

Healthcare Access, Quality, and Challenges among Refugees and Host Communities in Uganda.

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Abstract- This increasing number of displaced populations has become one of the major human rights and health problems worldwide. With more than 1.4 million refugees as of February 2020, Uganda is among the countries that house the most refugees worldwide. Few studies, nevertheless, have examined the quality, accessibility, and associated difficulties of healthcare for both host communities and refugees. This review aims to examine the quality, accessibility, and obstacles related to health services for Ugandan refugees and host communities. Five articles were Identified using the search criteria and were included in this review. Availability and proximity to the health facilities promote accessibility to health care services are while barriers include cost of medical care, organization of health services and acceptability of health services. In comparison, there aren't many systematic differences between the host community and the refugee population in the objective quality of health services. It is important to encourage the integration of health services, make use of efficient communication channels, and integrate refugees into the local healthcare system to enhance the fairness, efficacy, and efficiency of the provision of health care. There is need for adequate investment in health services and in public health facilities particularly those located in areas with high concentration of refugees by the governments and aid agencies.

Index Terms- Uganda, health services, access, quality, challenges, refugees, and host communities.

I. BACKGROUND

The number of those displaced from their country of origin and become refugees has been increasing over the years. For instance, the number of refugees under UNHCR's responsibility almost doubled, from 10.4 in 2009 to 20.2 million at the end of 2019(1). This increasing number of displaced populations has become one of the major human rights and health problems worldwide.

With more than 1.4 million refugees as of February 2020, Uganda is among the countries that house the most refugees worldwide. More than 60 percent of Uganda's refugees are under the age of 18 with visible needs for humanitarian assistance(2). Majority of refugees are refugee settlements in rural communities in the districts Adjumani, Arua, Hoima, Isingiro, Kyegegwa, Kamwenge, Masindi and Moyo, where land has been donated by

the communities(3). About eight percent of the refugee population live in Urban centers especially Kampala.

This increasing number of refugees presents one of the major human rights and health problems worldwide. The Sustainable Development Goals (SDGs) encourage states not to 'leave behind' refugees in development work. For refugees to fully engage and take opportunities in their host nations, good health is paramount(4) and yet their access to health services by is critical given their large and unpredictable numbers which may overwhelm public health systems. They may also be subject to disease outbreaks associated with congestion and large-scale population movements(5).

Uganda's mode of hosting refugees permits the possibility of living in refugee settlements as opposed to camps, free health care within settlements, and freedom of movement and employment. In Uganda, health services are delivered using an integrated manner to both host and refugee populations(6) in accordance with the National Integrated Response Plan for Refugees and Host Communities of Uganda.

Weak health systems frequently have an impact on the delivery of health services, and public health responses to population displacement in underdeveloped nations like Uganda continue to be difficult. Streamlining Uganda's health care system was to allow for equitable access to health services for both the local community and the refugees. However, few systematic studies have explored existing access to health care, quality, and related challenges among these two groups. However, few studies have examined the quality, accessibility, and associated difficulties of healthcare for both host communities and refugees. Therefore, the aim of this review is to examine the quality, accessibility, and challenges related to health services for Ugandan refugees and host communities.

II. METHODS AND MATERIALS

This paper is article review and adapted the UNHCR definition of refugees as people who have fled war, violence, conflict or persecution and have crossed an international border to find safety in another country(7). The host community in this context refers to the country of asylum and the local, regional and national governmental, social and economic structures within which refugees live(8).

A systematic review of literature was conducted on empirical studies and employed key features and followed the

following eligibility criteria to identify and select for papers to be included; 1) Written in English, 2) published between 2016 and 2021, 3) study done in Uganda and 4) adopted either Qualitative and quantitative study design.

Two databases (PubMed, Google Scholar) will be used to search eligible papers published between 2016 and 2021 using search terms; "Health services", "Access Quality challenges", "refugees and host communities" and "Uganda. Relevant findings were extracted using a uniform tool and synthesized by narrative review.

III. RESULTS

A total of 5 articles were Identified using the search criteria and were included in this review. Out of which, 2 were quantitative studies (1 survey), 1 was a qualitative study, 1 was both qualitative and quantitative and 1 was an editorial letter.

3.1 Access to health services among refugees and host communities in Uganda.

Healthcare facilities in Uganda, both governmental and private, offer integrated health services to both host communities and refugees(6). Availability and proximity to health facilities promotes access to health care services. Health services are readily available within a 5-kilometer walking distance. The host communities and refugees alike have reported a lack of medicine in public facilities as compared to private facilities(5). There is need for adequate supplies of essential medicines and human resources for health particularly in public health facilities.

The main barriers to health service which affect more refugees than host communities include cost of medical care, organization of health services and acceptability of health services. Language constitute a significant barrier at several key points to refugee access to health services in Urban centers like Kampala(9), and yet basic needs and experiences of refugees in urban areas are not clearly understood in Uganda. Host communities have higher income sought care majorly from private clinics while refugees tend to have reported longer waiting time in public facilities because of the inability to seek paid healthcare services. However, one-third of the refugee community and two-thirds of the host population are comfortable with the health services they receive and most refugee still prefer government facilities because of free services. Preventive and primary health care are more accessible than advanced services for refugees(5).

3.2 Quality of health services among refugees and host communities in Uganda.

There aren't many systematic differences between the host community and the refugee population in the objective quality of health services. The great majority of Uganda's host communities and refugees are content with the quality of care they are receiving, however, host community likely more satisfied than refugee(10). Due to Uganda's integrated health system, which allows both the host community and refugees to use the same facilities, analyses do not show any appreciably significant variations between the two groups in terms of access to or quality of healthcare. Quality and accessibility of host services had been lower than for refugee services before integration, which had been a source of tension

among the two groups(11). The refugee centers had more supplies of necessary human resources, equipment, and medications.

3.3 Challenges for providing health services among refugees and host communities in Uganda.

Refugees are a particularly vulnerable group when it comes to health and are more prone to suffer from poor health behaviors, higher rates of morbidity, and shorter life expectancies(10). With the continuous unexpected entry of refugees and the already large number of refugees currently hosted in Uganda, the burden on an already precarious health system is quite huge.

The integration of refugee and host health services presents several challenges to the district local health service tasked with the responsibility of running the health system with inadequate preparation and limited additional financial and logistical resources. The sustainability of the services and maintaining quality of health services presents a challenge to the district local health service and providers in the integrated health system(11).

IV. RECOMMENDATIONS

To improve access to healthcare services, national governments need to recognise that urban improved resources and humanitarian responses to refugees need to be harmonised with urban planning process(9). Important issues of diversity among urban refugees should be identified and work with partners to develop communication, advocacy and support mechanisms to ensure equitable access to health care services which is not discriminatory(12). Refugees should also be supported with financing options in instances were paying user fees for primary and emergency services, and for specialised care may be inevitable.

There is need for adequate investment in human resource, medical supplies and equipment in public health facilities particularly those located in areas with high concentration of refugees. Refugees should to be incorporated in the community health system structure to address linkage and communication gaps in accessing health services and improve refugee self-sufficiency(5).

V. CONCLUSION

To increase equality, efficacy, and efficiency in the delivery of health services, integration of such services must be encouraged. Additionally, it fosters cordial relationships and lessens friction between the host and refugee communities in the places affected by the refugee crisis. It also increases the geographic and temporal accessibility of health services, especially for the rural host population.

Effective communication mechanisms and tools are key to improving access to priority primary health care services, improve health status of refugees and their perception to quality of services provided. There should be adequate investment in public facilities located in refugee hosting areas by both government through Ministry of health (MOH), UNHCR and partners. Refugees should be involved in health services in various

functions especially through community or village health structures.

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