### Committee: World Health Organisation (WHO)

### Issue: Ensuring access to healthcare services for refugee camps and detention centers

**Student Officer:** Rea Karvouni

**Position:** President

**PERSONAL INTRODUCTION**

Dear delegates,

My name is Rea Karvouni and I attend the 11th grade of the German School of Athens. I have been an active member of my school’s MUN club for the past three years and have participated in numerous MUN conferences during this time. This year I have been handed the utmost honor of being selected to serve as the President of the World Health Organisation (WHO). Firstly, I would like to welcome you to the 8th session of DSTMUN and congratulate you on your placement in this committee! The WHO is well-suited for both beginners as well as more experienced delegates and I can assure you that regardless of your prior MUN experience you will gain significant political knowledge and valuable insights into the workings of MUN. The first topic, namely “Ensuring access to healthcare services for refugee camps and detention centers” which I will be addressing is a crucial and highly relevant issue in today’s world which calls for thoughtful analysis and decisive action. This study guide will provide you with an overview of the topic, however, you are strongly encouraged to research further and familiarize yourself with your country’s policy, viewpoints as well as involvement in this issue. If any questions regarding this topic or the conference in general arise, feel free to contact me via E-Mail: [rea.karvouni@gmail.com](mailto:rea.karvouni@gmail.com). I look forward to meeting all of you and engaging in thought-provoking discussions on the committee’s topics!

Sincerely,

Rea Karvouni

**TOPIC INTRODUCTION**

The issue of provision of healthcare services in refugee camps and detention centers represents a complex combination of public health, international law, humanitarian challenges and migration frameworks. Nowadays, displaced populations face numerous barriers to accessing essential health services, particularly when in overcrowded facilities such as camps or detention centers.

While there are fundamental differences between the two types of facilities, both face very similar challenges when it comes to ensuring access to healthcare services to the populations who reside there. Refugee camps, although they are originally designed to serve as short-term emergency responses, often end up evolving into settlements, where people live for long periods of time and basic healthcare provision is inadequate or in many cases, completely absent. On the other hand, detention centers often operate in high-security environments and limit transparency, oversight and access to medical care for detained individuals. By not allowing monitoring to take place, it is therefore difficult to draw conclusions about specific health conditions. However, there is sufficient insight to conclude that there is significant room for improvement in healthcare accessibility, due to some organizations reaching out to provide humanitarian aid.

This topic is particularly relevant to the World Health Organization (WHO), as it is tasked with coordinating international health responses and upholding the right to health for all, including, and especially, marginalized and displaced populations. This study guide will examine the challenges in healthcare delivery, the legal obligations of states, policy differences, previous efforts made by international actors and many more aspects of this issue. Considering this year’s conference theme: “Progress Amid Prejudice: The Ongoing Fight for Minority Rights“, this topic addresses a specific fight for minority rights, namely those who have been forced to leave their homes under harsh conditions and instead of being met with empathy and compassion, are being deprived of one of their most fundamental human rights: the right to quality, timely, accessible and adequate healthcare.

**Figure 1: Refugee camp near Goma, Zaire (Democratic Republic of Congo)[[1]](#footnote-0)**

**DEFINITION OF KEY TERMS**

**Refugees**

“Refugees are people who have fled their countries to escape conflict, violence, or persecution and have sought safety in another country.”[[2]](#footnote-1) They are usually unable to return to their home countries and are forced to flee with few or no possessions, due to conflict, persecution, or other threats in their country of origin.

**Refugee camps**

A refugee camp is a place where “people who have escaped their own country can live, usually in bad conditions and only expecting to stay for a limited time”[[3]](#footnote-2). These camps are established to provide basic necessities such as food, water, shelter and medical care for refugees that were displaced. People end up in refugee camps because they cannot safely return home and while intended as temporary solutions, many camps exist for extended periods, leading to challenges in upholding international standards.

**Detention centers**

Detention centers are facilities where “people who have entered a country illegally are kept for a period of time”[[4]](#footnote-3). They are used to process migrants while authorities determine their status or arrange their deportation. People end up there mainly for unauthorized entry, overstaying their visa, or due to immigration enforcement. Although they are originally intended to prevent escaping and enforce laws, detention can cause significant physical and mental harm.

**Access to healthcare**

Access to healthcare is defined as the “timely use of personal health services to achieve the best possible health outcomes.”[[5]](#footnote-4) However, many individuals experience challenges that limit or prevent their access to necessary healthcare services. To successfully determine whether an individual has access to healthcare, experts have broken it down into five crucial aspects, which can differ slightly depending on the definition, but in most cases these are: “availability, accessibility, acceptability, affordability and adequacy”[[6]](#footnote-5).

**Internally displaced person (IDP)**

An internally displaced person (IDP) has been “forced to flee their [home] by conflict, violence, persecution or disasters, however, unlike refugees, [remains] within their own country.”[[7]](#footnote-6)

**“Safe third country” concept**

This concept entails that “certain migrants should not be granted protection in the country where they have applied for it. Instead, they may be returned, or transferred, to a country where they could have found, or can find, international protection.”[[8]](#footnote-7)

**BACKGROUND INFORMATION**

## Displacement crisis and its consequences

Around the world there are countless individuals who strive to improve their lives by either fleeing their home countries or seeking safer refuge within their own borders. Although there are differences between the situation refugees and Internally Displaced Persons (IDPs) are faced with, all of these individuals leave their homes and become displaced in pursuit of a better life.

Currently, experts describe these times as a global displacement crisis, noting that “[by] the end of 2024, [approximately] 123 million people around the world were displaced from their homes by conflict, violence or persecution - the highest figure ever recorded.”[[9]](#footnote-8) Within this total nearly 42.7 million were refugees, approximately 73.5 million were IDPs and 8.4 million asylum-seekers.[[10]](#footnote-9) It is also crucial to recognize, that “young migrants [aged 15 to 23] accounted for 11.3 per cent of the total migrant population”[[11]](#footnote-10).

While there are various factors that drive millions of people to leave their homes, the primary causes of forced displacement include armed conflict, drought, hunger, poor economic conditions and natural disasters such as earthquakes and floods[[12]](#footnote-11). The impacts of displacement differ depending on factors like age, gender and other personal characteristics, but certain groups -including women, girls and children- are often more vulnerable. Unaccompanied minors and family separation are also frequently observed in displacement contexts.

There are also numerous long-term consequences of prolonged displacement, such as statelessness, education gaps, trauma and other challenges, which tend to worsen as the displacement continues. Furthermore, displacement itself presents multiple complications, as there can be serious health risks during migration journeys, malnutrition and food insecurity, all of which increase the longer an individual remains displaced.

## Conditions refugees face in camps

The living conditions experienced by refugees in camps and those faced by asylum seekers or detainees in detention centers are similar, despite the significant differences in their respective purposes. These conditions directly contribute to medical emergencies and underscore the need for adequate and accessible healthcare. However, due to the differences, the conditions in refugee camps will be examined separately from the ones faced by asylum seekers or detainees in detention centers.

Firstly, refugee camps tend to be severely overcrowded and unable to accommodate the large influx of people seeking shelter. This, in combination with poor hygiene facilities and lack of WASH infrastructure (Water, Sanitation and Healthcare infrastructure) poses a significant problem, as there is a risk of infectious disease outbreaks and related issues, when a facility has exceeded its maximum capacity. Refugees also face particular vulnerability to infectious illnesses, such as COVID-19, mainly due to the general limited healthcare access and the overcrowded and unsanitary conditions in many camps, that allow for the easy transmission of disease.

An often underrecognized yet integral part of healthcare, particularly in the context of refugee care is the provision of mental health services. Individuals residing in such facilities, frequently have experienced extreme circumstances and may correspondingly need psychological support related to the effects of displacement. Common mental health conditions within this population can include trauma, post-traumatic stress disorder (PTSD), anxiety and depression, among others. Despite these needs, access to appropriate mental health care may be limited. Additionally, mental health concerns may be subject to social stigma or be insufficiently prioritized within these environments. Some challenges that contribute to the provision of adequate mental health services include a shortage of trained professionals, language barriers between healthcare providers and residents, as well as various additional factors.

Another aspect of healthcare is the access to maternal and child healthcare, sexual and reproductive health services. Considering how overcrowded camps tend to be, prenatal and postnatal care of mothers and their children is a critical need, as they pose significant risks for both the mother and baby’s health. This aspect is another area that is often lacking. Although camps generally have some provisions for pregnant women and childbirth, these services are frequently inadequate and fall short of the standards of care expected in most countries. While some camps may offer basic maternity services and are designed to provide essential care, this is not the case for the majority of them. Many locations face persistent challenges in areas such as prenatal care, shortages in staff and access to adequate hygiene facilities. Additionally, the spread of sexually transmitted diseases (STDs) and infections (STIs) is common in these settings, often resulting from unprotected sex or sexual violence against women. The lack of sexual health and reproductive care provisions therefore poses a significant challenge for everyone, particularly women, residing in refugee camps.

Accommodations for minorities such as people with disabilities and the elderly, are also crucial in this topic, since they often require special care and assistive technology. These needs are frequently overlooked resulting in increased vulnerability among various social groups including those previously mentioned, concerning the healthcare they receive.

## Detention-specific barriers

The conditions refugees and detainees face are generally very similar from a medical standpoint. Some common issues observed by human rights actors and organizations like Médecins Sans Frontières (MSF) that are similar to those observed in refugee camps are: overcrowding, lack of sanitation, poor heating and ventilation and even substandard shelter, with some people being forced to live “in containers, in rooms with broken windows or even outdoors, sleeping on wet mattresses on the ground.”[[13]](#footnote-12) Nonetheless, there are some specific problems that are faced specifically in detention facilities.

These centers impose strict restrictions on leaving the facility, even for medical treatment, which limits access to specialized care when it’s needed and can sometimes worsen an individual’s condition. This isolation from the outside world contributes to the deterioration of detainees’ health, despite most arriving in relatively good health. In addition, detainees have little to no opportunity to spend time outdoors, which further exacerbates their isolation and negatively impacts their mental wellbeing.

Research has also shown that long-term detention has more severe impacts on the detainees, especially when it comes to mental health. Specifically, one study concluded that “detained immigrants experienced a high prevalence of poor health, mental illness, and PTSD, with detention periods of 6 months or more associated with higher rates compared with those detained less than 6 months. Duration of custody is one mechanism by which immigration detention might be a catalyst for worsening health.”[[14]](#footnote-13)

A final aspect worth mentioning are the gender-specific health disparities, such as the risk of women's abuse by officials and other detainees or the neglect of their menstrual hygiene needs, etc. As previously mentioned, just like in refugee camps, in detention centers there is a high risk of STDs spread or sexual violence against detainees. It has been shown that the staff, whose duty it is to safeguard the detainees, are the ones committing the large majority of assaults within detention centers. Officials commit sexual abuse and harassment through a variety of actions, ranging from rape and invasive pat searches to the use of degrading language at the expense of detainees. Fundamentally, all these behaviors function as a way to exert dominance and “control” the detainees.

## Challenges in resolving these issues

All of the aforementioned conditions and many more, are faced by refugees and detainees due to various reasons. Shortages in the healthcare workforce and the lack of a sufficient number of trained medical staff, combined with little-to no capacity for them to operate effectively, leads to the absence of systematic health surveillance in such environments. When there is no mechanism for reporting health issues, paired with insufficient health data monitoring, a clear understanding of where medical assistance is needed cannot be achieved and the issue isn’t addressed properly.

Another problem with resolving this topic is that there is a lot of secrecy in regards to medical information and the conditions detainees face in these centers. The private companies that dominate detention operations don’t release any health information about the populations they detain, making it difficult to assess the situation and rank the severity in each case. Hence, researchers, organizations and the relevant authorities must advocate for increased data transparency, while simultaneously safeguarding data privacy and protection measures. Additionally, the limited oversight and accountability mechanisms in the form of health inspections are completely absent. Another obstacle is the false perception by the detainees, that the humanitarian organizations aiming to provide medical assistance are part of the detention system, which fosters a distrust towards people trying to assist them medically. There are also cultural and language barriers in the provision of service, which oftentimes lead to inaccuracy in diagnosis and treatment or in extreme cases, discrimination by staff.

## Legal background

While this topic is mainly focused on the humanitarian aspect of the need for access to adequate healthcare in refugee camps and detention centers, it has a legal basis, on which countries act upon, when deciding immigrants’ asylum status or the future of detainees. These can vary for each state, however there are certain legal frameworks and standards, such as the right to health, the right to non-discrimination in health services and many more that apply internationally. Moreover, as previously stated, there are some legal variations on the national level, such as variability in legislation regarding detention and camp health in each country. It is also important to note, that under international law, host states and authorities have a duty to provide humane treatment (that includes medical care) and also hold legal accountability for any medical negligence or fatalities for refugees in camps or detainees in custody in detention centers.

MAJOR **COUNTRIES AND ORGANISATIONS INVOLVED**

## Bangladesh

Bangladesh is widely involved in this issue, as it is a host country to the Rohingya people, a stateless muslim group from Myanmar. In 2017, the Rohingya genocide took place and there are currently over 1.5 million people that have fled to Bangladesh since then[[15]](#footnote-14). The people who successfully escaped the violence in Myanmar after several days of travel to cross the border and reach safety now face challenges in the refugee camps. These encompass overcrowded living conditions, inadequate availability of crucial healthcare and food resources, as well as worsening mental health issues. People are also afraid to seek assistance as they might be put at risk of being returned to Myanmar. The humanitarian response is severely under-resourced and the refugees residing in the Cox’s Bazar camps require immediate medical attention. Bangladesh is committed to hosting refugees, however these efforts made by the government are impacted by natural disasters and reduced funding. It also has strengthened partnerships with the UNHCR, donors and other actors, to try and resolve this humanitarian crisis that continues to receive limited global attention despite its urgency.

## Greece

Greece serves as a major entry point for refugees and migrants into Europe, hosting numerous camps and detention centers across the Aegean islands and mainland. In recent years, Greece has experienced a significant influx of migrants and asylum seekers. It is therefore crucial to evaluate access to primary healthcare, emergency medical care and essential medicines among populations residing in refugee camps, temporary accommodation and detention centres in Greece. Efforts have been made to integrate refugees into Greece’s healthcare system, but without any significant success. Overall conditions in detention centres and migrant camps remain below acceptable standards, with major concerns including the prison-like design, insufficient hygiene, overcrowding and a shortage of doctors, nurses, psychologists and social workers. Additionally, there is a complete lack of interpretation services and other basic necessities.

## United States of America

Part of the United States’ (US) immigration health policy includes the provision of healthcare access to refugees and asylum seekers in detention centers. Some international organizations work alongside US agencies to improve healthcare delivery in detention settings, especially for more vulnerable populations. There are several agencies that assess medical needs, provide care and ensure compliance with medical detention standards for individuals in custody. Despite that, there are some criticisms and concerns regarding the quality and consistency of healthcare provision in detention facilities, particularly those managed by private contractors. In light of recent actions by Immigration and Customs Enforcement (ICE), there has been a significant increase in arrests and a notable rise in detentions. This focus on increasing deportations has led to overcrowded detention facilities and concerns about the health conditions within them. Since there is a lack of transparency in the detention system, it is extremely difficult to assess the quality of care provided to detainees. It is also very likely that immigrants and refugees are facing barriers to accessing healthcare due to legal status, language barriers and other factors. Lastly, the division of responsibility among different agencies leads to fragmented and inconsistent healthcare services being provided.

## Médecins Sans Frontières (MSF)

Médecins Sans Frontières , or Doctors without Borders, is the Non-Governmental Organization (NGO) that is most involved in this topic and is an international medical humanitarian organization that provides medical care in conflict zones and regions affected by epidemics or natural disasters, or for people who face exclusion from healthcare. It is known for remaining neutral and impartial, helping solely based on medical needs. MSF provides direct medical assistance including primary healthcare, mental health support, maternal health, vaccination and emergency care in refugee camps and detention centers worldwide. It runs projects in all of the aforementioned countries and many more, as well as working in detention-like settings. It often calls for unhindered access to humanitarian assistance, care and protection for all refugees in camps and also urges all relevant authorities to uphold the non-refoulment principle, meaning ensuring that no-one is returned to a place where they can face serious harm.

## United Nations High Commissioner for Refugees (UNHCR)

The UNHCR leads international efforts to protect refugees and ensure their access to essential services including healthcare. It coordinates healthcare access in refugee camps and detention centers by partnering with governments and organizations to provide vaccines, medical treatment, psychosocial support and health infrastructure. Moreover, it ensures that refugee health needs, including vulnerable groups such as women, children and the elderly are integrated into humanitarian response plans. The UNHCR makes use of combinations of “complementary interventions to strengthen national health systems and overcome financial barriers. UNHCR utilizes cash-based interventions to enhance access to health services by giving refugees the financial means to cover medical costs, including consultations, medications, and transportation. This flexibility empowers individuals to seek necessary care, reduces barriers to treatment, and improves health outcomes by promoting greater self-reliance. “[[16]](#footnote-15).

**BLOCS EXPECTED**

**Bloc 1:** These countries are fully in support of healthcare access regardless of people’s status, they call for international funding and burden-sharing to manage large refugee populations with limited resources (includes host countries but also other countries in support of migrants’ wellbeing).

**Bloc 2:** Countries in this bloc prioritize border control and may oppose expanded healthcare services in detention to avoid pull factors, meaning offering pleasant conditions that could pull migrants into one specific country.

**TIMELINE OF EVENTS**

| **Date** | **Description of event** |
| --- | --- |
| 18 March 2016 | EU-Turkey Statement |
| 6 July 2017 | UNHRC Resolution A/HRC/RES/35/17 gets adopted by the HRC, protecting the human rights of migrants |
| 19 December 2018 | UNGA Resolution 73/195 gets adopted by the GA |
| 2021-2025 | UNHCR Global Public Health Strategy For Public Health |
| 2015-Present | Emergency Medical Teams (EMT) initiative |

**RELEVANT RESOLUTIONS, TREATIES AND EVENTS**

## [UNHRC Resolution A/HRC/RES/35/17](https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_HRC_RES_35_17.pdf)

This resolution, titled: “Protection of the human rights of migrants: the global compact for safe, orderly and regular migration” was adopted in 2017. It calls on states to ensure humane detention conditions and provide access to healthcare. The resolution focuses on protecting the human rights of all migrants, regardless of their status and promoting international cooperation in migration governance. It also shows support for other similar frameworks and requests that countries share the responsibility of protecting migrants from discrimination, exploitation, violence, as well as improving their access to fundamental healthcare services. Implementation has been uneven with some countries having advanced migrant protections, while others remain concerned about control and being a so-called pull factor.

## [UN General Assembly Resolution 73/195](https://docs.un.org/en/A/RES/73/195)

Titled “Global Compact for Safe, Orderly and Regular Migration”, this resolution includes a commitment to ensure migrants’ access to healthcare. It’s the first intergovernmental agreement that addresses all dimensions of international migration and more specifically, in regard to the topic it ensures migrants’ access to healthcare without discrimination. It also puts emphasis on the fact that responsibility for refugees should be shared among the countries of origin, transition and destination. It is a broader framework, as it doesn’t only target the healthcare sector, but all kinds of aspects of migration.

## UNHCR and WHO Memorandum of Understanding (MoU)

This agreement, signed in 2021 and supported by the World Health Assembly's Global Framework on Promoting the Health of Refugees and Migrants, aims to enhance inclusion and integration of refugees into national health systems. It establishes the formal cooperation between UNHCR and WHO to address health needs of refugees and forcibly displaced persons. It also coordinates responses to public health emergencies and infectious disease outbreaks that greatly affect refugees and their host communities. It also strives to align refugee health initiatives with national health policies and WHO guidelines to reduce disparities in health requirements for migrant facilities across different countries.

**PREVIOUS ATTEMPTS TO SOLVE THE ISSUE**

**WHO Emergency Medical Teams (EMT) initiative**

The Emergency Medical Teams (EMT) initiative by WHO is a global initiative to coordinate emergency medical teams that can rapidly respond to crises globally. This ensures timely, quality medical care in emergencies by promoting standards for teams to enhance their quality and accountability in crisis situations. It fosters international collaboration for health emergency responses, including in refugee camps and has successfully deployed in refugee crises such as in South Sudan and Syria. However the success of operations relies greatly on the cooperation of the host country and external funding, which can become problematic if a country is unwilling to collaborate.

**EU-Türkiye Deal**  
The EU–Türkiye Statement was implemented in March 2016 and attempted to manage migration from Türkiye to Greek islands by returning them, in exchange for financial support for Türkiye by the EU. This support includes provisions to improve humanitarian conditions and access to healthcare services in refugee camps in Türkiye. However, it proved ineffective as it led to overcrowded camps in both Greece and Türkiye and has frequently been criticized for violating international law, particularly the principle of non-refoulement, which prohibits states from returning refugees to countries where they face a substantial risk of harm. Many critics of this deal, such as Refugee Support Aegean make statements such as: “The EU-Turkey deal and the current practice in Greece show how dangerous border procedures and the third country concept are for refugee protection.”[[17]](#footnote-16) Basically, it has faced criticism for implementation challenges related to migrants' living conditions and rights.

**UNHCR Global Public Health Strategy 2021-2025**

The Global Public Health Strategy aims to strengthen public health responses for refugees, IDPs and other forcibly displaced populations. It helps refugees and other persons of the UNHCR’s concern to live healthy lives and have access to any and all health services they may need while ensuring their quality. More specifically, it focuses on improving health service delivery in the form of: disease prevention, mental health prioritization, sexual and reproductive health and infectious diseases. Its general goal is to build more resilient health systems and integrate refugee needs into these national frameworks by promoting equitable access to health for displaced populations.

**POSSIBLE SOLUTIONS**

**Integration into national health systems**

With this method, refugees and asylum seekers could be included in Universal Health Coverage (UHC), in the countries where that is feasible. Where it is more difficult, the WHO could support host countries through assistance on sectors including emergency, mental health and other necessary health services. Additionally, successful humanitarian operations and responses during displacement need to be tailored to address demographic variations. Lastly, the local staff can be trained on first aid and any existing healthcare facilities inside of camps or detention centers can be financially supported and developed. Moreover, there could be some community-based approaches, where locals provide assistance and any supplies or financial aid, to help where possible.

**Mobile clinics and health units**

This proposed solution involves addressing these concerns directly at specific camps and detention centers. Well-trained professionals would visit numerous locations where refugees and asylum seekers are in greatest need of healthcare services, especially in the most remote or insecure camps. This could resemble the EMT initiative, but with a key difference: operations would not solely rely on the cooperation of the host country or its willingness to finance the mission. Instead, it would have its own independent funding and would remain unaffected by countries’ willingness to cooperate or their respective immigration policies. By establishing a dedicated fund, the initiative can ensure impartiality in delivering healthcare and it allows for rapid response to emerging crises without unnecessary delays. This proposed solution promotes collaboration between international organizations and local communities and ultimately aims to create a more sustainable healthcare framework that adapts to varying conditions across different regions and camp or center locations.

## Monitoring and accountability mechanisms

This approach is more focused on improving health conditions in detention centers by establishing health inspections by third-parties. This could improve data collection to establish informed policy and ensure compliance with international health standards. Maintaining access to these facilities, which are often closed to external scrutiny is essential, as well as maintaining close cooperation between humanitarian organizations and UN bodies such as the UNHCR with private corporations that run these facilities. Although ensuring complete transparency might be a challenge, even some data could be helpful to further access the situation in detention centers. Lastly, with this new information, conclusions can be drawn and collaborations can be made in order to better the health-situation in these facilities. Being able to raise awareness to the public through advocacy on the health and humanitarian consequences of long-term health impact these places have on people is crucial in order to keep the general public more informed.

**International funding and burden sharing**

This solution proposes creating a dedicated health fund through a strategic partnership between WHO and UNHCR to secure financing of all the aforementioned healthcare services so they can become more widely available to refugees and detainees. It could also take the form of a global campaign or fundraiser aimed at fostering cooperation among governments, intergovernmental organizations and the involvement of the public across various sectors to increase support. This multi-level collaboration ensures that healthcare delivery to displaced populations aligns with global health standards and integrates refugees into national health systems, promoting equity and universal health coverage.

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