

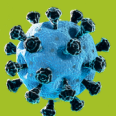
THE *LANCET* COVID-19 COMMISSION
TASK FORCE ON HUMANITARIAN RELIEF,
SOCIAL PROTECTION & VULNERABLE GROUPS

**Policy and Practice
Recommendations for the
Pandemic and Post-COVID
Era for Forcibly Displaced
Populations**

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The following report has been posted online by the Commission Secretariat, and has not been peer-reviewed or published in *The Lancet*, nor in any other journal. This reports intends to bring together expert views on key topics as the COVID-19 pandemic unfolds.

OVERVIEW

Refugees, asylum seekers, stateless people, and internally displaced persons (IDPs) face serious health and social consequences due to conditions that put them at risk, such as limited access to safe housing, sufficient and nutritional food, safe workplaces, water, sanitation, health care, clean energy and educational opportunities. The COVID-19 pandemic has exacerbated these conditions and hence had detrimental effects on the forcibly displaced populations¹. Although many host countries have policies that allow displaced populations to access health services, in reality, there are barriers in accessing healthcare, such as out-of-pocket expenses, distance from facilities, language, stigma, provider acceptance and differing health rights for different populations². All of these barriers were further challenged by the pandemic, which, once again, showed the urgent need to strengthen healthcare systems in host countries.

Access to health services is essential but, by itself, insufficient to reach good health and well-being. An approach that takes into account social determinants of health, including access to sufficient food and nutrition, adequate and safe housing, clean cooking, safe water and sanitation, dignified and safe livelihoods, access to cash assistance, and a healthy and violence-free environment, is a prerequisite for public health. Thus, migration related policies at the national and local level need a social determinants of health approach and intersectoral collaboration to complement the positive results of efforts towards migrants, refugees, and IDPs, such as the efforts of UNHCR and IOM².

POLICY RECOMMENDATIONS

- Ensure effective intersectoral collaboration to strengthen collective outcomes including reducing vulnerabilities of displaced populations and promoting their health.
- Strengthen participation, consultation and empowerment of asylum seekers, refugees, and IDPs in decision making and programmatic interventions.
- Strengthen monitoring of community health programs including community based surveillance systems that takes into account gender, legal status and other social determinants of health.
- Promote and support equitable provision of health care services that are stigma-free and sensitive to different needs of displaced populations.

- Strengthen health supply chains to include the additional needs of displaced populations.

PRACTICE RECOMMENDATIONS

GOVERNMENTS SHOULD:

- Follow the multisectoral health approach in all practices: Modifying social, environmental and economic determinants of health requires multisectoral approaches, anchored in a human rights perspective.³
- Adapt national health systems to meet the health needs of asylum seekers, refugees, and IDPs and implement practices to ensure Universal Health Coverage with a gender lens.
- Include displaced populations into the planning, delivery and evaluation of national health services. Migrant populations should be included in all their diversity and in a non-discriminatory way with specific reference to populations of concern as relevant.²
- Identify and address the barriers to accessing health, social care, and educational services in collaboration with academic institutions and NGOs.
- Develop specific interventions for “hard to reach” populations to access services including decreasing social, gender, economic and other barriers and assess the impact of interventions with independent experts.
- Monitor the most disadvantaged groups among refugee, internally displaced and undocumented populations such as unaccompanied children, people with chronic conditions or disabilities, older people, LGBTI+, and provide targeted services for groups, whose needs may not be adequately met by mainstream services.
- Provide mental health and psychosocial support (MHPSS), which should be integrated to all levels of health and social care services for forcibly displaced populations.⁴
- Monitor quality and effectiveness of services for displaced populations. Reliable data on access, utilization, coverage and quality of services as well as health, education, employment related indicators is fundamental to monitoring service quality and effectiveness and strengthening accountability. Therefore, host countries should collect and report data disaggregated by migrants, refugees and host

communities for key indicators in national surveys such as demographic and health surveys.⁵

- Actively engage communities in activities to promote and sustain their health, such as preventive health programs, including health education programs, screening programs, vaccination programs, etc.
- Facilitate and support the activities of local NGOs including women and youth-led organizations working with asylum seekers, refugees, IPDs, and undocumented migrants.
- Provide sexual and reproductive health services, which are among the most disrupted services during crisis situations., and give special emphasis to women and girls⁶.
- Provide nutritional support to those in need, especially to displaced populations, who face food shortages and nutritional deficiencies.²

INTERNATIONAL ORGANIZATIONS (INGOS) SHOULD:

- Support the host governments, especially when they do not have domestic resources or technical capacity to establish migrant-friendly national health and social care systems. For sustainable inclusion processes, medium to long-term financing mechanisms should be developed including the use of pooled funding mechanisms to which multiple donors can contribute.²
- Maintain the strategic use of cash assistance for asylum seekers, refugees and IDPs, who are still required to pay out-of-pocket in order to access services.²
- Support food supply chains in host countries: Local governments in LMICs should be supported in terms of food supply.
- Support local NGOs, because they are usually very effective in working with hard-to-reach refugee, IDP and undocumented populations.
- Advocate and support host countries to collect and report data disaggregated by migrants, refugees, IDPs and nationals for key indicators in the vital registration systems and national surveys such as demographic and health surveys.² Investment in civil registration systems is needed across many countries.

References

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- 7 Inter-Agency Field Manual for Reproductive Health in Humanitarian Settings IAWG 2018. <https://iawgfieldmanual.com/manual>