



Summer Intern Model Arab League

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BACKGROUND GUIDE

Council on Healthcare in Conflict Zones

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National
Council
on US-
Arab
Relations



Created by contributions from the staff and volunteers at the
National Council on U.S.-Arab Relations

Topic I: Facilitating access to healthcare professionals and medical care for those suffering from mental health illness and psychological trauma such as Post-Traumatic Stress Disorder (PTSD).

I. Introduction to the Topic

A. General Background

Mental health is increasingly becoming a central topic among health professionals and international organizations in regards to the Middle East and North Africa. With the level of continuous conflict and violence in the region, many citizens, IDP's and refugees are suffering from psychological trauma and mental illness, including Post-Traumatic Stress Disorder, anxiety and depression. While these have become increasingly prevalent in the Arab World, they are still not a major part of MENA government's budgets and are still widely misunderstood throughout the region.

PTSD is a forefront issue for many international organizations, as children and adults continue to be subjected to high levels of violence in the region. PTSD is defined by the Mayo Clinic as a mental health condition that's triggered by a terrifying event- either experiencing it or witnessing it, with symptoms including flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event¹. The symptoms can interfere with one's day-to-day life for months and even years greatly, diminishing quality of life.

In addition to PTSD, the Middle East is home to the highest depression rates in the world. In 2014, a study completed by Australia's University of Queensland, found that countries in the Middle East and North Africa had a prevalence of diagnosed clinical depression rates between 5 and 7 percent of their populations. Those with the highest levels of 7 percent include Algeria, Tunisia, Libya, Sudan, Yemen, Jordan, Bahrain, UAE, Qatar, Kuwait, and Syria. The numbers are affected by a number of items; including access to mental professionals and increased levels of burden due to increasing conflict in the region².

Social, economic and security issues all influence the burden of mental health illness in the region. Prevalence of violence in their communities, constant threat of loss of both home and family, lack of economic opportunity, among others all lead to increased risk of developing mental health illnesses and experiencing psychological trauma.

B. History of the Topic in the Arab World

¹ "Post-traumatic stress disorder (PTSD)." Mayo Clinic. February 18, 2017. Accessed June 26, 2017. <http://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/home/ovc-20308548>.

² Dewey, Caitlin. "A stunning map of depression rates around the world." The Washington Post. November 07, 2013. Accessed June 28, 2017. https://www.washingtonpost.com/news/worldviews/wp/2013/11/07/a-stunning-map-of-depression-rates-around-the-world/?utm_term=.0c69ae223fa2.

Mental health has long lacked the prioritization by both Arab citizens and governments. The lack of prioritization has much to do with the stigma revolving around mental health. The stigma surrounding mental health causes many to avoid seeking help in order to avoid the negative labels associated with a diagnosis. In addition, public stigma, causes lack of access to employment, educational opportunities, healthcare and housing.³ Though stigma of mental illness is not unique to the Arab World, the religious and cultural lens it is stigmatized through is slightly different from other populations.

In addition to the stigma, the lack of funding for mental health is still a large problem throughout the Arab World. The World Health Organization found in a 2001-2003 survey that nearly one out of five Lebanese suffer from mental illness, but only 4 percent seek treatment. In a 2006 report it found 17 percent of Iraqis suffer from mental illness and nearly 50 percent of Moroccans in a 2003 report.⁴ Even with a record number of suffering citizens, governments devote little of their healthcare budgets to mental health care. In fact, most are diagnosed by primary care physicians. In 2014, Iraq reported a total number of .4 psychiatrists and 0.1 psychologists per 100,000 people in their population.⁵ In the same year, Syria reported 0.12 psychologists per 100,000 people. With this in mind, many do not have access to the care that they need and are at high risk of psychological trauma. Many of these illnesses, including PTSD, depression, and anxiety, disproportionately affect girls over boys in their region.⁶ In addition, refugee camps put women at higher risk for targeted violence and sexual attacks. Traumatic events like these perpetuate and cause mental illness. The low number of mental health professionals, and the high level of conflict and stigma, all cause a lack in both diagnosis and care for those with these illnesses.

C. Finding a Solution to the Problem: Past, Present, and Future

Mental health has long been a concern of the international community and is finally becoming a priority across the globe. A key issue facing the League is access to healthcare professionals and facilities both in their respective countries and largely in areas of conflict, including refugee camps and conflict zones within states.

³ Ciftci, Ayse, Nev Jones, and Patrick W. Corrigan. "Mental Health Stigma in the Muslim Community." *Journal of Muslim Mental Health*. 2012. Accessed June 28, 2017. <http://quod.lib.umich.edu/j/jmmh/10381607.0007.102/--mental-health-stigma-in-the-muslim-community?rgn=main%3Bview>.

⁴ "Hidden Afflictions: Mental Illness in the Middle East." *Hidden Afflictions: Mental Illness in the Middle East* | Center for Strategic and International Studies. October 15, 2010. Accessed June 29, 2017. <https://www.csis.org/analysis/hidden-afflictions-mental-illness-middle-east>.

⁵ "Mental Health Atlas Country Profile 2014-Iraq." Accessed June 27, 2017. http://www.who.int/mental_health/evidence/atlas/profiles-2014/irq.pdf?ua=1.

⁶ Nelson, Brett D., Maya Fehling, Margaret Tiernah, Zina Maan Jarrah, Saeed Albezreh, Narra Martineau, Abdulmohsen Alhokair, and Michael J. Van Rooyen. "Examining the needs of at-risk youth in the Middle East and North Africa: A multi-method landscape analysis and systematic literature review." Accessed June 27, 2017. http://hhi.harvard.edu/sites/default/files/publications/final_harvard_report_-_mena_youth_in_crisis_landscape_study.pdf.

The Council should focus on what the Arab League can provide to states in conflict and refugee camps, as these populations are at the highest risk of psychological trauma and need for access to mental healthcare. Each state should on current systems present within the League to provide access to metal health facilities and professionals.

II. Questions to Consider in Your Research

- What percentage of my population suffers or likely suffers from a mental health illness?
- Has my country expanded mental health education programs?
- What is my country doing to expand access to mental health professionals and facilities?
- Does my country currently contain large refugee populations? Do the initiatives my government is installing also apply to refugee or IDP populations?
- Has my country or the Arab League done anything to affect the image or stigma surrounding mental health?

III. Questions a Resolution Might Answer

- How might initiatives used by Arab countries be used to create League wide reform?
- What steps should be taken to increase Mental Health Professionals in the MENA region?
- How can the League of Arab States help with providing access to mental health professionals and facilities for refugees living within member states?

IV. Additional Resources

- [WHO Mental Health Atlas 2014 Country Profiles](#)

This site provides information on the laws, resources and availability of mental health services in each Arab nation.

- [WHO-AIMS Country Reports](#)

This site provides reports and assessments on the available mental health services for each Arab nation.

Topic II: Devising methods of safely and efficiently distributing humanitarian aid to conflict-ridden zones.

I. Introduction to the Topic

A. General Background

Throughout the last few decades in the Middle East there has been a large influx of humanitarian aid from the region and other parts of the world due to a rise in conflict, refugee and internally displaced persons (IDP) populations and more. In Syria, there are now 6.5 Million internally displaced persons, according to the United Nations High Commission for Refugees (UNHCR).⁷ Current estimates in Yemen state the country has 2 million IDPs since the start of the Civil war in 2015.⁸ As of 2015 there are 263,500 IDP in Palestine⁹, 434,000 in Libya¹⁰ and 3 million in Iraq.¹¹ The numbers of those in need of reliable and direct lines of humanitarian aid are on the rise especially in these conflict zones. In addition to rising IDP populations in conflict zones, is the increasing need to protect humanitarian aid and humanitarian aid workers. In the past 4 years there has been a rise in attacks against humanitarian aid workers in the MENA region. Trucks carrying humanitarian aid have been bombed, and aid workers are injured, kidnapped and killed each year. The end result is those in need do not receive the aid they desperately require.

B. History of the Topic in the Arab World

Conflict and the need for humanitarian aid in the region has been present for decades with the Palestinian crisis, but has recently risen since the beginning of the Arab Spring in 2010. Tensions between governments and citizens have spread throughout the region causing a rise in violence within states. Rise in cost of living, unemployment, etc. created these tensions and many league members have suffered civil war and conflict due to the tension. The conflicts which have arisen due to the Arab Spring have created a major refugee and IDP crisis in the region, which are in dire need of support.

Environmental disasters and disease have further conflated these crises and the need for humanitarian support. Both Yemen and Somalia are currently suffering from famines due to drought. In addition, wide spread cholera has broken out in Yemen causing many to die of either disease or starvation. 12 million are at risk of starvation in Yemen¹² and 6 million are at risk in

⁷ "Internally Displaced People." *UNHCR*. N.p., 2016. Web.

⁸ Sullivan, Duncan, and Mohammed Khan. "MULTI-CLUSTER NEEDS ASSESSMENT OF IDPS, RETURNEES AND HOST COMMUNITIES IN YEMEN TASK FORCE ON POPULATION MOVEMENT (TFPM)." (2017): n. pag. UNHCR, Feb. 2017. Web.

⁹ Internal Displacement Monitoring Centre (IDMC) - Norwegian Refugee Council. "Palestine IDP Figures Analysis." *Internal Displacement Monitoring Centre*. N.p., 2015. Web.

¹⁰ Clayton, Jonathan. "Numbers of internally displaced in Libya double since September." UNHCR. June 30, 2015. Accessed July 05, 2017. <http://www.unhcr.org/en-us/news/latest/2015/6/5592a8286/numbers-internally-displaced-libya-double-since-september-unhcr.html>.

¹¹ "Iraq." Iraq | OCHA. March 2017. Accessed July 05, 2017. <http://www.unocha.org/iraq>.

¹² "Famine 'largest humanitarian crisis in history of UN'." News | Al Jazeera. March 11, 2017. Accessed July 07, 2017. <http://www.aljazeera.com/news/2017/03/famine-united-nations-170310234132946.html>.

Somalia¹³. The overwhelming droughts in both have caused dire need for humanitarian assistance.

Throughout the years, western organizations have been the primary supporter of humanitarian aid around the world and specifically in the MENA Region. Organizations including the United Nations, International Red Cross, World Health Organization, World Food Program, World Bank and many more. In recent years, new humanitarian organizations have arisen in the region including King Salman Center for Relief and Humanitarian Aid, Dubai International Humanitarian Aid and Development, Direct Aid, The White Helmets, etc. These organizations however do not necessarily work together to provide the aid needed in the areas most at risk and in conflict.

Lastly, humanitarian aid is increasingly targeted throughout MENA regions in conflict. Humanitarian aid workers are targeted and aid is stolen or destroyed, leaving many without access to what they were promised. In 2015, there were 148 incidents, 109 aid workers killed, 110 wounded and 68 kidnaped.¹⁴ While many of these are happening outside the League, incidents have occurred in Syria and Yemen in the last few years. The targeting of aid workers not only harms the workers themselves but also those receiving the aid and the countries sending aid. Countries sending aid and workers lose time, funding and human capital put into these projects. They are also more likely to think more critically about sending citizens and aid back to those parts of the conflict in order to shield themselves from loss. Those stuck in conflict are then unable to receive food, water, medical aid and more both at the time of the attack and in the future.

C. Finding a Solution to the Problem: Past, Present, and Future

The need for humanitarian aid throughout Arab League member states is rising. Conflict, Drought, Famine, and Disease are putting millions at risk of starvation, violence and more. It is important this council consider both the need for aid and ways in which it can help in the protection of the transportation of the aid to those who need it. Conflict zones are desperately in need of food, water, medical and educational aid. The Council should consider what the Arab League can do to ensure aid is being provided appropriately, efficiently and effectively throughout conflict zones.

II. Questions to Consider

- Does my country receive humanitarian aid? Where does it receive aid from and for what purposes?

¹³ McKenzie, David, and Brent Swails. "Somalia: 'People are dying..there's no water'." CNN. March 08, 2017. Accessed July 07, 2017. <http://www.cnn.com/2017/03/07/africa/somalia-famine-united-nations/index.html>.

¹⁴ "Aid Worker Security Report Figures at a glance 2016." 2016. Accessed July 7, 2017. https://aidworkersecurity.org/sites/default/files/HO_AidWorkerSecPreview_1015_G.PDF_.pdf.

- How has my country worked to provide humanitarian aid to refugee and IDP populations?
- Is my country capable of sending aid to assist with the redevelopment of economic infrastructure?

III. Questions a Resolution May Answer

- What types of humanitarian aid should member states focus on providing in conflict zones and refugee camps?
- How can Arab states facilitate the distribution of Humanitarian aid?
- How can member states ensure that aid is being used to its fullest potential?

IV. Additional Resources

- [OCHA- Middle East and North Africa Humanitarian Financing](#)
This page provides information regarding the financing of humanitarian responses. Additionally, it discusses various response plans and their appeals.
- [United Nations- Middle East](#)
This page gives a list of agencies within the UN that provide Humanitarian aid resources to countries in the Middle East.

Topic III: Discussing ways in which the League can alleviate the burden on refugees' social and emotional health by reintegrating them into formal economies of their host nations

I. Intro to the Topic

A. General Background

Refugees are forced to leave their home countries for a variety of reasons. Traumatic life-threatening events that cause individuals to flee their country include: Genocide, torture, sexual violence, forced child soldiering, political prosecution, the loss of loved ones, and war. A 2003 study found that on one Ugandan settlement for Somali refugees, “73.5% of those surveyed reported witnessing dead or mutilated bodies, while 69.3% reported witnessing or experiencing a shelling or bomb attack.”¹⁵ Unfortunately, the impacts of these traumatic events do not end after an individual escapes to a safe haven in another country. Psychological stress can be exacerbated by conditions at refugee settlement camps. For example, many refugees are forced to live in conditions without adequate food, water supply, medical care, and shelter. Moreover, a study on anxiety disorders and social adversities in the Gaza Strip found a strong association between living in camps or in inner city areas and experiencing anxiety problems. Low socioeconomic status also correlated with a higher prevalence of mental health disorders.¹⁶ Unfortunately, these are all situations that often characterize the lifestyles of refugees.

B. History of the Topic in the Arab World

The establishment of Israel in 1948 resulted in a large amount of Palestinian refugees. Data collected from the United Nations Relief and Works Agency (UNRWA) in 2010 found that more than 4.3 million Palestinians have become refugees since 1948. The international refugee protection regime gives three possible solutions for these circumstances including: repatriation, integration, and resettlement. Even though Jordan was not a member of the 1951 Refugee Convention, they have accepted a large amount of Palestinian refugees. Jordan integrated these refugees by allowing them to have joint Palestinian-Jordanian identity. The framework for adaptation has been defined as a spectrum including the degrees of: adaptation, assimilation, integration, separation, and marginalization. According to a study on Jordanian refugee policy,

“‘Assimilation’ happens when immigrants or refugees do not want to retain their old identity and pursue a new identity within the host community. ‘Integration’ happens when people keep both home and host identities while still interacting with the host community. ‘Separation’ occurs when people do not want to absorb a new identity but keep their original identity. Lastly, ‘marginalization’ is observed when people neither have home nor host country identity.”¹⁷

¹⁵ “Mental Health in Refugee Camps and Settlements” (Unite for Insight, New Haven Connecticut, 2015).

¹⁶ Thabet, A, and P. Vostanis. “Social Adversities and Anxiety Disorders in the Gaza Strip.” *Archives of Disease in Childhood* 78.5 (1998): 439-442.

¹⁷ Soh, Changro,, Yoonjeong You, and Youngsoo Yu. “One Resolved, Stay Resolved? The Refuse Policy of Jordan toward Palestinian Refugees.” *Journal of International and Area Studies* 23, no. 1 (2016): 1-16.

It is important to consider the adaptation framework when evaluating what actions have been taken in the past, and how they have impacted the social and emotional health of refugees.

In addition to Palestinian refugees, Syrian refugees have also faced social and emotional health problems as a result of their environments. Due to the porous 379 kilometer border between Jordan and Syria, the Hashemite Kingdom has played a significant role in aiding Syrian refugees. The United Nations High Commissioner on Refugees (UNHCR) registered Jordan as having accepted 618,615 Syrian refugees on December 2, 2014. The Zaatari, Azraq, and Emirati Jordanian refugee camps house 96,968 of these refugees. While the remaining 521,647 refugees live in Jordanian communities. A study conducted by the UNHCR found that over half of the refugees' income derives from humanitarian aid, while only one third of their income comes from labor. Further, many of the Syrian refugee children do not attend school. While approximately 200,000 Syrian refugees living in Jordan face inadequate living conditions, 400,000 are living comparably to low-income Jordanians. The Jordanian government has attempted to integrate Syrians by allowing the refugees not living in camps to rent residential facilities. This means that around two-thirds of these refugees are becoming integrated into Jordan's local and national governmental systems.¹⁸

One of the best ways to integrate refugee children into their host nations is by offering them access to an education. This is an arduous task, as it is resource intensive, time sensitive, and requires collaboration amongst stakeholders. Nevertheless, Lebanon and Jordan have been able to incorporate refugee children by creating second shifts in their public schooling systems. Additionally, Turkey has also implemented schooling accommodations for refugees. Alternative education options have also been utilized as a means of filling gaps in the schooling systems of the aforementioned countries. For example, religious organizations, the United Nations, and various non-governmental organizations have offered additional educational resources for refugees. Yet, difficulties still arise as facilities and supplies can be expensive and difficult to acquire. Generous organizations such as the United Nations Child Emergency Fund (UNICEF) have been influential in combatting the resource dilemma. UNICEF has donated 65 schools with prefabricated additions and 69 furnished schools with equipment to Jordan specifically. On the other hand, in countries such as the United Arab Emirates and Kuwait, the state governments have played a role in funding the expansion of their education systems to accommodate for refugees. These states have found that it is imperative to plan and budget for the integration of refugees.¹⁹

C. Finding a Solution: Past, Present, and Future

¹⁸ Connable, Ben. "Introduction to the Status of Syrian Refugees as of Late 2014." In *From Negative to Positive Stability: How the Syrian Refugee Crisis Can Improve Jordan's Outlook*, 1-8. Rand Corporation, 2015. <http://www.jstor.org/stable/10.7249/j.ctt19rx.6>.

¹⁹ Culbertson, Shelly, and Louay Constant. "Management." In *Education of Syrian Refugee Children: Managing the Crisis in Turkey, Lebanon, and Jordan*, 29-48. Rand Corporation, 2015. <http://www.jstor.org/stable/10.7249/j.ctt19gfk74.9>.

In 1992, the International Law Association passed the Declaration of Principles of International Law on Compensation to Refugees in Cairo, Egypt. The Declaration was made in collaboration with the International Committee on the Legal Status of Refugees. One of the methods used in the Declaration to help alleviate the burden placed upon refugees was financial compensation. The resolutions called upon the country of origin to compensate those who had been forced to leave their homelands and were unable to return in some cases. For example, countries found to have committed an “internationally wrongful act,” such as genocide, were required to discontinue the act, to restore the situation back to what it was before the wrongful act, and to issue guarantees against the repetition of the act in the future. The document also acknowledged the necessity of collaborating with the United Nations High Commissioner for Refugees for help with the implementation of humanitarian assistance.²⁰ It will be helpful for delegates to consider past solutions such as the Declaration of Principles of International Law on Compensation to Refugees in order to make informed and feasible solutions to the problem at hand in the current agenda.

II. Questions to Consider in Your Research

- Does my country have a significant refugee migration rate? What conflicts are fueling the influx of refugees to my country?
- What actions has my country taken in the past to mitigate the extent to which refugee’s were exposed to social and emotional health hazards? Has my country taken action to improve the living conditions in refugee settlement camps? How does my country provide resources to refugees living in camps, and is there an adequate supply of resources?
- What stance has my country taken on regional treaties, conventions, and conferences in regards to refugees? Has my government made any relevant statements concerning the rights of refugees?
- What percentage of my country’s population is constructed of refugees, and what factors have played a role in influencing that rate?
- Are there a significant amount of internally displaced people in my country due to conflict? What measures has my country taken to address this conflict? What role could the League of Arab States play in supporting stability and security in my country?

III. Questions a Resolution Might Answer

- What factors are the most significant in causing refugees excess mental stress in their host countries? How can resources should be allocated to host-nations to enable them to combat these risk factors?

²⁰ Lee, Luke T. “The Cairo Declaration of Principles of International Law on Compensation to Refugees.” *The American Journal of International Law* 87, no. 1 (1993): 157-59. doi: 10.2307/2203860.

- How can the League improve upon past attempts to integrate refugees that have not been successful? What can the League do to replicate successful methods used in the past? How will aid address the specific needs of different post-conflict areas?

IV. Additional Resources

http://www.who.int/social_determinants/sdh_definition/en/

The World Health Organization (WHO) provides many resources related to social and emotional health around the world. When constructing a resolution, it is imperative that the delegations consider the role of social determinants of health. This article explains and defines what social determinants of health are, to inform individuals of the many components that contribute to a person's health. Past agreements are discussed in this World Health Organization publication, which may be helpful in informing a delegate of what initiatives various countries have taken in the past to combat threats to social health in their countries. A few actions taken in the past include: strengthening collaboration and global governance, increasing accountability and monitoring, and promoting participation in policy-making.

http://www.who.int/social_determinants/B_132_14-en.pdf?ua=1

On November 23, 2012 the Secretariat of the World Health Organization published a provisional agenda addressing social determinants of health. The document expresses the potential for capacity-building, research, advocacy, and technical support between WHO members. Delegates may be interested in examining this World Health Assembly resolution (WHA 65.8) to better understand how various countries are approaching social health issues. Moreover, it would be relevant for delegates to research which conventions and conferences their country has attended in the past, as well as what stances their country has taken on resolutions such as the WHA 65.8.

<http://www.jstor.org/stable/pdf/10.7249/j.ctt19gfk74.10.pdf?refreqid=excelsior%3A017d82fae0afec940da3b5c2aa5c761e>

The book, Education of Syrian Refugee Children has a chapter entitled "Society." This chapter discusses the demographics of host-country societies that pose significant challenges to refugees. One example of a challenge is the inability of the child's parents to make a living and provide for the family. Unfortunately, this often results in families resorting to child labor or pushing the child into early marriage. Secondly, another common problem is the lack of resources at a host-school. Equipping the school with psychological programming resources would make a significant impact on the ability of the child to succeed in their new environment. Yet, these resources require funding, time, and expertise to implement. This reading discusses additional avenues to achieving social cohesion such as: implementing new curricula, addressing the language barrier, and achieving standards for education certification.