ENHANCING REFUGEE HEALTH AND RIGHTS THROUGH SCREENING: LEGAL AND PUBLIC HEALTH PERSPECTIVES IN INDONESIA

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Submitted: 11/06/2024; Accepted: 01/08/2024; Revision: 22/04/2025;
Approved: 19/08/2028

DOI: https://doi.org/10.24815/kanun.v27i2.39289

ABSTRACT

Health has become a primary concern due to the increased vulnerability of refugees to disease, especially in refugee settings where risks of illness are heightened. These environments often expose refugees to higher health threats and can lead to unintentional violations of their basic rights. However, healthcare for refugees has not been adequately addressed, largely due to legal gaps in Indonesia's refugee handling policies. This study emphasizes the importance of implementing health and malnutrition screening in refugee settings from both sovereignty and public health perspectives. The research is a literature review of peer-reviewed open-access articles sourced from PubMed and Scopus, using keywords such as "malnutrition" and "refugee setting." Additionally, legal documents relevant to refugee rights, including the 1951 Refugee Convention, international agreements, Presidential Decree 125/2016 on handling refugees from abroad, and other pertinent legal texts, were analyzed to provide a legal framework for the findings. The study reveals that healthcare services in refugee settings are limited and often inaccessible. To address this, it proposes that health and malnutrition screening serve as initial steps to safeguard refugees' right to health, grounded in the sovereignty principle. Despite Indonesia's non-participation in the 1951 Convention and the 1967 Protocol, protecting public health by preventing disease transmission from refugees aligns with national sovereignty. Therefore, Indonesia, even without formal refugee status recognition, should prioritize health screening and adhere to international Minimum Standards and the principle of National Treatment to ensure the protection of both refugees and the broader community.

Keyword: Refugees, Vulnerable groups, Malnutrition, Screening tools: Indonesia

INTRODUCTION

Refugees are a vulnerable group that require special attention, often fleeing their home countries due to safety concerns.[1] Originally seen as a national issue, the refugee situation has become an international concern with the advancement of human rights principles.[2] As a developing country in Southeast Asia, Indonesia serves as a transit point for refugees aiming to reach more developed nations like Australia and New Zealand.[3] Although Indonesia is not a signatory to the 1951 Refugee Convention, it is still obliged to accept refugees, avoid returning them to danger, and follow the principle of non-refoulement. Since Indonesia has not ratified the Convention, it depends on the UNHCR to determine refugee status. Refugees can stay temporarily in Indonesia until they are recognized by the UNHCR, after which they can continue their journey to their destination country to seek asylum.[4]

The process of determining refugee status by the UNHCR can take months or even years. During this time, refugees continue to arrive in Indonesia and are accommodated in government-provided shelters.[5] However, these transit sites face challenges due to limited capacity and the complex needs of individuals with immigration issues. Indonesian law grants the central government authority over refugee matters, including discovery, shelter, security, and supervision.[6] Currently, there is no dedicated budget for

[1] Achmad Romsan et al., *Pengantar Hukum Pengungsi Internasional: Hukum Internasional Dan Prinsip-Prinsip Perlindungan Internasional* (Bandung: Sabic Offset, 2003); Vladislava Stoyanova, "The Principle Of Non-Refoulement And The Right Of Asylum-Seekers To Enter State Territory," *Interdisciplinary Journal of Human Rights Law* 3, no. 1 (2008): 1–11, https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1804256.

[2] Erika Feller, "The Evolution of the International Refugee Protection Regime," *Wash. UJL & Pol'y* 5 (2001): 129, https://heinonline.org/HOL/LandingPage?handle=hein.journals/wajlp5&div=13&id=&page=; Sebastien Moretti, "Between Refugee Protection and Migration Management: The Quest for Coordination between UNHCR and IOM in the Asia-Pacific Region," *Third World Quarterly* 42, no. 1 (January 2, 2021): 34–51, doi:10.1080/01436597.2020.1780910.

[3] Sigit Riyanto, "The Urgency of Refugee Legislation in Indonesia and the Present Obstacles," *Indonesian Journal of International Law* 2, no. 1 (October 31, 2004): 67–73, doi:10.17304/ijil.vol2.1.4; Heribertus Untung Setyardi, I Gusti Ayu Ketut Rachmi Handayani, and Emmy Latifah, "State Sovereignty Versus Non-Refoulement Principle in Providing Refugees with Protection (Case Study: The Australian Government's Policy Over Refugees)," in *Proceedings of the International Conference on Law, Economics and Health (ICLEH 2020)* (Paris, France: Atlantis Press, 2020), doi:10.2991/aebmr.k.200513.130.

[4] M. Yakub Aiyub Kadir et al., "The Interplay of Human Trafficking and the Rohingya Refugee Crisis in Aceh Province, Indonesia: Exploring the Complexities of Criminality and Humanitarian Concerns," *Jurnal IUS Kajian Hukum Dan Keadilan* 12, no. 1 (April 29, 2024): 122–45, doi:10.29303/ius.v12i1.1355.

[5] Savitri Taylor and Brynna Rafferty Brown, "Difficult Journeys: Accessing Refugee Protection in Indonesia," *Monash University Law Review* 36, no. 3 (2011): 138–61, https://www.austlii.edu.au/au/journals/MonashULawRw/2010/29.pdf.

[6] Mukhlis et al., "Assessing Presidential Regulation Number 125 Of 2016 Concerning Handling Of Refugees From Abroad In Aceh Province, Indonesia," Jurnal Kanun Ilmu Hukum 25, no. 3 (2023): 550–76, https://jurnal.usk.ac.id/kanun/article/view/30584.

long-term transit refugees, which complicates management. A study by Suyatna et al. suggests that clear responsibilities should be established between local and central governments for funding and resource allocation.[7] Additionally, Presidential Regulation No. 125 of 2016 does not specify other agencies that could assist with refugee management or funding. These limitations threaten refugees' basic rights to food, clothing, education, and healthcare, highlighting the need for improved coordination and resources to ensure their well-being.[8]

The continuing global epidemic poses unprecedented challenges for displaced persons, especially refugees, who often face limited access to health care, inadequate living conditions, and social isolation.[9] Indonesia itself, unfortunately, did not provide firm legal protection to prevent the spread of the disease of concern, especially to vulnerable groups.[10] It is undoubtedly surprising that the COVID-19 crisis has worsened the mental health problems of refugees, caused by traumatic experiences in the past, and exacerbated pre-existing conditions.[11] During the pandemic, people in refugee settings became more vulnerable due to the economic hardships, lack of chronic disease management, in addition to the threat of infectious agents.[12] The condition became worse when there was insufficient aid for them. Despite these difficulties, however, many refugees have demonstrated remarkable resilience to adapt to the new realities of the post pandemic world, although an increased cost cannot be avoided.[13] Resilience is defined as the ability to adapt and prosper in times of great difficulty and is an important factor in determining the health and well-being of the refugee population. Research has highlighted

[7] I Nyoman Suyatna et al., "Assessment of the Responsibility of Local Governments in Indonesia for the Management of Refugee Care," *Asian Journal of Law and Society* 8, no. 3 (October 21, 2021): 467–89, doi:10.1017/als.2021.4.
[8] Mukhlis et al., "Assessing Presidential Regulation Number 125 Of 2016 Concerning Handling Of Refugees From Abroad In Aceh Province, Indonesia."
[9] Johanna E. Nilsson and Katherine C. Jorgenson, "Refugees in Resettlement: Processes, Policies, and Mental Health in the United States," *The Counseling Psychologist* 49, no. 2 (February 7, 2021): 178–95, doi:10.1177/0011000020966240.
[10] Mukhtar Lutfi et al., "Reconstructing A Model Of Legal Protection For Coronavirus Disease 19 Pandemic In Indonesia," *Kanun Jurnal Ilmu Hukum* 25, no. 3 (2023): 577–606, https://jurnal.usk.ac.id/kanun/article/view/33691.
[11] Ayub Torry Satriyo Kusumo and Sannia Aziz, "Refugee Protection in Post-Pandemic Era: A Challenge to Reach Resilience," *Brawijaya Law Journal* 12, no. 1 (April 30, 2025): 103–24, doi:10.21776/ub.blj.2025.012.01.06.
[12] Jessica Saifee, Carlos Franco-Paredes, and Steven R. Lowenstein, "Refugee Health During COVID-19 and Future Pandemics," *Current Tropical Medicine Reports* 8, no. 3 (September 16, 2021): 1–4, doi:10.1007/s40475-021-00245-2.
[13] Eric Norrie et al., "Refugee Healthcare Resilience and Burdens: A 10-Year Mixed-Methods Analysis of System Shocks in Canada," *MedRxiv*, December 8, 2024, doi:10.1101/2024.12.06.24318519.

the multifaceted nature of resilience, including individual characteristics and community support systems [14].

Refugees with higher levels of resilience, marked by traits such as optimism, adaptability, and perseverance, have been shown to experience lower levels of psychopathological distress and better overall mental health outcomes.[15] In addition, the concept of resilience among refugee communities often differs from the Western perspective, focusing more on the importance of community, collective adaptive mechanisms, and adaptability to new environments.[16]

Defending the basic rights of refugees leads to a higher burden for transit countries such as Indonesia. For example, with limited space and health services in addition to overcrowding camps, infectious diseases will spread more easily among refugees, especially in the post-pandemic era.[17] Due to their crowded living environment and lack of basic sanitation, as mentioned above, refugees become more vulnerable to infectious diseases.[18] The cost of health services as well as the demand for healthcare personnel became higher because the refugees need to be cured and treated so that the disease will not spread widely in a relatively short time. The unfavorable conditions, such as being unable to earn a living, isolation in a certain area, as well as poor health services, have brought financial and psychological pressure.[19] Children are more vulnerable due to their characteristics and need more attention. Children in a refugee setting have their own

[14] Y. Nagi et al., "Resilience as a Communal Concept: Understanding Adolescent Resilience in the Context of the Syrian Refugee Crisis in Bar Elias, Lebanon," *Journal of Migration and Health* 3 (2021): 100046, doi:10.1016/j.jmh.2021.100046.
[15] Rebecca Dehnel et al., "Resilience and Mental Health Among Syrian Refugee Children in Jordan," *Journal of Immigrant and Minority Health* 24, no. 2 (April 26, 2022): 420–29, doi:10.1007/s10903-021-01180-0.
[16] AKM Ahsan Ullah et al., "Migration and Security: Implications for Minority Migrant Groups," *India Quarterly: A Journal of International Affairs* 76, no. 1 (March 17, 2020): 136–53, doi:10.1177/0974928419901199.
[17] Tefera Alemu et al., "Health and Nutrition Emergency Response among Internally Displaced Persons at Ranch Collective Site, Chagni, Ethiopia: The Role of Emergency Operation Center, Lessons from the Field, and Way Forwards," *Frontiers in Public Health* 10 (September 15, 2022): 01–12, doi:10.3389/fpubh.2022.926551.
[18] Hans Henri P Kluge et al., "Refugee and Migrant Health in the COVID-19 Response," *The Lancet* 395, no. 10232 (April 2020): 1237–39, doi:10.1016/S0140-6736(20)30791-1.
[19] Paul Bukuluki et al., "The Socio-Economic and Psychosocial Impact of Covid-19 Pandemic on Urban Refugees in Uganda," *Social Sciences & Humanities Open* 2, no. 1 (2020): 100045, doi:10.1016/j.ssaho.2020.100045; J. V. F. Coumans and S. Wark, "A Scoping Review on the Barriers to and Facilitators of Health Services Utilisation Related to Refugee Settlement in Regional or Rural Areas of the Host Country," *BMC Public Health* 24, no. 1 (January 17, 2024): 199, doi:10.1186/s12889-024-17694-9.

obstacles from health to education, not to mention the threat of spreading infection during the pandemic.[20]

The burden has been complicated and worsen during and right-after the pandemic. Indonesia has once upright the health sovereignty with its decision not to share the avian influenza virus samples to other countries around the world, and then became a new doctrine called "viral sovereignty". The Minister of Health at the time, Siti Fadilah Supari, thought that sharing virus samples was not necessarily beneficial for Indonesia, since Indonesia would not gain any benefit from vaccines or drugs developed based on those samples, albeit the benefits for others were much bigger.[21] Health sovereignty was not limited to the above example, but also on state's readiness in combating the diseases, including the infectious one just as the COVID-19 which became pandemic. The pandemic has brought the world to a new consciousness that preparedness and readiness are very important to mitigate such conditions before they become worse.[22]

The swift transformation of existing surveillance systems, inter-stakeholder coordination, and the rapid development of health security capacities prior to the pandemic have been found to be key factors to achieve readiness in facing the pandemic. The development of monitoring, laboratory capacity, and proper data management might be useful for Indonesia and other countries with similar characteristics, beyond the

[20] Zulfiqar A, Bhutta et al., "Optimising Child and Adolescent Health and Development in the Post-Pandemic World," The Lancet 339, no. 10337 (2022): 1759–61, https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02789-6/abstract.

[21] Stefan Elba, "Who Owns a Deadly Virus? Viral Sovereignty, Global Health Emergencies, and the Matrix of the International," *International Political Sociology* 16, no. 2 (2022): 1–18, https://watermark02.silverchair.com/olab037.pdf?token=AQECAHi208BE49Ooan9kkhW_Ercy7Dm3ZL_9Cf3qfKAc485ysgAAA08wggNLBgkqhkiG9w0BBwagggM8MIIDOAIBADCCAzEGCSqGSIb3DQEHATAeBglghkgBZQMEAS4wEQQMGrJJcsoMPmR3XLlLAgEQgIIDAsgKQ1K-f7WmHunBfnDB6cgsoFWYgw3hZVk-K5oxxnG3qnTr1Qw_GgPptmvqU4PSe9cIfUfluxNTT0ZooRDWR1Znywgo3Zq2WZ7Iw0IRNbKHUoeXz0AYfQ58YfDdPUDcTPClTDzNPZ66H8DHXmjFGlVm749aKs0GSMeU2ZBK7TPSizsae5dvJTzn_H0hi2kLHH3ynBOKi8zGt2fDSQpBSK2hC4tbUsj5knDox3iE4OFBMgLbi_-cuiLzt2BbEBreRgtXkCOtwn0yhRz3fUJusvnU5lXs41CxI4iUSbh6JSNlS_04MUTfIcUiWZ2sQKgVOzTbaQF9r8928FlzPgo-4T0M5QLVtZbQEgkUzsoUajtlaIsKQGDftkfJvAOytAqln2sAyvYwMvEvcpN3-DlC7dPo_QteHBINRu7g2QvKzYwn-5xXB4Gyz6ynz-d3Irm74yZdv9uCAhPw4jKKtI-XXDkyQvNq0NhVxUJDfmyjJeejv3Uftrs3CuSDBkr8lNp_PeGTOFBrCUqarAG2-QdQ6y9qJ4qefxi0iRbX78kApAgNZTiOn4VjukJZ08wUnpc1k3swnrwU29Rn7CB2kO4HBEH1J5Z2jxcI4uPUREJGN6JH5ltulzIDaH-6cqQEWfAQD9ITYgbJmpf9syRQZ7ryJgzKtihEzN7JRzOKdvsv00dfhc-6IJoaOx1k90DNbw8T7z0i7ijE8TioSET0R5mI7PpHXyAUCiSZTJvPRNYXtQdFTXnY6XzCCd97qIdsFeZWPIHHeZh_6Dv37t3gC_7i4hRl4f_jFvBUAGO5OX7Hv5vvPyggq5WbRyWjlZjBmS5IeL_LX6IOb1zki33YA3tFagYnFcmPwJZQA2596Ot3fj8bd_e4pFnWwftoGnK9UpXWVzNf4lORF8R7O2qys1u4jzK-5MgAXgeI5tVyWTv1jP1eUdWA6fqrHHVtxr3kdaNb9dYhKqWQKALesx-vVS58sdBYHlB7thGlE3iY2lOCifUjCvrCtlPDuMtPUZnlR-ujLJcG.

[22] Piero Olliaro and Els Torreele, "Global Challenges in Preparedness and Response to Epidemic Infectious Diseases," Molecular Therapy 30, no. 5 (2022): 1801–9, https://www.cell.com/molecular-therapy-family/molecular-therapy/fulltext/S1525-0016(22)00106-X.

COVID-19 response, such as long-term health security, zoonosis and pandemic prevention, and digital transformation of government capacity.[23] As for now, Indonesia has not reached its optimal state for preparedness and readiness in facing infectious diseases; however, a significant change has been documented both in central and local healthcare service providers.[24] It is expected that an established healthcare service provider can be utilized by the people, including incoming refugees to Indonesia territory. It cannot be denied that the number of incoming refugees to Indonesia is getting higher.[25] In addition to the incoming refugees because of existing conflict, refugees because of the impact of climate change are also increasing. Although the debate about how they will be categorized, the refugees because of climate change are really exist and need to be protected.[26] Incoming refugees demand not only shelter, but also protection of their basic rights, including the right to health. The need for healthcare services and nutritious food for refugees became essential in the post-pandemic period, and it has cost a fortune for the host country.[27] The burden became heavier because in Indonesia, the refugees are not subject to earn a living and fully depend on allowances. Thus, the cost of treating refugees with diseases will add to the existing burden. It will be beneficial if disease control and prevention can be performed effectively, since the cost of prevention is not as much as the cost of treatment. Periodical screening and examination, along with simple healthcare services, are very advantageous for disease prevention, especially in the post-pandemic

[23] Dewi Nur Aisyah et al., "Building on Health Security Capacities in Indonesia: Lessons Learned from the COVID-19 Pandemic Responses and Challenges," *Zoonoses and Public Health* 69, no. 6 (September 26, 2022): 757–67, doi:10.1111/zph.12976.
[24] Iin Nurlinawati et al., "Assessment of Transmitted Disease Service Readiness in 12 Puskesmas Before and During The COVID-19 Pandemic (Application of The Concept of Service Availability and Readiness Assessment)," in *Proceedings of the International Conference on Industrial Engineering and Operations Management* (Manila, Philliphine: IEOM Society International, 2023), 198–298, https://d1wqtxts1xzle7.cloudfront.net/112369691/65-libre.pdf?1710313100=&response-content-disposition=inline%3B+filename%3DAssessment_of_Transmitted_Disease_Servic.pdf&Expires=1755948455&Signature=JzxNsCwHHuEGWIfGlCTjyhNjvi7zAkOTSE9hVOiS9iBI0VQDiCLPl4KdOFYB2Ir8VtpLwqVuJ9uWl-Rlt15prf8R~iYj4OMQLQCL0wbVuI43kqoExXlJJh0j0PZU-ojiVTsIprPnreYhQaJS54AaTE2GbXpDNTTWSdd8rGXALwlBqa9QZbzatBQOUsEqXTuciEvhWd9cPjrF6xSvw8aWWCF~cCEJGz1qkBtQO5sNBsjxmqVQDoWPKnHWl6g8cFmsYC5PspHINegIHcm0IG4NzGewSYyriibLZEri-Kohydl~18uInQi-s9f3Ans8VR2GgAqOrdsbpm6Yg0L0ZpmqLw__&Key-Pair-Id=APKAJLOHF5GGSLRBV4ZA.
[25] UNHCR The UN Refugee Agency, *Indonesia Fact Sheet December 2023*, 2023, https://www.unhcr.org/wp-content/uploads/sites/42/2024/01/Indonesia-Fact-Sheet-December-2023-final.pdf.
[26] Ayub Torry Satriyo Kusumo and Anugera Adiasstuti, "Climate Change Refugees: Striving for an Established Definition for Broader and Better Management.," *Indonesian Journal of International Law* 21, no. 4 (2024): 727–50, https://scholarhub.ui.ac.id/cgi/viewcontent.cgi?article=1821&context=ijil.
[27] Saifee, Franco-Paredes, and Lowenstein, "Refugee Health During COVID-19 and Future Pandemics."

era.[28] This study aims to explore the importance of malnutrition screening, as one of the important yet beneficial health screenings, to fulfill the right to health for refugees in the post-pandemic era. Since many diseases, both infectious and non-communicable diseases, are closely related to malnutrition (both under- and over nutrition) so the malnutrition screening becomes a simple yet essential examination to be carried out periodically.

It is not questionable because there is a significant number of mental health cases among refugees and asylum seekers.[29] In the meantime, other health screenings are also emerging in the post-pandemic era, related to physical health for all age groups, immunity against infection, and caring for refugees with pre-existing chronic diseases, which includes malnutrition screening. The cases of malnutrition, especially among children, in refugee settings have been widely discussed.[30] However, the practice or even the necessities of the malnutrition screening as part of healthcare services for the refugees are still lacking, albeit it is widely known that the right to health is part of basic human rights for refugees to be protected. Therefore, a study on literature and legal sources is still needed.

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[28] B Badanta et al., "The Consequences of the COVID-19 Pandemic on the Refugee Population: A Rapid Review," *Perspectives in Public Health* 143, no. 4 (July 1, 2023): 225–41, doi:10.1177/17579139221093159.

[29] Shamas Ul Huda et al., "A Study on Factors Leading to Poor Mental Health of Children in Punjab, Pakistan," *Journal of Community Psychology* 50, no. 7 (September 25, 2022): 3210–20, doi:10.1002/jcop.22830; Michaela Hynie, "The Social Determinants of Refugee Mental Health in the Post-Migration Context: A Critical Review," *The Canadian Journal of Psychiatry* 63, no. 5 (May 4, 2018): 297–303, doi:10.1177/0706743717746666; Cecilie Dangmann, Ragnhild Dybdahl, and Øivind Solberg, "Mental Health in Refugee Children," *Current Opinion in Psychology* 48 (December 2022): 101460, doi:10.1016/j.copsyc.2022.101460; Olivia Magwood et al., "Mental Health Screening Approaches for Resettling Refugees and Asylum Seekers: A Scoping Review," *International Journal of Environmental Research and Public Health* 19, no. 6 (March 16, 2022): 3549, doi:10.3390/ijerph19063549; Nilsson and Jorgenson, "Refugees in Resettlement: Processes, Policies, and Mental Health in the United States"; Mustafa Sevinc et al., "Frequency of Depressive Symptoms in Syrian Refugees and Turkish Maintenance Hemodialysis Patients during COVID-19 Pandemic," ed. Jose A. Muñoz-Moreno, *PLOS ONE* 16, no. 1 (January 4, 2021): e0244347, doi:10.1371/journal.pone.0244347; Zunayed Al Azdi et al., "Effectiveness of an Integrated Care Package for Refugee Mothers and Children: Protocol for a Cluster Randomized Controlled Trial," *JMIR Research Protocols* 10, no. 5 (May 4, 2021): e25047, doi:10.2196/25047.

[30] Anum Saeedullah et al., "Nutritional Status of Adolescent Afghan Refugees Living in Peshawar, Pakistan," *Nutrients* 13, no. 9 (August 31, 2021): 1–12, doi:10.3390/nu13093072; Arianna Dondi et al., "Food Insecurity and Major Diet-Related Morbidities in Migrating Children: A Systematic Review," *Nutrients* 12, no. 2 (January 31, 2020): 1–26, doi:10.3390/nu12020379; Shailja Shah et al., "Delivering Nutrition Interventions to Women and Children in Conflict Settings: A Systematic Review," *BMJ Global Health* 6, no. 4 (April 8, 2021): e004897, doi:10.1136/bmjgh-2020-004897; Bridget Fenn et al., "Effects on Child Growth of a Reduction in the General Food Distribution Ration and Provision of Small-Quantity Lipid-Based Nutrient Supplements in Refugee Camps in Eastern Chad," *BMJ Nutrition, Prevention & Health* 4, no. 1 (June 2021): 235–42, doi:10.1136/bmjnph-2021-000292; Mary Fabio, "Nutrition for Refugee Children: Risks, Screening, and Treatment," *Current Problems in Pediatric and Adolescent Health Care* 44, no. 7 (August 2014): 188–95, doi:10.1016/j.cppeds.2014.03.003; Alemu et al., "Health and Nutrition Emergency Response among Internally Displaced Persons at Ranch Collective Site, Chagni, Ethiopia: The Role of Emergency Operation Center, Lessons from the Field, and Way Forwards"; Joseph Mandre, Dasel Wambua Mulwa Kaindi, and Wambui Kogi-Makau, "Nutrition Status of Refugee and Host-Country Children: Negotiating for Equal Distribution of Relief Food During Emergencies in Uganda," *Journal of Immigrant and Minority Health* 24, no. 6 (December 28, 2022): 1387–97, doi:10.1007/s10903-022-01354-4.

RESEARCH METHOD

This study was a narrative review from open access, peer-reviewed Indonesian and English-language original, review, and meta-analysis articles collected from scientific search engines such as PubMed, Scopus, and Google Scholar, as well as from grey literature search engines such as Google. The fourteen articles collected the keywords of "malnutrition" and "refugee setting" and their combination using Boolean operators. This study used articles published after 2010. Legal sources related to refugees such as the 1951 Convention, international agreements, Presedential Decree 125/2016 and other relevant legal documents also reviewed as the basis of the analysis of collected papers. The articles collected were reviewed from their abstracts to ensure their relevance to the aim of the study. The article was reviewed and discussed by the authors in order to synthesize an exploratory article to answer the review question

RESEARCH OUTCOME AND DISCUSSION

1. The Rights of Refugees

The current trend is that human rights, humanitarian law, and refugee law are integrated, and the number, size, and complexity of refugees' problems are complex. The approach used in refugee treatment is limited to the safety and welfare of the refugees without further consideration of the issue of the protection provided by the asylum receiving countries. The essence of international human rights law is the establishment of universal humanity, which is not limited to specific time and space attributes[31]. Human rights in the context of refugee law involve three elements: the protection of civilians in armed conflicts, the protection of civilians in normal circumstances, and the protection of refugees, both internally displaced persons and international refugees.[32]

[31] Fadillah Agus, *Pengantar Hukum International Dan Hukum Humaniter International* (Erasmus Cahyadi: ELSAM, 2007); Ruba Salih, "Refugees and Cathartic Politics," *South Atlantic Quarterly* 117, no. 1 (January 1, 2018): 135–55, doi:10.1215/00382876-4282073.
[32] Koesparmono Irsan, *Pengungsi Internal Dan Hukum Hak Asasi Manusia* (Jakarta: Komisi Nasional Hak Asasi Manusia, 2007); EmeT Owoaje et al., "A Review of the Health Problems of the Internally Displaced Persons in Africa," *Nigerian Postgraduate Medical Journal* 23, no. 4 (2016): 161–71, doi:10.4103/1117-1936.196242.

Refugee Rights includes the following:

1.1. Rights of Protection on Non-refoulement

When a person or persons flees his or her country of origin for fear or persecution, a country must protect them when returning to his or her country of origin. It is necessary to prevent further violations of their human rights. The international community has recognized the principle of non-refoulement on Article 33 paragraph 1 of The 1951 Refugee Convention and UNHCR Basic Legal Documents on Refugees 1999 page 8-37. Malthus in response to the non-refoulement principle of international law, combining the conventional and local laws which give authority to the government (unilaterally) to control the entry of refugees into the country by way of arresting or detaining the airlines or ship carrying refugees, in addition to bringing a new concept of 'temporary protection' and 'safe third country'.[33]

1.2.Asylum-seeking rights

The State will bear joint responsibility for the fate of the asylum-seeker as a matter of international law[34]. Asylum is the protection offered to anyone who seeks asylum under the jurisdiction of a State. Asylum is not only necessary to ensure the right to life, but also to prevent human rights violations. For example, granting asylum to victims of human rights violations and victims of refugees is an essential aspect of human rights protection and should therefore be considered as a principle of international law under the Charter of the United Nations. In accordance with Article 14 of the Universal Declaration of Human Rights, the granting of asylum to asylum-seekers should not be seen as an act of hostility by other countries, especially by the countries from which asylum-seekers come from[35].

[33] James C Hathaway, "International Refugee Law: The Michigan Guidelines on the Internal Protection Alternative," Mich. J. Int'l L 21 (1999): 131, https://heinonline.org/HOL/LandingPage?handle=hein.journals/mjil21&div=11&id=&page=; Savitri Taylor, "Growing Pains: The Asia Pacific Refugee Rights Network at Seven Years," Cosmopolitan Civil Societies: An Interdisciplinary Journal 8, no. 2 (2016): 1–21, https://search.informit.org/doi/abs/10.3316/INFORMIT.903902512466476; Valsamis Mitsilegas, "Humanizing Solidarity in European Refugee Law," Maastricht Journal of European and Comparative Law 24, no. 5 (October 13, 2017): 721–39, doi:10.1177/1023263X17742817.

[34] Mary Crock, "In the Wake of the Tampa: Conflicting Visions of International Refugee Law in the Management of Refugee Flows," *Pac. Rim L. & Pol'y J* 12 (2003): 49, https://heinonline.org/HOL/LandingPage?handle=hein.journals/pacrimlp12&div=11&id=&page=.

[35] B. S. CHIMNI, "The Geopolitics of Refugee Studies: A View from the South," *Journal of Refugee Studies* 11, no. 4 (January 1, 1998): 350–74, doi:10.1093/jrs/11.4.350-a.

Asylum has been regulated in Article 14 paragraph (1) of the Universal Declaration of Human Rights (UDHR) which stated that everyone has the right to seek and enjoy in other countries asylum from persecution. One of the UNHCR principles is that when large numbers of asylum seekers arrive, states should provide protection for some time.[36]

1.3.Rights of equality and non-discrimination

Refugees have the right to be treated humanely by countries that grant asylum. In general, all persons, including refugees, have the rights and freedoms recognized in international human rights law, and as citizens of States of asylum, they have the right to respect basic human rights[37]. It is important to protect the rights and freedoms of refugees, as regulated on Article 2 Universal Declaration of Human Rights; Article 1 paragraph 3, article 13 paragraph 1 (b), 55 (c) and 76 (c) UN Charter; Article 2 paragraph 1 ICCPR; and article 2 paragraph 2 ICESCR, because refugees in a foreign country are very vulnerable to undergo many forms of discrimination. Refugees usually do not provide evidence of identity or any legal documents that may cause problems for asylum-granting state authorities. Refugees can be accepted in the receiving country with a lot of suspicion but have no legal certainty about their existence.

1.4.Rights for Life and Security

Refugees are the world's most threatened and unsafe group. Some of their basic rights are violated even in the same country during the evacuation process. First, they felt frustrated by losing possession, security, family members, and even their own lives. Gil Loescher explains the condition of refugees in recipient countries is worse than in native countries[38]. Refugees often separate from close relatives, fear, or are being threatened, attacked and feared to return to their home country by force. Most children who live in displacement cannot live like most children in general. Many refugees are also at risk of violence, including rape, murder, genocide and forced disappearances.

The protection of basic rights for refugees is every state's obligation, regardless of their status as The 1951 Convention party or not. Each state may choose how it fulfils the

[36] Michell Moussalli, "Who Is a Refugee," *Digitalibrary.Un.Org*, 1982, https://digitallibrary.un.org/record/113577.
[37] B Chimni, "The Changing World Order, the Structural Role of Humanitarian NGOs, and the Protection of Displaced Persons and Migrants," in *International Council of Voluntary Agencies (ICVA) Conference* (Asia Journal of Global Studies, 2003), https://www.academia.edu/4776308/Asia_Journal_of_Global_Studies_Vol_5_No_2.
[38] Gil Loescher, "Introduction: Refugee Issues in International Relations," in *Refugees and International Relations* (Oxford: Oxford University Press, 1989), 1–33.

obligation, by a national regulation, by binding itself to an international agreement or convention, or any other means possible. As health is one of the basic rights of all people, including people in refugee settings, countries cannot leave those refugees behind when they set up a healthcare service system to respond to the pandemic and also the post pandemic. The failure to embrace the need for public health services for the refugees would place the country under more burden as more infectious diseases will still threaten even after the pandemic.[39]

2. Malnutrition screening in the post-pandemic era

The Covid-19 epidemic has had a major impact on public health across the world. As the world recovers slowly from the crisis, we are entering a new period of post pandemic disaster, which brings challenges and opportunities for the world's public health system. This passage will explore changes in the public health situation following the epidemic, focusing on key areas such as health infrastructure, mental health, infectious disease control, and global health management. One of the most pressing problems of the post-pandemic era is the need to strengthen health infrastructure to better address future health crises. The Covid-19 pandemic has highlighted the vulnerability of health systems around the world and emphasized the importance of having a robust and resilient health infrastructure.[40] In the long run, governments and health authorities will need to invest in improving facilities, expanding health facilities, and improving access to health services in order to be better prepared for future epidemics and health emergencies.[41]

Another important aspect of post-pandemic public health is the increased emphasis on mental health. Long-term closures, social isolation, and economic uncertainty during the epidemic have significantly affected the psychological well-being of people.[42] As we approach the post-pandemic era, it is increasingly recognized that mental health support and services should be given priority in order to address the psychological impact of the

[39] Saifee, Franco-Paredes, and Lowenstein, "Refugee Health During COVID-19 and Future Pandemics."
[40] Mark E. Rifkin, "Nutrition Policy Critical to Optimize Response to Climate, Public Health Crises," *Frontiers in Nutrition* 10 (August 16, 2023): 1–7, doi:10.3389/fnut.2023.1118753.
[41] Chandni Maria Jacob et al., "Building Resilient Societies after COVID-19: The Case for Investing in Maternal, Neonatal, and Child Health," *The Lancet Public Health* 5, no. 11 (November 2020): e624–27, doi:10.1016/S2468-2667(20)30200-0.
[42] Maija Saijonkari et al., "Promotive and Preventive Interventions for Mental Health and Well-Being in Adult Populations: A Systematic Umbrella Review," *Frontiers in Public Health* 11 (August 31, 2023): 1–13, doi:10.3389/fpubh.2023.1201552.

pandemic. Public health authorities need to invest in mental health resources, raise awareness of mental health problems, and support those suffering from anxiety, depression, and other mental health conditions caused by the epidemic. Infectious disease control is another area that has undergone significant changes since the pandemic. The Covid-19 pandemic stressed the importance of effective disease surveillance, early detection, and rapid response strategies in controlling the spread of infectious diseases.[43] Public health authorities must strengthen surveillance systems, improve testing and contact tracking capabilities, and improve coordination and communication between local, national, and international health agencies to effectively combat future outbreaks. In addition, a renewed emphasis will be placed on vaccination and public health education campaigns to promote vaccination and prevent the spread of infectious diseases.[44]

Global health governance is also changing after the pandemic. The pandemic highlights the interconnectedness of the global health landscape and the need for countries to work together to address health challenges beyond borders. Following the pandemic, it is increasingly recognized that international cooperation, data sharing, and cooperation are key to responding to global health threats. Public health authorities, policy makers, and international organizations must strengthen global health governance mechanisms, establish mutual assistance agreements, and foster partnerships to build a more resilient and responsive global health system. Global health poses the priority into the cooperation of various boards and organizations, fulfilling human rights especially the rights to health, also managing funding, and setting up policies in response to global health crises.[45]

The World Health Organization (WHO) established the International Health Regulations (IHR) in 2005 and provides a legal framework for global health security. The International Health Regulations (IHR) obliges countries to develop and maintain capacity for the detection, assessment, reporting, and response to public health emergencies. Strengthening compliance with IHR is essential to improving the resilience

[43] Rifkin, "Nutrition Policy Critical to Optimize Response to Climate, Public Health Crises."
[44] Lucy A McNamara et al., "Estimating the Early Impact of the US COVID-19 Vaccination Programme on COVID-19 Cases, Emergency Department Visits, Hospital Admissions, and Deaths among Adults Aged 65 Years and Older: An Ecological Analysis of National Surveillance Data," *The Lencet* 399, no. 10320 (2022): 152–60, https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02226-1/fulltext.
[45] Kathryn H. Jacobsen and Caryl E. Waggett, "Global Health Education for the Post-Pandemic Years: Parity, People, Planet, Priorities, and Practices," *Global Health Research and Policy* 7, no. 1 (December 4, 2022): 1–7, doi:10.1186/s41256-021-00234-y.

of global health.[46] From the human rights side, the right to health is enshrined in several international human rights instruments, including the International Covenant on Economic, Social and Cultural Rights (ICESCR). Article 12 of the ICESCR recognizes that everyone has the right to enjoy the highest possible standard of physical and mental health. Strengthening public health systems is consistent with the state's legal obligation to ensure this right, especially given the epidemic's disproportionate impact on vulnerable populations.[47]

Finally, the post-pandemic era offers a unique opportunity to reimagine and revive public health systems to better address 21st-century health challenges. By strengthening health infrastructure, giving mental health priority, improving control of infectious diseases, and improving global health governance, we can build a more resilient, equitable, and sustainable public health system and better prepare for future health crises.[48] Governments, health authorities, and communities must work together to take advantage of this opportunity and create a healthier and safer future for all.

As a vulnerable group, refugees need special attention, especially in the changing world of post-pandemic times. Refugees living in uncertainty, almost without a promising future, are at high risk of health problems such as infectious diseases due to lack of adequate housing and hygiene, mental health problems, and malnutrition. Furthermore, post-pandemic time has caused them more suffering, making them more vulnerable. The high potential health risks also pose to children in refugee environments. Those in the refuge are at high risk of mental health such as depression and anxiety, as well as malnutrition such as wasting and stunting.[49]

A person's food needs are the amounts considered to be sufficient to maintain general health. In general, nutritional requirements are determined by age, gender,

[46] World Health Organization, *International Health Regulation 2005* (France: World Health Oragnization , 2007), https://iris.who.int/bitstream/handle/10665/246107/9789241580496-eng.pdf?sequence=1.
[47] United Nations, "International Covenant on Economic, Social and Cultural Rights," United Nations § (1966), https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_2200A(XXI)_economic.pdf.
[48] Alemu et al., "Health and Nutrition Emergency Response among Internally Displaced Persons at Ranch Collective Site, Chagni, Ethiopia: The Role of Emergency Operation Center, Lessons from the Field, and Way Forwards"; Rifkin, "Nutrition Policy Critical to Optimize Response to Climate, Public Health Crises."
[49] Sian Griffiths, Dong Dong, and Roger Yat-nork Chung, "Forgotten Needs of Children Left behind by Migration," *The Lancet* 392, no. 10164 (2018): 2518–19, https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)33004-6/fulltext.

activity, weight, and height.[50] There must be a balance between nutrient intake and expenditure to obtain a good nutritional status. A good nutritional status plays a major role in disease prevention, both infectious and non-communicable diseases.[51] People with undernutrition are at higher risk of easily being infected by infectious agents, while non communicable diseases such as diabetes mellitus, hypertension, and stroke are associated with obesity (overnutrition).[52]

Nutritional status problems can be overcome by implementing balanced nutrition and a healthy lifestyle. Balanced nutrition is emphasized on the application of the principles of a safe, diverse, varied, and nutritious diet in sufficient quantities, and is supported by a healthy lifestyle such as regular monitoring of nutritional status, physical activity, and adequate water consumption.[53] The principle of balanced nutrition is not something new to the people of Indonesia, nor is it difficult to apply in everyday life. The lack of public understanding of the principle of balanced nutrition is the result of limited knowledge about balanced nutrition and little awareness of the importance of a healthy lifestyle that still needs to be fostered. In the concept of balanced nutrition, screening or rapid monitoring of nutritional status is one thing that needs to be done regularly, one of which is through regular weight monitoring. However, a simple yet routine health examination is often difficult to carry out in a refugee setting, especially during the pandemic time when social distancing and people's mobility were highly restricted. This condition has put the refugee in a more vulnerable condition.[54] The healthcare services are often provided when there is a health emergency or an urgent need for lifesaving care. The health service personnel are also limited in numbers and sometimes have difficulty communicating with the refugees because of language and cultural barriers. It is different

[50] Sunita Almatsier, *Pengantar Ilmu Gizi* (Jakarta: Gramedia Pustaka Umum, 2001); A-K Illner et al., "Review and Evaluation of Innovative Technologies for Measuring Diet in Nutritional Epidemiology," *International Journal of Epidemiology* 41, no. 4 (August 2012): 1187–1203, doi:10.1093/ije/dys105; Laurencia Govender et al., "Assessment of the Nutritional Status of Four Selected Rural Communities in KwaZulu-Natal, South Africa," *Nutrients* 13, no. 9 (August 24, 2021): 1–22, doi:10.3390/nu13092920.
[51] D. L. Pelletier et al., "Nutrition Agenda Setting, Policy Formulation and Implementation: Lessons from the Mainstreaming Nutrition Initiative," *Health Policy and Planning* 27, no. 1 (January 1, 2012): 19–31, doi:10.1093/heapol/czr011.
[52] Jonas Fooken and Linh K. Vo, "Exploring the Macroeconomic and Socioeconomic Determinants of Simultaneous over and Undernutrition in Asia: An Analysis of Stunted Child - Overweight Mother Households," *Social Science & Medicine* 269 (January 2021): 113570, doi:10.1016/j.socscimed.2020.113570.
[53] Sunita Almatsier, Susirah Soetardjo, and Moesijanti Soekatri, *Gizi Seimbang Dalam Daur Kehidupan* (Jakarta: Gramedia Pustaka Utama, 2017).
[54] Saifee, Franco-Paredes, and Lowenstein, "Refugee Health During COVID-19 and Future Pandemics."

from what has been carried out in Chagni, Ethiopia, where health and nutritional emergency response were planned and organized in order to provide the internally displaced persons with healthcare services, starting from simple and primary healthcare services.[55]

Monitoring nutritional status on a regular basis can be done in a dynamic, safe, and comfortable daily life setting. This condition cannot be seen in the setting of international refugees, especially in the simple and limited settlements of international refugees. However, malnutrition-prone groups still need proper attention and screening so that they can be prevented from falling into a condition of malnutrition.

Malnutrition screening can be done in various ways, including:

1. Simple anthropometric measurements

Simple anthropometric measurements can be in the form of measuring weight and height. Measurement of body weight reflects the dynamics of nutritional status which is acute, changes easily in a short time, is influenced by disease and food intake, and is easily carried out by anyone, including the general public.[56] Anthropometric measurements require tools that, although simple, are special and need to be maintained and calibrated. Another weakness is that weight and height only provide information about the presence or absence of possible health problems that are still too general in nature. Even someone with dehydration alone (lack of fluids, not drinking) can lose weight up to 500 grams. This shows that changes in weight and height have not been able to provide sufficient information as a starting point for further examination.

2. Simple and fast biomedical measurement (one-click check)

Screening using biomedical measurements or using body fluids (blood, urine, saliva, discharge, etc.) is one of the more specific screening methods for a type of disease. This screening is prioritized to screen for people who are at risk of suffering from certain

[55] Alemu et al., "Health and Nutrition Emergency Response among Internally Displaced Persons at Ranch Collective Site, Chagni, Ethiopia: The Role of Emergency Operation Center, Lessons from the Field, and Way Forwards."
[56] Chiara Lorini et al., "Using Alternative or Direct Anthropometric Measurements to Assess Risk for Malnutrition in Nursing Homes," *Nutrition* 30, no. 10 (October 2014): 1171–76, doi:10.1016/j.nut.2014.03.005; Oluwafemi Samson Balogun et al., "Prevalence and Potential Determinants of Aggregate Anthropometric Failure among Pakistani Children: Findings from a Community Health Survey," *Children* 8, no. 11 (November 4, 2021): 1010, doi:10.3390/children8111010; Clarisse Dah et al., "How Does Baseline Anthropometry Affect Anthropometric Outcomes in Children Receiving Treatment for Severe Acute Malnutrition? A Secondary Analysis of a Randomized Controlled Trial," *Maternal & Child Nutrition* 18, no. 3 (July 14, 2022): 1–9, doi:10.1111/mcn.13329.

diseases in a risky environment.[57] It is quite specific nature that directs users to conduct a situation analysis in advance of the group to be screened, especially regarding what diseases are very likely to be experienced by that group.

In general, nutritional status can be screened using this method for certain types of malnutrition. For example, screening for iron deficiency anemia using a portable hemoglobinometer, screening for hypercholesterolemia, screening for diabetes mellitus risk, screening for uric acid, and so on. The screening with this method is not suitable in refugee settings because it requires equipment that is not cheap, requires trained personnel to carry out inspections, and only screens certain conditions that do not occur often in refugee settings.

3. Clinical condition assessment

Screening through clinical condition assessment is a screening method that examines a person's condition from the physical appearance, symptoms, and clinical signs shown by a person. This method is usually carried out by general practitioners or nurses who have adequate skills and knowledge to perform basic clinical examinations. However, in the refugee setting, there are usually limited healthcare personnel, not to mention a general practitioner. Therefore, a clinical assessment will be difficult to carry out when skilled healthcare personnel are unavailable.

The tool that is needed tends to be simple, easy to obtain, and does not require laboratory examination, but needs to be carried out by health workers. Health workers who carry out clinical examinations do not have to be general practitioners, but other health workers such as nurses and midwives can also do it well. The assessment of this clinical condition is generally accompanied by a checklist or guide on what examinations are carried out along with the assessment guidelines. Nevertheless, errors and differences in assessment or examination between examiners, or in other words, the examiner's subjectivity, cannot be ignored.

4. Diet history recording

Malnutrition screening method by recording diet history is the most difficult, the least user-friendly, and the most biased method. Diet history is usually used as an indirect

[57] Jian-Ping Miao et al., "Comparison of Two Malnutrition Risk Screening Tools with Nutritional Biochemical Parameters, BMI and Length of Stay in Chinese Geriatric Inpatients: A Multicenter, Cross-Sectional Study," *BMJ Open* 9, no. 2 (February 2019): e022993, doi:10.1136/bmjopen-2018-022993.

means of assessing nutritional status as a measure of intake, so it is not appropriate to be used as a screening tool.

3. The malnutrition screening

The purpose of malnutrition screening is to predict the likelihood of a positive or negative result based on nutritional factors and to analyze whether providing nutritional intervention can affect a person's health condition.[58] The results of the nutrition intervention or other health interventions carried out can produce various possibilities that can be known from: (1) Improvement, or at least prevention of deterioration, in health status and mental or physical functions, (2) A reduction in the number or severity of disease complications and/or a decrease in the number or difficulty of interventions provided, (3) Acceleration of improvement in health status or acceleration of recovery,and (4) Reduction of use of resources, for example, shortening of hospital stays, reduction of drug doses, reduction of types of therapy used.

Screening carried out in the community can focus on several nutritional variables related to malnutrition, particularly undernutrition or malnutrition. Malnutrition or malnutrition can be identified through screening in accordance with the objectives and characteristics of the screening targets, such as age, environmental conditions (in this case refugees), illnesses suffered, and availability of resources. [59]

Tools for screening should ideally be simple, inexpensive, easy to use by existing staff, and easy to train. The ideal screening tool should not only be able to identify malnutrition that has already occurred but also have the ability to anticipate nutritional deficiencies to prevent malnutrition. Screening can be done with a single parameter or multiparameter. The use of multiparameter screening aims to increase the sensitivity and specificity as well as predictive value. The requirements for an effective multiparameter index (Scoring system) are easy to use, cost-effective, and tested for validity, sensitivity, and specificity. Until now, there is no universally accepted scoring system. Several scoring systems developed are Nutrition Risk Screening 2002, Mini Nutritional

[58] Carlos Serón-Arbeloa et al., "Malnutrition Screening and Assessment," *Nutrients* 14, no. 12 (June 9, 2022): 2392, doi:10.3390/nu14122392.
[59] Ibid.; Mary House and Caitlin Gwaltney, "Malnutrition Screening and Diagnosis Tools: Implications for Practice," *Nutrition in Clinical Practice* 37, no. 1 (February 13, 2022): 12–22, doi:10.1002/ncp.10801.

Assessment–Short Form Body Mass Index, Short Nutritional Assessment Questionnaire, Mini Nutritional Assessment–Short Form, Malnutrition Universal Screening Tool, Malnutrition Screening Tool [MST], Mini Nutritional Assessment (MNA), PNI (Prognostic nutritional Index); Nutrition Risk Index (NRI); and SGA (Subjective Global Assessment). [60]

4. Applicability of screening tools for refugee settings

Malnutrition screening tools have been widely developed, and some of them are designed for specific purposes or carried out in specific settings. One example is the Geriatric Nutrition Risk Index (GNRI) which focuses more on assessing the risk of malnutrition that occurs in geriatrics or the elderly group with various distinctive problems. Problems related to nutrition in geriatrics include teeth, reduced saliva production, decreased sensitivity of the senses of taste and smell, achlorhydria, weakness of the chewing muscles, and so on.

Another example is the Mini Nutritional Assessment (MNA) which combines clinical examination, examination of limbs, and changes in intake patterns (in the long version). Although it is referred to as "mini", the MNA has two versions, namely the long version and the compact version, both of which are still referred to as the Mini Nutritional Assessment. The main purpose of using MNA is to detect malnutrition that occurs in a person, especially those who are being treated for illness in a hospital. An inpatient in a hospital is the perfect setting for the application of MNA in detecting the risk of malnutrition.

The inpatient setting causes MNA to be carried out by trained health workers and needs to be assisted by tools that are around the patient in the hospital ward, such as beds, infusion poles, oxygen tubes, and so on. This resulted in an inaccurate MNA being carried out in a refugee setting which was very different from the hospital ward setting.

Based on a review of various malnutrition screening tools that have been widely used, it appears that the SGA is a malnutrition screening tool that is close to being suitable for refugee settings living in immigration detention centers or community houses. SGA

[60] Annalynn Skipper et al., "Position of the Academy of Nutrition and Dietetics: Malnutrition (Undernutrition) Screening Tools for All Adults," *Journal of the Academy of Nutrition and Dietetics* 120, no. 4 (April 2020): 709–13, doi:10.1016/j.jand.2019.09.011; House and Gwaltney, "Malnutrition Screening and Diagnosis Tools: Implications for Practice."

is considered suitable because SGA is easy to use, easy to implement, easy to translate into other languages (short and clear commands and instructions), equipped with a clear scoring table, and can be done by anyone who has practiced, or at least health workers with education equivalent to nurses. However, it would be better if there was a malnutrition screening tool designed for the typical refugee setting.

Another malnutrition screening tool, which is considered useful and supported by broad scientific reviews, is the Malnutrition Screening Tool (MST). The MST has acquired strong evidence with moderate sensitivity and specificity, with good generalizability to use in screening malnutrition (especially undernutrition) in adults regardless of age, previous medical history, or setting.[61] However, since the refugee setting is special, there needs to be further study to ensure the applicability of this malnutrition tool in the refugee setting.

Some problems occur in applying malnutrition screening in refugee settings. The first is about the health service personnel. A good and applicable malnutrition screening tool is designed to be user-friendly, easy to be studied as well as easy to use, and requires minimal skills so that various healthcare personnel can use it properly. Nevertheless, an inadequacy of healthcare personnel is still happening in many refugee settings. The personnel to provide standard healthcare services are minimal in quantity and quality, their presence is usually infrequent.[62] It would be good if there were healthcare personnel who always stood by the refugees' environment, but it is very difficult in practice.

Another problem is the skills in using the screening tools appropriately. Although the tool is designed to be user-friendly and does not require the high-level skill of healthcare personnel, preliminary training, and skill-refreshing are always needed. The rapidly changing healthcare personnel who are in charge of service in refugee settings make it difficult to always provide them with preliminary training for malnutrition screening. Other than the clinical skills, an understanding of the language and cultural values of the refugees is also required from the healthcare personnel.[63] Thus, the rapid

[61] Annalynn Skipper et al., "Nutrition Screening Tools," *Journal of Parenteral and Enteral Nutrition* 36, no. 3 (May 2012): 292–98, doi:10.1177/0148607111414023; Skipper et al., "Position of the Academy of Nutrition and Dietetics: Malnutrition (Undernutrition) Screening Tools for All Adults."
[62] Carol Pavlish, Anita Ho, and Ann-Marie Rounkle, "Health and Human Rights Advocacy: Perspectives from a Rwandan Refugee Camp," *Nursing Ethics* 19, no. 4 (July 11, 2012): 538–49, doi:10.1177/0969733011421627.
[63] Mark Harris and Nicholas Zwar, "Refugee Health," *Australian Family Physician* 34, no. 10 (2005): 825–29, https://search.informit.org/doi/10.3316/informit.366386781654141.

changing of personnel will interfere with the strive for building good rapport and managing the health of the refugees. The poor recording of the health status of the refugees makes it more complicated since the information has been disrupted and it requires unnecessarily repeated examinations.[64] Those problems alone have shown that the right to health of the refugees has been unintentionally neglected. The advocacy in providing a sufficient healthcare service supported by well-trained and specializedpersonnel for refugee settings is necessary.

It is obvious that the healthcare services, even the simple ones such as health and malnutrition screening still lacking in refugee settings. A limited number of healthcare facilities, personnel, as well as treatment modalities are commonly seen in refugee camps.[65] Those who has provided with the healthcare service, often experience difficulties in access or other barriers.[66] The refugees maintained the minimum standard for health almost by themselves, and depending on readily available services, which sometimes did not even reach minimum standards. It will cause a violation of the refugee rights to health if it continues to be ignored, and it should become a concern.[67] To prevent the violation of refugee rights to health, a small step can be taken. Health and malnutrition screening may be one of the small steps to initiate the assurance of refugees' rights to health protection. Health and malnutrition screening may categorize refugees into at-risk and non-at-risk groups. This grouping will facilitate allocation of resources, which are limited, to the target group while disease prevention through healthy lifestyle, good nutrition, and hygiene can be promoted to the non-at-risk group. From the public health perspective, it will cost less than curative treatment. From a legal perspective, the protection of the rights to health for refugees is carried out. Therefore, health and malnutrition screening become a primary and initial step for further rights to health protection for refugees

5. Refugee right to healthcare for Safeguarding Sovergenty

[64] Pavlish, Ho, and Rounkle, "Health and Human Rights Advocacy: Perspectives from a Rwandan Refugee Camp."
[65] F Khan and B Amatya, "Refugee Health and Rehabilitation: Challenges and Response," *Journal of Rehabilitation Medicine* 49, no. 5 (2017): 378–84, doi:10.2340/16501977-2223.
[66] N. Ela Gokalp Aras et al., "Right to Health and Access to Health-Care Services for Refugees in Turkey," *Journal of Services Marketing* 35, no. 7 (November 12, 2021): 962–76, doi:10.1108/JSM-06-2020-0256.
[67] Shannon Doocy et al., "Health Service Access and Utilization among Syrian Refugees in Jordan," *International Journal for Equity in Health* 15, no. 1 (December 14, 2016): 1–15, doi:10.1186/s12939-016-0399-4; Etienne V Langlois et al., "Refugees: Towards Better Access to Health-Care Services," *The Lencet* 387, no. 10016 (2016): 319–21, https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)00101-X/abstract.

In the Indonesian context, healthcare can be justified as an integral component of sovereignty by emphasizing the state's responsibility to protect public health and maintain national security. Despite Indonesia's non-participation in the 1951 Refugee Convention and the 1967 Protocol, the principle of sovereignty encompasses the authority to safeguard its population from health threats, including those posed by vulnerable refugee populations. The increased vulnerability of refugees to disease in their settings presents a significant public health concern that transcends individual rights, impacting the broader community.[68] Limiting access to healthcare services and inadequate health screening in refugee environments can lead to the unchecked spread of infectious diseases, which directly threatens national health security. Therefore, implementing health and malnutrition screening aligns with Indonesia's sovereign duty to prevent disease transmission and protect its citizens. Furthermore, the legal analysis highlights that, even in the absence of formal refugee recognition, Indonesia bears a sovereign obligation to uphold the health rights of all individuals within its borders. This includes adopting international minimum standards and principles such as National Treatment, which ensures equitable access to healthcare services for refugees and local populations alike.[69] By doing so, Indonesia affirms its sovereignty not only through territorial control but also through the responsible management of public health risks, thereby safeguarding both national interests and human rights.[70]

CONCLUSION

Recognizing healthcare as a component of sovereignty underscores the state's responsibility to uphold the fundamental rights of all individuals within its territory, including refugees in Indonesia. Sovereignty entails not only territorial integrity and political independence but also the obligation to protect the well-being of its population, which extends to vulnerable groups such as refugees. Providing access to healthcare for

[68] Khan and Amatya, "Refugee Health and Rehabilitation: Challenges and Response."
[69] Gregor Noll, "Securitising Sovereignty? States, Refugees, and the Regionalisation of International Law," *STATES, REFUGEES, AND INTERNATIONAL LAW*, 2003, 227–305, https://lup.lub.lu.se/search/ws/files/7704816/Securitizing_sovereignty_states_refugees_and_the_regionalization_of_international_law_stamped.pdf.
[70] Zachary Obinna Enumah, "Therapeutic Citizens or Therapeutic Refugees? An Examination of Triage, Refugeehood, and Referral Health Care in Tanzania," *Social Science & Medicine* 298 (April 2022): 114837, doi:10.1016/j.socscimed.2022.114837.

refugees aligns with Indonesia's sovereignty by demonstrating the state's commitment to human rights and its capacity to safeguard the health of all residents, regardless of their legal status. Ensuring health services, including screening for malnutrition and disease, affirms the state's role in fulfilling its duty to protect life and promote public health. It also reflects Indonesia's adherence to international human rights standards, which emphasize the right to health as a fundamental human right. Furthermore, integrating healthcare provisions for refugees into national policies reinforces Indonesia's sovereignty by showcasing its ability to manage and address complex humanitarian issues within its borders. It affirms that sovereignty includes the responsibility to provide equitable health services, thereby strengthening national resilience and social cohesion. The justification of healthcare for refugees as part of sovereignty in Indonesia is rooted in the state's obligation to protect human rights, uphold public health, and demonstrate its capacity to care for all individuals within its jurisdiction. This approach not only aligns with international standards but also reinforces Indonesia's sovereignty through proactive and inclusive health policies.

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Funding Information
The article is part of the research funded by The Institute of Research and Community Services, Universitas Sebelas Maret Surakarta Indonesia, with Grant Number 516/UN27.21/PP/2019.

Conflicting Interest Statement
The authors states that there is no conflict of interest in the publication of this article

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