The impact of armed conflict on health care provision and health systems in Syria: Visualizing the complex relationship between violent strife and poor health

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Persistent link: http://hdl.handle.net/2345/bc-ir:108406

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2019

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The Impact of Armed Conflict on Health Care Provision and Health Systems in Syria

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Public Health Practice in the Community

Abstract

What began in Syria in 2011 as a non-violent pro-democracy protest has intensified to a devastating civil war that has lasted almost eight years and has killed over 360,000 people. The complexity of the conflict and the involvement of many opposing and collaborating actors has made peace talks and potential resolution nearly impossible. 55% of Syria’s population have been uprooted from their homes, with 8.7 million people fleeing the country and 6.2 million internally displaced. When the conflict broke out in 2011, large numbers of people migrated to the northern regions of Syria, which were once primarily rural, to avoid the violence which was at that time more concentrated in Damascus and western Syria. This trend of the northern migration of internally displaced people has continued over the duration of the civil war, despite rising rates of violence occurring in this region, and has put tremendous strain on the already limited resources. The 1986 Ottawa Charter for Health Promotion outlines the fundamental prerequisites for health as: “peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity.” Within Syria, these conditions have been bracketed and destroyed, leaving civilians vulnerable to serious health complications. The aim of this project is to explore the extent to which Syria’s health systems have been impacted and the resulting health outcomes of its remaining citizens. In addition, the project attempts to capture the demonstrated health needs of the population, especially in the most devastated and neglected regions of the country. A keen look is taken at northern Syria, which contains some of the last remaining opposition-held territories. Chronic disease indicators are included to elucidate the impact of war beyond direct injuries sustained from the violence itself.

Methods

The data used in this project was downloaded from the Humanitarian Data Exchange, and the locations of each data set is indicated below the corresponding map or graphic. Maps were made by joining shapes with the metrics of interest, and data points were added using Arcmap and Longitude coordinates. All infographics are original and were created using Adobe Illustrator.

Results

The majority of the data used in this project was downloaded from the Humanitarian Data Exchange, and the locations of each data set is indicated below the corresponding map or graphic. Maps were made by joining shapes with the metrics of interest, and data points were added using Arcmap and Longitude coordinates. All infographics are original and were created using Adobe Illustrator.

Conclusions

Armored conflict has severe implications for health systems, health care provision, and human health both during the periods of violence and long after they have ceased. Syria is an unfortunate model for this devastating relationship. Much research has looked into the acute effects of war, but less has been able to capture the longer-lasting, more chronic and lingering outcomes. This project indicates that the toll inflicted by armed conflict must include far more than the immediate morbidity and mortality, and that care and attention must be given to the more enduring impact. The echo of poor health will continue to reverberate in Syria long after the gun have stopped firing and the air strikes have ceased.

References & Acknowledgements


I would like to thank Professor Nelson Peltz, Professor Tan Nguyen and Mr. Barbara Mains for their incredible help and guidance through GIS mapping.