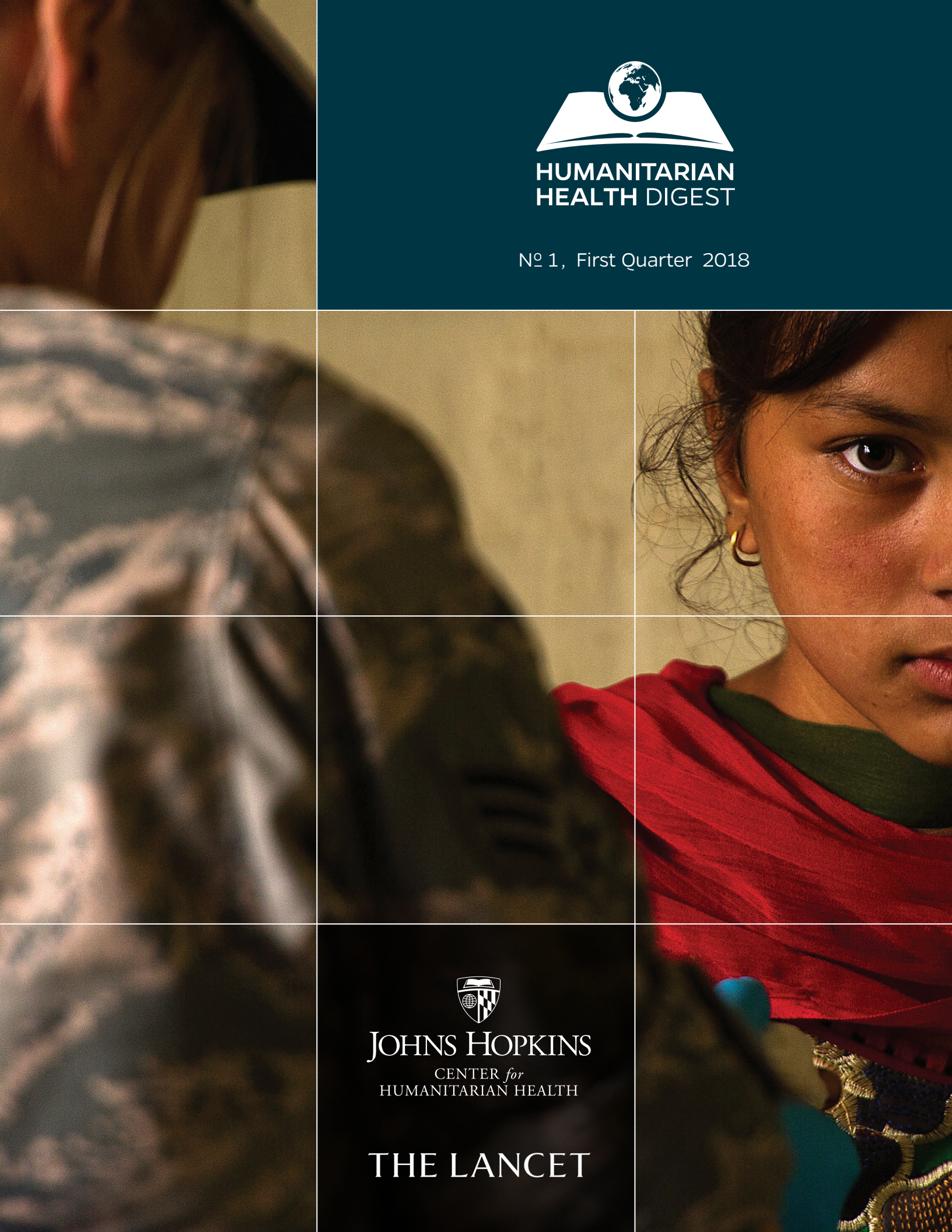

HUMANITARIAN HEALTH DIGEST

№ 1, First Quarter 2018

JOHNS HOPKINS
CENTER *for*
HUMANITARIAN HEALTH

THE LANCET

HUMANITARIAN HEALTH DIGEST

WELCOME

to the inaugural issue of the *Humanitarian Health Digest*—a quarterly bibliography of published peer-reviewed journal articles on humanitarian health. The *Digest* is compiled by the Johns Hopkins Center for Humanitarian Health and *The Lancet*. It includes one or two new commentaries on peer-reviewed articles cited in the *Digest*.

The objective of the *Digest* is to provide links to peer-reviewed articles on humanitarian health from a wide variety of journals in one place for ease of reference. Peer-reviewed articles will be searched systematically using the PubMed and Global Health (OVID) databases. Articles will mostly include primary research and systematic reviews. Humanitarian health will be divided into three broad categories: 1. Conflict and Forced Displacement; 2. Natural Disasters; and 3. Technological Disasters. The articles will be further divided into low- and middle-income countries and high-income countries.

Under each of these two sub-categories, articles will be subdivided into the following public health-related categories:

I. **COMMUNICABLE DISEASE**
II. **NON-COMMUNICABLE DISEASE**
III. **REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH**
IV. **NUTRITION AND FOOD SECURITY**
V. **WATER, SANITATION AND HYGIENE (WASH)**
VI. **MENTAL HEALTH, PSYCHOSOCIAL ISSUES, AND SUBSTANCE ABUSE**
VII. **HEALTH SYSTEMS**
VIII. **MULTI-CATEGORY**

All featured articles from the *Lancet* family of journals will be free to read with registration on TheLancet.com. It is the Center for Humanitarian Health's goal that other journals will follow suit to allow all peer-reviewed articles to be free to read so that humanitarian workers worldwide can learn from and apply lessons learned and conclusions immediately in the field to benefit persons affected by conflict, natural disasters and technological disasters.

We are delighted to be able to provide you with this first issue of the *Humanitarian Health Digest*, and hope that you will learn and benefit from the articles presented here.

Paul Spiegel MD, MPH
Director of the Center for Humanitarian Health

Richard Horton FRCP, FMedSci
Editor-in-Chief of *The Lancet*

COMMENT I.

It's about time for palliative care in humanitarian emergencies

by Paul Spiegel, Director, Johns Hopkins Center for Humanitarian Health

▲ *A nurse with the NGO Doctors of the World, at a health clinic in the Zaatari camp for Syrian refugees in Jordan (Russell Watkins/UK Department for International Development).*

The Syrian crisis is a watershed moment in humanitarian action. It has shed a light on a myriad of complex issues and gaps, many relating to the protracted nature of conflict and displacement outside of camp settings in middle-income countries. The importance of palliative care in such contexts is critical, but rarely discussed, never mind addressed. It's time to provide holistic palliative care in humanitarian emergencies consisting of pain management and psychosocial support, including social and spiritual aspects.

In Pinheiro and Jaff's recent article in *Medicine, Conflict and Survival* entitled "The role of palliative care in addressing the health needs of Syrian refugees in Jordan",[1] the authors undertake an exploratory qualitative study of the gaps and challenges of providing such long-term, specialized and continuous services to refugees with life-limiting conditions.

Such care is not available to the majority of Jordanians, never mind most Syrian refugees, and thus the need to provide specific and specialized trainings on palliative care in an integrated manner to the health professionals in Jordan and humanitarian NGOs is needed. Besides providing dignity and comfort to persons suffering from such conditions, it is also cost-effective as the delivery of palliative care is less expensive compared to curative interventions, and reduces the number and length of stay of hospitalizations.

Pinheiro and Jaff recommend that specialized training of health professionals to provide palliative care be integrated into existing health systems of host countries and be made available to nationals and refugees alike. Given that most Syrian refugees live outside of camps, the need to improve national systems that will benefit all persons is in accordance with recent humanitarian concepts that attempts to avoid parallel services for refugees by increasing national capacities to provide such services to everyone.

Even if such palliative care was available more widely in Jordan, the financial barriers to refugees receiving such services would likely be prohibitive, particularly as the amount of funding to Syrian refugees is decreasing. Therefore, further consideration as to how such services, despite their cost-effectiveness, would be paid for is needed. One obvious way to alleviate the financial burden would be to allow refugees the right to work. Another would be improved guidance as to the prioritization of the provision of health care according to its effectiveness and cost.

The need to provide palliative care is not just limited to humanitarian emergencies in middle-income countries. There is already a need for such care in low-income countries, which will only increase as non-communicable diseases become more predominant. Just as the need for mental health interventions in humanitarian emergencies has become clearly recognized, the need for palliative care in such settings should also be self-evident. It's time to support the training and provision of holistic palliative care interventions in humanitarian emergencies.

[1] Pinheiro I, Jaff D. The role of palliative care in addressing the health needs of Syrian refugees in Jordan. *Med Confl Surviv* 2018; 1–20. doi:10.1080/13623699.2018.1437966 **https://www.ncbi.nlm.nih.gov/pubmed/29482355**

COMMENT II.

Amid US funding cuts, UNRWA appeals for health and dignity of Palestinian refugees

by Akihiro Seita, Amelia Goldsmith, Majed Hababeh, and Yousef Shahin¶
UNRWA Health Department, UNRWA Headquarters, Amman, Jordan

The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) faces a major challenge in upholding its mandate and preserving key services such as education and health care for Palestinian refugees. On Jan 16, 2018, the US Government announced a contribution of US$60 million for 2018 so far,[1,2] in support of UNRWA's efforts to keep our schools open, health clinics running, and emergency food and cash distribution systems functioning. Although important, this funding is dramatically below past levels. The total US contribution in 2017 was more than $350 million.[2] Funding UNRWA or any humanitarian agency is at the discretion of any sovereign member state of the UN. At the same time, given the long and trusted relationship between the USA and UNRWA, this reduced contribution puts the health gains experienced by Palestinian refugees, and the largest humanitarian operation in the Middle East, at risk.

UNRWA has a history of unwavering commitment to refugee health in the region amid changing political circumstances, barriers, and conflict. We provide health and protection services to over 5 million Palestinian refugees. UNRWA employs more than 3200 health staff in 143 primary health facilities, and provides medical reimbursements annually to more than 100 000 refugees for their medical care at hospitals in the Gaza Strip, Jordan, Lebanon, Syria, and the West Bank.3 Roughly 53% of the funding requirements for UNRWA's humanitarian intervention activities in the occupied Palestinian territory are related to health alone, including health care, food security, shelter, water and sanitation, and education.

UNRWA has made extraordinary health gains for the refugee population that we serve by providing more than 9 million patient visits each year, including primary health care, tertiary and secondary care, and health education.3 As Palestinians experience a distinct demographic shift in which they are living longer and facing new health vulnerabilities from chronic diseases, UNRWA has made great strides in adapting to these changing health needs. Our health services support refugees through innovative strategies for preventive medicine and health education, e-health initiatives, and family health services. Our staff members care for more than 250 000 patients with high blood pressure and diabetes annually, and assist with almost 100 000 pregnancies and deliveries each year.[3] We have reduced the average infant mortality rate from 160 deaths per 1000 livebirths in the 1960s to less than 25 deaths per 1000 livebirths in the 2000s.[3] UNRWA clinics are the main source of primary health care for Palestinian refugees in all five field operations. Despite these accomplishments, our work is far from over, and these health gains and successes are facing a serious threat due to the current funding crisis.

The Sustainable Development Goals (SDGs) aim to "end poverty, protect the planet, and ensure prosperity for all". These goals include SDG 16 that asserts the need for peace, justice, and strong institutions. SDG 3 on the

¶ Seita A, Goldsmith A, Hababeh M, Shahin Y. Amid US funding cuts, UNRWA appeals for health and dignity of Palestinian refugees. *Lancet* 2018; **391:** 294–95. doi:10.1016/s0140-6736(18)30113-2
https://www.ncbi.nlm.nih.gov/pubmed/29395267

https://www.flickr.com/photos/ismpalestine/3193475333/

▲ *Boys outside UNWRA Rafah Preparatory School, Rafah, Gaza (ISM Palestine).*

need for good health and wellbeing is intricately linked to peace and justice. Providing essential health services and supporting institutions that protect refugee health services is indispensable in achieving the SDGs. UNRWA's commitment to the SDGs depends on global support for our medical services and the inherent link between peace and public health.

As we have since the beginning, UNRWA will continue to work with absolute determination to provide life-saving medical services to Palestinian refugees, but we need the support of the international community to maintain our humanitarian operations. In the wake of these new challenges, we are calling on UN member states and partners to uphold the human rights and future of Palestinian refugees to rally support and establish new funding alliances to preserve the dignity, health status, and the future of Palestinian children and families.

We are calling on the good will of people all over the world to stand with us in solidarity and help #FundUNRWA to protect human welfare and dignity. We are launching a global campaign to keep our operations open in 2018 and beyond. Our determination and commitment to millions of refugees motivates us to establish new pathways in the face of adversity. Through this campaign, we aim to maintain our primary health-care operations, education, food assistance, water and sanitation, and protection services so that the welfare of a disadvantaged population does not suffer at the hands of politics.

Humanitarian aid is guided by the principles of humanity, neutrality, impartiality, and independence. These principles are not only fundamental to upholding human rights for all people, but also to protecting the health of the world's most vulnerable and to ensure that they can live with dignity irrespective of political circumstances. UNRWA's mandate to preserve key services for Palestinian refugees is an expression of the international commitment to these principles. Now more than ever, refugees in the Gaza Strip, Jordan, Lebanon, Syria, and the West Bank need the support of the international community to live with dignity. There is no health without justice, and there is no justice without peace.

[1] US State Department. Department Press Briefing—January 16, 2018. Heather Nauert Spokesperson Department Press Briefing. Washington, DC, USA. Jan 16, 2018. https://www.state.gov/r/pa/prs/dpb/2018/01/277473.htm (accessed Jan 19, 2018).

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HIGH-INCOME COUNTRIES

N/A

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LOW- AND MIDDLE-INCOME COUNTRIES

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LOW- AND MIDDLE-INCOME COUNTRIES

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HIGH-INCOME COUNTRIES

N/A

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I. COMMUNICABLE DISEASE

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N/A

II. NON-COMMUNICABLE DISEASE

LOW- AND MIDDLE-INCOME COUNTRIES

N/A

HIGH-INCOME COUNTRIES

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LOW- AND MIDDLE-INCOME COUNTRIES

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HIGH-INCOME COUNTRIES

N/A

IV. NUTRITION AND FOOD SECURITY

N/A.

V. WATER, SANITATION, AND HYGIENE (WASH)

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N/A

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VIII. MULTI-CATEGORY

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HIGH-INCOME COUNTRIES
N/A

Technological Disasters

I. COMMUNICABLE DISEASE

II. NON-COMMUNICABLE DISEASE

III. REPRODUCTIVE, MATERNAL, NEWBORN, CHILD, AND ADOLESCENT HEALTH

IV. NUTRITION AND FOOD SECURITY

V. WATER, SANITATION, AND HYGIENE (WASH)

I.–V., N/A

VI. MENTAL HEALTH, PSYCHOSOCIAL ISSUES, AND SUBSTANCE ABUSE

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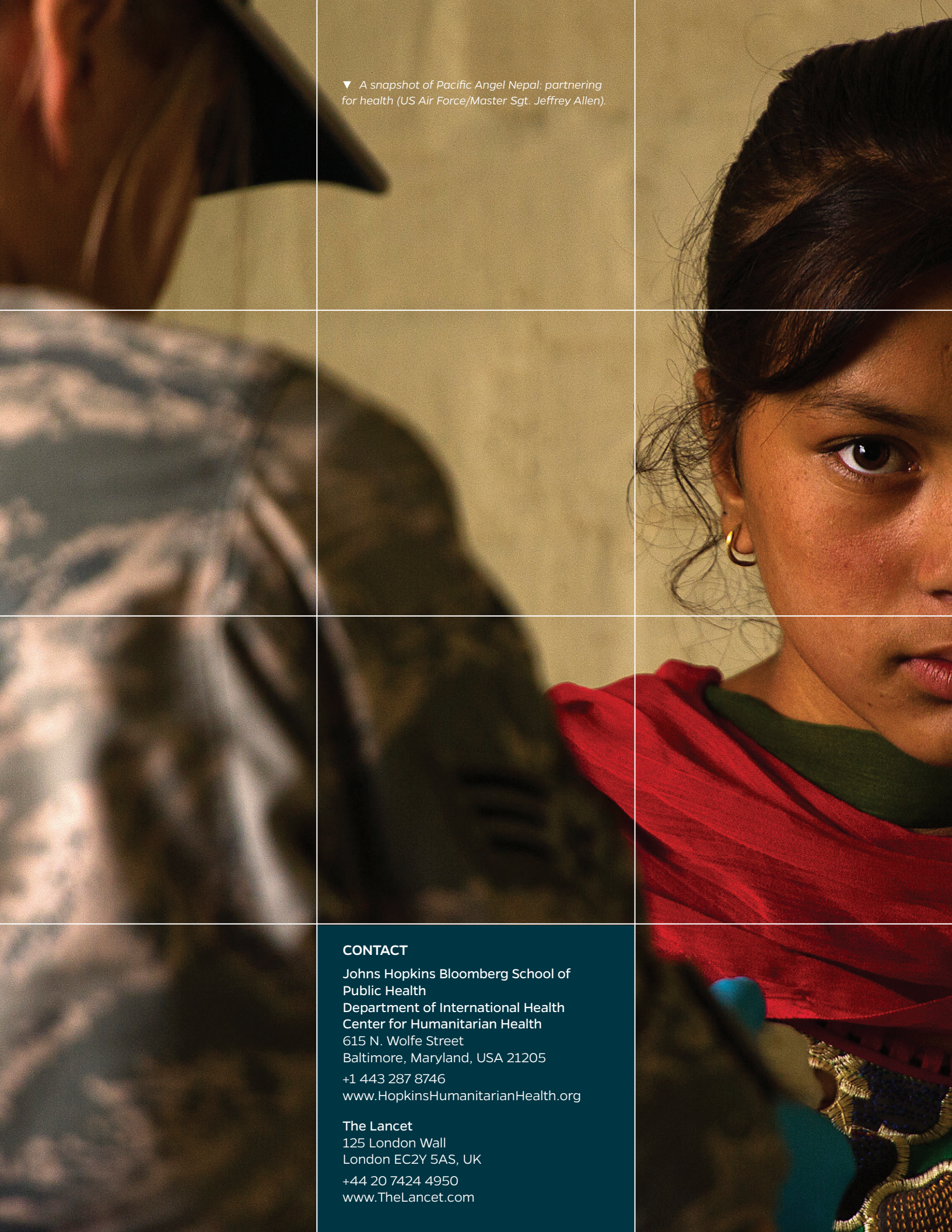
VII. HEALTH SYSTEMS

VIII. MULTI-CATEGORY

VII.–VIII., N/A



▼ *A snapshot of Pacific Angel Nepal: partnering for health (US Air Force/Master Sgt. Jeffrey Allen).*

CONTACT

Johns Hopkins Bloomberg School of Public Health
Department of International Health
Center for Humanitarian Health
615 N. Wolfe Street
Baltimore, Maryland, USA 21205

+1 443 287 8746
www.HopkinsHumanitarianHealth.org

The Lancet
125 London Wall
London EC2Y 5AS, UK

+44 20 7424 4950
www.TheLancet.com