

How integration of refugees into national health systems became a global priority: a qualitative policy analysis

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Motivation

Despite a long history of political discourse around refugee integration, it wasn't until 2016 that this issue emerged as a global political priority. Limited research has examined the evolution of policies of global actors around health service provision to refugees and how refugee integration into health systems came onto the global agenda. This study seeks to fill this gap.

Methods

Drawing on a document review of 20 peer-reviewed articles, 46 global policies and reports, and 18 semi-structured interviews with actors representing various bilateral, multilateral and non-governmental organizations involved with refugee health policy and funding, we analyze factors that have shaped the global policy priority of integration. We use the Shiffman and Smith Policy Framework on determinants of political priority to organize our findings.

Results

Several important factors generated global priority for refugee integration into national health systems. Employing the above-mentioned framework, **actor power** increased due to network expansion through collaborations between humanitarian and development actors.

“The big game changer is the appearance of the World Bank on the scene where, at some point, the World Bank decided that they will do what they call risky investments and healthcare services, where it’s by no means sure that it will be a success.” Key Informant Interview, UN Agency.

Collaboration between the World Bank and UNCHR was evidenced by the multiple joint missions that the two actors undertook. In 2017, in preparation for the World Bank International Development Assistance (IDA) 2018–2020 refugee and host community replenishment sub-window, the World Bank and UNHCR undertook 11 joint missions.

Ideas took hold through the framing of integration as a human rights and responsibility sharing. Clear themes emerged in how actors framed integration to generate political priority for the issue and overcome pushback by governments. Our key informants noted that local decision-makers had strong fears that integration was a way to shift the burden of hosting onto local governments and would result in conditions that welcome refugees’ prolonged presence in their countries.

“We’ve pitched it in a more sort of hopeful manner of international responsibility sharing. And that’s been the discourse.... Used to be called burden sharing. Now it’s responsibility sharing. And so we pitched it in that sense.” Key Informant Interview, UN Agency.

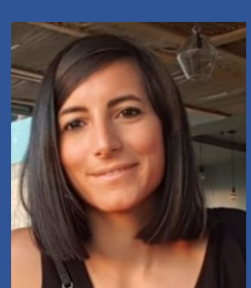
While **political context** was influenced through several global movements, it was ultimately the influx of Syrian refugees into Europe and the increasing securitization of the refugee crisis that led to key policies, and critically, global funding to support integration within refugee hosting nations.

“We’ve talked for many, many years about the World Bank getting involved in the refugee situation so history goes back to the early 1980s. It never really happened until maybe the last four or five years it’s began to happen on a significantly greater scale. And again that’s been largely prompted by the Syrian refugee emergency.” Key Informant Interview, Academia.

Finally, **issue characteristics**, namely the magnitude of the global refugee crisis, its protractedness and the increasing urbanicity of refugee inflows, led integration to emerge as a manageable solution.

Conclusion

The past decade has seen a substantial reframing of refugee integration, along with increased financing sources and increased collaboration, which can explain the shift towards integrating refugees into national health systems. However, despite the emergence of integration as a global political priority, the extent to which efforts around integration have translated into action at the national level remains uncertain.



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