

Addressing Public Health Challenges during Humanitarian Crisis

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INTRODUCTION

A humanitarian crisis is defined as an event or a series of events that threaten the health, safety, or well-being of a community. These crises may be man-made or natural disasters or complex emergencies viz. conflicts, wars, epidemics, pandemics, and other natural disasters like earthquake and famines, requiring unique targeted interventions toward the affected sectors. Worldwide, about 80 million people's lives are put at risk due to humanitarian crisis arising from human conflicts, viz. Sudan and Syria, or natural disasters.^{1,2} In the current ongoing conflict in Ukraine, thousands of lives have been lost including that of children and many more have been severely injured. It has been estimated that around 4 million people would flee away from Ukraine in order to find refuge and support from across the region.³ The most vulnerable population groups in such times are women and children, elderly persons, persons with disability, and ethnic minorities. The humanitarian crisis poses an immediate public health risk to the refugee population with regard to not only infectious diseases but also noncommunicable diseases (NCDs), maternal and child health issues, vaccine-preventable diseases, and also mental health disorders.

PUBLIC HEALTH CHALLENGES DURING HUMANITARIAN CRISIS

During a conflict, vast population is displaced. They are at increased risk for various communicable diseases viz. coronavirus disease-2019 (COVID-19), poliomyelitis, measles, diarrheal diseases, and sexually transmitted diseases due to overcrowding, more close social contact, lack of shelter, poor quality of food and water, poor sanitation, and hygienic practices. In addition, lack of essential primary healthcare, low routine immunization coverage, lack of routine surveillance, and disruption in the diagnostic and treatment facilities for diseases like tuberculosis and HIV/AIDS. There is also an increased risk of NCDs like hypertension, diabetes, cancers, and mental health disorders. This enhanced risk for NCDs is mainly due to limited access to essential healthcare facilities and interruption in the treatment due to shortage of medication which increases the chances of complications like myocardial infarction, stroke, diabetic, and ketoacidosis. The management of cancers further overwhelms an already overburdened health system.¹ High levels of anxiety, stress, and other mental health problems are very common in the displaced population which is mainly due to the interruption in the medication and the supportive systems and lack of psychiatric care in addition to increased chances of abuse and neglect.² Antenatal women, children, and postnatal women represent one of the most vulnerable population groups during such conflict situations. Lack of routine antenatal checkups,

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dearth of well-equipped intranatal care, disruption of routine immunization coverage, and lack of proper nutrition facilities for children pose a greater threat to the antenatal and child well-being. In addition, lack of security at the refugee camp settlements and paucity of law enforcement increase the likelihood of sexual and gender-based violence for the vulnerable group.²

During a conflict, often there is dearth of availability of health services due to the sheer number of displaced persons. In addition, there is shortage of healthcare personnel, an overwhelmed healthcare system, limited supply of essential drugs, etc. Accessibility to healthcare facility is another major concern during a crisis situation due to language and geographical constraints, lack of information about availability of health facilities, sociocultural and financial barriers, limited availability of specialized care, etc.⁴

RECOMMENDATIONS TO OVERCOME CHALLENGES DURING HUMANITARIAN CRISIS

- **Prioritizing essential healthcare services:** Provision of antenatal, intranatal and postnatal care, emergency obstetric care, child healthcare, services toward management of reproductive and sexual health services, management of sexually transmitted infections, and provision of continuum of quality care for persons suffering from chronic diseases as well as NCDs like diabetes mellitus, hypertension, cardiovascular diseases, bronchial asthma, and mental health disorders were prioritized. Facilities for the management of infectious diseases like malaria and HIV/AIDS must be made available. These services can be provided by private institutions as well as by government health authorities.^{1,4}

- **Equitable provision of essential medicines:** Ensuring access to safe, quality and affordable essential drugs and vaccines for the displaced population is of utmost importance in order to prevent spread of communicable diseases in the vulnerable groups and also to avoid complications among persons with chronic diseases. These facilities must be made available irrespective of the religion, spirituality, and nationality of the displaced population.⁴
- **Access to safe water, nutrition, and sanitation:** WASH (Water, sanitation, and hygiene) measures are extremely important as also provision of nutrition especially to vulnerable population groups, viz. children, pregnant and lactating women, and elderly persons. These measures will reduce the incidence of water and food-borne diseases and thereby reduce the burden on the already compromised health system. Nongovernmental agencies and private organizations can be roped in to provide safe drinking water and adequate nutrition as a part of their social responsibilities.⁵
- **Strengthening the health systems:** Humanitarian crisis overwhelms the health system. Capacity building and strengthening of the health system require political will and commitment. Most of the health systems are not well prepared to deal with conflict or disaster situation. Health infrastructure and surveillance mechanism need to be strengthened in order to efficiently manage such crisis situation. Community health volunteers can be identified among the displaced population to help actively as a part of health response team. The COVID-19 pandemic has exposed the vulnerabilities of the health system across the globe and the importance of prior preparedness to deal with the emergency settings at war footing. Streamlining of health information system is essential to analyze the trends in real time and provide accurate and timely information across countries during the transit period.^{2,6}
- **Streamlining intersectoral coordination and collaboration:** In order to address the various determinants of health viz. social, cultural, and economic, it is essential to coordinate and

collaborate with other stakeholders, nongovernmental agencies working toward improvement of health-related parameters of the displaced population. In addition, nations should promote the development of health policies in favor of displaced population within the acceptable international and national regulations. The existing health policies must have provision for modifications during a humanitarian crisis in order to provide social and legal protection for the population at stake.⁶

CONCLUSION

To summarize, it is essential to augment the capacity of the health system to respond efficiently and effectively to mitigate the adverse impact on health due to any humanitarian crisis without being detrimental to the human rights of the displaced population.

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