# Chapter 5.3 Refugees and internally displaced populations

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**Further reading**

1.  Chan EYY, Chiu CP, Chan GKW. Medical and health risks associated with communicable diseases of Rohingya refugee in Bangladesh 2017. International Journal of Infectious Diseases; 2018: 68: 39-43.

    **Summary of this document:** In this short article, the authors describe the risk posed by communicable diseases to Rohingya refugee communities in Bangladesh. It frames the Rohingya refugee crisis as a case study for mass displacement, focusing on their mass migration to eastern Bangladesh in 2017. The article describes the refugees' health situation through five domains: (1) water and sanitation, (2) food and nutrition, (3) shelter and non-food items, (4) access to health services, and (5) information. The authors conclude that risks faced by Rohingya refugees are a strong reminder of the importance of good Health EDRM planning, and that political dialogue is needed to secure their well-being.

2.  European Centre for Disease Prevention and Control. Public Health Guidance on Screening and Vaccination for Infectious Diseases in Newly Arrived Migrants within the EU/EEA; 2018. doi: 10.2900/154411.

    **Summary of this document:** In this guidance report, the European Centre for Disease Prevention and Control provides guidance on health screening and vaccinations for newly arrived migrants in Europe. This guidance highlights the social, economic, and cultural challenges that migrants face. The report is framed by recent increases in migration to Europe and the vulnerability of some migrants to infectious diseases. It focuses on active and latent tuberculosis, HIV, hepatitis B, hepatitis C, vaccine-preventable diseases, strongyloidiasis, and schistosomiasis. The guidance recommends screening and vaccinations where needed, emphasizing voluntary participation and social sensitivity when providing treatment.

3.  Kirmayer LJ, Narasiah L, Munoz M, Rashid M, Ryder AG, Guzder J et al. Common mental health problems in immigrants and refugees: general approach in primary care. CMAJ; 2011: 183(12): E959-67.

    **Summary of this document:** In this short article, the authors detail mental health problems encountered in immigrant and refugee communities from a primary care perspective. It divides the migrant's journey into three stages: premigration, migration, and postmigration, identifying potential mental health risks at each stage for adults and children. It argues that assessing mental health problems should consider all three stages of the migration process. Cultural barriers and adjustment can become a mental health issue for migrants upon arrival and the use of culture brokers and interpreters can improve clinicians' ability to interface with recent migrants.

4.  Pottie K, Greenaway C, Feightner J, Welch V, Swinkels H, Rashid M et al. Evidence-based clinical guidelines for immigrants and refugees. CMAJ. 2011: 183(12): E824-25.

    **Summary of this document:** In this article, the authors provide clinical guidelines for treating immigrants and refugees. It focuses on infectious diseases, mental health/maltreatment, chronic and non-communicable diseases, and women's health, providing an in-depth discussion of specific conditions. The article highlights that individualized treatment that accounts for migration history, language barriers, and cultural background offers the best approach to addressing the complexities of migrant health issues.

5.  Sphere. The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response (4th edition). Geneva, Switzerland; 2018.
    https://handbook.spherestandards.org/en/sphere/#ch001 (accessed 22 February 2022).

    **Summary of this document:** This further reading highlights evidence-based research that is foundational to considering research among refugees and internally displaced populations, especially in areas the authors discussed in the chapter, such as mental health and acute care.

    In this handbook, Sphere provides a Humanitarian Charter and standards for ethical practice and accountability in humanitarianism. It emphasizes that humanitarianism must be based on a need to prevent or reduce human suffering. It then defines the four protection principles of humanitarianism, which focus on protecting communities, providing access to assistance, assisting recovery, and helping communities claim their rights. The report also describes the core humanitarian standard, nine commitments that describe essential responsibilities for humanitarian workers. The report then contains four technical chapters on specific minimum standards required in four response sectors: water supply, sanitation, and hygiene promotion, food security and malnutrition, shelter and settlement, and health. The handbook concludes that abiding by these standards and commitment can better orient humanitarian workers towards securing the basic human rights of dignity, protection, and assistance for communities.