

A large, dense crowd of refugees, including men, women, and children, is gathered in a street. The background shows damaged buildings and debris, suggesting a war-torn environment. The crowd is diverse in age and appearance, with many people looking towards the camera or slightly away. The overall tone is somber and urgent.

NON-COMMUNICABLE DISEASES AND REFUGEE HEALTH: ADAPTING REFUGEE HEALTH SERVICES FOR 21ST CENTURY HEALTH CHALLENGES

**Dr. Paul Spiegel
Deputy Director of DPSM
United Nations High Commissioner for Refugees**

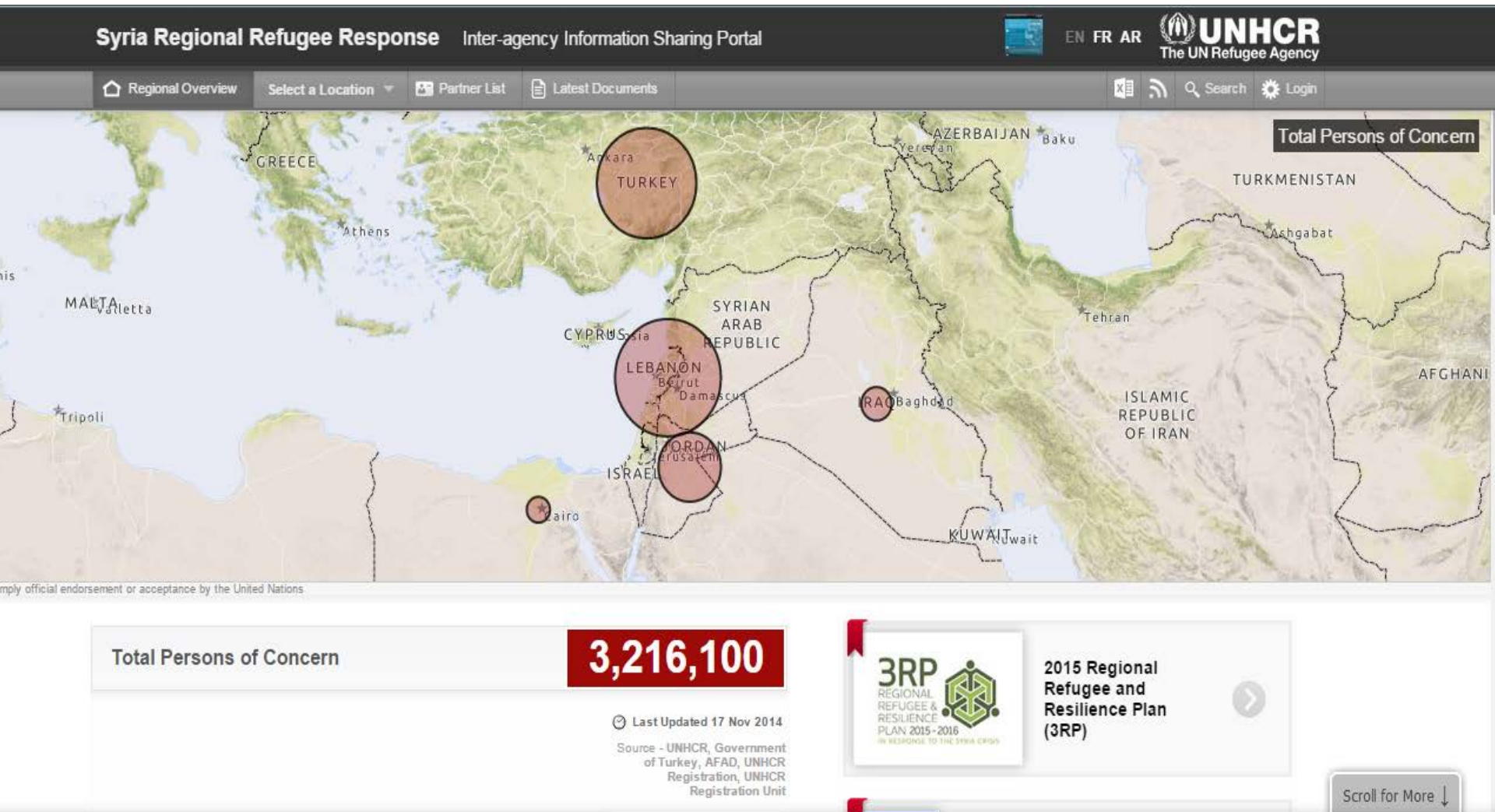
**Global Health Initiative at the Mailman
School of Public Health
and Columbia Global Policy Initiative
November 21, 2014**

Outline of Presentation

- Syria situation update
- Methods and data
- Lessons learned
- Recommendations



Current Syrian Situation



Current Syrian Situation cont

Syria Regional Refugee Response Inter-agency Information Sharing Portal



EN FR AR



Regional Overview

Select a Location ▼

Partner List

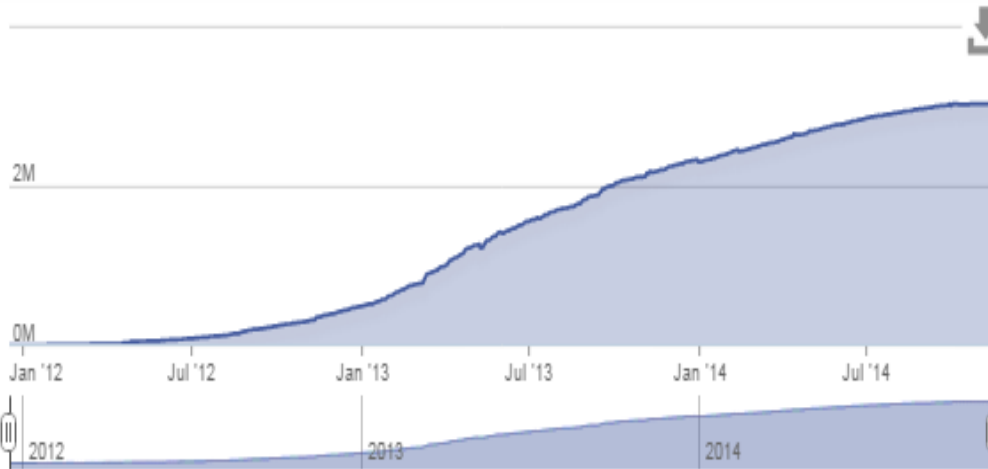
Latest Documents



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Registered Syrian Refugees



Drag the sliders to zoom to a specific date range

23 September: Number of Syrian Kurds fleeing to Turkey nears 140,000 over past week; humanitarian needs mount.
23 Sep 2014

View more

Funding Requirements (2014)

Total Appeal

\$3,740,654,701

Received to Date

\$1,925,583,475

Gap

\$1,815,071,226

Coverage

51%

Last Updated 05 Nov 2014



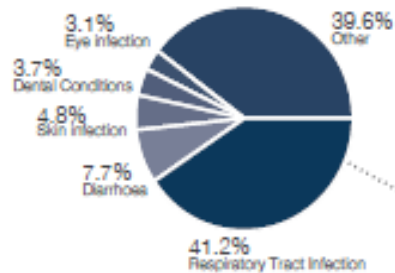
Data from Health Info Systems (HIS), 2013

Primary Health Care

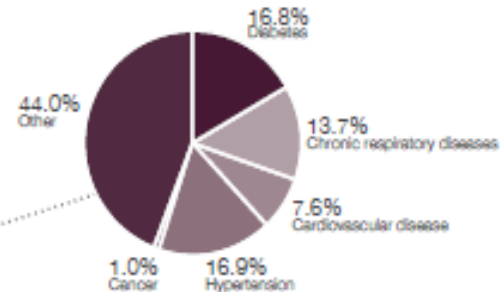
Primary health care consultations by disease, Zaatari

N= 694,280

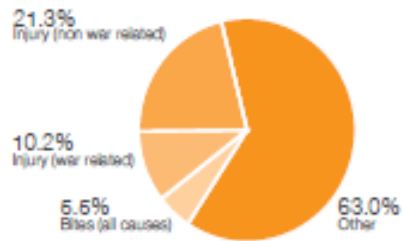
Communicable diseases



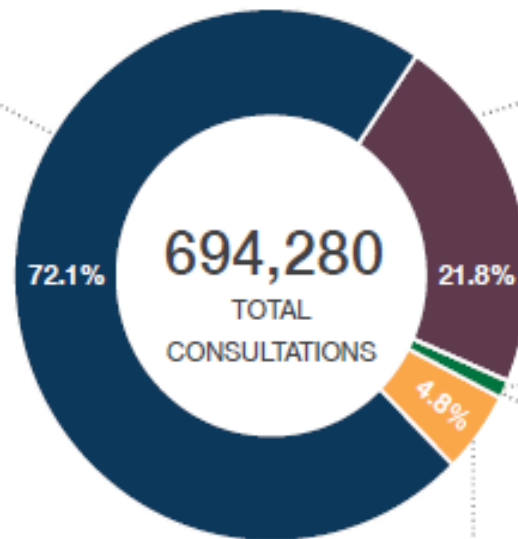
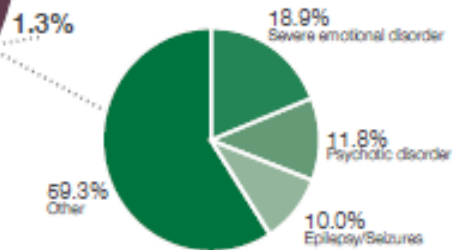
Non-communicable diseases



Injuries



Mental health



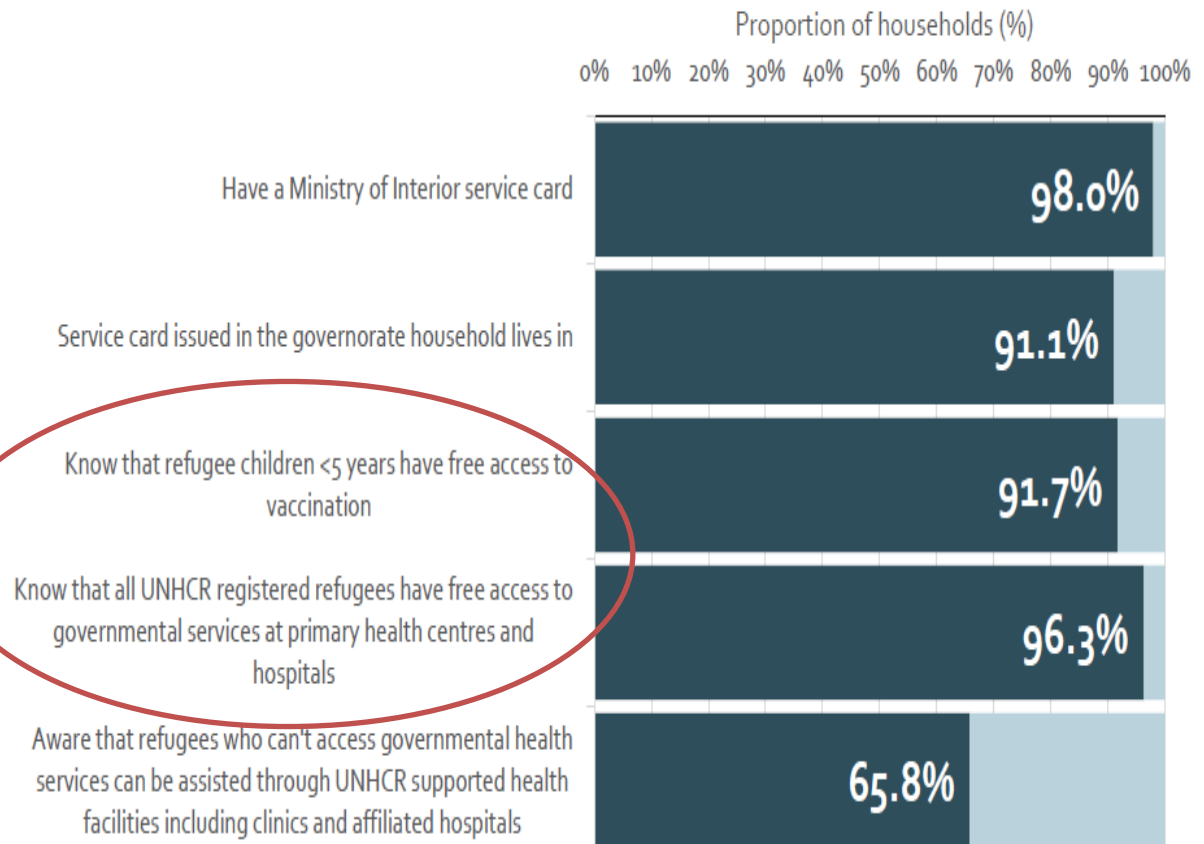
Health Access and Utilisation Surveys (HAUS)

HEALTH ACCESS AND UTILISATION SURVEY
AMONG NON-CAMP SYRIAN REFUGEES

JORDAN, MARCH 2014



Figure 5 – Knowledge about health services, and ownership of Ministry of Interior service card, Jordan, March 2014



- March 3-10, 2014
- 500 households from sample frame of 130,629 registered households using simple random sampling strategy

HAUS cont



Table 6 – Chronic conditions, Jordan, March 2014

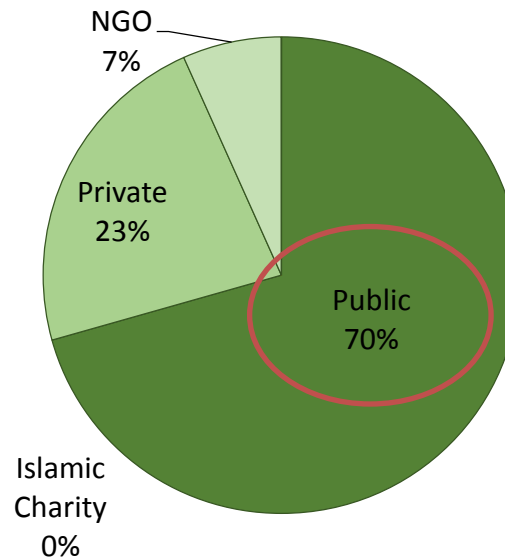
	Total (N=)	Unweighted proportion or mean*, %	Weighted proportion or mean*, % (95% CI)
Household members ≥ 18 years reporting at least one chronic condition	317	39.3	39.8 (36.5 – 43.2)
<i>Reported chronic conditions by age group</i>			
18 to 29 years (n=744)	44	5.9	6.3 (4.6 – 8.6)
30 to 44 years (n=492)	82	16.7	17.0 (13.5 – 21.3)
45 to 59 years (n=244)	93	38.1	37.7 (31.4 – 44.4)
60+ years (n=180)	98	54.4	53.9 (45.6 – 61.9)
<i>Reported chronic conditions (n=317)</i>			
Hypertension	124	39.1	39.5 (33.8 – 45.5)
Diabetes	83	26.2	25.8 (20.7 – 31.7)
Ischaemic heart disease	8	2.5	2.6 (1.3 – 5.1)
Cardiovascular disease (other)	56	17.7	17.7 (13.6 – 22.6)
Lung disease	43	7.3	7.9 (5.0 – 12.1)
Cancer	11	3.5	3.4 (1.8 – 6.3)
Liver disease	3	0.9	1.3 (0.4 – 3.9)
Kidney disease	11	3.5	3.6 (1.9 – 6.6)
Other	73	28.7	27.5 (22.1 – 33.6)
Household member with chronic illness UNABLE to access medicine or other health services (n=317))	75	23.7	23.9 (18.6 – 30.2)
<i>Reason for inability to access medicine or other service (n=75)</i>			
Long wait	13	17.3	16.3 (9.3 – 27.0)
Staff was rude	6	8.0	7.6 (3.0 – 18.2)
Couldn't afford user fees	33	44.0	44.7 (32.5 – 57.6)
Cannot afford transportation	6	8.0	7.6 (3.0 – 17.9)
Did not know where to go	10	13.3	14.7 (7.3 – 27.5)
Other**	20	26.7	26.0 (16.7 – 38.1)

* see methods for weighting procedures

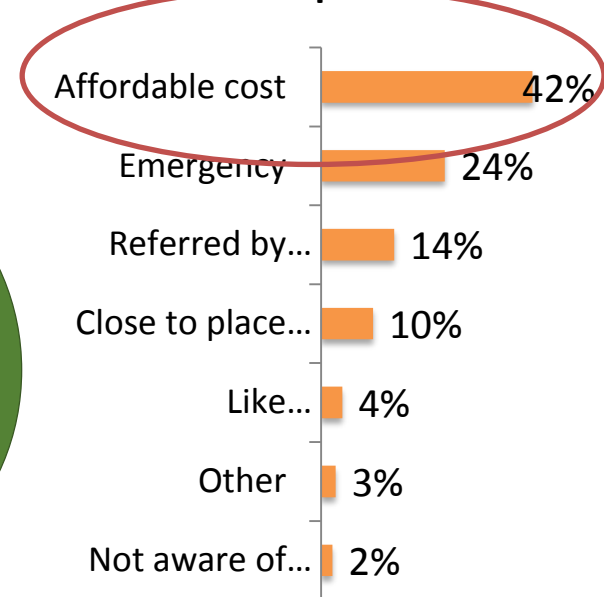
**medication not available, did not have an ID, no time to go, and didn't want to go

Hospitalization in Jordan

Hospital type of most recent hospitalization



Reason for Selecting Hospital



Syrian Refugee Health Access Survey in Jordan

September 2014



JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

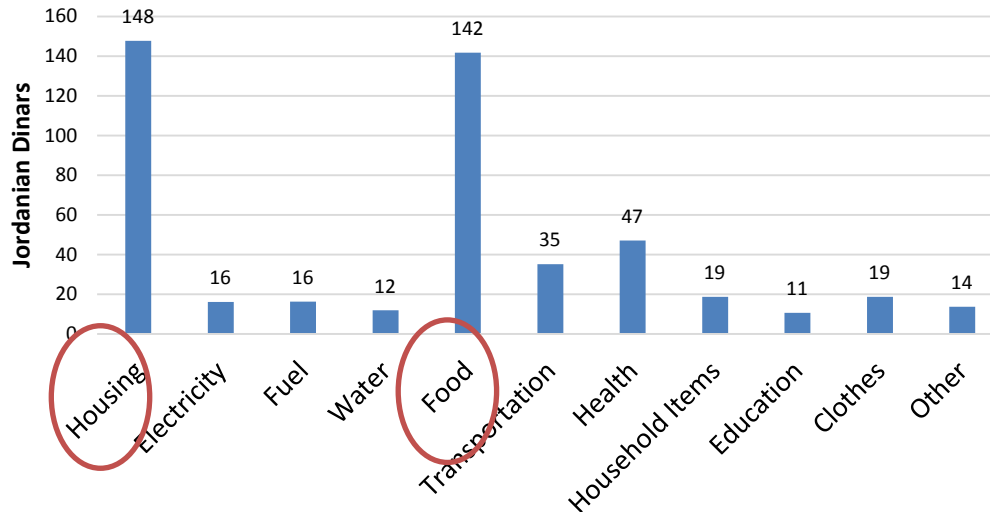


- Cross-sectional household survey of Syrian refugees living outside camps
- Total sample of 1,500 households; 125 clusters x 12 households
- Clusters assigned proportionally to sub-districts based using UNHCR registered refugee population

Syrian Refugee Health Access Survey, Jordan

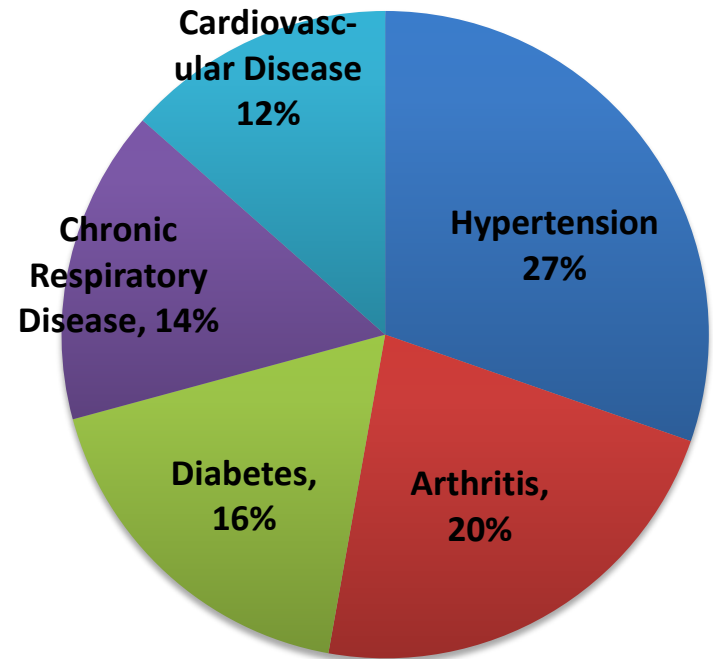
Sep 2014 cont

Household monthly spending



Total monthly spending = 478 JD / month

% hholds with ≥ 1 NCD



Cancer

Cancer in refugees in Jordan and Syria between 2009 and 2012: challenges and the way forward in humanitarian emergencies



Paul Spiegel, Adam Khalifa, Farrah J Mateen

Treatment of non-communicable diseases such as cancer in refugees is neglected in low-income and middle-income countries, but is of increasing importance because the number of refugees is growing. The UNHCR, through exceptional care committees (ECCs), has developed standard operating procedures to address expensive medical treatment for refugees in host countries, to decide on eligibility and amount of payment. We present data from funding applications for cancer treatments for refugees in Jordan between 2010 and 2012, and in Syria between 2009 and 2011. Cancer in refugees causes a substantial burden on the health systems of the host countries. Recommendations to improve prevention and treatment include improvement of health systems through standard operating procedures and innovative financing schemes, balance of primary and emergency care with expensive referral care, development of electronic cancer registries, and securement of sustainable funding sources. Analysis of

Lancet Oncol 2014; 15: e290-97

See Online for an audio interview with Paul Spiegel

Office of the United Nations High Commissioner for Refugees, Geneva, Switzerland (P Spiegel MD); Office of the United Nations High Commissioner for Refugees, Damascus, Syria (A Khalifa MD);



Mexico's Brutal Nightmare

10 Questions With Zoëy Deschanel

The Truth About Fat

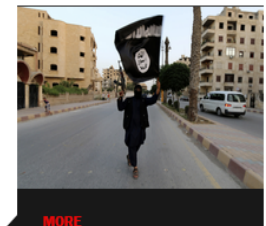
WORLD SYRIA

Cancer Wages Its Own War Against Syrian Refugees

Aryn Baker / Anjar, Lebanon @arynebaker July 17, 2014

A higher rate of cancer among Syrian refugees is forcing doctors, patients and humanitarian organisations to make difficult decisions about who does, and does not, receive care

It was just before Syrian civilians started rising up against their government in 2011 that Fayhaa al-Dahr, 22, from the northern city of Raqqa, noticed a strange swelling in her neck. Doctors advised surgery to excise the tumors growing on her vocal chords, but even though Syria has one of the best government-subsidized medical systems in the Middle East, the operations and the follow-up treatment would be expensive.



MORE

Lessons Learned

1. **Integration** into and improvement of existing systems
2. Clear and communicated **priorities**
 - PHC and Emergency care > secondary/tertiary care
3. **Access** to (incl cost of) services
 - Transport, consultation, investigation, meds
4. Understanding which **services** used by whom and why to direct interventions
 - Trad'l, pharmacy, public, private, NGO

Lessons Learned cont

5. New **systems** to deal with new environment

- Exceptional Care Committee 
- Private companies (e.g. Lebanon)

6. Innovative financing mechanisms

- Health insurance
- Cash-based interventions
- New actors (e.g. Gulf states)

Exceptional Care Committee (ECC)

	2010		2011		2012		2010-2012	Cases of cancer between 2010 and 2012 (%)
	Total	Cases of cancer (%)	Total	Cases of cancer (%)	Total	Cases of cancer (%)		
Applications reviewed by ECC	459	23.1	458	23.0	1072	53.9	1989	100.0
Applications reviewed by ECC on cancer diagnoses	235	46.0	138	27.0	138	27.0	511	100.0
Mean age (range), years	NA	..	47 (0-94)	..	51 (1-80)	..	NA	..
Women (% of total cases)	NA	..	69	50.0	70	50.7	NA	..
Cases <20 years old (% of total cases)	NA	..	18	13.0	11	8.0	NA	..
Cases >60 years old (% of total cases)	NA	..	43	31.2	57	41.3	NA	..
Cases for funding								
Approved	89	37.9	67	48.6	90	65.2	246	48.1
Denied	NA	..	44	31.9	35	25.4	NA	NA
Pending as of Dec 31 for relevant year	NA	..	15	10.9	13	9.4	NA	NA
Cancelled (because of causes including death, repatriation, resettlement)	NA	..	12	8.7	NA	..	NA	NA
Mean total estimated cost per applicant case (range, US\$)†	NA	..	11540	..	5151	..	NA	..
Mean total estimated cost per applicant case (range, US\$)‡	NA	..	(412-141253)	..	(289-21237)	..	NA	..
Mean expenditure on approved cases (range, US\$)	6390	..	4626	..	3501	..	4839	..
Mean expenditure on approved cases (range, US\$)	NA	..	(412-21188)	..	(289-18873)§	..	NA	..
Cases approved for the full applied amount	NA	..	49/67 (73%)	..	59/89 (66%)	..	NA	..
Main reasons for denial								
Poor prognosis/palliative only	NA	..	19 (43%)	..	11 (31%)	..	NA	..
Treatment too costly	NA	..	11 (25%)	..	NA	..	NA	..
Not eligible/no official refugee status	NA	..	NA	..	6 (17%)	..	NA	..

ECC=Exceptional Care Committee. NA=not available. *Colon is included with gastrointestinal in the year 2010. †Includes primary eye, bone, and other tumours. ‡Calculated 2013 on <http://xe.com>; exchange rate US\$1=~1.4 Jordanian Dinar. §Expenditure amount available for 88 of 90 approved applications.

Table 1: Applications received by UNHCR Jordan related to cancer in refugees between 2010 and 2012

Lessons Learned cont

5. New systems to deal with new environment

- Exceptional Care Committee
- Private companies (e.g. Lebanon)

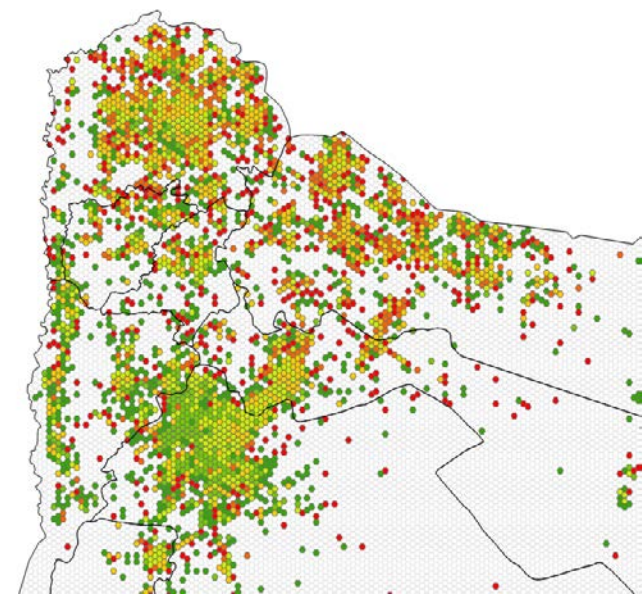
6. Innovative **financing** mechanisms

- Health insurance
- New actors (e.g. Gulf states)
- Cash-based interventions



UNHCR's Cash Programme- Model for Evidence-Based Targeting in Jordan


- 170,000+ assessments underpin decision making system
- Reached >25,000 Syrian cases
- 8,000 cases on waiting list
- Can scale and respond rapidly contingent on funding
- Next step is expansion to camps



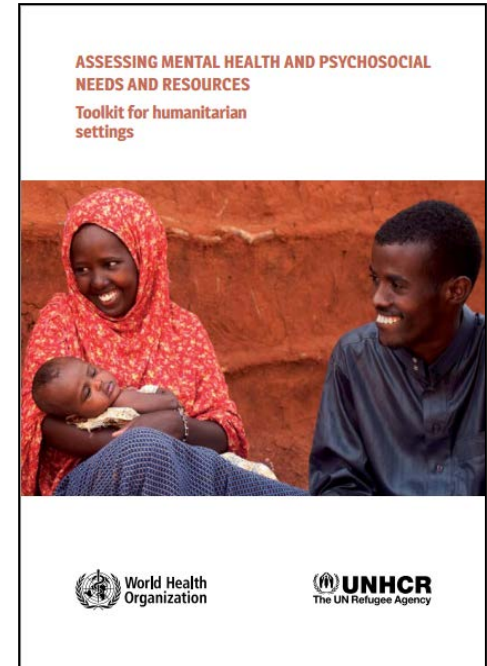
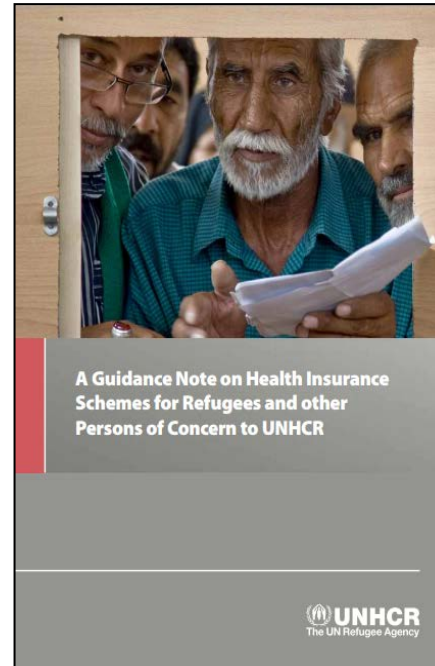
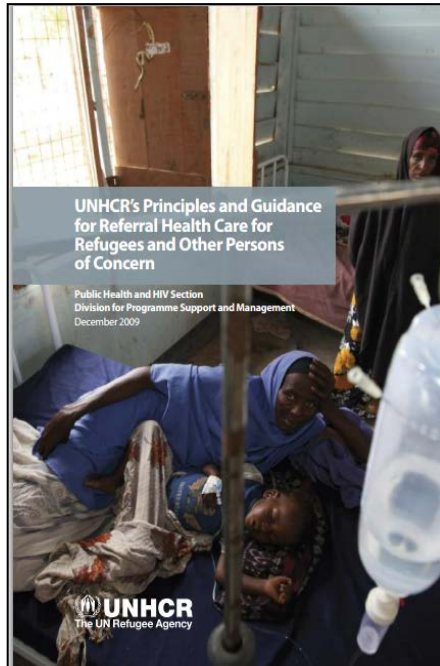
**SYRIAN REFUGEES LIVING OUTSIDE CAMPS
IN JORDAN**

HOME VISIT DATA FINDINGS, 2013

Recommendations

1. Develop more **guidance** and dissemination into practice in field 
2. Need strategies to deal with reduced funding for Syrian situation now (and for 2015)
3. Adapt Syrian experience to future context-specific crises
4. Move towards unconditional cash
 - Transformational

Policies and Guidance



Policies and Guidance cont



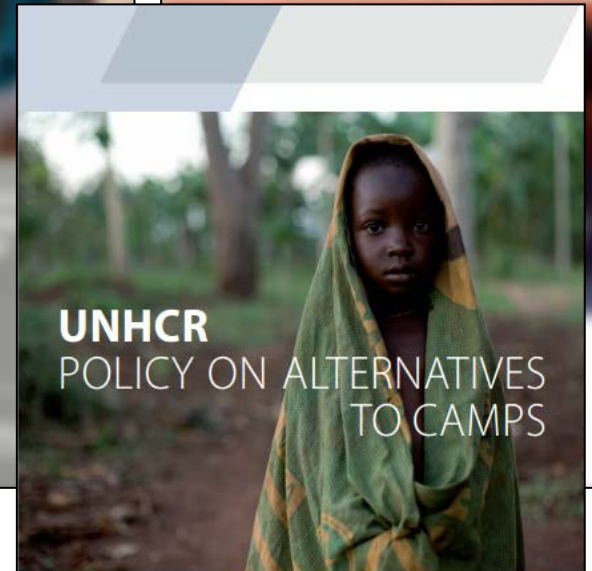
Ensuring Access to Health Care

Operational Guidance on Refugee Protection and Solutions in Urban Areas



Designing appropriate interventions in urban settings:

Health, education, livelihoods, and registration for urban refugees and returnees




UNHCR POLICY ON ALTERNATIVES TO CAMPS



Recommendations cont

1. Develop more guidance and dissemination into practice in field
2. Need strategies to deal with reduced **funding** for Syrian situation now (and for 2015)
3. Adapt Syrian experience to **future** context-specific crises
4. Move towards **unconditional cash**
 - Transformational with huge implications

Recommendations cont

5. Continue to utilise **technologies** to map and address NCDs
6. Need for countries to:
 - Implement public health/**disease prevention** programmes e.g. lifestyle, cancer screening
 - Develop diagnosis and treatment **algorithms** for NCDs 
7. Dream big!
 - Global health insurance for refugees
 - Automatic bank account when registered with biometrics

NCD Project in 4 countries*

Expected Outcomes

- Development of adapted screening and clinical management tools
- Roll out of tailor-made training for medical doctors and clinical officers
- Development of community-based management, care and follow-up model for persons with NCDs

*Jordan, Burkina Faso, Iraq, Kenya

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Field guide SUMMARY		
TYPE 2 DIABETES: screening, diagnosis, monitoring		
diabetes increases cardiovascular risk and causes damage to eyes, kidneys, nerves and blood vessels. Aim of treatment is to reduce symptoms and stop this damage. Lifestyle changes are very important!		
SCREENING		
Most people with diabetes will have no symptoms. Screen for diabetes in those with:		
<ul style="list-style-type: none"> • Hypertension • Cardiovascular disease • People who are overweight (Body mass index/BMI 30 or more) • Frequent infections, particularly skin infections (diabetes suppresses immune system) • Symptoms: polyuria, polydipsia, unexplained weight loss • Glucose in urine • On drugs that cause high blood sugar: oral steroids, antiretrovirals, and psychotics (courses over 1 month) • History of gestational diabetes (screen every 2 years, sooner if develop symptoms) • Family history of diabetes (parent, brother/sister) (screen every 2 years, sooner if develop symptoms). 		
DIAGNOSIS (WHO criteria)		
If symptoms (polyuria, polydipsia, unexplained weight loss) only a single test is needed (but always try to do 2 tests). If no symptoms you MUST do two tests on two separate occasions. Oral glucose tolerance test for pregnancy only.		
Fasting glucose (Best test) Do/drink nothing but water for 10 hours before test	Random glucose (Least accurate)	Glycosylated haemoglobin (HbA1c) Do 2 tests at least 2 weeks apart. Do not use if significant anaemia or haemoglobinopathies (sickle cell), or if mild type 1 diabetes.
126mg/dl or more 7mmol/l or more	200mg/dl or more 11.1mmol/l or more	48mmol/mol or more 6.5% or more
NEWLY DIAGNOSED TYPE 2 DIABETES		
Once diagnosis confirmed:		
<ul style="list-style-type: none"> • Find out what people know about diabetes, including what frightens them about being diabetic. They may be worried about injections or frightened they may end up having an amputation. • Start metformin soon after diagnosis because protects cardiovascular system as well as reducing blood sugar. • Over the next few weeks see the patient regularly to check they understand about diabetes/lifestyle changes. Check BP at each visit. If over 140/90 on most readings start treatment. Use an ACE inhibitor if possible. • If over 40 years, soon after diagnosis start statin (if available/affordable) for cardiovascular protection. • Once using drugs that can cause hypoglycaemia warn them about the symptoms of hypoglycaemia (sweating, sudden tiredness, feel weak, dizzy, pale, eventually coma) and what to do if this happens. Make sure the family know what to do if they get confused or unconscious too. If they drive a vehicle make sure they eat before driving and during long journeys to prevent hypoglycaemia whilst driving which can cause accidents. 		
LIFESTYLE		
Lifestyle is the most important part of diabetes care! but changing lifestyle is difficult. help your patient work out what they can do and what is too difficult. Small changes do make a difference. The main lifestyle changes are:		
<ul style="list-style-type: none"> • Smoking: help people to stop smoking because it increases the risk of cardiovascular disease. • Diet should be a healthy diet: low sugar, low fat and low salt. • Weight: if overweight, help people to lose weight because being overweight increases the risk of cardiovascular disease and makes blood sugar control harder. Aim to lose 5-10% of body weight. • Exercise (anything that makes you slightly short of breath or a light sweat) will reduce cardiovascular disease and help weight loss. Encourage walking for 30 minutes a day. 		

Final Recommendation

DREAM BIG!

- 
- A young boy is visible through a hole in a grey tarp. He is holding a thin stick horizontally across his face and making a peace sign with his right hand. The tarp has a large, faded white logo of the United Nations High Commissioner for Refugees (UNHCR) on it, which includes a stylized figure of a person being held by two hands. The word 'UNHCR' is also partially visible in large, faded letters below the logo.
- **Global health insurance for refugees**
 - **Automatic bank account when registered with biometrics**