

UNHCR's public health strategy in the Asia-Pacific region is focused on ensuring the basic human right to access high-quality and affordable healthcare throughout every stage of the displacement cycle. By prioritising greater inclusion in national health systems wherever possible, UNHCR employs a sustainable approach to achieve this critical goal so that no one is left behind.

Data from UNHCR's annual public health surveys, annual health inclusion surveys, standardized expanded nutrition surveys and other multi-sector surveys provide useful insights into the current health profile of forcibly displaced people, their level of inclusion into national systems, and the barriers to such inclusion. This data guides UNHCR's strategic approach to promoting the right to access healthcare and is aligned with our sustainable programming approach in the Asia-Pacific region.

UNHCR implements several health programmes in 12 countries in the Asia-Pacific region, offering access to primary and secondary healthcare, nutrition assistance, sexual and reproductive health and rights, HIV treatment, mental health psychosocial support services (MHPSS), and community health. UNHCR also engages in advocacy at the policy level in five other countries to promote the priorities outlined in the [2021-2025 Global Strategy for Public Health](#).

FORCIBLY DISPLACED AND STATELESS PEOPLE IN THE ASIA-PACIFIC



7.7 million
refugees and
asylum-seekers



6 million
internally displaced
people (IDPs)

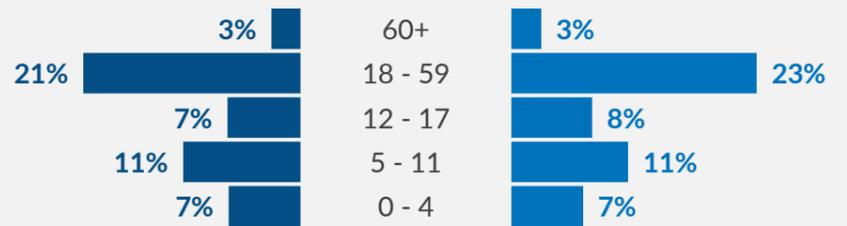


2.5 million
stateless people



0.5 million
refugee and IDP
returnees

Age & Gender Breakdown



KEY HEALTH AND NUTRITION INDICATORS



**ACCESS TO
PRIMARY AND
SECONDARY
HEALTHCARE**

4.3 million

refugees accessed essential healthcare services in 15 countries. UNHCR supported 17,451 medical referrals in operations with UNHCR public health programmes

92%

of forcibly displaced children under 5 years old vaccinated against measles in six countries



NUTRITION

3,700

refugee children with severe malnutrition treated

16,500

refugee children with moderate malnutrition treated

14.7%

Global Acute Malnutrition (GAM) rate for Rohingya refugee children under 5 years old in **Bangladesh**

4%

GAM rate for refugee children under 5 years old in **Thailand**



**SEXUAL AND
REPRODUCTIVE
HEALTH AND
RIGHTS (SRHR)
AND HIV**

161,000

refugee women and girls received SRHR services in 8 countries

960

refugees accessed antiretroviral therapy (ART) including UNHCR-supported ART in **Malaysia** and **Indonesia**

73

maternal deaths reported, of which 39 were audited

81%

refugee childbirths in 7 countries were assisted by skilled birth attendants



**MENTAL HEALTH
PSYCHOSOCIAL
SUPPORT
SERVICES (MHPSS)**

338,000

individuals received MHPSS in 14 countries



**COMMUNITY
HEALTH**

114,200

refugees in countries where UNHCR implements a community health approach were sensitized on sexual and reproductive health and HIV

2,600

community health workers were supported to promote health, nutrition, and MHPSS in 6 countries

How far have we progressed in integrating refugees into national health systems?

In 2023, UNHCR conducted health inclusion surveys in nine countries in the Asia-Pacific region to assess how well refugees are integrated into national health systems. These countries were chosen based on UNHCR's health budget, the number of forcibly displaced people, and the countries' economic status. The surveys offer insights into the extent of inclusion in health programmes, highlight sustainable practices and identify areas where enhanced inclusion efforts are needed to achieve health-related UN Sustainable Development Goals (SDG) outcomes.

9

countries in the Asia-Pacific region assessed in UNHCR's health inclusion surveys

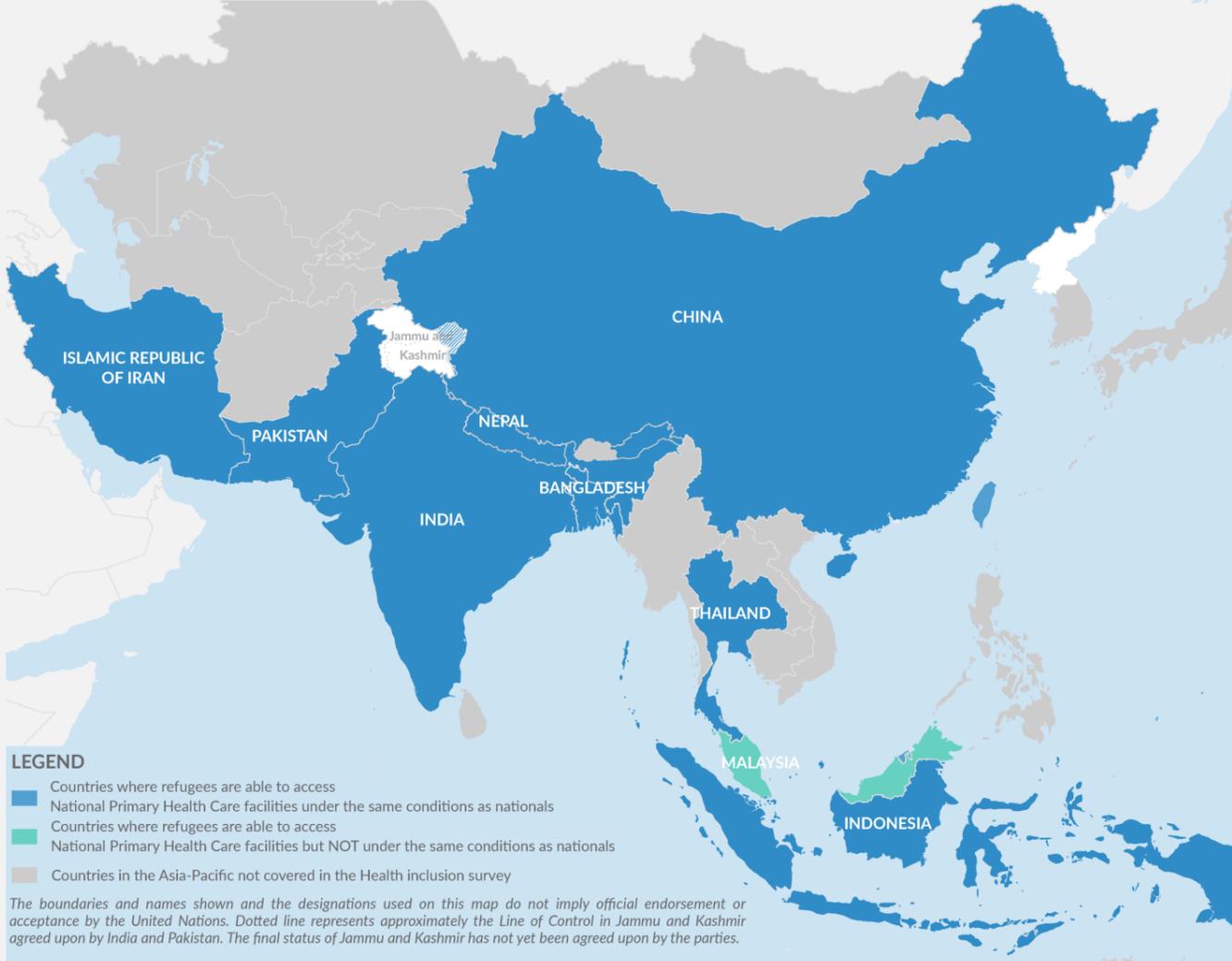
4 (44%)

of the countries assessed include refugees in the national health plans and regulatory frameworks

9 (100%)

of the countries assessed provide refugees with access to various national primary healthcare services. However, in some cases, the level of access is lower, and the cost of access is higher for refugees compared to host communities

REFUGEES' ACCESS TO NATIONAL PRIMARY HEALTH CARE FACILITIES



3 (33%)

of the countries assessed, UNHCR subsidises primary health care access for refugees, highlighting substantial primary health access barriers

5 (56%)

of the countries assessed, UNHCR subsidises secondary and tertiary healthcare access for refugees to mitigate access gaps

4 (57%)

of the seven countries assessed with national mental health programmes provide refugees access to mental health support

7 (78%)

of the countries assessed provide refugees with access to HIV treatment from national HIV programmes while the remaining rely on UNHCR assistance for HIV treatment

4 (67%)

of the six countries assessed provide refugee children with the same level of access to national immunization programmes as host communities

2 (29%)

of the seven countries assessed with national health insurance provide access to refugees. Overall, only seven of the nine countries report having some form of national health insurance

2 (33%)

of the six countries assessed have operational national health information systems in refugee settings. However, refugee-specific data is only available in Bangladesh

UN SUSTAINABLE DEVELOPMENT GOALS

Guided by the UN Sustainable Development Goals, which aim to ensure healthy lives and promote well-being for all at all ages, UNHCR's sustainable health programming and response in the Asia Pacific Region seeks to:

- Support national systems to ensure the sustainable provision of high-quality healthcare for forcibly displaced people
- Enhance partnerships and mobilise partners to strengthen national health systems in refugee-hosting areas
- Improve health access, utilization, and outcome data among refugees to support evidence-based advocacy with the relevant health ministries and development partners, as well as targeted UNHCR assistance
- Promote community development and community health approaches to ensure a more sustainable impact



UNHCR's requirements for Health programmes in the Asia-Pacific region in 2024 amount to **\$108 million**.

UNHCR is grateful for the support of the following donors who contributed to our response in the Asia-Pacific region:

Australia | Belgium | China | Denmark | European Union | France | Ireland | Japan | Republic of Korea | Luxembourg | the Netherlands | Norway | Saudi Arabia | Sweden | Switzerland | United Kingdom | United States of America | Private donors Italy | Private donors Thailand | Private donors Malaysia | Private donors Philippines | España con ACNUR | Japan for UNHCR | Education Cannot Wait | Special Trust Fund for Afghanistan | UNO-Flüchtlingshilfe | UN CERF

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For feedback and clarifications, please write to UNHCR RBAP at < rbapdima@unhcr.org > and < rbapext@unhcr.org > .

For more information on forcibly displaced and stateless population in the Asia-Pacific region, please visit the [Region Bureau for Asia and the Pacific Operational Data Portal](#).