CHE Research Summary 21

How do counterinsurgency efforts affect public health financing during conflicts?

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Internal conflicts have profound implications for population health and development, with long-lasting negative consequences. We wanted to understand how government actions during conflicts can affect the allocation of public resources, especially in healthcare. Our research focused on government military operations targeted at illegal armed groups in Colombia, a country with a long history of civil conflict. If governments aim to effectively protect the health of civilian populations before or in the aftermath of these military operations, we would expect them to allocate funds specifically to meet health needs in the affected areas. However, we found no evidence of such transfers of funds using data for Colombia.

For our study, we looked at data on counterinsurgency operations and public transfers from the central government to municipalities in Colombia, between 2002 and 2015. We analysed that data using robust methods to account for possible factors, like economic downturns or government strategic behaviour, that may drive changes at the same time in both public service financing and the probability of a counterinsurgency operation in a municipality. These methods ensured that our results reflect the causal relationship between counterinsurgency operations and transfers of funding to healthcare. We found that government counterinsurgency interventions do not lead to significant changes in the allocation of public resources for healthcare.





Our research addresses an important gap in knowledge about the strategic responses of governments to insurgency activities and their impact on healthcare financing. Our findings have practical implications for both research and policymaking.

We show that there is a complex relationship between state control, taxation, and counterinsurgency efforts, so it is important to use appropriate research methods to investigate this topic. This will help to better understand how government interventions in conflict settings influence resource allocation, particularly in critical social sectors such as healthcare.

For policymakers, our findings emphasise the need to reassess strategies for addressing health needs in conflict-affected areas. Instead of focusing solely on military interventions, policymakers should prioritise investment in public healthcare infrastructure and services to ensure the well-being of affected civilian populations. Otherwise, counterinsurgency interventions risk exacerbating the negative consequences of conflict violence exposure on population health.

Read the full paper in the Oxford Bulletin of Economics and Statistics.

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