



**UNHCR**  
The UN Refugee Agency

# REGIONAL STRATEGIC GUIDELINES ON PUBLIC HEALTH 2022-2025

**REGIONAL BUREAU  
FOR THE AMERICAS**

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# Contents

Acronyms	4
1. Introduction	5
Health profile and health services access	6
2. Goal	8
3. Strategic Approaches	8
3.1 Integration and inclusion into national systems	8
3.2 Partnership and Coordination	8
3.3 Support capacity building	9
3.4 Strategic health information	9
3.5 Strengthening inter-sectoral approaches to improve health outcomes	9
4. Objectives	10
5. Response	10
5.1 Response by phase	10
5.2 Linking emergency responses to medium and long-term response	10
5.2.1 Health systems and health financing	11
5.2.2 Working with national health systems	11
i. Support to national health systems	11
ii. Facilitate access to the country's national health systems	11
iii. Facilitate access to free health care services available to priority vulnerable population groups	11
iv. Identify and address barriers to access health services	12
v. Complementary strategies	12
6. Response Plan in times of COVID-19 Pandemic	14
7. Coordination	14
7.1 Regional Coordination	14
Health Coordination Platforms R4V	14
Other regional platforms, MIRPS and Quito Process	14
7.2 National Coordination	14
Annex 1: Specific actions by objective	15
Response to COVID-19	19

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## Acronyms

AGD	Age Gender and Diversity
CBP	Community Based Protection
CHW	Community Health Worker
CMR	Clinical Management of Rape
COVID-19	Corona Virus Disease 2019
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex
MHPSS	Mental Health and Psychosocial Support
MoH	Ministry of Health
NCD	Noncommunicable Diseases
NGO	Non-Government Organization
PLHIV	People living with HIV
PoC	Persons of Concern
SRH	Sexual and Reproductive Health
SOP	Standard Operating Procedures
UN	United Nations
UNAIDS	United Nations Programme on HIV/AIDS
UNHCR	Office of the United Nations High Commissioner for Refugees
PAHO	Pan-American Health Organization

# 1. Introduction

The Americas region hosts more than 18.4 million refugees, asylum-seekers, displaced and stateless people, representing some 20 per cent of persons of concern to UNHCR worldwide. During the last two years, the coronavirus disease (COVID-19) pandemic has had a disproportionate impact on refugees and migrants in host communities, including loss of livelihoods opportunities, an increase in evictions, engagement in negative coping mechanisms, discrimination and xenophobia. Further compounded by limited access to regularization and documentation in some countries, these impacts have contributed to onward movements of people in search of protection and/or **better opportunities** elsewhere.

The region is characterized by three main displacement situations:

- i. **Venezuela situation:** By the end of 2021, the number of refugees and migrants from the Bolivarian Republic of Venezuela surpassed six million globally. Close to 83 per cent of them are hosted in Latin America and the Caribbean. More than 186,000 have been recognized as refugees, and over 952,000 have lodged asylum claims. In the region, an additional 2.6 million have been granted some form of residency or regular stay permit.
- ii. **Colombia Situation:** Colombia has registered more than 1.8 million applicants for temporary protection status from Venezuelans. Some 1.2 million of them have completed biometric registration, and over 300,000 have been approved and received their documentation. More than 8 million people are internally displaced, despite efforts of the Government of Colombia to address armed violence, the national registry of victims recorded more than 130,000 newly displaced people in Colombia in 2021.
- iii. **North of Central America (NCA) situation:** In 2021, growing numbers of people were forced to

leave their homes in El Salvador, Guatemala and Honduras. There are now nearly 600,000 asylum-seekers and refugees from these countries, mainly in Costa Rica, Mexico and the United States of America. It is estimated that approximately 320,000 people are internally displaced in El Salvador and Honduras, although the actual number may be higher.

The root causes of displacement in the NCA are multiple and interrelated: widespread violence, territorial control by criminal organizations and gangs, fragile institutions, the impact of climate change and deeply entrenched inequalities – all compounded by the COVID-19 pandemic’s socioeconomic consequences.

The displaced refugee and migrant population in the Americas are primarily an urban population with part of the population moving frequently between countries, further exacerbating their vulnerabilities and the impact on access to health care, including the continuum of care. This population continues to suffer the consequences of its exodus and uprooting, which has been further aggravated by the conditions imposed by the COVID-19 pandemic.

**Table 1: Persons of concern to UNHCR in the Americas region (March 2022)**

Persons of Concern in the Americas	Estimated Population
Refugees	759.691
Asylum seekers	2.103.253
Internally displaced people of concern to UNHCR	8.571.378
Stateless	4.422
Other people of concern	3.052.456
Venezuelans displaced abroad	3.856.327
<b>TOTAL</b>	<b>18.347.527</b>

<https://www.unhcr.org/refugee-statistics/download/?url=kL0v8W>

## Health profile and health services access

### 1. Health systems in the Americas

Health systems in the Americas rely on complex networks of public and private providers. Across the region, demand for health services has outpaced supply. Many countries lack the adequate clinical and technological resources and infrastructure to address this increased demand. Significant investments are needed in healthcare infrastructure to replace aging facilities and/or construct new facilities to address current access gaps. Some countries have chosen innovative ways to quickly expand their networks of partners. Healthcare Public-private partnerships have become an attractive option for expanding healthcare services while requiring only limited up-front capital investment from the public sector.

With the majority of the health services located in the biggest cities and weak rural primary health care structures and community health networks, the access to health services could be limited in rural and border areas, including the referrals for secondary or tertiary health care.

Health financing modalities in the different countries may include a mix of government budgets, compulsory or voluntary prepaid insurance schemes, direct out-of-pocket payments by users, and external aid.

Countries have different social health protection programmes as well as different access to priority health programmes:

**i. Universal access to health services free of charge, without discrimination of nationality or migration status (for example, Ecuador, Brazil, and Argentina).** In order to access the health system, enrollment is required and the documentation to be presented will vary from country to country.

#### ii. Social health insurance schemes:

- Contributory schemes for people registered in the formal work system.
- Subsidiary schemes, for the unemployed population, those with low economic resources and the most vulnerable.

**iii. Targeted priority programmes (free of charge):** Additionally, each health system has targeted health programmes free of charge that PoCs can access based on vulnerability criteria or based on a country's public health priorities. Programmes may focus on pregnant women and children < 5 (for example in Peru); < 18 years old (for example in Costa Rica); family planning/contraceptive services, HIV and tuberculosis, etc. In some countries, these programmes are freely accessible to the entire population living in the country, regardless of their legal status.

Conditions and procedures to access social health protection schemes vary from country to country, and understanding the conditions and procedures is essential to guide development of country approaches for PoCs.

### 2. Health profile

The background health profile of refugees, asylum seekers and migrants in the region is mixed with a combination of high prevalence of non-communicable diseases including diabetes, hypertension and cardiac disease; significant rates of HIV and TB disease in refugees and migrants from Venezuela<sup>1</sup>; sexual and

<sup>1</sup> <https://publichealth.jhu.edu/0219/venezuelan-humanitarian-crisis-is-now-a-regional-emergency-new-analysis-finds>

reproductive health needs with approximately 4% of the population being pregnant at any one time and mental health and psychosocial support needs. According to WHO, approximately 22% of adults in conflict / emergency settings have mental health conditions, almost triple those in non-conflict settings. The consequences of interrupted primary, secondary and public health programmes in the country of origin has resulted in, inter alia, disruption to noncommunicable disease (NCD) treatment and follow-up with increased complications, morbidity and mortality from cardiovascular disease, hypertension, and diabetes; low immunization coverage rates in children fleeing; interruption to HIV prevention and treatment with increased HIV-related morbidity and probably mortality; interruption to contraceptive and family planning services with an increase in unintended pregnancies as well as disruption to cancer screening and treatment services. LGBTQI+ persons have also suffered from interrupted access to specialized services such as hormone treatment as well as general health services. The service interruption for populations on the move in the region has been further exacerbated by the redirection of national health systems due to the pandemic, leaving many acute and chronic health needs unattended.

### 3. Health service access

The current situation relating to access to health services for the Persons of Concern (PoC) in the Region of the Americas continues to be deficient and unequal. The population is mainly urban and spread over wide geographical areas, posing challenges in providing targeted assistance and communicating with people. PoCs access health services mainly through the national public health services or, for those with financial means, through private health services.

Inclusion of refugees and migrants in national health systems varies, with some countries, such as Ecuador and Brazil, enabling universal access to the health system on par with host communities. Other countries, such as Peru and to some extent Costa

Rica, have policies that offer priority health services to selected population groups such as pregnant women, children under 5 years old and people living with HIV (PLHIV). In some countries, such as Colombia, access to subsidized public health services is much more limited.

A wide range of humanitarian actors such as NGOs, faith-based organizations, and community-based organizations as well as development partners have responded to the need of the population to enhance access to health services. In some instances, additional health services have been established to complement national health services, especially in border areas where the presence of national health systems is limited as well as in areas with high concentration of PoCs.

The COVID-19 pandemic and the restriction on movement of people and its impact on income-generation for individuals and families, contributed to marginalization and xenophobia towards PoCs within the host community. Additionally, the pandemic has increased the pressure on health systems that were often already deficient and has severely limited the provision of general health services to the entire population.

In this difficult context, UNHCR must continue to strive to ensure that all refugees and migrants have access to comprehensive health services. This effort cannot be done by UNHCR alone but requires coordinated approaches with all humanitarian and development actors, and in close relationship and coordination with other sectors of UNHCR, such as protection, shelter, supply, and durable solutions.

This regional strategic plan aligns to the overarching UNHCR Global Public Health Strategy 2021-2025<sup>2</sup> and outlines approaches, priorities, and key actions relevant for the Americas region.

<sup>2</sup> <https://www.unhcr.org/en-us/publications/brochures/612643544/unhcr-global-public-health-strategy-2021-2025.html>

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## 2. Goal

Refugees and other persons of concern to UNHCR access, preventive, promotive curative, palliative, and rehabilitative health services, at an affordable cost and of sufficient quality to be effective in order lead healthy and productive lives.

## 3. Strategic Approaches

The following principles guide UNHCR's response to help meet the health needs of refugees, asylum seekers, refugees' returnees, and Venezuelans displaced abroad.

### 3.1 Integration and inclusion into national systems

UNHCR supports inclusion of refugees into national policies, strategies and plans and integration into national systems while emphasizing the importance of support to those systems. Working with national health systems, including with humanitarian and development actors is particularly relevant in the context of the Americas where the majority of PoCs live in an urban context.

UNHCR's response strategy aims to encourage health interventions to be integrated into the national health system and led by the Ministry of Health.

UNHCR advocates for and works towards universal health coverage, including access to national health services for PoCs under similar conditions, cost, and quality, as for the host community.

### 3.2 Partnership and Coordination

UNHCR will continue to identify and foster key strategic alliances to ensure coordinated capacity for emergency and long-term response and sustained participation of relevant stakeholders in line with the Global Compact for Refugees. In order to achieve this, UNHCR must continue advocating for the participation of other UN agencies, private sector organizations, including foundations working on health and nutrition, as well as development partners, taking into consideration the importance of the nexus between the emergency response and development programmes.

Coordination between humanitarian and development actors is a key area of engagement in the response to the needs of refugees, asylum seekers and Venezuelans displaced abroad and must be agreed with the Ministry of Health in the most efficient and effective way.

In the region the overall responsibility for coordinating the health sector response for refugees and migrants lies with the Ministry of Health with the support of the Pan American Health Organisation (PAHO). UNHCR provides its support in carrying out this responsibility and takes an active role to ensure the needs of persons of concern are addressed in the development and application of policies and approaches.

It is essential to have access to up-to-date quality and reliable information on the health systems function, financing, and policies in the country, to understand the requirements and procedures for persons of concern to access health care, and to share this information within the operation and with the members of the health sector coordination fora to agree on a common understanding and strategic approach.



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### 3.3 Support capacity building

UNHCR will endeavor to provide and promote opportunities to public health and other UNHCR personnel, ministry of health staff, partner staff, refugees and, where relevant, other persons of concern to build their capacities in health programming. This includes support to UNHCR's operations to develop technical documents and adapt global documents and guidelines to the regional context.

A specific focus area is capacity building of ministries of health on refugee sensitive national policies, strategies and programmes and linking the humanitarian with longer-term development responses.

### 3.4 Strategic health information

There is limited availability of reliable data on access, usage, coverage, and quality of health services, as well as the health status of refugees, asylum seekers and Venezuelans displaced abroad which is essential to monitor the quality and effectiveness of the programmes and to reinforce accountability. Health information in most of the countries' operations is either not accessible or not disaggregated, making it difficult to obtain data of PoCs in order to analyze and adjust interventions to the actual needs. UNHCR joins forces with other UN agencies, development actors, and other partners working closely with the ministries of health on enhancing capacities to disaggregate data by nationality, age, and gender, among others. In addition, UNHCR will improve its own capacity to monitor health access, coverage and status through regular surveys that will include health related information such as High Frequency Phone Surveys with additional indicators on health access and utilization and Health Access and

Utilization Surveys (HAUS). In coordinating with other agencies and partners regional surveys will be encouraged, and advocacy and support for ministries of health will be prioritized to improve data collection.

### 3.5 Strengthening inter-sectoral approaches to improve health outcomes

As a multisectoral agency, UNHCR health personnel work closely with other units with the goal of obtaining better health and protection outcomes. This includes conducting joint protection and health assessments related to gender-based violence (GBV) services, services for lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) people, services for people who sell or exchange sex; mental health and psychosocial support, and other persons with specific need (i.e.: people with disabilities, people living with HIV (PLHIV) and development of joint actions to address the identified gaps.

### 3.6 Active involvement of the communities in activities to promote and maintain their health

Community health is a key component of primary health care to address people's health needs. Strong Community Health Worker (CHW) systems can save lives, increase knowledge of health systems and the processes to access to them, increase access to health care, help to contain disease outbreaks, contribute to respond to other emergencies, as long as the health care services are affordable while delivering positive financial returns, promoting livelihoods, empowering women, and enhancing community resilience.

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## 4. Objectives

The regional strategic plan outlines objectives across five areas, as detailed in the [UNHCR Global Strategy for Public Health 2021-2025](#):

1. Support and monitor the access of persons of concern to essential health services, of sufficient quality to be effective, in all phases of displacement.
2. Support national health systems to meet the health needs of refugees, asylum seekers and Venezuelans displaced abroad and host communities.
3. Promote and support the equitable provision of health services.
4. Inter-sectoral collaboration within UNHCR and external partners to foster synergies and maximize positive impact on the health, well-being, and dignity of persons of concern.
5. Actively involve communities in activities to promote and maintain their health.

Detailed activities for all objectives can be found in [annex 1](#).

## 5. Response

### 5.1 Response by phase

- i. **Preparedness.** the impact of COVID-19, global increases in petrol, food prices could trigger an increase in mobility, especially as borders reopen, and may result in large population influxes. In addition, a worsening security and

socio-economic situation may lead to increased refugee and migrant flows. In preparation for this, UNHCR in cooperation with ministries of health and partners needs to maintain preparedness for an adequate public health response.

- ii. **Assistance to persons on the move.** As a considerable number of persons of concern may continue their journey to another country or return to their home country, specific actions are required to ensure a continuum of care. Special considerations are required for pregnant women, persons living with HIV and those with TB, persons with other chronic diseases including serious mental health conditions, emphasizing the referral pathways to access chronic medication including ARVs. UNHCR and National Health Coordination Forums will need to prepare activities to assist this population on the move. Suggested actions include, for example, establishing support spaces in strategic locations to offer basic health care services and psychological support, as well as distribution of hygiene kits, food assistance, and referral for shelter. Considerations must be given to persons with communicable diseases including COVID-19 and alternatives for their shelter, isolation, monitoring, assistance, and referral.

### 5.2 Linking emergency responses to medium and long-term response

UNHCR will pursue several approaches to facilitate access to health services according to the health system and policies towards POCs of each country. Understanding the health systems and policies will enable the identification of the most appropriate strategy and actions to enable access to health services.

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### 5.2.1 Health systems and health financing

Ensuring inclusion of people of concern in existing national health services, including existing social health protection schemes, is a key priority. This begins as part of emergency responses where UNHCR advocates and supports national health systems for the development of inclusive national health policies, plans and systems to meet the health needs of refugees and host communities. To this end, it is important to:

- i. Create and support alliances to strengthen national health systems focusing on refugee reception and refugee hosting areas.
- ii. Create new alliances to finance the inclusion of refugees in national health systems.

### 5.2.2 Working with national health systems

#### *i. Support to national health systems*

In line with the Global Compact on Refugees objective to ease pressure on host communities, UNHCR will catalyze support to national health systems. Wherever possible, refugees should be included and integrated into national health systems and services, recognizing that such systems may need support to ensure their capacities are strengthened to meet the needs of refugees as well as host communities. This is especially the case in remote areas where refugees are often hosted. In pursuit of this UNHCR will need to engage in supportive actions together with partners.

UNHCR will work closely with partners, such as PAHO, and financing institutions such as the World Bank and the regional Intergovernmental Bank of Americas towards the full access and inclusion of refugees into national health systems wherever feasible and to strengthen partnerships with ministries of health.

#### *ii. Facilitate access to the country's national health systems*

Strengthen communication with persons of concern to promote awareness of the available health services, where and how they can be accessed, as well as details on accessing the country's health insurance systems where they exist. The preparation of the necessary information and communication material must be coordinated, and dissemination mechanisms well established through multiple distribution channels and in a language and format that POCs will understand. UNHCR should also support and contribute to the development and dissemination of up-to-date service guides for POCs.

It is important to establish a monitoring system of the actual access to health care services that the POCs have, as well as the barriers that limit the access and to share information collected with partners. In the absence of data from ministries of health, health questions can be integrated into existing survey tools or standalone surveys, such as Health Access and Utilisation Surveys (HAUS), can be undertaken. Questions relating to access to health services should be included in situation analysis and participatory assessments as well as protection monitoring.

#### *iii. Facilitate access to free health care services available to priority vulnerable population groups*

Continuing and strengthening the efforts to support equitable provision of health and related services for the following groups:

- People with disabilities
- Adolescents
- LGTBQ+ people
- People who sell or exchange sex
- PLHIV

- Older people, especially a priority during the COVID-19 pandemic
- Indigenous populations
- Undocumented people (i.e. with no legal right to be in the country)

A gender and age perspective should also be applied in each setting to assess and respond to access and outcome disparities in women and girls, men and boys.

#### **iv. Identify and address barriers to access health services**

Even when persons of concern have the right to access national health services there may be a number of barriers which impede effective access to quality services. Some of these barriers include:

- Lack of information of the population of concern on availability and accessibility of health services
- Lack of information from health workers on the rights of refugees and migrants to access services
- Lack of relevant documentation to access the health system
- Hostile, discriminatory, xenophobic attitudes by administrative staff and health workers
- Distance from the health facility.
- Specialized secondary and tertiary health care services are centralized in bigger cities
- Lack of access to or unfamiliarity with digital technology to request appointments or difficulties on the correct usage (email, WhatsApp.)
- For internally displaced persons, there is a security risk when accessing health services situated in locations controlled by gangs.

An understanding of the barriers will help to determine the most appropriate response in each context. Some options are:

#### **1. Information, education, communication**

**strategy for PoC:** Develop a communication and information plan, as well as advocate for dissemination of the information with other humanitarian and development actors in the country.

#### **2. Information strategy for administrative personnel and health workers at health facilities:**

health and non-health staff should be aware and sensitized regarding national commitments to enable the access to health for PoCs.

#### **3. Facilitate access to health services in the most remote communities**

through the organization of mobile clinics and/or mobile health teams in support of Ministry of Health (MoH) activities. Mobile clinics are a short term, emergency measure and planning should start from the beginning on how to enhance sustainable access to health care in remote areas for refugees and host communities alike. A viable referral link to health care facilities covering a wider range of services will need to be ensured, including considerations for payment mechanisms where applicable.

#### **4. Advocacy:** UNHCR should promote the inclusion in the public social security system of PoC who meet the vulnerability criteria of inclusion.

#### **v. Complementary strategies**

Depending on the country context there may be a need for additional support to facilitate access to essential health services. In countries where the possibility of addressing the health needs of refugees, asylum seekers and Venezuelans displaced abroad through national systems are limited due to prohibitive policies, unaffordable

financial contributions, or lack of access for specific key population groups, considerations should be given to complementing services with alternative strategies. If there is a need to establish supplementary services, this should be in line with national systems such as through accreditation of health facilities, secondment of staff from the national system, supervision by the Ministry of Health, and harmonization of standards, treatment protocols etc. Progressive inclusion into national systems should be aimed and planned for from the beginning.

Support modalities include:

**1. Cash-based interventions<sup>3</sup>** that are based on country specific SOPs to access support access to existing services where these are unaffordable for vulnerable POCs

**2. Partnership agreement or operational partnership** with an NGO or institution providing health services for vulnerable POCs

The advantages of signing a partnership agreement with a medical institution providing concessional services could be explored or an NGO providing health services. For example, semi-private providers provide specific essential services (laboratory, ultrasound, etc) not available or accessible through the national system could be contracted to allow referrals of persons of concern.

In most operations there are health services offered by non-profit organizations that are supported by United Nations agencies or international donors. This is an alternative in areas with a high density of POCs, who live in conditions of deprivation and limitations in being able to obtain sufficient income to meet

their health care costs. These initiatives should be coordinated with the country's local health authorities, with the long-term aim to provide access to national systems.

The responses to MHPSS needs in emergencies are not well developed in the region, therefore there is a need to strengthen and support the ministries of health, partners and communities to establish and strengthen MHPSS programming. In operations where public health interventions depend mainly on the national health system, the main gap is the absence of MHPSS

services, especially the lack of services adapted for humanitarian settings. As a result, MHPSS services may be offered by specialized partner organizations sometimes with the support of UNHCR in coordination with ministries of health.

**3. Support for, and coordination with, health services offered by community-based organizations / NGOs**

National and community-based organizations are often best placed to provide services for marginalized populations including persons living with HIV, LGBTQI persons, GBV survivors and people who sell or exchange sex. The sale of sex is happening in all societies and POCs are especially vulnerable. Where the specific needs of people who sell sex cannot be supported fully by government systems, engage with NGOs with special expertise in this area to support services in line with [“Responding to the health and protection needs people selling exchanging sex humanitarian settings”](#) which promotes the identification, empowerment and provision of health and protection for people who sell or exchange sex.

<sup>3</sup> <https://www.unhcr.org/5fc0b3fb4.pdf>

## 6. Response Plan in times of COVID-19 Pandemic

In addition to the strategic approaches and actions set out in previous sections, the COVID-19 pandemic has marked new challenges and difficulties that force us to reinforce mechanisms and diversify strategies to overcome mobility limitations of both the population of concern as well as humanitarian personnel.

UNHCR plays a key role in ensuring access to preventive measures as well as care and treatment including COVID-19 vaccination, diagnosis, and treatment. Countries will need to continuously support and monitor the uptake of COVID-19 vaccines as a core measure to protect from infection and its consequences.

## 7. Coordination

### 7.1 Regional Coordination

#### Health Coordination Platforms R4V

At regional level, the Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela (R4V) includes the Regional Health Coordination Platform, which is led by PAHO/WHO, with the participation of UN agencies, IFRC and INGOs. It has recently been agreed to organize meetings between the regional platform and the national health coordination platforms as well as to facilitate thematic session for the country's national health coordination group.

Participation in this platform is key in order to join forces to identify needs and respond to the gaps concerning the Venezuelan population displaced abroad in a coordinated way.

#### Other regional platforms, MIRPS and Quito Process.

- Participation in the MIRPS<sup>4</sup> platforms and the

<sup>4</sup> Belize, Costa Rica, Guatemala, Honduras, Mexico, Panama—have developed adopted and are implementing a regional application of the CRRF known as “Comprehensive Regional Protection and Solutions Framework” known as MIRPS, by its acronym in Spanish.

Quito Process<sup>5</sup> is a priority to stress the importance of the inclusion of health issues in various fora where there is a presence of health authorities. Under the Quito Process this includes socio-economic integration, COVID-19, children and adolescents and HIV/AIDS. It is an opportunity to advocate for the inclusion and integration of PoCs in public health systems.

- UNAIDS Joint Programme and its UBRAF (Unified Budget, Results and Accountability Framework). Participation and coordination in regional activities and liaising with operations and headquarters on the follow-up of the identification of activities, priorities, reporting, proposals review, and allocation of country level funding including the country envelopes.
- Hand Hygiene for All (HH4A). Participation at the regional level of the WASH initiative led by UNICEF and liaising with the operation to support the selected countries on the implementation.
- Intersectoral Collaboration Group for Mental Health and Psychosocial Support (MHPSS) for Latin America, regional working group led by WHO. Participation with the objective of exchanging information and knowledge and articulate a better collaboration of MHPSS actions in humanitarian crises at the regional and national levels.

### 7.2 National Coordination

UNHCR health officer or focal points are key interlocutors in the national health coordination platforms. The platform is an important forum to share information with the health humanitarian and development actors, with the objective to plan common actions, identify gaps, and coordinate actions.

Likewise, it is the forum to elaborate an **Advocacy Action Plan** for national, regional, district, and local authorities in relation to PoC inclusion in health services. Involvement in said action plan must include all members participating in the health coordination platform.

<sup>5</sup> The Quito Process is a regional intergovernmental mechanism established in 2018 to promote communication, coordination, good practice and policy approaches within and between countries to respond to the humanitarian needs of Venezuelan refugees and migrants in Latin America and the Caribbean.

# Annex 1:

## Specific actions by objective

The strategic action framework catalog outlines some of the key enabling activities that Regional Bureau Americas seeks to adopt and provide technical support to the country operations to facilitate progress with public health objectives. The majority of the activities cascade from the generic enabling activities of the global public health strategy, considering their relevance to the Americas.

Note: Not all activities are relevant to every country's operation.

<b>Objective 1: Support, monitor, and advocate for access of refugees, and other persons of concern to quality essential health services throughout the displacement cycle</b>
<b>Border crossings, crossing points, meeting points (bus stations or others) and information and support points for refugees / migrants (0-24 hours)</b>
Provide information to refugees, migrants and asylum seekers at the Information and Support Points and health posts available at the border, as well as information on their rights in accordance with national health policies, the health services and support available, existing health centers and how to access to them.
Rapid detection and classification of people with special needs (chronic diseases including PLHIV, COVID-19 symptoms, seriously ill, pregnant women and feeding needs for non-breastfed infants under 6 months and others), with referral to health providers on the border for the provision of first aid, basic primary health care at the border; and / or referral to public health facilities or to pre-identified health partners and hospitals.
Identify safe isolation facilities in order to refer for monitoring people who have suspicious symptoms of COVID-19 or are confirmed in line with national guidance. Referral pathways to hospital for those COVID 19 cases that may need hospitalization.
Referral pathway to hospital for clinical management for survivors of sexual and gender-based violence.
Coordinate, if possible, with the other side of the border on the immunization service provided and, when logistically feasible, ensure that measles immunization is provided to children on arrival and/or as soon as possible update immunization status according to Nacional vaccination plan in close collaboration with National immunization department and Minister of Health.
Provide training on psychological first aid for front-line personnel who are in direct contact with refugees and other POCs and ensure links between health and protection actors.
For people with NCDs (noncommunicable diseases) who need medication, consider providing enough medication for each NCD requiring treatment for at least 2 to 4 weeks, with health information and education on when and how to take medication. Supplement with written or links to online materials
Ensure the safe supply of breast milk substitutes for non-breastfed babies under 6 months without other alternatives, also consider complementary age-appropriate foods for babies/young children above 6 months old.
Provide basic health and hygiene education messages.
Provide face masks in areas of high concentration of people taking into consideration Covid 19 prevention measures and recommendations of national authorities.
Coordinate and ensure availability of potable drinking water points, washing stations and toilet facilities.

Assistance to people on the move.
Provide verbal, written or links to online information to PoCs about existing health services available in the area.
Establishing support spaces in strategic locations to offer basic health care services and psychological support where this is not available through the national system
Establish referral pathway to health providers to ensure management, control, and the availability of medication for chronic conditions
Establish referral pathway with National HIV/AIDS programs to ensure the availability and accessibility of ART and other care for PLHIV
Establish referral pathway to hospital or clinics for clinical management for survivors of gender-based violence including rape and intimate partner violence.
Provide hygiene kits (including face mask for prevention of COVID-19 in line with national recommendations)
Provide or refer to partners offering temporary shelter
Refer to partners supporting food assistance through in kind, vouchers or cash
Identified safe isolation facilities in order to refer for monitoring of suspected/ confirmed COVID-19 patients. Establish referral pathway to hospital for those COVID 19 cases that may need hospitalization.

Facilitate access to the country's health systems
Provide information to the PoCs on how the health system works in the hosting country, policies, documentation required, and cost involved
Strengthening communication with persons of concern regarding their rights to access, level of services and how to access
Build accessible and rapid communication channels with affected populations and use those channels to disseminate information about the procedures, for our PoC to make informed decisions.
Develop material to be shared via social media providing information to PoC about the availability of free health services.
Develop clear information about the access routes to health care services, as well as mechanisms to solve problems of access.
Develop an information and dissemination strategy
Provide information sessions and community monitoring
Establish a monitoring system of the actual access to health care services that the PoCs have, as well as the barriers that limit the access.



Overcome access barriers
Establish an information strategy for administrative and health workers at health facilities.
When applicable, advocacy to relevant health authority to reinforce information at health facility level on the obligation to offer such services to the entire population including persons of concern.
Regular awareness and sensibilization sessions at health facilities for administrative and health personnel, taking into consideration that there is high rotation of staff in the health centers.
Advocacy actions to health authorities of the different administrative levels (i.e.: health facility, health municipal department)

Objective 2. Support national health systems to meet the health needs of refugees and host communities.
Understand the financing mechanisms of the national health system to enable advocacy for inclusion
Advocate and support strengthening the national health systems in refugee-hosting areas through UN partners, development agencies, and bilateral support agencies.
Direct agreements with the Departmental, District, or Municipal Health Secretariats to support comprehensive public health programs, included MHPSS.
According to the country's health strategy, if agreed and planned, support to hospitals and health centers with donations of equipment and potentially other supplies that facilitate the inclusion of people of concern as beneficiaries.
Request disaggregated data on refugee access and utilization of services provided to PoCs in health facilities supported
Establish a feedback mechanism at the supported health centers in order to identify how PoCs perceive the services and possible gaps.
Advocate with the MoH to improve data collection, disaggregation by nationality as well as to request access to the data collected in order to better adequate our response.
Support the MoH, in collaboration with other agencies (PAHO) and partners, in the process to improve the data collection and reporting through the national system
Agreements with public or private non-profit organizations in order to provide priority health services as a last resort. Contracts for specific services with hospital and other health providers for those priority services identified by UNHCR that are not available on the ground, such as health care for pregnant women, survivors of gender-based violence, adolescents, people living with HIV, non-communicable diseases including mental health conditions people with disabilities.
UNHCR should promote the inclusion in the public social security system of all PoC who met the vulnerability criteria of inclusion.
Play a catalytic role in developing medium/long term plans to support national health systems to facilitate greater inclusion of refugees

### Objective 3. Promote and support the equitable provision of health services.

Conduct UNHCR country Health Access Utilization Survey (HAUS) where relevant on regular basis.

Ensure the availability of Sexual and Reproductive Health (SRH) services for women, men, with special attention to adolescents and LGBTIQ+ people.

Promote the availability of health services including rehabilitation services and access to assistive devices for people with disabilities

Conduct joint assessments between health, protection and GBV to identify the availability of services for Clinical Management of Rape survivors (CMR) and pathways.

Ensure that a CMR referral pathway is established and up to date, included operation specific GBV SOPs as well as disseminated with partners in the area of intervention.

For those people living in remote areas, support partners (MoH/NGOs) to provide services with mobile units and health days while planning for long-term, sustainable health care provision.

Ensure that comprehensive SRH services, including services relating to HIV such as health information, condoms and lubricants, peer educators, access to contraceptives, links to livelihood activities, HIV prevention and treatment are available to key populations i.e.: LGBTIQ+ people, persons engaging in selling or exchange of sex

Promote gender balance among health providers.

### Objective 4: Strengthen cross-sectoral collaboration within UNHCR and with external partners to create synergies and maximize positive impact on health status, welfare, and dignity of refugees

Ensure public health and nutrition considerations are included in the assessment and identification of needs of the population

Include health and nutrition considerations in the protection strategic response as a part of an integrated and comprehensive response (i.e.: Child protection, GBV, CBP)

Work with the Multifunctional Team and schedule regular meetings to discuss the advances of the integrated and comprehensive approach

Ensure the coordination with MoH, UN agencies, NGOs, and civil society throughout the regular participation in thematic health working groups, and national health platforms to share information, maximize the health response and promote efficiency

Promote joint activities related to SRH with UNFPA in country including MoH

Promote joint activity plans with other UN agencies and partners in borders areas to maximize the impact of the intervention in a coordinated manner

In collaboration with other UN agencies advocate with development donors to finance programs that covers nexus between emergency programs and development

### Objective 5: Engage communities in activities to promote and sustain their health

In coordination with Community-based protection, conduct needs assessment with participation of the community to identify gaps in access to health services ensuring an AGD approach

Where relevant support community health worker (CHW) programming with meaningful participation and representation of all minorities of the community in order to empower communities in promoting and sustaining their health. The CHW program should include basic capacity building, means of two-way communication and links with national CHW programmes.

Promote community-based activities on education and prevention for those most common diseases such as diarrhea, upper respiratory tract infection, mosquito transmitted diseases (dengue, Zika, Malaria, chikungunya) as well as HIV and STI (sexually transmitted diseases) prevention, SRH rights

Support community-based networks to disseminate reliable information among the PoCs related to access to health services and key contact number in case of health emergencies (i.e.: accidents, life threatening situation, GBV, etc.)

Support community health programs already established by ministries of health, and link those with the areas where high PoC concentration are.

Establish community feedback mechanisms to ensure that community member voices are heard, and suggestions are taking into consideration.

### Response to COVID-19

Continuing advocacy efforts for effective inclusion of PoCs in Covid-19 vaccination campaign

Support national health system to enhance the national communication strategies referring to Covid-19 vaccination

Monitoring the access to the Covid-19 vaccines for PoCs

Support national health system to obtain disaggregated data for PoCs accessing the Covid-19 vaccine

Strengthening the personal protection capacity of health personnel through the donation of PPE based on a needs assessment

Reinforcement of communication strategies and dissemination of information to communities through social networks

Reinforcement of psychosocial support strategies, via telematics and / or in person if possible

Provision of hygiene and personal protection material for population of concern

Strengthen the provision of health services through the donation of medical supplies and equipment

Strengthening the reception capacity of health structures through the donation and installation of Refugee Housing Units or similar approaches

Support hotline services, to counter the decrease in availability of health care providers. A MHPSS and medical follow-up prioritizing those who suffer from chronic diseases should be consider

Strengthen advocacy in maintaining access to essential lifesaving services, including sexual and reproductive health services, as well as screening, follow-up, and treatment services for PLHIV.

Strengthen community epidemiological surveillance strategies, as well as the expansion of the offer of services at the community level through the identification and training of community health workers.

Reinforce measures for the protection and prevention of PoCs in collective shelters (Guideline)

# REGIONAL STRATEGIC GUIDELINES ON PUBLIC HEALTH 2022-2025

REGIONAL BUREAU FOR THE  
AMERICAS

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