Reflections on conducting health research in humanitarian and conflict settings: The Syria crisis

Adam Coutts
London School of Hygiene and Tropical Medicine

Overview

- Current situation
- Reflections on:
  - The humanitarian health response and interventions
  - Academic health research
- What next for research and the response.

Context

- 44 months of crisis.
- Conflict – emergency, crisis, disaster, catastrophe, cataclysm, BIG MESS!
- 4 million refugees + 7.5 million Internally Displaced
- > 200,000 death (direct violence)
- > 600,000 injuries (estimated by US/UK 1:5 injury rate)
- > increase NCDs mortality – est 200,000+ and rise in communicable diseases.
- Creation of multiple and ‘patchwork’ of Health Systems within Syria but also in neighbouring countries – Public, Private, UN and NGO response, ‘unofficial/informal’ medical services provided by Syrian expats.

Context

- Crisis is now ‘protracted’! Moving into development mode.
- Massive demographic change and fluid continuous movements across borders and within Syria.
- Crisis exposed ‘Government’ capacities - pre existing fragility of public services in the region – esp public health and education in Lebanon, Jordan and Iraq.

What happened? Humanitarian health response

- Humanitarian response: *'Initially naïve and short sighted'* in a region of historical conflict /instability – *'it will be over by summer 2012'* (quote from UN official and many NGOs).
- Response: 'Natural disaster' emergency relief mode for low income settings focused on basic needs and communicable diseases.
- Lots of opinion on what to do but limited health evidence base from the region on what works why and for whom – *'data blind response'.*
- Limited focus on Primary Health Care and preventive policies – *'response was reactive'.*

Humanitarian health response

- Difficult to navigate political inertia, vested interests and ‘political determinants of health’ which have shaped the response.
- Lebanon: Private health sector and cost are biggest barriers to effective health response.
- Difficulties in coordination between sectors – health, education, WASH, livelihoods, cohesion.
- Continuous lack of funding for the response – currently 55% of Regional Response Plan funded.
- **Impacts**: WFP cease food distribution, GOJ stop access to public health facilities, reduced overall medical coverage.

Humanitarian health interventions

- Focus on emergency relief – psychosocial health of children, pregnant and lactating women.
- Little focus on older age groups, disabled – autistic children, deaf/blind, psychological illness and trauma in 16+/adult age groups.
- Limited funds for NCD interventions and virtually none for cancer care and treatment.
- Security situation and ‘refugee flux’ preventing interventions and research from taking place - prevents follow up with patients/subjects.

Humanitarian health interventions

- Difficult to recruit qualified staff = Lack of local capacity for implementation, technical/ analysis.
- ‘Slow and silent killers’ (diabetes , hyper tension) less appealing for donors.
- NCDs too lagged: 3 – 5 years for outcomes – health, attitude and behaviour changes.
- Donors looking for ‘quick wins / fix’ to increase operational visibility – **a political determinant health!**

Academic health research

- **Academic and institutional amnesia**: what works, why and for whom in previous conflicts seem to have been forgotten? *Lessons from Lebanese civil war, Palestinians, Iraq 2003…*
- Regionally avoided addressing political determinants of the Syria health crisis over past 2 years.
- Lots of data collection now taking place by UN, NGOs, and Universities but lack of coordination / knowledge of 'who is doing what, where and with who' = duplication.
- Refugee in Amman *'I have been interviewed 5 times this month for different projects!?'*

Academic health research

- Very little rigorous empirical / field research or secondary analysis, in relation to size of the crisis over 2 years.

Only 5 peer-review articles (2 from AUB)

- Majority are commentary, opinion, case-studies.
- Media outlets publish more on health crisis than academics.
- Hundreds of NGO reports/assessments with varying methodological quality and coverage.
- Currently no evaluations or field trials/studies of the health response or interventions.

A silver lining of crisis? Not all doom and gloom!

- Response getting up-to-speed, more creative, 'doing more with less', improved coordination.
- Donors moving toward 'development agenda'.
- Crisis exposed pre-existing problems of host communities – opportunity for reform for short and long term gain.
- Example: Health System Strengthening – *Instrument for Stability*, EU, MoPH, UNHCR, WHO Lebanon.
- MoPH/WHO updating NCDs guidelines for Lebanon – *provide example for the region?*

BUT…

- Consider post conflict options when UN, iNGOs scale down in next 3-5 years. (2008/09: Iraqis in Syria example?)
- Therefore think about **system reform** – introduction of **Universal Health Care**, links to wider social protection, welfare and public service reform.
- Reduce focus on curative hi-tech interventions and shift to Primary Health Care support and prevention.
- Tackling vested interests / Syndicates, pharmaceutical industry, private health care dominance – *Private healthcare have little interest in Public health!*
- Development NOT just direct cash transfers and e-vouchers – link to universalism, social protection, role and responsibility of the individual, the State and government.

Future research

- Syria crisis and response as ‘massive natural public health experiment’.
- Regional academics to provide evidence of what works, why and how for future responses and fill the evidence void.
- Need to ensure collaboration between internatioal and local academics/institutions is mutually beneficial and enhances local capacities – RESCAP example.
- Systematic review of lessons from previous crisis – Iraq – how not to do public health in crisis!
- Fit future research to EMRO-WHO-MoPH needs and mandates – monitoring and evaluation of NCD interventions.

Of course now lots of research!

- NCDs among Palestinian Refugees from Syria and Palestinian Refugees in Lebanon, case management, access and utilization to UNRWA Health Services
- Health systems resilience in humanitarian crises: a systems analysis of factors shaping UNRWA provision to Palestine refugees registered in Syria (R2HC; CU/UNRWA/AUB ?)

Future and ongoing research projects in Lebanon

- NCD guidelines and mHealth records for refugees in Lebanon- (R2HC-JHU, MIT, IOM)- *funded*
- NCDs guidelines; MoPH/WHO (2 AUB doctors are involved)
- RCT evaluation of NCD interventions for Syrian refugees and host communities in Lebanon – (AUB, LSHTM, Amel, YMCA, Help Age, MdM)

Future and ongoing research projects in Lebanon

- Integrated Humanitarian Data Analysis Project (iDAP): Investigating pathways between cash transfers, food security and the health of Syrian refugees (ELHRA-R2HC proposal)*: AUB/WFP/UCL
- Cash vs. E-vouchers for Refugees in Jordan and Lebanon: A Comparative Evaluation with a Focus on Food Security (WFP, 3i.e, JHU/AUB)**

Future and ongoing research projects in Lebanon

- Assessment of health status and access to health care of Syrian refugees and host populations in Lebanon (AUB/JHU/UNHCR/MDM/IMC- ECHO)
- Charting the changing trends, experiences, and geographies of Healthcare Access choices during the Syrian Conflict (UNFPA-AUB)
- Syrian Refugee Access to Care and Mortality Study: Lebanon, Masnaa border areas (MSF- survey, published internally). Extended to Tripoli and South Lebanon – November 2014.
- *Survey on the livelihoods of Syrian refugees in Lebanon (Oxfam/Beirut Research and Innovation Center (BRIC)- Nov.2013)*

Thank you