The Changing Health Needs of Syrian Refugees in the Region

Fouad-M. Fouad MD
American University of Beirut
Responding to Changing Health Needs in Complex Emergencies
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Current situation: Oct. 2015

- 4.5 years of conflict
- "The Syrian conflict is the worst humanitarian crisis since the second world war" - The largest single refugee population under UNHCR’s mandate
- Almost a quarter of a million people, including nearly 12,000 children, have been killed (direct violence)
- 1 million have been injured
Source: Syrian Observatory for Human Rights
4.2 million refugees: 2.1 million Syrians registered by UNHCR in Egypt, Iraq, Jordan and Lebanon, 2 million Syrians registered by Turkey

7.5 million internally displaced

Total Syrian asylum applications in Europe: 441,246: (Apr 2011 and Aug 2015): 42% in Germany !!

2,600 migrants are known to have died crossing the Mediterranean Sea to reach Europe in 2015 (IOM-Sept 2015)
• 12.2 million need humanitarian aid
• In 2015, 90% of Syrians will live in poverty, with 60% unable to secure their own food supply (WHO)
• Life expectancy is shortened by almost 13 years
• There is little centralized authority left in Syria.
• Syria no longer functions as a single, all-encompassing unitarily governed state- Syria territories are under control of four different powers
In January, 2015, Lebanon announced a restricted 6 month visa for displaced Syrians, in effect, denying Syrians their refugee status and the rights and services this entitles them to.

In late 2014, Jordan repealed free health care for refugees, charging them a nominal fee, equivalent to that paid by uninsured Jordanians.

At the World Economic Forum in 2015, the UNHCR high commissioner, stated that the “international humanitarian community no longer has the capacity to respond,” and called for a re-imagining of the humanitarian aid model.
The Syria crisis is now ‘protracted’!

- New pattern of crisis: Middle income countries/urban settlements/educated and previously ‘good’ health indicators: Iraq, Syria, Libya
- Unsolved conflicts: protracted, politically complex and dynamic: Palestine, Lebanon, Iraq, Syria...
- Massive demographic change and movement
- Militarization and politicization of all services including health and education

**Chronic Death**
Humanitarian health response

1. Overlapped, fragmented, and uncoordinated

2. ‘Short sighted’ in a region of historical conflict/instability

3. Response: ‘Natural disaster’ emergency relief mode for low income settings focused on basic needs and communicable diseases.

4. 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’.

5. Ignoring the ‘political determinants’ of health which have shaped the response
Humanitarian health interventions

  - Little focus on older age groups, disabled – psychological illness and trauma in 16+/adult age groups.
  - Preventative health care has been almost absent in a population in which chronic diseases, especially diabetes, hypertension and cardiovascular diseases and their risk factors have reached epidemic levels.
Syrian refugee and Affected Host Population Health Access Survey in Lebanon

July 2015
Syrian refugee health access survey in Lebanon

- July 2015
- The study examines the health status and care seeking behaviors of Syrian refugees living in host communities throughout Lebanon
- 1,376 Syrian refugee and 686 Lebanese households
**Chronic Health Conditions:** The presence of hypertension, cardiovascular disease, diabetes, chronic respiratory disease, or arthritis in one or more household members was reported by 50% of Syrian refugee households.

- Arthritis had the highest overall prevalence (7.9%), followed by hypertension (7.4%), chronic respiratory disease (3.8%), cardiovascular disease (3.3%), and diabetes (3.3%).

- 70% had an out-of-pocket payment.

- 76% of refugees were currently taking medicines; among those not taking medication, the primary barrier was cost.
Syrian Refugee Health Access Survey in Jordan

December 2014
Chronic Health Conditions: The presence of hypertension, cardiovascular disease, diabetes, chronic respiratory disease, or arthritis in one or more household members was reported by 43.4% of households.

31.6% had an out-of-pocket payment.
Conclusion

During an emergency, if we only addressed:

- Evacuating people from affected areas
- Providing transportation, shelter, food, and water
- Prevention injury and infectious diseases

Source: Mohannad Al Nsour- CU June 2015
What would happen to:

- Ischemic stroke survivors taking anticoagulants?
- People whose diabetes is controlled by insulin?
- Heart attack survivors taking clot-preventing medications?
- People with severe lung disease receiving home oxygen therapy?
- People with hereditary blood disorders?
- Patients receiving hemodialysis for kidney failure?

Source: Mohannad Al Nsour- CU June 2015
In complex emergency and protracted crises, it’s important to consider NCDs as a priority:

1. NCDs prevalence is increasing worldwide
2. Countries in ME and Turkey are facing epidemiologic transition in morbidity
3. Poor shelter, inadequate sanitation and food shortage
4. National healthcare system vs refugees’ healthcare system (funding, human resources, infrastructure, stewardship, etc.)
The Key to Resolving Syria's Refugee Health Crisis?

Ending Its War
Thank you