

# Socio-political Challenges in the Mediterranean Region: Implications for NCD Prevention and Control

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## About ... RESCAP-MED?

RESCAP-MED aims to build research capacity for public health in countries around the eastern and southern Mediterranean. Its purpose is to develop research skills for the challenge of non-communicable diseases (NCDs) and their social determinants. RESCAP-MED links 11 partners. Six of these are academic institutions around the Mediterranean: Jordan, Lebanon, Palestine, Syria, Tunisia and Turkey. Four are academic institutions within the EU (in the UK and Ireland) and one is the WHO East Mediterranean Regional Office (EMRO). RESCAP-MED is funded by the European Commission for three years (2012-2014).

RESCAP-MED aims to create a Mediterranean regional network for NCD researchers, in five key public health disciplines:



<http://research.ncl.ac.uk/rescap-med/>

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## Executive summary



There are many challenges that revolve around non-communicable diseases (NCDs) in the Mediterranean region, amplified at present by major conflicts which have weakened or destroyed health systems and led to population displacement (internal and external) on a scale unprecedented in recent times. Several key consequences for public health are shown to be a lack of preparedness in crises, a critical lack of resources and capacity, and a policy framework for addressing these enormous challenges. This policy brief highlights the enormity of the task posed by forced migration for the management of NCDs and the provision of services at a time of crisis, when struggling health sectors across the region face the added challenge of coping with hundreds of thousands of refugees fleeing war and the fear of violence. We suggest that recommendations for policy need to encompass the following challenges.

- There is a major challenge to increase awareness in government of the importance of NCDs in emergencies. Discussion of NCDs specifically relating to emergency response at the global level is imperative, as well as appropriate allocation of funding specific to chronic diseases in disasters.
- It is vital to incorporate NCDs into existing emergency-related policies, standards, and resource allocation.
- It is vital to integrate NCDs into emergency healthcare provision during and following emergencies. Additional resources should be allocated to primary care to face the expected increase in the number of registered NCD patients in the future.
- There is an urgent need for research on morbidity and mortality patterns during and following an emergency.
- It is crucial to build evidence-based policies and guidelines relating to NCDs in emergencies and disaster situations based on a comprehensive review of the current global scientific literature.
- There is an urgent need to develop technical guidelines on the clinical management of NCDs in emergencies and disaster situations.
- There is a need to integrate NCDs into practical and academic training of emergency workers and emergency-response coordinators.



### RESCAP-MED POLICY BRIEF 3

This policy brief is based on the findings of the RESCAP-MED 2<sup>nd</sup> Regional Symposium, "Socio-political Challenges in the Mediterranean Region: Implications for NCD Prevention and Control" which was held on December 3-4, 2014, in Beirut, Lebanon. The symposium was hosted by the Faculty of Health Sciences at the American University of Beirut, led by Professor Abla Sibai, the AUB lead partner in RESCAP-MED. The symposium included four key note speeches and attracted over 180 attendees. A total of 15 oral presentations and 23 posters were distributed over the two days of the symposium.



**Abla Sibai**, Professor of Epidemiology and Population Health at AUB

This policy brief highlights the socio-political contexts, both local and geopolitical, which shape the management of non-communicable disease (NCD) at a time of huge population movement and major insecurity. We present short case-studies of East Mediterranean countries affected by war and conflict.



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### Introduction

Familiar social determinants of health (family income, eating habits, smoking, overcrowded or insanitary housing, and the quality of the local environment) also have their determinants – the causes of the causes – at both a national and a supra-national level. Some of these can be influenced by national policy and government decision-making. Policy towards NCDs provides a case in point. Moreover, armed conflict and forced displacement are in themselves profound influences on the social determinants of health.<sup>1</sup>

Addressing socio-political determinants of health is essential to improve the physical and mental health of affected and displaced persons. Extended displacement, loss of property and other income sources, and the resultant uncertainty can significantly influence health. Displaced persons with prolonged exposure to politically-induced violence often experience the greatest insecurity as refugees. The health status of people affected by conflict is therefore directly related to political, environmental, economic, and socio-cultural factors.

### Socio-political upheaval and its effect on NCDs

Recent years have demonstrated the devastating health consequences of complex emergencies in the Middle East, and thereby highlighted the importance of comprehensive and collaborative approaches to humanitarian responses and risk reduction.

Simultaneously, NCDs are now recognized as a real and growing threat to population health and development; a threat that is magnified by and during emergencies. In disasters, essential medications may be destroyed or lost and refugees may forget or be unable to take them.

When critical healthcare infrastructure is destroyed or rendered inaccessible, access to chronic care treatment

and medication is jeopardized. Disasters can exacerbate existing NCDs and acute care can be compromised by inadequately controlled NCDs. Boxes 1-4 present the socio-political determinants in selected countries in the region and their impact on health and NCDs.



### **Box 1** **Socio-political effects on NCDs in Iraq**

Hamid Hussein

The conflict in Iraq has an immediate and long term impact on civilian suffering resulting from damage in water supplies, impaired sanitation, damaged shelter, cut in electricity, and impairment in health services. War has a devastating impact on civilians who are threatened by any of the possible consequences of violence, deprivation, displacement, and death. A relevant review shows that long-term conflict in Iraq burdened 40% of children with fear, insomnia, nightmares, helplessness, and detachment. Incidence of childhood cancer was 10 times more than other industrial countries. Birth defects increased 17-fold in one hospital during the last 10 years. The risk of death was estimated to be 58 times higher than in the period before the war. An excess mortality of nearly 100,000 deaths was reported in Iraq for the period March 2003–September 2004, attributed to the invasion of Iraq. Pre-invasion mortality rates were 5.5 per 1000 people per year, compared with 13.3 per 1000 people per year in the 40 months post-invasion. Mortality estimate as of July 2006 corresponds to 2.5% of the population in the study area. The number of displaced persons, both internal and external, ranged from estimates of 3.5 million to at least 5 million. Sociopolitical conflict in Iraq has led to unacceptable rates of morbidity and mortality. The direct and indirect long term consequences of this conflict have mostly affected women and children. Mental health and many related physical illnesses are so

are significant



### **Box 2** **The conflict in Syria and NCDs**

## NCDs in Emergencies and Disasters: A Way

### Forward

In order to address the problem of NCDs in emergencies and minimize excess morbidity and mortality in the region, the following proposals are suggested:<sup>2</sup>

- Increase awareness of the importance of NCDs in emergencies: Discussion of NCDs specific to emergency response at the global level is imperative, as well as appropriate allocation of funding specific to chronic disease in disaster.
- Incorporate of NCDs into existing emergency-related policies, standards, and resources.
- Integration of NCDs into emergency healthcare provision during and following emergencies. Collaboration between existing health infrastructure, the healthcare system and humanitarian assistance would improve the sustainability of efforts. Additional resources should be allocated to primary care to face the expected increase in the number of registered NCD patients in the future.
- Build evidence-based policies and guidelines relating to NCDs in emergencies and disaster situations based on a full and comprehensive review of the current global scientific literature. Existing research should be evaluated, allowing for assessment of current interventions and identification of future interventional possibilities.
- Increase research on morbidity and mortality patterns during and following an emergency: One viable option would be the establishment of a coordinated, international, open database focusing on the epidemiology of NCDs during

### Box 3

#### Socio-political impact on NCD's and health services of Syrian refugees in Turkey

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There are currently 2.9 million Syrian refugees registered in Turkey, with numbers growing at a rate of 100,000 people every month, according to UNHCR. This represents 30% of all Syrians in the region. Currently, health services are provided in 10 provinces at 21 camps since the 29 April 2011. Public health and health care services including reproductive and women health, child and adolescent health, mental health, nutrition, hygiene, and other services have been provided. Amongst the provided health services, NCDs are unfortunately being ignored because of the importance of the more pressing needs of shelter, nutrition, security and communicable diseases. This neglect will have a negative impact on the health and well-being of Syrian refugees, as more NCDs will be occurring to existing refugees during the next couple of years.

In a recent qualitative analysis of 12 documents, nine dealt with living conditions of Syrian refugees, while the rest were about the impact of the situation on Turkish citizens living close to the border. In all the documents, it was emphasized that needs of the refugees should be met by Turkish Government. Only 36% of refugees have been living in the camps, where women and children make up 75% of this population. There was no accurate number for refugees residing out-of-camp and their conditions were the worst. Many problems were recognized including a large unregistered population; the unmet needs of non-camp Syrians; infectious diseases; mental ill-health; problems of health system; economic problems; cheap labor force and exploitation problems; increasing tension and security in host communities; discrimination and stigmatization; and violence against women. Attitude towards refugees in the host community included solidarity, charity for sufferers and discrimination. In conclusion, the analyzed documents highlighted that disadvantaged Syrian refugees were not discussed thoroughly.

and following emergencies around the world. In countries with crisis such as Syria and Iraq, there is an urgent need to promote trustworthy epidemiologic approaches to determine morbidity and mortality rates and to establish guidelines for policy-makers, the media and the public on how to interpret these estimates.

- Develop technical guidelines on the clinical management of NCDs in emergencies and disaster situations: Guidelines, which take into account the practical problems associated with NCDs in emergencies are essential.
- Integration of NCDs into practical and academic training of emergency workers and emergency-response coordinators: High-quality courses are required in order to build community-level, government and organisational capacity in the field of NCDs during and following emergencies and for disaster risk reduction planning.



## References

1. Roberts B, Odong VN, Browne J, Ocaka KF, Geissler W, Sondorp E. An exploration of social determinants of health amongst internally displaced persons in northern Uganda. *Confl Health*. 2009;3:10.
2. Demaio A, Jamieson J, Horn R, de Courten M, Tellier S. Non-communicable diseases in emergencies: a call to action. *PLoS Curr*. 2013;5

## Box 4

### Syrian refugees in Jordan: Socio-political pressures on NCD services

Akhu-Zaheya, L., Doocy, S., Lyles, E., Robertson, T.

The escalating number of Syrian refugees in Jordan creates a burden on the Health System in Jordan, which is struggling to meet current demands. Many intrinsically related determinants of health and disease exist, including social and economic status, political, education, employment, housing, and physical and environmental exposures. These factors interact to cumulatively affect health and disease burden of individuals and populations. A recent survey in Jordan found that 44% of households reported that they are able to get medical care when needed. Cost was the greatest barrier to care, reported by 64.5% of households; however, among the adult care seekers, a majority (60.4%) reported accessing medical care without an out-of-pocket payment. About 58.5% reported paying for the medication. Out-of-pocket payments were reported by 22.3% of households for the most recent hospitalization, with an average cost of 146.3 JD.

About half of household members reported hypertension, cardiovascular disease, diabetes, chronic respiratory disease, or arthritis. Among those receiving care for a chronic condition in Jordan, 31.6% had an out-of-pocket payment for the most recent care received. The average cost for patients receiving care was 13.3 JD (median= 0 JD). Medications were prescribed for 88.9% of chronic health condition cases, and 85.5% reported currently taking medication.

Jordan remains committed to provide humanitarian aid to Syrian refugees as it is the key viable protection and assistance space for Syrian refugees. Jordan can no longer bear alone the financial impact of the Syrian refugee crisis it is shouldering during its current fiscal situation. Lack of funding in Jordan's health sector poses grave risks to health status and social stability, and hence Jordan's public health system is dangerously overstretched. Finally, Jordan needs now and in the coming years, a significant investment from the donor community to sustain its health services for Jordanians and Syrian refugees.