Health Needs of Displaced Populations

Overview

- Health needs to a varying degree, depend on the stage of an emergency
- Define the various stages of an emergency
- Discuss the appropriate health interventions at the various phases
- Explain how an intervention can find the necessary human resources for activities
- List the key issues related to supply of medications in emergencies
- Discuss environmental issues for displaced populations

CONFLICT

Immediate needs

- Post emergency
  - In conflict situations this phase can go on for years
- Immediate needs
  - 11.6 million refugees have been displaced for more than 10 years; 4.1 m for > 20 years.
- Longer term needs

Longer term needs

- In conflict situations this phase can go on for years
- Immediate needs
- Longer term needs

Immediate needs

- Post emergency
  - In conflict situations this phase can go on for years
- Immediate needs
- Longer term needs

Longer term needs

- In conflict situations this phase can go on for years
- Immediate needs
- Longer term needs

Immediate needs

- Disaster
  - Fresh graves, Kurdistan
- Immediate needs
- Longer term needs

Phases of an emergency depend

- The division between emergency and post emergency phase depend on death rates—and measuring these is hard
Estimating death rates

Health needs vary with the phase of the emergency.

Phases determined by death rates

Emergency phase or the post emergency phase?

- 1 death/10,000 persons/day a traditional and misused divider for emergency/post emergency phases
- Actual criteria is >twice baseline mortality rates (if known) 1/10,000/day if not known
- Death rates all over the world have fallen so the 2x is valid but not the 1/10,000/day

What are public health needs?

- Security
- PHC and referral care
- Maternal & Child Health
- Mental Health & Reproductive Health
- Chronic diseases
- Water & Sanitation
- Food and Nutrition
- Shelter and Environment
- Information Management
- Surveillance for communicable diseases

What are public health needs?

<table>
<thead>
<tr>
<th>Immediate needs</th>
<th>Long-term needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security</td>
<td></td>
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<tr>
<td>PHC and referral care</td>
<td></td>
</tr>
<tr>
<td>Maternal &amp; Child Health</td>
<td></td>
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<tr>
<td>Mental Health &amp; Reproductive Health</td>
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<tr>
<td>Chronic diseases</td>
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<tr>
<td>Water &amp; Sanitation</td>
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<tr>
<td>Food and Nutrition</td>
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<tr>
<td>Shelter and Environment</td>
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<tr>
<td>Information Management</td>
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<tr>
<td>Surveillance for communicable diseases</td>
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</tbody>
</table>

Health needs in each phase

- Priorities vary with the stages

Health needs in each phase

- Priorities vary with the stages

Emergency phase

Syrians flooding to Lebanon
Health needs in each phase

- Priorities vary with the stages
  - Post emergency phase
  - Repatriation and rehabilitation phase
  - Recovery and return to development phase

Where will care be provided?

Security

- Few services can be provided in an insecure environment—how to function with insecurity is a challenge
- The capacity to carry out work without limitations is called “The Humanitarian Space”

Curative services without public health measures proves futile

- Malnutrition
- Diarrhea
- Measles
- Pneumonia
- Scabies
- Intestinal parasites
- TB
- STIs
- Polluted water
- Insufficient water
- Inadequate food
- Unhealthy environs
- Overcrowding
- Insecurity
- Heat or cold

Health care provisions changes with the phases of an emergency

- When are services to be provided
- When to consider chronic disease?
- When to expand HIV programs?
- Consider physical disabilities?
- Opportunity to involve more displaced in provision of services—Community Health Workers expanded
- Improve technical services as time passes
- Add or strengthen laboratory services
- Expand health information system
- Harmonize treatment protocols with the host country

Health care provisions changes with the phases of an emergency

- Improve technical services as time passes
- Add or strengthen laboratory services
- Expand health information system, use field data
- Harmonize treatment protocols with the host country
1. Child Health

**Essential services**

**Emergency phase**
- Nutrition
- Urgent attention to rations
- Immunization programs
- Measles or EPI?
- Treatment of childhood illness

Using standard protocols such as IMCI or host govt protocols
- Malaria measures

**Post Emergency phase**
- Full EPI program
- Immunize older children
- Health promotion
- Micronutrient supplementation
- Primary school education
- Extend types of health services available
- Mental health for children

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2. General curative care

**Adults and children**

**Emergency Phase**
- Common diseases
- Setting priorities for which ones will receive resources
- Trauma and fractures
- Develop epidemic preparedness program
- Starting community health programming

**Post emergency phase**
- Chronic diseases
- tuberculosis, asthma, hypertension, heart failure
- In mid-level development countries
- diabetes, hypertension, heart disease, arthritis
- Referral services
- Better access to drugs and services

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**Chronic conditions Iraq refugees**

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
<td>Poor</td>
<td>Good</td>
</tr>
<tr>
<td>Hypertension</td>
<td>20%</td>
<td>13%</td>
<td>59%</td>
</tr>
<tr>
<td>Bone &amp; Joint Conditions</td>
<td>17%</td>
<td>23%</td>
<td>59%</td>
</tr>
<tr>
<td>Blood Diseases</td>
<td>13%</td>
<td>21%</td>
<td>63%</td>
</tr>
<tr>
<td>Eye Conditions</td>
<td>13%</td>
<td>20%</td>
<td>58%</td>
</tr>
<tr>
<td>Lung Conditions</td>
<td>10%</td>
<td>14%</td>
<td>63%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>8%</td>
<td>9%</td>
<td>64%</td>
</tr>
<tr>
<td>Digestive Tract Conditions</td>
<td>8%</td>
<td>23%</td>
<td>57%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>8%</td>
<td>15%</td>
<td>56%</td>
</tr>
</tbody>
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3. Reproductive Health services

**Emergency phase**
- Minimal Initial Service Package (MISP)
- Family planning
- Emergency contraception
- Condom availability
- Care during pregnancy
- Treatment of STIs

**Post Emergency phase**
- Full family planning to include emergency contraception
- Delivery services
- HIV prevention programs--Behavior change programs
- Testing and counselling
- Prevention of gender-based violence

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**Maternal Child Health (MCH) always a priority**

**In post-emergency phase**
- Full antenatal services
- Delivery services facilities or SBA
- Post partum clinics

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**Demands for trauma treatment may be for only in the emergency phase, or for much longer**

Options are to strengthen existing trauma care or to establish temporary field hospitals

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**http://iawg.net/minimum-initial-service-package/**
Safe Motherhood Program Activities

Emergency phase
- Clean delivery kits
- Midwife delivery kits
- Initiate the establishment of referrals for EOC

Post emergency phase
- Prenatal care
- Delivery care
- Postpartum care

HIV/AIDS
- Many population displacements occur where HIV is common
- Upheaval of societies brings with it behavior change
- Sometimes large increases in sexual violence
- Increased STIs in displaced populations increases risks
- Many populations are displaced away from high prevalence areas
- Populations may be “quarantined” from HIV
- Displaced are not automatically at increased HIV risk
  - But disruption of HIV treatment programs does put people at risk

Change in practices

<table>
<thead>
<tr>
<th>Men with &gt;1 partner</th>
<th>0 months</th>
<th>12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>12%</td>
<td>23%</td>
</tr>
</tbody>
</table>

| Change in sexual partner in past year | 0 months | 12 months |
| Percent                              | 23%      | 38%      |

Change in sexual partner in past year

HIV program Benaco camp Tanzania

% Female headed households

<table>
<thead>
<tr>
<th>Percent</th>
<th>0 months</th>
<th>12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>11%</td>
<td>19%</td>
<td></td>
</tr>
</tbody>
</table>

Women sexually active

<table>
<thead>
<tr>
<th>Percent</th>
<th>0 months</th>
<th>12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>79%</td>
<td>87%</td>
<td></td>
</tr>
</tbody>
</table>

Women with >1 partner

<table>
<thead>
<tr>
<th>Percent</th>
<th>0 months</th>
<th>12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>2%</td>
<td>16%</td>
<td></td>
</tr>
</tbody>
</table>

Other health conditions

Post emergency phase
- Physical disabilities
- Polio
- Land mines
- Other injuries
- Mental Health conditions
- Epilepsy
- Fistulae among women

4. Provide resources to meet psychosocial needs

- Most important tool in addressing psychological stress is restoration of normalcy
- Trauma counselling increasingly part of health services
- Pre-existing psychosis common 1-3% of population
- Depression, extremely common in all cultures (not psychosis)
- Depression is particularly a risk in vulnerable groups such as
  - Unaccompanied minors
  - Child headed households
- Single-headed households—especially female-headed households
- Goal is to restore function, not just eliminate symptoms
- These interventions lack evidence of effectiveness
**Psychosocial Needs**

**Emergency phase**
- Little opportunity for direct services
- Help populations return to normalcy
- Psychological first aid
- Treat related conditions

**Post emergency phase**
- Limited treatment with psychotropic drugs for psychoses
- Treatment of minor neurosis
- May be major problems with depression and/or PTSD
- Managing ex-child soldiers

**Witnessing events in Uganda**

<table>
<thead>
<tr>
<th>Event</th>
<th>Ever</th>
<th>Past year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Witnessed an abduction</td>
<td>61.2%</td>
<td>32.3%</td>
</tr>
<tr>
<td>Witnessed beatings or torture</td>
<td>66.8%</td>
<td>31.5%</td>
</tr>
<tr>
<td>Saw forced prostitution</td>
<td>45.0%</td>
<td>29.6%</td>
</tr>
<tr>
<td>Saw harassment by military</td>
<td>63.9%</td>
<td>27.4%</td>
</tr>
<tr>
<td>Saw someone murdered</td>
<td>55.2%</td>
<td>33.1%</td>
</tr>
<tr>
<td>Saw a rape occur</td>
<td>48.1%</td>
<td>27.9%</td>
</tr>
</tbody>
</table>

**Number of traumatic events**

<table>
<thead>
<tr>
<th>Traumatic events (number)</th>
<th>Refugees</th>
<th>Ugandan Hosts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experienced in past year</td>
<td>1.7</td>
<td>0.6</td>
</tr>
<tr>
<td>Experienced ever</td>
<td>3.7</td>
<td>2.6</td>
</tr>
<tr>
<td>Witnessed in past year</td>
<td>2.8</td>
<td>1.1</td>
</tr>
<tr>
<td>Witnessed ever</td>
<td>6.2</td>
<td>2.6</td>
</tr>
</tbody>
</table>

**5. Other urgent activities**

- Reception of new arrivals
  - May be poorly nourished or injured from flight
  - Often multiple infections, malaria common
  - Children may be at risk for measles, polio, worms
- Tracing missing family members
  - Unaccompanied children have a very high mortality rate
  - It is easy for them to become separated in flight

**6. Other preventive services**

Mostly post-emergency phase
- Vector borne diseases, malaria, leishmaniasis, etc
- Animal borne diseases such as rabies
- Physical protection
  - Protection against sexual and domestic violence
  - Intimidation—organized crime
  - Military conscription
- Food inspection
- Health education in schools.
7. Other services—managing animals

- Displaced may bring own animals
- These may be a priority to the local population

Promoting health

- Post emergency phase is an opportunity for education
- An opportunity to fully develop health promotion
- A chance to prepare displaced populations for return

8. Environmental health

Emergency Phase
- Adequate volume water
- Quality—minimal level
- Temp distribution systems
- Defecation fields
- Plastic sheeting shelters
- Temporary location perhaps

Post Emergency Phase
- Access improved
- Good quality water
- Low maintenance distribution systems
- Pit latrines
- Shelter more permanent
- Concern for deforestation

Sanitation

Emergency Phase
- Adequate volume water
- Quality—minimal level
- Temp distribution systems
- Defecation fields
- Plastic sheeting shelters
- Temporary location perhaps

Post Emergency Phase
- Access improved
- Good quality water
- Low maintenance distribution systems
- Pit latrines
- Shelter more permanent
- Settled location, with garden space

Shelter

Emergency Phase
- Perhaps

Post Emergency Phase
- Perhaps

Need for fuel

Limit of deforestation
9. Nutrition activities

**Emergency Phase**
- Priorities
- General rations-basic
- Prevent nutritional status from slipping
- Decision on therapeutic and supplemental feeding
- Access to vulnerables
- Food vouchers

**Post emergency phase**
- What has gotten missed?
- Strengthen rations and supply pipeline
- Cash vouchers considered
- Monitor U5 nutritional status
- Improve selective feeding
- Micronutrient programs

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**Food and nutrition**

- What is the nutritional status of the population?
  - Initial assessment in the emergency phase
  - Post-emergency phase is the time to reassess
  - Can we lessen demands for commodities-switch to cash or vouchers
- Are all vulnerable groups being reached?
  - Elderly are often missed
- Evaluate the supplemental feeding needs
- Micronutrient supplementation should be functioning well

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**Reassess nutrition status**

- Is malnutrition an emergency problem?
  - In the post-emergency phase is malnutrition now under control?
  - Are people getting their share of food distributed?

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**10. Information systems**

**Emergency phase**
- Simple collection of information—priority diseases of public health importance
- This is an urgent early step—linked to a surveillance system
- Short feed-back loop so information can be shared quickly
- A major purpose is to detect outbreaks and institute measures

**Post emergency phase**
- Information system matures
- Captures more conditions
- Focuses more on quality of services
- Can follow lab results for some conditions of interest
- Can estimate rates based on better estimation of denominators using census data
- Data issues in a Weekly Epidemiological Bulletin

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**Estimated population size**
- Estimated population distribution by site
- Some idea of age and sex distribution

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**Sudanese refugees, Chad**
Methods of acquiring denominators

- Estimated population size
- Estimated population distribution by sites within a settlement
- Using some ground truthing, the number of unoccupied shelters and an estimate of household size and age and sex distribution can help estimate settlement size

Surveillance systems

- Surveillance systems should be set up to warn of potentially epidemic conditions or unusual diseases or population movement
- Can use basic health facilities
- Sometimes laboratory results are important sentinels
- Change in malaria rates
- Appearance of meningococcal meningitis
- Change in drug sensitivity to bacillary dysentery
- Hospitals with the capacity for advance diagnosis are good sites
- Certain conditions will almost always end up there, if they enter the health system

Conclusions

- The Emergency phase may be short
- The post-emergency phase lasts much longer
- Services must become more efficient as budgets always decrease as the time extends
- The post-emergency phase offers a chance to
  - Strengthen existing services
  - Develop second priority level activities
  - Promote healthy practices among those affected
  - Plan for public health services post disaster