

Policy Brief: Internal Displacement and Health

This briefing presents the findings and recommendations of a global workshop of over 30 experts in health research, practice and policy from fifteen countries, which was convened by the UK Academy of Medical Sciences and the Internal Displacement Research Programme in February 2021.¹ For further detail, see the workshop outcome report and the background discussion paper for the meeting.

Key Findings

1. IDPs experience worse morbidity and mortality than other conflict-affected populations

Conflict-affected IDPs have significantly worse morbidity and mortality than other populations in, and from, conflict-affected countries. This pattern exists across a range of health areas, including communicable/vector-borne diseases and mental health disorders. This adverse impact of internal displacement on health can be long-lasting, inter-generational and differentiated by gender and age.

2. The situation of IDPs is characterised by intersecting social determinants of poor health

These multiple factors include: living in poorer countries where conflict has destroyed infrastructure; being from poorer zones of those countries, where the fighting clusters; within those zones, being those often least able to cope; facing challenging conditions in displacement; experiencing loss of access to property and to support structures; and frequent deficiencies in the IDP protection response.

3. IDP health problems are made worse by obstacles in accessing essential health services

In principle, IDPs have the same rights to healthcare as other citizens. In practice, alongside poverty, common obstacles to health service access particular to IDPs include: politicisation/stigma of IDP issues and distrust of State or other health providers; disruption of treatment for chronic conditions due to displacement, ongoing mobility or repeated displacement; and the need to stay hidden as IDPs.

Policy Implications

1. Ensure equitable access to healthcare for IDPs through inclusion in essential health services

Ensuring equitable access to healthcare for IDPs, and that they are not excluded from health services or universal health care initiatives, is key to addressing worse health outcomes among IDPs. That may require adapting models of care to suit the specific IDP context and needs. As a particular concern, IDPs should not be left behind in efforts to ensure equitable access to COVID-19 vaccines.

2. Recognise the specific needs and vulnerabilities of IDPs in the governance response

Risk factors in IDP communities may differ from those in the general population. Specific governance measures may be required to address the particular health needs of IDPs in diverse conflict contexts. Where IDPs receive dedicated humanitarian /protection/development aid, this can bring health benefits. Equitable health financing for IDPs should be considered, including in COVID-19 contexts.

3. Strengthen IDP community participation, building on existing coping strategies/resilience

How social support structures travel with displacement seems to shape coping, resilience and health outcomes in important ways. Strengthening meaningful participation by IDPs and host communities in the design of services to respond to their specific needs and contexts is crucial. In this regard, health education is important and trust in authorities is key, especially in the COVID-19 scenario.

4. Support essential data-gathering and analysis on internal displacement and health

Existing IDP health data needs to be further disaggregated by population types and expanded to cover a wider range of priority health areas, regions and non-camp populations. This should include internal displacement driven by disasters, climate change etc. and in COVID-19 scenarios. Essential IDP health data must be more consistently collected and shared by governments and agencies.

1. This policy brief arises from the discussions at the workshop. It does not necessarily represent the views of all participants, the Internal Displacement Research Programme, the Academy of Medical Sciences, or its Fellows.