

Assessment of Role in Non-Governmental Organizations and their Humanitarian Effort in Refugee Camps Worldwide

¹Festina Balidemaj & ²Albina Balidemaj

¹Department of Health Science, University of Minnesota, USA.

²Department of Health Science, Clemson University, USA.

Abstract

The relief and humanitarian effort of non-governmental organizations (NGOs) in refugee camps worldwide requires prompt, coordinated, and effective interventions. As evident by the physicians and nurses make up of NGOs, a significant portion of such effort is focused on health care issues such as treating, managing, and preventing the spread of infectious diseases of refugees. In this literature-based project, the role of pharmacists in the relief efforts of NGOs is examined. Currently, pharmacists represent a small fraction (~9%) of the non-governmental organizations' task force, which undermines the invaluable potential of their contributions to the relief efforts. Student pharmacists should also be introduced to the role of non-governmental organizations' humanitarian efforts and the world of opportunities available in helping people under stress while being exposed to different cultures towards their own professional growth.

Keywords: Globalization, Healthcare.

1. Introduction

According to UNHCR global trends report, there are approximately 36.5 million refugees worldwide due to wars and natural disasters (either natural or man-made). A refugee is a person who meets three general criteria, including being outside of their own country without the choice of returning home due to fear of persecution, or due to race, nationality, political opinion, membership of a particular social group or religion (Heptinstall et al., 2004). An asylum seeker is a person who has lodged an asylum claim with the Immigration and Nationality Directorate at the Home Office without a permission to leave the country until office's approval (Heptinstall et al., 2004; Burnett and Peel, 2001). For reasons beyond their control, the lives of refugees are interrupted and they are forced out of the safety of their home and country to become homeless. Poverty also drives families to migrate in search for a better life for themselves and their families. Regardless the reason, refugees and immigrants leave home, family, friends and childhood memories to the unknown with so many variables. Many non-governmental organizations (NGOs) are formed to take care of these disadvantaged individuals under severe circumstances. It is the hard work, knowledge, and dedication of humanitarians that make it possible for the hopeless to survive another day. The number of humanitarian projects and historic military missions is a continuously growing effect due to international instability (Drifmeyer et al., 2003). Most of these non-governmental organizations have a major portion that belongs to the health care, which in turn is run and managed by health care professionals such as physicians, nurses, and many other aides that work tirelessly and willingly in order to make a difference in improving the lives of refugees by preventing diseases and treating the sick.

The history of these non-governmental organizations started in the early 1970s and the greatest global expansion of these organizations occurred during the 1990s when the number of them went from 6,000 to 26,000. In addition, there was a dramatic increase in the number of international NGOs that were supported by the US Agency for International Development; it increased from 18 organizations in 1970 to 195 in 2000 (Pfeiffer et al., 2008). Parallel increase in NGOs inside the United States occurred during the same period to manage an African development effort. Non-state organizations funding originate mostly from large donors such as World Bank and European bilateral agencies and has significantly increased (350% between 1990 and 1999) to match a mounting number of refugees around the world (Pfeiffer et al., 2008).

The humanitarian effort of these organizations is invaluable, without a doubt, very beneficial for millions of people worldwide. However, it has been reported and it is worth noting that these organizations also have the tendency to lure governmental health workers, especially from third-world countries due to relatively high-paid jobs (5 to 20 times of their original salaries) and resulting in “brain drain” in those countries. This process of employing a small number of bright citizens of a poor country and enriching the lives of only these few individuals and their families leads to health-care management crises paralleled with morale and social problems for the populations left behind (Pfeiffer et al., 2008).

In this report, the role of pharmacists in the humanitarian effort of non- governmental organizations is examined. The hypotheses driving this project is that pharmacists have invaluable role in improving the relief effort by the NGOs on refugee camps pertaining to health care.

2. Method

This report is literature-based review concerning the relief effort and humanitarian role of non-governmental organizations in refugee camps and the degree of involvement of pharmacists in such efforts worldwide. The literature search was limited to English- language articles using CINAHL EBSCO host: Advanced Search database and OVID Medline database. Different combinations of keywords were used in literature search that include “non-governmental organizations”, “humanitarian organizations” in combination with terms for specific work location (e.g. “refugee camps”, “war”), “pharmacist roles” and “pharmacist responsibilities.” At the conception of this report, the following questions were raised to guide and focus the studies reported here: First the history of non-governmental organizations and their role in the health-care in refugee camps worldwide. Second, what is the current role of pharmacists in the health-care related efforts of NGOs? Third, what are the advantages of an expanding role of pharmacists in NGOs? Finally, how can the University of Minnesota lead the effort to prepare pharmacists in being a part of the humanitarian missions of non-governmental organizations?

3. Results

Health Issues Associated with Refugee Camps and Disaster Regions

Asylum seekers and refugees are more susceptible genetically to some conditions just because of their ethnicity. According to the NHS, for example, hemoglobinopathies are more likely to affect only people of a certain ethnicity such as people from Greece, Cyprus and eastern Mediterranean. They also recognize that heart problems and diseases have higher incidence in persons from Africa and Diabetes Mellitus is more prevalent in people from Asia (Burnett and Fassil, 2002 & Taylor and Glair, 1999). It has also been found that the lifetime incidence of depression is heightened by the memories of war’s deaths and destructions (Erickson D’Avanzo & Barab, 1998), which lead to PTSD (post-traumatic stress disorder)

symptoms and other dysfunctional personality traits, including difficulties in employment, irritability, difficulties in relationships, legal matters, medical problems, and so on (Maguen et al., 2009).

According to NHS (Nursing Health Standards), we must recognize that refugees and asylum seekers are not 'vectors of infection', although the refugee camps put them at a greater risk of infectious or communicable diseases such as malaria, hepatitis, tuberculosis and typhoid (Burnett and Peel, 2001). As a result, participating volunteers and health workers are trained to enhance their own protection as well as to guarantee an effective response to disaster area (Litchfield, 2010).

The United Nations Children's Fund (UNICEF) is designated to help improve children's health in third-world countries, refugee camps and war zones. The highest rate of mortality in refugee populations occurs in children younger than five years old with common causes of death such as acute respiratory infections, malaria, measles, diarrheal diseases and severe malnutrition (Moss et al., 2006). Other needs of children in complex emergency situations include malnutrition and macronutrient needs, trauma, neonatal health, mental health and many unaccompanied children (especially those with special health-care needs). The best knowledge that has been acquired from death camps was that it is clear that health interventions are best guided by applying the most basic epidemiologic principles such as monitoring mortality and morbidity rates, rapid response to outbreaks of communicable diseases and establishment of surveillance systems (Waldman et al., 1999).

In addition to NHS's rules, regulations, and suggestions, certain conditions such as rheumatic heart disease, poor dental health, respiratory problems, gastrointestinal problems, malnutrition, and ocular conditions that may be ascribed in their country of origin during the flight to their refuge destination or during their stay in refugee camps (Burnett and Fassil, 2002). An infectious disease prevalent among refugees and asylum seekers is HIV (mostly in victimized women who have been raped or sexually assaulted), especially in persons fleeing from Africa where antiretroviral therapy is unavailable and unaffordable most of the time and in most countries in Africa (Burnett and Peel, 2001). In relation to HIV epidemic is the rising incidence of tuberculosis because immuno-suppression associated to HIV allows development of tuberculosis. Partners in Health (PIH), a Boston-based non-governmental organization, describes its mission as "caring for patients, alleviating the root causes of the diseases in specific communities and sharing learned lessons with the rest of the world" (Litchfield, 2010), which is perfectly tailored for pharmacists. Pharmacists partnering with NGOs could help prepare for emergencies by developing procedures of standard operations, forms, and data management tools, which can be modified easily for surveillance activities in humanitarian emergency settings (Magloire et al., 2010).

Current Role of Pharmacists in the NGOs Relief Effort

Currently, all indications suggest a negligible role of pharmacists in the non-governmental organizations and their mission in humanitarian and relief effort. The main health care providers in these non-governmental organizations are predominantly composed of nurses (45%), both registered nurses and nurse practitioners, and physicians (25%) (Solheim, 2005). Among those health-care providers, pharmacists are considered as a minority with about 9% representation in NGOs in the overall NGOs mission related to public health, epidemiology and laboratory researchers (Figure 1). What is quite fascinating is how registered nurses have taken the matters into their own hands and set their own guidelines (Nursing Health Standards, NHS) for their relief effort practice within NGOs worldwide, which can be attributed to either necessity or economic reasons (Burnett and Fassil, 2002; Taylor and Glair,

1999). While there is an important role for nurses to play, the knowledge and expertise of pharmacists in the relief effort is invaluable in helping refugees and their family in an extreme environment in accordance with the health care guidelines. The mortality rates in refugee populations are highest among children of ages less than five, which comprise approximately 18% of the entire refugee population (Moss et al., 2006). In addition, children above the age of five tend to exceed the mortality rate of the young children usually after outbreaks (e.g., cholera, or dysentery). It is in this very young population under these severe conditions that pharmacists can be very beneficial in infection prevention and control, antimicrobial stewardship, immunization and treatment of diseases such as diarrhea, measles, malaria, acute respiratory infections, pneumonia and malnutrition.

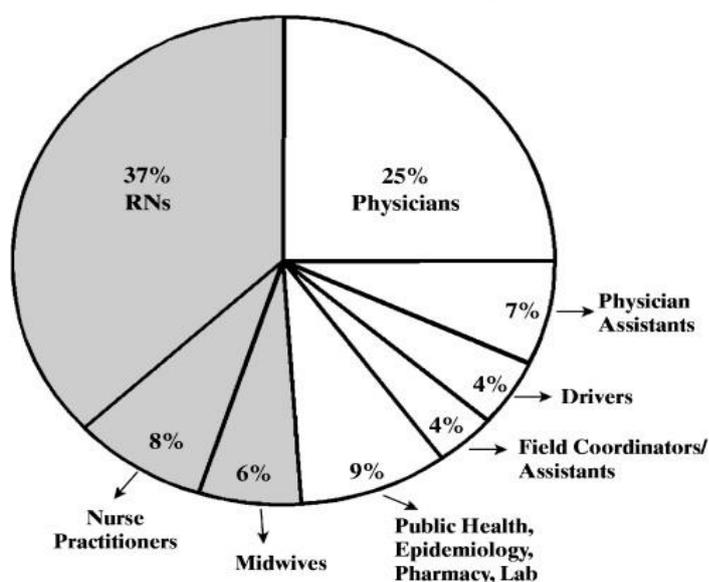


Figure 1: Representation of field staff roles broken down into respective percentages. Leading practitioners in refugee-camp settings are nurses (including registered nurses and nurse practitioners), followed by physicians. Pharmacists occupy a small percentage even when combined with other health professions such as public health, epidemiology and laboratory work (adapted from Solheim, 2005).

In the following sections, the American Health Systems Pharmacists (ASHP) guideline will be discussed concerning the recommended role of pharmacists in infection control, promoting optimal use of antibiotics, and educating patients as well as the public.

Pharmacists' Role in Reducing Infection Transmission

In order to reduce and control the transmission of infectious diseases, pharmacists have to be involved in the decision making process in disastrous areas. For example, pharmacists are the best-equipped health-care professionals to advise on issues concerning drug handling, storage, labeling and the importance of sterile products and protocols. Pharmacists are also knowledgeable concerning the establishment of pharmacy policies, quality-control programs within any setting (e.g., a refugee camp) and to ensure proper health standards and health precautions. Pharmacists are always striving to update and upgrade the most useful treatment, preventative and risk assessment guidelines, and immunizing as many proper patients (according to immunization guidelines) as there are available resources, as well as promoting screening of patients (ASHP report, 2010).

Pharmacists' Role in Promoting Optimal Use of Antibiotics

Optimal antimicrobial agent usage and promotion is of paramount importance in health care.

This is best achieved by collaboration of multidisciplinary professionals, including pharmacy, within the health system management. This ensures proper therapeutic, prophylactic and empirical uses of antimicrobial and antiviral agents. Also, it is very important to utilize effective and efficient systems to eliminate potential drug reactions and potential or preventable errors (ASHP report, 2010).

Pharmacists' Role in Educating the Public in General

The professional development and training of pharmacists make them uniquely positioned to educate the public and fellow health-care professionals about antibiotic stewardship and infection prevention. Pharmacists can achieve this task using different platforms such as conferences and newsletters' articles on antimicrobial stewardships and resistance, infection prevention control, including the usage of decontaminating products, and proper sterilizing and decontaminating procedures (ASHP report, 2010).

4. Discussion

According to the Morbidity and Mortality Weekly Report (2008), the health professionals have to be prepared to educate mothers about appropriate breastfeeding in order to prevent malnutrition and anemia in infants and young children. Social instability, wars, politics, and poverty seem to be here to stay and as a result societies, as well as NGOs have to be equipped with all necessary expertise to help the unfortunate when possible.

The above mentioned health issues associated with refugee camps and asylum seekers dictate a more pronounced role of pharmacists in the humanitarian and relief efforts of NGOs worldwide through managing patients' therapy through drug compounding, delivery and administration. The currently limited role of pharmacy in the relief effort and humanitarian missions of NGOs in refugee camps stands in a stark contrast with the evolving role of pharmacy in health care of the industrial nations. The United Kingdom's Nursing Health Standards (NHS) established a set of standards and regulations for nurses to treat patients most successfully and without difficulty. The NHS guidelines also include which populations were susceptible to what conditions, in order for nurses to be able to promptly recognize a condition based on ethnicity, race, or even culture as another sign in helping when diagnosing and treating patients. Magloire et al. (2010) also explains the idea of working with other organizations by learning from them as well as teaching them what we know and what we learn in the process. He states that preparing for emergency activities should involve partnering with NGOs in order to develop procedures of standard operations, forms, and data management tools, which are modified easily for surveillance activities in humanitarian emergency setting.

Further research is needed for developing and evaluating interventions to reduce neonatal mortality in complex emergencies. The development and evaluation of better tools are needed to assess mental health problems in children. Also is it needed to develop and field-test rapid-diagnostic and antibiotic susceptibility tests for *Vibrio cholerae* and *Shigella dysenteriae*. Lastly, evaluation of presumptive malaria treatment for children in complex emergencies is much needed (Moss et al., 2006). These areas of research can most likely be covered by graduated doctors of pharmacy.

In addition to their expertise in antimicrobial usage and infectious-disease prevention, pharmacists are the only health-care professionals with specialized knowledge on drug-body interactions and the associated methods to optimize their pharmacological benefits with safe, rational, and liable use of medications (Manasse, 2010).

Besides prompt and proper health-care delivery, health-care professionals must be

knowledgeable about the cultural needs and language of refugees and asylum seekers that can be quite challenging. Otherwise, interpreters provide very accurate and much skilled word for word interpretation between the non-English speaking service user and the health care provider (Heptinstall, 2004). For example, while dealing with foreign women, especially victims of rape, one must keep in mind the cultural values that they may have towards abortion, use of contraception and other values of sexual health (Matthews, 2001).

The non-governmental organizations workers and volunteers must be fully trained in order to participate in a response team while undergoing a more competitive recruitment process by organization such as Medecins Sans Frontietes (MSF), otherwise known as Doctors without Borders. Such training, which goes beyond the basic survival training, enables their workers to help others in life-threatening situations such as neglect, violence, war crimes, epidemics, malnutrition, armed conflict, natural disasters and health care exclusion (Litchfield, 2010).

5. Conclusion

Speaking from first-hand experience, both as a camp refugee and a refugee camp volunteer, I hope that this report will bring humanitarian role of NGOs into spotlight. The people in those refugee camps are vulnerable yet resilient under circumstances outside their own control. It is not trivial to understand what it feels like to be a refugee (Vernon, 2008). Most importantly, pharmacists have a unique opportunity to help in refugee camps with desperate and most deserving people while advancing the NGOs mission. Towards that goal, the curriculum of the college of pharmacy will best serve its students by preparing them for this new set of challenges with a global context. It did not escape my attention that the involvement of pharmacists in the relief effort of NGOs worldwide would require a new set of skills such as learning foreign languages and cultural awareness, but these are nothing compared with the rigorous educational program they successfully complete. One could envision a pharmacist helping many victims of refugee camps by providing a quick treatment consultation about recent sunburn, simple gastrointestinal problems due to a contemporary lack of meals or change in their diet such as a recurring diarrhea or constipation, lice treatments and so many more health-related issues. In addition, pharmacists are knowledgeable of different states of many diseases and drug therapy managements could be critical in preventing health crises in refugee camp environments. Despite the complexities of urgent child health care in catastrophes, it is known that much of the burden in these situations is malnutrition and infectious diseases, both of which can very well be managed by pharmacists.

References

- Aid-Khaled, N., Enarson, D., & Bousquet, J. (2001). Chronic respiratory diseases in developing countries: the burden and strategies for prevention and management. *Bulletin of the World Health Organizations*. 79, 971-979.
- ASHP Reports. (2010). ASHP Statement on the pharmacist's role in antimicrobial stewardship and infection prevention and control. Developed through the ASHP council on pharmacy practice and approved by the ASHP board of directors on April, 2009, and by the ASHP house of delegates on June, 2009. *American Journal of Health-Systems Pharmacists*. 67, 575-577.
- Bauer, GA., Szeinbach, S., Griffith, N., & Siegel, J. (2002). Perceptions of quality and value in state and local pharmacy professional organizations. 59, 1082- 1089.
- Burnett, A., & Fassil, Y. (2002). Meeting the health care needs of refugees and asylum seekers in the UK. An information and resource pack for health workers. www.medact.org/tbx/docs/Asylum_Refugee.pdf (Last accessed: August 12 2010).

- Burnett, A., & Peel, M. (2001). What brings asylum seekers to the United Kingdom? *British Medical Journal*. 322, 7284, 485-488.
- Bustreo, F., Harding, A., & Axelsson, H. (2003). Can developing countries achieve adequate improvements in child health outcomes without engaging the private sector? *Bulletin of the World Health Organizations*. 81, 886-895.
- Chakrapani, V., Newman, PA., Shunmugam, M., Kurian, AK., & Dubrow, R. (2009). Barriers to free antiretroviral treatment access for female sex workers in Chennai, India. *AIDS Patient Care and STDs*. 23, 973-980.
- Chen, HT., & Liao, Q. (2005). A pilot study of the NGO-based relational intervention model for HIV prevention among drug users in China. *AIDS Education and Prevention*. 17, 503-514.
- Desai, S., & Perry, MJ. (2004). Tracking gender-based human rights violations in postwar Kosovo. *American Journal of Public Health*. 94, 1304-1307.
- Drifmeyer, J., & Llewellyn, C. (2003). Overview of overseas humanitarian, disaster, and civic aid programs. *Military Medicine*. 168, 975-980.
- Erickson D'Avanzo, C., & Barab, SA. (1998). Issues in Mental Health Nursing. *Nursing Standard*. 19, 541-556.
- Heptinstall, T. (2004). Asylum seekers: a health professional perspective. *Nursing Standard*. 18, 25, 44-53.
- Litchfield, SM. (2010). How to help when disaster strikes. *AAOHN Journal*. 58, 85-87.
- Litsois, S. 2004. *American Journal of Public Health*. 94, 1884-1893.
- Magloire, R., Mung, HK., Cookson, ST., Tappero, J., Barzilayo, E., Dominguez, K., dubray, C., Lindblade, K., Jentes, ES., Willis, M., Tohme, RA., Sprecher, AG., El Bcheraoui, C., & Walldorf, JA. (2010). Rapid establishment of an internally displaced persons disease surveillance system after an earthquake-Haiti. *MMWR*. 59, 939-945.
- Maguen, S., Stalnaker, M., McCaslin, S., & Litz, BT. (2009). PTSD Subclusters and functional impairments peacekeepers. *Military Medicine*. 174, 779- 785.
- Manasse, HR. (2010). Keeping our focus during a difficult time. *American Journal Health systems Pharmacy*. 67, 43-46.
- Matthews, P. (2001). Preventive healthcare for asylum seekers written information provided at a Medact seminar on refugee health in London: March 16, 2001.
- Morbidity and Mortality Weekly Report. (2008). Malnutrition and Macronutrient Deficiencies Among Bhutanese refugee children-Nepal, 2007. 370-372.
- Moss, WJ., Ramakrishnan, M., Stroms, D., Henderson Siegle, A., Weiss, WM., Lejnev, I., & Muhe, L. (2006). *Bulletin of the World Health Organization*. 84, 58-64.
- Newell, JN., Pande, SB., Baral, SC., Bam, DS., & Malla, P. (2004). Control of tuberculosis in an urban setting in Nepal: public-private partnership. *Bulletin of the World Health Organization*. 82, 92-98.
- Pfeiffer, J., Johnson, W., Fort, M., Shakow, A., Hagopian, A., Gloyd, S., & Gimbel- Sher, K. (2008). *American Journal of Public Health*. 98, 2134-2141.
- Sabri, B., Siddiqi, S., Ahmed, AM., Kakar, FK., & Perrot, J. (2007). Towards sustainable delivery of health services in Afghanistan: Options for the future. *Bulletin of the World Health Organization*. 85, 712-718.

- Solheim, K. (2005). Patterns of community relationship: nurses, non- governmental organizations and internally displaced persons. *International Nursing Review*. 52, 60-67.
- Taylor, G., & Glair, R. (1999). A review of the literature on the health of refugees and asylum seekers. *Refugee Health in London: Key Issues for Public Health London. The Health of Londoners Project*.
- Vernon, G. (2008). How to teach trainees about primary care for refugees and asylum seekers. *Teaching Exchange*. 430-431.
- Waldman, R., & Martone, G. (1999). Public health and complex emergencies: new issues, new conditions. *American Journal of Public Health*. 89, 1483-1485.
- Yadamsuren, B., Merialdi, M., Davaadorj, I., Harris Requejo, J., Pilar Betran, A., Ahmad, A., Nymadawa, P., Erkhembaatar, T., Barcelona, D., Ba-thike, K., Hagan, RJ., Prado, R., Wagner, W., Khishgee, S., Sodnompil, T., Tsedmaa, B., Jay, B., Govind, SR., Purevsuren, G., Tsevelmaa, B., Soyoltuya, B., Johnson, BR., Fajans, P., Van Look, PFA., & Otgonbold, A. (2010). Tracking maternal mortality declines in Mongolia between 1992 and 2007: the importance of collaboration. *Bulletin of World Health Organization*. 88, 192-198.