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How the Middle East is Challenging the Humanitarian Paradigm

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Magnitude and Burden of Forced Displacement



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Figures for Forced Displacement (end of 2017)

68.5

MILLION
FORCIBLY
DISPLACED
WORLDWIDE

as a result of
persecution, conflict, or
generalized violence

25.4 million refugees

19.9 million refugees under UNHCR's mandate

5.4 million Palestine refugees under UNRWA's mandate

40.0 million internally displaced people¹

3.1 million asylum-seekers

16.2

MILLION

NEWLY DISPLACED



1 IN **6**

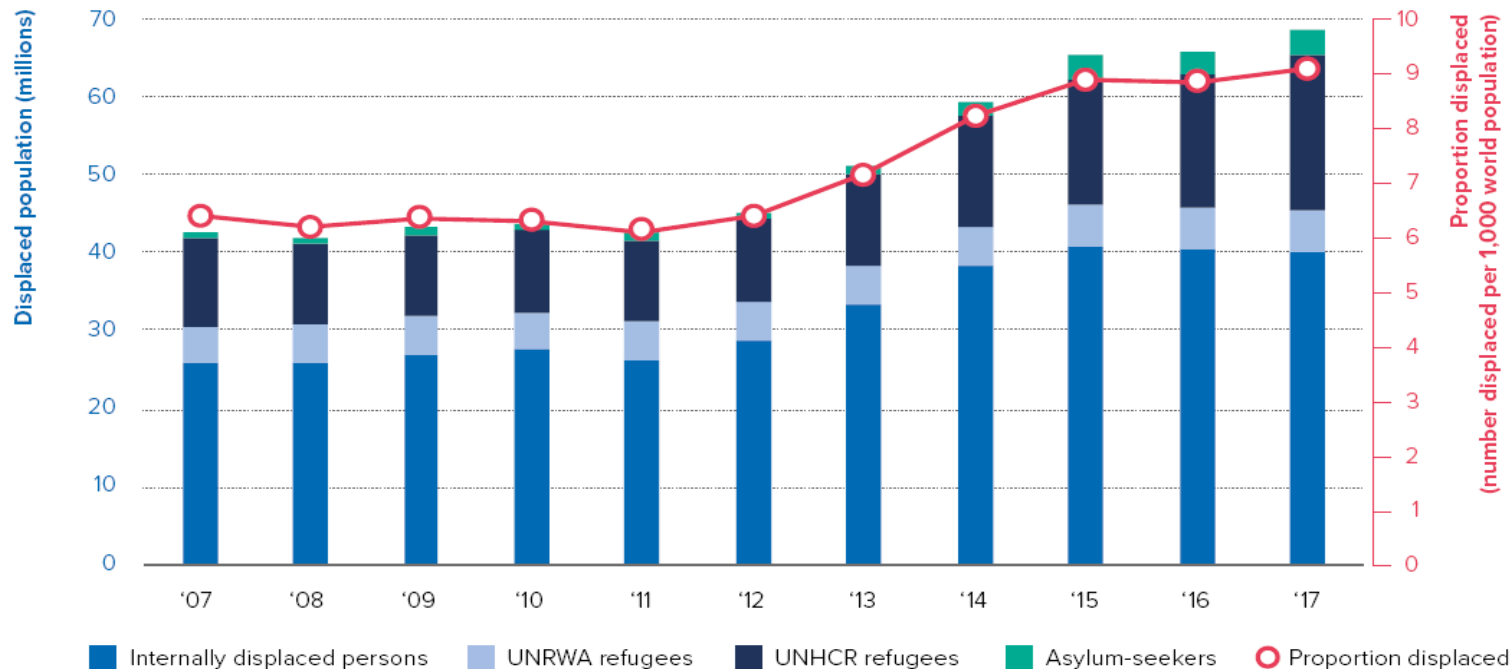
44,400

NEW DISPLACEMENTS
EVERY DAY

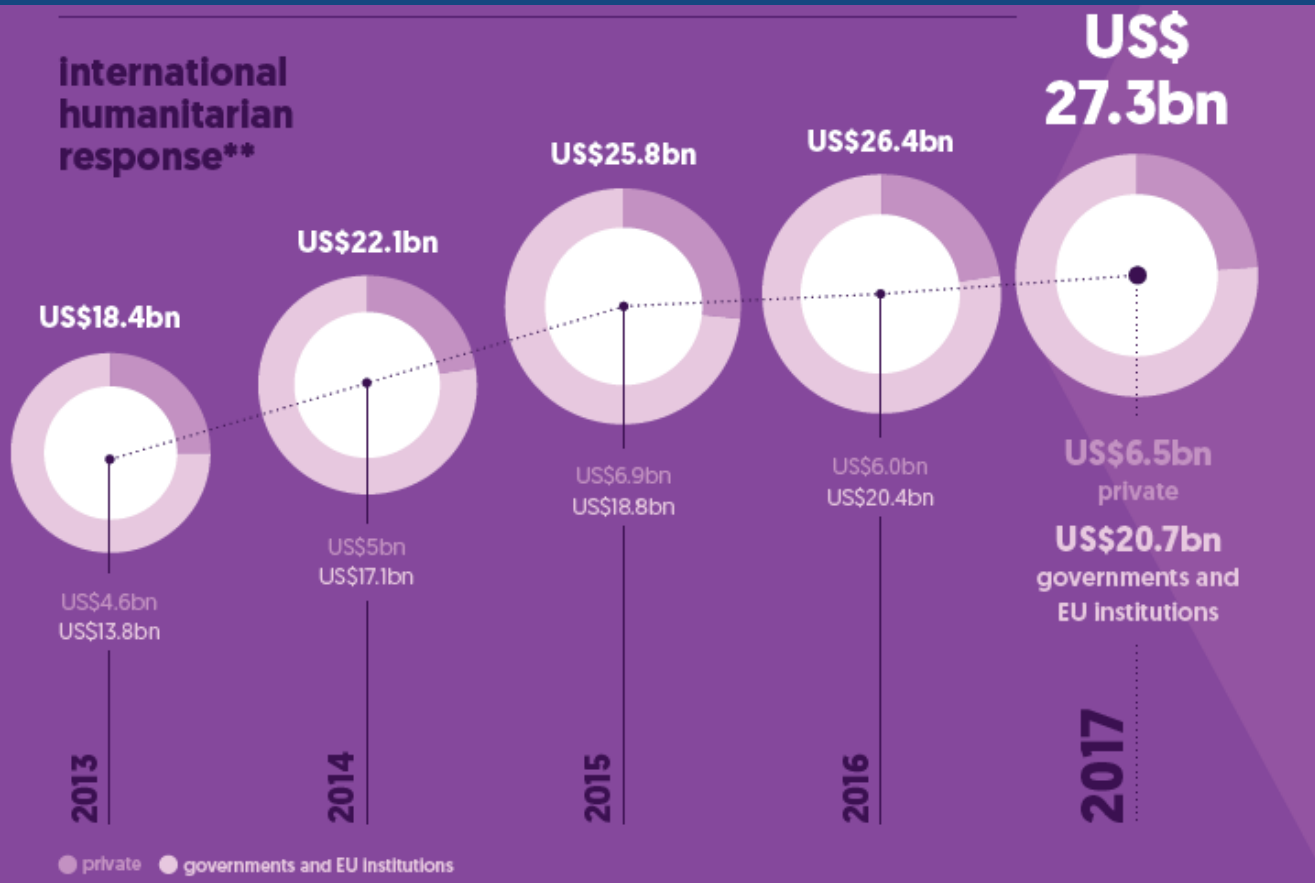


Figures for Forced Displacement cont (end of 2017)

Figure 1 | Trend of global displacement and proportion displaced | 2007-2017

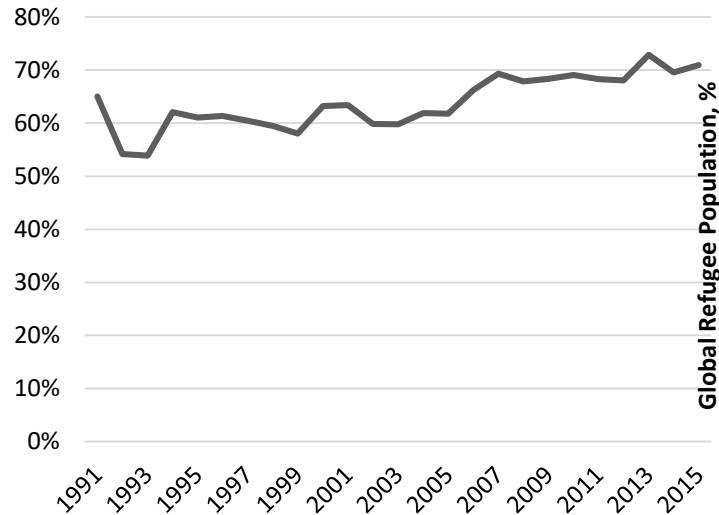


Funding for Humanitarian Emergencies

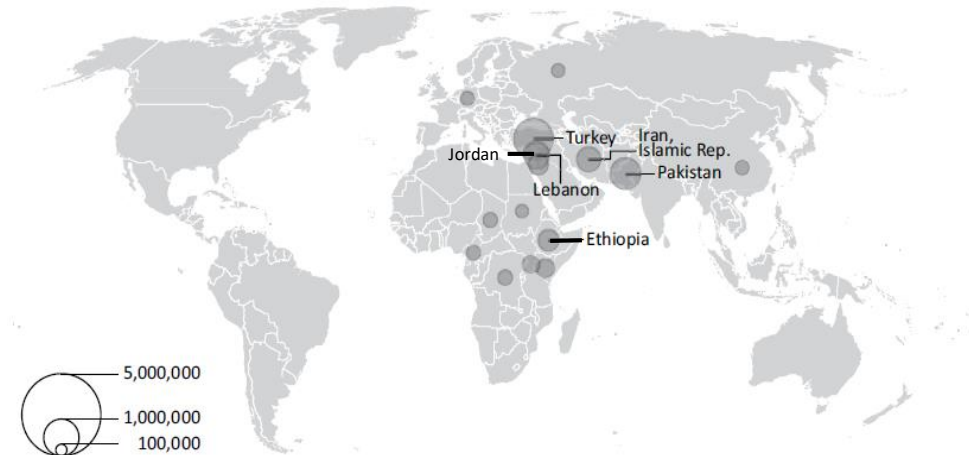


Uneven Responsibility Sharing

The same 10 conflicts have caused majority of forced displacement every year since 1991... + Syria



Leading to the same countries bearing main responsibility for hosting



World Bank. 2017. *Forcibly Displaced : Toward a Development Approach Supporting Refugees, the Internally Displaced, and Their Hosts*. Washington, DC: World Bank.
<https://openknowledge.worldbank.org/handle/10986/25016>.



Humanitarian Norms and Current Trends



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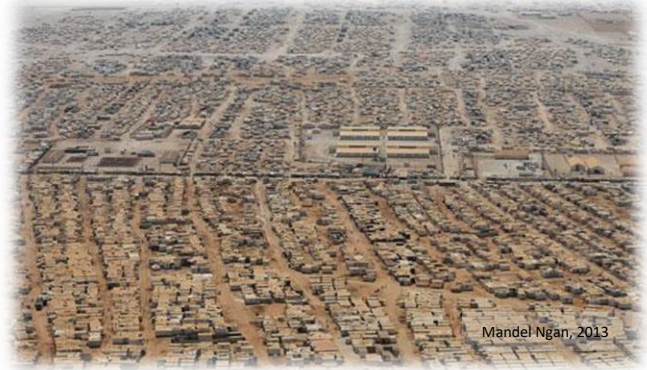
Urban Syrian refugee in Lebanon, 2015. JRS

The Humanitarian 'Norm' was... (and still is)

- ▶ Low income countries in Sub-Saharan Africa
- ▶ Persons in refugee camps
- ▶ Weak governments and few functioning national NGOs
- ▶ Communicable diseases

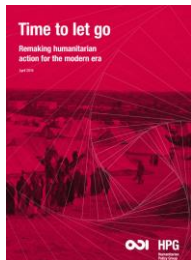


South Sudanese refugees in Kenya



Za'atari refugee camp, Jordan

Current Trends

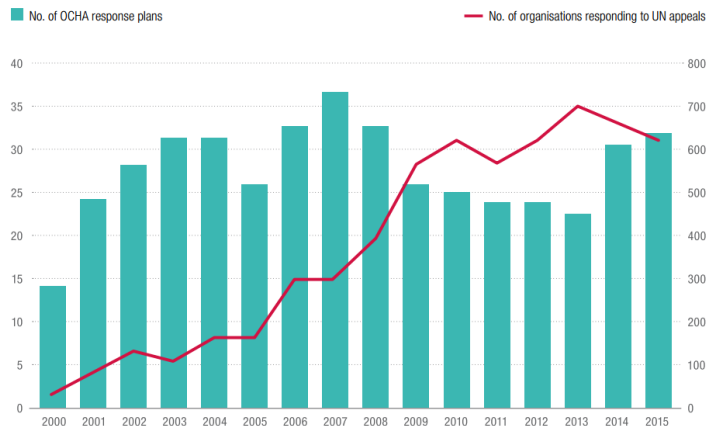


Conflict has become more protracted

Average length of conflict (years)



Figure 2: An expanding sector
Response organisations vs. OCHA appeals (2000–2015)



- **Prolonged crises**

- **>90%** of countries with humanitarian crises had humanit. appeals for **>3 years**

- **UN and Int'l NGOs receive funds**

- UN agencies and largest INGOs received **81%** of humanit. assistance (2009-2013)
- Local and national NGOs directly received just **0.2%** of total humanit. assistance (2014)

- **Increasing, new and complex mix of actors**

- Increasing number with varying competence
- National gov'ts and local NGOs taking lead
- Middle East gov'ts, Islamic agencies, and priv. sector



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Syria



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Palestinian and Syrian residents of Yarmuk Palestinian Refugee Camp crowding in a destroyed street as food is distributed by the United Nations in Damascus, Syria, Feb 2014. Photo UNRWA via AP.



Refugees and migrants getting off a boat at the Greek Island of Lesbos after crossing the Aegean Sea from Turkey, Oct 2015. Photo: Antonio Marseillo, Nurphoto via Zema Press



Syrian boy Aylan Kurdi, 3 years old found dead on Turkish resort beach, Bodrum, Sep 2015. Photo Nilüfer Demir/DHA



Wounded Syrian 5 year old boy, Omran Daqneesh, sits alone in an ambulance after a deadly Aug 17, 2016. Photo AP.



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Recommendations for Future Humanitarian Action



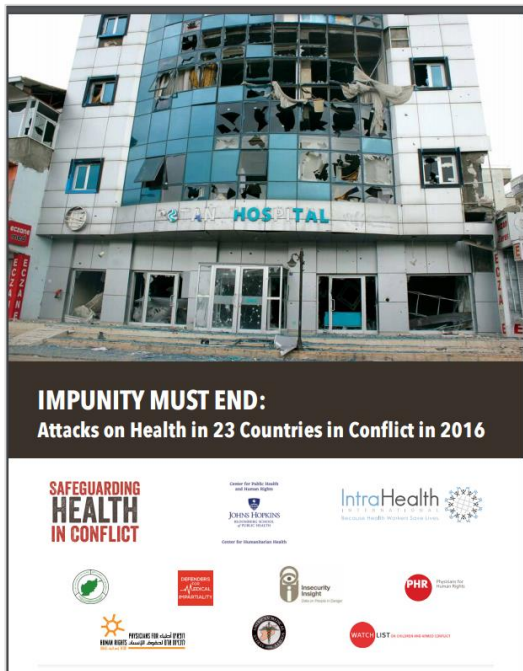
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Recommendations for Future Humanitarian Action

1. Operationalise concept of '**centrality of protection**'
2. Integrate affected persons into national health systems by addressing **humanitarian-development nexus**
3. Remake not simply revise **leadership and coordination**
4. Make interventions more **efficient, effective, equitable and sustainable**

Spiegel PB. The humanitarian system is not just broke, but broken: recommendations for future humanitarian action. *Lancet* 2017; (Series: Health in Humanitarian Crises): 45-52.


1. Operationalise concept of 'centrality of protection' cont



Recommendations:

- Interpret centrality of protection in inclusive manner
- Translate resolutions and laws into concrete actions including sanctions
- Do not restrict pop. movements nor undertake mandatory testing in humanit. emergencies except under exceptional circumstances



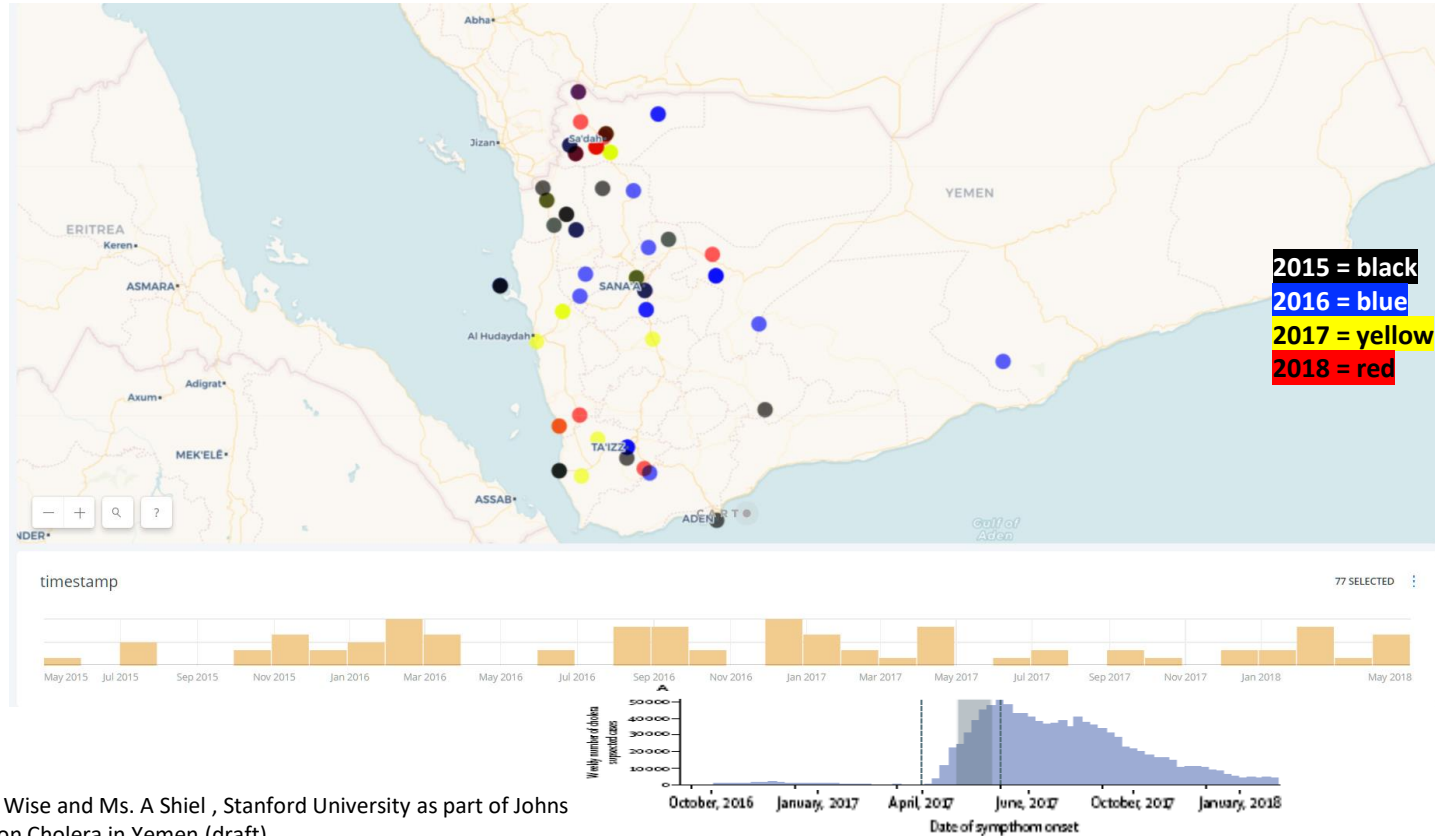
A photograph showing the aftermath of a conflict. On the left, a dark-colored ambulance is parked with its rear doors open, revealing a damaged interior. In the foreground, a person's body lies face down on the dusty, debris-strewn ground. The background is filled with rubble, twisted metal, and damaged buildings under a hazy sky. A black crosshair target symbol with a large red 'X' is superimposed over the right side of the image, pointing towards the debris field.

Access

#NotATarget

A corpse lies behind a damaged ambulance after regime in Syria reportedly dropped barrel bombs in Maadi district of Aleppos, Aug 27, 2006. Ameer Alhabi, AFP/Getty Images.

Air Strikes on Water Infrastructure by Month Yemen (2015-2018)

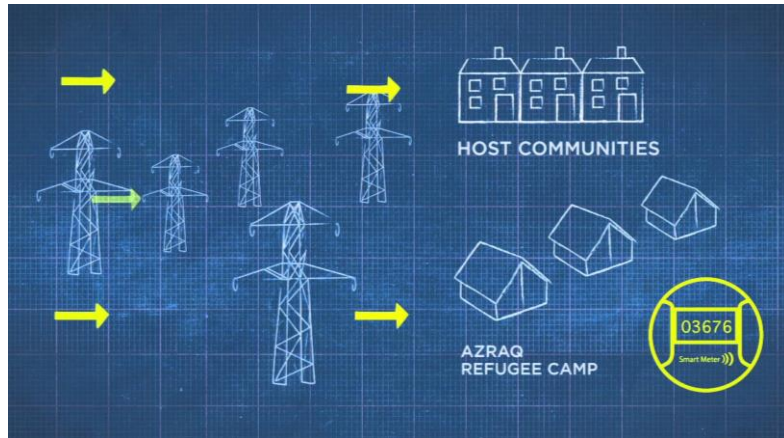


Reference: Dr. P Wise and Ms. A Shiel , Stanford University as part of Johns Hopkins Report on Cholera in Yemen (draft)

2. Integrate affected persons into national health systems by addressing the **humanitarian-development nexus** cont

Recommendations:

- Take into account existing development strategies
- Integrate affected pop. into national health and education systems; avoid parallel services
- Compensate for temporary disruption of national cost-recovery systems
- Equitable access to quality services should be available to all persons in specific area regardless of status



3. Remake not simply revise **leadership and coordination**



Rebecca Blum, Haiti, 2010

Recommendations:

- Undertake wholesale reform of humanitarian leadership and coordination
 - More customised approach
 - Fewer UN and int'l operational agencies
 - Prioritisation of key interventions by leader with sufficient authority

3. Remake not simply revise **leadership and coordination** cont



Rebecca Blum, Haiti, 2010

Recommendations:

- Undertake wholesale reform of humanitarian leadership and coordination
 - More customised approach
 - Fewer UN and international operational agencies
 - Prioritisation of key interventions by a leader with sufficient authority
- Monitor closely
 - UN and INGOs who must relinquish influence and authority
 - Monitor closely WHO's humanitarian reform process to ensure fundamental changes are made

4. Make interventions more **efficient, effective, equitable** and **sustainable**



Dollo Ado, Ethiopia, 2011, P. Spiegel

Recommendations:

- Provide upfront investment by donors in health and WASH infrastructure
- Initiate multi-year funding

4. Make interventions more **efficient, effective, equitable** and sustainable cont



Photo UNHCR

Recommendations:

- Provide upfront investment by donors in health and WASH infrastructure
- Initiate multi-year funding
- Actively and systematically scale up cash-based transfers

4. Make interventions more efficient, effective, equitable and sustainable cont

World Bank + Add to myFT

World Bank launches first insurance market for pandemic risk

Financing of \$500m to be made instantly available to curb spread of infection



Spiegel et al. BMC Medicine (2018) 16:90
<https://doi.org/10.1186/s12916-018-1088-9>

BMC Medicine

DEBATE

Open Access



Innovative health financing for refugees

Paul Spiegel^{*}, Rebecca Chanis and Antonio Trujillo

Abstract

Background: More than 65 million persons are currently forcibly displaced, of whom more than 22 million are refugees. Conflicts are increasing, and existing ones are becoming more protracted; a refugee remains a refugee for more than 10 years. Funding for refugee assistance comes primarily from high-income countries after an emergency has occurred. The United Nations High Commissioner for Refugees spent approximately 1.2% of its budget on health, nutrition, food security, water, and sanitation in 2016. The current modalities used to fund refugee emergencies are not sustainable and will worsen as health needs increase and health services become more expensive, particularly in middle-income countries.

Recommendations:

- Provide upfront investment by donors in health and WASH infrastructure
- Initiate multi-year funding
- Actively and systematically scale up cash-based transfers
- Explore different health financing models



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The Mosul Trauma Response: A Case Study

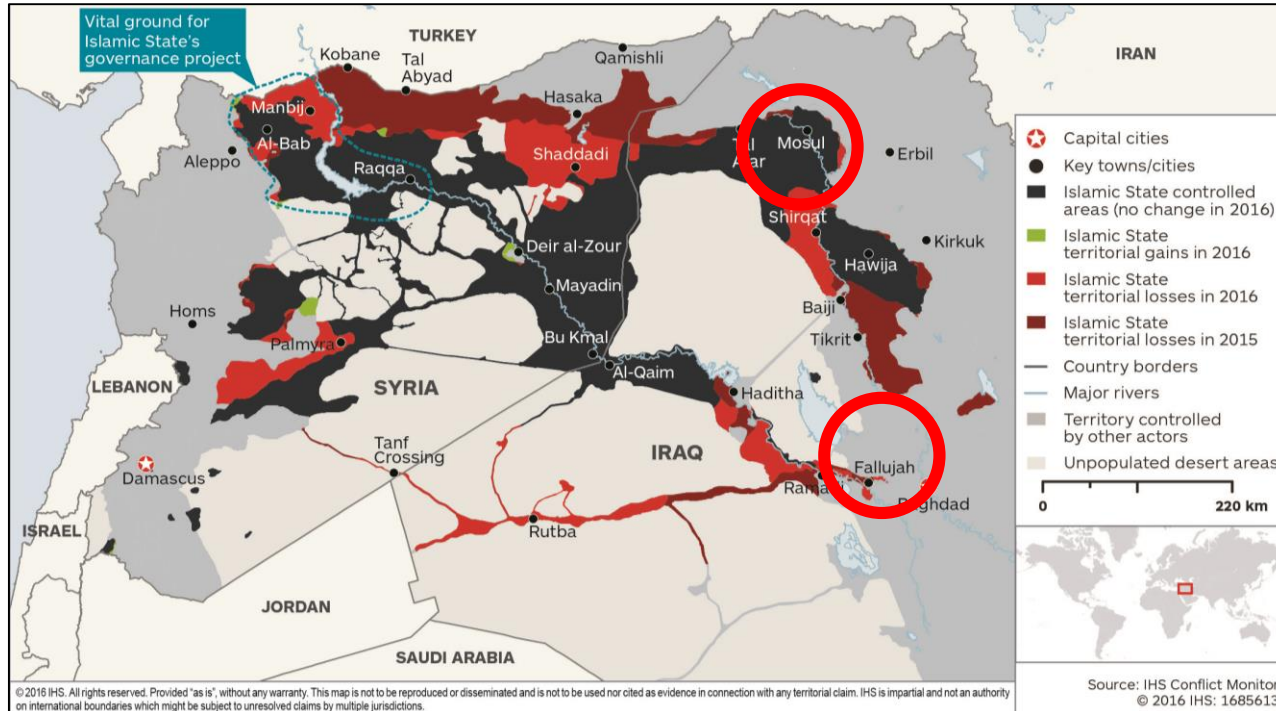
Photo Credit: Associated Press



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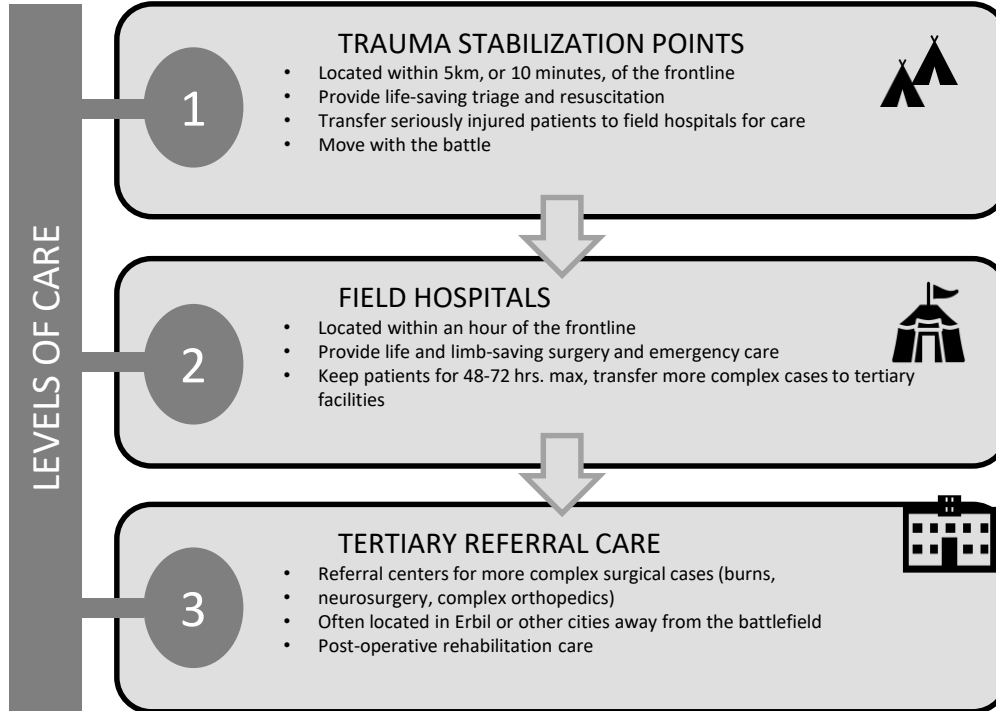
By summer 2016, Iraqi and coalition forces had retaken Fallujah and prepared to battle for Mosul



- Iraqi and coalition forces retook Fallujah in 2016 after months-long campaign that destroyed much of city
- Following Fallujah, Iraqi forces turned north-ward, with goal of retaking Mosul

What Ultimately Happened...

WHO Plan for Echelons of Care



Humanitarian Principles: An Overview

PRINCIPLE	DESCRIPTION
Humanity	Human suffering must be addressed wherever it is found. The purpose of humanitarian action is to protect life and health and ensure respect for human beings.
Neutrality	Humanitarian actors must not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature.
Impartiality	Humanitarian action must be carried out on the basis of need alone, giving priority to the most urgent cases of distress and making no distinctions on the basis of nationality, race, gender, religious belief, class or political opinions.
Independence	Humanitarian action must be autonomous from the political, economic, military or other objectives that any actor may hold with regard to areas where humanitarian action is being implemented.

Co-locating/Embedding: Should humanitarian principles be “calibrated”?

WHO emphasized the humanitarian imperative to save lives above other principles

Deliberate decision was made to position medical personnel close to the frontlines to save lives, reflecting a strong embrace of **the principle of humanity**.

WHO supported “**co-locating**” of humanitarian medical personnel with Iraqi military units to ensure the safety and rapid access to casualties. Others labeled this arrangement “embedding.”

NGOs said the arrangement was critical to their ability to **access and provide care** to wounded civilians.

Co-location/embedding raised serious concerns over independence, neutrality, and some claimed impartiality

Many respondents were concerned that the co-location/embedding with Iraqi security units violated the requirements of **independence**.

Questions regarding **neutrality** were raised as UN officials and medical responders talked publicly of “*defeating ISIS*” and were unable to work with all factions.

Given that Mosul residents were predominantly Sunni and Iraqi military predominantly Shia, questions of **impartiality** regarding who would choose to come to the TSPs



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**‘Humanitarian health
is inherently political’**

Vision

To pursue new knowledge and disseminate this learning to save lives and reduce human suffering and the consequences of humanitarian emergencies and disasters

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2017-2020
STRATEGIC PLAN

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Saving lives through research, education and empowerment


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