Credit: Annette Etges

Innovative approaches from recent conflicts can aid the health crisis in Ukraine

Evidence from recent armed conflicts shows that a long-term approach is needed to support health infrastructure and protect the vulnerable.

On 9 March 2022, a maternity and children's hospital in Mariupol, Ukraine, was bombed; one of several health facilities targeted in violation of international humanitarian law. Attacking civilian hospitals is reprehensible and generates an immediate and emotive response from the global community. But, for the humanitarian health community, zeroing in on every such act will result in responses that are generally ineffective and rarely sustainable.

The world's attention is on the tragic situation of Ukrainian refugees, who are being assisted by neighboring countries. Yet, it is the internally displaced, and residents who remain, who pay the highest price in armed conflicts. Often under siege, cut off from external aid and living in constant fear, those who remain present worst health status indicators than refugees.

The humanitarian community responding to this crisis urgently needs a coordinated health assistance plan for the long term, drawing on experiences from past conflicts. Few strategies work as well as planning and preparedness, especially for imminent medical and public health threats.

Maternity care is one of these. Around 80,000 infants will be born in the next three months in Ukraine, with a quarter of a million born in the next nine months. Stress, inadequate food and reduced prenatal services are likely to exacerbate maternal complications. Many women will lack road access to maternity services or essential medical supplies. The elderly, many of whom have not been able to leave, face breakdowns in the continuity of their chronic care, something observed in Iraq and Syria, and likely to be worse in Ukraine, as one of the fastest aging countries in the world. A sustainable strategy is needed to provide medicines for common conditions such as diabetes, as the war is not likely to end any time soon.

Targeting health infrastructure will seed terror among civilians. In Ukraine, health facilities will be increasingly targeted or suffer collateral damage. As the violence increases, medical staff will flee, leaving local hospitals facing acute shortages of surgeons, doctors and nurses. Experience from civil wars and other armed conflicts has shown that health staff who remain at their posts inevitably encounter patients with medical and surgical conditions that go well beyond their skill level. Patients that need routine care for domestic or road accidents, caesarian sections or trauma surgeries are likely to be left stranded as scarce resources are diverted to military casualties or because of a lack of specialist personnel.

Maintaining continuity of supply chains for essential medical items is always challenging in humanitarian crises. Events such as catastrophic air attacks can result in hospitals depleting their stocks in one day, while rapidly changing security conditions and border closures can block supply routes. Medical units will shut down as clinics lose functioning equipment and medical supplies. Solutions to ensure essential health care in a conflict are depressingly sparse, but not completely absent.

In Syria, humanitarian organizations such as Médecins Sans Frontières established a remarkable cross-border medico-surgical guidance program for local health staff using remote technology. This not only reinforced the skills of local Syrian health-care staff but also provided invaluable moral support to the abandoned hospital staff struggling through the civil war. Other organizations set up rapid remote training for midwives in Syria, to help them manage complicated births.

Telemedicine is a powerful tool that can guide local staff in service delivery from remote locations. Skilled health volunteers can also be mobilized from the expatriate community, drawing on their language skills and personal motivation.

Uncertainties in supply chains are a major hurdle in conflicts, but can be minimized. In Syria, the United Nations World Food Programme set up pre-agreements with suppliers of food and medicine at various border crossings, which could be scaled up or down according to security conditions.

Every conflict setting is different, and mistakes or miscalculations come with the territory. But these mistakes can be minimized with foresight and nimble systems. The major donors of humanitarian aid such as the US Agency for International Development, UK Aid Direct and the European Union should solicit inputs from reliable and experienced humanitarian actors, particularly Ukrainian organizations. The World Health Organization's humanitarian program can also provide valuable insights, which are often more farsighted. Donors and relief agencies must balance the level of assistance given to humanitarian crises across the world, ideally based on a criteria of need.

There are no perfect solutions, and interventions may work only partially. Developing strategies to maintain and support health services for the long term is better than reacting to attacks as they come. Past conflicts in Iraq, Syria, Yemen and Afghanistan have improved our understanding of how to provide medical assistance during such a crisis. Now is the time to put this knowledge to use. Mistakes will be made, but they should not be the same mistakes made in the past.

Whatever the politicians decide to do, the humanitarian health sector must prepare and plan, and implement strategies learned from armed conflicts elsewhere. ❐

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