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Social determinants of health in countries in conflict

A perspective from the Eastern Mediterranean Region

World Health Organization

Regional Office for the Eastern Mediterranean

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Preface

Six countries in the Eastern Mediterranean Region: Afghanistan, Iraq, Lebanon, occupied Palestinian territory, Somalia and Sudan, covering a population of approximately 100 million, are in a state of humanitarian crisis, demanding international intervention, as a result of armed conflict and/or occupation. A humanitarian crisis can be defined by four characteristics that have a profound adverse impact on health: dislocation of population; destruction of social networks and ecosystems, including destruction of livelihoods and health and social systems; insecurity; and abuse of human rights, including random acts of violence and destruction in order to spread terror, fear and uncertainty among a population. Many other countries in the Region are affected by the regional and global politics that fuel these conflicts. Thus, this publication also considers briefly refugee populations and border areas.

The objectives of this review are to: assess the impact of conflict on the health of people in affected countries of the Region; document how conflict affects social determinants, and thus results in adverse health outcomes; present the results of an innovative qualitative study that captures civilian suffering and resilience in a conflict setting, through collaboration with civil society organizations; identify some examples of activities and interventions that may help to mitigate the impact of these conflicts on the health and well-being of affected populations; and identify policy implications. The purpose of this publication is not to add to the documentation on the origins and perpetuation of these crises but rather to explore the impact of these crises on health status, and to understand the broad social and economic determinants and conditions that affect people's health in such crisis settings. How do the conditions in which the general population are living affect the health of that population, and which groups are the most vulnerable? What can be done to mitigate the adverse health impacts?

The social determinants of health in conflict settings reflect and further reinforce existing inequalities and the vulnerability of those who are disadvantaged because of poverty, marginalization and discrimination. The effect these conflicts have on health status can be explored to: identify the social determinants that are specific to the crisis setting; ascertain special dimensions of the more conventional social determinants that operate in such crisis settings; and suggest interventions that may help to mitigate their impact. The three social determinants that have been identified in this study which have a bearing on health and are peculiar to a conflict setting are: the loss of human rights, which can be seen as the first and most important social determinant in a conflict situation; breaches of medical neutrality, in violation of the Geneva Convention, Article 18; and progression from stress to distress and disease that results from constant, unremitting exposure to a life-threatening situation.

The WHO Regional Office for the Eastern Mediterranean, individual countries in the Region and civil society partners have expressed concerns that the particular social determinants of health associated with conflicts in the Region should be identified and explored. As a result of these concerns, the Commission on Social Determinants of Health requested a review from the Region. The Regional Office prepared the technical background by drawing on reports from civil society organizations in the countries and conducting an extensive review of published and grey literature. Where possible, sources published in peer-reviewed literature and official reports have been used. The authors have relied less on secondary sources found on web sites and in the printed media.

Conducting qualitative research was a challenge for all parties and required innovative approaches to draw up and implement a feasible plan of enquiry in a conflict setting. Many of the usual methods of qualitative research could not be rigorously adhered to because of problems of security and the need to protect researchers and their respondents. The reports from civil society organizations were submitted between April and May 2007 and the review covers events up until early June 2007, since when the health and security situation in many areas of conflict-affected countries has deteriorated even further.

In the face of immense challenges and in the absence of lack of adherence to standard guidelines to protect health, social determinants in conflict settings are the concern of citizens, local community-based organizations, international nongovernmental organizations, the media, academia and governments. It is hoped that this publication will add to constructive debate of the issues and to search for positive solutions.

In the Name of God, the Compassionate, the Merciful

Foreword

The Commission on Social Determinants of Health is a WHO initiative designed to address the social determinants that affect health outcomes and opportunities to enjoy good health. The Commission recognizes that action on these determinants lies beyond the usual remit of ministries of health, and that intersectoral action and collaboration between all concerned parties are needed to address them. Although the Commission established "knowledge networks", academic working groups to collate evidence on the links between health-related outcomes and social determinants, these topic areas did not include armed conflict. Yet, looking at the Eastern Mediterranean Region today, and in past decades, it is impossible to ignore the impact of these conflicts on health.

This review was written in response to concerns raised by Member States, by staff in WHO Regional Office for the Eastern Mediterranean, and by the regional civil society facilitator for the Commission, the Association for Health and Environmental Development (AHED), that conflict is a major social determinant of health in the Region and should be a direct concern for the Commission.

The role of civil society in the Commission represented a new kind of partnership for WHO, providing a global role for civil society voice, strengthening capacities among participating civil society organizations, and advancing the agenda of civil society in relation to the social determinants of health. From the civil society standpoint, the shared concern of AHED and their collaborating organizations for community-based action for health equity and primary health care, and a commitment to tackling the broader determinants of health, was expressed strongly through their concern for the plight of civilians caught up in conflict in the Region. As partners in this review, they were able to access local civil society organizations and knowledgeable individuals in the conflict-affected Member States who provided a grass-roots view of the daily fears and dangers of those living in conflict settings, and the impact these had on their health and well-being.

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