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Primary and preventative healthcare for forced migrants and refugees

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The health status of forced migrants and refugees varies significantly. Differences are attributed to the political nature of the legal categories of "refugee"; the wide disparities in health services; and the diversity in individual characteristics of this population including age, gender, and socioeconomic background, country of origin, ethnicity, language proficiency, migration trajectory, and legal status. Refugees are considered to be at risk of being or becoming relatively "unhealthy migrants". This project report investigates the challenges and hurdles faced by healthcare professionals trying to provide primary and preventative healthcare to forced migrants and refugee communities. It also looks at factors such as Demographics, Shelter, Water Sanitation & Hygiene, Food & Nutrition, Weather, and Environment etc. that can have an impact on the health status of these communities. This report deals with the political and bureaucratic barriers to the provision of healthcare to these people. The report finally explores the way to overcome the challenges and provides concrete and successful ways of delivering primary and preventative healthcare by involving number of stakeholders along the

Biography

Abdul Samad Billoo has completed his MBBS in 1989 from Dow Medical College, University of Karachi and Postgraduate Diploma in Health Management from London. He is the Executive Trustee of Health and Nutrition Development Society (HANDS) International, a non-governmental and registered Charitable Incorporated Organisation with Integrated Model of Community Development. He has extensive experience of working on primary and preventative healthcare projects in refugee camps and disaster stricken countries including UNICEF led Mother & Child Healthcare projects in Southeast Asia.

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