



## Researching health and internal displacement: Introduction to the special series

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## ABSTRACT

This special series on 'health and internal displacement' is concerned primarily with the health needs of internally displaced persons (IDPs) in conflict contexts. Curated by editors from the recently established Health and Internal Displacement Network (HIDN), the series brings together a selection of thirteen new research articles from among many submitted in response to an open call for papers by HIDN and the *Journal of Migration and Health*. The aims of this series are to increase engagement with the health needs of IDPs and to support research, policy and programming in this relatively neglected area. The series focuses on IDP health but is not prescriptive in terms of health conditions, age groups, geographic region, or camp or urban setting, and reflects the diversity of IDP populations, contexts and needs.

## 1. Internal displacement, conflict and health

According to the 1998 UN Guiding Principles on Internal Displacement, internally displaced persons (IDPs) are 'persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of, or in order to avoid, the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border' (UNCHR, 1998). This widely used policy description of IDPs emphasises two key elements of their situation: they are people who have been displaced from their homes; but, unlike refugees, they are displaced within that same country rather than across a border to another country. The description also recognises that such internal displacement can take place in many different contexts, including that of armed conflict.

On a global scale, the numbers of conflict-driven IDPs are substantial, far exceeding even those of refugees. The most recent annual figures estimate that in 2022 28.3 million new incidents of internal displacement took place because of conflict and violence in over thirty countries, and there were 32.6 million incidents of internal displacement due to disasters (IDMC, 2023). Moreover, internal displacement in conflict-affected contexts often appears to be particularly protracted (Cantor, 2023). As such, by the end of 2022, it is estimated that 62.5 million people remained living in situations of internal displacement across 65 countries and territories as a result solely of conflict and violence (IDMC, 2023). For comparison, worldwide there were an estimated 34.6 million refugees (including people in a refugee-like situation and others in need of international protection) by the end of 2022 (UNHCR, 2023).

The comparison with refugees is instructive in other ways too. The fact that IDPs remain within their own countries means that they may continue to be exposed to the direct and indirect effects of conflict that

prompted their displacement in the first place. Contrastingly, by crossing a border, refugees have an additional layer of insulation from these effects, at least in principle. Moreover, armed conflicts have taken place predominantly within the territories of low- or middle-income countries (LMICs). As such, whilst IDPs can be found in all regions of the world, the vast majority of them are located in LMICs where existing infrastructural challenges are exacerbated by conflict. By contrast, whilst the majority of refugees are located in LMICs, a proportion of the global total of refugees live in high-income countries where health and other infrastructure is usually more extensive and of a higher quality (Cantor and Ochieng Apollo, 2020).

Finally, the response of the international community to refugee and IDP situations varies. Refugees are a matter of international concern, given the border-crossing element that defines them. As such, the well-established international legal frameworks governing the refugee response are widely incorporated in national legislation and there is a UN agency with a specific mandate for protection and assistance of refugees – the United Nations High Commissioner for Refugees (UNHCR) (Goodwin-Gill and McAdam, 2021). Refugees are often a matter of serious political interest domestically in host countries. By contrast, IDP protection frameworks are less established at both the international and national levels (Kälin, 2023). Similarly, the UN response to IDPs is addressed through the 'humanitarian cluster' approach, in which each sector is led by different agencies and there is not a single defined agency for their protection and support. Moreover, as people who remain in their own country, IDPs are often low on the agendas of other governments (and often their own government too). As a result, as shown in relation to donor aid by one of the papers in this series, IDPs tend to be given low priority by the international community and receive considerably less international financial assistance than refugees (Roberts et al., 2022).

As a consequence of internal displacement, in the context of life-

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changing and threatening circumstances, IDPs face multiple physical and mental health challenges. Specifically, the studies surveyed and discussed by expert participants in HIDN point towards the following trends:

- IDPs experience worse morbidity and mortality than other conflict-affected populations. Conflict-affected IDPs have significantly worse morbidity and mortality than other populations in, and from, conflict-affected countries. This pattern exists across a range of health areas, including communicable/vector borne diseases, mental health disorders, and overall mortality. This adverse impact of internal displacement on health can be long-lasting, inter-generational and differentiated by gender and age.
- The situation of IDPs is characterised by intersecting social determinants of poor health. These multiple factors include: living in poorer countries where conflict has destroyed infrastructure and depleted health systems; being from poorer areas of those countries, where the fighting clusters; facing challenging living and economic conditions in displacement such as loss of property, livelihoods, resources and support structures; and frequent deficiencies in the IDP protection response.
- IDP health problems are made worse by obstacles in accessing essential health services. In principle, IDPs have the same rights to healthcare as other citizens. In practice, alongside poverty, common obstacles to health service access particular to IDPs include: politicisation/stigma of IDPs and distrust of State or other health providers; disruption of treatment for chronic health conditions due to displacement, ongoing mobility or repeated displacement; and the need to stay hidden as IDPs ([Academy of Medical Sciences, 2021b](#)).

## 2. Researching health and internal displacement

This body of health research with IDPs stretches back at least 30 years and covers a wide range of conflict-affected countries, disease areas, and public health topics. Moreover, compared with the very limited scope of research on IDPs carried out by other disciplines, it is relatively extensive. Indeed, health is probably that aspect of internal displacement in which the greatest quantity of published research exists ([Cantor, 2021](#)). In part, this is because it connects with a well-established body of wider work within the medical and health fields on conflict-affected populations. In fact, research with ‘conflict-affected populations’ within the countries of origin often seems to involve IDP populations (particularly those in camps), even if they are not designated as such by the research. Yet the displacement-specific impacts of health are not always drawn out in the analysis, but rather subsumed under wider effects of the conflict. This risks obscuring the potential significance of displacement as a mechanism capable of imposing specific health consequences on this sub-set of conflict-affected populations.

Moreover, despite the growing body of health research on specific IDP populations, it remains a rather fragmented field of inquiry. Attempts to connect the disparate medical and health studies undertaken with different IDP populations through the lens of displacement have been generally lacking. As such, a broader integrated understanding is needed of how being internally displaced shapes health outcomes across a range of disease areas and in a spread of different conflict (and other crisis) contexts. Additionally, within the broader medical and health fields, research on IDPs remains a somewhat marginal topic of concern. The limited scope of medical and health research on IDPs is particularly evident if compared, for example, with the more extensive corpus of research in these fields on refugees ([Owoaje et al., 2016](#); [Blanchet et al., 2017](#)). Given the severe physical and mental health challenges faced by IDPs in conflict-affected countries, this is a major omission that has important implications for our understanding of: (i) the experience of internal displacement; (ii) the impacts of internal displacement on health outcomes; and (iii) the effectiveness of health-care responses for

IDPs.

Motivated by these concerns, we jointly convened an international interdisciplinary workshop on IDP health involving over thirty global experts in health research, practice and policy from fifteen countries. This event in February 2021 was organised by the Internal Displacement Research Programme (IDRP) at the School of Advanced Study, University of London, and the UK Academy of Medical Sciences (AMS), with the London School of Hygiene and Tropical Medicine. Its aims were to discuss the key health issues facing IDPs, gaps in knowledge and policy implications. It also sought to generate key messages to communicate to the High-Level Panel on Internal Displacement established by the United Nations (UN) Secretary General in 2019 in response to the identified global crisis in the response to internal displacement. The findings ([Academy of Medical Sciences, 2021b](#)) and policy brief ([Academy of Medical Sciences, 2021a](#)) generated by the workshop were utilised by the UN High-Level Panel to formulate its report to the UN Secretary General in mid-2021 ([Academy of Medical Sciences, 2021c](#)).

Key issues identified and discussed by the 2021 IDRP/AMS workshop participants included:

- The need to consider the diversity of IDPs and the variety of contexts in which they live, including camp versus non-camp settings, vulnerable life points such as childhood, adolescence, pregnancy and older age, the duration of displacement, and single versus multiple displacements.
- The need to consider the full range of determinants of health rather than just specific health outcomes, given that the circumstances in which IDPs live are likely to predispose to multiple health conditions.
- The importance of assessing access to services, as IDPs may face significant barriers to routine healthcare and referral to specialist services.
- The importance of community dynamics and social structures, which may both negatively impact health and wellbeing but also contribute to social support and resilience to adversity.
- The value of considering IDP and host population interactions, including how they affect health-seeking behaviours and health outcomes, and their implications for population interventions.
- The value of integrating health into wider discussions of humanitarian relief efforts and sustainable development and engaging with global financing structures to mobilise resources.
- The political and practical challenges of gaining access to IDPs, particularly in settings where sovereign state activities have precipitated displacement, and the potential necessity of dealing with non-state actors.
- The need to consider other triggers for displacement, including environmental disasters and climate change ([Academy of Medical Sciences, 2021b](#)).

Key policy recommendations made by workshop participants to the UN Secretary-General’s High-Level Panel on Internal Displacement, but applicable generally, emphasised the imperative to:

- Ensure equitable access to healthcare for IDPs through inclusion in essential health services. Ensuring equitable access to healthcare for IDPs, and that they are not excluded from health services or universal health care initiatives, is key to addressing worse health outcomes among IDPs. That may require adapting models of care to suit the specific IDP context and needs. As a particular concern, IDPs should not be left behind in efforts to ensure equitable access to vaccines.
- Recognise the specific needs and vulnerabilities of IDPs in the governance response. Risk factors in IDP communities may differ from those in the general population. Specific governance measures may be required to address the health needs of IDPs in diverse conflict contexts. Where IDPs receive dedicated humanitarian / protection / development aid, this can bring health benefits. Equitable health financing for IDPs should be considered.

- Strengthen IDP community participation, building on existing coping strategies/resilience. How social support structures travel with displacement seems to shape coping, resilience, and health outcomes in important ways. Strengthening meaningful participation by IDPs and host communities in the design of services to respond to their specific needs and contexts is crucial. In this regard, health education is important and trust in authorities is key.
- Support essential data-gathering and analysis on internal displacement and health. Existing IDP health data needs to be further disaggregated by population types and expanded to cover a wider range of priority health areas, regions, and non-camp populations. This should include internal displacement driven by disasters, climate change etc. Essential IDP health data must be more consistently collected and shared by governments and agencies (Academy of Medical Sciences, 2021a).

The 2021 workshop led to the establishment of an open global research network on IDP health. This health and internal displacement network (HIDN) has worked since to promote further research and engagement on the health needs of IDPs. Building on its launch of the 2021 workshop report and policy recommendations, HIDN convened a series of four public webinars in 2021 on health and internal displacement and another series of four public webinars in 2022.<sup>1</sup> The HIDN network is now also hosted on the *Researching Internal Displacement* platform, which has also attracted other working papers on health and other aspects of research on IDPs. In 2021, HIDN also launched the call for papers for this *Journal of Migration and Health* special series.

### 3. Contributions of the papers in this series

Thirteen papers were published for this series, and they can be broadly categorised into four types: (i) literature reviews; (ii) methodological papers; (iii) policy and systems papers; and (iv) health-condition specific papers. These are addressed in turn below.

The first category is literature review papers. The scoping review by Cantor et al. (2021) evolved from a briefing paper developed in advance of the 2021 workshop to provide an overview of the issues impacting the health of IDPs and that served as the foundation for workshop discussions. The paper incorporates the findings generated from the workshop. It highlighted that while evidence on IDP health is limited, it does demonstrate how IDPs commonly experience worse health outcomes compared to other conflict-affected populations such as refugees. This is largely due to their vulnerable status relative to other groups, including more limited access to health services. Several key research recommendations are identified in this review. First, that more research is needed to better understand differential health outcomes between IDP and host populations, as well as within IDP communities, and their causal pathways. Second, analysis is required on how to adapt policy and programming responses to the context of internal displacement to improve IDP outcomes and enhance health equity. This includes health system research to better understand the broader systems in which health care is provided for IDPs. Third, more research into community responses, social support, coping mechanisms and resilience amongst IDPs is required. The review paper also highlights the need for collaboration amongst research disciplines, methodological approaches, and the health and protection sectors, to counter the complexities of addressing IDP health. Finally, greater involvement of affected IDP populations is needed in the design and conduct of research and programmes to ensure the effectiveness and responsiveness of such initiatives in identifying and meeting IDP health needs.

A second review by Abbata et al. (2022) focuses on how health

systems in Syria's territories have responded to IDPs' health needs, the structure and dynamics of these systems, and their intended outcomes. The authors also conducted an online workshop involving local, regional and international organisations. The findings question whether current systems in Syria are fit for purpose and highlighted the weak evidence base around IDP health, particularly in certain areas within the country. In addition, there is an information gap relating to localised interventions which can be effective to meeting health needs in an effective and timely manner. The importance of community led initiatives was also highlighted. The recommendations include the need to support health system responses for IDPs in Syria, rather than individual, vertical programmes.

The second category of papers is methodological papers. Ratnayake et al. (2022) highlight the importance of accurate population estimates in order to guide humanitarian assistance and serve as denominators for estimating health outcomes, but note how current approaches commonly provide irregular and inaccurate population-size estimations. This risks biased estimates of mortality, morbidity, and service coverage. The authors propose new methods and validation of emerging field-based, remote-enhanced approaches including the use of satellite imagery and telephone call density. Such methods could improve estimates to better guide vaccination programmes, health service planning and overall resource utilisation.

The second methods-based paper is by Checchi et al. (2022) and applies a novel population estimation method for the crisis in Yemen. In the absence of reliable vital events registration in Yemen, the authors seek to reconstruct the evolution of Yemen's population between June 2014 and September 2021, including estimating the number of IDPs, through analysing the dynamics of displacement and the application of different models and data streams to supplement incomplete ground observations. The authors estimate that some 10 to 14 million Yemenis may have been internally displaced during 2015 to 2016, about five times United Nations' estimates. The paper describes approaches to analysing dynamics of displacement and the use of various models and data streams to bolster incomplete on-the-ground observations. These findings have implications for supporting crisis-affected populations within Yemen, while the methodological approach could be applied to other settings with unreliable population data, including for estimating the numbers of IDPs.

The papers by Ratnayake et al. (2022) and Checchi et al. (2022) highlight the importance of estimating population sizes of IDPs, the need for greater accuracy of such estimates population denominators, and potential for innovative news estimation methods, in order to improve the appropriateness and effectiveness of humanitarian assistance. There are currently few studies testing new methods for estimating population sizes and health needs and more studies should be encouraged.

The third type of papers are on health policies and services/systems. The policy-focused paper by Roberts et al. (2022) reveals major inequities in funding for IDPs. The paper analyses health-related overseas development aid (ODA) for IDPs globally from 2010 to 2019. The study highlights how refugees receive over six times more health ODA per capita than IDPs, despite IDPs typically having worse health outcomes than refugees (see above). The study also demonstrated a significant decline in per IDP capita health ODA funding from USD 5.34 in 2010 to USD 3.72 in 2019 (an average decline of -38 % from baseline). This contrasts with an annual average increase of +14 % in health ODA for refugees in LMICs over the same period, from USD 18.55 in 2010 to USD 23.31 in 2019. In addition, certain health-related topics receive very low ODA funding, particularly non-communicable diseases and mental health.

The two health services/systems papers (which did not focus on a specific health condition) are connected studies from Nigeria. The first by Ekezie et al. (2022) researches health management with IDPs in northern Nigeria. Seven states with high numbers of IDPs living were studied, with eight focus groups conducted with camp managers, health workers and government authorities to explore IDP health management

<sup>1</sup> For details of the membership and events, please see: <https://researchinginternaldisplacement.org/about/hidn-health-and-internal-displacement-network/>.

processes, partners and perceptions around camp management. The findings show how interventions and strategies were disjointed, with coordination and management of health services and resources not tailored to the needs of IDPs. The second paper by [Ekezie \(2022\)](#) involves IDPs from north Nigeria identifying their own health-related needs and facilitating community-led actions to support health resilience. In this study, eight focus groups workshops involving IDP camp leaders explored issues including community structure, leadership, public interaction, communications, and health management. Mechanisms of resilience included social cohesion, establishing camp leadership committees, and seeking alternative forms of income, protection, and healthcare management. This paper highlights the importance of involving IDPs in health care responses and the need to avoid humanitarian actions that create a sense of dependency among IDPs.

The fourth category of papers in this series is health topic-condition papers, typically focusing on individual country settings. These are described below but frequent issues arising in these papers include that many are conducted with camp-based IDPs and there is a need for more studies to be performed with non-camp based IDPs to better understand their health needs and health care responses. In addition, most were cross-sectional in design and so there is limited evidence on how health needs evolve over time. Finally, there is an absence of papers on certain conditions, most notably non-communicable diseases and neglected tropical diseases, reflecting findings in the review paper by [Cantor et al. \(2021\)](#).

There are two papers on mental health. [Eze et al. \(2022\)](#) describe psychological processes associated with post traumatic stress disorder (PTSD) and posttraumatic growth in adults of Tiv ethnic origin temporarily housed in two IDP camps in north-central Nigeria, survivors of armed attack by Fulani herdsman. The study also highlights the importance of Tiv cultural attachment to land and grief due to displacement and how this influences their mental health outcomes. The other paper assessing mental health is by [Luo et al. \(2022\)](#) and this measures the prevalence of PTSD and depression in three districts in the Acholi sub-region of northern Uganda which was extremely affected by the long-lasting civil war and examines the socio-structural, war-related and sexual vulnerability factors associated with mental health. The retrospective cross-sectional study findings were obtained within the context of the Congo Lye open cohort study involving participants from eight randomly selected communities in the Amuru, Gulu and Nwoya districts of northern Uganda between November 2011 and July 2012. Participants showed significant levels of probable PTSD and depression, with women more frequently displaying mental health-related issues than men. Factors associated with mental stress were wartime trauma, abduction and lack of housing stability and safety. Additional risk factors in women included HIV positivity, sexual abuse in the war context and intimate partner violence. This paper emphasises the importance of providing trauma-informed care, food and housing security, eliminating gender-based violence and reintegrating former abductees in enabling post-conflict rehabilitation.

[Akinrolie et al. \(2022\)](#) examine levels of physical inactivity in IDP camp dwellers in northeastern Nigeria. Studies on physical inactivity are rare in IDP populations. The authors reported a high prevalence of physical inactivity (36.2 %), with male gender and age being most strongly correlated with physical inactivity. The authors argue that providing opportunities for IDPs to achieve adequately defined levels of physical activity will contribute to ameliorating the burden of chronic diseases prevalent in these populations, possibly contributing to an enhanced overall quality of life and a long-term increase in life expectancy.

Only one paper was submitted on communicable diseases, and this was by [Daif et al. \(2023\)](#), which focused on the effect of internal displacement due to armed conflict on tuberculosis (TB) treatment outcomes in northwest Syria. Importantly, it compares outcomes with the resident population which is quite rare among studies in IDPs. The findings showed the relative risk of having unsuccessful TB treatment

was two-fold higher among internally displaced TB patients compared to TB patients who were residents. The authors note how the findings starkly highlight how social determinants, and internal displacement particularly, contribute to poor TB outcomes and should act as a starting point for services and research on how best to manage TB in humanitarian crisis settings.

Another health topic is sexual and gender-based violence (SGBV). [Boeyink et al. \(2022\)](#) explore SGBV responses and care pathways amongst IDP populations in Somalia and the Democratic Republic of Congo (DRC). Significant similarities in pathways to care were identified in both countries, where both have suffered severe erosions of state capacity. Pathways to SGBV-related care for IDPs appear dependent not only upon resource availability and accessibility, but also on social, cultural and gendered beliefs and practices. This paper highlights the need to integrate pathways and connections across state and non-state institutions to ensure sustained benefit for responding to SGBV. It demonstrates the strong interconnectedness of physical, mental health and justice needs and serve to emphasise that any interventions made locally or by the international community must incorporate social connections to effect sustained and positive change.

Finally, the study by [Le Voir \(2022\)](#) addresses reproductive health, assessing access and usage of contraceptives in IDPs in Iraq. The paper reveals deficits in capturing such data by system-wide national surveys resulting in quantitative evidence in IDP reproductive health outcomes being severely limited. The research underscores the importance of including IDPs in national household surveys to analyse reproductive health outcomes, and that much greater attention is required of researchers and policy makers to ensure IDPs are included in national surveys.

#### 4. Avenues for further investigation

The 2021 IDRP/AMS workshop on IDP health identified numerous important gaps in the research agenda around health in internal displacement, as listed in the introduction to this editorial. Several of these gaps were further highlighted by the series of published manuscripts in this collection, either by drawing attention to these issues within their content or by the omission of relevant topics within their overall content.

The lack of data about non-communicable diseases (excluding mental health) is substantial. Some research has been conducted on the burden of diabetes, hypertension, cardiovascular disease and chronic respiratory diseases, but there are large deficits in our knowledge about oncological, neurological, and other metabolic disorders in IDP populations, and effective interventions and models of care to address them. In terms of psychiatric disorders, although there is a body of research on PTSD, depression, and anxiety in IDP populations, a paucity of data exists around other mental health conditions including psychotic disorders, substance-abuse and disorders of cognition.

The health needs and specific requirements of distinct IDP sub-populations, whether children, adolescents, women (around crucial timeframes of childbirth, menopause or in relation to sexual health) and the elderly is lacking. Moreover, health needs in IDP populations where displacement is generated by factors other than armed conflict - whether they take the form of criminal or political violence not reaching the threshold for armed conflict, disasters linked to natural or man-made hazards, the negative effects of climate change, or displacement caused by development (or even disaster mitigation or climate adaptation) projects - requires greater attention.

Although there has tended to be a focus on infectious and communicable diseases, little is known about rarer tropical diseases, their transmission patterns and impact, amongst IDPs. Similarly, there appears limited evidence on the impact of COVID-19 on IDPs and how to protect IDPs from future pandemics. This has important implications for the long-term health of these communities, as well as strategies for dealing with future epidemics.



Other key gaps include research with non-camp based IDPs, comparative research with host populations, health systems and policy research to support more comprehensive and sustainable responses, and longitudinal studies to better understand temporal changes in health outcomes and determinants among IDPs, including from multigenerational displacement. Finally, there is a need to develop, test and evaluate new methods to more reliably and feasibly measure IDP demographics and health needs, particularly in the more acute phases of internal displacement.

This series on IDP health builds upon the 2021 IDRP/AMS workshop and the work of the Health and Internal Displacement Network (HIDN). We hope this series will stimulate future research to better inform more equitable, appropriate, and effective responses supporting the health of IDPs.

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## CRediT authorship contribution statement

**Jina Swartz:** Conceptualization, Writing – original draft, Writing – review & editing. **Bayard Roberts:** Conceptualization, Writing – original draft, Writing – review & editing. **David Cantor:** Conceptualization, Writing – original draft, Writing – review & editing.

## Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

## References

- Abbara, A., Rayes, D., Ekzayez, A., Jabbour, S., Marzouk, M., Alnahhas, H., Basha, S., Katurji, Z., Sullivan, R., Fouad, F.M., 2022. The health of internally displaced people in Syria: are current systems fit for purpose? *J. Migrat. Health* 6, 100126. <https://doi.org/10.1016/j.jmh.2022.100126>.
- Academy of Medical Sciences, 2021a. Internal Displacement Research Programme. Policy Brief: Internal Displacement and Health. AMS, London.
- UNSG High-Level Panel On Internal Displacement. Shining a Light On Internal Displacement, 2021. A Vision for the Future, Geneva: UN.
- Academy of Medical Sciences, 2021c. Internal Displacement Research Programme. Health and Internal Displacement: Workshop Report. AMS, London.
- Akinrolie, O., Masta, A.M., Jasper, U.S., Fawole, H.O., Onyeso, O.K., Akinrolie, O., Jumbo, U.S., 2022. Physical inactivity among internally displaced persons in Nigeria. *J. Migrat. Health* 6, 100140. <https://doi.org/10.1016/j.jmh.2022.100140>.
- Blanchet, K., Ramesh, A., Frison, S., Warren, E., Hossain, M., Smith, J., et al., 2017. Evidence on public health interventions in humanitarian crises. *Lancet* 390 (10109), 2287–2296.
- Boeyink, C., Ali-Salad, M.A., Baruti, E.W., Bile, A.S., Falisse, J.B., Kazamwali, L.M., Mohamoud, S.A., Muganza, H.N., Mukwege, D.M., Mahmud, A.J., 2022. Pathways to care: IDPs seeking health support and justice for sexual and gender-based violence through social connections in Garowe and Kismayo, Somalia and South Kivu. DRC. *J. Migrat. Health* 6, 100129. <https://doi.org/10.1016/j.jmh.2022.100129>.
- Cantor, D.J., Ochieng Apollo, J., 2020. Internal displacement, internal migration and refugee flows: connecting the dots. *Refug. Surv. Quart.* 39 (4), 647–664.
- Cantor, D., Swartz, J., Roberts, B., Abbara, A., Bhutta, Z.A., Blanchet, K., Madero Bunte, D., Chukwuorji, J.C., Daoud, N., Ekezie, W., Jimenez-Damary, C., Jobanputra, K., Makhshvili, N., Rayes, D., Restrepo-Espinosa, M.H., Rodriguez-Morales, A.J., Salami, B., Smith, J., 2021. Understanding the health needs of internally displaced persons: a scoping review. *J. Migrat. Health* 4, 100071. <https://doi.org/10.1016/j.jmh.2021.100071>.
- Cantor, D.J., 2021. Why Do We Need Further Research On Internal Displacement? Researching Internal Displacement. <https://researchinginternaldisplacement.org/short-pieces/why-do-we-need-further-research-on-internal-displacement/>.
- Cantor, D.J., 2023. Divergent dynamics: disasters and conflicts as ‘drivers’ of internal displacement? *Disasters*. <https://doi.org/10.1111/disa.12589>.
- Cecchi, F., Koum, Besson, E.S., 2022. Reconstructing subdistrict-level population denominators in Yemen after six years of armed conflict and forced displacement. *J. Migrat. Health* 5, 100105. <https://doi.org/10.1016/j.jmh.2022.100105>.
- Daif, A., Glazik, R., Cecchi, F., Khan, P., 2023. The effect of internal displacement due to armed conflict on tuberculosis treatment outcomes in northwest Syria, 2019–2020. *J. Migrat. Health* 8, 100195. <https://doi.org/10.1016/j.jmh.2023.100195>.
- Ekezie, W., Siebert, P., Timmons, S., Murray, R.L., Bains, M., 2022. Exploring the influence of health management processes on health outcomes among internally displaced persons (IDPs). *J. Migrat. Health* 6, 100124. <https://doi.org/10.1016/j.jmh.2022.100124>.
- Ekezie, W., 2022. Resilience actions of internally displaced persons (IDPs) living in camp-like settings: a Northern Nigeria case study. *J. Migrat. Health* 6, 100115. <https://doi.org/10.1016/j.jmh.2022.100115>.
- Eze, J.E., Ifeagwazi, C.M., Chukwuorji, J.C., 2022. Locating event centrality in associations of emotion regulation with posttraumatic stress disorder symptoms and post-traumatic growth in emerging adults. *J. Migrat. Health* 6, 100139. <https://doi.org/10.1016/j.jmh.2022.100139>.
- Goodwin-Gill, G., McAdam, J., 2021. *The Refugee in International Law*. OUP, Oxford.
- IDMC, 2023. Global Report on Internal Displacement 2022. In: Geneva. Internal Displacement Monitoring Centre.
- Kälin, W., 2023. *Internal Displacement and the Law*. OUP, Oxford.
- Le Voir, R., 2022. Measuring contraceptive use in a displacement-affected population using the multiple indicator cluster survey: the case of Iraq. *J. Migrat. Health* 6, 100114. <https://doi.org/10.1016/j.jmh.2022.100114>.
- Luo, J., Zamar, D.S., Ogwang, M.D., Muyinda, H., Malamba, S.S., Katamba, A., Jongbloed, K., Schechter, M.T., Sewankambo, N.K., Spittal, P.M., 2022. Congo Lyec (Healing the Elephant): probable post-traumatic stress disorder (PTSD) and depression in Northern Uganda five years after a violent conflict. *J. Migrat. Health* 6, 100125. <https://doi.org/10.1016/j.jmh.2022.100125>.
- Owoaje, E.T., Uchendu, O.C., Ajayi, T.O., 2016. Cadmus EO. A review of the health problems of internally displaced persons in Africa. *Niger. Postgrad. Med. J.* 23 (4).
- Ratnayake, R., Abdelmagid, N., Dooley, C., 2022. What we do know (and could know) about estimating population sizes of internally displaced people. *J. Migrat. Health* 6, 100120. <https://doi.org/10.1016/j.jmh.2022.100120>.
- Roberts, B., Ekezie, W., Jobanputra, K., Smith, J., Ellithy, S., Cantor, D., Singh, N., Patel, P., 2022. Analysis of health overseas development aid for internally displaced persons in low- and middle-income countries. *J. Migrat. Health*. <https://doi.org/10.1016/j.jmh.2022.100090> this issue.
- UNCHR, 1998. Guiding Principles on Internal Displacement, Geneva, UNCHR, E/CN.4/1998/53/Add.2, Annex (‘Guiding Principles’ Hereafter). Introduction, paragraph 3, Geneva: UN.
- UNHCR, 2023. Global Trends in Forced Displacement in 2022. UNHCR, Geneva.

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