

Health and internal displacement

Virtual workshop

4 and 11 February 2021

Executive summary

By the end of 2019, the numbers of people displaced because of conflict and violence but still living within their home countries exceeded 45 million, almost double the number of border-crossing refugees (26 million). The numbers of such internally displaced persons (IDPs) have increased significantly since 2010. The overwhelming majority of IDPs are found in low- and middle-income countries.

While the office of the United Nations High Commissioner for Refugees (UNHCR) provides a global focal point with responsibility for refugees, no equivalent body exists for IDPs. Globally, responses to humanitarian crises involving internal displacement are led by an Emergency Relief Coordinator, who leads an Inter-Agency Standing Committee. Specific elements of the crisis response are delegated to individual agencies, which coordinate the work of a multitude of partners in 'clusters'. The World Health Organization (WHO) acts as the lead agency for the IDP health cluster.

The UN Guiding Principles on Internal Displacement, published in 1998, provide a set of global principles and a policy framework to shape national and international responses. At a regional level, African states have adopted two legal treaties, including the 2009 Kampala Convention, which provide some legal protections to IDP populations. Several countries have also enshrined the rights of IDPs in national law.

IDPs are typically from disadvantaged backgrounds and face further challenges following displacement, with significant implications for their health. They experience worse health outcomes than resident populations and non-displaced groups across a range of mental and physical health conditions. However, compared with refugees, comparatively little research has been carried out on the health of IDPs.

The workshop organised by the Academy of Medical Sciences and the Internal Displacement Research Programme (IDRP) at the School of Advanced Study, University of London, sought to identify key policy and research issues related to the health of IDP populations. Its primary aim was to inform the development of a briefing note on IDP health for the High-Level Panel on Internal Displacement established by the UN Secretary General in 2019.

Among the key issues raised by participants were:

- The need to consider the **diversity of IDPs** and the variety of contexts in which they live, including camp versus non-camp settings, vulnerable points in life such as childhood, adolescence, pregnancy and older age, the duration of displacement, and single versus multiple displacements.
- The need to consider the full range of **determinants of health** rather than just specific health outcomes, given that the circumstances in which IDPs live are likely to predispose to multiple health conditions.
- The importance of assessing **access to services**, as IDPs may face significant barriers to routine healthcare and referral to specialist services.
- The importance of **community dynamics and social structures**, which may both negatively impact health and wellbeing but also contribute to social support and resilience to adversity.
- The value of considering **IDP and host population interactions**, including how they affect health-seeking behaviours and health outcomes, and their implications for population interventions.

In terms of implications for policy and research, participants again raised a range of key issues:

- The political and practical challenges of gaining **access to IDPs**, particularly in settings where sovereign state activities have precipitated displacement, and the potential necessity of dealing with non-state actors.
- The value of **integrating health into wider discussions** of humanitarian relief efforts and sustainable development and engaging with global financing structures to mobilise resources.
- The potential to involve **NGOs and humanitarian agencies in research** as well as emergency responses.
- The importance of identifying findings from **refugee studies** that can be applied to IDPs, to avoid duplication of efforts.
- The need to consider **other triggers for displacement**, including environmental disasters and climate change.



Academy of Medical Sciences
41 Portland Place
London W1B 1QH

 @acmedsci

+44 (0)20 3141 3200
info@acmedsci.ac.uk
www.acmedsci.ac.uk

Registered Charity No. 1185329
Incorporated by Royal Charter.
Registration No. RC000905



Refugee Law Initiative
School of Advanced Study
University of London
Senate House
Malet Street
London WC1E 7HU

 @RLI_News

RLI@london.ac.uk
rli.sas.ac.uk/research-projects/internal-
displacement-research-programme