



Health interventions in humanitarian crisis: a call for more quality research

Introduction

There is an urgent need for a stronger scientific evidence base to inform health interventions in humanitarian crises. To address this problem, the UK Department for International Development (DFID) and the Wellcome Trust commissioned a project to review the quality and depth of the available evidence, identify gaps and weaknesses and make recommendations for future work.

The project addresses communicable disease control, water, sanitation and hygiene, nutrition, sexual and reproductive health, including gender-based violence, mental and psychosocial health, non-communicable diseases, injuries and physical rehabilitation and health services and systems. The review also looks at contextual factors, such as access to health services, health assessment methods, coordination, accountability, health worker security and urbanisation.

In all, some 700 studies were systematically reviewed, covering both published and grey literature, along with some 123 interviews with practitioners, policymakers and academics.

The [evidence review of research on health interventions in humanitarian crises](#), commissioned by Enhancing Learning and Research for Humanitarian Assistance (ELRHA) and funded by DFID and the Wellcome Trust, was led by the London School of Hygiene and Tropical Medicine in partnership with The Harvard School of Public Health and the Humanitarian Policy Group at the Overseas Development Institute (ODI).

Main findings: the research needs

Detailed findings and recommendations in the specific research areas listed in the introduction are set out at length in the main study report.

Overall, the study finds that, although research on the effectiveness of health interventions has significantly increased over the last decade, the volume and quality of the evidence available remains limited, particularly on gender-based violence and water, sanitation and hygiene, and psychosocial health.

Although research requirements vary across the different topic areas surveyed, in general the study finds that more robust evidence is needed both on the *effectiveness* of health interventions, and on the most effective way of *delivering* interventions.

Systems and delivery

In terms of how health services are delivered, research is needed to test, measure and compare different models, including shifting of tasks from doctors to nurses and from nurses to community health workers, and community-based versus facility-based services.

The fragmentation of humanitarian aid has created ‘silos’ in the health sector and between it and other sectors, such as education and protection. There is a need for interventions that bring together different health topics and sectors, and to evaluate the health impacts of such interventions.

Continuity of care is another pressing issue that needs to be addressed by humanitarian organisations to ensure that patients who need long-term treatment can get access to high-quality healthcare after humanitarian actors have left. This will become increasingly urgent as the burden of chronic and non-communicable diseases grows, particularly in middle-income settings.

More research is also needed on how to build the capacities of local health services during humanitarian crises, how humanitarian crises affect local health systems and how local health systems adapt to or absorb crises.

Impact of context

The effectiveness of health interventions in humanitarian crises depends to a large degree on how appropriate they are to the local context. More evidence is needed on the impact of the context (national income, capacity within health systems, epidemiology, security, societal organisation, cultural values) on the effectiveness of health interventions.

Need for robust research methods and tools

Testing different protocols and standards could help improve coordination amongst humanitarian actors working in health interventions. More research is needed to develop, test and validate existing and new assessment methods (for example, mortality estimation, population estimation, needs assessments, health service coverage and access).

More research is also required on the cost-effectiveness of humanitarian health interventions and the burden of disease within and between health topics.

Greater use of baseline and routine health data is also called for, as well as greater use of higher quality mixed methods to help guide quantitative research, interpret qualitative findings and gain better insight on issues such as access and the acceptability and appropriateness of health interventions and research.

Implications and recommendations

The need for robust, high-quality, useable evidence to inform, shape and adapt interventions in humanitarian crises, in the health sector and elsewhere, has long been recognised, and the fact that the bulk of the studies reviewed in this work were published in the last decade indicates that researchers are increasingly working to meet this need. More, however, remains to be done, both in terms of the quality and the volume of the evidence-base policymakers and practitioners need to inform their work.



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HPG is dedicated to improving humanitarian policy and practice through a combination of high-quality analysis, dialogue and debate.

Front cover image: A doctor at an International Rescue Committee clinic in Ramtha, northern Jordan, conducts a check-up on a young Syrian refugee.
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Field hospital at Mentao refugee camp, Burkina Faso © Pablo Tosco/Oxfam

Although there is usually a trade-off of some sort to be made between the need to act quickly and the need to act well in humanitarian crises, humanitarian action, like any other area of human activity, can only benefit from the greater application of tested, rigorous research that identifies what works, and why.

This is an ongoing, iterative process, involving conversations between and within a range of professional and intellectual communities, including health experts, policymakers, practitioners, researchers and academics and affected people and governments themselves. Building alliances between all the parties involved will require openness to other actors and other ways of working, as well as resources and time.

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