

IMPACT OF REFUGEES AND INTERNALLY DISPLACED PERSONS ON INTERNATIONAL HEALTH

ABSTRACT

The 21st century has been marked with highest distribution of wars and conflicts at local, national, regional, and international levels in world history. This has increased greatly in the last decade with a growing number of internally displaced people (IDP), refugees, and those seeking asylum. This study discussed the growing impact of refugees and IDP's on global health. Relevant data was extracted from official sites and publications of international aid agencies through electronic search. Information was sorted based on merit. The trend and dynamics of refugees migration is predominantly from the underdeveloped to the developed nations of the world while that for IDPs is largely from the politically and economically unstable regions to the more economically and politically viable ones. Study showed increasing trend of displacement of people and migration across borders at the national and international level.

Keywords: Refugees, Policy, Population, Surveillance, Migration, Diseases

INTRODUCTION

There is an estimated 6.6 million IDPs in Syria, 4.3 million refugees who have migrated across borders to other countries and 13.5 million in dire need of humanitarian aid, and more than 50% of this population is children. About 90% of these refugees are in the Middle East while 10% have migrated to Europe. Nigeria has an estimated 2.2 million IDP's predominantly in her northeast region while Afghanistan has 847, 872, and counting. The United Nations High Commission for Refugees (UNHCR) has put the global refugee burden at 59.5 million people with developing countries contributing 86% of this population while 38.2 million people are IDP's. A total of 5.1 million Palestinian refugees registered with the United Nations Relief and Work Agency (UNRWA), the democratic republic of Congo had 2.8 internally displaced persons in 2013, while southern Sudan had 1.5 million IDPs at the same period with the most vulnerable being women and children. This study brings to the fore, the growing impact of refugees and IDP's on global health^[1].

Global crises and international health

Nigeria recorded a whopping 981, 416 IDPs in the first quarter of 2015 in addition to millions of refugees who fled to neighboring countries within the sub-region due to Boko Haram insurgency in the north eastern part of the country. In North Africa, people cross to European countries on daily basis through illegal land and sea borders. The trend has been alarming within the past two years. The advent of global health indicates that diseases do not respect boundaries but cross freely when they are not properly checked. They pose threat to people beyond the boundaries. Refugees settle in camps for proper documentation and monitor. However, most of them evade all necessary measures to escape into their host countries illegally while some take advantage of porous borders. The migratory pattern could be unpredictable since refugees and IDPS can access any route of less resistance. They settle in unhygienic camps, which are usually overcrowded and sure exposed to very harsh conditions, and climates, mosquitoes, hunger, poor sanitary conditions and waste disposal,

untreated drinking water, and are predisposed to varying communicable and non communicable diseases.

IDP's, refugees and epidemics

Outbreaks of epidemics are very common among women and children who are usually in the majority further complicates the effect of ailments which ordinarily should not be life threatening. Sexually transmitted diseases and unwanted pregnancies are very rampant, majority of who diffuse into the main population on regular bases through sharp practices to end up as commercial sex workers. Disease vectors at different levels of their life cycle both in man and on the surfaces of their goods like baggages and clothing cross the borders alongside the IDPs and refugees. Most countries pay more attention to airports and seaports where they generate revenues than they do to the porous illegal borders, which serve as routes of entry for illegal immigrants and refugees and have become breeding grounds to diseases and epidemics unknown to the local authorities. The increasing surge of these dynamic population equilibrate with population of surrounding nations since most of the IDPs end up as refugees and vice versa. This is in addition to some countries without any form of outbreak preparedness, disease sensitization, or rapid response capacity. WHO refer to some diseases e.g. Ebola and Lassa fever as epidemic when only one person is affected. Going by this specification, we can comfortably say that the world has looming potential epidemic of varying diseases due to massive movement of IDPs and refugees across our porous borders^[2].

Emergency preparedness and disease surveillance

This underscores the need for rapid disease surveillance, sensitization and response preparedness at the national, state, local and district levels. WHO indicated that 164 suspected and 54 confirmed cases of Lassa fever in 19 states of Nigeria with 80 suspected and confirmed deaths between August 2015 and January 2016. In February 2016, the United Nations International Children's Fund (UNICEF) announced an estimated 1.6 million IDP's in northeast Nigeria with a projected 300 000 deaths among children before the end of 2016. Adults and children are in most deplorable states in the IDP camps with acute shortage of portable drinking water, food shortage, very poor hygienic condition, overcrowding, and poor shelter. The situation is occasioned by the activities of suicide bombers, which make the camps increasingly unsafe. These conditions predispose them to plagues, diseases and epidemics like cholera, tuberculosis, malnutrition, malaria, and other diseases associated with deplorable poverty. IDP's and refugees on transit are poorly immunized, and women and children are the most vulnerable^[2, 3, 4].

In 2015 and first quarter of 2016, refugees from Syria and surrounding countries in the eastern bloc migrated to Europe in hundreds of thousands with the attendant humanitarian needs. Diseases do not respect boundaries but cross borders along with refugees. Refugee camps serve as transit points for disease causing organisms that subsequently could affect the distant parts of the affected country. In the last five years, 1.1 million refugees from Syria migrated to Lebanon, 630 000 settled in Jordan which mounted more pressure on her already deplorable socioeconomic status with consequent negative impact on her already depleted health indices. The populations of refugees have grown astronomically in the past one decade with catastrophic consequences on the health indices of nations. United Nations estimated that 4.7 million refugees would be generated from Syria by the end of 2016. With the growing trends of IDP's and refugees in our sub-regions and globally, displacement in one region ripples across surrounding and distant regions and borders especially to areas of less political resistance and economic stability^[5].

CONCLUSION

Care should be taken ensure comprehensive disease control, surveillance and notification because some refugees access porous borders undetected while others disperse into the general population without being detected for reasonable period. Nations should closely monitor diseases under international surveillance like yellow fever, plague, cholera, typhus, and louse-borne relapsing fever. International agencies should pay greater attention to diseases under quarantine laws especially plague, yellow fever, and cholera. United Nations should expedite actions in maintaining international peace, law and order, and development of machineries for solving economic and humanitarian problems among member countries. It will be invaluable for other specialized United Nation Agencies to assist poorer nations through technical assistance, human and natural resources development, grants and loans. Nations should uphold isolation of suspected cases, vaccination, revaccination of refugees and medical surveillance.

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