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The health of refugees and displaced persons in South Sudan

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Managing health and infections in refugees: Turkey's experience

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Abstract: Turkey is located adjacent to the regions of war and crisis. After the outbreak of conflicts in Syria on March 2011, over 4.5 million people have been forced to leave their country and over 2,200,000 of them took refuge in Turkey. Turkish government has implemented "open-door policy" and shouldered a tremendous load collaborating with non-governmental organizations and spent nearly $8 billion for caring of refugee population. Refugees were first met at border crossing points, registered and given identity cards that document the status of "temporary protection". A symptom-based screening (not a standard protocol) was implemented for urgent health problems during registration and children were included in the national vaccination program comprising oral polio, measles (MMR),TdaP-HiB-IPV(quintet vaccine), hepatitis-B and conjugated pneumococcus.

As of January 4, 2016; 267,476 refugees are placed in 25 separate accommodation centers in ten different cities and remaining majority of refugees live out of the camps. Although health and education facilities are better in the camps, those non-camp residents also have free access to primary care and even secondary or tertiary-care if address-based registry was made and complied to the referral chain. Mop-up vaccination campaigns are launched for non-camp residents scattered in large cities and the coverage has extended above 90 percent for polio and measles. Healthcare capacity for refugees/asylum seekers was re-established by recent regulations on the basis of "Law on foreigners and international protection" that has entered into force on 11 April 2014. According to the current legislation; medical requirements of Syrian refugees including medicine, dentures, eyeglasses, hearing aids and similar medical materials are provided, treatment costs are to be billed to the Governor of the relevant province.

A significant number of the refugees suffer physical and psychological traumas of the war while infections are not among the leading health problems. According to the records of Ministry of Health; 5505 cases of cutaneous leismaniasis and 558 cases of tuberculosis were detected and treated (in and out of the camps) as of October 2015. Tuberculosis was screened in 10,689 refugees and the prevalence was found to be similar to the Turkish population (18.7/100 000). Screening was terminated. No case of malaria was detected in the blood smears of over 100,000 people. A significant increase was detected in cases of measles, particularly in southeastern region where the camps are located. This caused a shift in national vaccination program and the booster of MMR vaccine was withdrawn from the first year of primary school to the preschool period.

Breakdown of healthcare infrastructure, shortage of medical personnel, medical supply and drugs, limited access to clean water and problems with garbage disposal had lead to outbreaks of hepatitis A, typhoid fever and cholera in Syria. Increasing number of cutaneous leishmaniasis cases in Turkey and Lebanon, tuberculosis in Lebanon and Jordan among refugees was reported. Overall due to the lack of infrastructure of health care system in Syria, increasing number of refugees and overcrowded camps with suboptimal sanitation conditions in Lebanon and Iraq, these emerging and re-emerging pathogens not only threat the refugees but also effect the citizens of Middle East countries and even Europe. Therefore there is an urgent need of international collaboration between United Unions, European Union, governments, WHO, CDC, ECDC, humanitarian organizations, funding bodies and pharmaceutical companies to cope with infectious diseases, humanitarian crisis and recover health care and public health system in Syria.

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Rapid diagnostic point of care tests in resource limited settings

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Abstract: One of the definitions of diagnostic point of care testing is provision of laboratory testing at or near the site of patient care. It has the potential to minimise the time to obtain the result of the test, which expedites the diagnosis and initiation of the treatment especially in resource-limited settings where health care infrastructure is weak and access to quality and timely medical care represents a challenge. It is estimated, that introduction of rapid, laboratory-independent diagnostic tests for four