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Challenges in researching violence affecting health service delivery in complex security environments

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ABSTRACT

Complex security environments are characterized by violence (including, but not limited to "armed conflict" in the legal sense), poverty, environmental disasters and poor governance. Violence directly affecting health service delivery in complex security environments includes attacks on individuals (e.g. doctors, nurses, administrators, security guards, ambulance drivers and translators), obstructions (e.g. ambulances being stopped at checkpoints), discrimination (e.g. staff being pressured to treat one patient instead of another), attacks on and misappropriation of health facilities and property (e.g. vandalism, theft and ambulance theft by armed groups), and the criminalization of health workers. This paper examines the challenges associated with researching the context, scope and nature of violence directly affecting health service delivery in these environments. With a focus on data collection, it considers how these challenges affect researchers' ability to analyze the drivers of violence and impact of violence.

This paper presents key findings from two research workshops organized in 2014 and 2015 which convened researchers and practitioners in the fields of health and humanitarian aid delivery and policy, and draws upon an analysis of organizational efforts to address violence affecting healthcare delivery and eleven in-depth interviews with representatives of organizations working in complex security environments.

Despite the urgency and impact of violence affecting healthcare delivery, there is an overall lack of research that is of health-specific, publically accessible and comparable, as well as a lack of gender-disaggregated data, data on perpetrator motives and an assessment of the 'knock-on' effects of violence. These gaps limit analysis and, by extension, the ability of organizations operating in complex security environments to effectively manage the security of their staff and facilities and to deliver health services. Increased research collaboration among aid organizations, researchers and multilateral organizations, such as the WHO, is needed to address these challenges.

1. Introduction

Violence directly affecting healthcare delivery in complex security environments includes attacks on individuals (e.g. doctors, nurses, administrators, security guards, ambulance drivers and translators, including murder, kidnapping, robbery and threats), obstructions (e.g. ambulances being stopped at checkpoints), discrimination (e.g. staff being pressured to treat one patient instead of another), attacks on and misappropriation of health facilities and property, (e.g. vandalism, theft and ambulance theft by armed groups), and the criminalization of health workers (Fast, 2014; International Committee of the Red Cross, 2015; Abu Sa'Da et al., 2013).

The term 'complex security environment' is used here to broadly refer to humanitarian and crisis settings and situations of civil unrest. In these environments, which are characterized by violence – including, but not limited to "armed conflict" in the legal sense –, poverty, environmental disasters and poor governance (Irwin,

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2014), the impact of such violence on health services is particularly pronounced. For example, in August 2013, following a series of violent attacks against its staff, Médecins Sans Frontières (MSF) closed all its programs in Somalia. In the eight months leading up to the closure, MSF provided over 300,000 patients with outpatient consultations, treated 15,600 patients in feeding centers and administered 28,600 routine vaccinations (MSF, 2014).

Although there is a large body of research on the issue in stabile and peaceful environments, the evidence base in complex security environments is substantially smaller. There have been calls for more routine data collection and increased research (Gray and Ockelford, 2011; Nickerson, 2015; Adil et al., 2013), including increased assessment of 'knock-on effects,' including those denied access, challenges recruiting and retaining health workers, as well as the financial implications for organizations (Coupland, 2013; Centre for Public Health and Human Rights, 2013). The issue has also been raised at a political level. For instance, in December 2014, it was highlighted in two United Nations General Assembly (UNGA) resolutions: 69/132 on Global Health and foreign policy and 69/133 on the safety and security of humanitarian personnel and protection of United Nations personnel (UNGA, 2014a; UNGA, 2014b). Yet despite global attention, significant knowledge gaps remain.

This short report examines the challenges associated with researching the context, scope and nature of violence directly affecting health service delivery in complex security environments. With a focus on data collection and analysis, it considers these challenges, as well as ethical issues in research. Despite the urgency and impact of violence affecting health service delivery, there is an overall lack of research that is of health-specific, publically accessible and comparable, as well as a lack of gender-disaggregated data and data on perpetrator motives. There is also a need for further assessment of the impact of violence, both on facilities and organizations, and also on populations served. These knowledge gaps have serious implications for the way the drivers of violence are understood and, by extension, the ability of organizations operating in complex security environments ability to effectively manage the security of their staff and facilities in order to deliver healthcare.

2. Methods

This short report is based on a review of public health literature and initiatives by organizations working in complex security environments, discussions from two research workshops and eleven in-depth expert interviews. The research was carried out during 2014 and 2015.

2.1. Literature review

A keyword search was carried out in PubMed looking at all dates (through July 2015), using the terms: ‘violence against doctors’; ‘violence against nurses’; ‘humanitarian violence’; ‘workplace violence’; ‘armed conflict violence’; and ‘polio violence’. These articles were initially screened to exclude those focusing solely on stabile and peaceful countries and regions not experiencing armed conflict, a humanitarian emergency or civil unrest. For example, most articles about workplace violence in Turkey were excluded, but an article about violence against health professionals in Turkey during the 2013 Gezi protests was included (Aciksoz, 2015). After the initial screening a citation search was conducted to identify further articles containing original research.

In addition to the academic literature, a review of organizational research and advocacy efforts was conducted (c.f. Irwin, 2014). This review included publically available documentation and research from the International Committee of the Red Cross's (ICRC) HealthCare in Danger Project (ICRC, n.d.), Médecins Sans Frontières' (MSF) Medical Care Under Fire (MCUF) project (MSF, n.d.), and Safeguarding Health in Conflict, a coalition of NGOs formed in 2012 that includes a number of human rights organizations, such as Human Rights Watch and Physicians for Human Rights (Safeguarding Health in Conflict, n.d.; Amon et al., 2015), and the World Health Organization among others. The review also examined Humanitarian Outcome's Aid Worker Security Database, which documents major incidents of violence against aid workers (Humanitarian Outcomes, n.d.). Finally, the authors reviewed media reporting with a focus on coverage by international humanitarian and development media outlets such as IRIN news and Devex. Throughout the analysis emphasis was placed on the methodological and ethical challenges to researching violence against healthcare workers, facilities and transportation in complex security environments and communicating findings.

2.2. Research workshops

In November 2014 the Stockholm International Peace Research Institute (SIPRI) in collaboration with the Swedish Red Cross convened twenty-one researchers and practitioners in the fields of health and humanitarian aid and policy, including participants from the Norwegian Red Cross, the Kroc Institute for International Peace Studies, the ICRC, Humanitarian Policy Group (Overseas Development Institute), the Fafo Foundation, MSF – Sweden, Humanitarian Outcomes, the Swedish branch of the International Federation of Medical Students' Association (IFMSA), the Department of Peace and Conflict Research at Uppsala University and Ushahidi. In December 2015 SIPRI, the Health Research Group at King's College, London and Royal Society of Medicine's Catastrophes and Conflict Forum convened a second workshop with thirteen representatives from Médecins Sans Frontières, University of Sussex, the London School of Hygiene and Tropical Medicine, ICRC, Medical Aid for Palestinians, University of Cambridge, the Picker Institute and the Karolinska Institute. Participants brought a range of experience and perspectives: advocacy, communication, operations and academic research. Academic disciplines represented included anthropology, International Relations, law, medicine, politics and surgery. Participants had a range of geographic experience, mainly in the Middle East and North Africa, sub-Saharan Africa and Europe.

The half-day research workshops functioned as de facto focus groups in which participants were asked to consider a series of questions on methodological, theoretical and ethical challenges to researching violence affecting health service delivery in complex security environments. The workshops were held under rule that no statements are attributed to individuals.

2.3. Expert interviews

Semi-structured expert interviews with eleven representatives of organizations and agencies involved in health-related operations in the humanitarian crises were conducted. Participants were recruited and selected through purposeful sampling based on their involvement in humanitarian advising, security issues, field staff recruitment, field personnel matters and/or the coordination of medical missions. Interviews were conducted both in-person and by Skype, and included staff from headquarters and country-level offices.

The interview questions covered operational decisions to exit or enter insecure environments, the effects of violence and threats, recruitment and staff retention, use of local and national staff and the financial impacts of violence. Participants were explicitly asked about trends and shifts in the humanitarian landscape and research challenges related to data collection on the scope, nature and

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