

**GLOBAL HEALTH INITIATIVE (GHI) OF THE MAILMAN SCHOOL OF PUBLIC HEALTH
COLUMBIA GLOBAL POLICY INITIATIVE (CGPI)
SEMINAR SERIES**

Responding to Humanitarian Emergencies: New Imperatives

Friday, June 13, 2014

Guest Speaker: Fouad M. Fouad, MD

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Discussant Panel:

(Moderator) Wafaa El-Sadr, MD, MPH, MPA

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Discussion Highlights

Background:

The Global Health Initiative (GHI) at the Mailman School of Public Health in collaboration with The Columbia Global Policy Initiative hosted its second seminar on the intersection between communicable and non-communicable diseases (NCDs) entitled, “Responding to Humanitarian Emergencies: New Imperatives.”

Visiting scholar, Dr. Fouad M Fouad of the American University of Beirut, shared expertise and experiences related to the ongoing Syrian crisis, its impact on health systems and resulting health implications – with special focus on NCDs -- of Syrian refugees and internally displaced persons (IDPs). Following Dr. Fouad’s presentation, Mailman School panelists offered their insights working in crises and conflict settings, specifically regarding research and programming in the areas of reproductive health, HIV/AIDS and relief workers.

Global Scale and Scope:

- As of the end of 2013, the number of displaced people globally totaled 42 million. This number includes refugees, internally displaced persons, stateless persons and asylum seekers.
 - Internally Displaced people (IDPs), accounting for 33.3 million of total displaced people.
 - 8.2 million newly displaced in the year 2013. Highest concentration of IDPs in Sub Saharan Africa (12.5 m); and Middle East and North Africa (9.1 m). 63% of all the IDPs belong to 5 countries: Syria, Colombia, Democratic Republic of Congo, Sudan and Nigeria of which 43% are from Syria alone.
 - Refugees accounting for 15.2 million at the start of 2013
 - approximately 50%, Asia and 28%, Africa; living conditions vary from well-established camps and collective centers to makeshift shelter or living in the open; half living in urban areas.
- 80% of NCD-related deaths occur in developing countries, which face the greatest burden from global and regional conflict and increased vulnerability to the effects of climate change and natural disasters.
 - The Middle East region has the highest prevalence of diabetes in the world at 10.9%; obesity in women are three times as high as men at prevalence rate of 30 – 38% in women vs 9-13% in men. Proportion of adults suffering from at least one chronic disease is approximately 55%.

The Syrian Crisis: health status, health workers and health systems

- Pre-crisis Syria faced a change in its health profile toward more morbidity and mortality from NCDs
 - In Syria, as in other countries in the region, NCDs contribute to the highest share of mortality—77% of all deaths in 2008 (World Health Organization Country Profiles, Syria).
- Current crisis, which began in March 2011, has exacerbated NCD risks among affected Syrian populations
 - 45% of all NCDs in Syria and Lebanon are attributed to cardiovascular disease
 - In Lebanon, 32.1% of health care beneficiaries were treated for cardiovascular conditions (Lebanese Ministry of Public Health).
 - Among older adults (60 years and older), 60% of respondents had hypertension; 47% diabetes; 30% heart disease (Caritas Lebanon Migrant Center (CLMC) (*Forgotten Voices*, Aug2013)
 - Morbidity trends have been typical of the epidemiological transition with proportion of older adults suffering from at least one chronic disease (40% - 65%).
 - 50% of the Syrian population is in need of mental health services; 50% in need of chronic disease care (WHO)
 - 35 polio cases have re-emerged. Before the crisis, the last reported case was in 1999, (WHO, Syrian Arab Republic, Polio Eradication Initiative)
- Health care workers and health service delivery have become part of the battlefield (*PHR Factsheet*, Physicians for Human Rights, May2014)
 - Since the beginning of the conflict, 468 medical personnel had reportedly been killed, including 157 doctors, 94 Nurses, 84 medics, and 45 pharmacists, among others.
 - As of December 2013, an estimated 15,000 doctors had fled Syria
 - Some 200,000 Syrians have died from chronic illnesses due to lack of access to treatment and medicines
 - Little to no mental health services are available, as most mental health professionals have left the country seeking security and work
- Many reports state that both the Syrian Government and opposition forces have attacked or appropriated medical facilities. In many hospitals, combatants have first priority in receiving care, whereas civilians struggle to access care

- 73% of hospitals and 27% of primary health care facilities are out of service, with 80% of the ambulances destroyed. One Syrian hospital attacked 8 times in one month to prevent from providing services
 - In affected areas in Iraq, Lebanon, Syria and Jordan, 25% of the health care workers have had between 10 to 23 threats to life within a year
 - As such, access to treatment is quite limited for NCDs such as cardiovascular disease, renal failure, diabetes, asthma and cancer: 168 priority medicines are needed in Syria, including 92 essential medicines; Insulin, oxygen, anesthetics and intravenous fluids are no longer available in numerous parts of the country. (WHO EMRO April 2014. Situation Report)
 - NCDs are a significant health challenge in many humanitarian crises today and are slowly being recognized as a major public health threat for displaced people. While many humanitarian organizations like the UN High Commissioner for Refugees (UNHCR) mainly address acute infections and basic necessities -- food, shelter, water/sanitation -- of affected populations during early stages of a crisis, there remains an urgent need to develop an efficient, comprehensive approach to managing NCDs in these vulnerable groups.
 - According to UNHCR, two of the most important issues in humanitarian response are management of NCDs and health systems (Guterres, Spiegel, 2009).
- Further, host communities face competition for health resources in attempting to respond to the needs of refugees and IDPs as well as their local populations.
 - As such, more research is needed for developing better strategies to include NCD care and other critical health needs in humanitarian response.

Integrating health needs into humanitarian response, by strengthening local health system and building local capacity

- From panelist discussion, the critical imperative should be to ensure that all needs – NCDs as well as sexual/reproductive health, HIV, psychosocial health, as well as malnutrition, water and sanitation, staff welfare, etc -- be understood in a more integrated way. Two important institutions that create that integration are the health system and local communities.
- An important step for addressing current health challenges in emergencies is the need to strengthen local capacity and develop resilient local health systems
- Local communities play the fundamental role in the continuum of crisis preparedness, response and recovery. While international NGOs may support humanitarian relief efforts, local communities are the first responders to emergencies, and are key actors in disaster risk management and mitigation.
- Humanitarian workers (i.e. physicians and other health workers) are themselves a strained and limited resource in the current crisis. Many such workers are themselves members of affected communities hit by crisis. As such, enhancing local capacity would be a critical approach to effective, more efficient humanitarian response
- Local community includes local health workers and other key partners such as faith-based organizations that possess awareness of local capacities/resources to bring about effective, locally appropriate solutions.
- Thus, humanitarian health response should aim to provide for immediate health needs to affected populations, as well as strengthen communities and their health systems -- reducing vulnerability, establishing safety nets and strategies to mitigate the occurrence of humanitarian crises

Lessons from HIV; reproductive health; mental health/psycho-social care

- In developing strategies for managing NCDs during crisis, lessons can be learned from the establishment of systems of care for HIV, sexual/reproductive health and mental health, etc. during emergencies – as they all confront similar issues such as large interruptions of delivery of such services and fragmentation of regular social networks

- They offer insights to understanding the gaps in service, strengthening health systems, and capitalizing on local resources and players – all critical for developing sustainable service delivery and capacity and establishing efficient management systems for responding to all health needs during crisis.

Role and impact of UN Peacekeepers and Relief Workers

From discussion, an important issue to note is the need for instituting adequate protections for both UN peace keepers/international relief workers and individuals/local communities struck by crises. Lessons from outbreaks of cholera in Haiti and HIV infections in Cambodia introduced unintentionally by UN peacekeepers as well as the high rates of transactional sex observed in refugee camps, either owing to violence, need to procure resources or just survival indicate the importance of such policies that protect host communities

Way Forward

“The transformation we need is to have a system of management of non-communicable diseases weaved into the fabric of humanitarian relief work.” - Wafaa-El-Sadr

- Global trends of displaced populations are steadily growing given the number of humanitarian emergencies each year. Such trends signal the need to develop effective approaches to better address the health needs of refugees/IDPs and affected nations without overburdening the health systems of host countries and communities.
- There are mounting imperatives for integrating approaches and strengthening health systems especially in crisis situations – developing capacities/accountability of relief workers; better utilizing local resources; providing/maintaining health care delivery with minimal interruption during crisis
- Questions to consider:
 - Are there existing models (i.e. HIV) of care that can be applied to bring forth a strong and resilient NCD system of management in future?
 - Who or what kind of a world body or organization can facilitate such work?
 - What is the role of academic/ research institutions, local/international NGOs, academic/research institutions, government and civil society in helping communities strengthen capacities and local health systems?
 - How does a School of Public Health prepare the next generation of leaders in this field?