At request of CSDH, EMRO & regional civil society partners to capture complexities of social determinants operating in conflict settings, incorporating a civil society view point.

Specifically To:
- Assess the impact of conflicts on health status;
- Document how conflicts affect social determinants and thus result in adverse health outcomes;
- Identify some examples of activities and interventions that mitigate the impact of these conflicts on health;
- Explore some of the policy implications of our findings.
Outline of the Presentation

- Methods;
- EMR countries in conflict;
- Major social determinants in conflict settings;
- Conventional Social Determinants – with a new dimension;
- Civil society and policy action;
- Health achievements and priorities in EMRO;
- Priority areas for action
- Strategic directions.
Methods

- Collaboration: between EMRO and the AHED, the Regional civil society facilitator
  - Extensive literature review: EMRO
  - Civil Society interviews: AHED
- Data collection: recognizing that sensitive information may endanger respondents;
- Data presentation: conflicts elicit heightened, often exaggerated responses and emotional reactions so must present information with sensitivity and care.
## Displaced Population due to Conflict

<table>
<thead>
<tr>
<th>Country</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan (2005)</td>
<td>911,685 Refugees (UNHCR)</td>
</tr>
<tr>
<td>Iraq (2007)</td>
<td>4 Million: 2 M displaced internally (of whom 2/3 are women &amp; children) &amp; 2 M fled to Jordan &amp; Syria</td>
</tr>
<tr>
<td>Lebanon (2006)</td>
<td>Approx. 1 M displaced out of 4 M population 735,000 IDPs &amp; 270,000 fled the country</td>
</tr>
<tr>
<td>OPT (2005)</td>
<td>3 M in Jordan, 1 M in Syria &amp; Lebanon</td>
</tr>
<tr>
<td>Somalia (2005)</td>
<td>412,543 of whom 400,000 IDPs</td>
</tr>
<tr>
<td>Sudan (2005)</td>
<td>1 M: 841,946 IDPs &amp; 317,462 Refugees</td>
</tr>
</tbody>
</table>
Excess Mortality due to conflict

- **Iraq**\(^{(1)}\): *(deadliest international conflict of the 21\(^{st}\) century)*: estimate of **654,965 excess deaths** since the invasion, of which 600,000 were due to violence. IMR & >5 MR increased by more than **three fold** between a baseline survey in 1985 and 1991.\(^{(2)}\)

- **South Darfur**\(^{(3)}\): in three survey areas (2002) overall mortality was 3.2, 2.0 and 2.3, and mortality for children under 5 years was 5.9, 3.5 and 1 per 10,000 per day.

- **Kohistan District, Afghanistan**\(^{(4)}\): over a period of 4 months (April 2001), **1,525 excess deaths** among the 57,600 people in the district.

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Themes from civil society reports

- Afghanistan – a health disaster the product of longstanding poverty **compounded** by conflict.

- Iraq – NGO “Doctors to Iraq” reported working in a very **dangerous environment**, providing health care for everyone, regardless of sectarian identity.

- Lebanon – civil society organization supported **social networks** in crisis and the resilience, in summer 2006.
Themes from civil society reports

- **Somalia** – lack of effective government or infrastructure in the south; communicating from the middle of the crisis in Mogadishu;

- **Sudan, Darfur** – mass fight, destruction of homes and livelihood; conflict in camps as groups become politicized and armed;

- **Palestine (OPT)** – the devastating impact of the Separation Wall and checkpoints on health in Gaza and the West Bank, interrupting access to work, education and social life, as well as health services.
The meaning of conflict: from civil society respondents

- **Afghanistan**: “People lost their tranquility, dignity, family members, wealth, farmlands and houses”.

- **Iraq**: “There is no minor health problem...having an illness is a tragedy by itself, because it means suffering for the patient and his relatives”.

- **Palestine (OPT)**: “Nada Saed A-Srouji, aged 54, had a heart attack. The ambulance was delayed at the Taybeh checkpoint in the Tulkarem area when it attempted to reach her to provide medical treatment.”

- **Darfur**: “Poverty is what they share.”
Major Social Determinants in Conflict setting

- Loss of basic human rights – as enshrined in UN conventions and protocols; the right to live in dignity;
- Breaches of medical neutrality;
- Stress, distress and disease.
Loss of basic human rights

- Loss of security: living in fear, exposure to violence;
- Displacement;
- Lack of shelter and privacy;
- Destruction of social network & family structure – affects mental health;
- Loss of livelihood: land, employment;
- Loss of essential rights such as health care, clean water, education.
Breaches of Medical Neutrality- 4th Geneva Convention, Article 18 violated

- destruction of health facilities, medical convoys
- walls and checkpoints as barriers to health care - Palestine
- politicization of health services in Iraq, reported by NGO Doctors for Iraq
Stress, distress and disease

Mental health:
- **Iraq**\(^1\), June 2005, 20% of population experienced “significant psychological symptoms” and at least 300,000 suffered from “severe mental health related conditions”; early 2007 over 90% of children experienced learning difficulties due to fear and insecurity
- **Afghanistan**\(^2\), 2002, national survey, 42% experienced Post-Traumatic Stress Disorder symptoms.

Deaths and injuries: directly due to conflict, including unexploded ordnance, especially in South Lebanon and Afghanistan

(1): Iraq, 2005 MoH and WHO
Conventional Social Determinants – with a new dimension

- **Women** may take on new roles, but also experience new vulnerabilities such as sexual violence;
- **Children > 5** suffer highest rates of mortality and morbidity;
- **Older children** may be forced to take on new roles as providers, or as participants in conflict;
- **Employment and livelihoods** loss results in dependence on others & on aid, producing a sense of helplessness;
- **Health services** fails to support people in their greatest need.
The Social Determinants of Maternal Mortality in Herat province, Afghanistan, 2002

- **Rural residence**: 92% of maternal death in rural areas.
- **Low age at marriage**: mean age at marriage 15 years.
- **Lack of education**: 94% of respondents had < 1 year of formal education.
- **Barrier of women seeking health care**.
- **Under utilization of health services**: only 11% of women reported receiving prenatal care & > 1% assisted by trained health personnel.
- **Lack of availability of hospital care**: only 5 of the 27 listed health facilities provided essential obstetric care.

Source: Amowitz et al 2002
Determinants of < 5 mortality
Survey in Kohistan, Afghanistan in April 2001

- diarrhoea (25%): reflecting lack of access to safe water.
- respiratory tract infections (19.4%): reflecting lack of access to health facilities and appropriate drugs.
- measles (15.7%): pointing to lack of access to effective EPI.
- scurvy (6.5%): pointing to malnutrition and poverty.

Source: Assefa et al. 2001
- **Focus on community** rather than individual, as trauma interpreted by those involved as social, rather than individual issue;
- **Intersectoral action** essential because of the many actors involved;
- **Reducing aid dependency** for basic needs / rebuilding health systems;
- **Long-term sustainability**: social network and health systems are foundations for “normal” post-conflict life;
Health achievements and priorities in Lebanon Crisis
Ensure access to primary health care

Comprehensive health facilities damage assessment

Priorities:
- Repairs to damaged health care facilities
- Ensure access to primary health care packages
Provision of Essential Medicine & Equipment

- Efficient response to acute shortages of essential drugs.
- Distribution of fuel to 16 public and private hospitals to meet acute shortages.
Health Achievements & Priorities

Control of Communicable Diseases & Water Quality

- Early Warning Response and Surveillance system;
- Drinking water quality;
- Monitoring system for shelters and health facilities;
- Provision of water testing kits, chlorination units and chlorine to temporary shelters.
Health Achievements & priorities

Provision of Vaccines

Rapid immunization for returnees and outreach activities to isolated populations
Mental Health

- Acute grieving & anxiety reactions among affected population & health workers.
- Prevention of chronic symptoms through training of health workers on post traumatic stress disorder.
Health Achievements & Priorities

Coordination of the Multiplicity of Partners

- Regular coordination meetings in Beirut, Damascus and Tyre.
- Mapping of all health-related activities.
- Visibility and advocacy for health.
Priority Areas for Action

- The loss of human rights: usually addressed during emergency responses, but also need to be addressed in the long term, building up capacities.
- Breaches of medical neutrality: require national and international action, and the involvement of NGOs.
- Stress, distress and disease: tackling mental health problems in the social setting, rather than through individual counseling.
At the micro-level:

- Strengthen family and **community networks** for sustainable, healthy development, especially through work with civil society.
- Strengthen capabilities for sustainable development through **employment creation and livelihood** initiatives, and provision of education, housing, and safe water and sanitation.
- Reconstruction and maintenance of essential health services, working with various partners and strengthening the **role of ministries of health**.

[1] Source: ALNAP
[2] WHO
At the macro-level:

The Commissioners are encouraged to send messages to global players, such as major powers, development partners, and member states to:

1) Use health as a **bridge for peace**

2) Tackle the **root causes** of the conflict
Thank you