of health service delivery points equitably and equipping them in the affected areas for easy access.**

Sub-activity	Core Indicator	Responsibility	Partners	Time	Activities/Output
<ul style="list-style-type: none"> • Development of charts for service delivery centers. • Capacity Building for government officials, involved in the identification of targeting policies for refugees and the vulnerable groups from them to ensure the provision of specialized, high quality services. 	<p>Service delivery centers that meet the quality standards of comprehensive services are distributed according to needs and standards.</p>	<p>MoH and other relevant ministries.</p>	<p>UNHCR/ UNRWA/ UNICEF and other relevant UN agencies/ World Bank/ African Union Commission and NGOs/ Donors and all stakeholders.</p>	<p>2021 - 2030</p>	<ul style="list-style-type: none"> • Identifying a governing body responsible for management and locating service delivery in primary health care centers or community centers. • Capacity building for targeting policies. • Developing the geographical maps of the country with the clarification of the various types of health service delivery centers. • Add charts showing different groups of refugees and asylum seekers. • Clarify the distances between groups of refugees and asylum seekers and different health service delivery points. • Assess gaps and identify areas in need of health services for refugee and asylum-seeking groups. • Filling gaps in service delivery. • List the types of services provided through the various service delivery locations. • Identify the services that refugees need to be included in the basic package of primary health care and secondary care in case of referral.

Sub-activity	Core Indicator	Responsibility	Partners	Time	Activities/Output
<ul style="list-style-type: none"> • Rehabilitation of service provision centers with the necessary services and trained providers (these activities ensure institutional sustainability) in accordance with the standards. • Include specialized centers for psychological, mental health care and disabilities (and possibly elderly if necessary). 				2021 – 2030	<ul style="list-style-type: none"> • Report training needs for further capacity building. • Report any equipment and supplies needs to support the needs of nationals and refugees. • Supply of equipment, medicines and supplies according to estimated needs. • Mechanisms established for continuous monitoring and updating. • Training programs for health workforce in facilities providing services to refugees and asylum-seekers to assess vulnerability and provide ongoing care and referral if necessary. • Reports on the pattern of use of health services by refugees and asylum seekers by type and source of services. • Community awareness of available services.


Sub-activity	Core Indicator	Responsibility	Partners	Time	Activities/Output
<ul style="list-style-type: none"> ● Continuous monitoring and assessment of provided services and filling gaps in implementation. ● Conducting community-based survey to verify the utilization of refugee health services to examine trends and gaps in health services. 	Percentage of refugees who utilized different types of health services by source of services.	MoH, other relevant ministries and National committees on Public Health.	LAS/ UNHCR/ UNRWA/ UNICEF and other relevant UN agencies/ World Bank/ African Union Commission NGOs/ and stakeholders at the national level.	2021 - 2030	<ul style="list-style-type: none"> ● Identify the population and sample size. ● Develop questionnaire form to distribute to households. ● Recruit data collectors from refugees and asylum seekers to be trained on data collection. ● Conduct structural interviews with heads of households within refugees' and asylum seekers' clusters. ● Data entry, analysis and report writing. ● Report on utilization pattern of refugees and asylum seekers for health services by type and source of services.

Specific objective 2.2: Ensure access and quality of secondary and tertiary healthcare services in affected areas.

Sub-activity 1	Core Indicator	Responsibility	Partners	Time	Activities/Output
<ul style="list-style-type: none"> Identify secondary and tertiary health facilities in host (affected) areas for refugees and asylum seekers that fulfill the quality of care standards according to service provision assessment survey. The designed referral system in PHC facilities will include the identified facilities to refer cases. Development of SOPs for case referral. Setting policies for timely access to specialized care. Enforce policies in specialized health centers/clinics, secondary and tertiary care hospitals for timely care of referred cases. Strengthen linkages with NGOs and private sector. 	<ul style="list-style-type: none"> Available, accessible and quality secondary and tertiary services. Utilization of health services in the identified quality secondary care facilities as needed. 	Committees/ MoH/ other relevant ministries.	LAS/ UNHCR/ WHO/ UNRWA/ UNICEF and other relevant UN agencies/ World Bank/ African Union Commission NGOs/ all stakeholders at the national level.	2021 – 2030	<ul style="list-style-type: none"> Service design assessment checklist for different facilities: primary, secondary and tertiary. Select service delivery points that are accessible geographically to refugees and asylum seekers. Conduct survey of the selected facilities. Assessment needed to respond to shortage in equipment, supplies and trained manpower. Reallocate needed resources or (if needed), satisfy needs through donors, NGOs or corporate social responsibility. Enlistment of the secondary and tertiary care facilities located in affected areas and that fulfill the quality standards, according to service provision assessment survey. Communicate with the PHC facilities to inform them of the facilities identified for secondary and tertiary care. Referral protocols and guiding principles between different levels of care. Available documented policies that dictate timely services for referred cases. Training of health workforce at PHC for referral requirements and standards, as well as the SOPs at secondary and tertiary sites for needed services. Monitoring the services' statistics showing refugees' utilization of identified facilities. MoUs with NGOs and private sector for service delivery according to country's policies and context. Services' statistics report from identified health facilities to demonstrate monthly utilization pattern of the facilities by refugees and asylum seekers.

Specific objective 2.3: Public health services for refugees and asylum-seekers are made sustainable by being integrated within the national public system.

Sub-activity 2.1.C Ensuring financing mechanisms	Core Indicator	Responsibility	Partners	Time	Activities/Output
<ul style="list-style-type: none"> • Financial analysis to ensure sustainability in health care sector. • Three-year financial plan to support sustainability (to be reviewed annually). • Allocation of needed funds from public and funding agencies. • Study conducted on the Sustainable Funding options to support the needs of refugees and asylum seekers, and enabling them through the medical assistance system. 	<p>Decisions adopted by government to ensure financial sustainability in health care of refugees and asylum seekers.</p>	<p>MoH / MoF/ other relevant ministries.</p>	<p>UNHCR/ UNRWA and other relevant UN agencies/ UNICEF/ World Bank/ African Union Commission, international development agencies/ regional and international development banks/ donor countries/ NGOs/ all stakeholders and private sector/ international platforms dedicated for such purpose.</p>	<p>2021 – 2030</p>	<ul style="list-style-type: none"> • Financial plan that includes acceptable decisions for financial sustainability.



STRATEGIC PILLAR 3:
Responding and addressing
refugees and asylum-seekers'
needs via protection responses

Objective 3:

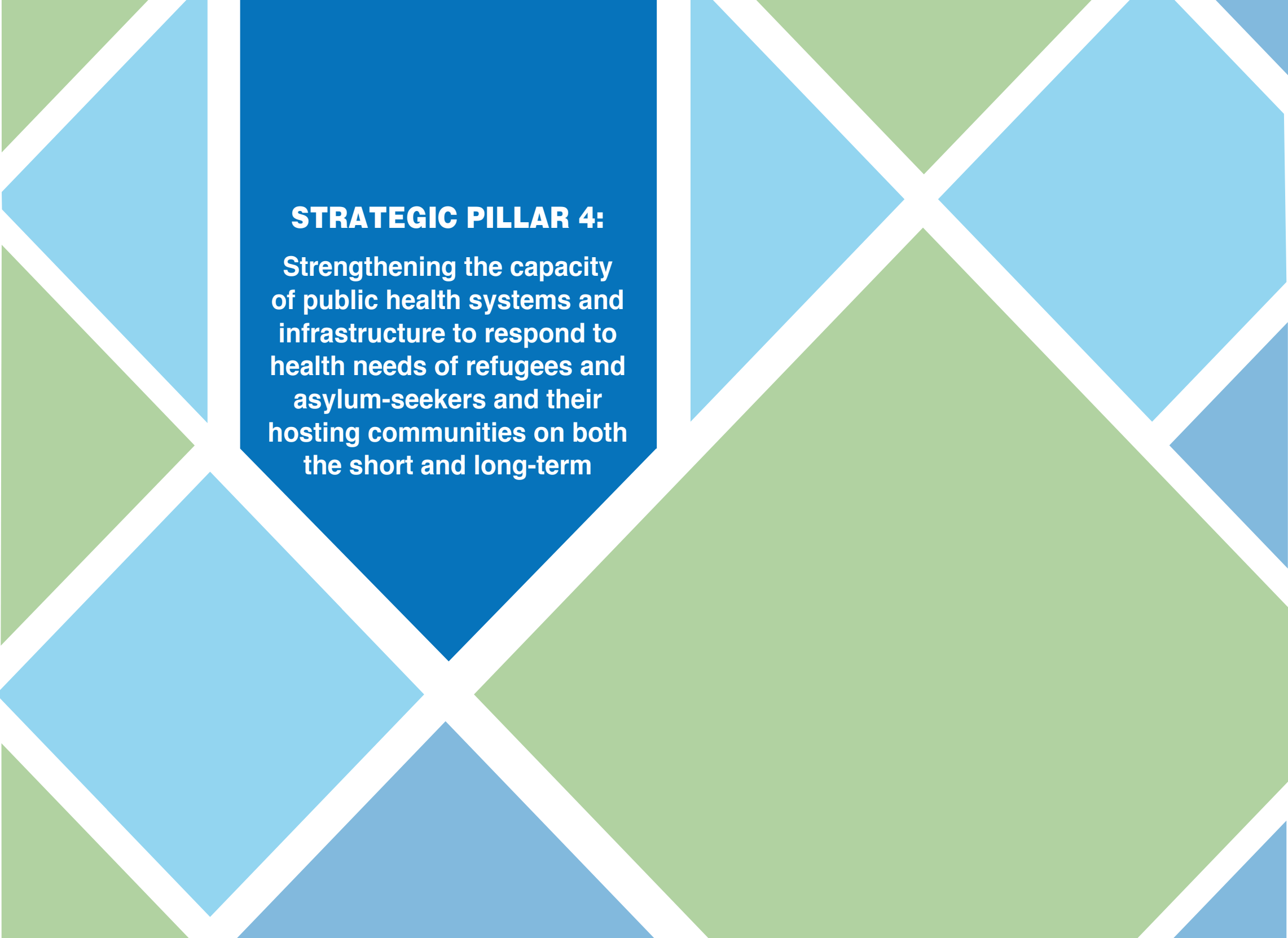
To support positive health outcomes through the implementation of protection mechanisms across relevant sectors for all refugees and asylum-seekers, with emphasis on the most vulnerable.

Sub-Activity 1: Assessment	Core Indicator	Responsibility	Partners	Time	Activities/Output
<ul style="list-style-type: none"> • Surveying the available protection policies and the challenges to their implementation. • Conduct community-based survey to identify the profile of the demands of refugees and asylum seekers for health care and health-related services disaggregated by age, gender, background, social environment and determinants. 	<p>Needed health services by refugees and asylum seekers segregated by age, gender and background.</p>	<p>MoH and relevant ministries/ National committees on Public Health.</p>	<p>UNHCR/ UNRWA/ UNICEF and other relevant UN agencies/ World Bank/ African Union Commission/ and stakeholders at the national level.</p>	<p>2021 – 2030</p>	<ul style="list-style-type: none"> • Surveying the available protection policies for their comprehensiveness and implementation. • Select a sample of families for survey. • Design a structured questionnaire form for households. • Train data collectors on structured interviews. • Identified priority needs and gaps for protection services for refugees and asylum seekers and suggested corrective actions.

Sub-Activity 2: Community support and information support	Core Indicator	Responsibility	Partners	Time	Activities/Output
<ul style="list-style-type: none"> • Select volunteers / communicators from refugee and asylum seekers' clusters, to be trained to raise awareness and detect barriers to implementation of protection. • Capacity building of refugee and asylum seeker communicators to empower refugees and asylum seekers and their local communities to seek protection services and be aware of their rights. • Community awareness interventions following a strategy in place for this purpose. 	<ul style="list-style-type: none"> • Number of refugee and asylum seeker communicators trained to support refugees and asylum seekers. • Communication strategy. 	<p>Concerned Health Ministries/ National Volunteer Organizations.</p>	<p>UNHCR/ UNRWA/ UNICEF and other relevant UN agencies/ World Bank/ AfricanUnion Commission/ and stakeholders at the national level.</p>	<p>2021 – 2030</p>	<ul style="list-style-type: none"> • Set the criteria for refugee and asylum seeker communicators (males and females) according to the particular characteristics valued by refugee groups. • Orient and train refugee and asylum seeker communicators on health services available and accessible to refugees and asylum seekers and on equity in healthcare regarding quality and free services. • Convene periodic meetings with refugee and asylum seeker communicators to discuss barriers to implementation and access to protection services, to plan further interventions. • Design training programs for refugee and asylum seeker communicators, including topics on: methods of communication, dealing with high sensitivity and psychological disorders related to displacement, referral to protection services and follow-up on referred cases. • Communicate with qualified refugee and asylum seeker communicators who present channels of continuous contact between refugees and asylum seekers and protection systems. • Community awareness sessions and workshops.

Sub-Activity 3: Implementation of protection policy framework	Core Indicator	Responsibility	Partners	Time	Activities/Output
<ul style="list-style-type: none"> ● Strengthening coordination between concerned entities and protection sectors on appropriate comprehensive responses. ● Assessment of social determinants of health risk. ● Full implementation of child protection and Sexual Violence and Violence against Women SOPs. ● Develop/modify a protective legal framework and strengthening national protection systems to prevent, respond to, and mitigate the risks which refugees and asylum-seekers are exposed to. ● Capacity building of national actors to provide high-quality services. 	<ul style="list-style-type: none"> ● Comprehensive collaborative framework that coordinates all stakeholders in the health and protection sectors. ● Adopted child protection and Sexual Violence and Violence against Women SOPs. ● Number of refugees and asylum seekers supported by judicial services. ● Comprehensive public policies with integrated refugee and asylum seeker rights to public health, protection guidelines and unified standards. 	<p>MoH/ other relevant ministries/ National committees on Public Health.</p>	<p>UNHCR/ UNRWA/ UNICEF other relevant UN agencies/ World Bank/ African Union Commission and NGOs/ Donor agencies/ Development partners/ All stakeholders at the national level.</p>	<p>2021 – 2030</p>	<ul style="list-style-type: none"> ● Establish a multi-stakeholder working group to support coordinated collaborative response and implementation. ● Identify the social determinants of increased vulnerability of refugees and asylum-seekers. ● Adopt the protection mechanisms, especially those developed by LAS and UNHCR (The Arab Strategy for the Protection of Children in Asylum Context and the Arab Strategy for the Prevention and Response to Combat All Forms of Violence in Asylum Context in the Arab Region, especially Sexual Violence against Women and Girls). In addition to other Strategies adopted by LAS: The Arab Strategy for Maternal, Child and Adolescent Health prepared by LAS in cooperation with UNFPA, and the Arab Strategy for AIDS prepared by LAS in cooperation with UNAIDS.

Sub-Activity 3: Implementation of protection policy framework	Core Indicator	Responsibility	Partners	Time	Activities/Output
					<ul style="list-style-type: none"> • Dedicate judicial services and raise awareness of refugees and asylum seekers on these services. • Identify and overcome through applicable actions the implementation gaps of the policies. • Capacity building of service providers on the protection mechanisms and challenges. • Develop a comprehensive communication strategy for refugees and host communities to help them to better prevent and respond to violence, abuse and discrimination against refugees and asylum seekers. • Design training programs for refugee and asylum seeker communicators, including topics on: methods of communication, addressing sensitive issues and psychological disorders in asylum context, referral to different types of services, follow-up of referred cases (relevant to previous sub-activity) • Develop a monitoring and evaluation system to evaluate compliance with developed policies. • Social support of refugee' health-related needs.



STRATEGIC PILLAR 4:
Strengthening the capacity
of public health systems and
infrastructure to respond to
health needs of refugees and
asylum-seekers and their
hosting communities on both
the short and long-term

Objective 4:

Support strengthening national health systems to increase their capacity of response to current and future public health needs and care in asylum and displacement contexts, with special attention to those at heightened risks, taking into account each country's context. (Supported by actions in strategic pillar 2)

Priority Action: Adequate allocation of needed resources and development of needed strengthening and capacity enhancement tools to respond (determined upon need).

Sub-Activities: Infrastructure	Core Indicator	Responsibility	Partners	Time	Activities/Output
<ul style="list-style-type: none"> • Develop a national module for strengthened infrastructure based on consensual standards. • Mapping of available infrastructure including equipment and supplies. • Identifying gaps as per the level, services provided and targeted population. • Reallocation of resources and expanding infrastructure and provision of services according to: level of services needed, number served, number of infrastructures, equipment and medicines' list. • Implementation of developed SOPs. • Data collection following an updated system. • Monitoring of available resources and utilization. 	Functioning, equipped health infrastructure (PHC, referral and emergency).	MoH/ other concerned ministries.	UNHCR/ UNRWA/ UNICEF and other relevant UN agencies/ World Bank/ African Union Commission and NGOs/ funding agencies/ development partners/all stakeholders at the national level.	2021 – 2030	<ul style="list-style-type: none"> • Assessment of needed services, equipment and supplies and identifying gaps and plan to overcome deficiencies. • Development of SOPs for equipment supplies and needed resources per 10.000 populations. • Satisfying essential medical products and technologies. • Health information system for monitoring and evaluation. • Developing health financing system for resource allocation and ensuring its sustainability. • Mechanisms of intra-sectoral and multi-disciplinary collaboration.

Sub-Activities: Health workforce	Core Indicator	Responsibility	Partners	Time	Activities/Output
<ul style="list-style-type: none"> ● Develop national human workforce development plan taking into consideration health needs in asylum context. ● Assess health workforce: number, balance, specialty mix, training and capacities. <ul style="list-style-type: none"> - Monitor and evaluate compliance with guiding principles. - Promoting a balanced and well-managed health workforce with special focus on refugee-impacted areas. - Identifying gaps in supply as per the services provided. 	<p>Number of well-formulated, distributed and trained health workforce.</p>	<p>Concerned Ministries.</p>	<p>WHO / UNHCR/ / UNRWA/ UNICEF and other relevant UN agencies/ World Bank/ African Union Commission/ MoH/ NGOs/ and stakeholders.</p>	<p>2021 – 2030</p>	<ul style="list-style-type: none"> ● National Strategy on “development of health workforce”. ● Mapping of human resources by gender, specialty, training and deployment. ● Identification of gaps as per SOPs. ● Reallocation of human resources. ● Balancing must be made between production of health manpower and their deployment on the long run. ● Establishment of monitoring and evaluation indicators.

Sub-Activities: Capacity building of health service providers and supervision system	Core Indicator	Responsibility	Partners	Time	Activities/Output
<ul style="list-style-type: none"> • Design and implement training programs for PHC service providers to respond to health needs of refugees and asylum seekers. • Develop “clinical supervision guiding principles” at district level to provide on-job training and ensure satisfaction for service delivery to refugees. 	<ul style="list-style-type: none"> • Coverage of PHC facilities with trained service providers. • Health districts with supervision team. 	MoH/ concerned ministries.	UNHCR/ UNRWA/ UNICEF other relevant UN agencies/ World Bank/ African Union Commission/ NGOs/ and stakeholders.	2021 – 2030	<ul style="list-style-type: none"> • Design the training course to include the basic benefit package of services needed by refugees, and renumbering of data on clients regarding age, gender, nationality, diagnosis and referral services and results of referral. • Conduct training courses for PHC health workforce and those at the district level. • Supervision visits for facilitation of service delivery.

Priority Action: Adequate preparedness and emergency response.

Sub-Activities	Core Indicator	Responsibility	Partners	Time	Activities/Output
<ul style="list-style-type: none"> • Develop LAS regional module for crises preparedness and management, including emergency response • Develop national modules for preparedness and emergency response guided by WHO strategies. (national health sector) • Developments of resource allocation plan. • Creating referral links for life-threatening health emergencies. • Establishing and supporting a strong community-based health programming. • Inter and intra-sectoral collaboration and between countries. • Supported regional and country information system for monitoring and follow up. 	<ul style="list-style-type: none"> • Sustained preparedness plan for adequate response at national and regional levels. • Coordinated response at national and regional levels. 	<p>MoH/ concerned ministries.</p>	<p>LAS/ UNHCR/ UNRWA/ UNICEF other relevant UN agencies/ World Bank/ African Union Commission and NGOs/ and all stakeholders.</p>	<p>2021 – 2030</p>	<ul style="list-style-type: none"> • Comprehensive module for preparedness and emergency care. • Comprehensive and complementary health services' plans during emergencies and disasters. • Updated surveillance and follow-up data at national and regional levels with adequate channels of reporting. • Reallocation of human, planning and financial resources for sustained response with adequate resources for proper functioning. • Adopted mechanisms of collaboration.

Priority Action: Strengthening comprehensive primary, secondary and tertiary health care services (complementing Strategic Pillar 2).

Sub-Activities	Core Indicator	Responsibility	Partners	Time	Activities/Output
<ul style="list-style-type: none"> • Develop a model for comprehensive primary, and essential secondary and tertiary health care services. • Adoption and implementation of the proposed model. 	Regional service delivery model modified at national level according to national legislations.	MoH/ concerned ministries/ National committees on Public Health.	LAS/ UNHCR/ UNRWA/ UNICEF and other relevant UN agencies/ World Bank/ African Union Commission and NGOs/ private sector and stakeholders.	2021 – 2030	<ul style="list-style-type: none"> • Service model inclusive of all needed tools, SOPs, equipment, supply, human resources: requirements of quality infrastructure of PHC, secondary and tertiary facilities. • Human resources distribution by health service level and specialties. • Contents of integrated package of health services at each level. • Referral system and follow-up of cases' format. • Financial support, medicines and supplies, especially immunizations, essential chronic disease drugs, medications for TB and HIV, mental health support, disability support, sexual violence and violence against women support, and community-based interventions. • Functioning model at all levels.

Priority Action: Strengthening the capacities of health systems to prevent, protect and control communicable diseases at local and regional levels.

Sub-Activities	Core Indicator	Responsibility	Partners	Time	Activities/Output
<ul style="list-style-type: none"> • Develop and update the national surveillance communicable disease system. • Update the SOPs of the surveillance systems at national level to be responsive to continuous changing needs. • Develop preparedness and response plans. • Supporting effective interventions at the level of host countries and countries of origin. • Develop a pre-service training programme for physicians and nurses to support the health system and to strengthen infection control, for prevention and control of communicable diseases at regional and national levels, while providing protection to the medical staff. • Training of staff working on surveillance of communicable diseases at central and governorate levels. • Provision of resources, equipment and supplies including vaccines, antibiotics, lab kits in health facilities. • Preparedness and updated coordination at regional and national levels: resource allocation and emergency response. • Coordinated interventions and synchronized interventions within and between countries. 	<ul style="list-style-type: none"> • National observatory. • SOPs for updated surveillance system. • Readiness for outbreak detection and rapid response. • Coordination with neighboring countries. • Inter-sectoral collaboration strategy for disease control. 	<p>MoH/ concerned ministries and National committees on Public Health.</p>	<p>LAS/ UNHCR/ UNRWA/ UNICEF and other relevant UN agencies/ World Bank/ African Union Commission and NGOs/ funding agencies/ development partners and all stakeholders.</p>	<p>2021 – 2030</p>	<ul style="list-style-type: none"> • Updated national and regional surveillance systems. • National communicable disease protocols and guiding principles. • Pre-service training for health services providers. • Well-prepared facilities for prevention, management, and containment of outbreaks including: epidemiological surveillance system (passive and active) including national and community surveys; preparedness for outbreaks e.g. cholera; availability of immunization and vaccines, medicines and programs; integration of cases of selected infectious diseases (e.g. TB, HIV, malaria) within the national programs; capacity enhancement of staff members working in prevention and control of communicable diseases. • Provide the needed supplies to protect the medical staff and ensure infection control. • Cross-country mass immunization. • Collaboration mechanisms.

Priority Action: Support integrated prevention and control of non-communicable diseases, oral health, and psychological health problems.

Sub-Activities	Core Indicator	Responsibility	Partners	Time	Activities/Output
<ul style="list-style-type: none"> • Revise the comprehensive quality model (Objective 2.1.D) to ensure coverage of service packages to be provided at the national level and to include services related to refugees and asylum seekers. • Ensure emergency diagnostic and containment capacity. • Epidemiological surveillance. • Health literacy. 	Comprehensive and updated quality integrated model for health care.	MoH/ National committees on Public Health.	UNHCR/ UNRWA/ UNICEF and other relevant UN agencies/ World Bank/ African Union Commission and NGOs/ funding agencies/ development partners and all stakeholders.	2021 – 2030	<ul style="list-style-type: none"> • A revised model of health care that includes: integrated and comprehensive basic benefit packages including protocols / rules for prevention and management of non-communicable diseases (cardiovascular diseases, cancer, diabetes, chronic respiratory diseases), oral diseases and mental health. • Epidemiological guiding principles include more sensitive services for refugees and asylum seekers, in particular early detection. • Health education and awareness services, including health education messages. • National protocols and standard essential medicines list. • Referral guidelines and follow-up procedures.

Priority Action: Strengthen childhood public health program.


Sub-Activities	Core Indicator	Responsibility	Partners	Time	Activities/Output
<ul style="list-style-type: none"> ● Update regional SOPs for children’s care. ● Development of national SOPs. ● Capacity building of health workforce for adoption of guiding principles (using the principles adopted by UNICEF, WHO and UNFPA). 	SOPs for children’s care.	MoH/ National committees on Public Health.	UNHCR/ UNRWA/ UNICEF other relevant UN agencies/ World Bank/ African Union Commission and NGOs/ funding agencies, development partners and stakeholders.	2021 – 2030	<ul style="list-style-type: none"> ● Updated national SOPs for childcare that includes: <ul style="list-style-type: none"> ➢ Developing community plans for full EPI coverage, ➢ Childhood diseases: screening and improving diagnosis and treatment through the use of the updated clinical protocol, ➢ Include integrated management of childcare programs and other services such as nutrition and reproductive health programs.

Priority Action: Strengthening the provision of reproductive health services and HIV/AIDS treatment and care.

Sub-Activities	Core Indicator	Responsibility	Partners	Time	Activities/Output
<ul style="list-style-type: none"> • Revise and update the regional and national reproductive health services and SOPs and update contents to include comprehensive reproductive health services and HIV treatment, youth services and Sexual Violence and Violence against Women services. • Capacity building of health workforce on SOPs. • Using the Arab Strategy on AIDS and Reproductive Health, and develop preparedness plan for HIV/Sexual Violence and Violence against Women /RH response in emergency situations. • Include reproductive health services for young people and adolescents in primary health care programs. 	<ul style="list-style-type: none"> • SOPs for reproductive health including STDs and HIV treatment. • Comprehensive integrated services. 	MoH/ National committees on Public Health.	LAS/ UNHCR/ UNRWA/ UNICEF and other relevant UN agencies/ World Bank/ African Union Commission/ NGOs/ funding agencies/ development partners and all stakeholders.	2021 – 2030	<ul style="list-style-type: none"> • Updated SOPs for provision of integrated and comprehensive reproductive health services including HIV and STD treatment that include: • Integration of reproductive health and care services including, antenatal, natal, postnatal and early neonatal programs and services and family planning. • HIV/AIDS national programs including, transmission and protection, screening and management. • Adolescent and youth health services. • STI prevention, screening, and management. • Sexual Violence and Violence against Women screening, support, referral and management of cases. • Emergency response in HIV and reproductive health. • Integration of services for youth and adolescents.

Priority Action: Strengthening of food assistance services.

Sub-Activities	Core Indicator	Responsibility	Partners	Time	Activities/Output
<ul style="list-style-type: none"> ● Survey of malnutrition cases. ● Preparation of food rehabilitation programs. ● Strengthen programs that support and include healthy nutrition. ● Integrate services with other programs. 	SOPs for nutritional status enhancement.	MoH, National committees on Public Health, UNHCR, UN agencies, NGOs, donor agencies, development partners and all stakeholders.	Relevant UN agencies/ World Bank/ and African Union Commission.	2021 – 2030	<ul style="list-style-type: none"> ● SOPs to enhance the nutritional status at the level of the Arab countries to include: <ol style="list-style-type: none"> 1. Develop community plans, 2. Conduct surveys using questionnaires or evaluation forms and assessing the satisfaction of the beneficiaries, 3. Support activities that promote health and nutritional status.



STRATEGIC PILLAR 5:
Strengthening health
information systems to allow
for reliable and timely data
collection for monitoring

Objective 5:

Ensure the adequacy, accuracy and timeliness of national and regional refugee health and asylum data and records to facilitate policy development and follow up on the implementation of existing interventions while retaining non-disclosure.

Priority Action -

Sub-Activities	Core Indicator	Responsibility	Partners	Time	Activities/Output
<ul style="list-style-type: none"> • Integration of refugees and asylum-seekers' information systems into existing data collection and surveillance systems. • Strengthened national routine public health surveillance to improve epidemiological monitoring of priority diseases, conditions and events, timely detection and response to suspected disease alerts. • Development of guiding principles for the collection, prioritization and utilization of relevant data from refugees and asylum-seekers to be used in a variety of ways. • Promote scientific research and data collection and management and organizing an academic regional forum. • Capacity building for data collection. • Coordination for periodic data collection at the national and regional levels. 	<ul style="list-style-type: none"> • Number and socio-demographic for refugees and asylum seekers. • Generation of national and regional reports. 	<p>MoH, National committees on Public Health.</p>	<p>LAS/ UNHCR/ UNRWA/ UNICEF other relevant UN agencies/ World Bank/ African Union Commission and NGOs/ funding agencies, development partners and stakeholders.</p>	<p>2021 – 2030</p>	<ul style="list-style-type: none"> • Socio-demographic data of refugees and asylum seekers disaggregated. • Conduct cross-sectional community-based survey to record data about refugees and asylum seekers. • Refugee and asylum seekers' health status, coverage and access, especially for the most vulnerable, disaggregated by gender and age. • Building capacity for data collection for all stakeholders.



STRATEGIC PILLAR 6:
Coordination of health sector
response

Objective 6:

To enhance coordination and collaboration among all relevant stakeholders with regards to the public health needs response to refugees and asylum-seekers.

Priority Action 6.1 Strengthen LAS and the concerned health ministries' roles

Examples of sectors (multi-sectoral and inter-sectoral agencies) involved in supporting refugee policy and care:

Social solidarity, water and sanitation, protection, nutrition and food security, international organizations and sectors with humanitarian mandates (UNHCR, WHO, UNICEF, IOM, WFP, etc.) and other organizations that support emerging needs. These organizations have positive impacts in other areas as well, which directly and indirectly affect health and outcomes: HIV, Sexual Violence and Violence against Women, education and livelihoods.

Sub-Activities	Core Indicator	Responsibility	Partners	Time	Activities/Output
<ul style="list-style-type: none"> • Convening a working group composed of the Technical Secretariat of the Arab Ministers of Health Council and all partners to enhance the response of the public health sector in asylum context, the same working group that was indicated in Strategic Pillar (2). • Convening a working group composed of all partners concerned with health care for refugees and asylum seekers at the national level, the same working group that was indicated in Strategic Pillar (2). • Developing roles and responsibilities and framework of action of the working group. • Develop monitoring system for compliance with the framework of action of the working group. 	<ul style="list-style-type: none"> • LAS working group from the Technical Secretariat of the Council of the Arab Health Ministers. • Working Group at the national level. 	MoH/National committees on Public Health.	LAS/ UNHCR/ UNRWA/ UNICEF and other relevant UN agencies/ World Bank/ African Union Commission and NGOs/ funding agencies/ development partners and stakeholders.	2021 – 2030	<ul style="list-style-type: none"> • Workshops to foster the development of the mission and policies of each committee regarding care for refugees and asylum seekers according to its location. • Development of framework for public health response at national and regional level. • Development of monitoring indicators for public health response. • Working group constituted of all relevant stakeholders. • Data and report for indicators for compliance.

Priority Action 6.2 Develop a collaborative framework for all stakeholders in the health and related sectors to support actions at regional and national levels.

Sub-Activities	Core Indicator	Responsibility	Partners	Time	Activities/Output
<ul style="list-style-type: none"> Working group of national committees to fully analyze the sectors and entities and to collect different information. Rational inclusion of the private sector in inter-sectoral responses in asylum context, including shelter, food security and livelihoods, health and water, sanitation and hygiene (WASH). 	<ul style="list-style-type: none"> Comprehensive mapping for each Arab country that shows the contribution of each agency, deficiencies, and surplus of services for redistribution. Good partnership⁵ of private sector with other development partners in line with the GCR outcomes. 	MoH, National committees on Public Health.	LAS/ UNHCR/ UNRWA/ UNICEF and other relevant UN agencies/ World Bank/ African Union Commission and NGOs/ funding agencies/ development partners and stakeholders.	2021 – 2030	<ul style="list-style-type: none"> Workshops to identify collaborative efforts between different development agencies and countries to close gaps in services delivered to refugees in asylum and displacement context (at national and regional levels). Defining roles and responsibilities of all stakeholders. Development of a collaborative framework for coordinated activities of public health sector with other sectors to ensure distribution of services and efforts across different refugee clusters.

5 - Good partnership refers to the private (non-governmental) sector. It is characterized by defining the roles and responsibilities of all relevant stakeholders, and ensuring coordination of efforts and responses through a national cooperation framework, policies and mechanisms that ensure a coordinated response (the governing framework).

Priority Action 6.3 Develop mechanism to ensure coordinated response, including establishment of inter-regional and inter-country collaboration for information-sharing.

Sub-Activities	Core Indicator	Responsibility	Partners	Time	Activities/Output
<ul style="list-style-type: none"> • Develop mechanisms and policies that support coordinated public health response within and between countries. • Periodic scheduled meetings of the representatives of national committees and working group established by the Technical Secretariat of the Arab Health Ministers Council and partners to exchange information about policies/ health system/ refugees and asylum seekers' interaction. 	Coordinated response in emergency and resilience phase between all involved stakeholders and sectors.	MoH, National committees on Public Health.	LAS/ UNHCR/ UNRWA/ UNICEF and other relevant UN agencies/ World Bank/ African Union Commission and NGOs/ funding agencies/ development partners and stakeholders.	2021 – 2030	<ul style="list-style-type: none"> • Develop mechanisms and policies to ensure a coordinated response. • Each country must present achievements and barriers to health service delivery to refugees, and recommendations for improvement. • Summary reports on success stories.

Priority Action 6.4 Establish accountability and monitoring mechanisms to assess compliance and support expertise exchange.

Sub-Activities	Core Indicator	Responsibility	Partners	Time	Activities/Output
<ul style="list-style-type: none"> • Development of national and regional monitoring system with indicators and benchmarks of achievements supported by effective health information systems for repeated data collection. • Each country representative must present their state’s performance in supporting equitable access of refugees and asylum seekers to health care. 	Periodical reports from each country regarding performance in supporting health care for refugees.	MoH, National committees on Public Health/ LAS and UNHCR.	UNRWA and relevant UN agencies / NGOs/ funding agencies/ development partners and all stakeholders.	2021 – 2030	<ul style="list-style-type: none"> • Each country must submit a detailed report that include inputs, processes, outputs, outcomes and impact indicators of health interventions for refugees. • Periodic scheduled meetings of LAS working group for refugee and asylum seekers care with the representatives of national committees to exchange information about policies/health system/refugee interaction. • Periodic reports and annual report that present achievements of each country in healthcare in asylum and displacement contexts.

Priority Action 6.5 Enhancement of stakeholders' capacities on right-to-health based approaches.

Sub-Activities	Core Indicator	Responsibility	Partners	Time	Activities/Output
<ul style="list-style-type: none"> • Workshop at LAS with participation of all states. The objectives are to develop advocacy messages, and policy briefs about the rights of refugees to access equitable health care. • Workshop at national level with similar objective as that of LAS. 	<p>Developed advocacy messages and policy briefs on rights of refugees to health care.</p>	<p>MoH, National committees on Public Health.</p>	<p>LAS/ UNHCR/ UNRWA/ UNICEF other relevant UN agencies/ World Bank/ African Union Commission and NGOs/ funding agencies and development partners and all stakeholders.</p>	<p>2021 – 2030</p>	<ul style="list-style-type: none"> • Workshop at LAS with participation of all agencies involved in refugee health care, to develop advocacy messages and policy briefs about rights of refugees to access equitable healthcare. • Workshop at national level with similar objective as LAS with participation of all agencies involved in refugee healthcare. • Objectives are to develop advocacy messages and policy briefs about rights of refugees to access to equitable healthcare within the context of the country's political, social, economic and cultural situation. • Advocacy messages and policy briefs on rights of refugees to access equitable healthcare.

