

Health Economics in Humanitarian Action: Fulfilling the Promise of Sustainable Development for All

Written by [Wiktorja Tafesse](#) and [Sumit Mazumdar](#).

Research Team: Julie Jemutai, Chrispus Mayora, Federica Margini, Rana Hajjeh, Rick Brennan, Awad Mataria, Wiktorja Tafesse, Sumit Mazumdar.

SUSTAINABLE DEVELOPMENT GOALS



In many countries, especially those with the lowest national income, health improvement is hindered by limited resources and weaknesses in the health systems. This means important health interventions are often not provided for those who could benefit the most, when and where they need them. At the heart of the United Nations Agenda for Sustainable Development is equality for all with a focus on those most excluded and "leaving no one behind". Health economists, working in collaboration with policy makers, can provide research evidence and guide policy on the allocation of healthcare resources to address this challenge. In a series of articles published in a special issue of [Value of Health Regional Issues](#), CHE colleagues writing with researchers and policy makers from across the world, attempt to do just this. Two articles in particular focus on healthcare for the most marginalised populations - those in humanitarian crises - in line with the goal of "leaving no one behind". The number of forcibly displaced people worldwide has more than doubled in the past decade, with 83% of refugees settling in low- and middle-income countries, straining already limited healthcare budgets. However, there is a lack of health economics research to guide healthcare decision-making in these settings.

In the first study we looked at the existing health economics research on [refugee health provision in sub-Saharan Africa](#). This geographical area is home to 35% of the

world's refugee population and hosts a large and rapidly growing number of internally displaced people. However, we found little health economics literature and only 29 studies were considered suitable to guide governments and international humanitarian organisations on how to finance, cost, and prioritise health services for these populations. The studies covered a wide range of healthcare providers, interventions, and modes of service provision for refugee and internally displaced populations in encamped and non-encamped settlements. However, there was not a large spread of different health economic topics and methodologies as most studies assessed the determinants of health, particularly those related to mental health. We conclude that more high-quality research to guide the financing and provision of suitable health services in the future is needed.

In the second study reported in the same series, we discussed some of the key issues around [developing and prioritising a collaborative policy research agenda on financing health systems](#) in humanitarian contexts across the Eastern Mediterranean region. We identified areas where health economics research can help to inform evidence-based, cost-effective and efficient policy mechanisms necessary to address the challenges faced by health systems in these contexts. Building health system resilience is crucial for ensuring that essential public health functions and basic packages of care continue to be provided, even throughout acute conflicts and humanitarian emergencies. To achieve such resilience, we need to know how the health financing functions of revenue generation, pooling of resources, payment mechanisms, and service provision can be tailored to the political and institutional realities of countries in the region. We highlighted the importance of answering core questions such as how best to involve the private sector, and how to arrange optimal payment mechanisms which will deliver appropriate quality of care to all, "leaving no one behind". We conclude with a set of key policy questions and a research agenda that could make a real difference to the lives of highly vulnerable populations facing humanitarian crises.

Read both of the full papers by [Tafesse et al.](#), and [Mazumdar et al.](#)

Read the other articles (many co-authored by CHE colleagues) in the same special issue of [Value in Health Regional Issues: Resource Allocation in Low- and Middle- Income Country Health Systems: Methods and Their Uptake into Policy.](#)

Part of this work (Tafesse et al) was funded by a grant from the UK Research and Innovation/Engineering and Physical Sciences Research Council ([project EP/T023619/1](#)).

April 2024