HUMANITARIAN HEALTH DIGEST

№ 3, Third Quarter 2018

JOHNS HOPKINS
CENTER *for*
HUMANITARIAN HEALTH

THE LANCET

HUMANITARIAN HEALTH DIGEST

WELCOME

to the *Humanitarian Health Digest*—a quarterly bibliography of published peer-reviewed journal articles on humanitarian health. The *Digest* is compiled by the Johns Hopkins Center for Humanitarian Health and *The Lancet*. It includes one or two new commentaries on peer-reviewed articles cited in the *Digest*.

The objective of the *Digest* is to provide links to peer-reviewed articles on humanitarian health from a wide variety of journals in one place for ease of reference. Peer-reviewed articles will be searched systematically using the PubMed and Global Health (OVID) databases. Articles will mostly include primary research and systematic reviews. Humanitarian health will be divided into three broad categories: 1. Conflict and Forced Displacement; 2. Natural Disasters; and 3. Technological Disasters. The articles will be further divided into low- and middle-income countries and high-income countries.

Under each of these two sub-categories, articles will be subdivided into the following public health-related categories:

I. COMMUNICABLE DISEASE
II. NON-COMMUNICABLE DISEASE
III. REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH
IV. NUTRITION AND FOOD SECURITY
V. WATER, SANITATION AND HYGIENE (WASH)
VI. MENTAL HEALTH, PSYCHOSOCIAL ISSUES, AND SUBSTANCE ABUSE
VII. HEALTH SYSTEMS
VIII. MULTI-CATEGORY

All featured articles from the *Lancet* family of journals will be free to read with registration on TheLancet.com. It is the Center for Humanitarian Health's goal that other journals will follow suit to allow all peer-reviewed articles to be free to read so that humanitarian workers worldwide can learn from and apply lessons learned and conclusions immediately in the field to benefit persons affected by conflict, natural disasters and technological disasters.

We hope that you will learn and benefit from the articles presented in the *Humanitarian Health Digest*.

Paul Spiegel MD, MPH
Director of the Center for Humanitarian Health

Richard Horton FRCP, FMedSci
Editor-in-Chief of *The Lancet*

COMMENT I.

Understanding indirect impacts of conflict on health can save lives

by Hannah Tappis, Associate Faculty, Johns Hopkins Center for Humanitarian Health; and Senior Research Advisor, Jhpiego, an affiliate of Johns Hopkins University

Gilbert Burnham

During its 39th session in September 2018, one of ten commitments adopted by the UN Human Rights Council was a resolution calling on states to enhance investment in initiatives to eliminate preventable maternal mortality and to protect sexual and reproductive health and rights of women and girls in humanitarian settings (A/HRC/RES/39/13). One of the resolution's key messages is the importance of addressing access barriers, poor quality care, and patterns of discrimination that contribute to negative pregnancy-related outcomes, all of which are exacerbated by humanitarian crises.

This resolution is noteworthy for many reasons. Among them, it recognizes that while there are large disparities in maternal mortality and morbidity rates across and within countries, women and girls in humanitarian settings face disproportionate risks. It also recognizes the importance of health service quality and the experience of care extends beyond lifesaving imperatives, with broad-reaching impacts on health and well-being of women, families and communities in humanitarian settings.

In this quarter's *Digest*, Botcher and colleagues report on maternal mortality that occurred in the July–August 2014 conflict in Gaza (a setting with relatively low maternal mortality burden), and for 10 months afterward.[1] The authors triangulated data from medical records, death certificates, and investigation reports, and interviewed both health care providers and family members to examine causes of death and factors contributing to maternal mortality.

Four maternal deaths took place during the the 50-day conflict, and 14 during the remainder of the year. The stories of these 18 women place a human face on many of the issues noted in the Human Rights Council resolution, and highlight complexities in understanding and addressing barriers to quality maternal health care in humanitarian settings. Factors contributing to these maternal deaths included substandard care and referral mechanisms, neglect, poor communication between healthcare professionals and women or families, and low morale among clinicians. A few cases demonstrated direct impacts of the conflict on women's health and ability to reach care, while most illustrated impacts of structural and social determinants that are not necessarily unique to humanitarian crises, but may have been exacerbated by the conflict and economic blockade.

Part of understanding the impact of conflict on health, is understanding how resource constraints and security challenges impact healthcare provider motivation and performance in humanitarian settings. Better understanding of these indirect impacts could help inform quality improvement strategies to ensure that all women, regardless of location, are able to access care free from discrimination, coercion and violence. Botcher and colleagues also documented high levels of distrust in the health system among families of women who died, which is not surprising and further reinforces studies in other settings that have shown that poor treatment during childbirth can be a greater deterrent to care seeking than distance or cost-barriers.

Together with recommendations outlined in a number of other articles in this *Digest*,[2] further research on women's experiences during pregnancy and childbirth in humanitarian settings is also needed to inform, and ideally improve, strategies to strengthen quality of maternity care and health sector accountability to crisis-affected populations.

[1] Botcher B, Abu El Noor N, Aldabbour B, Naim Naim F, Aljeesh Y. Maternal mortality in the Gaza strip: a look at causes and solutions. *BMC Pregnancy and Childbirth* 2018; **18:** 396. doi:10.1186/s12884-018-2037-1.
https://www.ncbi.nlm.nih.gov/pubmed/30305058

[2] See for example: Singh NS, et al. (*PLoS One*); and Ostby G, et al. (*Demography*).

COMMENT II.

Armed conflict is devastating for infants and children

by Jocalyn Clark, Executive Editor, *The Lancet*

It seems intuitive that conflict and war are bad for health. There is an extensive literature on the catastrophic impact of violent conflict on the health and well-being of individuals and communities and the death toll is high. The latest survey from the Institute for Strategic Studies says that conflict-related deaths amounted in 2017 alone to 14,000 deaths in Afghanistan, 17,000 in Yemen, and 39,000 in Syria.[1] A new LSHTM study estimates the number of dead from the South Sudan conflict since 2013 to be a staggering 382,000.[2]

Over time, the nature of war and the health risks associated with conflict have evolved and are becoming more intensified. The victims of such violence are also changing as health personnel and facilities are increasingly targeted, and conflicts such as civil wars become protracted, resistant to political mediation, and characterised by periods of relative calm alongside intense attacks.

Most statistics to date have comprised deaths resulting directly from the conflict and combat. But these numbers do not account for the deeper and broader ways that conflict and war devastate populations and individuals. Deaths from disease or illness caused indirectly—by, for example, the disruption of health care services and immunisations, or the lack of food, sanitation, or housing—are also considerable casualties of war. Some estimates suggest for every one direct death there are five indirect deaths.[3] But no consensus has been established. What is known is that while armed conflict around the world is initiated and perpetuated by men, children and women bear disproportionate burdens.

Recent attempts to provide more specific estimates of the indirect consequences of conflict on child health have been incomplete. The Global Burden of Disease study[4] has estimated that, since 1994, conflicts caused less than 0.4% of deaths of children younger than 5 years in Africa, raising questions about the role of conflict in the global epidemiology of child mortality. But those who work in the field feel this is an underestimate.

A study[5] cited in this quarter's *Digest* finds the indirect consequences of armed conflict on child mortality to be devastating and far greater than previous estimates. In addition, proximity to conflict increased risk for child mortality, especially for infants.

The authors used a linked database called the Uppsala Conflict Data Program Georeferenced Events Dataset, which comprises births and child deaths from national demographic health surveys (DHS) that are then geospatially matched to areas for which they recorded 15,441 conflicts related to 968,444 conflict deaths. The authors then estimated the risk of mortality for babies (1 year of age and younger) and children (under 5 years of age), based on geographic proximity to the armed conflict and time after conflict resolution.

They analysed data over 20 years (1995–2015) in 35 countries across Africa. The focus is Africa because over the past 30 years, 75% of domestic armed conflicts have been on that continent. They find that proximity to a conflict was associated with a 7·7% increase in infant mortality risk. In other words, a risk of death in line with the risk associated with malnutrition. They report that on the entire continent, the number of infant deaths related to conflict from 1995 to 2015 was between 3·2 and 3·6 times the number of direct deaths from armed conflicts. The increased risk over the period of study amounted to between 3 and 3·5 million infant deaths, and 4·5 to 5 million under-5 child deaths.

Studies of this type are hard to do, and have limitations that should be taken into account when interpreting the findings, which are laid out well in a commentary by Emelda Okiro

Julien Harneis
https://www.flickr.com/photos/julien_harneis/11481149392

▲ *Displaced pygmy family, Shasha, Democratic Republic of Congo.*

and Philip Ayieko[6] linked to the new research article. Nevertheless, the study is a careful and in-depth analysis and establishes a methodology that can be extended to other regions of the world prone to or in active conflict.

This study makes a substantial contribution to understandings of the effect of conflict on mortality. It is important to document these effects for both policymakers and the public about the consequences of conflict, to help in documenting human rights violations, and to provide services to help the affected populations. The most obvious implication of these new estimates would seem to be to cease armed conflict. But recognising that is a longer-term goal, the study rightly suggests the need for more targeted humanitarian interventions—to protect children who are more vulnerable than previously understood.

[1] ISI armed conflict survey 2018. https://www.iiss.org/publications/armed-conflict-survey/acs-2018-launch (quoted in https://www.bbc.co.uk/news/world-africa-45547975).

[2] Checchi F, Testa A, Warsame A. Quach L, Burns R. Estimates of crisis-attributable mortality in South Sudan, December 2013–April 2018: a statistical analysis. https://crises.lshtm.ac.uk/2018/09/26/south-sudan-2.

[3] Wise PH. The epidemiologic challenge to the conduct of just war: confronting indirect civilian casualties of war. *Daedalus* 2017; **146:** 139–54.

[4] Global Burden of Disease data visualizations: GBD compare. https://vizhub.healthdata.org/gbd-compare.

[5] Wagner Z, Heft-Neal S, Bhutta ZA, Black RE, Burke M, Bendavid E. Armed conflict and child mortality in Africa: a geospatial analysis. *Lancet* 2018. Published online Aug 30. doi:10.1016/S0140-6736(18)31437-5.
https://www.ncbi.nlm.nih.gov/pubmed/30173907

[6] Okiro EA, Ayieko P. Childhood mortality during conflicts in Africa. *Lancet* 2018. Published online Aug 30. doi.org/10.1016/S0140-6736(18)31373-4.

BIBLIOGRAPHY

Conflict and Forced Displacement

I. COMMUNICABLE DISEASE

LOW- AND MIDDLE-INCOME COUNTRIES

Jakovljevic M, Al Ahdab S, Jurisevic M, Mouselli S. Antibiotic resistance in Syria: a local problem turns into a global threat. *Front Public Health* 2018; **6:** 212. doi:10.3389/fpubh.2018.00212.
https://www.ncbi.nlm.nih.gov/pubmed/30116726

Raad II, Chaftari AM, Dib RW, Graviss EA, Hachem R. Emerging outbreaks associated with conflict and failing healthcare systems in the Middle East. *Infect Control Hosp Epidemiol* 2018; **39:** 1230–36. doi:10.1017/ice.2018.177.
https://www.ncbi.nlm.nih.gov/pubmed/30099975

Duarte-Gomez MB, Cuadra-Hernandez SM, Ruiz-Rodriguez M, Arredondo A, Cortes-Gil, JD. Challenges of health services related to the population displaced by violence in Mexico. *Rev Saude Publica* 2018; **52:** 77. doi:10.11606/s1518-8787.2018052017094.
https://www.ncbi.nlm.nih.gov/pubmed/30066814

Hammer CC, Brainard J, Hunter PR. Risk factors and risk factor cascades for communicable disease outbreaks in complex humanitarian emergencies: a qualitative systematic review. *BMJ Glob Health* 2018; **3:** e000647. doi:10.1136/bmjgh-2017-000647.
https://www.ncbi.nlm.nih.gov/pubmed/30002920

Abbara A, Rawson TM, Karah N, et al. Antimicrobial resistance in the context of the Syrian conflict: Drivers before and after the onset of conflict and key recommendations. *Int J Infect Dis* 2018; **73:** 1–6. doi:10.1016/j.ijid.2018.05.008.
https://www.ncbi.nlm.nih.gov/pubmed/29793039

Alzate Angel JC, Pericas JM, Taylor HA, Benach J. Systemic factors and barriers that hamper adequate data collection on the HIV epidemic and its associated inequalities in countries with long-term armed conflicts: lessons from Colombia. *Am J Public Health* 2018; **108:** 1341–44. doi:10.2105/ajph.2018.304505.
https://www.ncbi.nlm.nih.gov/pubmed/30138065

Ferreyra C, O'Brien D, Alonso B, Al-Zomour A, Ford N. Provision and continuation of antiretroviral therapy during acute conflict: the experience of MSF in Central African Republic and Yemen. *Conflict and Health* 2018; **12:** 30. doi:10.1186/s13031-018-0161-1.
https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-018-0161-1

HIGH-INCOME COUNTRIES

Tiittala P, Tuomisto K, Puumalainen T, et al. Public health response to large influx of asylum seekers: implementation and timing of infectious disease screening. *BMC Public Health* 2018; **18:** 1139. doi:10.1186/s12889-018-6038-9.
https://www.ncbi.nlm.nih.gov/pubmed/30249224

Ciccozzi M, Riva E, Vita S, et al. An acute febrile outbreak in a refugee community of an Italian asylum seeker center: lessons learned. *Public Health* 2018; **163:** 16–19. doi:10.1016/j.puhe.2018.05.026.
https://www.ncbi.nlm.nih.gov/pubmed/30031836

Sagnelli C, Ciccozzi M, Alessio L, et al. HBV molecular epidemiology and clinical condition of immigrants living in Italy. *Infection* 2018; **46:** 523–31. doi:10.1007/s15010-018-1153-1.
https://www.ncbi.nlm.nih.gov/pubmed/29796738

Seedat F, Hargreaves S, Nellums LB, Ouyang J, Brown M, Friedland JS. How effective are approaches to migrant screening for infectious diseases in Europe? A systematic review. *Lancet Infect Dis* 2018; **18:** e259–71. doi:10.1016/s1473-3099(18)30117-8.
https://www.ncbi.nlm.nih.gov/pubmed/29778396

BIBLIOGRAPHY

II. NON-COMMUNICABLE DISEASE

LOW- AND MIDDLE-INCOME COUNTRIES

Elliott JA, Das D, Cavailler P, et al. A cross-sectional assessment of diabetes self-management, education and support needs of Syrian refugee patients living with diabetes in Bekaa Valley Lebanon. *Confl Health* 2018; **12:** 40. doi:10.1186/s13031-018-0174-9.
https://www.ncbi.nlm.nih.gov/pubmed/30214472

Lukish J, Ellis Davy J, Lanning D, Datta B, DeAntonio J. Minimally invasive pediatric surgery during remote humanitarian missions is feasible, safe, and effective. *J Laparoendosc Adv Surg Tech A* 2018. doi:10.1089/lap.2018.0187.
https://www.ncbi.nlm.nih.gov/pubmed/30133332

Collier J, Kienzler H. Barriers to cardiovascular disease secondary prevention care in the West Bank, Palestine—a health professional perspective. *Confl Health* 2018; **12:** 27. doi:10.1186/s13031-018-0165-x.
https://www.ncbi.nlm.nih.gov/pubmed/30026794

Rehr M, Shoaib M, Ellithy S, et al. Prevalence of non-communicable diseases and access to care among non-camp Syrian refugees in northern Jordan. *Confl Health* 2018; **12:** 33. doi:10.1186/s13031-018-0168-7.
https://www.ncbi.nlm.nih.gov/pubmed/30008800

Jonassen M, Shaheen A, Duraidi M, Qalalwa K, Jeune B, Bronnum-Hansen H. Socio-economic status and chronic disease in the West Bank and the Gaza Strip: in and outside refugee camps. *Int J Public Health* 2018; **63:** 875–82. doi:10.1007/s00038-018-1122-6.
https://www.ncbi.nlm.nih.gov/pubmed/29947828

HIGH-INCOME COUNTRIES

Taleshan N, Petersen JH, Schioetz ML, Juul-Larsen HG, Norredam M. Multimorbidity and mortality thereof, among non-western refugees and family reunification immigrants in Denmark—a register based cohort study. *BMC Public Health* 2018; **18:** 844. doi:10.1186/s12889-018-5785-y.
https://www.ncbi.nlm.nih.gov/pubmed/29980204

III. REPRODUCTIVE, MATERNAL, NEWBORN, CHILD, AND ADOLESCENT HEALTH

LOW- AND MIDDLE-INCOME COUNTRIES

Botcher B, Abu El Noor N, Aldabbour B, Naim Naim F, Aljeesh Y. Maternal mortality in the Gaza strip: a look at causes and solutions. *BMC Pregnancy and Childbirth* 2018; **18:** 396. doi:10.1186/s12884-018-2037-1.
https://www.ncbi.nlm.nih.gov/pubmed/30305058

Wagner Z, Heft-Neal S, Bhutta ZA, Black RE, Burke M, Bendavid E. Armed conflict and child mortality in Africa: a geospatial analysis. *Lancet* 2018; **392:** 857–65. doi:10.1016/s0140-6736(18)31437-5.
https://www.ncbi.nlm.nih.gov/pubmed/30173907

Ivanova O, Rai M, Kemigisha EA. Systematic review of sexual and reproductive health knowledge, experiences and access to services among refugee, migrant and displaced girls and young women in Africa. *Int J Environ Res Public Health* 2018; **15**. doi:10.3390/ijerph15081583.
https://www.ncbi.nlm.nih.gov/pubmed/30049940

BIBLIOGRAPHY

Singh NS, Smith J, Aryasinghe S, Khosla R, Say L, Blanchet K. Evaluating the effectiveness of sexual and reproductive health services during humanitarian crises: a systematic review. *PLoS One* 2018; **13:** e0199300. doi:10.1371/journal.pone.0199300.
https://www.ncbi.nlm.nih.gov/pubmed/29980147

Ostby G, Urdal H, Tollefsen AF, Kotsadam A, Belbo R, Ormhaug C. Organized violence and institutional child delivery: micro-level evidence from sub-Saharan Africa, 1989–2014. *Demography* 2018; **55:** 1295–316. doi:10.1007/s13524-018-0685-4.
https://www.ncbi.nlm.nih.gov/pubmed/29949085

Gungor A, Catak AI, Cuhaci Cakir B, et al. I. Evaluation of Syrian refugees who received inpatient treatment in a tertiary pediatric hospital in Turkey between January 2016 and August 2017. *Int Health* 2018; **10:** 371–75. doi:10.1093/inthealth/ihy034.
https://www.ncbi.nlm.nih.gov/pubmed/29850818

Simsek Z, Yentur Doni N, Gul Hilali N, Yildirimkaya G. A community-based survey on Syrian refugee women's health and its predictors in Sanliurfa, Turkey. *Women Health* 2018; **58:** 617–31. doi:10.1080/03630242.2017.1321609.
https://www.ncbi.nlm.nih.gov/pubmed/28430082

Tousaw E, Moo S, Arnott G, Foster AM. "It is just like having a period with back pain": exploring women's experiences with community-based distribution of misoprostol for early abortion on the Thailand-Burma border. *Contraception* 2018; **97:** 122–29. doi:10.1016/j.contraception.2017.06.015.
https://www.ncbi.nlm.nih.gov/pubmed/28780239

Hellewell J, Walker P, Ghani A, Rao B, Churcher TS. Using ante-natal clinic prevalence data to monitor temporal changes in malaria incidence in a humanitarian setting in the Democratic Republic of Congo. *Malar J* 2018; **17:** 312. doi:10.1186/s12936-018-2460-9
https://www.ncbi.nlm.nih.gov/pubmed/30157850

Kozuki N, Ericson K, Marron B, Lainez YB, Miller NP. The resilience of integrated community case management in acute emergency: a case study from Unity State, South Sudan. *J Glob Health* 2018; **8:** 020602. doi:10.7189/jogh.08.020602.
https://www.ncbi.nlm.nih.gov/pubmed/30237877

Sami S, Amsalu R, Dimiti A, et al. Understanding health systems to improve community and facility level newborn care among displaced populations in South Sudan: a mixed methods case study. *BMC Pregnancy Childbirth* 2018; **18:** 325. doi:10.1186/s12884-018-1953-4.
https://www.ncbi.nlm.nih.gov/pubmed/30097028

Solanke BL. Factors associated with use of maternal healthcare services during the Boko Haram insurgency in North-East Nigeria. *Med Confl Surviv* 2018; 1–27. doi:10.1080/13623699.2018.1511358.
https://www.ncbi.nlm.nih.gov/pubmed/30156121

HIGH-INCOME COUNTRIES

De Schrijver L, Vander Beken T, Krahe B, Keygnaert I. Prevalence of sexual violence in migrants, applicants for international protection, and refugees in Europe: a critical interpretive synthesis of the evidence. *Int J Environ Res Public Health* 2018; **15**. doi:10.3390/ijerph15091979.
https://www.ncbi.nlm.nih.gov/pubmed/30208610

Bermudez LG, Williamson K, Stark L. Setting global research priorities for child protection in humanitarian action: results from an adapted CHNRI exercise. *PLoS One* 2018; **13:** e0202570. doi:10.1371/journal.pone.0202570.
https://www.ncbi.nlm.nih.gov/pubmed/30133538

BIBLIOGRAPHY

Raben LAD, van den Muijsenbergh M. Inequity in contraceptive care between refugees and other migrant women?: a retrospective study in Dutch general practice. *Fam Pract* 2018; **35:** 468–74. doi:10.1093/fampra/cmx133.
https://www.ncbi.nlm.nih.gov/pubmed/29351609

Walpole SC, Abbara A, Gunst M, Harkensee C. Cross-sectional growth assessment of children in four refugee camps in Northern Greece. *Public Health* 2018; **162:** 147–52. doi:10.1016/j.puhe.2018.05.004.
https://www.ncbi.nlm.nih.gov/pubmed/30075409

IV. NUTRITION AND FOOD SECURITY

LOW- AND MIDDLE-INCOME COUNTRIES

Kodish SR, Rohner F, Beauliere JM, et al. Implications of the Ebola virus disease outbreak in Guinea: Qualitative findings to inform future health and nutrition-related responses. *PLoS One* 2018; **13:** e0202468. doi:10.1371/journal.pone.0202468.
https://www.ncbi.nlm.nih.gov/pubmed/30138407

Villena-Esponera MP, Moreno-Rojas R, Molina-Recio G. Food insecurity and the double burden of malnutrition of indigenous refugee Épera Siapidara. *J Immigr Minor Health* 2018. doi:10.1007/s10903-018-0807-5.
https://www.ncbi.nlm.nih.gov/pubmed/30109533

El Harake MD, Kharroubi S, Hamadeh SK, Jomaa L. Impact of a pilot school-based nutrition intervention on dietary knowledge, attitudes, behavior and nutritional status of Syrian refugee children in the Bekaa, Lebanon. *Nutrients* 2018; **10**. doi:10.3390/nu10070913.
https://www.ncbi.nlm.nih.gov/pubmed/30018221

Wanzira H, Muyinda R, Lochor P, et al. Quality of care for children with acute malnutrition at health center level in Uganda: a cross sectional study in West Nile region during the refugee crisis. *BMC Health Serv Res* 2018; **18:** 561. doi:10.1186/s12913-018-3366-5.
https://www.ncbi.nlm.nih.gov/pubmed/30016954

Isanaka S, Hedt-Gauthier BL, Grais RF, Allen BGS. Estimating program coverage in the treatment of severe acute malnutrition: a comparative analysis of the validity and operational feasibility of two methods. *Popul Health Metr* 2018; **16:** 11. doi:10.1186/s12963-018-0167-3.
https://www.ncbi.nlm.nih.gov/pubmed/29970172?dopt=Abstract

HIGH-INCOME COUNTRIES

Grammatikopoulou MG, Theodoridis X, Poulimeneas D, et al. Malnutrition surveillance among refugee children living in reception centres in Greece: a pilot study. *Int Health* 2018. doi:10.1093/inthealth/ihy053.
https://www.ncbi.nlm.nih.gov/pubmed/30053024

Haines BC, McKay FH, Dunn M, Lippi K. The role of social enterprise in food insecurity among asylum seekers. *Health Soc Care Community* 2018. doi:10.1111/hsc.12593.
https://www.ncbi.nlm.nih.gov/pubmed/30027618

V. WATER, SANITATION, AND HYGIENE (WASH)

LOW- AND MIDDLE-INCOME COUNTRIES

Watson J, Dreibelbis R, Aunger R, et al. Child's play: harnessing play and curiosity motives to improve child handwashing in a humanitarian setting. *Int J Hyg Environ Health* 2018. doi:10.1016/j.ijheh.2018.09.002.
https://www.ncbi.nlm.nih.gov/pubmed/30219482

BIBLIOGRAPHY

Golicha Q, Shetty S, Nasiblov O, et al. Cholera outbreak in Dadaab refugee camp, Kenya—November 2015 to June 2016. *MMWR Morb Mortal Wkly Rep* 2018; **67:** 958–61. doi:10.15585/mmwr.mm6734a4.
https://www.ncbi.nlm.nih.gov/pubmed/30161101

Medgyesi DN, Brogan JM, Sewell DK, Creve-Coeur JP, Kwong LH, Baker KK. Where children play: young child exposure to environmental hazards during play in public areas in a transitioning internally displaced persons community in Haiti. *Int J Environ Res Public Health* 2018; **15**. doi:10.3390/ijerph15081646.
https://www.ncbi.nlm.nih.gov/pubmed/30081490

HIGH-INCOME COUNTRIES
N/A.

VI. MENTAL HEALTH, PSYCHOSOCIAL ISSUES, AND SUBSTANCE ABUSE

LOW- AND MIDDLE-INCOME COUNTRIES

Lee C, Nguyen AJ, Russell T, Aules Y, Bolton P. Mental health and psychosocial problems among conflict-affected children in Kachin State, Myanmar: a qualitative study. *Confl Health* 2018; **12:** 39. doi:10.1186/s13031-018-0175-8.
https://www.ncbi.nlm.nih.gov/pubmed/30250500

Morina N, Akhtar A, Barth J, Schnyder U. Psychiatric disorders in refugees and internally displaced persons after forced displacement: a systematic review. *Front Psychiatry* 2018; **9:** 433. doi:10.3389/fpsyt.2018.00433.
https://www.ncbi.nlm.nih.gov/pubmed/30298022

Lagos-Gallego M, Gutierrez-Segura JC, Lagos-Grisales GJ, Rodriguez-Morales AJ. Alcoholism in internally displaced people of Colombia: an ecological study. *Travel Med Infect Dis* 2018. doi:10.1016/j.tmaid.2018.09.005.
https://www.ncbi.nlm.nih.gov/pubmed/30243913#

Afifi TD, Afifi WA, Acevedo Callejas M, Shahnazi A, White A, Nimah N. The functionality of communal coping in chronic uncertainty environments: the context of Palestinian refugees in Lebanon. *Health Commun* 2018; 1–12. doi:10.1080/10410236.2018.1514682.
https://www.ncbi.nlm.nih.gov/pubmed/30239216

Jarlby F, Goosen S, Derluyn I, Vitus K, Jervelund SS. What can we learn from unaccompanied refugee adolescents' perspectives on mental health care in exile? *Eur J Pediatr* 2018. doi:10.1007/s00431-018-3249-0.
https://www.ncbi.nlm.nih.gov/pubmed/30225635

Ibrahim H, Ertl V, Catani C, Ismail AA, Neuner F. Trauma and perceived social rejection among Yazidi women and girls who survived enslavement and genocide. *BMC Med* 2018; **16:** 154. doi:10.1186/s12916-018-1140-5.
https://www.ncbi.nlm.nih.gov/pubmed/30208905

Echeverri C, Le Roy J, Worku B, Ventevogel P. Mental health capacity building in refugee primary health care settings in Sub-Saharan Africa: impact, challenges and gaps. *Glob Ment Health (Camb)* 2018; **5:** e28. doi:10.1017/gmh.2018.19.
https://www.ncbi.nlm.nih.gov/pubmed/30202535

Eleftherakos C, van den Boogaard W, Barry D, Severy N, Kotsioni I, Roland-Gosselin L. "I prefer dying fast than dying slowly", how institutional abuse worsens the mental health of stranded Syrian, Afghan and Congolese migrants on Lesbos island following the implementation of EU-Turkey deal. *Confl Health* 2018; **12:** 38. doi:10.1186/s13031-018-0172-y.
https://www.ncbi.nlm.nih.gov/pubmed/30202431

BIBLIOGRAPHY

Corrigendum to daily stressors, trauma exposure, and mental health among stateless Rohingya refugees in Bangladesh. *Transcult Psychiatry* 2018; 1363461518795735. doi:10.1177/1363461518795735.
https://www.ncbi.nlm.nih.gov/pubmed/30131018

Brown FL, Carswell K, Augustinavicius J, Adaku A, Leku MR, White, RG, et al. Self Help Plus: study protocol for a cluster-randomised controlled trial of guided self-help with South Sudanese refugee women in Uganda. *Glob Ment Health (Camb)* 2018; **5:** e27. doi:10.1017/gmh.2018.17.
https://www.ncbi.nlm.nih.gov/pubmed/30128163

Tol WA, Augustinavicius J, Carswell K, et al. Translation, adaptation, and pilot of a guided self-help intervention to reduce psychological distress in South Sudanese refugees in Uganda. *Glob Ment Health (Camb)* 2018; **5:** e25. doi:10.1017/gmh.2018.14.
https://www.ncbi.nlm.nih.gov/pubmed/30128161

Doty SB, Haroz EE, Singh, NS, et al. Adaptation and testing of an assessment for mental health and alcohol use problems among conflict-affected adults in Ukraine. *Confl Health* 2018; **12:** 34. doi:10.1186/s13031-018-0169-6.
https://www.ncbi.nlm.nih.gov/pubmed/30127843

Sylwanowicz L, Schreiber M, Anderson C, et al. Rapid triage of mental health risk in emergency medical workers: findings from Typhoon Haiyan—corrigendum. *Disaster Med Public Health Prep* 2018; **1**. doi:10.1017/dmp.2018.86.
https://www.ncbi.nlm.nih.gov/pubmed/30109839

Wirtz AL, Perrin NA, Desgroppes A, et al. Lifetime prevalence, correlates and health consequences of gender-based violence victimisation and perpetration among men and women in Somalia. *BMJ Glob Health* 2018; **3(4),** e000773. doi:10.1136/bmjgh-2018-000773.
https://www.ncbi.nlm.nih.gov/pubmed/30105094

Abdul-Hamid W, Hughes JH, Morgan S. The Syrian refugees' need for trauma-based services, a survey of mental health professionals. *Psychiatr Danub* 2018; **30** (suppl 5)**:** 249–52.
https://www.ncbi.nlm.nih.gov/pubmed/30095805

Kloning T, Nowotny T, Alberer M, Hoelscher M, Hoffmann A, Froeschl G. Morbidity profile and sociodemographic characteristics of unaccompanied refugee minors seen by paediatric practices between October 2014 and February 2016 in Bavaria, Germany. *BMC Public Health* 2018; **18:** 983. doi:10.1186/s12889-018-5878-7.
https://www.ncbi.nlm.nih.gov/pubmed/30086731

Perkins JD, Ajeeb M, Fadel L, Saleh G. Mental health in Syrian children with a focus on post-traumatic stress: a cross-sectional study from Syrian schools. *Soc Psychiatry Psychiatr Epidemiol* 2018. doi:10.1007/s00127-018-1573-3.
https://www.ncbi.nlm.nih.gov/pubmed/30083987

Braun-Lewensohn O, Al-Sayed K. Syrian adolescent refugees: how do they cope during their stay in refugee camps? *Front Psychol* 2018; **9:** 1258. doi:10.3389/fpsyg.2018.01258.
https://www.ncbi.nlm.nih.gov/pubmed/30079046

Borsch AS, de Montgomery CJ, Gauffin K, Eide K, Heikkila E, Smith Jervelund S. Health, education and employment outcomes in young refugees in the Nordic countries: a systematic review. *Scand J Public Health* 2018; 1403494818787099. doi:10.1177/1403494818787099.
https://www.ncbi.nlm.nih.gov/pubmed/30067129

BIBLIOGRAPHY

Mohwinkel LM, Nowak AC, Kasper A, Razum O. Gender differences in the mental health of unaccompanied refugee minors in Europe: a systematic review. *BMJ Open* 2018; **8:** e022389. doi:10.1136/bmjopen-2018-022389.
https://www.ncbi.nlm.nih.gov/pubmed/30061445

Santaella-Tenorio J, Bonilla-Escobar FJ, Nieto-Gil L, et al. Mental health and psychosocial problems and needs of violence survivors in the Colombian Pacific Coast: a qualitative study in Buenaventura and Quibdo. *Prehosp Disaster Med* 2018; 1–8. doi:10.1017/s1049023x18000523.
https://www.ncbi.nlm.nih.gov/pubmed/30047356

Shaw SA, Ward KP, Pillai V, Hinton DE. A group mental health randomized controlled trial for female refugees in Malaysia. *Am J Orthopsychiatry* 2018. doi:10.1037/ort0000346.
https://www.ncbi.nlm.nih.gov/pubmed/30035560

Purgato M, Gastaldon C, Papola D, van Ommeren M, Barbui C, Tol WA. Psychological therapies for the treatment of mental disorders in low- and middle-income countries affected by humanitarian crises. *Cochrane Database Syst Rev* 2018; **7:** Cd011849. doi:10.1002/14651858.CD011849.pub2.
https://outlook.office365.com/owa/?realm=jh.edu&path=/mail/search

Singh NS, Bass J, Sumbadze N, et al. Identifying mental health problems and Idioms of distress among older adult internally displaced persons in Georgia. *Soc Sci Med* 2018; **211:** 39–47. doi:10.1016/j.socscimed.2018.05.007.
https://www.ncbi.nlm.nih.gov/pubmed/29886407

Tekeli-Yesil S, Isik E, Unal Y, Aljomaa Almossa F, Konsuk Unlu H, Aker AT. Determinants of mental disorders in Syrian refugees in Turkey versus internally displaced persons in Syria. *Am J Public Health* 2018; **108:** 938–45. doi:10.2105/ajph.2018.304405.
https://www.ncbi.nlm.nih.gov/pubmed/29771613

Chemali Z, Borba CPC, Johnson K, Khair S, Fricchione GL. Needs assessment with elder Syrian refugees in Lebanon: Implications for services and interventions. *Glob Public Health* 2018; **13:** 1216–28. doi:10.1080/17441692.2017.1373838.
https://www.ncbi.nlm.nih.gov/pubmed/28895503

Panter-Brick C, Hadfield K, Dajani R, Eggerman M, Ager A, Ungar M. Resilience in context: a brief and culturally grounded measure for Syrian refugee and Jordanian host-community adolescents. *Child Dev* 2018; **89:** 1803–20. doi:10.1111/cdev.12868.
https://www.ncbi.nlm.nih.gov/pubmed/28617937

HIGH-INCOME COUNTRIES

Georgiadou E, Zbidat A, Schmitt GM, Erim Y. Prevalence of mental distress among Syrian refugees with residence permission in Germany: a registry-based study. *Front Psychiatry* 2018; **9:** 393. doi:10.3389/fpsyt.2018.00393.
https://www.ncbi.nlm.nih.gov/pubmed/30210373

Bjertrup PJ, Bouhenia M, Mayaud P, Perrin C, Ben Farhat J, Blanchet K. A life in waiting: refugees' mental health and narratives of social suffering after European Union border closures in March 2016. *Soc Sci Med* 2018; **215:** 53–60. doi:10.1016/j.socscimed.2018.08.040.
https://www.ncbi.nlm.nih.gov/pubmed

Noh JW, Woo JM, Park H, Jung SJ, Lee Y, Kwon YD. Factors related to the attitude of North Korean refugees towards people with mental illness. *Iran J Public Health* 2018; **47** (suppl 1)**:** 39–46.
https://www.ncbi.nlm.nih.gov/pubmed/30186811

BIBLIOGRAPHY

Fazel M. Refugees and the post-migration environment. *BMC Med* 2018; **16:** 164. doi:10.1186/s12916-018-1155-y.
https://www.ncbi.nlm.nih.gov/pubmed/30176858

Kien C, Sommer I, Faustmann, A, et al. Prevalence of mental disorders in young refugees and asylum seekers in European countries: a systematic review. *Eur Child Adolesc Psychiatry* 2018. doi:10.1007/s00787-018-1215-z.
https://www.ncbi.nlm.nih.gov/pubmed/30151800

Teicher MH. Childhood trauma and the enduring consequences of forcibly separating children from parents at the United States border. *BMC Med* 2018; **16:** 146. doi:10.1186/s12916-018-1147-y.
https://www.ncbi.nlm.nih.gov/pubmed/30131056

Kohrt BA, Lu FG, Wu EY, et al. Caring for families separated by changing immigration policies and enforcement: a cultural psychiatry perspective. *Psychiatr Serv* 2018; appips201800076. doi:10.1176/appi.ps.201800076.
https://www.ncbi.nlm.nih.gov/pubmed/30122136

Poole DN, Hedt-Gauthier B, Liao S, Raymond NA, Barnighausen T. Major depressive disorder prevalence and risk factors among Syrian asylum seekers in Greece. *BMC Public Health* 2018; **18:** 908. doi:10.1186/s12889-018-5822-x.
https://www.ncbi.nlm.nih.gov/pubmed/30041693

Cox P, McDonald JM. Analysis and critique of 'Transforming children and young people's mental health provision: A green paper': some implications for refugee children and young people. *J Child Health Care* 2018; 1367493518786021. doi:10.1177/1367493518786021.
https://www.ncbi.nlm.nih.gov/pubmed/30041539

Fathi A, El-Awad U, Reinelt T, Petermann F. A brief introduction to the multidimensional intercultural training acculturation model (MITA) for Middle Eastern adolescent refugees. *Int J Environ Res Public Health* 2018; **15**. doi:10.3390/ijerph15071516.
https://www.ncbi.nlm.nih.gov/pubmed/30021970

Thompson CT, Vidgen A, Roberts NP. Psychological interventions for post-traumatic stress disorder in refugees and asylum seekers: a systematic review and meta-analysis. *Clin Psychol Rev* 2018; **63:** 66–79. doi:10.1016/j.cpr.2018.06.006.
https://www.ncbi.nlm.nih.gov/pubmed/29936342

Carlsson J, Sonne C, Vindbjerg E, Mortensen EL. Stress management versus cognitive restructuring in trauma-affected refugees—a pragmatic randomised study. *Psychiatry Res* 2018; **266:** 116–23. doi:10.1016/j.psychres.2018.05.015.
https://www.ncbi.nlm.nih.gov/pubmed/29859498

Finnvold JE, Ugreninov E. Refugees' admission to mental health institutions in Norway: is there an ethnic density effect? *Soc Sci Med* 2018; **209:** 43–50. doi:10.1016/j.socscimed.2018.05.029.
https://www.ncbi.nlm.nih.gov/pubmed/29787927

Koesters M, Barbui C, Purgato M. Recent approaches to provision of mental healthcare in refugee populations. *Curr Opin Psychiatry* 2018; **31:** 368–72. doi:10.1097/yco.0000000000000428.
https://www.ncbi.nlm.nih.gov/pubmed/29708893

Baauw A, Rosiek S, Slattery B, et al. Pediatrician-experienced barriers in the medical care for refugee children in the Netherlands. *Eur J Pediatr* 2018; **177:** 995–1002. doi:10.1007/s00431-018-3141-y.
https://www.ncbi.nlm.nih.gov/pubmed/29675644

BIBLIOGRAPHY

VII. HEALTH SYSTEMS

LOW- AND MIDDLE-INCOME COUNTRIES

Akbarzada S, Mackey TK. The Syrian public health and humanitarian crisis: a 'displacement' in global governance? *Glob Public Health* 2018; **13:** 914–30. doi:10.1080/17441692.2017.1285338.
https://www.ncbi.nlm.nih.gov/pubmed/28162042

Ekezie W, Timmons S, Myles P, Siebert P, Bains M, Pritchard C. An audit of healthcare provision in internally displaced population camps in Nigeria. *J Public Health (Oxf)* 2018. doi:10.1093/pubmed/fdy141.
https://www.ncbi.nlm.nih.gov/pubmed/30137460

HIGH-INCOME COUNTRIES

Peralta-Gallego L, Gene-Badia J, Gallo P. Effects of undocumented immigrants exclusion from health care coverage in Spain. *Health Policy* 2018. doi:10.1016/j.healthpol.2018.08.011.
https://www.ncbi.nlm.nih.gov/pubmed/30193979

Marek E, D'Cruz G, Katz Z, Szilard I, Berenyi K, Feiszt Z. Improving asylum seekers' health awareness in a Hungarian refugee reception centre. *Health Promot Int* 2018. doi:10.1093/heapro/day066.
https://www.ncbi.nlm.nih.gov/pubmed/30189003

VIII. MULTI-CATEGORY

LOW- AND MIDDLE-INCOME COUNTRIES

Dator W, Abunab H, Dao-Ayen N. Health challenges and access to health care among Syrian refugees in Jordan: a review. *East Mediterr Health J* 2018; **24:** 680–86. doi:10.26719/2018.24.7.680.
https://www.ncbi.nlm.nih.gov/pubmed/30215478

Hamrah MS, Hamrah MH, Ishii, H et al. Anxiety and depression among hypertensive outpatients in Afghanistan: a cross-sectional study in Andkhoy City. *Int J Hypertens* 2018; **8560835**. doi:10.1155/2018/8560835.
https://www.ncbi.nlm.nih.gov/pubmed/30155287

Stevens A, Gilder, ME, Moo P, et al. Folate supplementation to prevent birth abnormalities: evaluating a community-based participatory action plan for refugees and migrant workers on the Thailand-Myanmar border. *Public Health* 2018; **161:** 83–89. doi:10.1016/j.puhe.2018.04.009.
https://www.ncbi.nlm.nih.gov/pubmed/29935473

Fellmeth G, Plugge EH, Nosten S, et al. Living with severe perinatal depression: a qualitative study of the experiences of labour migrant and refugee women on the Thai-Myanmar border. *BMC Psychiatry* 2018; **18:** 229. doi:10.1186/s12888-018-1815-7.
https://www.ncbi.nlm.nih.gov/pubmed/30012124

Rees S, Mohsin M, Tay AK, et al. Risk of perpetrating intimate partner violence amongst men exposed to torture in conflict-affected Timor-Leste. *Glob Ment Health (Camb)* 2018; **5:** e23. doi:10.1017/gmh.2018.16.
https://www.ncbi.nlm.nih.gov/pubmed/29997895

Hellewell J, Walker P, Ghani A, Rao, B, Churcher TS. Using ante-natal clinic prevalence data to monitor temporal changes in malaria incidence in a humanitarian setting in the Democratic Republic of Congo. *Malar J* 2018; **17:** 312. doi:10.1186/s12936-018-2460-9.
https://www.ncbi.nlm.nih.gov/pubmed/30157850?dopt=Abstract

BIBLIOGRAPHY

Mootz JJ, Muhanguzi FK, Panko P, et al. Armed conflict, alcohol misuse, decision-making and intimate partner violence among women in northeastern Uganda: a population level study. *Confl Health* 2018; **12:** 37. doi:10.1186/s13031-018-0173-x. **https://www.ncbi.nlm.nih.gov/pubmed/30127845**

HIGH-INCOME COUNTRIES

Abbas M, Aloudat T, Bartolomei J, et al. Migrant and refugee populations: a public health and policy perspective on a continuing global crisis. *Antimicrob Resist Infect Control* 2018; **7:** 113. doi:10.1186/s13756-018-0403-4. **https://www.ncbi.nlm.nih.gov/pubmed/30250735**

Kakalou E, Riza E, Chalikias M, et al. Demographic and clinical characteristics of refugees seeking primary healthcare services in Greece in the period 2015–2016: a descriptive study. *Int Health* 2018. doi:10.1093/inthealth/ihy042. **https://www.ncbi.nlm.nih.gov/pubmed/29992276**

Cha J, Surkan PJ, Kim, J, et al. Human rights as political determinants of health: a retrospective study of North Korean refugees. *Am J Prev Med* 2018; **55:** 271–79. doi:10.1016/j.amepre.2018.04.006. **https://www.ncbi.nlm.nih.gov/pubmed/29934018**

Arsenijevic J, Burtscher D, Ponthieu A, et al. "I feel like I am less than other people": health-related vulnerabilities of male migrants travelling alone on their journey to Europe. *Soc Sci Med*, 2018; **209:** 86–94. doi:10.1016/j.socscimed.2018.05.038. **https://www.ncbi.nlm.nih.gov/pubmed/29807316**

Natural Disasters

I. COMMUNICABLE DISEASE

LOW- AND MIDDLE-INCOME COUNTRIES

Munster VJ, Bausch D G, de Wit E, et al. Outbreaks in a rapidly changing central Africa—lessons from ebola. *New England Journal of Medicine* 2018; **379:** 1198–201. doi:10.1056/NEJMp1807691. **https://www.nejm.org/doi/10.1056/NEJMp1807691**

Juan-Giner A, Tchaton M, Jemmy JP, et al. Safety of the rVSV ZEBOV vaccine against Ebola Zaire among frontline workers in Guinea. *Vaccine* 2018. doi:10.1016/j.vaccine.2018.09.009. **https://www.ncbi.nlm.nih.gov/pubmed/30266489?dopt=Abstract**

HIGH-INCOME COUNTRIES

N/A.

II. NON-COMMUNICABLE DISEASE

LOW- AND MIDDLE-INCOME COUNTRIES

N/A.

HIGH-INCOME COUNTRIES

Onishi H, Yamamura O, Ueda S, et al. Ultrasound cardiography examinations detect victims' long-term realized and potential consequences after major disasters: a case-control study. *Environ Health Prev Med* 2018; **23:** 37. doi:10.1186/s12199-018-0721-4. **https://www.ncbi.nlm.nih.gov/pubmed/30103685**

BIBLIOGRAPHY

Morris ZA, Hayward RA, Otero Y. The political determinants of disaster risk: assessing the unfolding aftermath of Hurricane Maria for people with disabilities in Puerto Rico. *Environmental Justice* 2018; **11:** 89–94. doi:10.1089/env.2017.0043.
https://www.liebertpub.com/doi/abs/10.1089/env.2017.0043?journalCode=env

III. REPRODUCTIVE, MATERNAL, NEWBORN, CHILD, AND ADOLESCENT HEALTH

LOW- AND MIDDLE-INCOME COUNTRIES

Myers A, Sami S, Onyango MA, Karki H, Anggraini R, Krause S. Facilitators and barriers in implementing the Minimum Initial Services Package (MISP) for reproductive health in Nepal post-earthquake. *Confl Health* 2018; **12:** 35. doi:10.1186/s13031-018-0170-0.
https://www.ncbi.nlm.nih.gov/pubmed/30127844

HIGH-INCOME COUNTRIES

N/A.

IV. NUTRITION AND FOOD SECURITY

LOW- AND MIDDLE-INCOME COUNTRIES

Balachanthar S, Zakaria NA, Lee LK. Development of emergency food assistance design: a nutritionally balanced, culturally tailored and cost-effective strategy for flood mitigation. *Ecol Food Nutr* 2018; **57:** 314–29. doi:10.1080/03670244.2018.1492380.
https://www.ncbi.nlm.nih.gov/pubmed/29989434

HIGH-INCOME COUNTRIES

N/A.

V. WATER, SANITATION, AND HYGIENE (WASH)

N/A.

VI. MENTAL HEALTH, PSYCHOSOCIAL ISSUES, AND SUBSTANCE ABUSE

LOW- AND MIDDLE-INCOME COUNTRIES

Mallett LH, Etzel RA. Flooding: what is the impact on pregnancy and child health? *Disasters* 2018; **42:** 432–58. doi:10.1111/disa.12256.
https://www.ncbi.nlm.nih.gov/pubmed/29057549

Liang Y, Cheng J, Ruzek JI, Liu Z. Posttraumatic stress disorder following the 2008 Wenchuan earthquake: a 10-year systematic review among highly exposed populations in China. *J Affect Disord* 2019; **243:** 327–39. doi:10.1016/j.jad.2018.09.047.
https://www.ncbi.nlm.nih.gov/pubmed/30261448

Welton-Mitchell C, James LE, Khanal SN, James, AS. An integrated approach to mental health and disaster preparedness: a cluster comparison with earthquake affected communities in Nepal. *BMC Psychiatry* 2018; **18:** 296. doi:10.1186/s12888-018-1863-z.
https://www.ncbi.nlm.nih.gov/pubmed/30223822

Melamed S, Chernet A, Labhardt ND, Probst-Hensch N, Pfeiffer C. Social resilience and mental health among Eritrean asylum-seekers in Switzerland. *Qual Health Res* 2018; 1049732318800004. doi:10.1177/1049732318800004.
https://www.ncbi.nlm.nih.gov/pubmed/30222038

BIBLIOGRAPHY

Tang W, Lu Y, Yang Y, Xu J. An epidemiologic study of self-reported sleep problems in a large sample of adolescent earthquake survivors: the effects of age, gender, exposure, and psychopathology. *J Psychosom Res* 2018; **113:** 22–29. doi:10.1016/j.jpsychores.2018.07.006.
https://www.ncbi.nlm.nih.gov/pubmed/30190044

Grelotti DJ, Gerbasi ME, Eustache E, et al. Prevalence of stressful life events and their association with post-traumatic stress disorder among youth attending secondary school in Haiti. *Psychiatry Res* 2018; **269:** 369–75. doi:10.1016/j.psychres.2018.08.074.
https://www.ncbi.nlm.nih.gov/pubmed/30173043

Geng F, Zhou Y, Liang Y, Zheng X, Li Y, Chen X, Fan F. Posttraumatic stress disorder and psychiatric comorbidity among adolescent earthquake survivors: a longitudinal cohort study. *J Abnorm Child Psychol* 2018. doi:10.1007/s10802-018-0462-2.
https://www.ncbi.nlm.nih.gov/pubmed/30167997

Geng F, Liang Y, Shi X, Fan F. A prospective study of psychiatric symptoms among adolescents after the Wenchuan earthquake. *J Trauma Stress* 2018; **31:** 499–508. doi:10.1002/jts.22307.
https://www.ncbi.nlm.nih.gov/pubmed/30084507

Chase LE, Marahatta K, Sidgel K, et al. Building back better? Taking stock of the post-earthquake mental health and psychosocial response in Nepal. *Int J Ment Health Syst* 2018; **12:** 44. doi:10.1186/s13033-018-0221-3.
https://www.ncbi.nlm.nih.gov/pubmed/30083225

Geng F, Zhou Y, Liang Y, Fan F. A longitudinal study of recurrent experience of earthquake and mental health problems among Chinese adolescents. *Front Psychol*, **9:** 1259. doi:10.3389/fpsyg.2018.01259.
https://www.ncbi.nlm.nih.gov/pubmed/30079047

Sangraula M, Van't Hof E, Luitel NP, et al. Protocol for a feasibility study of group-based focused psychosocial support to improve the psychosocial well-being and functioning of adults affected by humanitarian crises in Nepal: Group Problem Management Plus (PM+). *Pilot Feasibility Stud* 2018; **4:** 126. doi:10.1186/s40814-018-0315-3.
https://www.ncbi.nlm.nih.gov/pubmed/30038793

Crombach A, Siehl S. Impact and cultural acceptance of the narrative exposure therapy in the aftermath of a natural disaster in Burundi. *BMC Psychiatry* 2018; **18:** 233. doi:10.1186/s12888-018-1799-3.
https://www.ncbi.nlm.nih.gov/pubmed/30021559

Ke J, Zhang L, Qi R, et al. Typhoon-related post-traumatic stress disorder and trauma might lead to functional integration abnormalities in intra- and inter-resting state networks: a resting-state fMRI independent component analysis. *Cell Physiol Biochem* 2018; **48:** 99–110. doi:10.1159/000491666.
https://www.ncbi.nlm.nih.gov/pubmed/30001548

Guo J, Liu C, Kon, D, Solomon P, Fu M. The relationship between PTSD and suicidality among Wenchuan earthquake survivors: The role of PTG and social support. *J Affect Disord* 2018; **235:** 90–95. doi:10.1016/j.jad.2018.04.030.
https://www.ncbi.nlm.nih.gov/pubmed/29655080

Silwal S, Dybdahl R, Chudal R, Sourander A, Lien L. Psychiatric symptoms experienced by adolescents in Nepal following the 2015 earthquakes. *J Affect Disord* 2018; **234:** 239–46. doi:10.1016/j.jad.2018.03.002.
https://www.ncbi.nlm.nih.gov/pubmed/29549825

BIBLIOGRAPHY

Pascal J, Decombas-Marion M, Poirier V, et al. International adoption of children surviving the Haitian earthquake. *Disaster Med Public Health Prep* 2018; **12:** 450–54. doi:10.1017/dmp.2017.109.
https://www.ncbi.nlm.nih.gov/pubmed/29056100

Zhen R, Quan L, Zhou X. Fear, negative cognition, and depression mediate the relationship between traumatic exposure and sleep problems among flood victims in China. *Psychol Trauma* 2018; **10:** 602–09. doi:10.1037/tra0000331.
https://www.ncbi.nlm.nih.gov/pubmed/29016158

Adhikari RP, Upadhaya N, Paudel S, et al. Psychosocial and mental health problems of older people in postearthquake Nepal. *J Aging Health* 2018; **30:** 945–64. doi:10.1177/0898264317702056.
https://www.ncbi.nlm.nih.gov/pubmed/28553814

HIGH-INCOME COUNTRIES
Sasabuchi Y, Matsui H, Kotani K, Lefor AK, Yasunaga H. Effect of the 2016 Kumamoto earthquakes on preventable hospital admissions: a retrospective cohort study in Japan. *BMJ Open* 2018; **8:** e021294. doi:10.1136/bmjopen-2017-021294.
https://www.ncbi.nlm.nih.gov/pubmed/30002010

O'Higgins A, Ott EM, Shea MW. What is the impact of placement type on educational and health outcomes of unaccompanied refugee minors? A systematic review of the evidence. *Clin Child Fam Psychol Rev* 2018; **21:** 354–65. doi:10.1007/s10567-018-0256-7.
https://www.ncbi.nlm.nih.gov/pubmed/29623526

Sakuma A, Ueda I, Rengi S, Shingai T, Matsuoka H, Matsumoto K. Increase in the number of admissions to psychiatric hospitals immediately after the Great East Japan Earthquake. *Asia Pac Psychiatry* 2018; **10:** e12307. doi:10.1111/appy.12307.
https://www.ncbi.nlm.nih.gov/pubmed/29285896

VII. HEALTH SYSTEMS

LOW- AND MIDDLE-INCOME COUNTRIES
Otani S, Majbauddin A, Kurozawa Y, Shinoda M. Lack of medical resources and public health vulnerability in Mongolia's winter disasters. *Rural Remote Health* 2018; **18:** 4617. doi:10.22605/rrh4617.
https://www.ncbi.nlm.nih.gov/pubmed/30180754

HIGH-INCOME COUNTRIES
N/A.

VIII. MULTI-CATEGORY

LOW- AND MIDDLE-INCOME COUNTRIES
van Berlaer G, de Jong F, Das T, et al. Clinical characteristics of the 2013 Haiyan typhoon victims presenting to the Belgian first aid and support team. *Disaster Med Public Health Prep* 2018; 1–14. doi:10.1017/dmp.2018.54.
https://www.ncbi.nlm.nih.gov/pubmed/29970208

Dayrit JF, Bintanjoyo L, Andersen LK, Davis MDP. Impact of climate change on dermatological conditions related to flooding: update from the International Society of Dermatology Climate Change Committee. *Int J Dermatol* 2018; **57:** 901–10. doi:10.1111/ijd.13901.
https://www.ncbi.nlm.nih.gov/pubmed/29377078

BIBLIOGRAPHY

Tansey CM, Pringle J, Dave A, Boulanger R, Hunt M. Earthquakes to floods: a scoping review of health-related disaster research in low- and middle-income countries. *PLoS Curr* 2018; **10**. doi:10.1371/currents.dis.57d98a902a326361d88d54521e68b016. **https://www.ncbi.nlm.nih.gov/pubmed/30254786**

Augusterfer EF, Mollica RF, Lavelle J. Leveraging technology in post-disaster settings: the role of digital health/telemental health. *Curr Psychiatry Rep* 2018; **20:** 88. doi:10.1007/s11920-018-0953-4. **https://www.ncbi.nlm.nih.gov/pubmed/30155744**

HIGH-INCOME COUNTRIES

Ramphal L. Medical and psychosocial needs of the Puerto Rican people after Hurricane Maria. *Proc (Bayl Univ Med Cent)* 2018; **31:** 294–96. doi:10.1080/08998280.2018.1459399. **https://www.ncbi.nlm.nih.gov/pubmed/29904291**

Ripoll Gallardo A, Pacelli B, Alesina M, et al. Medium- and long-term health effects of earthquakes in high-income countries: a systematic review and meta-analysis. *Int J Epidemiol* 2018; **47:** 1317–32. doi:10.1093/ije/dyy130. **https://www.ncbi.nlm.nih.gov/pubmed/30053061**

Technological Disasters

I. COMMUNICABLE DISEASE

N/A.

II. NON-COMMUNICABLE DISEASE

LOW- AND MIDDLE-INCOME COUNTRIES

N/A.

HIGH-INCOME COUNTRIES

Kuroda Y, Iwasa H, Orui M, et al. Risk factor for incident functional disability and the effect of a preventive exercise program: a 4-year prospective cohort study of older survivors from the Great East Japan Earthquake and nuclear disaster. *Int J Environ Res Public Health* 2018; **15**. doi:10.3390/ijerph15071430. **https://www.ncbi.nlm.nih.gov/pubmed/29986471**

III. REPRODUCTIVE, MATERNAL, NEWBORN, CHILD, AND ADOLESCENT HEALTH

IV. NUTRITION AND FOOD SECURITY

V. WATER, SANITATION, AND HYGIENE (WASH)

III.–V, N/A.

VI. MENTAL HEALTH, PSYCHOSOCIAL ISSUES, AND SUBSTANCE ABUSE

LOW- AND MIDDLE-INCOME COUNTRIES

N/A.

HIGH-INCOME COUNTRIES

Kubota C, Okada T, Morikawa, M, et al. Postpartum depression among women in Nagoya indirectly exposed to the Great East Japan Earthquake. *Sci Rep* 2018; **8:** 11624. doi:10.1038/s41598-018-30065-w.
https://www.ncbi.nlm.nih.gov/pubmed/30072799

VII. HEALTH SYSTEMS

N/A.

VIII. MULTI-CATEGORY

LOW- AND MIDDLE-INCOME COUNTRIES

N/A.

HIGH-INCOME COUNTRIES

Fukushi Y, Nakamura A, Itaki C, Tokonami S, Yamada M, Mariya Y. Mental and physical stress of the Fukushima disaster evacuees as estimated by the measurement of urinary 8-hydroxy-2′-deoxyguanosine. *Exp Ther Med* 2018; **16:** 231–35. doi:10.3892/etm.2018.6165.
https://www.ncbi.nlm.nih.gov/pubmed/29896244

Carr Z, Maeda M, Oughton D, Weiss W. Non-radiological impact of a nuclear emergency: preparedness and response with the focus on health. *Radiat Prot Dosimetry* 2018. doi:10.1093/rpd/ncy163.
https://www.ncbi.nlm.nih.gov/pubmed/30219868

▼ *Supporting maternal health in Lodwar, Kenya (Russell Watkins/UK Department for International Development; https://www.flickr.com/photos/dfid/33953608945).*

CONTACT

Johns Hopkins Bloomberg School of Public Health
Department of International Health
Center for Humanitarian Health
615 N. Wolfe Street
Baltimore, Maryland, USA 21205

+1 443 287 8746
www.HopkinsHumanitarianHealth.org

The Lancet
125 London Wall
London EC2Y 5AS, UK

+44 20 7424 4950
www.TheLancet.com