

Forced migration and health systems: a proposal for a new approach

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ReBUILD
FOR RESILIENCE



AMERICAN
UNIVERSITY
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**The white sun sets behind the mountains,
and the Yellow River flows into the sea.
To see a thousand-mile view,
go up another floor.**

Climbing the White Stork Tower,
by Wang Zhihuan (688-742)

What does 'going up another floor' imply for humanitarian response system analysis?

To see further and clearer, a higher and broader point of view is needed. Hence, a multiple-shift of focus is recommended

For Public Health (and forced migration), it means:

- from **state** to **society/people**
- from **within borders** to **across borders**
- from healthcare **supply** to **demand**
 - from **official** to **informal**
 - from **parallel** to **integrated**

Forced migration terminology matters

- **Refugees**
- People in refugee-like situation
- **Asylum-seekers**
- Other people in need of international protection
- **Internally displaced persons (IDPs)**
- People in an IDP-like situation
- **Stateless**
- Other groups or persons of concern

Migration terminology matters

Failure to employ correct terminology has consequences beyond semantics

- Migration crisis
- Legal/illegal (displaced population)
- Trafficking/smuggling
 - Trafficking requires intent to exploit a victim
 - Smuggling involves the illegal crossing of a border

110 MILLION

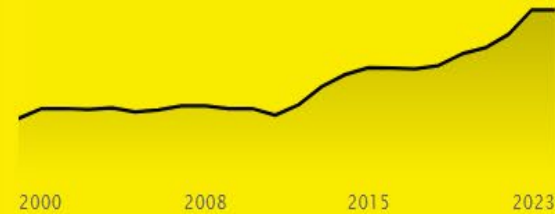
Forcibly displaced people worldwide

at mid-2023 as a result of persecution, conflict, violence, human rights violations or events seriously disturbing public order.



62.5 MILLION

are internally displaced people (Source: IDMC, as of end-2022)



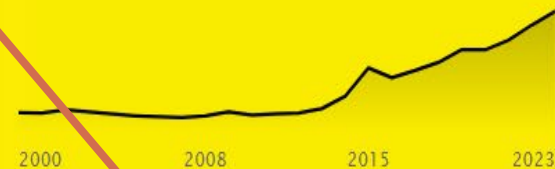
36.4 MILLION

are refugees



6.1 MILLION

are asylum-seekers



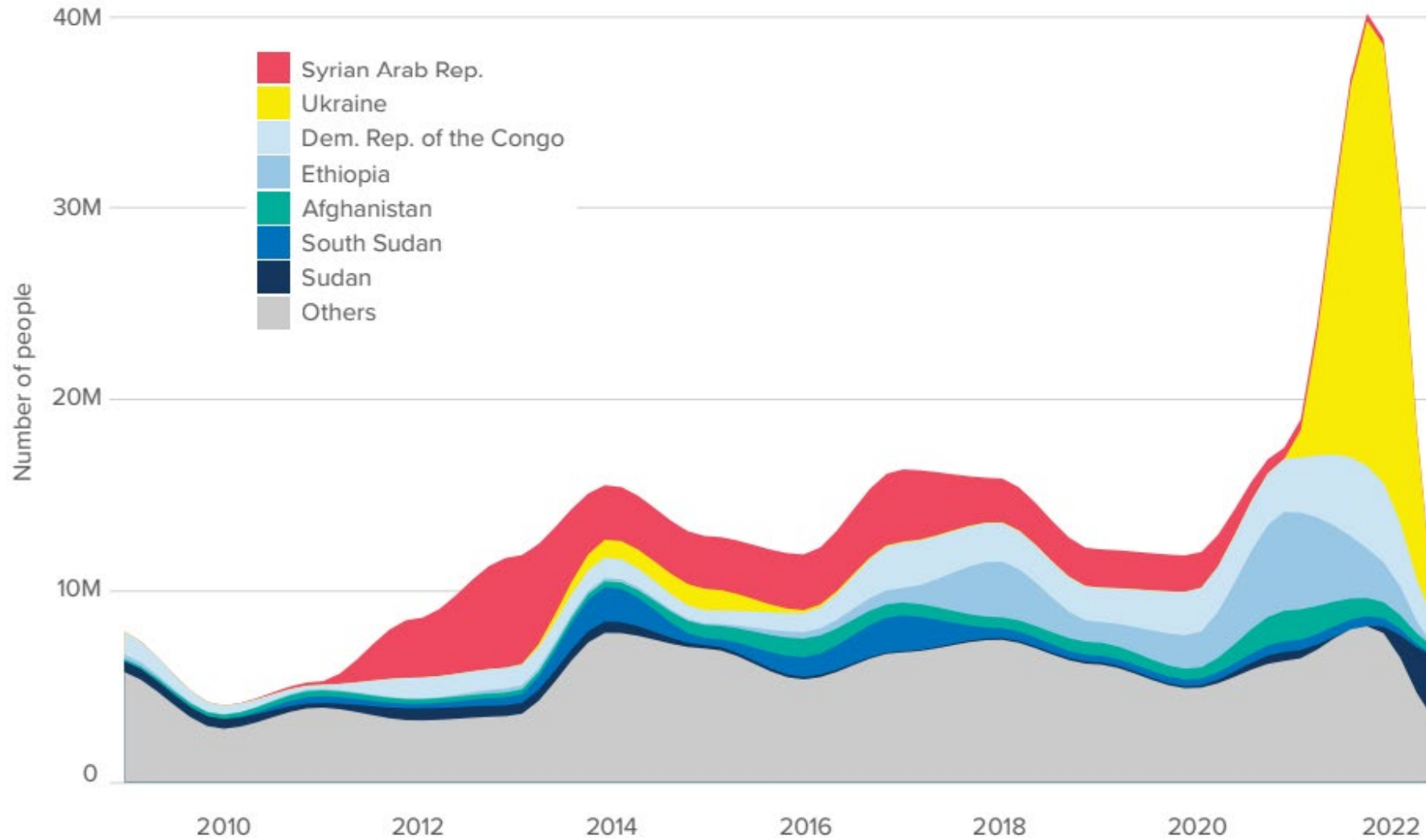
5.3 MILLION

are other people in need of international protection

In one year, it grew by 21%

- War in Ukraine
- Sudan
- *But before the current war in Gaza*

Figure 1 | **New internal displacements and people forced to flee across borders by country of origin | 2009 – mid-2023¹²**



Top 3 Countries of Origin for Refugees



52%

of all refugees and other people in need of international protection came from just three countries

- ### Syrian refugees
- 1:5 refugees globally
 - Hosted in 131 countries
 - 75% in neighboring countries

- ### Afghani refugees
- 9:10 in Iran

- ### Ukrainian refugees
- Fastest displacement crisis since World War II

Who are refugees?



35.3 million

refugees displaced across borders



41%

of all displaced people are children but they only make up 30% of the world's population



87%

of people forcibly displaced across borders originated from just ten countries

51%



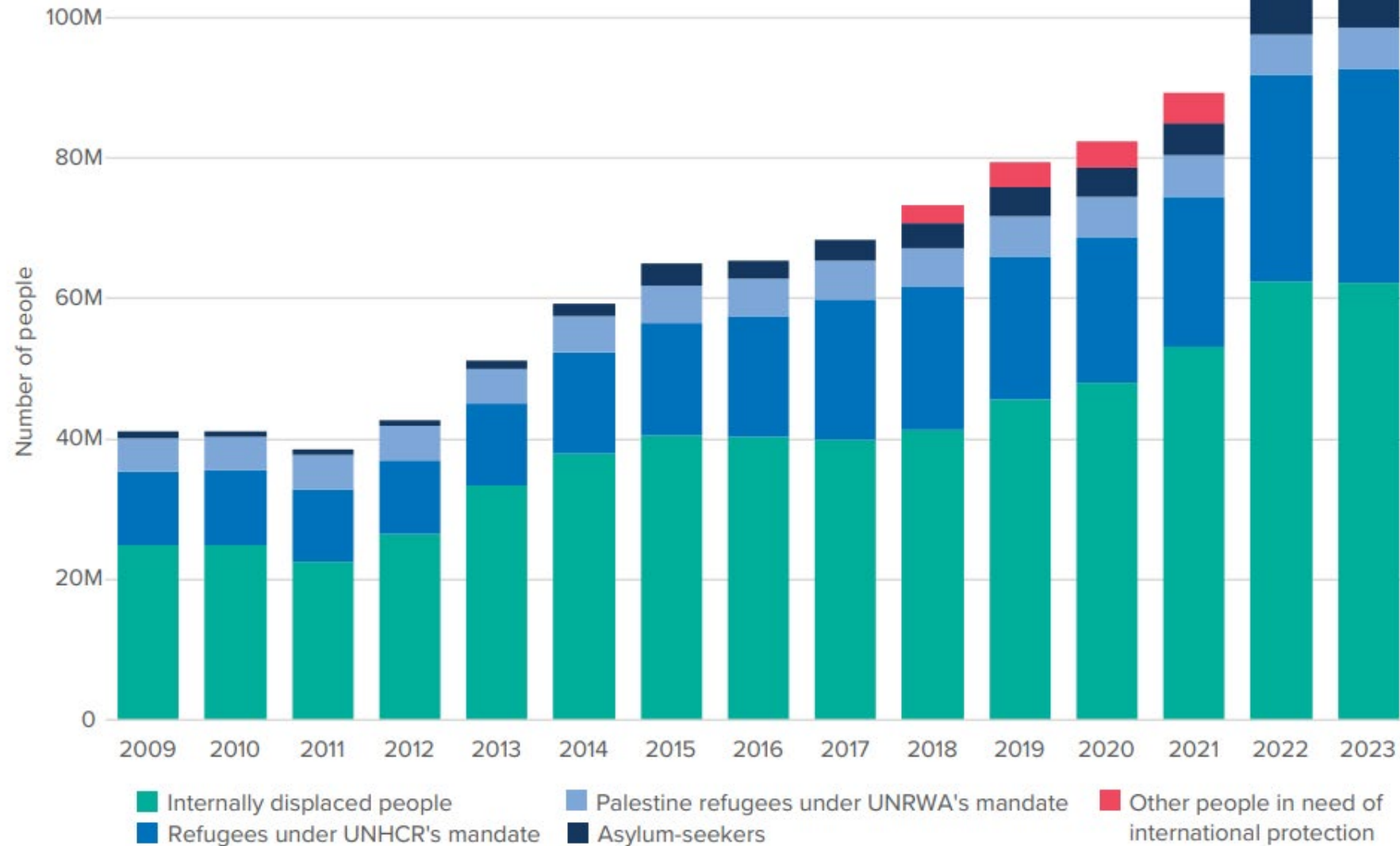
of displaced people are women and girls

1.9 million

children born as refugees between 2018-2022



Figure 2 | People forced to flee | 2009 – mid-2023²²



The framework of humanitarian aid system

Built on experiences of refugees living:

- In camps
- In low-income and less developed countries (communicable, maternal, nutritional, and newborn diseases are prevalent)
- Respond by straightforward interventions: antibiotics, vaccinations, nutritional supplements, etc...
(Cavallo 2016)
- Parallel to the national mainstream HS
- Ignoring the political determinants

New pattern of Forced Displacement

Protracted/Unsolved

- “25,000 or more refugees from the same nationality **have been in exile for at least five** consecutive years in a given host country. ”
- **74% of refugees** (UNHCR, 2021)

Massive demographic changes (short time) - *the fluidity of borders*

- Gaza, Ukraine, Sudan, Rohingya, Syria

Urban settlement

- More than 60% of refugees and 80% of IDPs live in cities and urban areas

Middle-income countries

- Different expectations (Health needs, education, etc...)
- Ukraine, Syria, Venezuela, Myanmar, Iraq, Lebanon,...

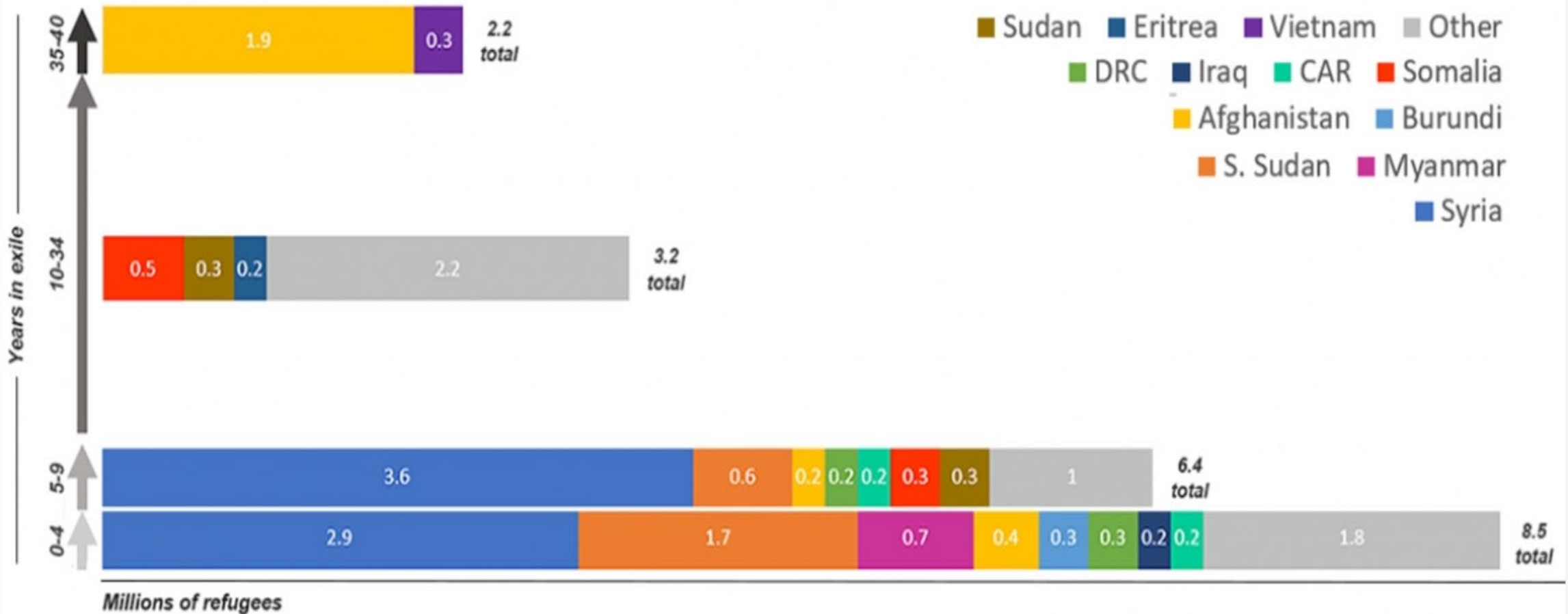
Militarization and politicization of all services (*including health*)

- By 30 November, the WHO documented **427 attacks** on healthcare in the West Bank and Gaza Strip, resulting in **566 fatalities** and 758 injuries (WHO, 2023)
- 1004 WHO-verified attacks over the 15 months in Ukraine, have claimed at least 101 lives, including of health workers and patient

Protracted Displacement

(under the mandate of UNHCR)

Number of Refugees by Years in Exile - at end of 2018



Data source: Global Trends 2018, UNHCR ~ Analysis: World Bank

Palestine Refugees - 1948



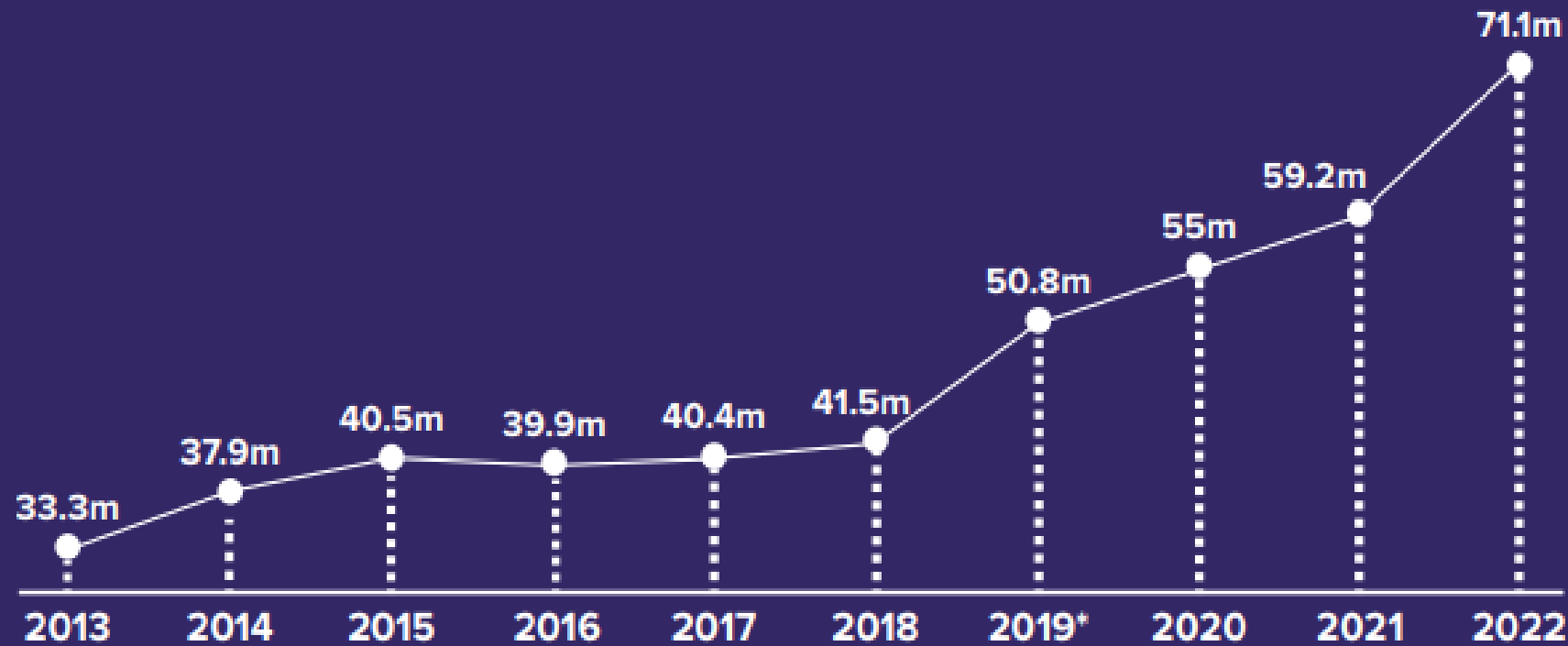
EXILE WITHOUT END

PALESTINIANS IN LEBANON

A PORTRAIT OF SHATILA, A PALESTINIAN REFUGEE CAMP IN BEIRUT BUILT IN THE WAKE OF THE 1948 ARAB-ISRAELI WAR WHERE THOUSANDS OF PEOPLE STILL LIVE TODAY. TAKE A JOURNEY THROUGH THE CAMP, AND SEE WHAT LIFE IS LIKE FOR THESE FORGOTTEN REFUGEES LEFT STATELESS BY A DECADES-OLD CONFLICT.

ENTER

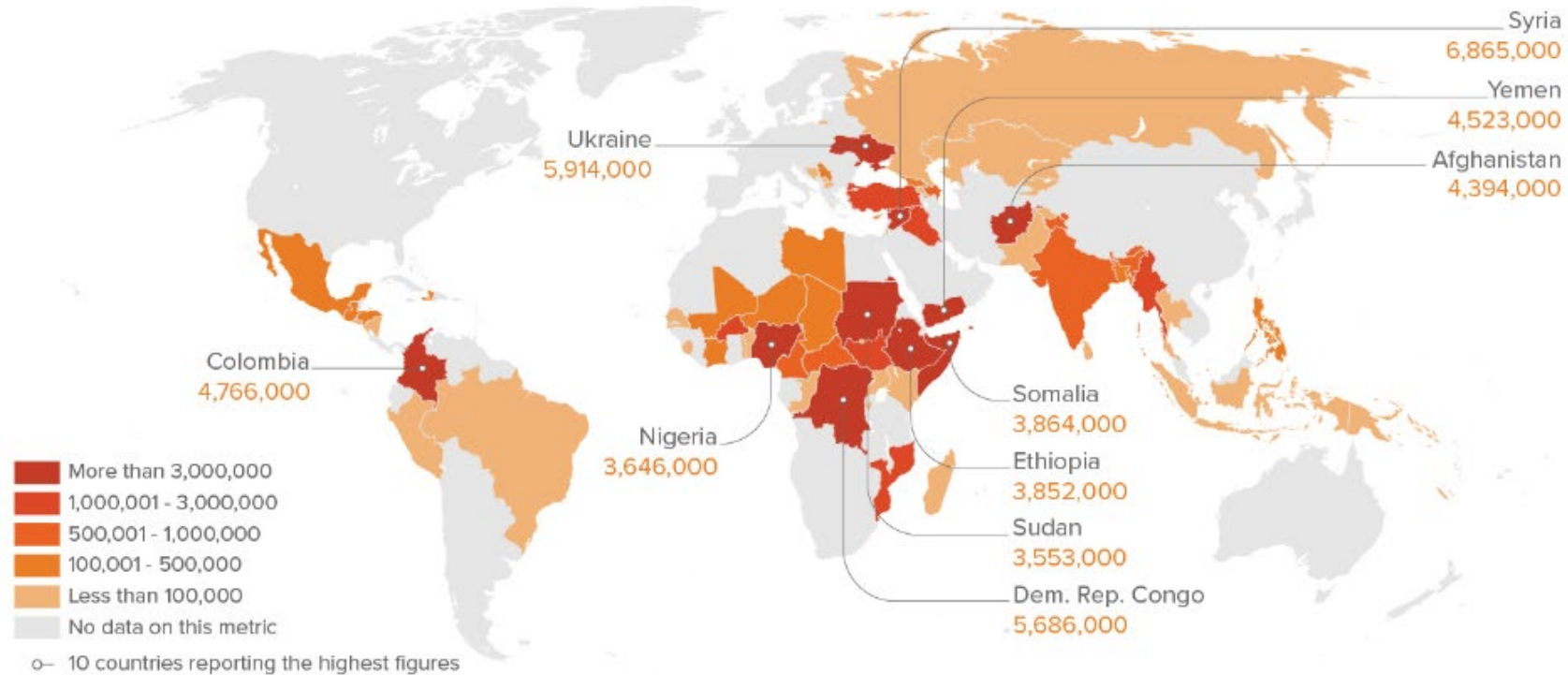
The number of IDPs continues to rise



The number of people living in internal displacement reached a record high of 71.1 million people across 110 countries and territories

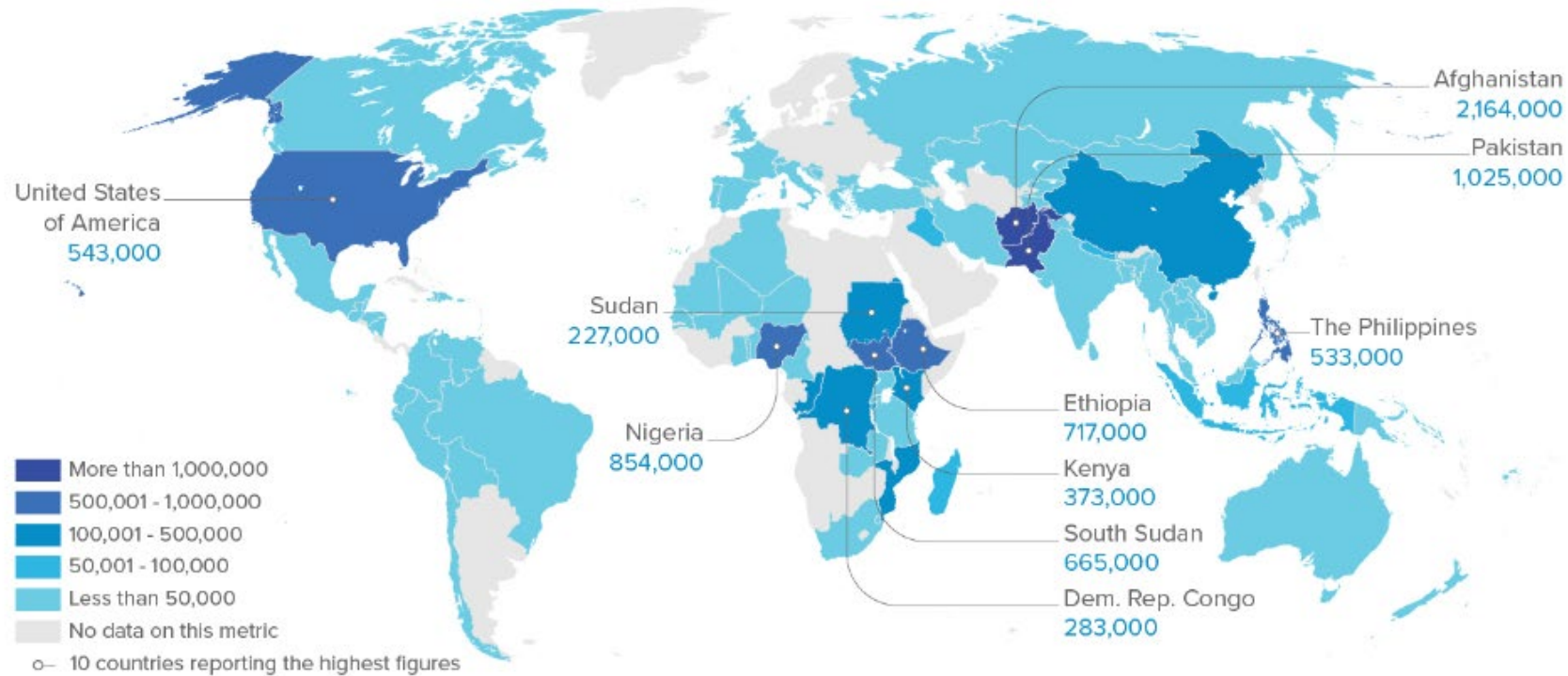
Total number of IDPs in millions
**First year disaster data is available*

Total number of IDPs by conflict and violence as of 31 December 2022



62.5 Million people living in displacement as a result of conflict and violence in **65** countries and territories as of **31 December 2022**

Total number of IDPs by disasters as of 31 December 2022



8.7 Million people living in displacement as a result of disasters in **88** countries and territories as of **31 December 2022**

IDPs' health

Key biases in the literature

- Peer-reviewed research more on **refugees than IDPs**, but also encamped IDP populations rather than those **settled** in local communities
- More on IDPs driven by **violence and conflict** compared to those in other contexts (**disasters, climate changes,...**)
- IDP health research also tends to focus heavily on **mental health** (PTSD), depression and anxiety, when compared to **other health outcomes**.

Biases in funding

- Refugees receive over five times more international aid than IDPs
- Of the 28 projects funded by GCRF/UK only 3 explore IDPs

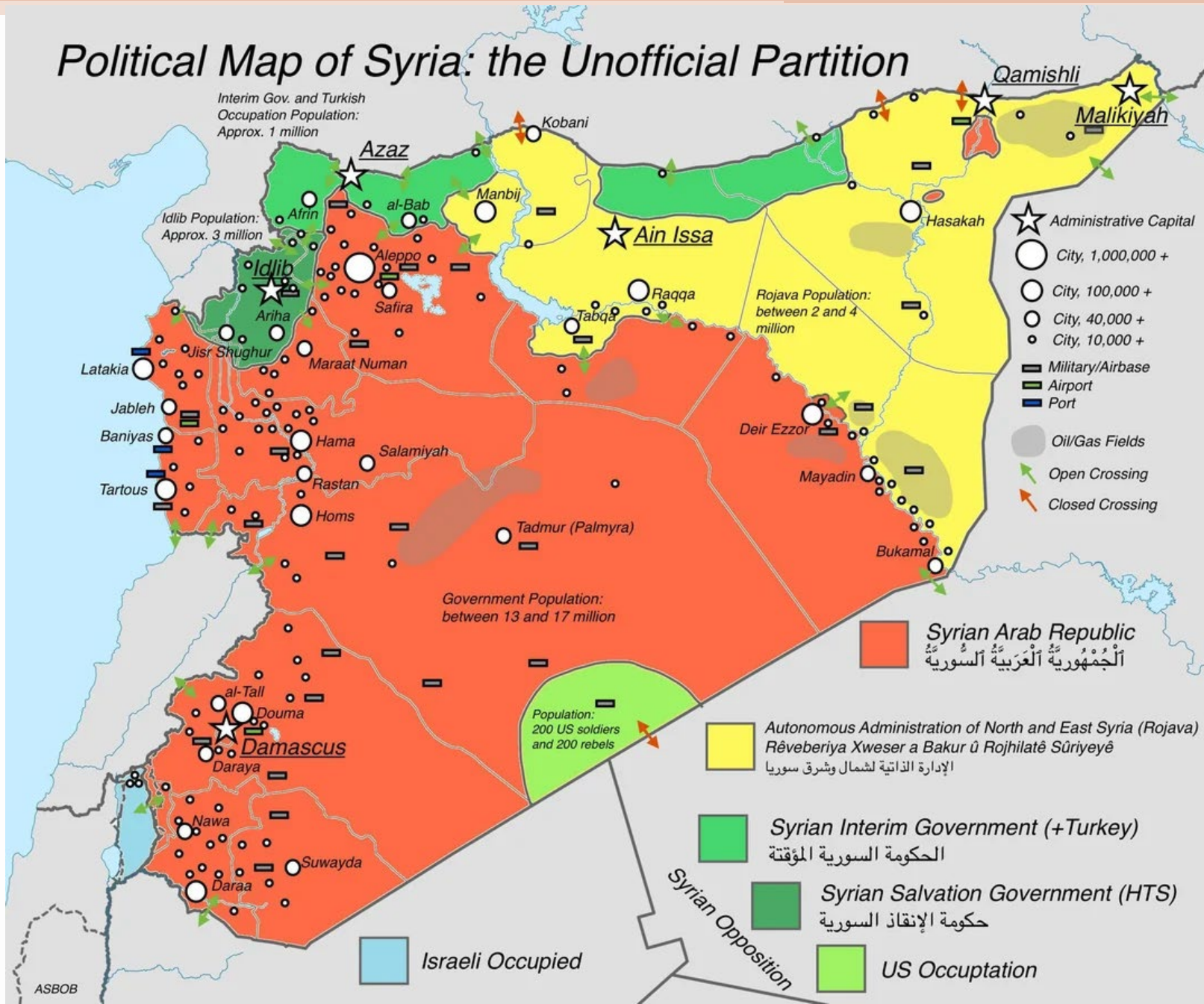
Framing internal displacement and its health impact

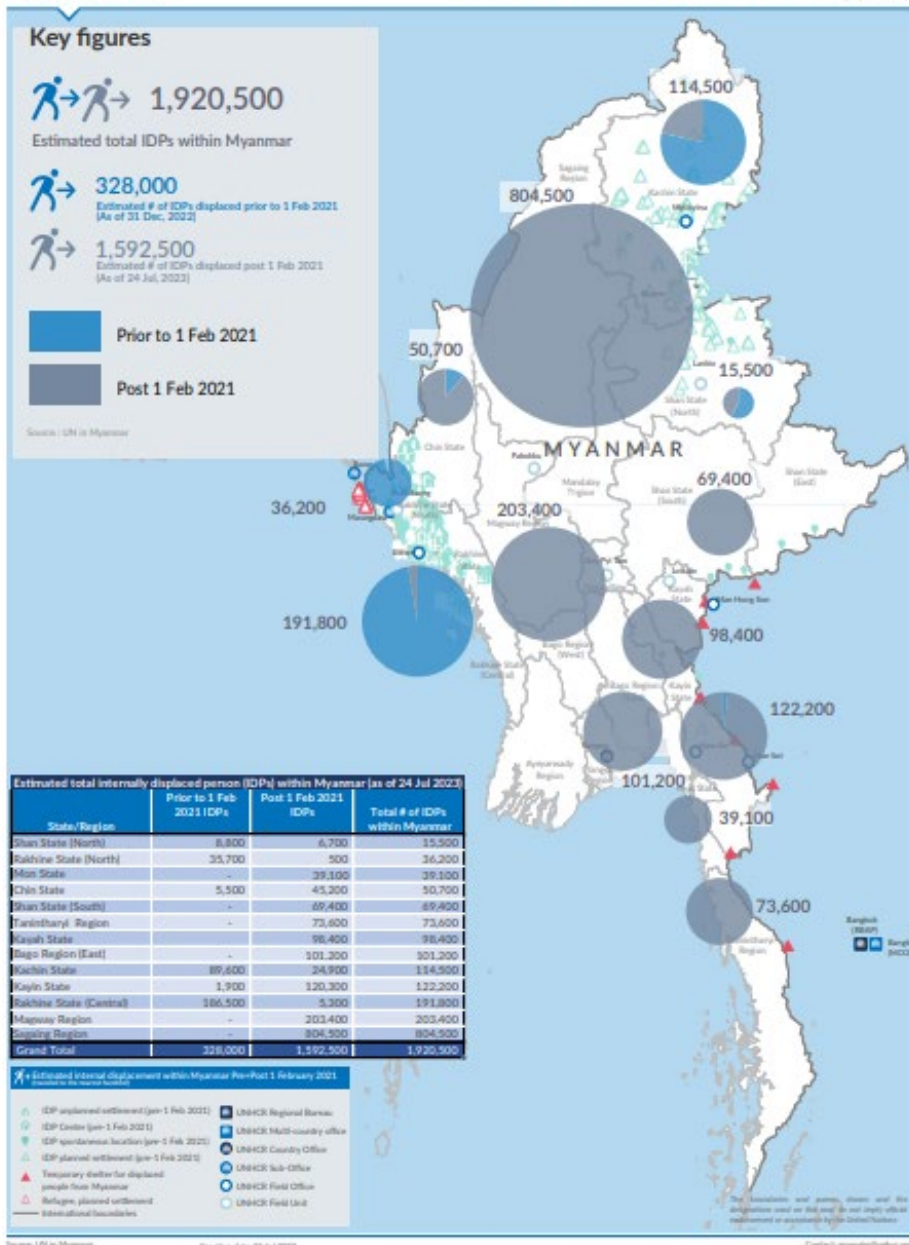
Whilst refugees can be found in both HICs and LMICs, by 2020 90% of conflict-affected IDPs were located in LMICs

- Diversity of IDPs and the **variety of contexts** in which they live (Definition: who are “really” IDPs)
- IDPs seem to be drawn principally from relatively **poor and marginalised zones**
- Although **most IDPs have been displaced only once, repeated displacements are also not uncommon** in some countries due to the ongoing risk of violence and poor living conditions during displacement
- Compared to other populations, **IDPs experience significantly worse poverty** and labor market outcomes.
- **IDPs also experience greater rates of illness and death** than the baseline in their country

- More research is required to better understand differential health outcomes between IDP and host populations (and also within IDP populations)
- **Not all IDPs are the same**

Political Map of Syria: the Unofficial Partition






Military situation as of early 2022: *[needs update]*

- State Administration Council (Tatmadaw and allies)
- Joint control between the SAC and EAOs in a ceasefire agreement
- National Unity Government (PDF and allies)
- Contested

Health System Framework for Forced Migrants

(People on the Move)

- Often described as being defined by political and geographical boundaries
 - Health system framings describe the users of health services as citizens
 - The right of service users to demand accountability for government provision and oversight of health services
- 

However...

- this framing lacks an explicit acknowledgement of how these rights may diverge from that of the non-citizens living within or travelling through a jurisdiction

Holzscheiter, A. (2018).

WHO framework

SYSTEM BUILDING BLOCKS



ACCESS
COVERAGE



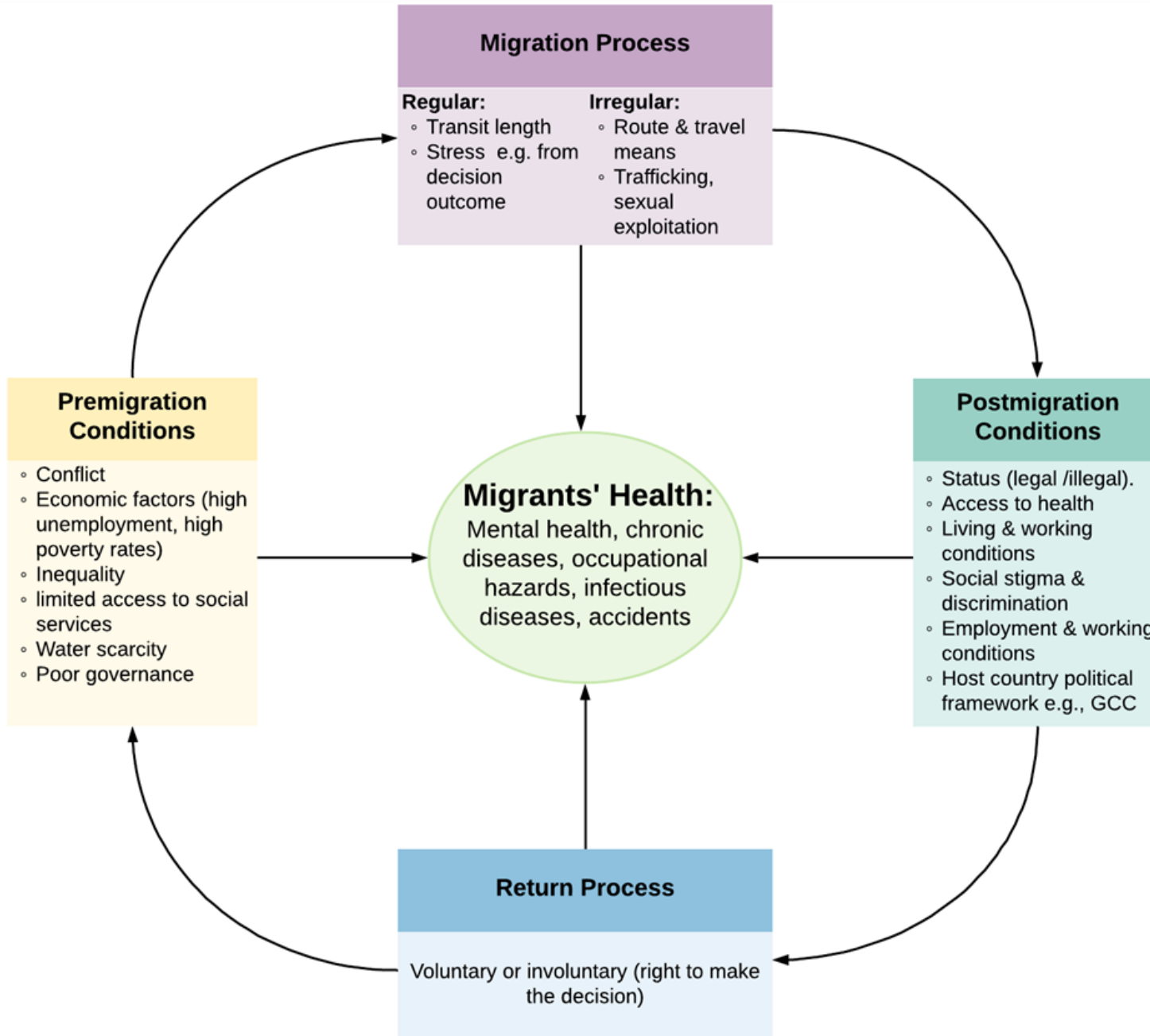
QUALITY
SAFETY

OVERALL GOALS / OUTCOMES



THE SIX BUILDING BLOCKS OF A HEALTH SYSTEM: AIMS AND DESIRABLE ATTRIBUTES

- Health system frameworks have NOT included the conceptual space within which **the issue of migration and the contextual determinants of migrants' access to health systems** may be explored
- They ignore the **dynamic flow of people within and between jurisdictions**, and the needs that arise because of such mobility, with potentially harmful consequences for the health of populations
- Effectiveness, legitimacy, and sustainability



Conceptual Framework: Migration a Social Determinant of Health

- The health of migrants depends on the condition of their home country; the conditions on their journey; and the conditions upon arrival to their destination.
- In each of these phases, migration is both a result and a driver of Social Determinants of Health.

To analyse how health systems may be influenced by mobility, and how mobility may influence health systems.

Systems without borders

People-on-the-move

Rethinking health systems frameworks in times of forced migration
and protracted crises

**Healthcare for
people-on-the-move raises
an essential question on the
current HS framework**



Adapted version of the WHO
building blocks framework

People-centred access to health systems

	Supply side	Demand side
Geographic context	Availability of <u>services in the form of the physical proximity of service delivery points</u> to affected communities or outreach services to them	Ability of individuals and communities to reach service delivery points, concerning transport, mobility, terrain, ...and <u>legal status</u>
Socio-economic context	Affordability as influenced by the <u>level of user fees</u> Financial protection in the form of <u>insurance or subsidized services</u>	Ability of individuals to pay, concerning the <u>level of income among migrants and their level of access to financial protection schemes</u>
Institutional context	Acceptability of services as influenced by <u>professional norms and values governing service providers</u>	Ability of individuals/communities to <u>seek service</u> as determined by social norms and values among migrants and people of the host community, and access to legal recourse if denied services or poorly served

A conceptual framework to examine the different factors influencing the integration of refugee into national health systems and the inter-relationships among various levels



Future priorities/research

Humanitarian Architecture and Newly Conceptualized Humanitarian System

- Governance, Integration, Cross borders, Multidiscipline (political-economy, history, social,..)
- Funding mechanisms, Measuring success/failure
- From accountability to donors to accountability to affected populations

Localization and Decolonization

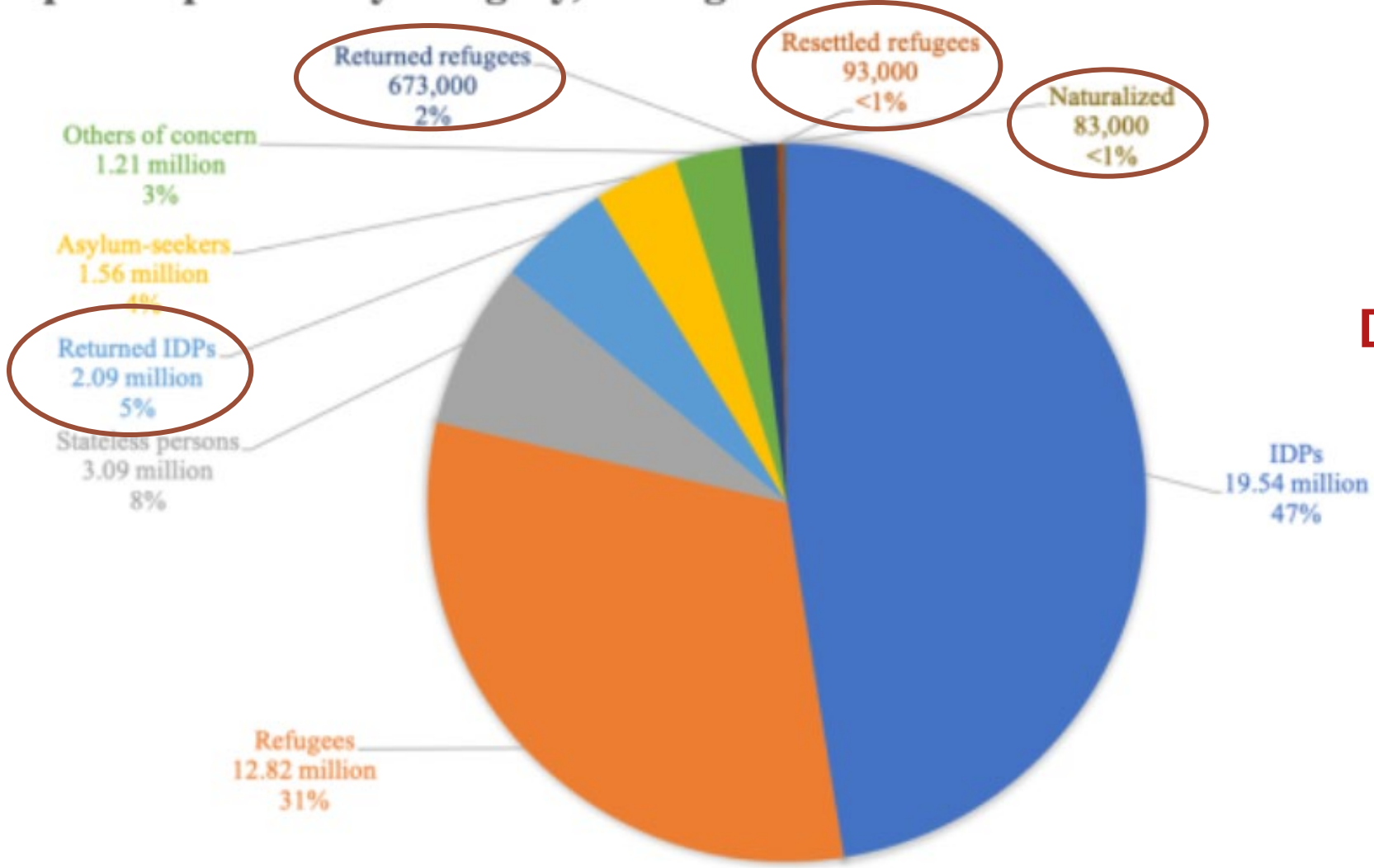
- Representation and voices, localized ways of learning and doing things
- Labeling, existing power dynamics, privileges, politics, and systemic inequality

Research Methods

- Innovation in methods that apply to **protracted** crises and **mobile** populations
- Incorporate more localized and participatory approaches into research design (**Humanising research**)
- A **pluralistic approach** to evidence and **communities** and a **survivor-centred** approach, moving beyond the public health framework.
- Power dynamics and the hierarchy of knowledge

- The role of Technology and Artificial Intelligence (AI)
- Climate changes and climate refugees
- Humanitarian Principles, International Humanitarian Law (IHL) Refugee Convention (Definitions)
 - HPs: are they the same across cultures and political contexts?
 - Whether the current system and international actors are abiding by this principle (political agendas)
 - The principles were written for humanitarian actors, yet the focus should shift to the affected population
- Humanitarian Development peace Nexus (HDpN)
- Durable Solutions

Displaced persons by category, average 2000-2019



Durable solutions (UNHCR)

1. Voluntary return
2. Resettlement
3. Local Integration

A pie chart showing proportions of displaced persons by category (average 2000-2019). Data from UNHCR.

Enforced disappearances and forced displacement

- Knowledge gap on how intersecting experiences affect the well-being of the FD population
- The main affected are women (ambiguous loss)
 - Supporting the psychosocial and mental well-being of displaced Syrian women dealing with ambiguous loss (SUPPSAL)

Allostatic Load as a measure of collective transgenerational trauma and its Impact on Non-Communicable Diseases among FD



Thank you