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Refugees in the Eastern Mediterranean Region: Needs, Problems and Challenges

Habibolah Taghizadeh Moghaddam[1], Seyed Javad Sayedi[2], Zahra Emami Moghadam[3], Abbas Bahreini[4], Maryam Ajilian Abbasi[5], *Masumeh Saeidi[2]

[1]Department of Biochemistry, Mashhad University of Medical Sciences, Mashhad, Iran. [2]Department of Pediatrics, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran. [3]Faculty of Nursing and Midwifery, Mashhad University of Medical Sciences, Mashhad, Iran. [4]Resident of Neurosurgery, Faculty of Medicine, Shiraz University of Medical Sciences, Shiraz, Iran. [5]Ibn-e-Sina Hospital, Mashhad University of Medical Sciences, Mashhad, Iran.

Abstract

As host to some of the world's biggest emergencies and protracted crises, the Eastern Mediterranean Region carries the largest burden of displaced populations globally. Out of 58 million displaced persons worldwide, almost 30 million (52%) come from the Region. Syria is currently the world's biggest producer of refugees and internally displaced persons, with more than 40% of the population now displaced. Afghanistan and Somalia face two of the longest-spanning refugee situations, with Afghanis constituting the second-largest refugee group in the world after Syrians, and Somalia facing one of the world's most complex refugee situations. The Region is also witness to massive internal displacement. More than 4 million people in Iraq are now displaced inside the country. In Yemen, one of the world humanitarian crises in the world, more than 2.4 million people have relocated to safer areas to escape the violence.

Countries in the Eastern Mediterranean Region have shown generous hospitality towards displaced populations. Lebanon, a country of four million people, is now the highest per capita host of refugees in the world, with refugees comprising almost a third of the total population. In Jordan, Syrians make up 10% of the population. Iran is host to 3 million Afghan refugees, during the last thirty years. Pakistan, a country with more than 1.5 million internally displaced persons, is also host to more than 1.5 million refugees from Afghanistan. With the majority of refugees and internally displaced persons across the region living outside camp settings, both displaced populations and host communities, are exposed to increased public health risks. These include infectious diseases due to overcrowded living conditions, limited access to safe water and sanitation, and varying degrees of access to primary health care services.

Key Words: Eastern Mediterranean Region, displaced people, Health problems, Refugees.

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Corresponding Author:

Masumeh Saeidi, Department of Pediatrics, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran.

Email: Masumeh_Saeedi@yahoo.com

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1- INTRODUCTION

Forced displacement has accompanied persecution, as well as war, throughout human history but has only become a topic of serious study and discussion relatively recently. This increased attention is the result of greater ease of travel, allowing displaced persons to flee to nations far removed from their homes, the creation of an international legal structure of human rights, and the realizations that the destabilizing effects of forced migration, especially in parts of Africa, the Middle East, south and central Asia, ripple out well beyond the immediate region. Leave home and migrate to another country without having any specific features, for every man hard and sad. Here are top 10 stand out facts:

1-1. Top 11 global facts about refugees

1. A refugee is a person who is outside his or her country of nationality and can't return due to a well-founded fear of persecution because of his or her race, religion, nationality, political opinion, or membership in a particular social group.

2. At the end of 2013, there were 16.7 million refugees worldwide, with the highest number in Pakistan (1.6 million).

3. It's estimated that 50% of refugees are under the age of 18.

4. An asylum seeker is a person who is looking to be recognized as a refugee, but has not yet received formal refugee status. The most asylum seekers come from Pakistan and Iran.

5. Internally displaced people (IDPs) are those who have been forced to leave their homes as a result of armed conflict, generalized violence or human rights violations. Unlike refugees they have not crossed an international border.

6. In 2011, there were roughly 26.4 million people displaced internally (within their country of origin) by conflict.

7. Under international law, refugees are not allowed to be forced back to the countries they have fled.

8. Developing countries host 80% of the world's refugees.

9. In 2012, the region with the most number of IDPs was in the Middle East and North Africa (2.5 million people).

10. A total of 895,000 individual applications for asylum or refugee status were submitted to governments and UNHCR offices in 166 countries in 2011. Roughly 11% of these requests were fulfilled.

11. In 2013 has been seen a significant number of people seeking asylum or refugee status from countries experiencing recent or ongoing conflict or security concerns (1-16).

1-2. Types of Forced Migration

1-2-1. Conflict-Induced Displacement

People who are forced to flee their homes for one or more of the following reasons and where the state authorities are unable or unwilling to protect them: armed conflict including civil war; generalized violence; and persecution on the grounds of nationality, race, religion, political opinion or social group.

A large proportion of these displaced people will flee across international borders in search of refuge. Some of them may seek asylum under international law, whereas others may prefer to remain anonymous, perhaps fearing that they may not be granted asylum and will be returned to the country from whence they fled. Since the end of the Cold War, there has been an escalation in the number of armed conflicts around the world. Many of these more recent conflicts have been internal conflicts based on national, ethnic or religious separatist struggles. There has been a large increase in the number of refugees during this period as

displacement has increasingly become a strategic tactic often used by all sides in the conflict. Since the end of the Cold War there has also been an even more dramatic increase in the number of internally displaced persons (IDPs), who currently far outnumber the world‘s refugee population. In 2010, there were some 11 million refugees and asylum seekers and a further 27.5 million IDPs worldwide.

The most important international organization with responsibility for refugees is the United Nations High Commissioner for Refugees (UNHCR). Under the 1951 UN Refugee Convention, UNHCR is mandated to provide protection and assistance to refugees. However, one group of refugees do not come under the mandate of UNHCR. These are Palestinian refugees in the Middle East, who come under the mandate of the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA).

1-2-2.Development-Induced Displacement

These are people who are compelled to move as a result of policies and projects implemented to supposedly enhance ‘development’. Examples of this include large-scale infrastructure projects such as dams, roads, ports, airports; urban clearance initiatives; mining and deforestation; and the introduction of conservation parks/reserves and biosphere projects. Affected people usually remain within the borders of their home country. Although some are resettled, evidence clearly shows that very few of them are adequately compensated. While there are guidelines on restoration for affected populations produced by some major donors to these types of projects, such as the World Bank, there continues to be inadequate access to compensation. This tends to be the responsibility of host governments, and interventions from outside are often deemed inappropriate. This is undoubtedly a causal factor in displacement more often than armed conflict, although it often takes place with little recognition, support or assistance from outside the affected population. It disproportionately affects indigenous and ethnic minorities, and the urban or rural poor. It has been estimated that during the 1990s, some 90 to 100 million people around the world were displaced as a result of infrastructural development projects. It has also been reported that, on average, 10 million people a year are displaced by dam projects alone.

1-2-3. Disaster-Induced Displacement

This category includes people displaced as a result of natural disasters (floods, volcanoes, landslides, earthquakes), environmental change (deforestation, desertification, land degradation, global warming) and human-made disasters (industrial accidents, radioactivity). Clearly, there is a good deal of overlap between these different types of disaster-induced displacement. For example, the impact of floods and landslides can be greatly exacerbated by deforestation and agricultural activities. Estimating trends and global figures on people displaced by disaster is even more disputed and problematic than for the other two categories. But there are certainly many millions of people displaced by disasters every year. Several international organizations provide assistance to those affected by disasters, including the International Federation of the Red Cross and Red Crescent Societies, and the World Food Programme. Many NGOs (international and local) also provide assistance to affected people (1-5).

1-3. Types of forced migrants

There are various terms which have been adopted to describe groups affected by forced migration. The meaning of some of these terms is not always self-evident, they are sometimes misleading, and are not necessarily mutually exclusive. Given

below are brief descriptions of the main terms used by those researching and working with forced migrants.

1-3-1. Refugees

The term 'refugee' has a long history of usage to describe 'a person who has sought refuge' in broad and non-specific terms. However, there is also a legal definition of a refugee, which is enshrined in the 1951 United Nations Convention Relating to the Status of Refugees. Article 1 of the Convention defines a refugee as a person residing outside his or her country of nationality, who is unable or unwilling to return because of a 'well-founded fear of persecution on account of race, religion, nationality, membership in a political social group, or political opinion'. Some 150 of the world's 200 or so states have undertaken to protect refugees and not return them to a country where they may be persecuted, by signing the 1951 Refugee Convention and/or its 1967 Protocol. Those recognized as refugees are better off than other forced migrants, in that they have a clear legal status and are entitled to the protection of the UNHCR. The annual budget for the UNHCR has grown from US$300,000 in its first year to more than US$3.59 billion in 2012 and the agency works in 126 countries (3). The vast majority of refugees are in the world's poorest countries in Asia and Africa. The global refugee population grew from 2.4 million in 1975 to 14.9 million in 1990.A peak was reached following the end of the Cold War with 18.2 million in 1993. In 2010, there was estimated to be some 10.5 million refugees around the world (4).

1-3-2. Asylum seekers

Asylum seekers are people who have moved across an international border in search of protection under the 1951 Refugee Convention, but whose claim for refugee status has not yet been determined. Annual asylum claims in Western Europe, Australia, Canada and the USA combined rose from some 90,400 in 1983 to 323,050 in 1988 and then peaked at 828,645 in 1992. Applications fell sharply by the mid-1990s but began to steadily rise again towards the end of the decade. By the end of 2004, asylum applications made in these Western countries had again dropped significantly and in 2010 the total number of asylum applications in 44 industrialized countries was estimated at 358,800; the fourth lowest in the past 10 years (5).

As the numbers of asylum seekers rose during the 1990s and beyond, there was increasing scepticism from some politicians and the media, particularly in Western states, about the credibility of the claims of many asylum seekers. They have been labelled 'economic refugees' and 'bogus asylum seekers'. Asylum migration is clearly a result of mixed motivations. Most asylum seekers do not come from the world's poorest states, however many do come from failed or failing states enduring civil war and with high degrees of human rights abuses and, not surprisingly, significant levels of poverty. However, the number of people who are seeking asylum in Western states comprises a small fraction of the total number displaced around the world.

1-3-3. Internally Displaced Persons

The most widely used definition of internally displaced persons (IDPs) is one presented in a 1992 report of the Secretary-General of the United Nations, which identifies them as 'persons who have been forced to flee their homes suddenly or unexpectedly in large numbers, as a result of armed conflict, internal strife, systematic violations of human rights or natural or man-made disasters, and who are within the territory of their own country'. Sometimes referred to as 'internal refugees', these people are in similar need of protection and assistance as refugees but do not have the same legal and institutional support as those who have managed to cross an international border.

There is no specifically-mandated body to provide assistance to IDPs, as there is with refugees. Although they are guaranteed certain basic rights under international humanitarian law (the Geneva Conventions), ensuring these rights are secured is often the responsibility of authorities which were responsible for their displacement in the first place, or ones that are unable or unwilling to do so. The number of IDPs around the world is estimated to have risen from 1.2 million in 1982 to 14 million in 1986. However, it is likely that earlier estimates are woefully low, as little systematic counting was being conducted at the time. Estimates on numbers of IDPs continue to be controversial, due to debate over definitions, and to methodological and practical problems in counting. In 2010 there were an estimated 27.5 million IDPs worldwide. However, statistics on IDPs are a controversial issue and there is no universal agreement.

1-3-4. Development displacees

People who are compelled to move as a result of policies and projects implemented to supposedly enhance 'development'. These include large-scale infrastructure projects such as dams, roads, ports, airports; urban clearance initiatives; mining and deforestation; and the introduction of conservation parks/reserves and biosphere projects. Affected people usually remain within the borders of their country. People displaced in this way are sometimes also referred to as 'oustees', 'involuntarily displaced' or 'involuntarily resettled'. This is undoubtedly the cause of huge-scale displacement, although it often takes place with little recognition, support or assistance from outside the affected population. It disproportionately affects indigenous and ethnic minorities and the urban or rural poor. It has been estimated that during the 1990s some 90 to 100 million people around the world were displaced as a result of infrastructural development projects.

1-3-5. Environmental and disaster displacees

Sometimes referred to 'environmental refugees' or 'disaster refugees', in fact most of those displaced by environmental factors or disasters do not leave the borders of their homeland. This category includes people displaced as a result of natural disasters (floods, volcanoes, landslides, earthquakes), environmental change (deforestation, desertification, land degradation, global warming) and human-made disasters (industrial accidents, radioactivity).

1-3-6. Smuggled people

Smuggled migrants are moved illegally for profit. They are partners, however unequal, in a commercial transaction. This is not to say that the practice is not without substantial exploitation and danger. People who think they are being smuggled may run the risk of actually being trafficked (see below). And even if they are not, their personal safety and well-being on their journey and after arrival are not necessarily the smugglers' top priority. Smuggled migrants may include those who have been forcibly displaced as well as those who have left their homeland in search of better economic and social opportunities. The motivations are often mixed. As the borders to favoured destination countries have become increasingly strengthened to resist the entry of asylum seekers, migrants of all kinds have increasingly drawn upon the services of smugglers.

1-3-7. Trafficked people

These are people who are moved by deception or coercion for the purposes of exploitation. The profit in trafficking people comes not from their movement, but from the sale of their sexual services or

labour in the country of destination. The trafficked person may be physically prevented from leaving, or be bound by debt or threat of violence to themselves or their family in their country of origin. Like smuggling, by its very clandestine nature, figures on the number of people being trafficked are extremely difficult to obtain (17-21).

2- MTERIALS AND METHODS

2-1. Literature Search

The following databases were searched for relevant papers and reports: MEDLINE, CINAHL, WHO website, United Nations Children's Fund (UNICEF) and United Nations (UN) website, Embase, Cochrane Collection, Google Scholar, Pubmed, Islamic databases and ISI Web of Knowledge. Key references from extracted papers were also hand-searched.

2-2. Search Terms

To evaluate the texts and websites, the singular or combination forms of the following keywords were used to search for the relevant literature: "Children", "Death", "Eastern Mediterranean Region", "Displaced people", "Health Problems", and "Refuges".

3- RESULTS

3-1. Regional facts

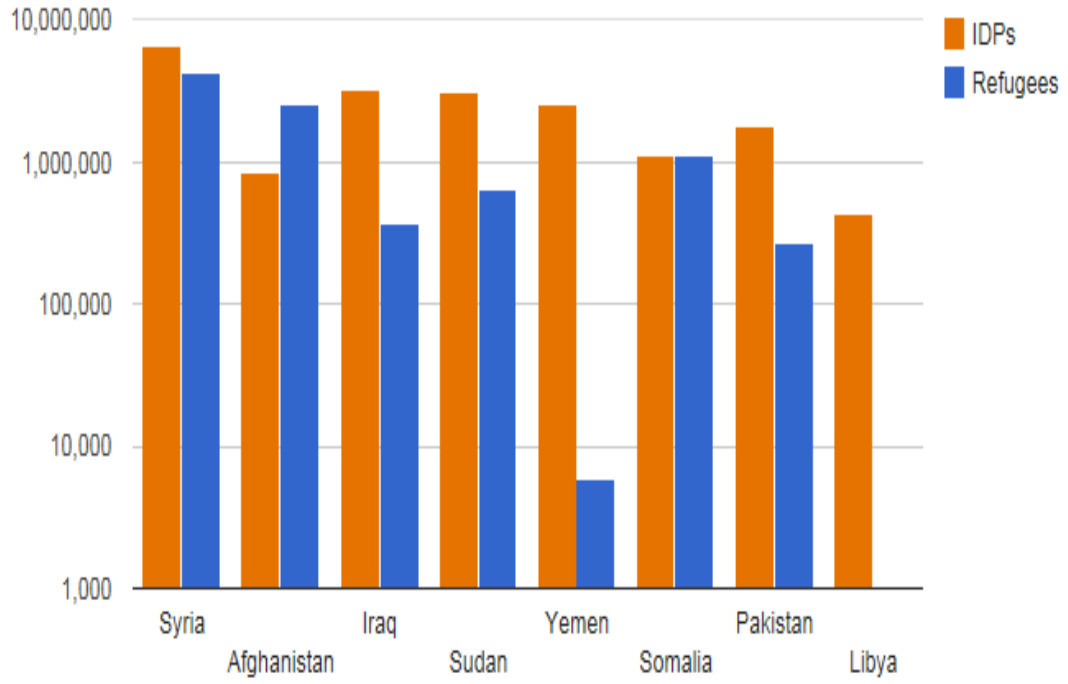

Fig.1: Refugees and IDPs by country of origin in the Eastern Mediterranean Region (17, 23).

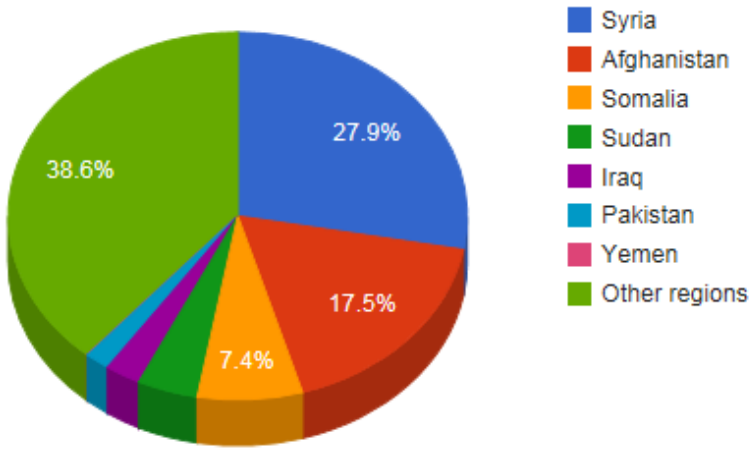

Fig.2: More than half of all the world's refugees originate from the Eastern Mediterranean Region, December 2015 (17, 23).

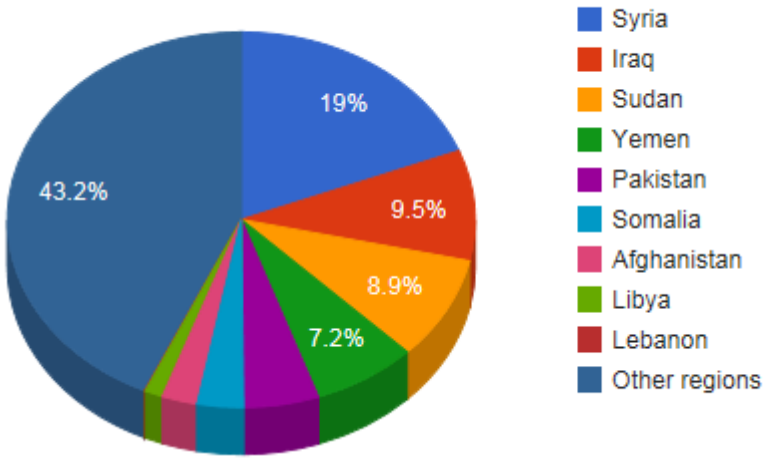

Fig.3: More than half of all the world's internally displaced persons are in countries of the Eastern Mediterranean Region, December 2015 (17, 23).

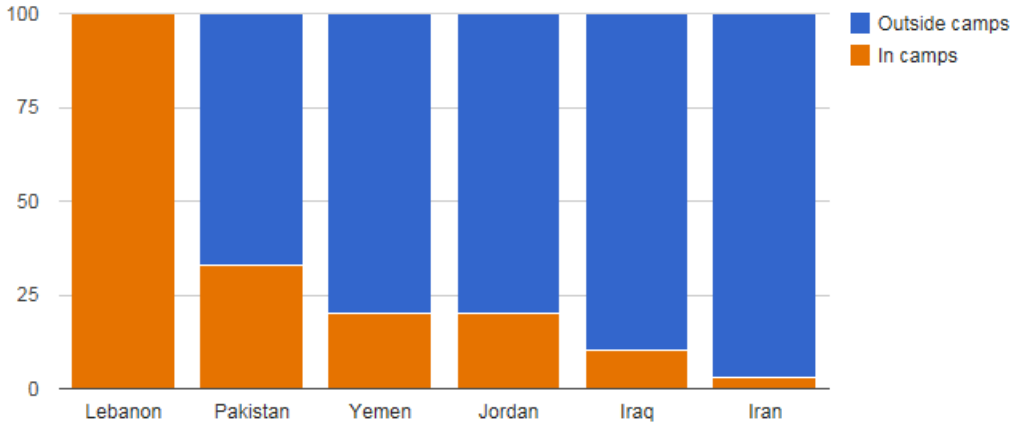

Fig.4: An average of more than 80% of all displaced populations live in camps and among host communities (17, 23).

In addition to more than 4.7 Syrian refugees affected by the crisis, an additional 20 million people living in host communities in neighbouring countries are directly or indirectly affected by the refugee crisis and in need of aid.

3-2. Host communities

Four countries in EMR host more than half of the world's refugees (**Figure.5**). Across the region, a large majority of refugees are being hosted by local populations, with only a small proportion living in camps.

Although the response of the local communities is based on the principle of solidarity, all bear the brunt of the current crisis (20-23).

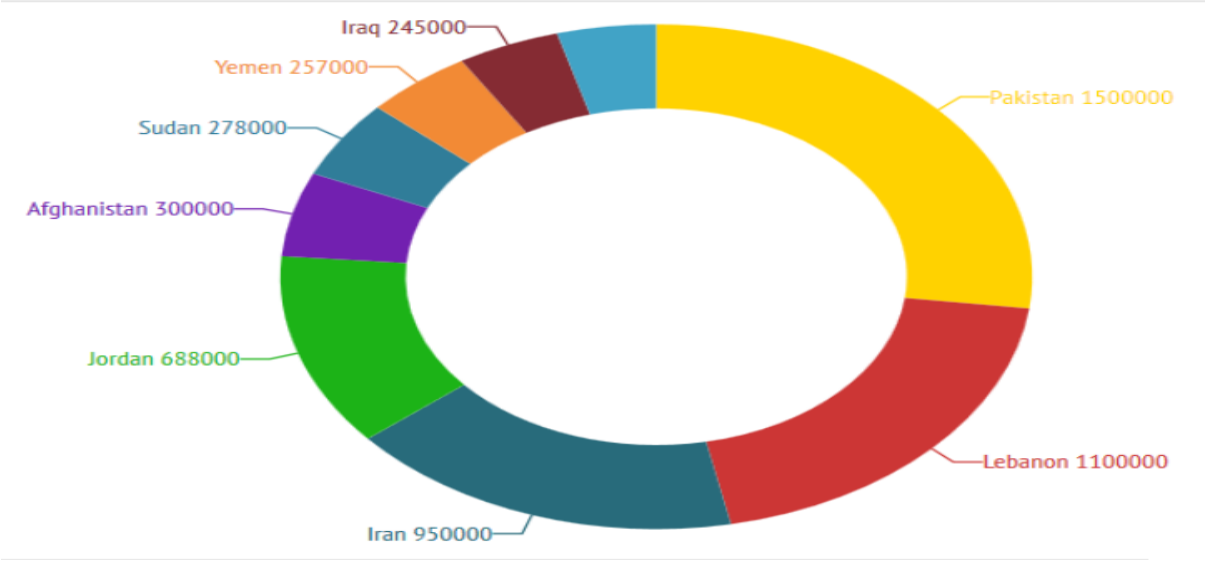

Fig.5: Top refugee-hosting countries in EMR (millions) (12, 18).

3-3. Health problems

3-3-1. Public Health Impact

The cumulative public health consequences of emergencies in the region on displaced populations are profound and enduring, affecting not only the displaced populations themselves, but also host communities, and playing a key role in determining the health security of the entire region.

3-3-2. Mental Health

Violence and displacement also increases the need for mental health services, especially for women and children, and this situation is further exacerbated by the lack of mental health professionals in crisis countries. Since the beginning of the conflict in Syria, a severe increase in psychological distress has been observed among the population. Over 50% of the population is estimated to be in need of psychosocial support. Out of the three psychiatric facilities in the country, the Aleppo psychiatric hospital has been destroyed. Psychotropic and epilepsy medications are often removed from shipments of interagency convoys. Further efforts are particularly needed regarding psychological counseling in Syria, Iraq and Yemen. In Lebanon, mental health conditions constitute around 2% of all cases seen at the PHC facilities as per

UNHCR data. The most frequent mental health conditions presented at PHC centres are severe emotional distress (35%), epilepsy (20%), and intellectual disabilities (10%).

3-3-3. Reproductive, maternal and child health

The main challenges facing reproductive, maternal and child health among refugee and displaced populations include: low use of antenatal care and high rates of caesarean sections, child diarrhea due to limited access to safe water, acute respiratory disease, acute malnutrition and micronutrient deficiency such as iron deficiency and inappropriate infant and young child feeding.

3-3-4. Non-communicable diseases

The management of noncommunicable diseases (NCDs) is a key challenge. NCDs constitute a major health threat for displaced populations, and refugees who have found themselves at increasing risk of deteriorating health status. A significant number of refugees suffer from chronic diseases such as hypertension, cardiovascular diseases, diabetes and cancer, all requiring costly and long-term treatment. Data on utilization of the PHC services by the Syrian refugees/displaced indicates that around 8% of patients have NCD-related complaints. Nearly 30% of refugees in Jordan suffer from NCDs such as hypertension or diabetes, and 78% of households in Egypt have reported a family member suffering from a chronic disease. The most frequently observed NCDs are asthma/chronic obstructive pulmonary disease (COPD), diabetes, hypertension and cardiovascular diseases.

3-3-5. Communicable diseases

Growing mass population movement, vaccine shortages and low vaccine rates have increased the risk of communicable disease outbreaks and threatened the health security of the entire region. The expansion of vaccination activities into hard-to-reach areas is essential to achieve broader population coverage. This is of critical importance if transmission of vaccine-preventable diseases such as polio, measles and tuberculosis, is to be halted, particularly in the present context of high population mobility and overcrowded living conditions. In 2013, a polio outbreak in Syria led to the re-introduction of the disease in the Middle East, prompting a 12-month emergency immunization response by WHO and partners and the vaccination of more than 25 million children in 8 countries. Measles remains a threat, as cases continue to increase in Syria4. In Lebanon, the threat of outbreaks of acute watery diarrhea, hepatitis A, cholera, tuberculosis, measles, mumps, and other diseases are of concern, given the poor living conditions and frequent population movements between informal dwellings which have limited access to health care services. There is a need to protect more than one million refugees and members of host communities against viral hepatitis A through public health measures, including hygiene and access to safe water. Large refugee numbers add pressure on existing water and sanitation services in the hosting countries and increase environmental health risks. Even before the crisis in Syria, Jordan was the fourth most water scarce country in the world.

In Iraq, the pressure on services in impacted communities is also acute because of the overlapping refugee and IDP crises. With the majority of refugees living outside camps, public WASH services are under stress, and local authorities require support to improve and run public water, sewage, wastewater treatment, and municipal solid waste collection and disposal systems. As of the end of 2014, all of the refugees living in camps in Iraq and Jordan were in need of WASH support. There are competing

demands for safe drinking water and wastewater services from both local communities and the refugees living in impacted areas. Cholera remains a major public health risk in the Eastern Mediterranean Region. The cholera outbreak in Iraq, September 2015, continues to pose a threat inside the country as well as among its neighbouring countries. Exacerbated by the fact that much of the country's water and sanitation infrastructure has almost collapsed, the outbreak also increased as a result of excessive rainfall that triggered flooding in the capital and surrounding governorates. In Yemen, where more than two million people have been internally displaced since March 2015, the collapse of the health system and shortages of safe drinking-water have resulted in increased risk of diarrhea, malaria, and dengue fever. Lack of access due to insecurity, a breakdown in health services and communication systems, has created challenges in the timely monitoring and detection of cases, and has impeded a response to an outbreak of dengue fever. In Afghanistan and Pakistan, polio is still an issue. Eradication efforts are challenged by insecurity and very low vaccination coverage of the refugee population. Although major outbreaks have not been seen, they continue to be a major concern for both the refugee population and hosting communities.

3-3-6. Casualties and injuries

With injuries remaining a considerable burden among refugees, some types of war wounds require costly surgical treatment and lengthy rehabilitation. Training health care professionals in war surgery and the treatment of burns remains a challenge especially in countries such as Yemen, where more than 27,000 people have been injured since the beginning of the crisis in March. In Syria, more than 25,000 people are injured in relation to the conflict every month, placing an additional burden on the WHO to support trauma and surgical care of patients inside Syria and injured refugees fleeing to neighbouring countries. In Jordan, 8% per cent of refugees are reported to have a significant injury,6 of which 90% are conflict-related, and 25% have a physical, sensory or intellectual impairment. These health problems require long-term assistance and specialized services that are already overstretched, including convalescent care, nursing, and functional rehabilitation.

3-3-7. Access to affected populations

With the number of countries experiencing political conflict in the region, one of the biggest issues impeding the ability of health partners to reach all affected populations is limited access for health partners. This is seen on a daily basis in Yemen, Iraq and Syria. In Syria, out of a total of 12.2 million in need of health care, 4.8 million live in hard to reach or besieged areas. In Iraq, out of a total of 8.6 million in need of health care services, 2.5 million are at high risk in extremely difficult to reach areas. In Yemen, where more than 15 million people require health services, restricted access into the country via all ports has delayed a timely response. It is estimated that out of those requiring health services, almost 5 million people are in inaccessible areas. Inside the country, lack of access to health care for timely diagnosis and treatment has increased the risk of diseases such as malaria and dengue fever, and immunization campaigns have been postponed due to violence and insecurity. There is a need to strengthen cross-line and cross-border operations to allow health partners to reach greater number of people with life-saving emergency health assistance. This includes strengthening cross-line coordination in collaboration with neighbouring countries and across sectors.

3-3-8. Safety of health care workers

Insecurity and violence in countries hosting internally displaced persons affect patients' access to health facilities and threaten the safety of health workers, patients and health facilities. The neutrality of healthcare workers and health facilities is not always respected in a number of countries experiencing conflicts in the Region. Health care workers have been killed, kidnapped, and assaulted, health facilities have been taken over for non-medical purposes, and ambulances have been looted, stolen, shot at and denied travel through checkpoints. In the past 12 months, WHO has publically condemned such attacks in Afghanistan, Iraq, the occupied Palestinian territories, Sudan, Syria and Yemen. As a result, the health workforce has also been significantly reduced as many health professionals flee the violence, resulting in shortages in surgeons, anesthesiologists, laboratory professionals, female reproductive health professionals, and mental health experts, among others. Those who remain often encounter difficulties in accessing their place of work as a result of blocked roads, checkpoints and insecurity. The functionality of the health system and provision of health care services is further impeded as a result of damages of health infrastructure. As a result of the conflict, 58% of all hospitals in Syria are either partially or non-functioning, and almost 23% of health facilities in Yemen are non-functioning. Additionally, provision of medical supplies and equipment continues to be hampered by the continuing deterioration of the security situation and constraints imposed on humanitarian operations (24-30).

3-3-9. Socio-economic vulnerability

Populations fleeing violence and conflict often arrive to neighboring countries that are themselves facing insecurity, political turmoil, economic hardships, limited employment opportunities, and scarce resources. As a result, in many cases, refugees compete with host communities for jobs, health care and other services. In countries hosting Syrian refugees, especially Jordan and Lebanon, there is evidence that social tensions are increasingly becoming an issue in the neighbouring countries. An increase in competition for scarce resources, housing, and employment opportunities and a decline in the standard of living have resulted in limited interactions between communities and increased protection and security risks. A needs-assessment review carried out in Jordan in October 2014 confirmed that 74% of refugees are extremely or very vulnerable, with needs being highest in northern and central governorates.

Refugee families, particularly those living in non-camp settings, report increased debt and dependency on humanitarian assistance or reliance upon negative coping strategies. In Lebanon, the refugee influx has been accompanied by a decline in overall socio-economic indicators. GDP growth decreased from 10% in 2010 to 1% in 2014, while unemployment has doubled. These factors have tested the economic, political and social resilience of the country, and have strained public spending. The international community has acknowledged the issue and recently called for a high level meeting on resilience in Jordan. Increasing the income generating opportunities and a diversification in livelihoods have been identified as future challenges that need to be addressed to reduce the dependence on aid by the affected populations (17-20).

DISCUSSION

4-1. Global facts about refugees

In 2014, global displacement reached historic levels: 59.5 million people were forced to flee their homes: roughly the same number of people in Britain. If these people made up their own country, it

would be the 24th largest nation in the world.

In 2014 alone, 8.3 million people were forced to flee: the highest annual increase on record.

That means that 42,500 people were forced to leave their homes every day because of conflict or persecution.

Of these people, 19.5 million are refugees, 1.8 million are asylum seekers and 38.2 million were internally displaced within their own country.

86% of the world's refugees are hosted by developing countries.

More than half (53%), of the world's refugees are from just three countries: Syria, Afghanistan and Somalia. The largest source of the world's refugees is Syria. One in five displaced persons is from Syria.

The top 5 host countries for refugees are:

- Turkey
- Pakistan
- Lebanon
- Iran
- Ethiopia

More than half of the world's refugees are children (51%): the highest figure in over a decade.

In 2014, 34,300 asylum claims were made by unaccompanied children: the highest number since records began. Most of the children were Afghan, Eritrean, Syrian or Somali (17-20).

4-2. Health problems of refugees and migrants

The health problems of refugees and migrants are similar to those of the rest of the population, although some groups may have a higher prevalence. The most frequent health problems of newly arrived refugees and migrants include accidental injuries, hypothermia, burns, cardiovascular events, pregnancy and delivery-related complications, diabetes, and hypertension. Female refugees and migrants frequently face specific challenges, particularly in maternal, newborn and child health, sexual and reproductive health, and violence. The exposure of refugees and migrants to the risks associated with population movements – psychosocial disorders, reproductive health problems, higher newborn mortality, drug abuse, nutrition disorders, alcoholism and exposure to violence – increase their vulnerability to noncommunicable diseases (NCDs). The key issue with regard to NCDs is the interruption of care, due either to lack of access or to the decimation of health care systems and providers; displacement results in interruption of the continuous treatment that is crucial for chronic conditions. Children in vulnerable situations are prone to acute infections such as respiratory infections and diarrhoea because of poor living conditions and deprivation during migration and forced displacement, and they require access to acute care. Lack of hygiene can lead to skin infections (22-29).

4-3. Inadequate funding

Addressing the health challenges of refugees in all these countries needs substantial funding. As winter approaches, the health consequences will be even higher compared to the current already crucial situation. While needs are increasing, 3RP progress report June 2015 indicates that the health sector is only 17% funded (17-20).

4-4. Graded emergencies

Following an escalation of violence in Yemen in March 2015, the crisis was designated a Level 3 emergency by the United Nations in July. This came less than 12 months after the announcement of the crisis in Iraq as a Level 3 emergency in

August 2014. The Eastern Mediterranean Region now hosts 3 level 3 emergencies, including the crisis in the Syrian Arab Republic, as well as a number of long-term protracted emergencies (**Figure.6**).

Grade 3	Grade 2	Grade 1	Protracted
Iraq	Libya	Afghanistan	Somalia
Syria		Palestine	Sudan
Yemen		Pakistan	

Fig.6: Eastern Mediterranean Region hosts 3 level 3 emergencies

4-4-1. WHO's grading process

WHO's grading process for emergencies informs the Organization of the extent, complexity and duration of organizational and or external support required. The grading of an emergency triggers WHO's Emergency Response Procedures and emergency policies, and prompts all WHO offices at all levels to repurpose resources in order to provide support. This internal process ensures that the Organization acts with appropriate urgency and mobilizes the appropriate resources in support of the response of the affected Member State, partners and the WHO country office.

4-4-2. Grade definitions

Grade.1: a single or multiple country event with minimal public health consequences that requires a minimal WHO country office response or a minimal international WHO response. Organizational and/or external support required by the country office is minimal. The provision of support to the WHO country office is coordinated by a focal point in the Regional Office.

Grade.2: a single or multiple country event with moderate public health consequences that requires a moderate country office response and/or moderate international WHO response. Organizational and/or external support required by the country office is moderate. An Emergency Support Team, run out of the Regional Office (the Emergency Support Team is only run out of headquarters if multiple regions are affected), coordinates the provision of support to the country office.

Grade.3: a single or multiple country event with substantial public health consequences that requires a substantial country office response and/or substantial international WHO response. Organizational and/or external support required by the country office is substantial. An Emergency Support Team, run out of the Regional Office, coordinates the provision of support to the country office (17, 18, 22, 23).

5- CONCLUSION

As host to some of the world's biggest emergencies and protracted crises, the Eastern Mediterranean Region (EMR), carries the largest burden of displaced populations globally. Out of a total of 50 million refugees and IDPs worldwide, more than 29 million (58%) came from the Region (Figure.1) by October 2015. This includes more than 9 million refugees and 20 million internally displaced persons (IDPs). Syria is currently the world's biggest producer of refugees and IDPs,

with more than 40% of the population now displaced both inside the country and in neighbouring states. Afghanistan and Somalia face two of the longest-spanning refugee situations, with Afghanis constituting the second-largest refugee group in the world, and Somalia facing one of the world's most complex refugee situations. Over the past two years, the region saw massive internal displacement in Iraq, with more than 3 million people fleeing their homes since June 2014, and in Yemen, where more than 2.3 million people were internally displaced since March 2015.

6- CONFLICT OF NITEREST: None.

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