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ANNUAL PUBLIC HEALTH GLOBAL REVIEW

2022

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
BFS	Baby-Friendly Spaces
CBI	Cash-based interventions
CDC	Centers for Disease Control
DHIS2	District Health Information System
ECD	Early Child Development
EPI	Expanded Program on Immunization
FAO	Food and Agriculture Organization
GAM	Global Acute Malnutrition
GAP	Global Action Plan
GCR	Global Compact on Refugees
GFATM	Global Fund to fight AIDS, TB and Malaria
HIV	Human Immunodeficiency Virus
ILO	International Labour Organization
IRHIS	Integrated Refugee Health Information System
IYCF	Infant and young child feeding
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Intersex and Queer
MAM	Moderate Acute Malnutrition
MHPSS	Mental Health and Psychosocial Support
MoH	Ministry of Health
NCDs	Noncommunicable diseases
RHE	Regional Health Extension
SAM	Severe Acute Malnutrition
SENS	Standardized Expanded Nutrition Surveys
SIA	Supplementary immunization activities
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UNHCR	United Nations High Commissioner for Refugees
WFP	World Food Programme
WHO	World Health Organization
WASH	Water Sanitation and Hygiene

KEY HIGHLIGHTS

The Annual Public Health Global Review 2022 provides an overview of the key work of UNHCR in public health in close collaboration with governments and partners. Following the impact of the COVID-19 pandemic and the strain on health systems, the under-five mortality rates increased slightly compared to previous years. Consultations increased (19%) in 2022 with over 9.36 million consultations compared to 7.62 million in 2021. In 2022, immunization campaigns also started to catch up with the delayed childhood immunization and UNHCR supported Ministries of Health in country-wide vaccination campaigns and strengthening the role of the community health workforce. The measles vaccination coverage for refugee children is at 61% and all efforts are required to increase the coverage.

During COVID-19, reproductive health remained critical. Despite the continued challenges, the proportion of deliveries assisted by skilled health personnel remained stable at 93% and access to antiretroviral therapy (ART) for people living with human immunodeficiency virus (HIV) was expanded with an increase in the number of people receiving ART.

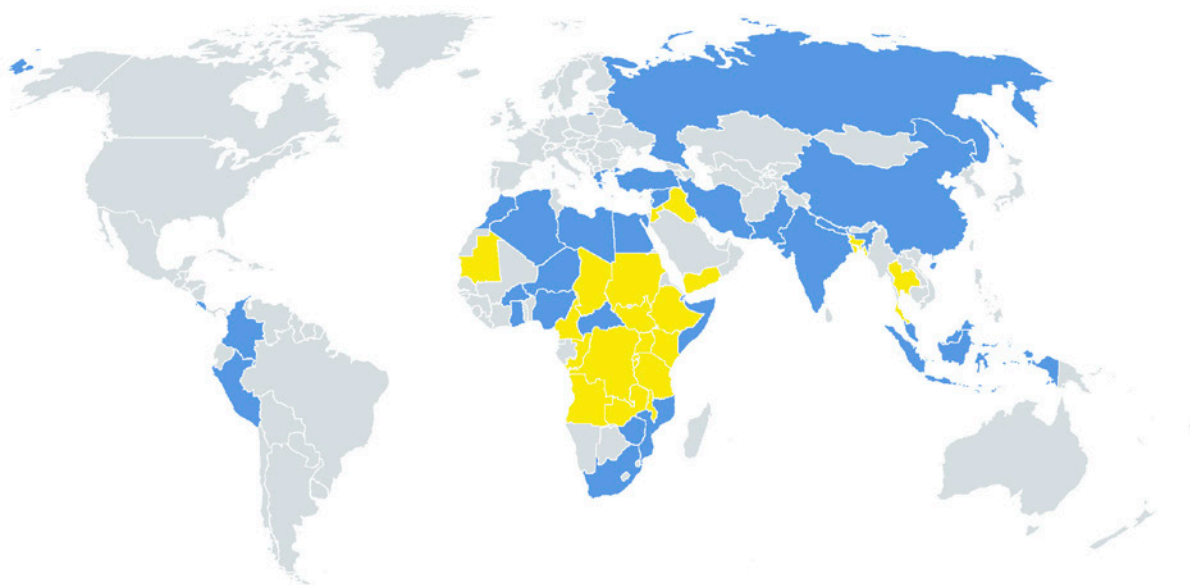
The impact of climate change on the health of refugees is also leading to a surge in the number of malaria and dengue fever cases reported. An unprecedented number of cholera outbreaks have been reported globally, impacting refugees directly in 8 countries.

The impact of war, long term displacement and COVID-19 have led to a great need for Mental Health and Psychosocial Support (MPHSS) services. UNHCR continued to strengthen these both at health service level such as mental health care, but also scalable psychological interventions with communities. The global socio-economic situation and its impact on food security is leading to growing concerns on refugee nutrition. Nutrition surveys conducted in 17 countries (117 refugee settlements) indicate presence of various forms of undernutrition including acute malnutrition (over 50% of the sites at serious or critical levels), stunting (over 50% above critical levels) and anaemia (over 60% above critical levels). More children (7% increase from 2021) were admitted to therapeutic feeding programmes compared to previous years.

This report serves as the second-year baseline reporting on the progress made against the UNHCR [Global Public Health Strategy 2021-2025](#).

OVERVIEW

UNHCR supported access to primary and secondary/tertiary care in 50 countries for some 11 million refugees.



Legend

■ Countries with public health programmes ■ Countries with public health programs using iRHIS

The data reflected in this report is from 172 refugee camps/settlements hosting over 5 million refugees in 21 countries using either the UNHCR integrated refugee health information system (iRHIS) or national health systems used in refugee camps, referred to as District Health Information System - DHIS2.

Key indicators at a glance

Crude Mortality Rate					Under 5 Mortality Rate				
Gender	Deaths	Population	<0.75/1000/month	Death/1000/month	Gender	Deaths	U5 Population	<0.75/1000/month	Death/1000/month
	2,703	2,755,359	✓	0.08		1,089	421,892	✓	0.22
	3,051	2,570,285	✓	0.10		1,321	423,988	✓	0.26
Total	5,754	5,325,645	✓	0.09	Total	2,410	845,880	✓	0.24

Skilled Birth Attendance

Age	Rate	Standard
<18 years	95%	100%
>=18 years	92%	100%
Total	93%	100%

Total number HIV+ refugees on ART

31,262

COVID-19 vaccination among refugees and asylum seekers

10,769,643

vaccines administered

6,220,015

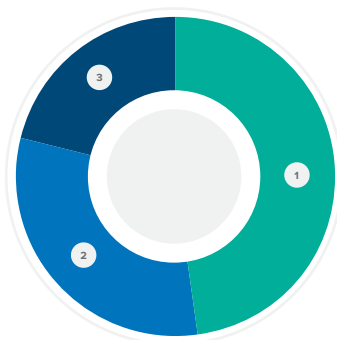
of persons vaccinated with at least 1 dose



20

countries reported a disease outbreak

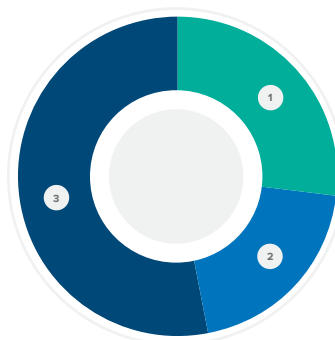
Global Acute Malnutrition



- 1 **48%** - Formal settlements¹ met UNHCR Global Acute Malnutrition (GAM) Level
- 2 **31%** - GAM level between 10-15% indicating a serious situation
- 3 **21%** - Above 15% threshold indicating a critical situation

Target Acceptable: <10% Serious: >=10% - <15% Critical: >=15%

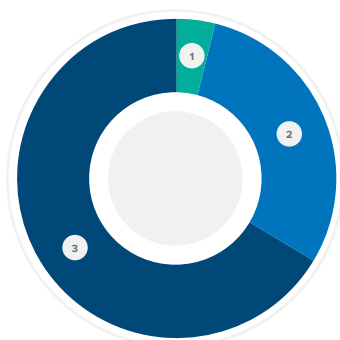
Stunting



- 1 **27%** - Formal settlements¹ met UNHCR stunting level target
- 2 **20%** - High level of stunting between 20-30% indicating a serious situation
- 3 **53%** - Above 30% threshold indicating a critical situation

Target Acceptable: <20% Serious: >=20% - <30% Critical: >= 30%

Anaemia



- 1 **4%** - Formal settlements² had low prevalence of anaemia and met UNHCR anaemia target
- 2 **30%** - Medium prevalence of anaemia between 20-40% indicating a serious situation
- 3 **66%** - Above 40% threshold indicating a critical situation

Target Acceptable: <20% Serious: >=20% - <40% Critical: >=40%



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1. 117 formal refugee settlements across 17 countries
 2. 105 formal settlements across 15 countries

1.

ACCESS TO ESSENTIAL HEALTH AND NUTRITION SERVICES

Crude Mortality Rate

0.09

Deaths / 1000 / month



<0.75 / 1000 / month

5,752

Deaths

5,325,948

Population

Under 5 Mortality Rate

0.24

Deaths / 1000 / month



<1.5 / 1000 / month

2,408

U5 Deaths

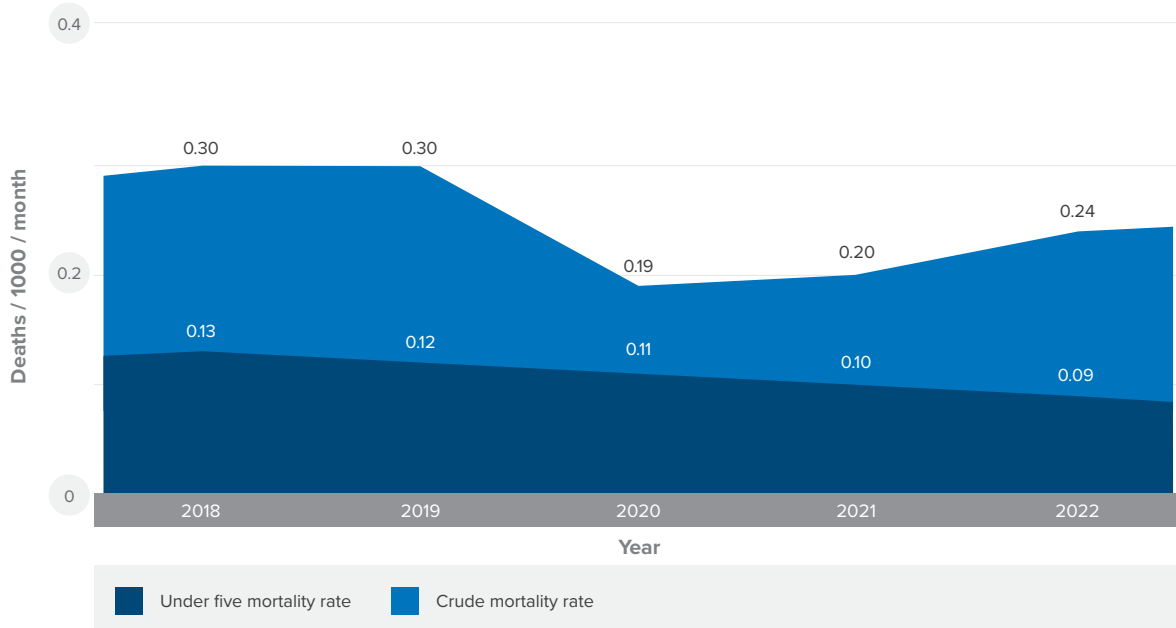
846,041

U5 Population

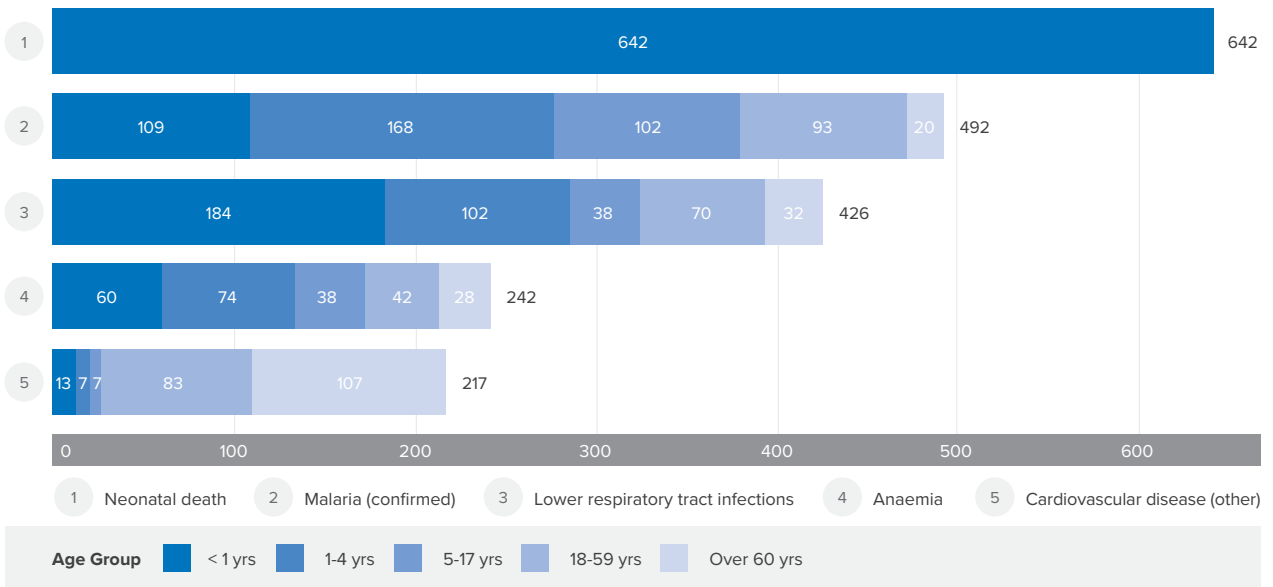
While the crude mortality rate continues to decline at 0.09 death per 1,000 population per month, the under-five mortality rose slightly from 0.20 to 0.24 deaths per 1,000 per month, which is within the acceptable standard (<1.5 deaths per 1,000 per month).

The leading cause of deaths were neonatal conditions (11%), confirmed malaria (9%), lower respiratory tract infections (7%), anemia (4%) and other cardiovascular diseases (4%).

Crude Mortality and Under Five Mortality Rates

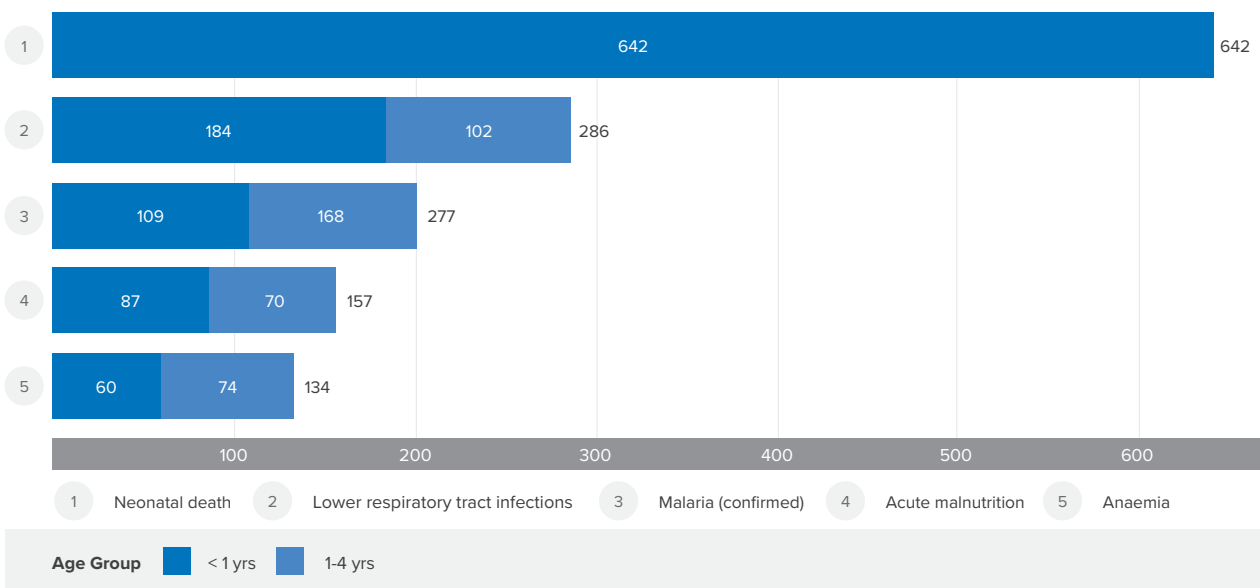


Top 5 Causes of Mortality by Age



In children under five, the leading cause of deaths were neonatal deaths (27%), Lower respiratory tract infections (12%), confirmed malaria (12%), acute malnutrition (7%) and anemia (6%).

Top 5 Causes of Mortality in Under Five Years



UNHCR and its partners reported 9,356,263 consultations (8,209,715 refugees and 1,146,548 nationals) in UNHCR supported facilities (compared to 7,620,115 consultations in 2021). The health facility utilization rate was 1.35 new visits per person per year (standard 1-4 new visits per year). The main morbidities are similar to 2021, with 91% acute health conditions of which malaria was the second leading reason for consultation. UNHCR supported 204,249 referrals from primary to higher levels of care in 47 countries.





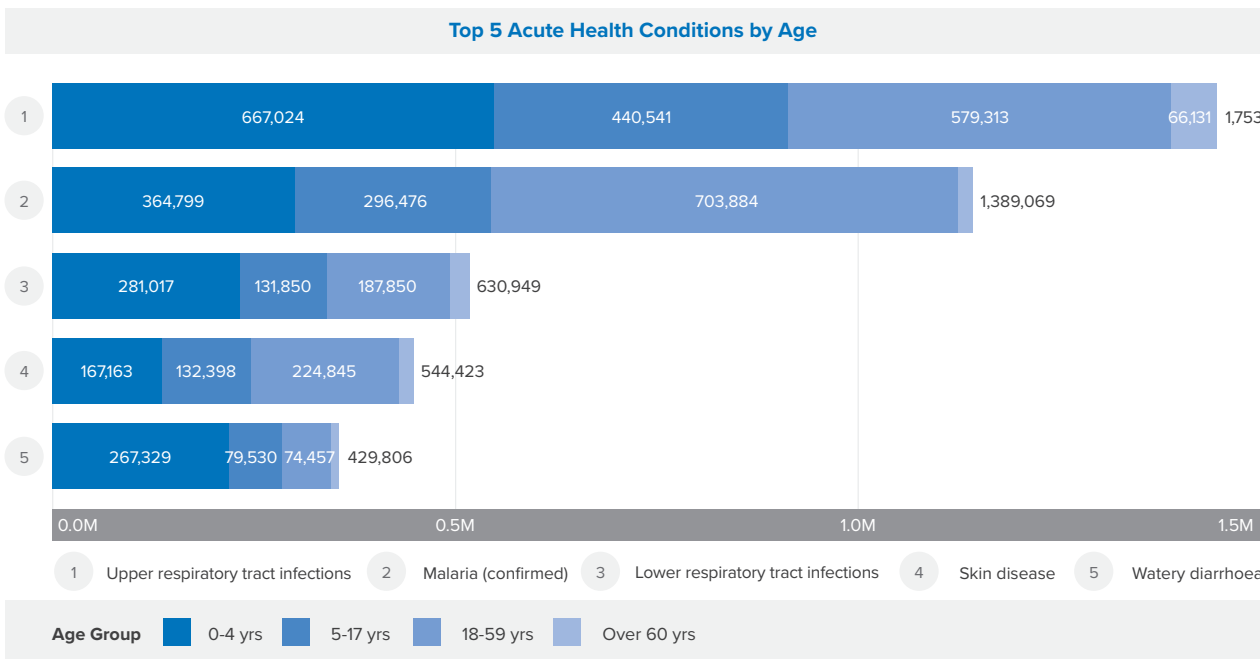
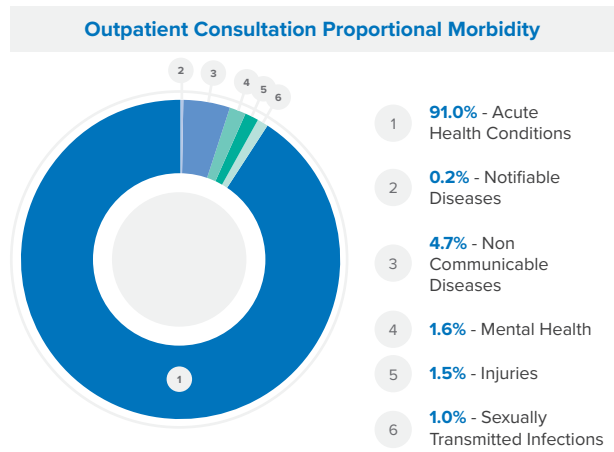
Children under five accounted for 31% of the acute health conditions with upper respiratory tract infections, malaria and lower respiratory infections as leading causes of morbidity. Measles vaccination coverage remains a concern with only 61% of the targeted children receiving at least one dose of measles containing vaccine. Following a global decline in childhood vaccination rates during the COVID-19 pandemic, UNHCR strengthened expanded programme on immunization (EPI) through enhancing cold chain, strengthening staff capacities and communicating with communities. To further bolster routine immunization coverage provided by EPI, supplementary immunization activities (SIAs) or mass vaccination campaigns were conducted in various operations in coordination with Ministries of Health (MoH), the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and partners.

Supporting immunization: DRC and Bangladesh

In the Democratic Republic of Congo, routine vaccination coverage is low amongst refugees and host community with only 41% of children 10-23 months fully immunized and measles coverage of 56%. In addition, there were polio cases due to circulating vaccine-derived poliovirus type 2. 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. The measles vaccination coverage achieved was 99% and 93% for polio.

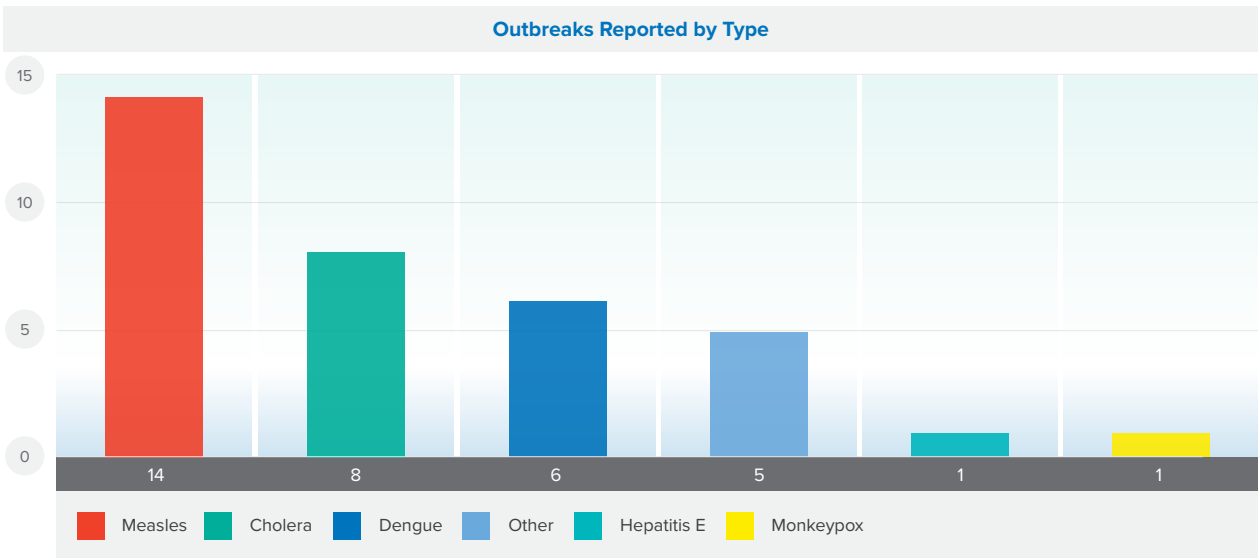
In Bangladesh, as part of multisectoral efforts to improve routine immunization coverage, vaccination campaigns were implemented in coordination with MoH, WHO, UNICEF and others, as well as an active community health workforce resulting in over 90% coverage for pentavalent vaccination (provides protection to a child from 5 life-threatening diseases; Diphtheria, Pertussis, Tetanus, Hepatitis B and Haemophilus influenzae type b). Health and Nutrition Sectors as well as registration teams, further enhanced collaborative opportunities to identify and refer children for routine immunization.

Consultations			
Gender	Refugee	National	Total
	4,649,532	686,516	5,336,048
	3,560,183	460,032	4,020,215
Total	8,209,715	1,146,548	9,356,263



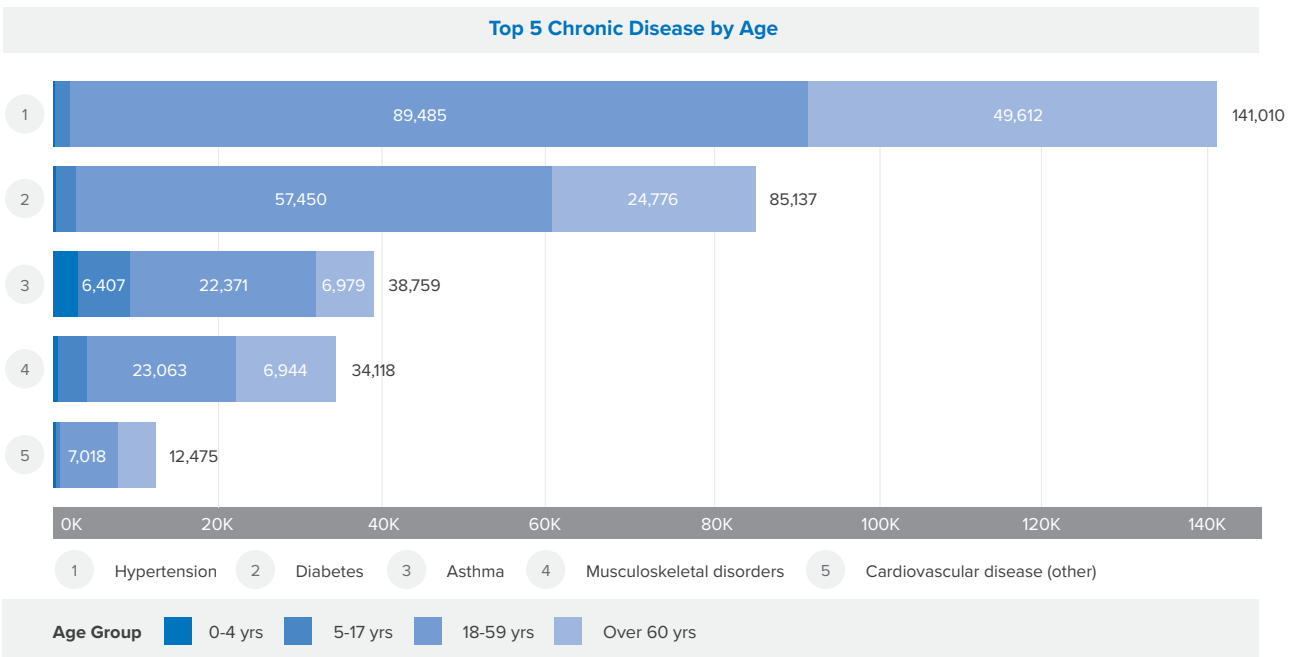
Disease outbreaks and response

In addition to the COVID-19 pandemic, an increase of communicable disease outbreaks was seen in 2022 with 20 countries reporting at least one disease outbreak compared to 13 countries in 2021. Cholera cases have been increasing globally with outbreaks affecting refugees in 8 countries. Countries such as Lebanon had not seen cholera for more than 20 years. UNHCR worked closely with Ministries of Health and partners to strengthen health and water, sanitation and hygiene (WASH) systems, supporting cholera prevention, awareness raising, surveillance, case management and oral cholera vaccination campaigns. A significant increase in dengue cases was noted with large outbreaks reported in Bangladesh and Thailand. UNHCR used multisectoral approaches to prevent the further spread of dengue by reducing breeding sites, raising health awareness and enhancing curative care. In Uganda, UNHCR supported the Ministry of Health to contain the Ebola outbreak through strengthened surveillance, health awareness, health facility preparedness and provision of medical supplies. No Ebola cases were reported among refugees.



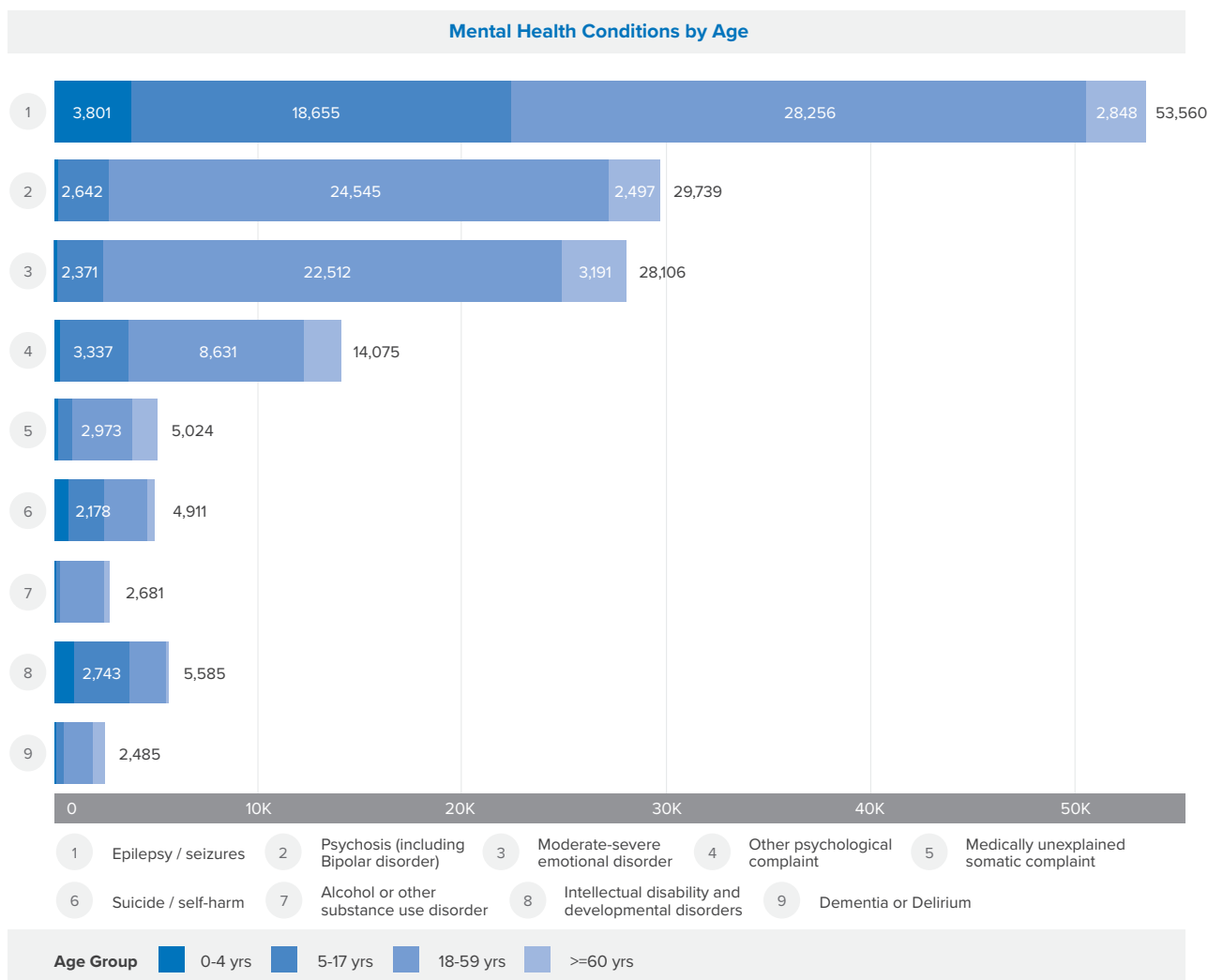
Non-communicable diseases (NCDs)

NCDs accounted for 4.7% of all consultations and cardiovascular diseases were the 5th most common cause of death, a significant proportion of those in people under 60 years of age. Female accounted for almost two thirds of all NCDs consultations (61%). UNHCR continued to lead the Informal interagency working group on NCDs in humanitarian settings as well as capacity building of partners and Ministries of Health to effectively integrate quality NCD care at primary health care level.



Mental health and psychosocial support services

In the health facilities reporting in the iRHIS a total of 146,166 consultations for mental, neurological and substance use conditions were recorded, which amounts to 1.6% of the total number of consultations. Female consulted more than male (54 % versus 46%). Three quarters of the consultations (76%) were related to just three conditions: epilepsy, psychosis and depression. More information can be found in the Annual MHPSS report available at [UNHCR - Mental Health and Psychosocial Support](#).



Supporting countries hosting Ukrainian refugees

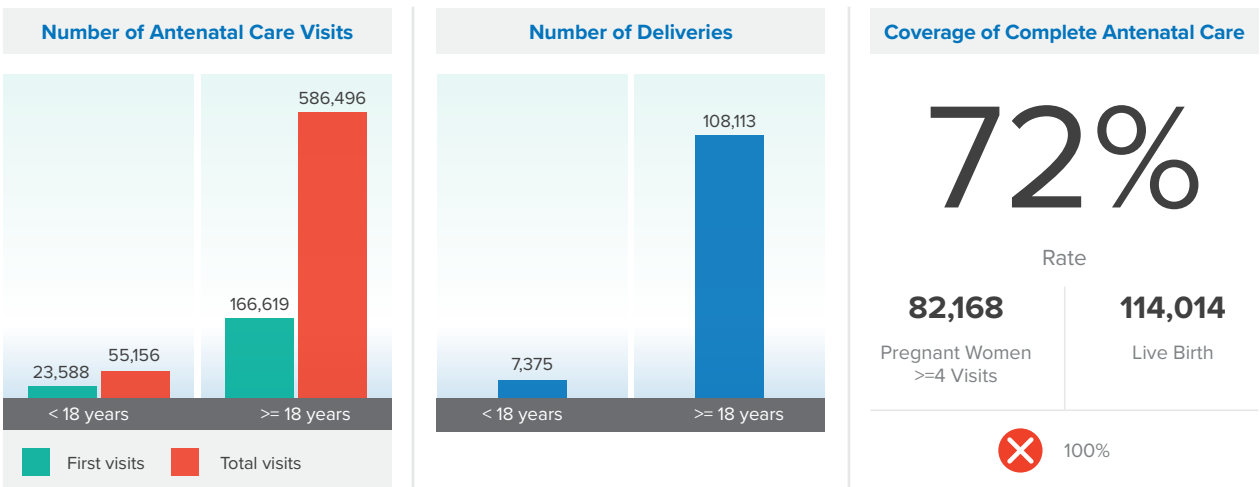
European countries provided generous support to Ukrainian refugees by enabling access to a wide range of national health services. UNHCR facilitated the public health response through the inter-agency Regional Health Extension (RHE) in Kraków, Poland, with specialists in public and mental health assessing gaps in health services, providing technical guidance and conducting support missions to neighbouring countries. Understanding how to access health services was a key challenge reported by many Ukrainian refugees. UNHCR and partners used the [Blue Dots](#) where refugees were counselled on health services utilizing health information products developed by the RHE and Ministries of Health. In addition, psychosocial support services are provided in the Blue Dots.



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Sexual and reproductive health

In iRHIS-reporting countries, 82,168 pregnant women received four or more antenatal consultations and coverage of complete antenatal care was 72%. The total number of deliveries (115,488) was lower than in 2021 (123,264) but the proportion of deliveries assisted by skilled health personnel remained stable at 93%. UNHCR supported the delivery and integration of HIV programmes and primary health care services, including integrated HIV and maternal and child health services. UNHCR has been promoting and facilitating bi-directional linkages between HIV and tuberculosis (TB) and co-published with the Center for Disease Control (CDC) and WHO the [Tuberculosis prevention and care among refugees and other populations in humanitarian settings: interagency field guide](#).



Reaching adolescents in Rwanda

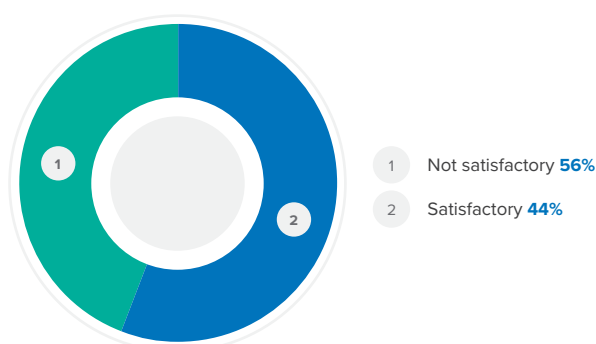
In 2022, UNHCR, Save the Children and partners conducted four situational analyses to inform capacity-building efforts and integration of adolescent sexual and reproductive health and rights (ASRHR) activities into four refugee sites in Rwanda. The current project scales up capacity-building efforts to equip more SRHR stakeholders working on refugee responses in Rwanda as well as shares lessons learnt globally. Part of these capacity-building efforts orient partners in health and other sectors (e.g., child protection, education, etc.) as well as governmental departments on how to utilize various service entry points to integrate the needs of adolescents and young people.

Global nutrition situation overview

In 2022 [Standardized Expanded Nutrition Surveys \(SENS\)](#) assessed nutrition situation in 117 refugee settlements across 17 countries³ with the data showing 48% of the settlements met the Global Acute Malnutrition (GAM) standards of <10% but, 31% had a GAM prevalence 10-15% indicating a serious situation and the rest (21%) were above the emergency threshold of $\geq 15\%$ indicating a critical situation. Stunting amongst children aged 6-59 months remained of concern. Only 27% of the settlements met the UNHCR target (<20%) whereas 20% recorded high levels and the rest (53%) were above the critical level of $\geq 30\%$. Anaemia levels in children 6-59 months old met the UNHCR target (<20%) in only 4% of the settlements while 30% had medium levels and the rest (67%) reporting critical levels of $\geq 40\%$.

To address the various forms of malnutrition highlighted above and improve the nutrition status, UNHCR supported the management of acute malnutrition treatment as well as prevention of undernutrition and micronutrient deficiencies. Management of acute malnutrition among children reached 79,747 children aged 6-59 months with severe acute malnutrition (SAM) and 172,864 with moderate acute malnutrition (MAM) across 29 countries (71,695 and 164,509 respectively in 2021 across 30 countries). 34,634 pregnant and breastfeeding women and 2,247 People Living with HIV and TB were also admitted for treatment of acute malnutrition. Results from the SENS showed that exclusive breastfeeding was maintained at $\geq 75\%$ in 44% of the settlements assessed indicating positive practice uptake. IYCF multisectoral framework for action involving various technical sectors, skilled support at the health facility and through community and peer support at community level continued to be promoted.

Proportion of Exclusively Breastfed Children Under 6 Months



Source: UNHCR SENS

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

Nutrition, reproductive, mental health, and education collaboration - Cox's Bazar, Bangladesh

In Cox's Bazar, Bangladesh, promotion of healthy child/caregiver interactions was strengthened by ensuring at the facility level the mother and child are supported as a pair utilizing the MAMI Care Pathway Package which systematically includes MHPSS support during care. Preventive interventions sought to promote and support optimal infant and young child feeding (IYCF) in line with the IYCF multisectoral framework for action through 19 Baby-Friendly Spaces (BFS) which provided individual and group counselling, mother-baby bonding sessions and Early Child Development (ECD) play activities benefitting over 8,200 children below two years and their parents who attended ECD play activities monthly. At the community level 2,702 Mother-to-Mother Support Groups and 24 father to father support groups were functional. 4,615 children including their mothers/caretakers received individual or group counselling. These activities were noted to improve mother-child interactions, enhanced maternal wellbeing, and improved the child's nutritional status and growth outcomes.



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2.

WORKING WITH NATIONAL HEALTH SYSTEMS

In line with the Global Compact on Refugees (GCR), inclusion of refugees in national health systems remains a central goal for UNHCR. [More countries are including refugees in national health systems, and development partnerships are key to the process.](#) Inclusion requires medium to long term approaches and even if conditions are favorable, financing remains a major constraint.

Mauritania: World Bank [Inaya Health System Support Project](#)

Mauritania is undergoing nationwide health sector reform supported by the World Bank. Additional World Bank financing has been provided to the government under the Host Community and Refugee window and is supporting the inclusion of 67,000 Malian refugees hosted in the Mbera camp. Health services previously supported by UNHCR's non-governmental partners are being transferred progressively to the Ministry of Health.

Following the launch of the [Global action plan \(GAP\) on child wasting](#) in 2020 and the development of multi-systemic, costed country roadmaps in 2021, UNHCR continued to work alongside UNICEF, World Food Programme (WFP), WHO, Food and Agriculture Organization (FAO) and others in 2022 to advance [the reduction of wasting efforts](#). Efforts in 2022 concentrated on global and national level political advocacy for increased financial commitments. A package of interventions was prioritized for food; health; water and sanitation; and social protection. In 2022, refugees were included in the resource prioritization including therapeutic and supplementary feeding nutrition products for acute malnourished children hosted in the 12 targeted pilot countries⁴ for the 2022/3 calendar period.

The adoption of a conclusion on MHPSS at the Executive Committee of the High Commissioner's Programme (ExCom) represented a significant acknowledgement by member states on the importance of MHPSS and their commitment to prioritize it in response to displacement including access to national health and social services.

COVID-19 vaccine roll-out

In 2022, UNHCR continued ensuring access to COVID-19 vaccines for refugees and the persons we serve. Advocacy for inclusion in the roll-out of national COVID-19 vaccinations resulted in refugees being vaccinated in 153 countries. According to reports from 72 countries, 10.7 million vaccine doses were administered to approximately 6.2 million persons by the end of 2022. This is a significant milestone in refugees' access to the right to health.

4. Ethiopia, Kenya, South Sudan, Sudan, Burkina Faso, Chad, Mali, Niger, Nigeria, Afghanistan, DRC and Yemen.

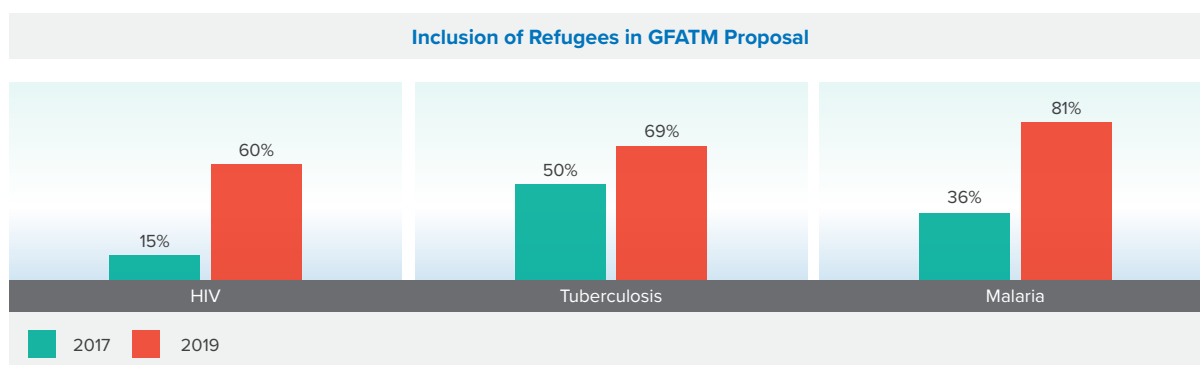
Monitoring inclusion

Results from [UNHCR's biannual health inclusion survey](#) of 49 countries indicate that 77% include refugees in their national health plans, up from 62% in 2019. All countries reported that refugees could access primary health facilities, with 94% enjoying access under the same conditions as nationals. However, access is far lower when it comes to receiving care at hospitals, where 17% of countries report no or unequal access compared to citizens. Of the 49 countries in the inclusion survey, just under 60% report having a national social health insurance scheme. Of those 29 countries with such schemes, only 12 (41%) include refugees (slight improvement from 27%/ 9 countries in 2019). The positive trend continues on the inclusion of refugees in communicable disease programmes and related Global Fund Applications for malaria, HIV and tuberculosis.

UNHCR collaborated with Columbia University and the World Bank on [The Big Questions in Forced Displacement and Health](#) documenting evidence from country research on health responses for refugees, gaps and good practices. UNHCR continues to partner with academic institutions to build further evidence on effective practices and approaches to inclusion. UNHCR also collaborated with the World Health Organization on the "[World report on the health of refugees and migrants](#)."⁵

Inclusion of refugees in GFATM proposal

UNHCR and The Global Fund to fight AIDS, TB and Malaria (GFATM) continued their efforts to accelerate the end of AIDS, tuberculosis and malaria as epidemics by working with and through governments, partners and communities in order to provide health information and supply medicine, condoms, insecticide treated nets, laboratory diagnostics, counselling and medical treatment (including during emergencies). One of the key advocacy areas of UNHCR over the past 17 years has been the inclusion of refugees and other persons we serve into GFATM grants at country level. As detailed in [The Inclusion of Refugee and Internally Displaced Persons in Global Fund Applications 2020-2022](#) report published jointly by the UN Foundation and UNHCR, the inclusion of refugees in GFATM proposals has increased significantly over time from 2017 to 2021.



Health insurance

UNHCR has an ongoing partnership with the International Labour Organization (ILO) to seek opportunities and implement integration schemes for refugees into existing national social protection systems, specifically health insurance schemes with the aim to allow refugees access health services, including HIV prevention, treatment and care, at the same level as nationals, through shared risk mechanisms. In **Zambia**, a meeting between UNHCR and the National Health Insurance Management Authority was held in March of 2022, where it was agreed that refugees and former refugees would be included in the national health insurance scheme on par with nationals.

5. See <https://www.who.int/publications/i/item/9789240054462>.

3.

EQUITABLE PROVISION OF HEALTH CARE SERVICES

Throughout 2022, UNHCR, governments and partners designed and monitored health services to promote and support equitable outcomes. As a cosponsor of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and contributing to the global goal of ending AIDS by 2030 in line with the [Global AIDS Strategy \(2021 – 2026\)](#), UNHCR continued to promote equity and inclusion into national HIV programmes. Access to antiretroviral therapy was further strengthened with 31,262 refugees on treatment compared to 21,145 in 2021. Results of the UNHCR Public Health Inclusion Survey (2022) indicated that of 49 UNHCR country operations, 45 (92%) countries provided access to ART through the national system for refugees; 47 (98%) countries adopted a “test and treat all” approach in the national policy, and 42 (89%) countries had introduced the approach in refugee settings. HIV self-testing has been included in the national policy in 26 (54%) of the 48 countries and introduced in refugee settings for 14 (54%) countries.

UNHCR also participated in high-level advocacy to call for action to protect those “most left behind” – including inter alia, adolescent girls, pregnant women, children, key populations, [trafficked persons](#) – during the [Global AIDS Conference \(2022\)](#) special session on HIV in armed conflict in Montreal, Canada.

Support was provided to people with disabilities in need of rehabilitation service and assistive devices.

4.

MULTISECTORAL COLLABORATION

Expanding access to health services and addressing the underlying determinants of health requires a combination of approaches and collaboration between different sectors to enhance refugee protection, reduce health and gender inequities and promote wellbeing. Cash-based interventions (CBI) are used especially in non-camp settings where user fees and other costs may form a significant barrier to accessing health care, for example during hospitalization or for chronic diseases. UNHCR utilizes CBI for health in combination with strengthening health services as well as with health promotion to enable effective access to health services. In 2022, UNHCR documented [Good Practices on Cash-Based Interventions and Health](#), showcasing examples from Costa Rica, Egypt, Iraq, Mexico and Peru.

Public health preparedness and response to communicable disease outbreaks was prioritized with technical support provided to outbreaks such as Monkeypox, [Ebola](#) and [Malaria](#) promoting multisectoral collaboration of Public health teams with inter alia WASH, Field, Shelter and Settlement, Protection teams. Capacity strengthening remained critical with initiatives focusing on global, region and country specific webinars and the Community of Practice platform with more than 390 members. To further strengthen multisectoral responses, UNHCR developed an E-learning Introduction to Public Health in Refugee Settings intended for colleagues working in sectors beyond health and aims to enhance their

understanding of UNHCR's approach to public health and its contributions to strengthening protection outcomes through collaborative, multisectoral action.

Shelter & Settlements, WASH and MHPSS organized a learning event and [Working Together report](#), how improved intersectoral collaboration will benefit well-being and health for people living through crises.

Climate mitigation and adaptation measures were supported including access to off-grid electricity through renewable energy aiming to reduce running costs, carbon footprint, and enable the provision of critical health care services including inter alia outpatient and inpatient care and diagnostic services. Solar energy systems were installed for health facilities serving refugees in Kenya, Uganda and Pakistan.

UNHCR and the World Diabetes Foundation entered into a new partnership with the objective of bolstering health systems to enhance care for non-communicable diseases in Burundi, the Sudan and the United Republic of Tanzania.

5.

ACTIVELY ENGAGE COMMUNITIES IN ACTIVITIES TO PROMOTE AND SUSTAIN THEIR HEALTH

In refugee contexts, the refugee community-based health workforce, serves as a crucial cultural and linguistic link between the community and health and other service providers. In 2022, UNHCR developed an [Operational Guidance: Community Health in Refugee Settings 2022](#), to further strengthen community health approaches and work towards a united community health outreach workforce. In 2022, UNHCR worked with 9,387 Community Health Workers (51% women, 49% men) in 40 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 non-communicable diseases, childhood immunization, SRH, nutrition and MHPSS.

Working with community-based organizations in Ecuador

UNHCR Ecuador enhanced access to SRH and HIV services for refugees and migrants from Venezuela by working with community-based organizations who linked with LGBTQI+ persons, adolescents and persons who sell or exchange sex. The project focused on strengthening capacity to deliver information and education sessions through a cascade training of focal points and peer educators, conduct HIV testing and facilitate HIV prevention activities and reached more than 2,900 persons.



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<https://www.unhcr.org/mental-health-psycho-social-support> UNHCR Public Health Section