

Research for Health in the Syrian Conflict Conference 2021

25/11/2021



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Letter of Welcome

Entering its tenth year, the Syrian conflict is still one of the most devastating humanitarian crisis in the world. The conflict has impacted severely the health of Syrians both inside Syria and those who fled the country seeking refuge in neighbouring countries and Europe. These detrimental impact on health was caused by both direct effects; such as death, injuries and destruction of health infrastructure; and indirect effects such as collapse of health system and interruption of treatments. While the humanitarian health response was challengingly trying to elevate some of the suffering, it is important to draw lessons on health needs, response, and consequences of this conflict. Research play key role in drawing these lessons which could help in improving the health response in Syria and elsewhere.

The consortium of the Research for Health System Strengthening in northern Syria (R4HSSS) programme of the Conflict and Health Research Group at King's College London, The Union of Medical and Relief Organisation (USSOM), Syria Research Group (SyRG), Syria Public Health Network (SPHN), and Health in Humanitarian Crisis Centre at LSHTM invite you to attend the third 'Research for Health in the Syrian Conflict' Conference. The conference will be held virtually on the 25th of November 2021.

This conference brings together exceptional speakers from academia, front-line health actors and NGOs to showcase original research on current issues in Syria, spanning from health system governance to epidemiology to many other disciplines within global health. The following themes will be explored:

- ✓ COVID-19 response in Syria
- ✓ Health system adaptation during the Syrian conflict
- ✓ Access to healthcare inside Syria and in neighbouring countries
- ✓ Burden of diseases
- ✓ Mental health and gender sensitivity

The conference will be an excellent opportunity to network with fellow researchers in the field, aiming to bridge the gap between local and international researchers and humanitarian health practitioners.

We sincerely thank you for attending this conference and hope it serves as a platform for future work on health in Syria.



Speakers Bios

Professor Samer Jabbour

Dr Jabbour is a cardiologist and a professor in the faculty of health sciences at the American University of Beirut (AUB) in Lebanon. He serves as co-chair of the Lancet-AUB Commission on Syria. He is part of an international collaboration to establish a Global Alliance on War, Conflict, and Health, for which he serves as the founding chair. At AUB, he has led the Public Health in the Arab World initiative (titular book, Cambridge University Press, 2012) and co-led the Lancet Series “Health in the Arab world: a view from within,” published in 2014.



He previously worked at the World Health Organization’s Eastern Mediterranean Regional Office in Cairo as director of the Department of Noncommunicable Diseases and Mental Health.

Dr. Jabbour earned his medical degree from Aleppo University Faculty of Medicine in Syria, and a master’s degree in public health from Harvard School of Public Health. He trained in internal medicine at Evanston Hospital/McGaw Medical Center, Northwestern University and in cardiology at Lown Cardiovascular Center/Brigham and Women’s Hospital, Harvard Medical School.

Orwa Al Abdulla

Orwa Al Abdulla is the health cluster co-coordinator for the Syrian crisis response – Turkey. The health cluster is responsible for coordinating the humanitarian services delivery in Northwest Syria. Additionally, he is a Ph.D. researcher at the University of Eastern Finland UEF – public health and clinical nutrition institute. As a lead researcher, Orwa, with a research team from UEF, has been working on a research project about the COVID-19 outbreak in northwest Syria, aiming to study the epidemiological characters of the pandemic and understand the people’s perspectives regarding COVID-19 preventive measures in a protracted emergency context.



Thus far, Al Abdulla has published several articles in the public health and epidemiology fields before and during the crisis. He holds a master’s degree in public health and a professional diploma in humanitarian health & nutrition for managers from Liverpool School of Tropical Medicine.

Dr Yazan Douedari

.Dr Yazan Douedari is a Syrian dentist, researcher, and a previous humanitarian worker. He has worked with several NGOs in Syria, Turkey, and the UK including JRS, CRS, Chemonics, and Christian Aid. Yazan is an alumnus of Aleppo University, Chevening scholarships, and London School of Hygiene and Tropical Medicine where he did his MSc in Public Health in Developing Countries.



Yazan is currently working on a research project focusing on health system governance in Syria with the London School of Hygiene and Tropical Medicine and has recently published peer-reviewed research about health system governance rebuilding in Syria.

Yazan is also a co-founder of Diaspora Exchanges Initiative working with the Syrian diaspora in the UK

Sara Basha

Sara is a Syrian-Scottish final year medical student at the University of Aberdeen who has recently completed a masters in Global Health and Management at the University of Aberdeen. She plans to pursue a career in the humanitarian field relating to Syria.



Agneta Kallström

Agneta Kallström is a PhD candidate studying at the University of Eastern Finland, Faculty of Health Sciences, Institute of Public Health and Clinical Nutrition.

She holds the degree of M.A. having graduated from the University of Helsinki, Contemporary Middle Eastern studies.

Kallström has studied political violence directed against health care extensively in conflict settings and fragile states. Her dissertation studies violence against health care workers in Syria. She is a member of the advisory team for Finnish Psychologists for Social Responsibility working with refugees in Lebanon. She has frequently commented conflict-related issues in the Finnish media.



Dr Shoib Hussain

Bio was not shared.

Nour Audi

Nour Audi is a DrPH candidate at the Population and Family Health Department in Columbia Mailman School of Public Health, interested in population health and health systems in conflict and post-conflict settings and the impact of forced migration on health. Nour completed his medical education and internal medicine residency training in Al Kalamoon and Damascus universities in Syria and worked in the first aid response teams of the Syrian Red Crescent throughout the current conflict. Then moved to work with the international humanitarian sector focusing on the rehabilitation of primary health centers and establishing community healthcare workers teams to support self-management of chronic diseases. He completed a Master of Public Health degree at Brown University before joining the Mailman DrPH program.

Dr Zahed Katurji

Dr Hamza al-Kateab is a Syrian doctor, human rights activist and public health advocate. Hamza was featured in the BAFTA-winning and OSCAR-nominated documentary For Sama which was filmed, directed and produced by his wife, Waad al-Kateab.

From 2012 to December 2016, Hamza delivered frontline medical care to thousands of people. He was one of the last remaining doctors in Eastern Aleppo as manager of Al-Quds Hospital.

In December 2016, Hamza and his family fled Aleppo, moving to the UK (London) in 2018. He has, until recently, been working as Operations manager in Huozhi/Amanacard - a groundbreaking scheme that provides a financial lifeline to people trapped in crisis zones. He also dedicates time to continued advocacy efforts around ending the targeting of hospitals in Syria, and participates in events and talks across the UK and beyond, leading with Waad their campaign “Action for Sama”

Dr al-Kateab has recently finished studying towards a Masters Degree in Public Health, Health Services Management at the London School of Hygiene and Tropical Medicine..



Ammar Hasan Beck

Dr. Ammar Hasan Beck is a Syrian physician. He graduated from Aleppo University in 2003, when he joined the internal medicine department in Aleppo University Hospital, working four years in this department. Due to the war in Syria, he fled to Turkey. For the past eight years, he has been working in the humanitarian sector, providing health services for internally displaced people, refugees, and people with disabilities. Since 2017 he has technically led the RI Turkey program for refugees with Relief International.



Nihal Kayali

Nihal Kayali is a PhD Candidate in the Department of Sociology at the University of California, Los Angeles. Her research interests include international migration and political sociology, with an emphasis on the role of state and nonstate actors in refugee reception. Her dissertation examines refugees' access to healthcare services in Istanbul over time by analyzing both the changes in the institutional terrain of care provision as well as refugees' experiences accessing various types of care providers. In particular, her work seeks to understand informal healthcare practices and the role of private providers that operate in the interstices of the state healthcare system. Before graduate school, Kayali worked as a journalist and researcher in Turkey, conducting various projects on refugee issues including education, child labor, and the role of local government in refugee incorporation. Kayali received her undergraduate degree in Political Science at Yale University



Abdulsalam Daif

Abdulsalam Daif, Medical doctor, ENT surgeon. MSc Epidemiology/ LSHTM. Chevening scholar.

He serves as Turkey Country Director of Syria Relief & Development (SRD) since 2013. He currently serves on the SSG and HLG. Along with his colleagues, he co-founded the Aleppo City Medical Council (ACMC) and was appointed as the Public Relations Officer. He also participated in establishing the Aleppo City Council, a municipality office in areas no longer under control of the Syrian government. Leadership was selected through a democratic voting process, a first of its kind in Syria. Abdulsalam was also selected as head of the Health Office of the Aleppo City Council. As a practicing physician, he served as the Chairman of the Free Aleppo Doctors Association (FADA) in 2014, just as he was one of the founding members of what ended up being the most critical hospital in Aleppo during its years under bombardment by forces—Al-Quds hospital. In 2016 he was elected as head of the Health Office of the Aleppo provincial Council.



Lena Basha

Bio was not shared.

Dr Safwan Alchalati

Dr Safwan is an Anesthetist and Intensive Care specialist. He serves as the head of the Syrian Board of Medical Specialties (which was founded in 2018 to govern medical training programs in opposition held areas in northwest Syria). Dr Alchalati worked with several local and international organisations as part of the humanitarian health response in northwest Syria.



Aala El-Khani

Dr Aala El-Khani is a humanitarian psychologist. She has authored a number of family skills interventions and parenting resources for the United Nations Office on Drugs and Crime (UNODC) as well as other international organisations and academic institutions. Aala graduated with a PhD in Clinical Psychology from the University of Manchester, Division of Psychology and Mental Health, where she is now an honorary Research Associate. She is a consultant for several international organisations including UNODC, War Child and Chemonics. Aala is a global master trainer of seven international psychosocial, family skills, and trauma recovery interventions. She has led family skills training in over 20 countries.



Her research work has significantly contributed to an agenda of producing materials for families affected by conflict, displacement and residing in low resource contexts. Her current work collaborates the efforts of the UNODC and The University of Manchester in developing and evaluating family skills programmes in countries such as Afghanistan, Palestine, Uzbekistan, Indonesia and Bangladesh. Aala is passionate about highlighting the significant role that caregivers play in protecting their children during challenging times. Her two TEDx talks have been viewed over 1.5 million times.

Mouna Khaity

Mouna Khaity is a Syrian activist, women's rights advocate and healthcare professional with a BSc Degree in Pharmacy and Pharmaceutical Chemistry and MSc in Clinical biochemistry from Damascus university. Worked as frontline laboratory specialist and co-founder of two medical education initiatives during the siege of Eastern Ghouta. Recently, she got an MSc in global health and conflict from St. George's medical school. An alumna of both Chevening and St. George's scholarships.

Mohammad Abo-Hilal

Dr. Mohammad Abo Hilal is a Syrian psychiatrist, trainer, supervisor and researcher in mental health, psychosocial support and protection. Founder of Syria Bright Future organization: a Syrian organization specialized in MHPSS and protection. He is a co-founder of several other NGOs that works in the Syria context in the field of MHPSS, Women protection and youth empowerment. Over the last nine years, he designed and supervised many MHPSS programs and projects that supported Syrian inside Syria and in neighboring countries (Turkey and Jordan). He authored and co-authored several research papers about mental health of Syrians. He is a PM+ Trainer and Supervisor. He is an Advisory Board member for STRENGTH project that in which PM+ and its derivatives is being applied to Syrian refugees in & countries He has special interest in: 1- Adapting the MHPSS curricula to the Syrian culture. 2- Building mental health systems that is flexible, innovative and sustainable.

He has a Management qualifications (MBA, PMP, and MSP). Lives in Turkey Gaziantep and he is a father of four children..



Dr Aula Abbara

Dr Aula Abbara MBBS MD(Res) DTMH is a consultant in Infectious Diseases/ General Internal Medicine at Imperial College NHS Healthcare Trust, London and an Honorary Clinical Senior Lecturer at Imperial College. She teaches and supervises students on the Global Health BSc and MPH at Imperial College.

She has volunteered in different humanitarian and refugee settings including direct clinical work, teaching healthcare workers and building capacity. Since 2012, this has been predominantly with Syrian non-governmental organisations. Between 2016 and 2018, she led a project for SAMS Hellas which provided over 30,000 primary healthcare consultations for refugees in Greece and received a Women in Global Health Award at the World Health Assembly for this. Other humanitarian work includes refugee camps in Lebanon and Syria (pre-conflict), the Rohingya crisis and in Sierra Leone with MDM for the ebola response in 2015 (for which she received an Ebola Medal of Service.)



Her research interests include attacks on healthcare, AMR in conflict, refugee healthcare workers and, more broadly relating to global and humanitarian health. Current research projects include an MRC grant on

Health Systems Research on health system governance in Syria, an R2HC grant on the Public Health impact of Attacks on Healthcare and a collaboration on AMR in conflict.

Dr Housam Al Nahhas

Dr Houssam Alnahhas started his medical studies at Aleppo University's Faculty of Medicine in 2006 but transferred to Istanbul University in 2015, where he received his medical degree. The recipient of the joint MPH Syrian Scholarship and Sommer Scholar Award from the Johns Hopkins Bloomberg School of Public Health.

He has Over eight years of experience in the field of humanitarian health, and he is a public health researcher with strong skill sets on information management and focus towards studying health systems in conflicts. Extensive experience with data collection, data analysis, and program implementation. Fluent in Arabic, English, and Turkish. He supported many types of research related to public and global health and his work in this area has appeared in the European Journal of Public Health, JAMA Surgery, Diabetes & Metabolism and Annals of Global Health. He also joined FXB Center for Health and Human Rights as a research collaborator to support the data and information needs of the Lancet-AUB Commission on Syria and to support the technical work related to the development of platform prototypes for a Burden of War analysis.



Dr Maher Al Aref

Maher Al-Aref currently represents UOSSM France as the HoM for the NWS. with a degree in pharmaceutical graduated from Aleppo University in 1998 and a master's degree in Health Economics, Policy & Finance awarded from Liverpool University in 2011. He has eight years of experience in the health humanitarian context in Syria. He worked as Head of the Partnerships and Development Division of UOSSM's main operating office in Gaziantep, was an HLG member, former SC member in the SNA and on several platforms advocating for the voice of local NGOs, humanitarian and health workers active in this context, to support all individuals and communities affected by the Syrian crisis.



Kristen Meagher

Kristen started working at King's College London in 2018. She works in a hybrid role as a Programme Manager and Research Associate within the Conflict and Health Research Group (CHRG) across two global research partnerships: Research for Health in Conflict in the Middle East and North Africa (R4HC-MENA), and Research for Health Systems Strengthening in northern Syria (R4HSSS). Kristen also leads the Women Leaders in Health and Conflict initiative. My research interests currently focus on gender and health systems in conflict and forced displacement.



Prior to working at King's, Kristen has worked with the New Zealand government, the International Organisation for Migration, and NGOs in Australia managing projects and undertaking research primarily focusing on refugee resettlement. Kristen obtained a Masters degree in International Law and Politics from the University of Canterbury, New Zealand. Kristen also undertakes country of origin information research for global organisations supporting asylum seekers.

Dr Hani Taleb

Dr. Hani Altaieb, is the CEO of Relief Experts Association who took part in designing and implementing health interventions and public health researches in northwest Syria. He is currently pursuing a degree in health policy, planning and financing at LSE and LSHTM with the aim of improving health policies in NWS.



Diana Rayes

Ms Diana Rayes is a Nonresident Fellow at TIMEP focusing on regional public health trends and refugee issues. She is a PhD candidate in International Health at the Johns Hopkins Bloomberg School of Public Health, specializing in the impact of conflict and displacement on refugee and migrant health.

She has previously worked with the World Health Organization, the Syrian American Medical Society, the Migration Policy Institute, and consulted on projects for the Lancet Commission on Syria, E.U. Delegation to Syria, the World Refugee Council, and the Federation of American Scientists. Ms. Rayes has published widely on humanitarian health trends in Syria in peer-reviewed journals including the British Medical Journal, PLOS Medicine, and the International Journal of Infectious Diseases, and is a steering committee member of the Syria Public Health Network. A recipient of the Fulbright Research Fellowship, Ms. Rayes holds a master's in public mental health and a certificate in humanitarian assistance from the Johns Hopkins Bloomberg School of Public Health, and a BS in psychology from Arizona State University.



The Organizing Committee

Abdulkarim Ekzayez (KCL)

Dr. AbdulKarim Ekzayez is a Syrian medical doctor specialised in epidemiology and health systems. His current work at King's College focuses on health systems strengthening in conflict areas and on building the research and policy capacity of the health sector in conflict-affected areas of the Middle East. He is currently a lead applicant for a large project funded by the National Institute for Health Research called "Research for Health System Strengthening in northern Syria R4HSSS". He is also involved in several other projects and research with other academic and policy institutes including LSHTM, AUB, Chatham House and others.

In 2013, Karim was training to be a neurosurgeon when his residency was interrupted by the war. He joined Save the Children in North West Syria, where he led the health response until 2017. He is a trustee member of two NGOs, Shafak and Refugee Trauma Initiative. He is also a managing director of the Syrian British Council which is a lobbying and advocacy body in the UK. He is a General Secretary for the Syrian British Medical Society.

Amina Olabi (UOSSM France)

Amina Olabi is a member of the UOSSM UK team aiming to bring the work of UOSSM international to the UK, mainly focussing on the research aspects of UOSSM's work. She holds a degree in Biomedicine from the University of Liverpool. She worked on several research projects (some of which are published) investigating the outbreak of leishmaniasis in Syria over the past few years, establishing a yearlong collaboration between the Liverpool School of Tropical Medicine, The Syria Relief Network and the WHO in Gaziantep.

Being of Syrian origin Amina spent the summers during her studies on the Turkish/ Syrian borders volunteering at field hospitals. At home in England, she spent years raising awareness for the situation in Syria in the North of England (Manchester and Liverpool) organising numerous events with different NGOs and Human Rights Organisations such as Amnesty international for which she was awarded the "Activist of the Year Award" by the Liverpool University Guild. As a German national, Amina was involved in an array of initiatives across Europe as the "refugee crisis" took centre stage in 2015. More locally, she also ran health workshops for female refugees at the Merseyside Refugee & Asylum Seekers Pre & Postnatal Support Group. She is currently completing her MSc in International Public Health with Humanitarian Studies from the Liverpool School of Tropical Medicine and will be perusing her thesis in health governance in Syria.

Bashar Farhat (UOSSM France)

Bashar is a Syrian medical doctor and poet. He got his medical degree from Aleppo university in Syria. At the start of the uprising against Al Assad regime, Bashar was training to become a paediatrician. However,



he was twice detained by the regime in 2012 and 2013, accused of participating in demonstrations, writing to support peaceful activities and helping wounded demonstrators in a field hospital.

After his release, he escaped to Lebanon. During his sixteen months in Lebanon, Bashar volunteered with a few organisations including MSF and Alphabet. Also he initiated a project of creative writing workshops with refugee kids in camps near Beirut, in partnership with a local NGO, Basmeh & Zeitooneh and in support from the British Council.

In March 2015, Bashar was given humanitarian protection in the UK. He worked as a science teacher and a learning support assistant for two years. In July 2015 Bashar ran a creative writing, drumming and dancing project, with secondary school students. In the Bradford refugee week art exhibition, in June 2015, Bashar exhibited 12 sentences, selected from what Syrian refugee children had written in camps in Lebanon.

Bashar rewrote some of his Arabic poems in English and participated in a variety of poetry events such as: The Art of Migration (Arts on The Run), Liverpool Schools of Sanctuary Conference (City of Sanctuary) and Verse Matters Anthology (a book by Verse Matters).

Bashar is now working with UOSSM International as a Partnership Officer in the UK. He is also undergoing the UK medical examination to work as a doctor with the NHS.

Yazan Douedari (LSHTM)

The bio is listed in the authors bios above.

Mervat Alhaffar (LSHTM)

Mervat Alhaffar holds an MSc in Public Health for Development from the London School of Hygiene and Tropical Medicine (LSHTM) and BSc in Pharmacy from Damascus University in Syria. She was awarded the prestigious Chevening Scholarship in 2018, to pursue an MSc in the UK, and after graduating she worked in academia on health system the governance, gender issues in Syria, and mortality estimation in Yemen. She is a co-founder of the Syria Research Group (SyRG), hosted between LSHTM and NUS Saw Swee Hock School of Public Health.

Hala Mkhallalati (R4HSSS - SPHN)

Hala is a Syrian Pharmacist, holding an MSc in Global Health and Development from UCL. Currently, Hala works as a Research Associate at the Saw See School of Public Health (The National University of Singapore); is a member of the Syria Research Group, and is a Research Fellow at the Syria Public Health Network. Hala's research interests are on the social determinants of health, NCDs' health policies, health and conflict, and co-production.

Munzer al-Khalil (R4HSSS)



Munzer al-Khalil is a lead researcher at Research for Health Strengthening in northwest Syria Project. He served as General Manager at Idlib Health Directorate from 2013 until 2020. He has worked as an orthopedist and manager of many Hospitals in Idlib province between 2011-2015. Dr Munzer was a member of the Medical Board of Idlib province in 2012.

He holds a university degree in human medicine from Aleppo University in 2007. And he had a certificate of specialization in orthopaedics from the Syrian Board of Medical Specialties in 2017. He also holds an MSc Health Policy, Planning and Financing certificate from the London School of Hygiene and Tropical Medicine and London School of Economics and Political Science.

Dr Munzer had many diplomas in hospital management, health governance, and health system through crisis and recovery and health strategic planning from many universities.

He was granted many trophies from the presidency of the Syrian Arab Republic in 2009 about active participation in the voluntary actions in Syria. And from Aleppo University – Faculty of Medicine in 2007 and from the Political body in Idlib province and others.

Dr Munzer had several activities on society empowerment, building the local councils, documenting the use of chemical weapons in Khan Shaikhun and Saraqib cities in rural Idlib province, advocacy campaigns to stop attacking health facilities and personnel, and working with the Arab Observer Delegation to Syria to implement the plan of resolving the Syrian crisis and providing protection for civilians in 2011.

Omar ALRASHIS ALHIRAKI

Graduated from Aleppo University, Faculty of Medicine. Volunteered in several medical humanitarian sectors in Northwest Syria. Worked as an emergency physician in several field hospitals in Northwest Syria. Ex-Trauma and Orthopaedic resident at Bab Al-Hawa Hospital, Idlib, Syria.

I interested in medical education, for which I established a team of medical students in NWS to guide and support them academically in such a war-torn territory.



Itinerary of the day

9:15 – 9:30

Registration and welcoming

9:30 – 9:35

Welcoming note: Dr Abdulkarim Ekzayez (R4HSSS/SPHN/SBMS)
(Welcoming + House Keeping)

9:35-9:45

Keynote speaker: Professor Samer Jabbour – AUB & Lancet-AUB Commission on Syria

9:45-10:30

Plenary session: **The impact of COVID-19 on health in Syria**

- Characterization of the Third Wave of COVID-19 Outbreak in Northwest Syria
Orwa Al Abdulla
- Mask use among communities in Northwest Syria during the COVID-19 pandemic
Diana Rayes
- Qualitative longitudinal study of covid-19 response governance across syria
Yazan Douedari

10:30-10:45

Break

10:45-11:30

Breakout Group1: **Health systems adaptation in the Syrian conflict**

Chair:

- Perceptions and Attitudes Towards Primary Health Care Among Healthcare Workers and Other Relevant Stakeholders in Northwest
Sara Basha
- Qualitative research of local health care professionals' working motivations in Syria
Agneta Kallström
- Evaluation of Surgical Capacity in Northwest Syria
Dr Shoaib Hussain

10:45-11:40

Breakout Group 2: **Access to healthcare inside Syria and in neighbouring countries**

Chair:

- Mapping accessibility to hospital care in pre-conflict Syria: a comparative spatial study
Nour Audi
- Negotiating medical evacuation during siege: a case study of the evacuation from Aleppo, Syria 2016
Zahed Katurji
- Improving access to specialized health services for Syrian refugees in Turkey. A case study in telehealth
Ammar Hasan Beck
- Turkey's Health Care Response to Syrian Refugees: Strides and Remaining Challenges
Nihal Kayali

11:30-12:15
Lunch break

12:15-13:00

Breakout Group 3: Burden of diseases and evaluations of clinical interventions

Chair:

- The effect of internal displacement due to armed conflict on tuberculosis treatment outcome in northwest Syria
Abdulselam Daif
- Respiratory health in the Syrian conflict: an analysis of primary data from the Syrian American Medical Society
Lena Basha
- SBOMS a successful experience of postgraduate medical specialized education for physicians in Syria during the conflict.
Safwan Alchalati

12:15-13:00

Breakout Group 4: Mental health, and gender sensitivity

Chair:

- Prioritizing and developing family skills as a protective factor for Syrian family mental health
Aala El-Khani
- Exploring the gender sensitivity in both policies and practices that are oriented towards the female workforce in the health structures and facilities in the Syrian opposition-controlled areas.
Mouna Khaity
- Preliminary research to contribute to development psychological first aid program in the Syrian context
Mohammad Abo-Hilal

13:00-13:15

Keynote speaker: Dr Aula Abbara – Imperial College London / SPHN

13:15 -14:15

Plenary session: Research culture in the Syrian context.

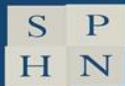
Chair: Abdulkarim Ekzayez

confirmed Panellists:

- Dr Housam Al Nahhas (SPHN)
- Dr Maher Al Aref (UOSSM France – R4HSSS)
- Kristen Meagher (CHRG at KCL – R4HSSS)
- Dr Hani Taleb (UDER – Relief Experts)
- Diana Rayes (PHR – SPHN).

14:15

Closing remarks



Oral Presentations Abstracts

Characterization of the Third Wave of COVID-19 Outbreak in Northwest Syria

Orwa Al Abdulla

Background: Syria has been experienced an armed conflict since 2011. At the time of writing, Northwest Syria NWS is outside governmental control and facing the challenges of the COVID-19 pandemic. The B.1.617.2 lineage, or Delta variant, was detected firstly in England in March 2021, leading to a rapid increase in COVID-19 incidence rate. Understanding the dynamics of the outbreaks is critical to health systems for planning public health interventions. especially in conflict-affected countries, like northwest Syria, where the almost-collapsed health system has faced enormous challenges since the start of the war in 2011. Since the second week of August 2021, the region of northwest has been witnessing a significant increase in COVID-19 cases due to the Delta variant. This study aims to explore the dynamics and simulate the progression of the current wave in NWS to estimate the number of individuals who will be infected and consequently set the ground for the humanitarian stakeholders to identify the required resources for the current and further waves.

Methods: Based on available data, we applied the state-space model along with the Kermack-Mckendrick SIR epidemic model (Suspected-Infected-Removed) to predict the progression of the third wave and provide an estimation of the value of the effective reproductive number R_t . The method of this model is based on the fact that SIR model is related to the growth rate linearly. Because this model is valid when not all the cases are recorded, we believe that this method is practically suitable to the emergency context of NWS, where there is noise in data due to the restricted surveillance system, giving the assumption that not all the positive cases are detected.

Results: Based on the NWS Epi curve trends, it seems that the region has been witnessing the 3rd wave since the beginning of August 2021. In our estimation, we calculated the value of R_t using the Kalman smoother from 20 March 2021 until the 8 October 2021. We extended our sample prior to the last wave to ensure that the model would detect the changes of R_t value during the second wave. The values of R_t over a weekly window from 20 March to 8 October 2021 were estimated. R_t began to decline after the first week of October indicating the decay phase of the current wave.

Conclusion: The spread of delta variant in NWS resulted in an increased numbers of cases compared to the first and second waves. R_t value in NWS was within the global range of values of R_t . However, the increased burden on the health system in NWS, compared to other regions, could have been due to the lack of preventive measures, low coverage by vaccines, and limited capacity of COVID-19 hospitals. Considering previous studies about the COVID-19 outbreak dynamics in NWS, it appears that more than 50% of the population has already contracted the disease throughout the three waves. Comparing the projected number of cases and capacity of COVID-19 hospitals, the health system was overwhelmed noticeably during to the third wave.



Mask use among communities in Northwest Syria during the COVID-19 pandemic: An observational study on 8,282 individuals

Diana Rayes

Background: The arrival of the novel coronavirus (COVID-19) pandemic to Northwest Syria (NWS) in July 2020 introduced additional burdens to an already fragile health system. In response, local organizations scaled up their efforts to increase preventative health behaviors to protect against COVID-19. Using observation data collected by UDER, the purpose of this study is to identify observed mask use across 28 sub-districts in NWS and explore demographic factors that may influence mask use to prevent COVID-19.

Methods: This cross-sectional study was carried out by UDER in NWS based on two rounds of observation data between 2020-2021. Using a random cluster sampling method, a total of 8,282 individuals were observed from 28 sub-districts throughout NWS. Exploratory bivariate and multivariate analyses were used to explore relationships between demographics and reported and observed mask use. Frequencies and percentages were used to describe the variables.

Results: Observed mask use among individuals in NWS was 24%, mostly in urban areas (55%). Men were 30% less likely to wear masks or face covering than women ($p < 0.05$). Adults were 2.5 times more likely than children to wear masks ($p < 0.05$). Regression modeling demonstrated the significant influence of peers with masks on individual mask use behavior across sites ($p < 0.001$).

Conclusions: Our findings demonstrate low mask use among observed populations, particularly among women and children. Therefore, future programming in NWS should consider the role of neighbours or peers in encouraging individual mask use practices. Future research should focus on mask use among young adults and adolescents and employ more detailed data collection measures in order to include age in the survey and observation data.

Yazan Douedari

Introduction

COVID-19 response governance has been challenging for high, middle, and low-income countries. In Syria, this is additionally challenging due to the protracted conflict and debilitated health system. To improve response governance, we need a better understanding of responder perspectives across the country. This study explored the perspectives of local COVID-19 response governance among healthcare providers over time and across all areas of Syria.

Methods

We used a qualitative longitudinal study design, conducting five rounds of a total of 43 semi-structured key informant interviews (approximately 8 interviews per round) with 26 purposively sampled public and private healthcare providers in the three main governance areas (i.e. opposition-controlled areas OCA, Autonomous Administration-controlled areas ACA, al-Assad government-controlled areas GCA). The five rounds of data collection were in March 2020, July 2020, September 2020, December 2020, and September 2021. We conducted 43 remote interviews in Arabic. We used internet call applications (e.g. WhatsApp, Signal), transcribed data in Arabic, and analysed it thematically both within and across geography and time.

Results

Almost all participants in all areas and across all rounds expressed their lack of trust of their local health authorities and dissatisfaction with the COVID-19 response governance. However, this was more prominent in the first rounds and appear to have decreased over time. This distrust and dissatisfaction were expressed more strongly in GCA, followed by ACA and then OCA. Response planning was identified as insufficient, non-participatory, and non-transparent. Expectations of rapid virus spread - especially in displacement camps - and health system collapse did not occur. Community adherence to prevention measures fluctuated, starting weakly as people were sceptical of the pandemic, increasing immediately after the first case was confirmed, and then fluctuating with case numbers, misinformation, and challenges of insecurity and livelihood.

Perception of the COVID-19 vaccine was positive, but community hesitancy and low uptake - despite availability of free vaccines - were highlighted and attributed to misinformation, conspiracy theories, and decreased case numbers at the time of vaccine roll out.

Limited capacity in terms of infrastructure, equipment, medicines, human resources, and finance continued to be the main challenges across time. Concerns, also consistent across time, focused on potential health system collapse though no participants indicated this was reached at any stage. This concern seem to have decreased in the last round. Overall, participant seemed less pessimistic over time. Suggested

improvements to COVID-19 response governance focused on strengthening current health systems and capacity, such as increasing numbers of ventilators and financial support, and further improvements in coordination.

Conclusion

More effort is needed by national and international actors to improve adherence to prevention measures and strengthen health systems in the different areas of Syria.

Perceptions and Attitudes Towards Primary Health Care Among Healthcare Workers and Other Relevant Stakeholders in Northwest Syria

Sara Basha

Background: In pre-conflict Syria, secondary care was prioritised with consequently weak primary healthcare (PHC). In northwest Syria, the conflict related withdrawal of the ministry of health resulted in the presence of local and international humanitarian organisations which stepped in to fill the void of healthcare provision. Some of these organisations have focused on the development of PHC in the region. However, this has been met with challenges. This research explores attitudes among key stakeholders around PHC in northwest Syria.

Methods: Semi-structured interviews were conducted with stakeholders who had experience of the Syrian health system before and after the conflict. Purposive and subsequent snowball sampling were used for recruitment. A topic guide was developed with stakeholders and interviews were carried out virtually over Microsoft Teams. Interviews were transcribed verbatim and translated where appropriate. Inductive thematic analysis was used to analyse data. Ethical approval was granted by the University of Aberdeen College Ethics Review Board (CERB).

Results: 12 participants (8 men), all Syrian, were interviewed. Three key themes, each with a set of sub-themes, were identified: 1. Governance of the health system (sub-themes: inadequate communication and coordination; power of donors; lack of effective monitoring systems). 2. Community and patient perspectives of PHC (sub-themes: patients' attitudes towards PHC; importance of building trust with the community; impact of cost on service use). 3. Health workforce (sub-themes: numbers and capabilities of healthcare workers; changing attitudes towards PHC as a system; negative attitudes towards PHC as a speciality).

Conclusion: Though there is some evidence of change in attitudes towards PHC, challenges in service delivery and utilisation remain. Of note, there is reluctance to choose PHC as a speciality amongst undergraduates. Despite limitations, this study adds to an absence of literature that explores PHC in the Syrian conflict which has implications for the rebuilding of Syria's health system.

Qualitative research of local health care professionals' working motivations in Syria

Agneta Kallstrom

The conflict in Syria has endured for a decade, causing significant humanitarian crises. The war has inflicted massive damage to civil infrastructure, and not even health care has been spared. As a result, many health professionals have left the country. The situation has led to unequal distribution of health care services among civilians. Despite the life-threatening condition, some health professionals continued to work inside Syria. This qualitative study aims to determine the factors that have motivated Syrian health professionals to work in a conflict-affected country.

This study is based on 20 semi-structured interviews of Syrian healthcare workers primarily conducted in 2016 – 2017 in Gaziantep, Turkey. A thematic inductive content analysis examined the motivational factors Syrian health care workers had to work in the conflict area.

The preliminary results show that health care professionals had intrinsic and extrinsic reasons to keep working in Syria. Understanding these motivations is necessary when trying to recruit health care workers after the war.

This research emphasizes that the health care system would collapse totally without local professionals and leaves the population without adequate health care. Without qualified professionals offering good health services to the deprived Syrian people is impossible.

This unpublished article, which is in the process of being published, adds information on the effects of the Syrian crisis on health care – from healthcare workers' perspective. It provides a unique insight on motivations why health care workers are continuing their work in Syria. The study results can be generalized to other contemporary wars involving several different parties and actors, as in the Syrian conflict.



Evaluation of Surgical Capacity in Northwest Syria

Shoaib Hussain

Introduction

Syria's decade-long civil war has devastated its healthcare infrastructure, compounded by a severe workforce crisis. A 2015 study (1) conducted by the Union of Medical Care and Relief Organizations (UOSSM) highlighted widespread disruption to trauma care capacity, but it is unclear how this has evolved, including in opposition-held regions.

Our study aims to provide an overview of surgical and anaesthetic care provision in opposition held territories in Northwest Syria.

Methods

Health facility mapping was performed using registers in the Idlib, Northern and Western Aleppo Health Directorates. The data collection tool (KoBo Toolbox) used for previous UOSSM surveys was modified to incorporate questions on anaesthetic care; questions on surgical care were based on the World Health Organization's Tool for Situational Analysis to Assess Emergency and Essential Surgical Care (2) and the consensus statement from the Stanford Humanitarian Surgical Response in Conflict Working Group (3). Following training and piloting, the survey was repeated in person by UOSSM staff on the ground in line with our study aims. Stata was used for descriptive analysis. Ethical approval was received from King's College London and the Idlib Health Directorate.

Results

Health facility mapping across Northwest Syria identified 57 facilities providing surgical care, of which at least 33 completed the survey. We are currently collating and analysing data on multiple variables including emergency and specialist surgery, anaesthetic services, staffing, equipment, and levels of clinical care. Final results will be available for presentation at the conference.

Discussion

Our survey provides an overview of Northwest Syrian surgical capacity, specifically ability to perform key surgical procedures, provide safe anaesthetic care, levels of staffing, and available equipment. Where data is available, we will compare our findings with previous surveys conducted by UOSSM.



Mapping accessibility to hospital care in pre- conflict Syria: a comparative spatial study

Mhd Nour Audi

This is the first nationwide examination of spatial access to healthcare in Syria just prior to the conflict, an increasingly important point in time in the decade-long conflict. Spatial health access in conflict settings is an understudied topic, particularly in the Middle East. This study focuses on establishing a pre-conflict level of access inequality within and between governorates across the whole of Syria before the emergence of conflict lines and the fragmentation of the healthcare system.

This study uses nationally representative data to map spatial health access disparities on a fine-scale level and comparing between provider to population ratio (PPR), a spatially unaware method, and two-step floating catchment area (2SFCA), a spatially aware method.

We found high inequality in health accessibility across and within governorates, especially in the north and eastern regions. Testing variability in catchment size showed that even at 125 km catchment, 65% of the country had accessibility below the national average. The 2SFCA ability to account for the movement across administrative boundaries and road network quality provided more nuanced insights into these inequalities.

Given the significance of spatial health access to health systems management and rebuilding efforts, these spatially nuanced findings emphasize the need to account for pre-conflict health inequalities in present day planning and post-conflict reconstruction efforts. The research also tests the significance of spatial access parameters such as catchment area on estimated inequalities, thereby contributing to the general understanding of how different spatial access mapping methods may conceal or illuminate differences in inequalities to healthcare access.

Negotiating medical evacuation during siege: a case study of the evacuation from Aleppo, Syria in 2016”

Zahed Katurji

Introduction

Siege civilian cities isn't a new war tactic. It has been used more frequently in recent conflicts. Evacuation of injured and sick is stated by the international humanitarian law and yet received little attention by literature. Literatures focus on the negotiation during siege or the evacuation process for military injured not civilians.

This study aimed to examine the negotiations and medical evacuation during the 2016 siege of East Aleppo to help inform future medical evacuation.



Methods

A multimethod case-study was conducted, consisting of semi-structured key informant interviews, literature and documents review, and unstructured observations. Twelve key informants included doctors, NGOs staff, and ICRC workers who all worked during the siege or participated in the negotiations. Interviews were conducted, recorded, and transcribed with written and verbal consent were obtained from participants. My unstructured observations were based on an ethnography approach; I lived, worked and participated in all negotiations in East Aleppo during the conflict and coordinated the medical evacuation. Data were analysed thematically, and ethics approval was obtained from Research Ethics Committee of the London School of Hygiene, Tropical Medicine and the Idleb Health Directorate.

Findings

There is no clear, documented story of how negotiations around medical evacuation took place. Several narratives, based on informant location (e.g., Turkey, East Aleppo, Damascus) existed. NGOs participants haven't mentioned the local health workers who were taking care of patients preparing them for the coordinated evacuation with the ICRC. This shows a huge lack in communication and coordination between the stakeholders.

Conclusion

Direct communication with staff on the ground must be conducted and their opinions considered in any negotiation or evacuation plan. During evacuation, no effective communication existed between stakeholders, each concerned about its own benefits. Participant self-evaluations indicate a lack of communication, knowledge, and awareness of responsibilities and other stakeholders

Improving access to specialized health services for Syrian refugees in Turkey. A case study in telehealth

Ammar Hasan Beck)

Accessing health services is challenging for Syrian refugees in Turkey, especially for specialized health services (Mental Health and Psycho-Social Support and Physical Rehabilitation). The main barriers accessing services include; financial barriers, legal barriers, language barriers, lack of information and shortage of service providers. Based on a study conducted by London School of Hygiene and Tropical Medicine, findings showed in Istanbul that 83% of people with Musculoskeletal Impairments and 73% of people with MH symptoms who would have benefitted from specialized services had not received it.

While access challenges existed before COVID, they have been exacerbated by the pandemic. In one rapid assessment conducted with RI beneficiaries, access to services dropped from 87% to 25% in April 2020. Turkey reported its first case of COVID-19 on March 2020 and since then the government took progressive measures to reduce the spread of the disease. As a result, all the centers supported by health actors closed



and majority of inperson non-critical services abruptly stopped. RI quickly reacted to find alternative modalities to avoid interruption of services for vulnerable refugees via the telehealth platform for both mental health and physical rehabilitation.

During the pilot phase (April-May 2020) RI provided 5,583 telehealth sessions to 1,483 clients with 92% expressing satisfaction with the model. In June, the telehealth model was scaled up and in the following 12 months, RI provided 60,161 telehealth sessions to 7,435 clients (30% MHPSS, 70% PR). The technical analysis of the program data demonstrated how telehealth can improve access to specialized services for more vulnerable groups (particularly women and people with difficulties in reaching the centers).

Through this case study RI will demonstrate how telehealth can be successfully applied in the humanitarian sector to support Syrian refugees to access health services. The best results are achieved when using a hybrid modality (telehealth and in-person) while telehealth is still a viable option as a stand-alone service when in-person treatment is not possible.

Turkey's Health Care Response to Syrian Refugees: Strides and Remaining Challenges

Nihal Kayali

Turkey's health system has had a robust response to the arrival over 3.6 million Syrian refugees within its borders. Turkey provides free state healthcare to Syrians registered under temporary protection. Following the European Union-Turkey Deal, Turkey invested 300 million Euros into the SIHHAT Project, a project to improve Syrians' access to healthcare in Turkey. The SIHHAT project established 178 Migrant Health Centers (MHCs) throughout Turkey, staffed by Syrian doctors who provide primary care services to migrants in the Arabic language. The implementation of the project began in 2018, and by 2020 the initial 178 MHCs were operational. How have these MHCs affected the ways that Syrians use the health system? Moreover, what challenges remain for Syrian patients and doctors? This presentation draws on over 100 interviews with Syrian patients, Syrian doctors, Turkish doctors, and NGO staff from 2017 to 2021 in Istanbul. I analyze how Syrians use the MHCs and the state system as well as how they use private hospitals and Syrian-run clinics to meet their healthcare needs that are unmet by the existing state system. Moreover, I examine the challenges that doctors who have not been employed in the MHC system face when trying to practice in Turkey. I argue that the emphasis on primary care provision in Arabic has occurred at the expense of facilitating accessible secondary care for Syrians, both for registered and unregistered Syrians. Syrian doctors have continued to fill this secondary care gap in private clinics and hospitals. These doctors face challenges in getting their certifications approved in Turkey but continue to provide critical services to Syrians who face barriers in the existing system.



The effect of internal displacement due to armed conflict on tuberculosis treatment outcome in northwest Syria

Abdulselam Daif

Background

Tuberculosis (TB) is caused by the bacillus *Mycobacterium tuberculosis* and is one of the infectious diseases with highest worldwide burden. Active conflict continues in northwest Syria where forced displacement, poor living conditions, ongoing attacks on health facilities and limited access to health services disrupt healthcare access for patients. TB among displaced populations is suspected to be a leading cause of morbidity and mortality in crisis-affected populations. However, less is known about the association between forced displacement and TB treatment outcomes in armed conflict settings. This study aims to investigate the impact of forced displacement due to armed conflict exposures on treatment outcome among patients with mycobacterial tuberculosis in northwest Syria.

Method

The study is a retrospective cohort study using secondary data collected routinely in three TB centres in Northwest Syria between June 2019 and June 2021.

Descriptive analysis was performed to analyse the main clinical and demographic characteristics of the study participants. Univariable and multivariable logistic regression models were fitted to estimate the odds ratio for the association of interest.

Results

Of the total 753 registered TB patients from three TB centres in northwest Syria between June 2019 and June 2021, 412 (54.71%) were IDPs, whereas 341 (45.29%) were residents. Males accounted for 403 (53.52%), while 350 (46.48%) were females. The mean age of TB cases was 35.6 years. 73.71% of participants lived in rural areas (camps and villages), while 26.29% of TB patients were from cities. Pulmonary TB cases accounted for 60.82% of the total TB cases notified, while extrapulmonary cases were 39.18%. Overall, 70.40% of patients had a successful treatment outcome across the study period, with a significant difference between IDPs (59.95%) and residents (82.74%).

After adjustment for confounders, displaced TB patients had an elevated risk of experiencing unsuccessful TB treatment compared to non-displaced patients adjusted odds ratio 2.66, 95% CI: 1.83-3.88), with higher risk for displaced people living in camps.

Conclusion

The study indicates that forced internal displacement because of armed conflict has a negative effect on TB treatment outcome, especially when people reside in camps. The available evidence from this study will have important implications in designing appropriate strategies to control tuberculosis by equipping policymakers, NGOs, donors, and health authorities with a more comprehensive understanding of TB in NW Syria.

Respiratory health in the Syrian conflict: an analysis of primary data from the Syrian American Medical Society

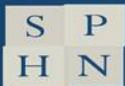
Lena Basha

Despite a decade of conflict, there is little exploration of respiratory health in Syria, notwithstanding the known impacts of conflict on lung health. We aim to explore the respiratory health burden in Syria using mixed methods.

We performed i) a scoping review of academic and grey literature on respiratory health in Syria between 2011 and 2020, searching 17 databases and ii) a retrospective review of routinely collected data relating to respiratory presentations in Syrian American Medical Society facilities in northwest Syria between March 2017 and June 2020; comparing data by facility type, infectious versus non-infectious and age, examining trends over time.

We identified 23 papers (19 peer-reviewed, 4 grey); 7 analysed primary data. Key themes included the impact of conflict on asthma diagnosis and management, the burden of respiratory tract infections (RTIs), the impact of chemical weapon use and those relating to health system destruction. In our quantitative analysis, data were available for 5,058,864 consultations, of which 1,228,722 (24%) were respiratory presentations; available from 22 hospitals, 22 primary healthcare centres and 3 mobile clinics. 45% of respiratory presentations were from hospitals, 44% from PHCs and 9% from mobile clinics and 73% were from children. The median number of respiratory cases per month was 30,279 (25,792-33,732) of a median 128,923 total monthly consultations (112,917-140,189). Key findings include: respiratory presentations accounted for up to 38% of consultations monthly, showing seasonal variation. RTIs accounted for 91% of all respiratory presentations. A steep decrease in consultations occurred between the end of 2019 (160,000) and 2020 (90,000), correlating with an escalation of violence in Idlib governorate.

This study presents the largest quantitative analysis of respiratory data collected during the Syrian conflict. Our findings support the need for improved measures to aid prevention, diagnosis and management of respiratory conditions during conflict. Further work exploring such interventions is needed.



SBOMS a successful experience of postgraduate medical specialized education for physicians in Syria during the conflict

Safwan Alchalati

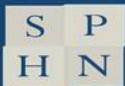
Abstract: With the continuation of conflict in Syria, which is currently over ten years old, this situation has created unprecedented pressures on health services and health systems due to the protracted nature of the war, especially with regard to the steadily increasing number of specialized medical services.

With a shortage in the number of specialized doctors as a result of emigration in search of safety and a source of livelihood, or as a result of the systematic targeting of health cadres and the martyrdom of many of them, it was necessary to establish a medical scientific body that would supervise medical education after graduation, train doctors and develop their capabilities, theoretically and practically, to be specialized doctors to compensate for this shortage.

This case study focuses on the description and analysis of the progress made in postgraduate medical education over the past five years in northwestern Syria, which was carried out by the Syrian Board of Medical Specialties SBOMS, which its goal was to provide the region with the appropriate numbers of highly qualified and experienced specialist doctors.

The continuing success of the Syrian Board of Medical Specialties SBOMS' program shows how a small number of dedicated doctors working in a country threatened by war and conflict with their diaspora colleagues can achieve pioneering projects in the field of medical education for doctors and medical professionals. SBOMS has contributed to the resettlement of the population and community stability in the region by providing doctors of all specialties in appropriate numbers, limiting the migration of medical personnel to countries of asylum, as well as contributing to the return of doctors to northern Syria, whether from Turkey or from other countries of asylum, and reducing the number of sick cases referred to Turkey and treating them inside Syria.

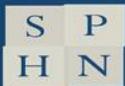
The development and expansion of the program of work of the SBOMS through supporting more residents, creating new specialties, establishing teaching hospitals, cooperating with similar programs, and obtaining recognition of their certificates, all of this will allow further refinement of the models of specialized medical education for postgraduate studies and more quality Health services provided in northwest Syria that can be applied to future programs in other war zones around the world.



Prioritizing and developing family skills as a protective factor for Syrian family mental health

Aala El-Khani

War exposure and forced displacement threatens the wellbeing of caregivers and their children, leaving them at risk of negative outcomes, such as elevated rates of anxiety, depression, PTSD and the likelihood of engaging in risky behaviour such as substance abuse and unsafe sexual behaviour. Child psychosocial recovery interventions in humanitarian contexts often overlook the significant effect that caregivers can have on improving children's future trajectory. The importance of engaged, responsive and stable parenting for positive child wellbeing has been documented across diverse cultural and economic backgrounds. We will present our research with Syrian IDP's and refugees, that indicates that despite the higher need for caregivers to be nurturing in challenging settings, they struggle to provide adequate support for their children due to lack of resources or their inability to deal with their own emotional challenges. We will share a number of our published studies that highlight our efforts in providing Syrian families with evidence informed interventions to meet their family needs and improve mental health and wellbeing. One example is that we enhanced the well-established, evidenced-based child trauma recovery programme Teaching Recovery Techniques (TRT) intervention with parenting sessions, i.e., TRT + Parenting (TRT + P), which aims to improve parent mental health and their ability to support their children's mental health. We describe the findings of a three-arm randomised controlled trial comparing enhanced TRT + P vs. TRT and waitlist. Findings indicate that the addition of the evidence-based parenting skills components has the potential to enhance the effects of interventions designed to improve children's mental health in contexts of trauma, conflict, and displacement. Another example will be provided of a new family skills intervention, Better Together, recently developed and implemented with refugee families in North East Syria with very promising results of improving family functioning and reducing mental health challenges. Prioritizing family mental health and functioning as a primary need that parallels that of accessing physical medical care, sanitation and clean water must be the definitive next step in Syrian humanitarian aid.



Exploring the gender sensitivity in both policies and practices that are oriented towards the female workforce in the health structures and facilities in the Syrian opposition-controlled areas

Mouna Khaity

The literature confirms that gender relations and power affect the composition and distribution of the healthcare workforce. Although researchers are increasingly studying experiences of the health workforce, few studies have addressed how gender shapes healthcare workers' experiences in ongoing conflict contexts. Over the last ten years, security concerns and the socio-cultural and institutional discriminations caused women's exclusion from health leadership in Syrian opposition-controlled areas (SOAs), while men's domination over health response and leadership has deepened. This study presents a gender analysis of both Human Resources for Health and leadership in the health structures and facilities in SOAs.

To understand how gender influences the health workforce experience, a qualitative study was selected. Semi-structured interviews were conducted remotely with nine female healthcare workers and three female and three male managers. Inductive and deductive coding was used for thematic analysis. Results from this study showed the significance of gender relations and power when understanding the experiences of the female healthcare workers during the protracted armed conflict in Syria. The gendered power relations disproportionately affected women's access to training, employment and promotion in health structures and facilities. Caring responsibilities, shortage of gender-sensitive policies, insecurity and movement restrictions have interacted and exposed the female workforce to further vulnerabilities and inequities. Faced with the limitations have imposed by the conflict, gendered distribution and employment patterns and the economic crisis, an array of coping mechanisms were adopted by female healthcare workers to continue working on the frontline.

Although this study demonstrates an absence of gender mainstreaming within the health workforce regulatory framework, it provides an opportunity to recognise and address the gender-related barriers within the health workforce in SOAs. Recognising these barriers provides a better insight into the gendered institutional inequities, thus rebuilding a fairer health system in the future. Also, this study provides an opportunity to celebrate the individual and collective resilience of the health workforce in SOAs.



Preliminary research to contribute to development psychological first aid program in the Syrian context

Mohammad Abo Hilal

Background:

Over ten years, Syrian people has been exposed to tremendous traumatic events.

One of the programs that help people who are traumatized is Psychological First Aid PFA.

Like all other curriculums, on which MHPSS workers has been trained, PFA curriculum is not adapted to the Syrian context (socially and culturally).

Our research can contribute to developing PFA program adapted to Syrian context

Research has been done in cooperation between Syria Bright Future organization (SBF) and Shafak organization.

Methodology:

Researchers has used qualitative method and content analysis.

1- Eight humanitarian workers, working in MHPSS and protection sectors have been trained on: qualitative research methods, and practical training was done by role play and reflection, with feedback from lead researcher.

2- Interview guide was developed, tested and reviewed according to the feedback.

3- Researchers on the ground, inside Syria has conducted 50 interviews according to interview guide.

4- The content of the interviews was analyzed manually in 4 rounds.

5- We are in the process of writing the finding and discuss it.

Primary findings that have been yielded:

The most common traumas, to which Syrian people in NW Syrian has been exposed.

The most important factors that (within first week after trauma) played a positive role in helping people to overcome their traumas effects.

The most important factors that (within first week after trauma) played a negative role in healing process of traumatized people.

These finding can be incorporated in any future initiative to develop PFA program that is suitable for people in NW Syria.

Why our research deserves to be accepted:

- 1- We have trained new youth researchers in NW Syria; they will be great assets of future researches.
- 2- We have used a qualitative method, which is rarely used in the context.
- 3- Our research can be a model for future researches of adapting western curricula, especially in mental health sector, in which adaptation is a must to get the aspired objectives.
- 4- Research has fully been done on voluntarily basis.

