

Providing health services to the displaced

by Rannveig Bremer Fjær

Displaced people are vulnerable because their resources have been depleted by war, conflict or natural disasters.

During flight their health is endangered by extremes of temperature, lack of shelter, food and clean water and physical and psychological stress. The WHO principles of primary health care can be used for medical evaluation and for designing relevant health services that should be provided to displaced populations.

During a two-month stay at an ICRC referral clinic for Kurdish refugees in northern Iran in 1991, evaluation of the causes for referral of patients to second line health care produced evidence of the great strains suffered by the displaced. Before tents were distributed patients had had to remain outside for three days in cold and rainy weather. Mothers lost their milk and women had abortions during their flight.

Our team of six members - three doctors, a midwife and two nurses - ran a referral clinic for 80,000 refugees and treated 120-160 outpatients and 20-30 inpatients per day. Many of those hospitalised were severely ill. The harsh conditions caused a substantial rise in morbidity and mortality mainly caused by respiratory tract infection, diarrhoeal disease and malnutrition. In the unhygienic conditions in the camps, scabies and epidemics of typhoid fever and cholera broke out. The rise in crude mortality rate during the first weeks of displacement gradually declined.

Achieving WHO's goal of 'Health for all' necessitates provision of primary health care (PHC) which covers the basic health needs of a community at an affordable cost. PHC as advocated by the WHO, has eight elements: education; local disease control; the Expanded Programme of Immunisation (EPI); maternal and child health and family planning; essential drugs; nutrition; treatment of diseases and safe water and sanitation.

A timely and effective means of rapid delivery of PHC to displaced populations is the Norwegian Mobile Medical Aid System developed by the Norwegian Joint Medical Military Services. The aim is to expeditiously reach such vulnerable groups as women and children and reduce rates of under-five and maternal mortality. The different modules in the system - a doctor's office, surgery, maternity, rehydration/nutrition, vaccination and laboratory facilities and drugs - can provide services up to the level of hospital care. It is made available to the UN and other humanitarian organisations by the Norwegian Ministry of Foreign Affairs and may be prepared for departure from an international airport within a few hours.



Clearly the most vulnerable groups in a displaced population are small children and pregnant and lactating women. To reduce mortality in refugee emergencies, emergency PHC teams with specialist expertise in paediatrics, gynaecology and obstetrics should be ready to assist. We must not forget that successful emergency interventions depend on socio-geographic mapping prior to the emergency and on medical intelligence based on a needs approach in the acute and post emergency phase of a disaster.

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