SAMS 19th International Conference: Forced Migration & Health Care Challenges in Protracted Crisis

Berlin, Germany

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Critical Reflections on Forced Migration and Healthcare Challenges in Protracted Crises: Highlights from SAMS' 19th International Conference in Berlin, Germany June 2019

SAMS hosted its 19th Annual International Conference in partnership with Charité University in Berlin on June 27- 29, 2019, with the theme Forced Migration and Healthcare Challenges in Protracted Crisis." During this conference, 33 renowned speakers from diverse areas of expertise discussed the key issues pertaining to the provision of healthcare in displacement in seven plenary sessions, highlighting the latest research, innovation and evidence-based practices. This report illustrates the discussions held at the meeting, with key critical reflections, and is based on notes taken during the meeting.

Forced migrant[1] health is a public health crisis[2], with more people currently displaced worldwide than after World War II. 70.8 million people are forcibly displaced globally, of whom 41.3 million are internally displaced and 25.9 million are refugees[3].

57% of refugees registered with UNHCR are from three countries: Syria (6.7 million), Afghanistan (2.7 million) and South Sudan (2.3 million.) Four out of five refugees reside in neighboring countries with limited resources to support their needs[4]. The top refugee-hosting countries are Turkey (3.7 million,) Pakistan (1.4 million,) Uganda (1.2 million,) Sudan (1.1 million) and Germany (1.1 million)[5].

Social and political determinants play a key role in the health of forced migrants where living conditions are sub-optimal and access to healthcare, work and education are limited or nonexistent.

Thus, migration represents a major risk factor for health outcomes, particularly with regards to poor maternal health outcomes and non-communicable diseases. Indirect psychosocial trauma from the perilous journeys some take and conditions in host or destination countries pose the greatest threat to health for forced migrants.

The conference focused on forced migration within and from Syria, where the key lessons learned can be extrapolated to other settings affected by forced migration. Sessions were:

- Humanitarian relief and research in Syria and neighboring countries
- Europe's response to the refugee crisis
- Health response for Syrian refugees in countries neighbouring Syria
- Displaced Syrian healthcare workers: successes and challenges
- Training healthcare workers: education amidst conflict
- Healthcare innovations in the Syrian crisis
- Wounds of forced migration

1The term forced migrant is used interchangeably with refugee for the purposes of this report
2 https://publichealthreviews.biomedcentral.com/articles/10.1186/s40985-019-0113-3
3 https://www.unhcr .org/ph/figures-at-a-glance Accessed 13th December 2019
4 https://www.unhcr.org/5d08d7ee7.pdf Accessed 3rd January 2020
5 https://www.unhcr.org/ph/figures-at-a-glance Accessed 13th December 2019

Meeting the Needs of Syrians in Northwest Syria and Lebanon

Syria's healthcare system has long been affected by a 'brain-drain' of qualified healthcare workers (HCWs) with significant migration of Syrian HCWs to the US, the Gulf, and Europe prior to the conflict. Since the beginning of the Syrian conflict in 2011, at least 914 HCWs have been killed[6], and many more have left as a direct result of the war and systematic attacks on healthcare. Dr. Ahmad Tarakji, former SAMS president, highlighted the effect that the lack of qualified HCWs had on Syria's healthcare system, emphasizing that mortality rates are directly linked to the number of doctors present in a particular region. In 2018, SAMS provided over 3 million medical services, including more than 2.7 million inside Syria with coordinated, community-based efforts with the aim of building the capacity of the local healthcare system. The objective of this parallel humanitarian health system was to empower and integrate services as well as increase support for primary, maternal and child health, going beyond trauma and surgery.

"We forget to empower the local people. We need to partner with them, to make them stronger. They are going to be here in the long run."
- Dr. Ahmad Tarakji, Former SAMS President

The head of SAMS' Turkey office, Dr. Mazen Kewara highlighted the ongoing challenges in northwest Syria where nearly 4 million people, including an estimated 2 million internally displaced persons (IDPs), reside. According to Dr. Kewara, there are an estimated 4,566 healthcare workers in this area which equates to 47% of the global health indicator. The escalating attacks in the northwest continue to occur despite a UN-led deconfliction mechanism; these overwhelm remaining staff and facilities, which are also impacted by donor fatigue.

6 https://phr.org/our-work/resources/medical-personnel-are-targeted-in-syria/

Non-governmental organizations (NGOs) have needed to focus not only on healthcare delivery, but also on public health measures; this has included for high-cost interventions, such as dialysis and oncology. Non-communicable diseases provide particular challenges during conflict due to cost, availability of experts and the need for ongoing monitoring.

Despite this, SAMS runs two dialysis centers to provide much-needed care for those with end-stage renal disease, as well as an oncology center in Idlib that provides treatment to patients with breast cancer, lymphoma, and colon cancer, free of charge. This provision of services also includes medical education and training; SAMS currently operates two nursing and midwifery institutes, supporting 20 residents to complete their program and 30 students are completing a 3 year midwifery training program.

"SAMS is one of the big employers in northwest Syria, with 35 functioning health facilities, 2,209 staff, and 533 beds."

- Dr. Mazen Kewara, SAMS Turkey Office Director

The needs of refugees in Syria's neighboring countries were also highlighted during the conference. In Lebanon, there are nearly 1 million Syrian refugees registered with UNHCR; the actual figure is estimated to be much higher. Dr. Mufaddal Hamadeh, SAMS president, described the situation for Syrian refugees in Lebanon, where the main needs exist due to overcrowding, flooding, and lack of access to clean water and appropriate shelter. UNHCR leads the healthcare response for Syrian refugees in Lebanon, however, international and local NGOs support both medical and humanitarian needs to alleviate pressures on Lebanon's already-strained healthcare system.

"We're fighting fire to provide one of the most basic human needs."

- Dr. Mufaddal Hamadeh, SAMS President

Dr. Hamadeh emphasized that there were multiple vulnerability factors and assessment of Syrian refugees in Lebanon, including poverty, limited access to healthcare, poor sanitation, high birth rate coupled with inadequate reproductive health, high smoking rate, and poor psychosocial and mental health screening.

The needs are numerous and include both communicable and non-communicable diseases with limited specialist input. As a result, cancers and other diseases are diagnosed late and children with development needs are often unable to access the care they need. In response, SAMS organizes multi-specialty medical missions to neighboring countries where international healthcare professionals provide life-saving, specialized care to those who would not be able to access these services due to prohibitively high costs and accessibility. The aim of these missions is to focus on patients who have complex care needs that lack the required specialist input.

“Our Missions make doctors more open and compassionate. They become advocates and ambassadors for refugees once they go back home. Their mission doesn’t end on the last day of volunteering, their mission begins as an advocate.”

- Dr. Mufaddal Hamadeh, SAMS President

Refugees in Europe

As the Syrian war became increasingly protracted, refugees made the dangerous journey from Turkey to Europe in hopes of seeking asylum. Jozef Bartovic, WHO technical officer for the migration and health program, reminded the audience of the extent of the situation. Of the 900 million persons residing in the 53 countries in the WHO European area, 90 million are refugees or migrants, with 5.2 million refugees and 1.4 million asylum seekers in 2017. Migration and displacement are strong determinants of health in this context. Though pre-migration factors are often the focus, he noted that the journey and post-migration status are more important and should not be overlooked. Low-levels of integration, discrimination, and socioeconomic disadvantage in the destination country can pose significant challenges to a refugee’s wellbeing.

"Refugees and migrants are in good general health but are at risk of falling ill in transit or once in the host country due to poor living conditions and adjustments in their lifestyle."

- Jozef Bartovic, WHO Officer for Migration and Healthcare

Bartovic challenged misconceptions regarding refugees, highlighting the mistakenly held belief that refugees can transmit infections to host populations, something which has been disproven by research. Though refugees and migrants may suffer less with non-communicable diseases on arrival, poverty and circumstance in their destination country could eventually increase their risk of cardiovascular disease, cancer, stroke, and diabetes-related morbidity and mortality. Evidence suggests that refugees are diagnosed with cancer later than host populations[7]. He noted that pregnancy outcomes in migrant and refugee women are significantly worse than host populations, with higher rates of postpartum depression, congenital abnormalities, and perinatal and neonatal morbidity and mortality[8].

"Refugee women are more likely to experience poor maternal care and being a refugee is a risk factor in itself."

- Jozef Bartovic, WHO Officer for Migration and Healthcare

The higher prevalence of depression and anxiety in refugees is often associated with unemployment and lack of social integration.

Greece, a country experiencing an economic crisis, was often the first destination country for refugees arriving by the Eastern Mediterranean route from Turkey prior to the implementation of the EU-Turkey deal in March 2016.

Ioannis Baskozos, General Secretary of Public Health from the Hellenic Ministry of Health, presented data from the PHiLOS initiative and highlighted the need for member states to work together to respond to the needs of refugees. PHiLOS, which means "friend" in Greek, is the main provider of primary healthcare and MHPSS (mental health and psychosocial support) services in refugee camps. More than 800 Greek staff have been recruited to work for these services, which therefore supports local employment.

However, Baskozos suggested that obstacles to providing the desired universal healthcare to migrants in Greece include poor living conditions and overpopulation on the islands due to continuous arrivals, a lack of cultural mediators, and the pre-existing financial crisis in Greece, which caused fatigue in the public health system and its employees. Though there are many ongoing issues and the solutions are not clear, Baskozos emphasized that healthcare is a fundamental human right and asserted the WHO principle of Universal Health Coverage "to leave no one behind."

"We are witnessing the greatest mass movement of people in our modern history. Greece is the forefront of this intensified flow of refugees and often not the final destination, but the pathway into Europe. In March 2019, there were 73,000 refugees in Greece, nearly half are housed in apartments and other facilities, many are still in camps. 150,000 had used the Greek National Health service and 16,000 had been hospitalised."

- Ioannis Baskozos, Hellenic Ministry of Health General Secretary of Public Health

Ioannis Baskozos continues: "We strongly believe all member states should promote solidarity and share responsibility. Either there will be solidarity and respect for human rights, or there will be closed borders; Racists and xenophobic discrimination threatening Europe's shared vision for a common future. We all have a legal but most important a moral obligation to assist refugees and migrants. We are determined to do so in order to alleviate the health and psychosocial problems of those in need."

Miriam Tabin, representative from the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), spoke of challenges that refugees face in Italy, particularly with regards to mental and psychosocial well-being. She presented the framework governing MHPSS programs which is based on four key principles. Services must ensure that human rights and dignity of the displaced person are respected, be culturally and contextually sensitive, be trauma sensitive, and allow and respect ownership and participation with the ultimate aim of promoting well-being and fostering self-efficacy.

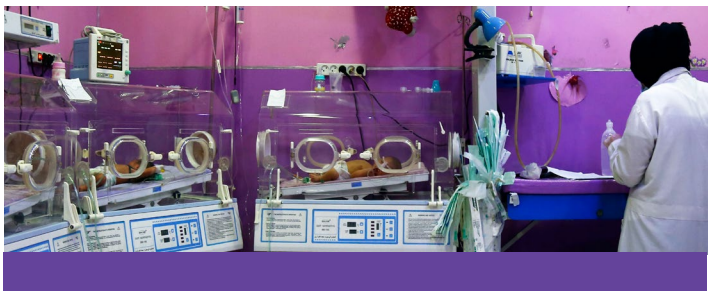
Education and Training for Syrian Healthcare Workers

Syrian HCWs, whether in Syria or abroad, face many challenges in accessing education and training, as well as in entering the health workforce in host countries through the accreditation and recertification of their degrees. Dr. Yamama Bdaiwi, SAMS Education Committee Member, reported on the systematic review she recently completed of education opportunities for Syrian medical students. She highlighted the paucity of literature discussing this issue, particularly around impactful solutions. Dr. Bdaiwi also highlighted work that SAMS' Education Committee has done to support Syrian medical students, including providing ongoing webinars and teaching on evidence-based medicine.

Dr. Lina Murad, SAMS Education Committee Member, described the work that SAMS has done with the Syrian Board of Medical Specialties (SBOMS) to provide internal medicine residency training to doctors inside Syria, and the use of technologies such as telemedicine to enable this. The training occurs weekly, includes both remote and in-person training, and aimsto develop the knowledge and skills of the learners while augmenting attitudes in patient care.

While it was developed in accordance with Accreditation Council for General Medical Education (ACGME) guidelines, the lack of accreditation or recognition outside areas where SBOMS is active represents a challenge. There is also a lack of Arabic language versions of the existing English texts used in the program, and some of the Syrian doctors found studying in English challenging.

The future of Syria's healthcare system also requires investment in non-physician HCWs. Huda Abu-Saad Huijer, Professor of Nursing Science at the American University of Beirut, and Dr. Lina Murad spoke of the work around nursing and midwifery education. SAMS currently employs two different models to support midwives in northwest Syria: either a three-year undergraduate course or a one-year transfer course for those who already hold a nursing degree. Such investments can support non-physician healthcare worker training and accreditation and additionally show the impact that academic institutions can have.



The Wounds of War and Forced Migration

Almost all Syrians have been affected by the conflict; IDPs and refugees face particular challenges to their mental health. While focus is often drawn to this, Dr. Iyad Khouri, SAMS Mental Health Committee Member, reminded the audience of the resilience of Syrians and that the number who have suffered psychologically but who do not have a mental illness is often underestimated. He discussed "healing in a fatalistic culture" where long-term political oppression can lead to self and collective dehumanisation. He reminded us that "we are a species destined to hope," and to be wary of the myth that refugees suffer from lifelong mental health problems.

"Decades of systemic dehumanisation results in a worldview that might not be compatible with healthy coping when it comes to crisis."
- Dr. Iyad Alkhouri, SAMS Mental Health Committee

Children and adolescents are not spared the mental health impacts of conflict. It is estimated that 2 million Syrian children are out of education and many have witnessed or been subjected to extreme violence[9]. Syrian children, whether IDPs, refugees, or residents of their own communities often live in conditions that are detrimental to physical and mental health. Dr. Yassar Kanawati, SAMS Mental Health Committee Member, spoke of the damaging effects of chronic stress on the mental health of children: "War has a huge impact on all but especially on children. For the past 8 years children in Syria have been bombed and starved. We are seeing unimaginable depths of violence. They are crushed psychologically; they don't play."

9 https://www.unicef.org/mena/reports/syria -crisis-fast-facts

Repeated trauma leads to stress-related neural pathways becoming efficient and predominant, with the underdevelopment of beneficial neural pathways involved in complex thought, learning, safety and self-soothing. The consequences include learning difficulties, hyperactivity, attention deficit, anxiety, violence and depression, disrupted growth and development.

The treatment of children exposed to complex trauma includes three key principles: safety, connectedness through positive relationships, and emotion and impulse management through active listening and play therapy.

Dr. Miriam Orcutt from the UCL-Lancet Commission on Migration, presented approaches to bridge the gap between policy and practice, recognizing forced migration as a public health emergency, with a focus on mental health evidence gleaned from the UCL-Lancet report.

The feeling of uncertainty that comes with being a refugee has a significant impact on mental well-being. Though initial exposures are important, the cumulative impact of movement and poor living conditions can be more detrimental; this is exacerbated by living in a new culture where there may be poor integration and high poverty rates.

The mental health of refugees was discussed by a number of speakers. Dr. Malek Bajbouj, Charité University, highlighted the spectrum of disease in refugee adults in Germany.

One in four have post-traumatic stress disorder (PTSD), but depression, anxiety disorder, adjustment disorder and addiction are also commonly seen. Dr. Bajboui emphasized that mental health services need to be geared towards the whole spectrum of post-stress and post-trauma disorders. He highlighted that refugees who experience violence have a higher chance of being diagnosed with PTSD and depression, and are also more likely to behave violently: this has been found universally and is not attributed to any single culture.

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Dr. Volker Westerbarkey, with Doctors Without Borders (MSF), described MSF's "Saving Souls" programme. He noted the prevalence of mental health disorders as 52.9% in an adult IDP population. However, there are often inadequate health services available to IDP populations. MSF clinics in Greece and Serbia reported high levels of anxiety (30%), depression (20%), and adjustment disorder (24%).

The MSF response includes the following approaches: a community based approach that includes psychosocial support through income, food and legal support, lay counselling after training and under expert supervision, psychological first aid using a 'look, listen and link' approach that aims to provide a safe space where refugees can be listened to without the pressure to talk, psychiatric care with the early detection of more severe mental health problems, and finally, self-care for staff.

Conclusions:

Though this conference focused on migration and health within the Syrian context, the lessons learned can provide valuable information for other conflicts, particularly those of a protracted nature. Our speakers spanned different disciplines and brought different perspectives, from practitioners to policy makers. As a result, there were many opportunities for interdisciplinary learning and discussion. They highlighted key challenges that need to be addressed, but also spoke of good practices already in place and evidence-based interventions that can support vulnerable populations.
Different speakers reported collaboration and cross-learning, and this approach is important as we look to the future, given the extent of the Syrian population's needs, both during conflict and in the post-conflict phase. This is particularly pertinent given rising forced displacement globally and the increasing need for interdisciplinary engagement between practitioners, academics, policymakers and humanitarian organizations.

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