RESEARCH SNAPSHOT

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Can cash transfers help Syrian refugees manage diabetes?

The increasing burden of noncommunicable diseases (NCDs) in refugee populations globally, requires innovative responses from humanitarian health actors to help people with chronic health conditions like diabetes. This study undertaken in Jordan finds that conditional cash transfers (CCTs) and health education combined may be a helpful intervention, where resources are available.

Conditional cash or combined cash + health education are promising strategies

Multi-purpose cash transfers (MPCs) are transfers provided in humanitarian settings to help cover a household's basic and/or recovery needs. Conditional cash transfers (CCTs) require the receiver of the money to comply with certain conditions. This study examined the effects of conditional and unconditional cash transfers and health education on health-seeking behavior, service utilization, and clinical outcomes among Syrian refugees with type II diabetes in Jordan. Study findings suggest that conditional cash or a combined cash and health education intervention are promising strategies to support diabetes control among refugees; but that MPC alone is insufficient to achieve improvements in the health of refugees with diabetes.

Photo credit: Shannon Doocy/Johns Hopkins University. A Syrian refugee shows a CHV medications routinely taken for chronic diseases during a home visit.

Background

The profile of displaced populations has evolved. Refugees and displaced people are now older and have an epidemiological profile marked by high prevalence of chronic NCDs, notably hypertension and diabetes.

Despite extensive use of cash transfers in the Syrian refugee response, studies assessing their effectiveness for improving health outcomes are limited, in particular for CCTs.

This study assesses the effect of cash assistance and health education on health-seeking behavior, service utilization, and clinical outcomes for diabetes to inform health sector program design for current and future humanitarian responses.

How the research was conducted

A quasi-experimental prospective cohort study was conducted in Jordan from late 2018 – January 2020.

The study team compared three interventions:

- **"CHV only"** - community health volunteer (CHV)-led quarterly group health education
- **"CHV+CCT"** - CHV intervention + US$211 CCT every 3 months for diabetes expenses
- **"MPC"** - UNHCR household-level unrestricted/multi-purpose cash (MPC) transfer of ~US$113-219 monthly

MPC participants were receiving this cash from UNHCR prior to the study. While the amount of MPC provided was necessarily determined by UNHCR, the $211 CCT amount was set based on the average costs of diabetes medication and care-seeking.

The final results are based on 482 Syrian refugees (approximately 40% male and 60% female) from Amman and Zarqa who were diagnosed with type II diabetes.

Key findings

The CHV+CCT group had significantly greater improvements over the study period, particularly relative to the MPC group. During the study, the CHV+CTT group:

- Had increasingly more participants regularly visiting a doctor for diabetes care, as well as seeking more specialist care
- Less commonly chose health-care providers purely based on cost and when seeking care, less frequently avoided necessary testing, medications, or referral care because of cost
- Spent more on outpatient diabetes care, medication [for diabetes and for other conditions], and glucose monitoring supplies
- Had an increasing number of participants with normal blood pressure

The effects of the three interventions on lifestyle risk factors (such as smoking and physical activity) and self-care measures (i.e., medication adherence, glucose monitoring, foot checks) were mixed, but suggest benefits of both CCTs and health education, particularly relative to MPC.

Implications for humanitarian actors and policymakers

- Results indicate that unconditional cash, specifically household-level MPC, alone are insufficient to improve chronic disease outcomes.
- When considering cash transfers and NCDs, humanitarian agencies implementing large-scale unconditional cash transfer programs should consider targeted top-ups for individuals with chronic diseases to reduce financial access barriers to medication and care.
- Organizations working in the health sector should continue community health education interventions and where possible, provide conditional cash or coordinate with others providing cash transfers to maximize benefits.

Recommendations for future research

- Longer observation periods in future research may be more suited to assess changes in treatment and risk factor behaviors over time.
- Necessary transfer amounts to realize improvements in health in light of competing financial demands and persistent poverty should be further explored, particularly for unconditional cash transfers.
- Research evaluating health education interventions in greater detail, including cost effectiveness, among displaced populations facing competing financial demands could provide beneficial insight into the efficacy of intervention components (e.g., content, timing, and method of delivery) to inform future programming.

About the study team

This research study was conducted in collaboration between the Johns Hopkins Center for Humanitarian Health, Medair, and the United Nations High Commissioner for Refugees. The Principal Investigator was Shannon Doocy of the Johns Hopkins Bloomberg School of Public Health.

Keywords

Cash transfers; conditional cash; diabetes; humanitarian assistance; Syrian refugees; Jordan

Articles and further reading

- A peer reviewed article on main study outcomes is forthcoming from the study team.
- Outputs and further links can be found on Elrha's site: https://www.elrha.org/project/multi-purpose-conditional-cash-based-transfers-cbts-public-health-among-syrian-refugees

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