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Section 1.3 Physical and mental health

The experience of displacement may have serious implications for one's physical and mental well-being, and health considerations factor in throughout the displacement cycle. Even after reaching the country of asylum, refugees are still in a precarious situation, having inhibited access to resources that constitute physical and mental health determinants, such as food, work and income, housing, education and public services.51

Despite limitations in the availability of comparable data across the world, WHO, through a comprehensive review of available literature, reached a number of compelling conclusions at the regional and global levels related to the health of refugees and migrants. The WHO study, published in July 2022, indicates that refugees and migrants face poorer health outcomes than host populations, including higher occupational health risks; low awareness of issues related to sexual and reproductive health'; frequent occurrences of gender-based violence; lower levels of maternal and child health; lower level of diagnosis of non-communicable diseases (such as cancer, cardiovascular diseases, diabetes and hypertension) and an increased likelihood of substance abuse due to stressful conditions.52

In general, refugees and migrants are at an increased risk of communicable diseases due to their living and working conditions. Overall, the health condition of refugees and migrants is influenced by additional health determinants, such as a precarious legal status; discrimination; social, cultural, linguistic, administrative and financial barriers; a lack of information about health entitlements; low health literacy; and a fear of detention and deportation.53

In 2022, UNHCR recorded serious nutrition concerns, including acute malnutrition, stunting and anaemia, among refugee populations in Algeria, Bangladesh, Cameroon, Chad, Congo, Ethiopia, Kenya, Sudan, South Sudan, Niger, Tanzania, Uganda and Zambia.54,55 Across eastern and western Africa, as well as across the Americas, forcibly displaced populations were often unable to meet basic needs or secure a sufficient quantity and quality of food. In Syria, more than 1.8 million people residing in camps were severely food insecure, as well as in Lebanon, where 9 in 10 Syrian refugees were unable to afford essential food and services.56

Mental health among displaced populations is also a particular concern. Refugees are exposed to stress at every stage of their displacement, such as stress linked to separation from families, a lack of livelihood opportunities, perilous journeys and exposure to conflict, persecution and xenophobia in their new countries.57 WHO indicated that conflict- and war-affected refugees and migrants may exhibit higher levels of post-traumatic stress disorder (PTSD) and other mental health issues, particularly among young people and adolescents.58

Addressing health-related needs of refugees requires culturally-sensitive and effective care that takes into account both the impact of displacement on mental and physical health and the possible barriers affecting the availability, accessibility, acceptability and affordability of health services for displaced populations.59 While gains have been made over the past years in the inclusion of refugees into national health systems and policies, there is still a need for better health support, especially in mental health and psychosocial support, which needs to be systematically included in the design and implementation of protection solutions.60

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