Médecins Sans Frontières

Refugee Health

An approach to emergency situations

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APPENDICES

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Preface

Since World War II, up to one hundred million civilians have been forced to flee persecution or the violence of war to seek refuge either in neighbouring countries or in different areas of their own country. During the past two decades, the number of persons meeting the international definition of a refugee has steadily increased from approximately 5 million in 1980 to a peak of more than 20 million in 1994; at least an equal number were displaced within their own country. The optimism that accompanied the end of the Cold War was short-lived as an 'epidemic' of civil conflicts erupted in several continents. In 1993 alone, 47 conflicts were active of which 43 were internal wars. Armed conflicts have increasingly affected civilian populations, resulting in high casualty rates, widespread human rights abuses, forced migration, famine, and in some countries the total collapse of governance.

The public health consequences of armed conflict and population displacement have been well documented during the past 20 years. The major determinants of high death rates among affected populations and the major priorities for action have also been identified. The provision of adequate food, clean water, sanitation, and shelter have been demonstrated to be more effective interventions than most medical programmes. The focus of emergency health programmes has shifted to community-based disease prevention, health promotion, nutritional rehabilitation, and epidemic preparedness, surveillance and control. Refugee health has developed into a specialized field of public health with its own particular technical policies, methods, and procedures.

The front-line field workers in emergency situations are usually volunteers working for a range of different international non-governmental organizations and local health professionals. They require knowledge and practical experience in a broad range of subjects, including food and nutrition, water and sanitation, public health surveillance, immunization, communicable disease control, epidemic management, and maternal and child health care. They should be able to conduct rapid needs assessments, establish public health programme priorities, work closely with affected communities, organize and manage health facilities and essential medical supplies, train local workers, coordinate with a complex array of relief organizations, monitor and evaluate the impact of their programmes, and efficiently manage scarce resources. In addition, they need to function effectively in a different cultural context and an often hostile and dangerous environment. Such skills are specific to emergencies and are not necessarily acquired in the average medical or nursing school.

When Médecins Sans Frontières published a manual 'Emergency care in catastrophic situations' in 1979, more than 75% of the contents were devoted to surgical and resuscitative procedures; the remainder covered epidemiology, nutrition, water & sanitation, and immunization. In subsequent years, technical manuals were published on a range of subjects covering diagnostic and treatment guidelines, nutrition, and environmental health. The comprehensive range of issues covered by '*Refugee Health*' reflects the lessons learned in the past two decades and illustrates the major shift in thinking that has occurred not just within the international MSF movement but within the general relief community. This is not a text-book but a guide for the relief worker which firmly places operational priorities in the context of today's complex humanitarian emergencies. It is a timely contribution to improving the quality, effectiveness, and sustainability of international emergency response efforts.

Michael J Toole
Vice-President of MSF Australia

Introduction

This book is a collective accomplishment of the different sections of Médecins Sans Frontières (MSF), and has been written to consolidate the broad experience of MSF in refugee programmes. It deals with refugees and internally displaced persons, and what a health agency can do to relieve their plight. It focuses on policies rather than on practical aspects, and is meant to act as a guide to decision-makers.

The terms 'refugee' and 'internally displaced person' have wide implications for the people concerned, particularly regarding their rights to protection and assistance, which are embedded in international law. Refugees have crossed an international border; internally displaced persons have not. The United Nation's High Commissioner for Refugees (UNHCR) is mandated by the international community to protect and assist refugees only; due to considerations of state sovereignty, the internally displaced have not been included within UNHCR's mandate. Only on an ad hoc basis has UNHCR been involved in the protection and assistance of the internally displaced, i.e. at the request of the state concerned or of the Secretary General of the United Nations. However, both groups have been forced to leave their homes and undergo physical or mental trauma before their departure or during their flight. They are then often forced to settle in an unhealthy environment, where they are unlikely to be in a position to take responsibility for their own welfare. A humanitarian health agency will try to obtain access to both groups, wherever they are, and the references to 'refugees' in the book should therefore usually be taken to indicate both categories.

The book is written from the perspective of a non-governmental health agency with a primary role in assistance, and protection as a secondary objective. It is intended to provide a public health perspective; the social, political and financial aspects are not dealt with here. Nevertheless, health care does not take place in a vacuum, and this is recognized in the two introductory chapters. The first covers the political implications of refugee situations and the role of the various agencies involved; the second focuses on the socio-cultural aspects of a refugee community.

More specifically, the book deals with health care during the emergency phase, when priority is given to actions that aim to prevent or reduce excess mortality. These intervention priorities have been labelled 'The ten top priorities'. This label proves to be a useful tool, providing a structure for the main part of the book and eventually serving as a kind of checklist during field operations. The basic assumption is that if all 10 priorities are properly addressed, excess mortality will be reduced.

In the post-emergency phase, a degree of stability has been reached, although the overall equilibrium is still fragile. Excess mortality is under control, but there remains a risk of the situation deteriorating. However, now is the time to draw up new plans, set new priorities and envisage some new programmes. This is all dealt with in Part III.

The final part of the book deals with issues related to repatriation and resettlement. An extended appendix then describes specific diseases that may be encountered during the emergency or post-emergency phases and aims to give guidance in what to do should an outbreak threaten, or actually occur.

Readers are encouraged to read the introductions to Parts II and III in order to have an overview of the book, and then decide which chapters might be the most useful to read at that particular moment. Many of the chapters are reference texts and are intended to stand on their own. Fuller technical details in regard to programme implementation can be found in the references which are appended to every chapter.

The book focuses attention on refugee health in camp situations but this does not mean that Médecins Sans Frontières favours the establishment of camps in refugee situations. Unfortunately, health agencies are often confronted with refugees who are already settled in a camp, for reasons beyond their control. Where refugees and internally displaced persons are somehow dispersed among the local population rather than living in camps, the basic principles described in this book do still apply, but will almost certainly have to be adapted to the particular situation.

Although this book deals with refugee and displaced persons, relief workers should be aware that the local population living in the area is also affected, and at several levels. On the one hand, the arrival of refugees in an environment where resources are limited brings up an additional burden on the local residents: competition for water, wood and farming land, drainage of health staff and negative environmental impacts have been regularly observed. However on the other hand, the resident population may also benefit from the relief programmes: they may receive direct aid (food ration, access to services) or they will benefit indirectly, from the larger availability of goods on the market, employment etc. The UNHCR has defined a policy for the 'refugee affected areas', and it is essential that relief agencies take this aspect into account when they provide aid to refugee populations. Specific issues related to the local population are tackled in several chapters of this book.