

# Enhancing Healthcare Access in Conflict Zones: Identifying Challenges and Proposing Solutions

### Ikpongifono UE<sup>1\*</sup>, Precious FK<sup>2</sup>, Igwe SC<sup>3</sup>, Uduak JB<sup>1</sup> and Niji-Olawepo T<sup>3</sup>

<sup>1</sup>Faculty of Pharmacy, University of Uyo, Nigeria

<sup>2</sup>College of Medicine, University of Nigeria, Nigeria

<sup>3</sup>College of Health Sciences, University of Ilorin, Nigeria

\*Corresponding author: Udokang Ephraim Ikpongifono, Faculty of Pharmacy, University of Uyo, Nigeria, Email: ephraimudokang@gmail.com

### **Perspective**

Volume 8 Issue 1

Received Date: March 11, 2024 Published Date: May 22, 2024

DOI: 10.23880/phoa-16000286

### **Abstract**

There are still many unanswered questions about the safety of affected communities' health in conflict zones, including access to healthcare. The main obstacle is the profound disruption that conflict causes to the healthcare system, which leads to a shortage of medical supplies, the destruction of buildings, and a large-scale evacuation of medical personnel. Security hazards also exacerbate this critical situation by impeding the safe delivery of help and the impacted communities' access to healthcare services. This condition however present chances for creativity and advancement. Technological developments, in particular telemedicine, provide a lifeline by bridging the gap between patients and healthcare practitioners by enabling remote consultations and the dissemination of medical information to areas afflicted by violence.

A concerted effort involving technological innovation, stakeholder collaboration, community empowerment, and advocacy efforts holds promise in improving the dire situation and, in the end, guaranteeing vulnerable populations in these areas equitable access to healthcare, even though there are still challenges associated with providing healthcare in conflict areas. Finally, the provision of healthcare in war areas continues to be a complex problem, but proactive approaches that embrace technology innovation, teamwork, community empowerment, and advocacy work may be able to lessen these difficulties. Together, these concerns can be addressed to create a more equitable healthcare environment that will support vulnerable people during times of conflict. In order to improve healthcare accessibility in these unstable circumstances. This is paper aims to analyze the numerous obstacles and investigate viable solutions and avenue for advancement.

**Keywords:** Healthcare; Access; Conflict; Challenges

**Abbreviation:** WHO: World Health Organization.

#### Introduction

Access to a good healthcare policy plays a climacteric aspect in contributing solace in areas of conflict. The World Health Organization (WHO) establishes conflicts as "any act of oral or physical havoc, risk of violence or other psychological

violence, or impediment that infringes with the availability, permit and delivery of remedial and/or prophylactic health services" [1]. This encompasses any incursion on healthcare workers, health facilities, and patients. Many nations have recorded pandemonium against health care in their conflict zones. As health care has been flouted universally due to the COVID-19 pandemic, brutal attacks on healthcare have prolonged. Healthcare facilities in zones with vigorous



conflict encounter a matching challenge of handling not only the unusual impediment created by the COVID-19 pandemic but also with victims of the continuous conflict.

Productive health care compels people to have favorable access to it. In conflict settings, such access may be difficult. Armed conflicts, innermost discomforts and other types of violence build a generalized state of insecurity that constantly makes retaining a minimally active health system almost impossible. If the healthcare system is not properly studied, Patients may be assaulted or looted, and health workers can also be endangered [2].

Violence against health workers, which may transpire to death, is a continual and pervasive popular dilemma [3]. Health workers may undergo injury, psychological damage, and even death. Onslaughts can destroy hospitals and other facilities, and interrupt service maintenance. Health workers operating in conflict settings may be confronted with risky decisions, involving whether to practice outside their scope of training because of personnel deficits, which patients to care for when resource or security restrictions prevent equal access, and how to maintain impartiality in providing care to both the patients and perpetrators of assaults.

This paper aims to pinpoint specific obstacles to healthcare access, spur action, and offer workable, empirically supported interventions that could enhance the health and well-being of populations affected by conflicts in these difficult settings.

## History and Impact of Conflict on Healthcare System

Conflict has always had a significant effect on healthcare in Gaza. Due to persistent fighting in the area, there is a great deal of strain on healthcare systems as a result of damaged infrastructure, a lack of medical supplies, and restricted access to healthcare services [4]. Sudan's healthcare system has had difficulties as a result of internal conflicts and civil wars. Extended durations of hostilities have resulted in population displacement, restricted access to healthcare facilities, and disturbances in the provision of medical services [5]. As a result, impacted populations now face greater health risks, a smaller healthcare infrastructure, and less access to basic medical treatment. Comparably, the healthcare system in Ukraine has been severely harmed by political unrest and fighting. According to Chepurko, et al. [6] the prolonged fighting in Eastern Ukraine has resulted in harm to medical facilities, scarcity of medical supplies, and challenges for the impacted populace to get healthcare services. The fighting has made it difficult for medical institutions to run, frequently leading to staffing and resource

shortages, which has a negative impact on the standard and accessibility of care [6].

The political conflict in Nepal that took place between 1996 and 2004 was associated with numerous deaths, kidnappings, and incidents of torture. There was a resultant decrease in access to antenatal care services [7].

During the Zapatista armed conflict that began in 1994, there was an increase in maternal and perinatal mortality. Also, the 34-day military conflict that took place between North Israel and Lebanon in 2006 was linked to a decrease in hospital visits among people of the general population and people at risk of depression and anxiety in Northern Israel [8].

### Case Studies of Conflict Zones and Previous Interventions Made

In conflict zones like Northwest Syria and the Gaza Strip, healthcare access faces unique challenges. Highdensity settlements in Northwest Syria hinder epidemic management, necessitating measures like self-isolation and creating "safety zones" for the vulnerable [9]. In the Gaza Strip, adolescents struggle due to prescription shortages, costly treatment, and limited access to sexual and reproductive health and preventive programmes [10]. Additionally, conflict-affected areas like Sudan experience challenges in tuberculosis management, where context-sensitive measures and simplified pathways are crucial to increasing access and case notification [11]. The Gaza Strip's water, sanitation, and climate challenges exacerbate disease risks due to extreme poverty and a dense population. Furthermore, war-injured survivors and patients with non-communicable diseases in Palestine encounter barriers to managing and receiving care. exacerbated by conflicts and frequent wars. The pandemic compounds these issues, notably in the Gaza Strip, where Israel and Egypt's embargo has severely impacted waste management, sanitation, and healthcare infrastructure, leading to a public health emergency [11].

Initiatives addressing healthcare barriers in conflict areas are crucial. In Northwest Syria, feasible strategies for epidemic management have been proposed, emphasizing the importance of tailored interventions for high-density informal settlements [10]. In the Gaza Strip, addressing the limited access to preventive health initiatives and information on sexual and reproductive health for adolescents is essential.

Additionally, interventions focusing on managing and delivering care to war-injured survivors and patients with non-communicable diseases are vital in conflict-affected areas like Palestine [10]. Despite challenges, these initiatives

should cater to conflict-specific difficulties, striving to expand healthcare access.

### **Challenges in Healthcare Access during Conflict**

Healthcare access encounters difficulties in conflict and these challenges impede the provision of crucial medical services, worsening health crises in conflict zones. These challenges include:

- A. Restricted Access to Medical Facilities: This poses a significant challenge in healthcare as it hampers the delivery of essential medical services, leading to increased morbidity and mortality. Conflict not only restricts a nation's healthcare system but also poses difficulties for health professionals providing services and for impacted communities trying to obtain those services [12].
- **B.** Limited Medical Supplies and Infrastructure Damage: Conflict can result in the destruction or plundering of infrastructure, such as buildings, pharmacies, labs, and essential utilities like electricity and water [13].
- C. Psychological and Societal and Societal Impact on Health: Consequences encompass post-traumatic stress disorder (PTSD), stress, sleep disturbances, anxiety, and depression. Conflict negatively influences mental wellbeing through factors such as displacement, shortages of food and water, exposure to traumatic incidents and violence, the absence of protective elements like family and financial stability [14].
- **D.** Shortage of Skilled Healthcare Personnel: Conflict forces healthcare personnel to relocate, putting them at risk of being directly attacked and leading to shortage of healthcare workers in conflict zones. The lack of qualified professionals hinders timely and adequate care for those affected by the conflict, amplifying the impact on public health [15].

#### Recommendations

#### **Resource Allocation and Humanitarian Aid**

It is critical to allocate resources wisely in war areas such as Gaza, Sudan, and the Ukraine. Prioritizing personnel, vital medical supplies, and logistics is necessary for humanitarian help to address urgent health needs. help agencies, governments, and local authorities work together to guarantee coordinated and focused support, which maximises the impact of help even in the face of budget limitations.

### Facilitating the Mobility of Medical Supplies and Personnel

Logistical coordination and diplomatic involvement are necessary to guarantee the safe transit of medical supplies

and personnel in war zones. In order to maintain supply chains to impacted areas, secure corridors, transit security, and overcoming administrative obstacles are crucial tasks for international organizations and diplomatic initiatives.

### **Training Initiatives and Capacity Building**

Maintaining healthcare services in the face of violence requires funding for the training of local healthcare staff. Training programmes teach skills related to community health management, specialised treatment, and emergency response. Building capacity increases a community's ability to handle health issues on its own and fortifies its resilience in times of emergency.

## Technological Advancements (Digital Health, Telemedicine)

Digital health solutions and telemedicine help close gaps in the provision of healthcare in conflict areas. Remote consultations, patient monitoring, and medical education are made possible by these developments, guaranteeing access to necessary healthcare even in isolated or difficult-to-reach places.

### **International Assistance and Diplomatic Efforts**

Negotiating ceasefires, peace accords, and humanitarian access are examples of collaborative international help. Diplomatic channels help to stabilise war areas by facilitating the supply of supplies, supporting peace initiatives, and gaining international backing.

### **Conclusion**

Accessing healthcare in war areas is a difficult task, with several barriers that make it difficult to provide basic services. The difficulties include limited access to medical supplies, security hazards, personnel shortages, and infrastructure outages. In order to tackle these obstacles, multiple suggestions surface. First off, telemedicine and other technology advances can help close the distance between patients and physicians by enabling remote consultations. International organisations, local governments, and nongovernmental organisations must work together to create makeshift medical facilities and guarantee the safe delivery of relief. Encouraging local communities via healthcare training programmes is equally important since it promotes resilience and self-sufficiency.

By implementing these recommendations, a path towards improved healthcare access in conflict zones emerges. It necessitates a concerted effort combining innovation, collaboration, and empowerment, ultimately striving for the fundamental right to healthcare for all, even amidst the most challenging circumstances.

By following these suggestions, a way forward for better access to healthcare in conflict areas becomes apparent. It requires a concentrated effort that combines empowerment, innovation, and teamwork in order to eventually work towards the fundamental right to healthcare for everyone, even in the most difficult situations.

### **Contributors**

Udokang, Ephraim Ikpongifono led the manuscript narrative and contributed to manuscript drafting and finalisation. Fadele Kehinde Precious, Stephen Chukwuemeka Igwe, Jimmy Blessing Uduak and Toluwalogo Niji-Olawepo principally wrote the manuscript. All authors reviewed the final manuscript and accept responsibility for the decision to submit for publication.

#### **Declaration of Interests**

We declare no competing interests.

### Acknowledgements

This paper received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

### References

- 1. World Health Organization (2019) Surveillance system for attacks on health care (SSA).
- 2. Health care in danger: a sixteen-country study (2011) International Committee of the Red Cross.
- 3. (2019) Humanitarian Data Exchange (HDX). SHCC attacks on health care.
- 4. Giacaman R, Abu-Rmeileh NME, Husseini A, Saab H, Boyce W, et al. (2018) Human health and the Gaza Strip. The Lancet 391(10117): 761-763.
- 5. Spiegel PB, Checchi F, Colombo S, Paik E (2010) Health-care needs of people affected by conflict: future trends

- and changing frameworks. The Lancet 375(9711): 341-345.
- 6. Chepurko Y, Spiegel P, Todkill A (2017) Vulnerability of Ukraine's health system to the crisis in the east: a situation assessment. Conflict and Health 11(1): 1-8.
- Price JI, Bohara AK (2013) Maternal health care amid political unrest: the effect of armed conflict on antenatal care utilization in Nepal. Health Policy Plan 28(3): 309-319.
- 8. Brentlinger PE, Sánchez-Pérez HJ, Cedeño MA, Morales LG, Hernán MA, et al. (2005) Pregnancy outcomes, site of delivery, and community schisms in regions affected by the armed conflict in Chiapas, Mexico. Soc Sci Med 61(5): 1001-1014.
- 9. Pascual-García A, Klein JD, Villers J, Campillo-Funollet E, Sarkis C (2021) Empowering the crowd: feasible strategies for epidemic management in high-density informal settlements. The case of COVID-19 in Northwest Syria. BMJ Glob Health 6(8): e004656.
- 10. Hamad BA (2020) Adolescent access to health services in fragile and conflict-affected contexts: the case of the Gaza Strip. Conflict and health.
- 11. Hassanain SA, Edwards JK, Venables E, Ali E, Adam K, et al. (2018) Conflict and tuberculosis in Sudan: a 10-year review of the National Tuberculosis Programme, 2004-2014. Confl Health 12: 18.
- 12. Sen S (2020) The pandemic under siege: A view from the Gaza Strip. World Dev 135: 105063.
- 13. Debarre A (2018) Hard to reach: providing healthcare in armed conflict. International Peace Institute.
- 14. Gordon S, Baker A, Alexia J, Duten A, Garner P (2010) Study exploring the evidence relating health and conflict interventions and outcomes. London: UK Cross Government Group on Health and Conflict.
- 15. O'Hare B, Southall D (2007) First do no harm: the impact of recent armed conflict on maternal and child health in sub-Saharan Africa. J R Soc Med 100(12): 564-570.