

Health situation of children living in humanitarian and fragile settings: a call to action

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Outline

Background: current context, definitions and classifications

Objectives

Methodology

Results: Based on selected SDGs indicators

- Epidemiology: mortality
- Health services

Conclusions

1 | Background

Context of humanitarian / fragile settings

Violence &
Accessibility

Destructing of /
damaged
infrastructure

Populations on the
move

Limited governance

Disruption of essential
social services, health
included

Socioeconomic and
political instability

Data gaps

- Absent
- Outdated
- Lack of disaggregation:
subnational, gender, age

Competing authorities

Classification(s)

OCHA: HRP, FA

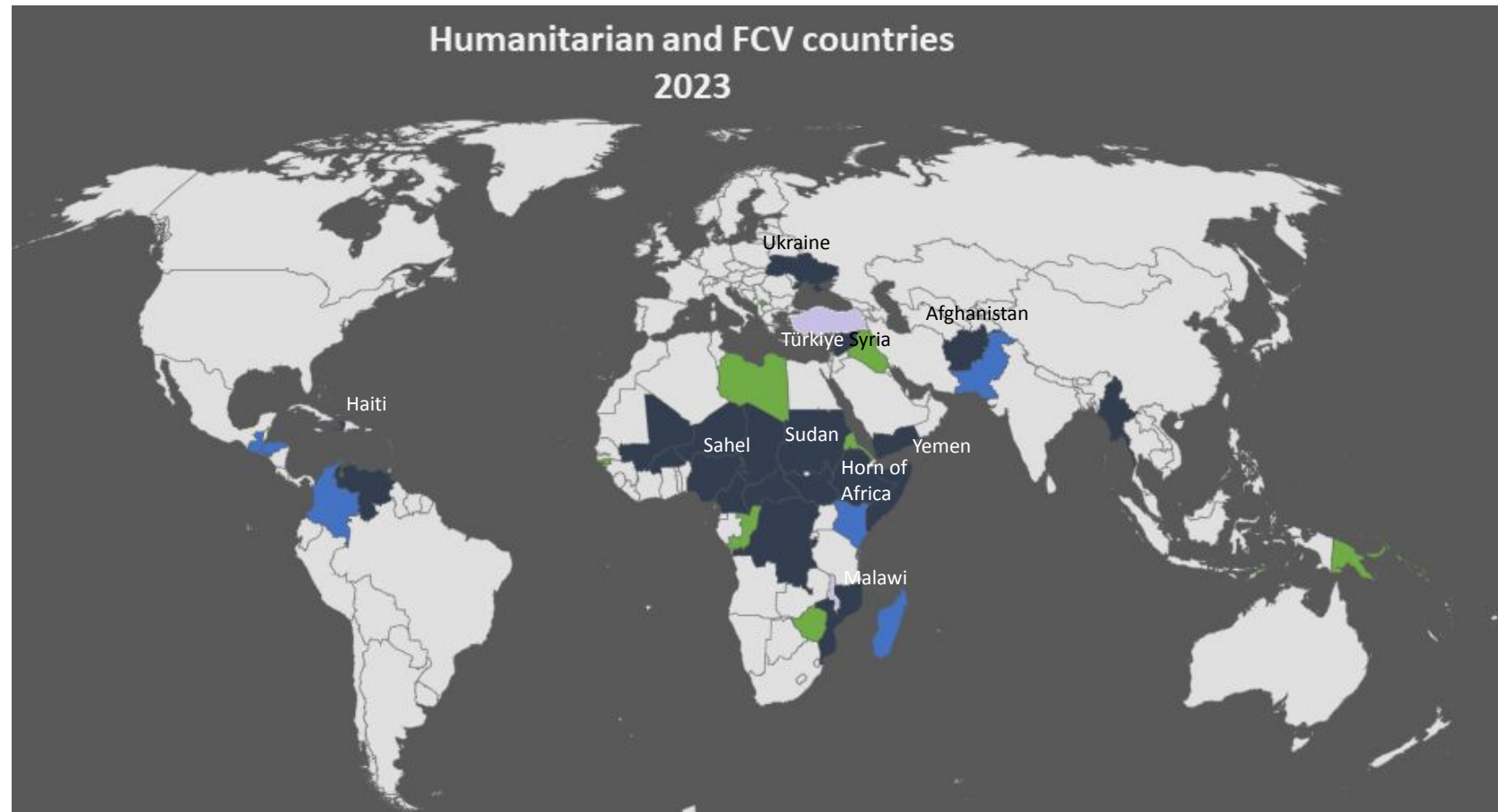


World Bank: Fragile, conflict and violence (FCV) countries



UNICEF: Priority countries – Humanitarian Action for Children (HAC), L2, L3

IASC: Scale-up activation



Both humanitarian & FCV



Only Humanitarian (OCHA)



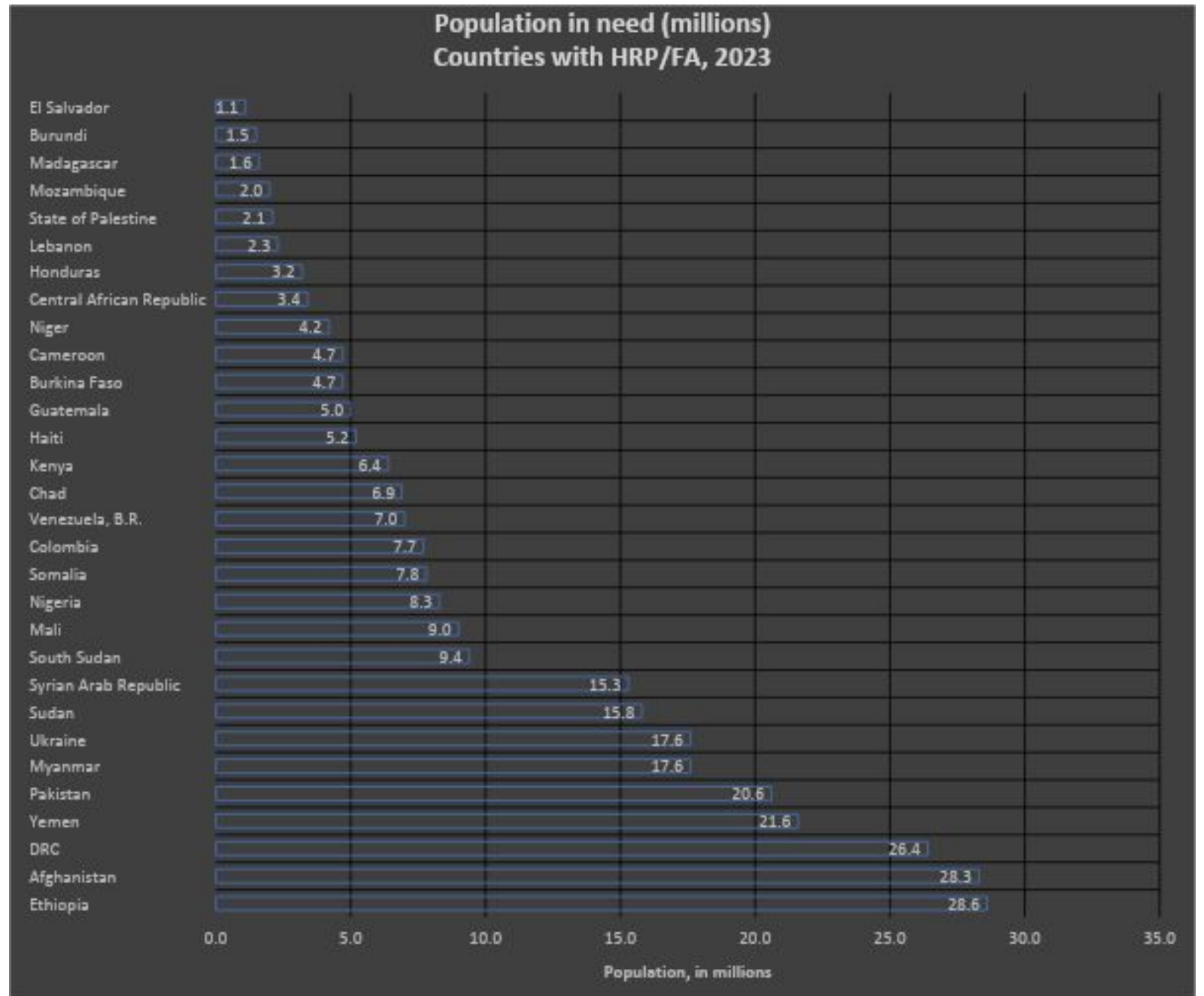
Only FCV (World Bank)



Flash appeals

Population in need (PIN)

OCHA's HRPs



2 | Objective

Describe the health situation of children and populations in humanitarian and fragile settings, highlighting inequities

3 | Methodology

Available datasets from WHO, UNICEF, World Bank, other surveys

- Descriptive analysis, with some inferential components
- Absolute numbers, rates, arithmetic averages, time trends, cross-sectional analysis, correlations (Pearson & linear regression)

Time trend analysis

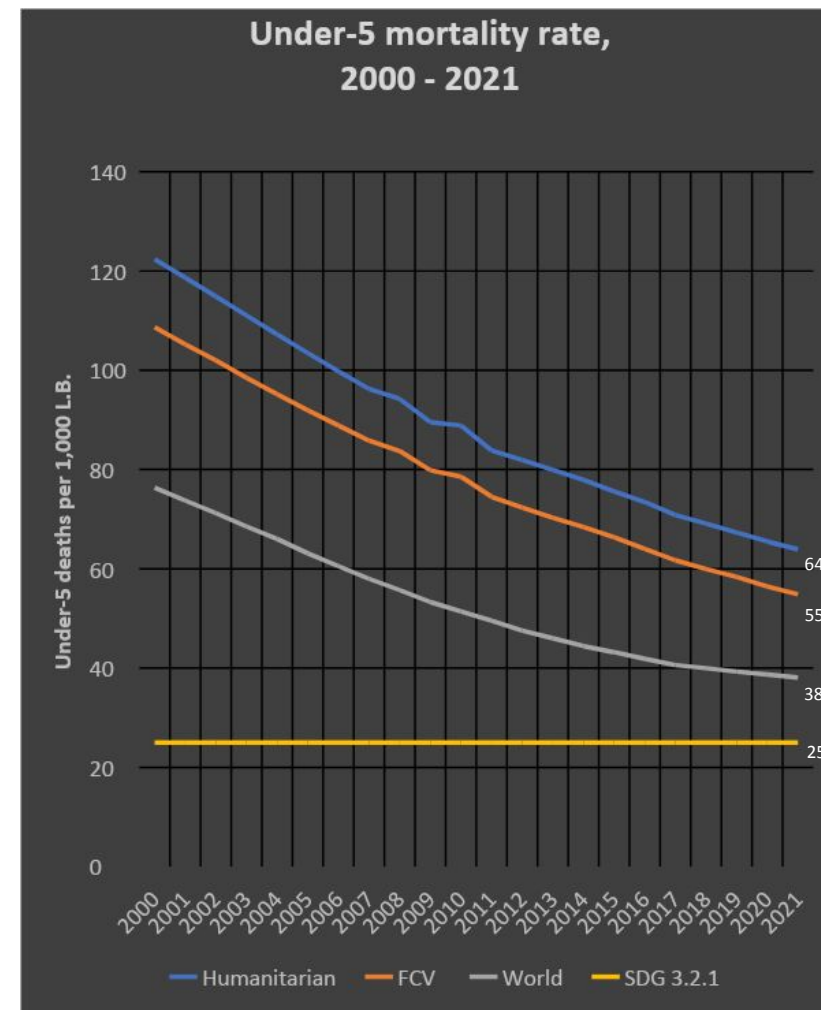
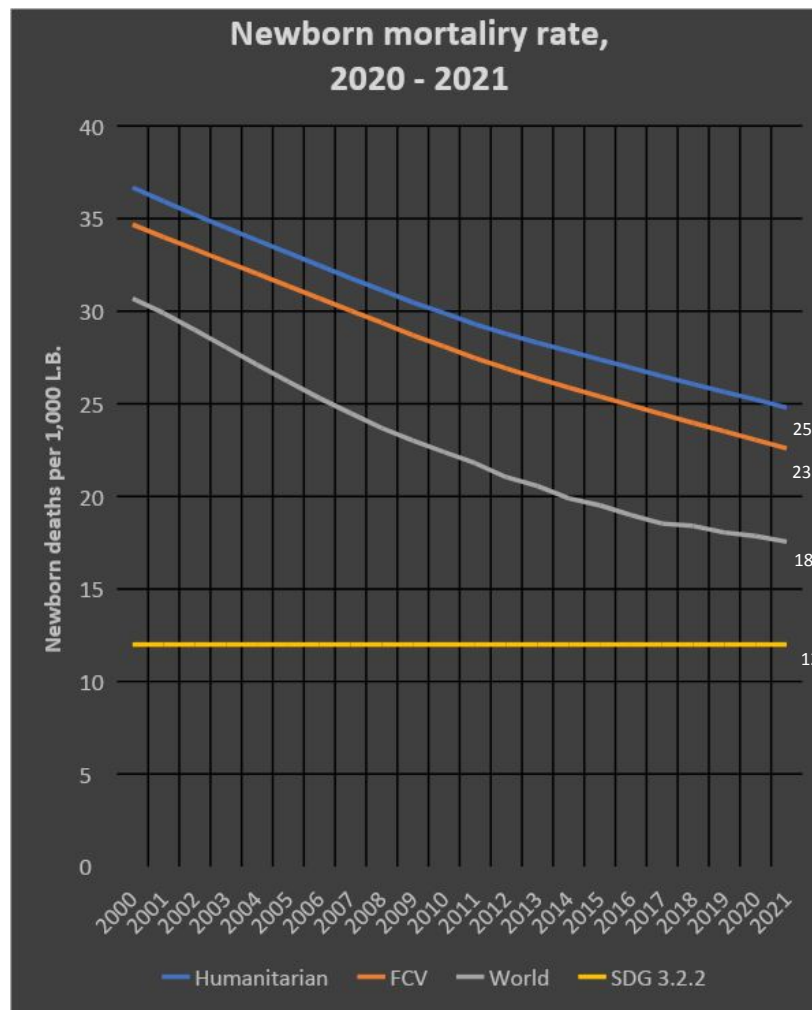
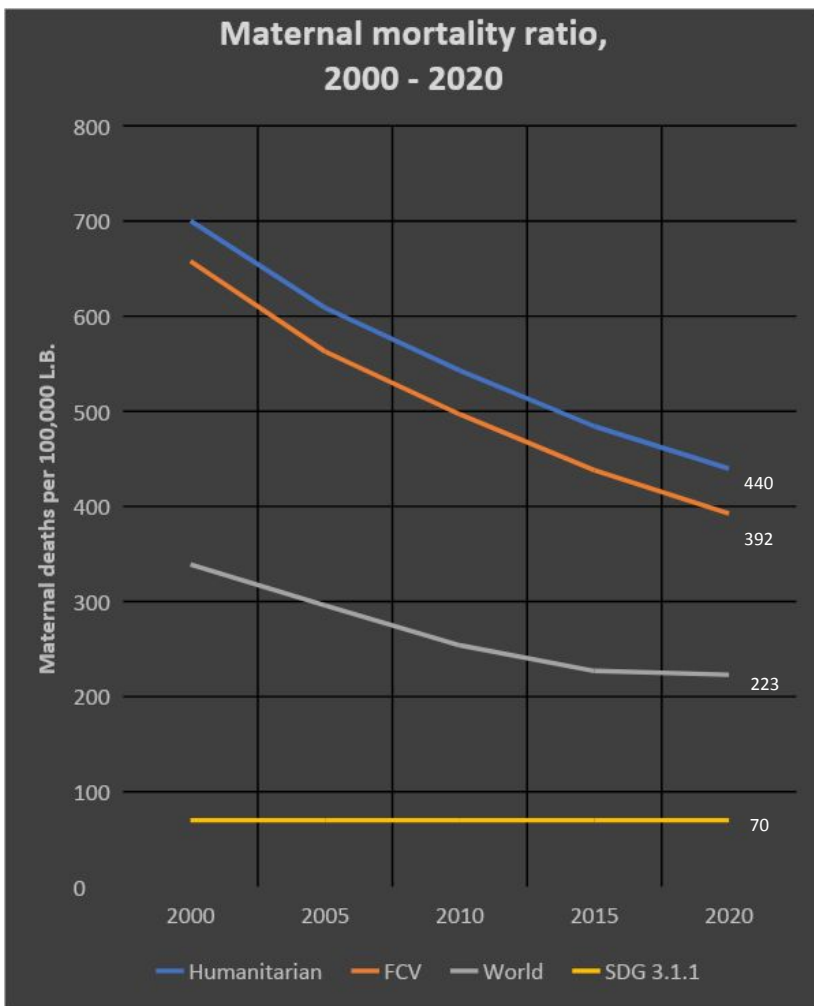
- Humanitarian definition: OCHA's Humanitarian Response Plan (HRP) ≥ 7 years in the last decade
- Fragile, Conflict, Violence (FCV): World bank's FCV list ≥ 7 years in the last decade

Indicators

- SDGs metrics for which UNICEF is the guardian / closely related to child health
- Divided in epidemiological (e.g., mortality) and service provision indicators

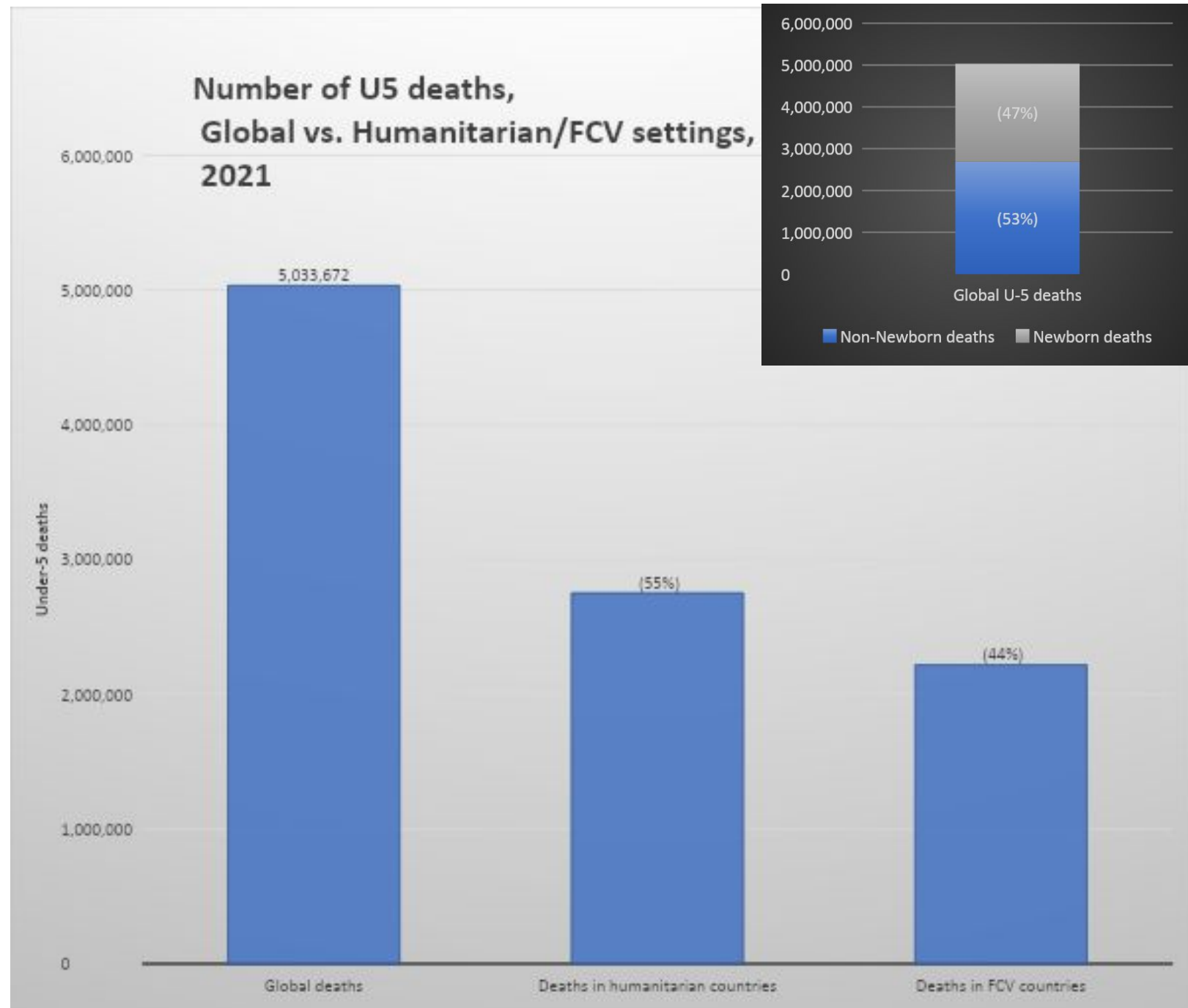
4 | Results

Mortality: MMR, NMR, U5MR

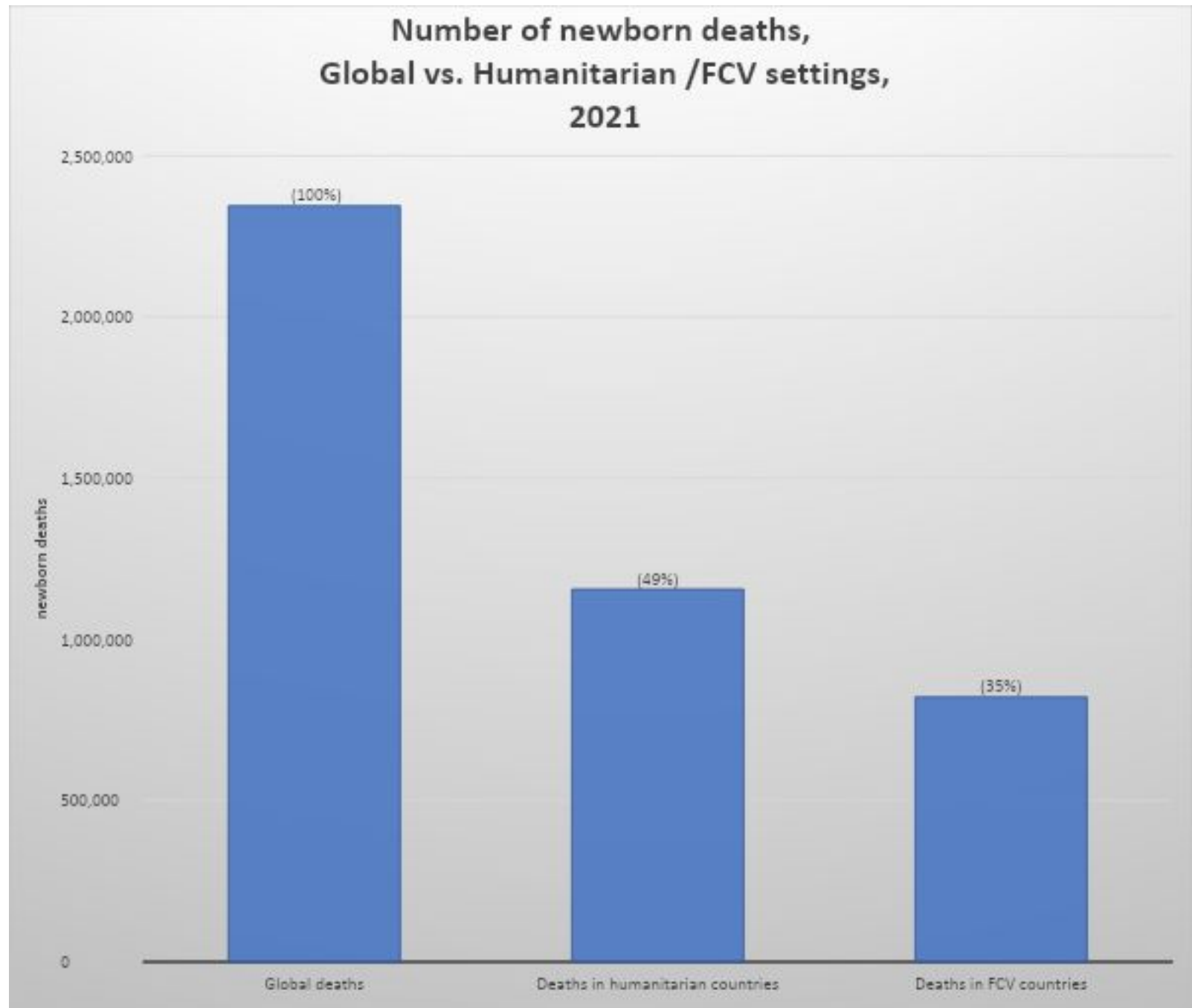


Under-five mortality in humanitarian / FCV settings: absolute numbers

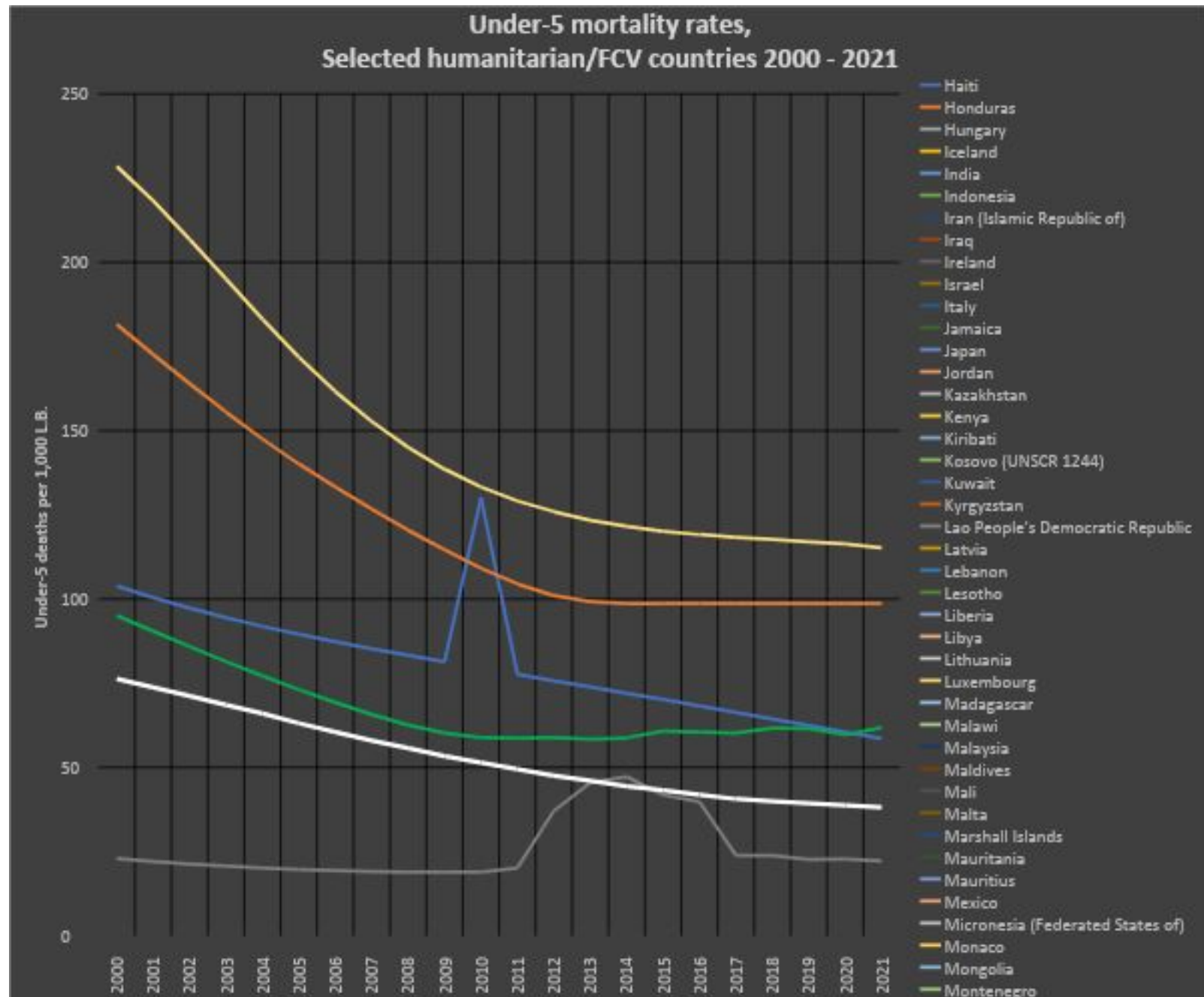
- ~50% of child deaths take place in humanitarian/FCV settings
- Nearly 50% of child deaths are newborn deaths



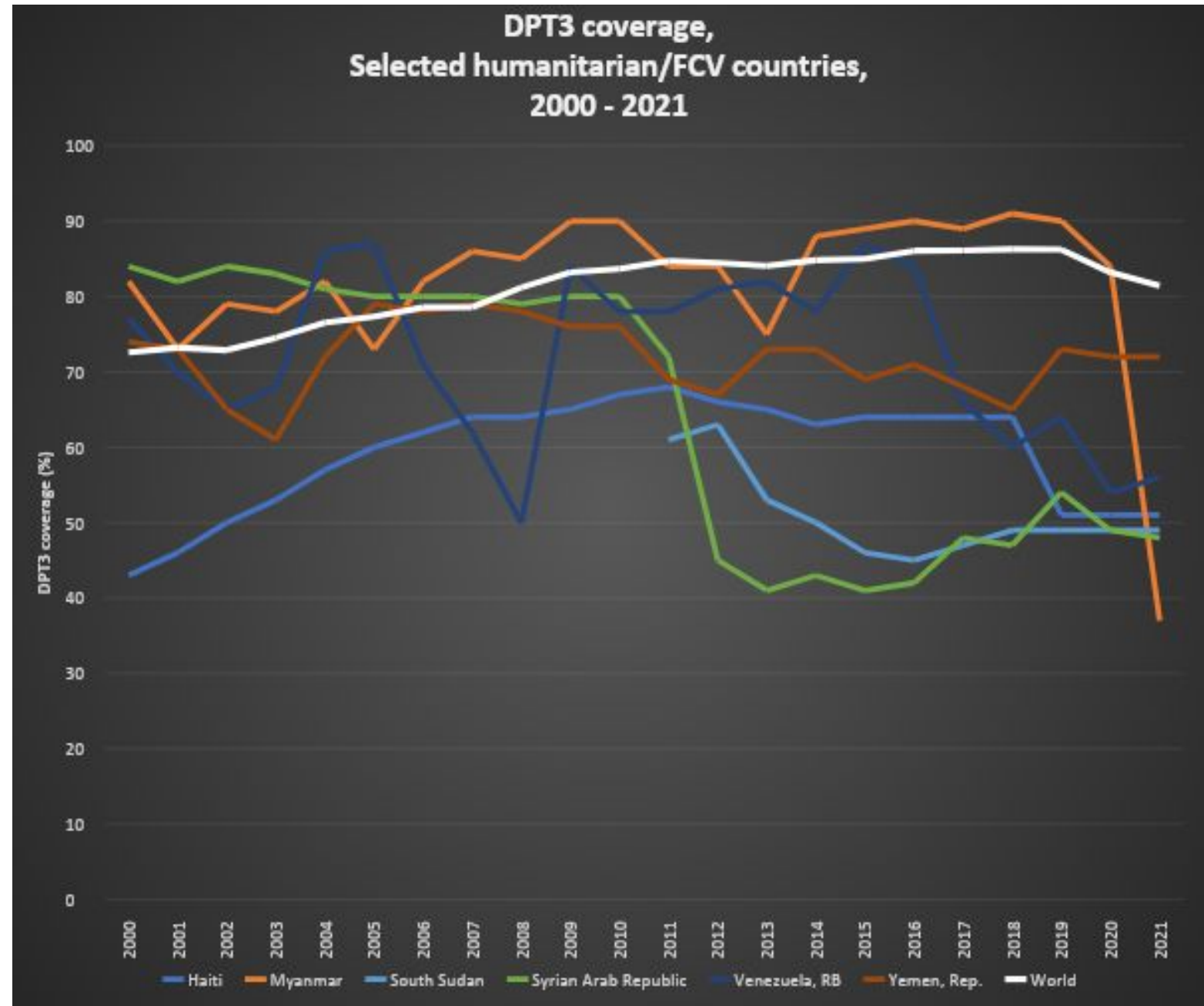
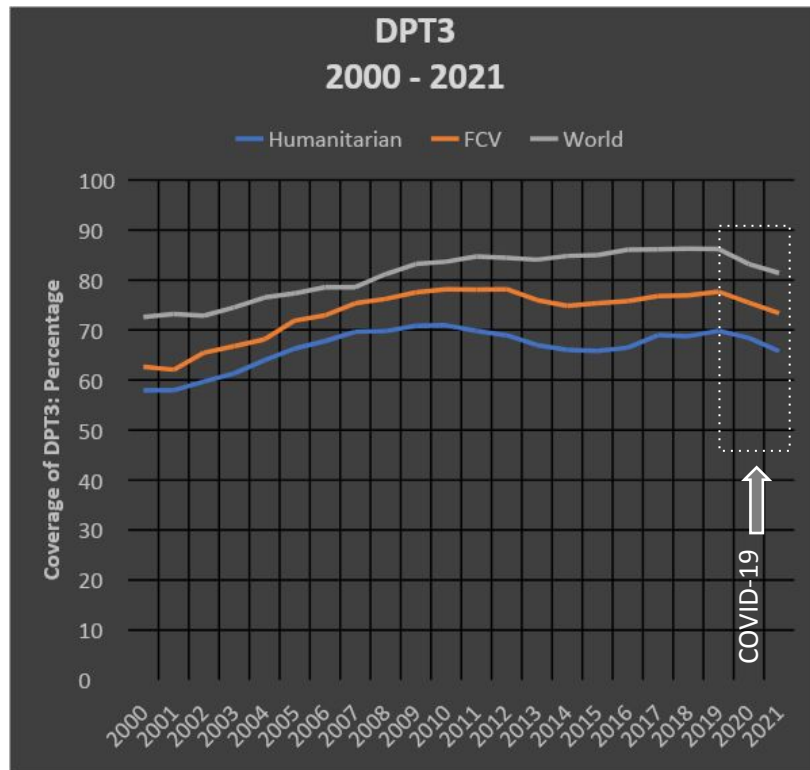
Newborn
mortality in
humanitarian
/ FCV settings:
absolute
numbers



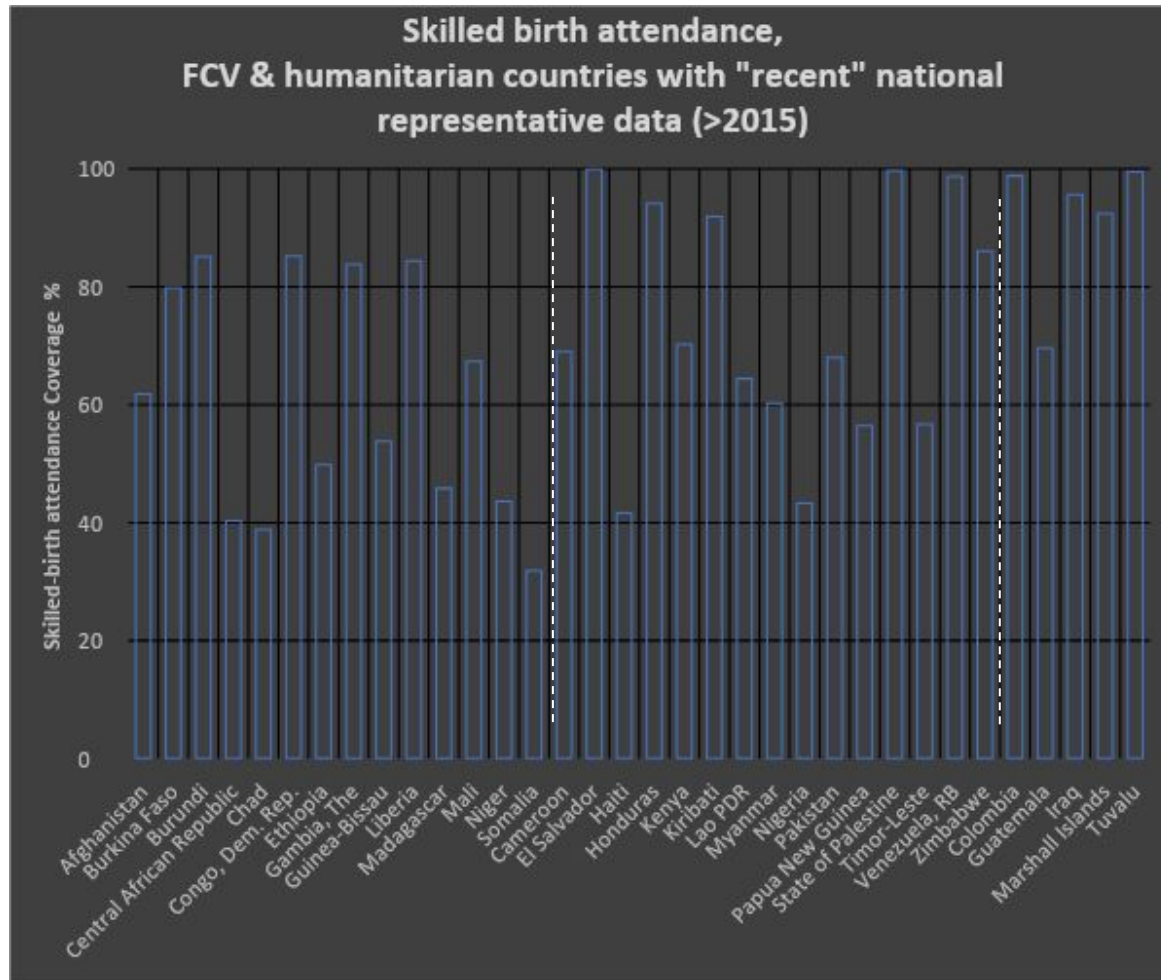
Impact of crises in child mortality



DPT: Proxy for other vaccines and health services



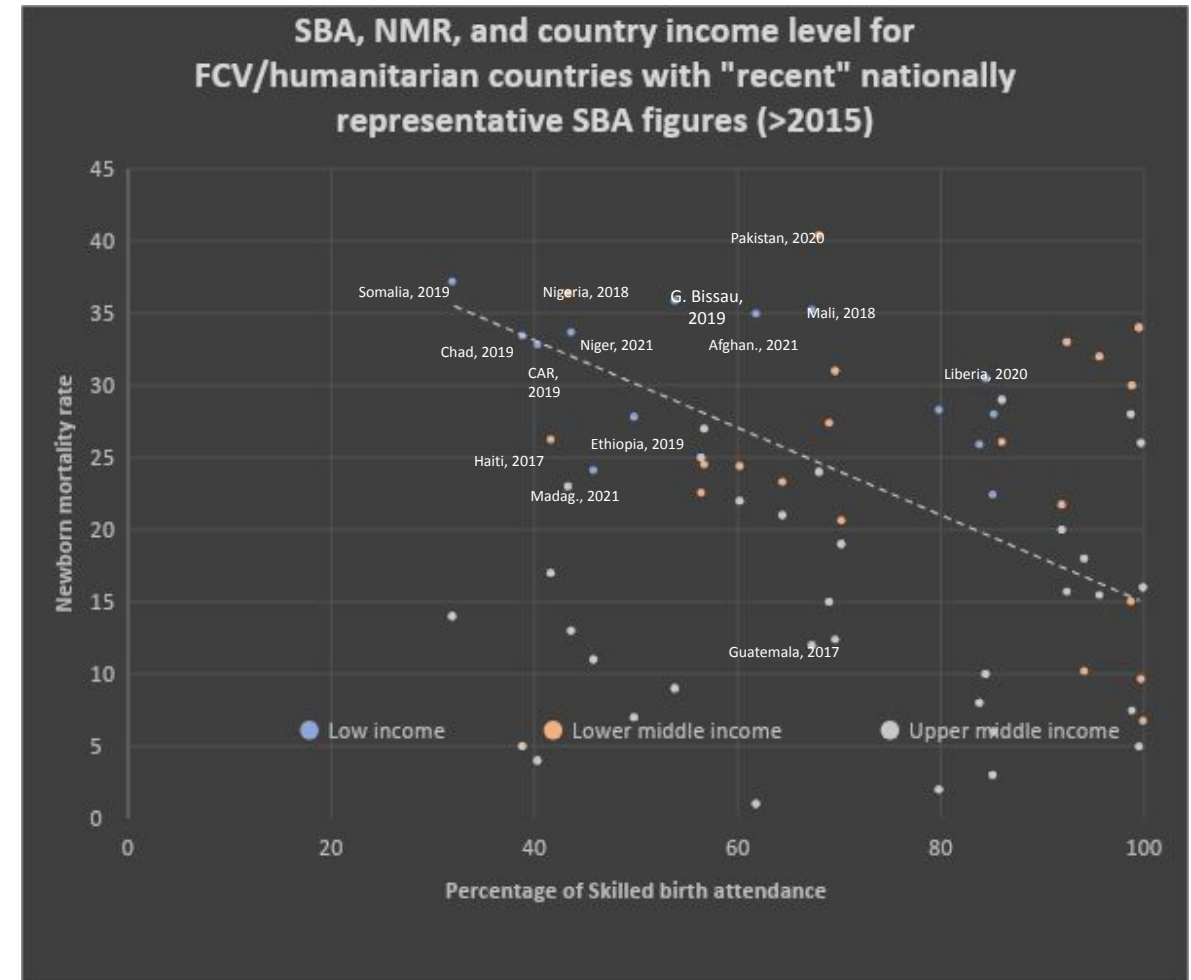
Skilled-birth attendance



Low income
Average SBA: 61

Lower-middle income
Average SBA: 73

Upper-middle income
Average SBA: 91

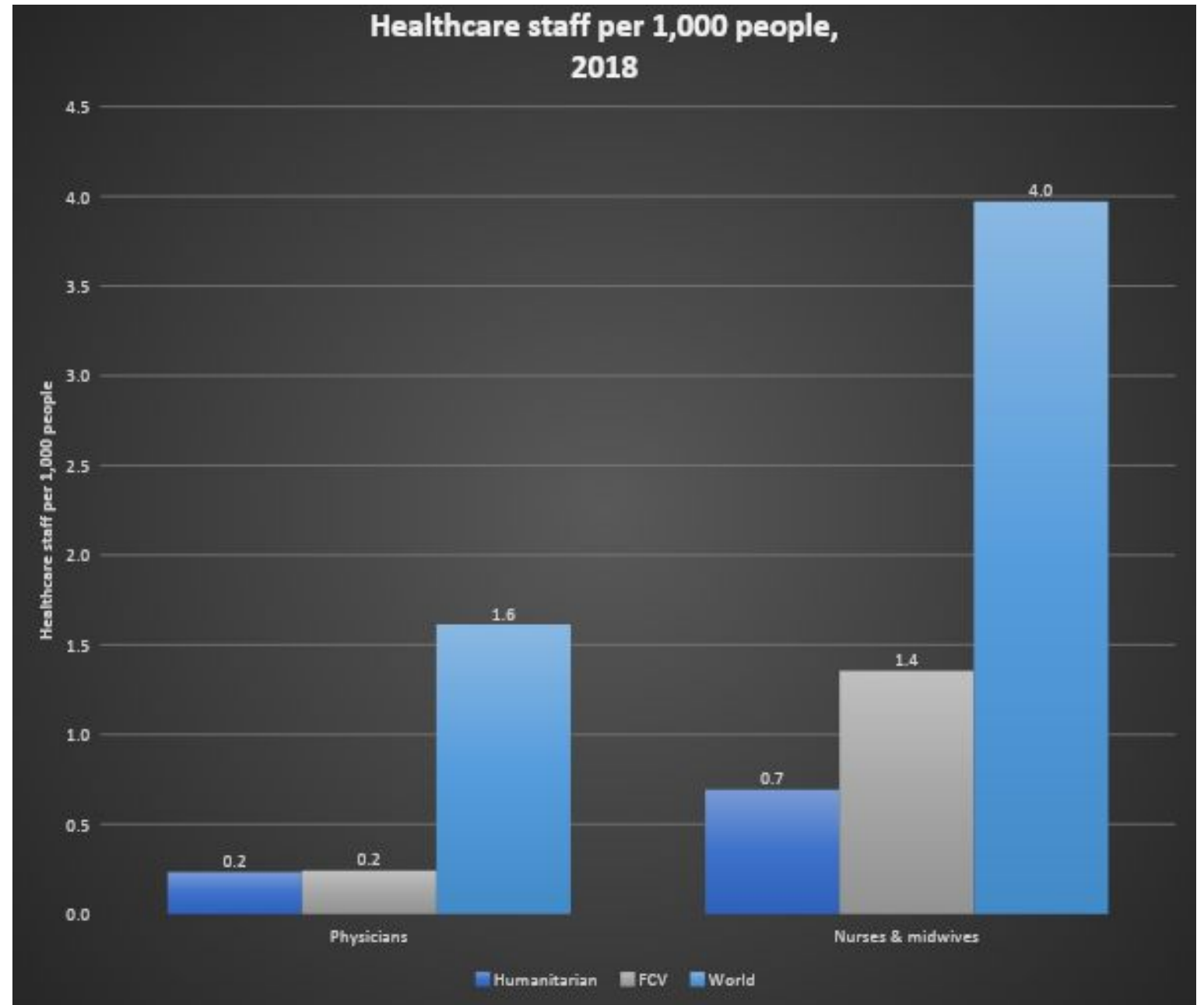


Correlation of SBA & NMR: -0.7

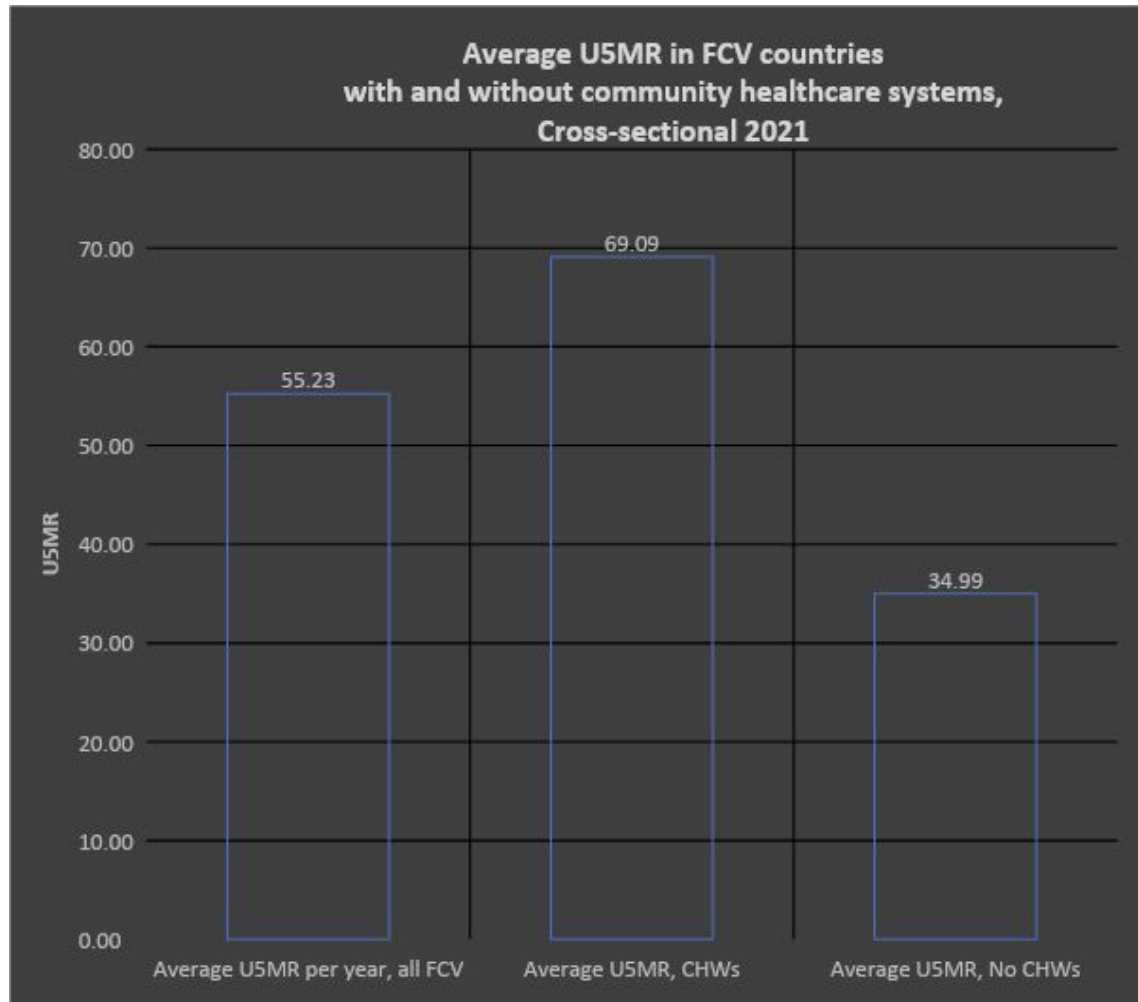
Correlation of income & NMR: 0.48

Healthcare staff in humanitarian and fragile settings

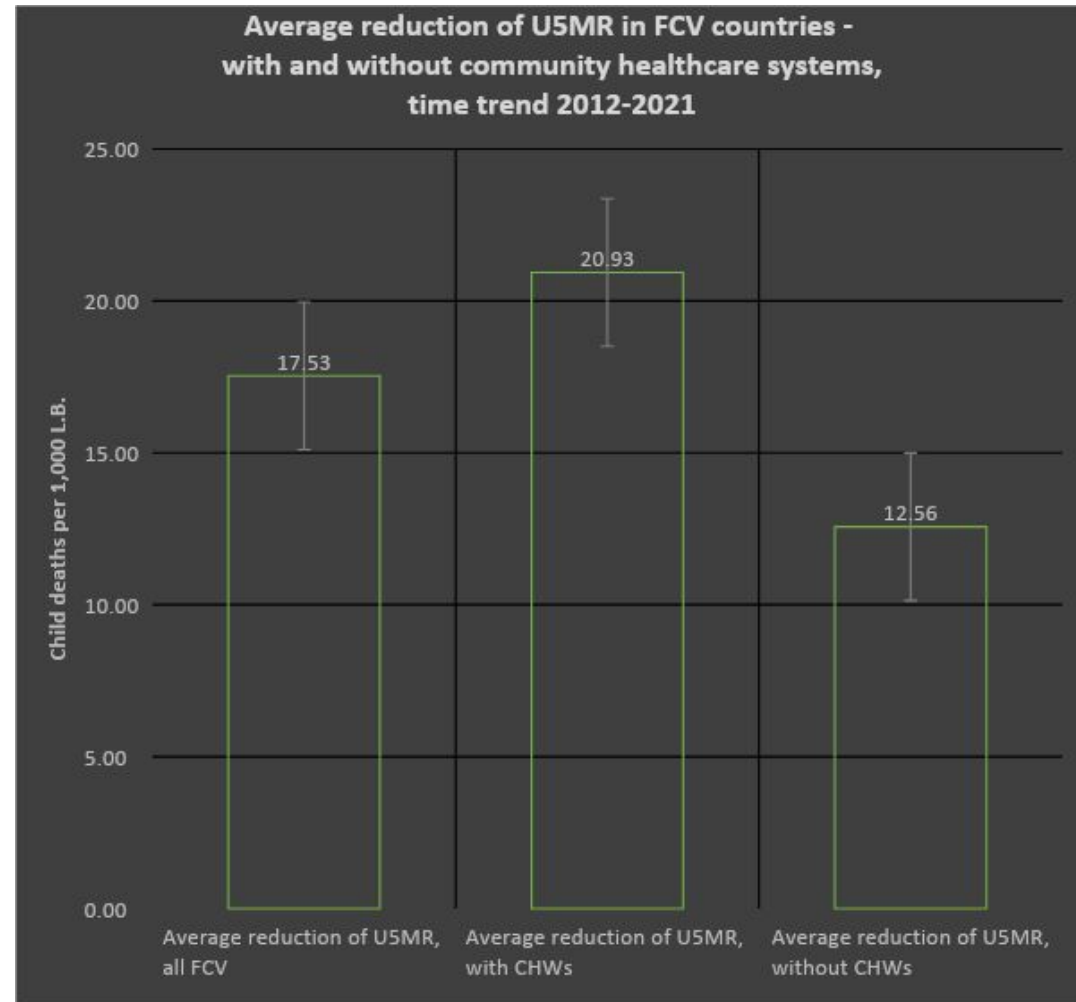
- Low density of health staff is one the main bottlenecks for health service provision in humanitarian and fragile settings



Community health workers/systems and mortality reduction across time



However...



5 | CONCLUSIONS AND RECOMMENDATIONS

Key messages

There have been important global health gains in terms of reduction of mortality and access to health services in the last 2 decades

The gains, however, are not homogeneous. Fragile and humanitarian settings are noticeably distant from world averages

Hence, the health SDGs will not be achieved unless there is an important focus and investment in humanitarian and fragile settings

Crises have a vast impact on population's health status and provision of services, which often takes time to recover

Multiple challenges to provide and ensure access to health

Other insights

There are multiple variables outside health that impact overall health outcomes

Quality of services is an important dimension which also should be addressed in FCV/humanitarian settings

Maintaining and expanding maternal and newborn health services is essential to lower overall child mortality in all contexts, particularly in FCV and humanitarian - Humanitarian investment

Lack of data in humanitarian settings

- Disaggregation of needs, services, and spending at subnational level is essential to ensure impact

Multiple bottlenecks, adequacy of healthcare staff is a key one

Actions

Advocate for universal healthcare coverage to full package of PHC, adapted for humanitarian contexts

Multisectoral collaboration and support: Nutrition, WASH, SBC

HMIS strengthening and innovation in fragile settings to connect with global modelling of impact indicators

Negotiation with de facto authorities/armed groups for access to difficult-to-reach populations

Implementation research to advance adaptation of guidelines and tools to humanitarian/FCV settings

Bridge the humanitarian-development gap: improve stakeholder coordination, emergency preparedness and response, capacity building

Maternal/newborn interventions

- Antenatal care
 - Skilled-birth attendance
 - Newborn care
-

CHWs are essential in humanitarian/FCV settings

Immunization

Improve/expand service delivery mechanisms

THANKS

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List of countries for time trend analyses

Humanitarian: > 7 years with an OCHA's HRP in the last decade

Afghanistan	Myanmar
Burundi	Niger
Cameroon	Nigeria
Central African Republic	Somalia
Chad	South Sudan
Democratic Republic of the Congo	Palestine
Ethiopia	Sudan
Haiti	Syrian Arab Republic
Iraq	Ukraine
Libya	Yemen
Mali	

FCV: >7 years in the WB's FCV list in the last decade

Afghanistan	Mali
Burundi	Marshall Islands
Central African Republic	Micronesia (Federated States of)
Chad	Myanmar
Comoros	Sierra Leone
Congo	Solomon Islands
Cote d'Ivoire	Somalia
Democratic Republic of the Congo	South Sudan
Eritrea	Palestine
Guinea-Bissau	Sudan
Haiti	Syrian Arab Republic
Iraq	Timor-Leste
Kiribati	Togo
Kosovo	Tuvalu
Liberia	Yemen
Libya	Zimbabwe

List of countries for CHWs analysis

FCV countries with >7 years in the WB's FCV list in the last decade with Community health systems in place (either any recorded number of CHWs at any point from 2010 onward in WHO's database of health workforce, mentioned in the Community Health Roadmap, or in publications on CHWs)

Afghanistan	Mali
Burundi	Marshall Islands
Central African Republic	Myanmar
Chad	Sierra Leone
Cote d'Ivoire	South Sudan
Democratic Republic of the Congo	Timor-Leste
Eritrea	Togo
Guinea-Bissau	Yemen
Haiti	Zimbabwe
Liberia	