FORUM:	World Health Assembly
ISSUE:	Measures to Provide Medical Services in Conflict Zones
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Introduction

Under modern-day society, rapidly developing military technologies and frequent political disputes place regions and residential areas under the flames of warfare. These geographical locations with affected populations, being referred to as conflict zones, are susceptible to damages and are in huge dependence on necessary goods and services including nutrition, sanitation, and healthcare. The constant occurrence of warfare in the Middle East has kept war as one of the top-ranking causes of death. Meanwhile, the Syrian Arab Republic faces an even more severe situation recording the highest number of deaths related to battles since 1989.

Figure 1: temporary medical site in conflict

Under humanitarian emergencies brought by warfare, the demand for healthcare surges to unprecedented levels, imposing an immense burden on healthcare service providers. Not only does demand surge due to the mounting uncertainties brought by the outbreak of war, limiting capabilities in aspects of time and space for institutions and workers to be available, but demand also originates from the increasing number of casualties for those directly engaging in war and those who experience side effects. Forced immigration, temporary gathering, and incapability to manage campsites all accumulate to the increasing risks of disease outbreaks, once again proving the need for wide cover and easily accessible healthcare equipment and services. Unfortunately, many obstacles block out the light to achieving the efficient provision of healthcare in conflict zones. Limitations in the supply of both medical equipment and daily necessities, the disrupted network of transportation, and the shortage of medical personnel all contribute to the destructing situation.

International organizations and parties have worked hard to lighten up the situation through legislation and regulations, agreements, and goals aiming to involve nations in implementing action. Incorporated in the United Nations Sustainable Development Goals, goal 3 and Goal 16 promotes healthy lives for all and peaceful societies, respectively. The combination of these two goals is hence what this issue addresses – aiming to maintain the well-being of individuals of all, even under unfortunate situations of disputes and insecurities. However, even with the efforts of nations and NGOs, the issue remains to be unsolved, hence requiring continuous international attention.

Background

According to one of the directors at the United Nations Office for the Coordination of Human Affairs, for the first time in the historical record, the Ukraine war and other conflicts occurring simultaneously have caused more than 100 million people to flee. Additionally, 2021 ended with conflicts placing 140 million people around the globe under acute situations of food insecurity. Similar situations can be seen in Afghanistan and Yemen, with ruthless attacks against healthcare facilities, making them malfunction and affecting medical access for hundreds of millions of people.

Figure 2: healthcare provision during WWII

Political disputes and warfare have been major events of concern since the formation of human civilizations. Hence, the creation of conflict zones and the associated issues of healthcare provision has been longstanding. Provided below is a timeline of major historical events in relevance to the issue of healthcare provision in conflict zones:

Time	Event Description
1859	The first formal framework in support of the issue of healthcare provision in conflict zones, also known as the First Geneva Convention was proposed and adopted. The framework specified the measures to protect soldiers in need of medical support.

1863	The International Committee of the Red Cross (ICRC) was founded to ensure sufficient humanitarian assistance, with the assistance incorporating medical services in the protection of populations affected by armed conflicts.
1899-1907	Another set of conventions, named The Hague Conventions were implemented to address the legislations and regulations of war. Legislations consist of the highlighted need to protect medical-related personnel and facilities, as well as those whose health requires support.
1971	Doctors Without Borders a humanitarian organization was founded. They focused on providing medical assistance for areas undergoing crises of various types, including conflict, disease outbreaks, and natural disasters.
1999-2000	The United Nations passed two consecutive resolutions (1265 and 1296) established by the Security Council, both calling for the need to ensure medical access in regions suffering from armed conflicts. The resolutions call upon members to protect relevant personnel and facilities.
2005	The World Health Organization (WHO) launched Health Action in Crisis, an initiative that targets the strengthening of healthcare systems and emergency responses specifically for areas affected by conflicts.
2012	Warfare in Syria intensifies, challenging the medical facilities and staff. The highly complex situation brought about by the Syrian conflict emphasizes the difficulties to maintain healthcare provision in such areas.
2018	A collective effort named The Safeguarding Health in Conflict Coalition launched, bringing together organizations of varying scales as well as individuals with the common goal of protecting medical personnel working in conflict zones.
2020	The COVID-19 coronavirus pandemic raised the extent of difficulty for providing medical services in conflict zones, with the healthcare system being overwhelmed universally and access to healthcare becoming extremely restricted even in unaffected areas.

Viewing from a chronological perspective, the various efforts imposed by international committees and organizations aiming to tackle this global issue prove its severity. Narrowing the perspective to the case study of Syria, the Syrian conflict killed more than 500,000 people and forced 5 million people to leave their homes. The Syrian conflict which continues to intensify in the present day has crushed Syria's healthcare system, both through the direct destruction of institutions including hospitals and health

centers, and the risks associated with healthcare workers, who could experience violence or even kidnapping. It could thus be seen as evident from Syria's case that healthcare provision in conflict zones associate with major challenges.

Problems Raised

Security risks of healthcare workers and patients

Healthcare provision sites that are located in conflict zones are surrounded by threats, making it extremely difficult to maintain healthcare services in the corresponding areas. As conflict sustains, the healthcare environment surrounds by risks of an attack. Both for healthcare workers who stay in their working environment for extended periods and for patients attempting to receive help by exiting their residential areas and traveling to medical institutions, risks exist and could threaten their well-being to a severe extent. Firstly, healthcare workers, are not only at risk of accidental damages, but they are often the targets of some armed groups, bearing the possibility of experiencing physical violence and attacks. According to data provided by the Safeguarding Health in Conflict Coalition, the number of reported attacks on medical personnel, patients, as well as facilities amount to 973 within just 23 countries in 2020. This number continues to rise each year, indicating the need for immediate resolution.
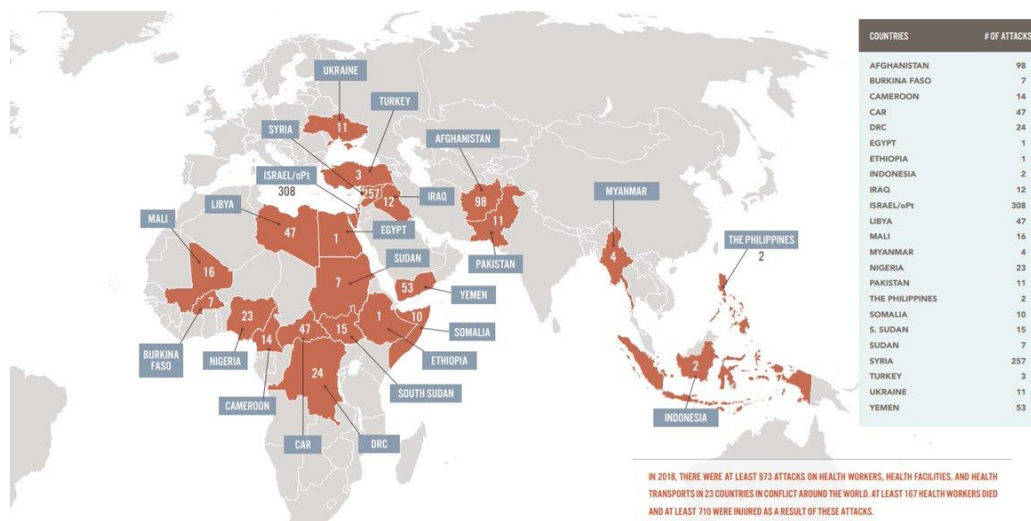

Figure 3: attacks on healthcare workers and patients rising in conflict zones

To maximize the prevention of such security risks, the location of the medical institution could be difficult to determine, and the availability of medical workers can be extremely uncertain and unstable. Meanwhile, the same situation applies to the patients including sick or wounded soldiers and other individuals in need of medical support. They have a high risk of being affected by the

attacks on medical personnel. In Syria alone, 800 healthcare workers and many patients were killed over 5 years, as suggested by a study published in The Lancet. In conflict zones, a balance point should be established between sustaining the medical service to meet the demands of those in need and ensuring the well-being of patients and health workers. This is an extremely challenging task that lays responsibility for international organizations and committees.

Shortage of Medical Personnel and Equipment

The limited supply of medical supplies and personnel is another major barrier to access to healthcare in conflict zones. Due to the presence of conflicts, local employment forces may temporarily transit to the military sector, slowing production and cutting many supply chains. Internationally, conflicts could cut trade and cause regulations to become stricter. Many conflicts zones report having only 70% of the necessary supplies and 30% of needed personnel. While supply diminishes, demand surges with an increased need for medical care with soldier casualties and risks of epidemics and pandemics through clusters of population formed in response to humanitarian emergencies, worsening the situation. As mentioned above, the security risks that accompany medical faculties through their working time could cause them to risk their safety and lives. Hence, it is highly possible for a medical center to experience high drop-out rates or in the worst-case scenario mortality rates of medical workers, leading to the inability of fulfilling all positions and meeting the demands of the public. As doctors and

Figure 4: health crisis in Ethiopia's War

nurses require highly advanced and specifically trained skills, even if local and international volunteers offer support, they would still not be able to be trained promptly to replace the employment capacity. According to studies completed in sub-Saharan Africa, with many countries deeply affected by all-year-round conflicts, there are only 0.02 oncologists available for a population of 100,000 people, whereas countries with higher income and politically stable conditions can provide up to 3.5 oncologists. Certainly, the healthcare quality would be impacted, directly influencing the physical well-being of citizens.

Destructed Infrastructure with Medical Usage

During the Syrian conflict, more than 50 percent of the hospitals and clinical centers were either reported to be damaged or destroyed. The destruction of infrastructure directly required by the medical sector places an additional burden on existing pressures of limited capacity with healthcare provision. In the process of infrastructure damages, medical personnel and those receiving medical care would be wounded or killed, widening the impact of the damage. It requires time and funds to repair damaged infrastructures and replace destroyed infrastructures, which areas lack under conflict situations. It could cost up to 200 million dollars to construct a hospital, an enormous cost that cannot be easily covered by governments and organizations. Without immediate response of repair, access to healthcare will be almost impossible to fix.


Figure 5: destructed medical centers in conflict zones

Other than the direct facilities, relevant infrastructure damage could also leave major impacts. Firstly, electricity and water resources are vulnerable to damage. Once damaged, the necessary sources of healthcare for usage such as sanitation and medical technology maintenance are deprived, placing patients who are dependent upon such resources in life-threatening danger. Secondly, the destruction of roads, bridges, and other infrastructures could also affect the delivery of medical supplies, cumulating in disastrous damage.

Restricted Transportation Network

Other than the issue of blocked access to medical supplies and personnel as a result of damaged transportation infrastructures such as roads and bridges, the transportation network can also be affected differently. Due to the political tension that is involved in most conflicts, parties may intentionally block roads and cease transportation services intentionally. As a result, international support organizations such as Doctors Without Borders experience difficulties reaching the conflict areas in need of medical care. Under emergencies when patients require transport between different healthcare centers, the restricted access to infrastructure delays or prohibits this process. In South Sudan, for instance, the restricted transportation infrastructures limited the availability of
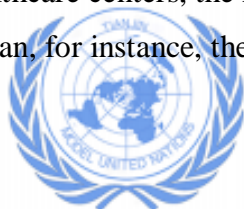
medical care to only 28% of the population, significantly increasing the population's susceptibility to diseases and factors causing mortality.

Challenging Coordination and Collaboration

The healthcare sector is one that often requires cooperative work in multiple aspects. Due to the highly advanced and sophisticated knowledge, medical experts across the globe work together through engaging in discussions and seminars. However, political tension as the root of conflicts could inhibit the formation of collaborative opportunities. It is hardly applicable for parties with different political stances to organize the aforementioned platforms. Furthermore, for medical and surgery work that has to be completed in the conflict zones, international travel and mobility are highly restricted, limiting the extent to which international forces can assist even if patients require immediate support.

Figure 6: armed defense and restricted zones

International Actions

UN Security Council of Resolution 2286

The landmark UN Security Council Resolution 2286, which was passed on May 3, 2016, asks for greater adherence to international humanitarian law and denounces attacks on medical facilities and employees in conflict zones. The Security Council's 15 members unanimously approved the resolution, which had 80 nations as cosponsors. In conflict zones, notably in Syria, where hospitals and clinics were being targeted by airstrikes and other types of attack, there were an increasing number of attacks on medical workers and institutions. This prompted the adoption of Resolution 2286. The resolution acknowledges that such actions jeopardize the safety of medical workers and institutions while also denying citizens access to life-saving medical treatment. The resolution demands that all parties to armed conflict respect, safeguard, and ensure that medical facilities and personnel are not exploited for military operations. Additionally, it urges parties to armed conflict to take all practical precautions to prevent damage to medical facilities and

personnel and to provide the quick and unhindered delivery of medical personnel, supplies, and equipment to those in need. In addition, Resolution 2286 asks for the development of procedures for the investigation and prosecution of individuals accountable for assaults on medical professionals and institutions, as well as for the provision of medical treatment to those who suffer injuries as a result of such assaults.

Geneva Conventions

Dating further back into history, the Geneva Conventions of 1864 serve as an important turning point for the International Humanitarian Law establishment and the provision of healthcare in conflict zones. The agreements created the first global guidelines for the care of injured and ill troops, and they recognized the Red Cross as an impartial agency tasked with providing healthcare

Figure 7: Geneva Convention

to everyone in need, regardless of nationality. Dunant's lobbying and the work of the International Committee for Relief to the Wounded, which eventually changed its name to the International Committee of the Red Cross, were responsible for the Geneva Conventions of 1864. Four major concepts were established by the conventions: First, during times of armed conflict, medical facilities must be respected and safeguarded and must not be assaulted or utilized by the military. Second, all troops who are injured or ill must be treated humanely and with respect, regardless of their country. Thirdly, medical professionals and facilities are represented by the red cross on a white backdrop, which is a sign that deserves respect and protection. Last but not least, neutral nations have a responsibility to help the injured and ill during armed conflict.

Key Players

World Health Organization

The World Health Organization is one of the United Nations agencies, and its constitution was established in July 1946, and began to establish in 1948. The provision of medical treatment in war zones is one of the WHO's primary areas of concentration. The organization aims to guarantee that those impacted by armed conflict have access to vital medical treatment because it realizes that armed conflict and other emergencies may have a destructive effect on people's health

individually and collectively. An important part of the WHO's initiatives to provide medical treatment in war zones is the Emergency Medical Teams (EMT) program. The EMT initiative seeks to make sure that these teams are prepared for emergencies by coordinating the deployment of medical teams to offer emergency medical treatment in humanitarian situations.

International Committee of the Red Cross (ICRC)

An independent humanitarian group called the International Committee of the Red Cross (ICRC) offers medical aid to those suffering from armed war and other calamities. It was established in 1863. The goal of the ICRC is to aid and support victims of armed conflict and other forms of violence while also preserving their lives and sense of dignity. The ICRC places a lot of emphasis on providing medical treatment in crisis zones. The group aims to guarantee that persons impacted by violence have access to vital medical treatment despite the fact that access to healthcare is frequently severely constrained in conflict zones. As part of its healthcare initiatives, the ICRC offers medical supplies and equipment, trains healthcare professionals, and supports the industry's infrastructure. The organization also strives to prevent the use of medical facilities and people for military operations and to safeguard medical staff and facilities during armed situations.

Doctors Without Borders/Médecins Sans Frontières (MSF)

The worldwide medical humanitarian group Doctors Without Borders/Médecins Sans Frontières (MSF) offers emergency medical aid in more than 70 different nations. MSF is a major role in the provision of healthcare in war areas and has a wealth of expertise operating in some of the world's most difficult circumstances. MSF is frequently one of the first organizations to respond to humanitarian crises and provide medical care to persons afflicted by armed war, natural disasters, and other catastrophes. MSF's healthcare initiatives in crisis zones include giving out medication,

Figure 8: MSF in action

equipment, and supplies, as well as educating local healthcare personnel and assisting with the infrastructure of the sector. The group also works to ensure that medical workers and facilities are respected and safeguarded during armed situations and fights for greater access to healthcare in crisis zones.

Possible Solutions

Strengthening Local Healthcare Systems

Long-term access to healthcare can be enhanced by strengthening local healthcare systems in conflict areas. This might entail supplying local healthcare professionals with training and resources, aiding with the development of the healthcare infrastructure, and making sure that medical equipment and supplies are accessible when required. It could be feasible to deliver more efficient and long-lasting medical treatment in war zones by strengthening local healthcare systems. Additionally, improving local healthcare systems may support ensuring that medical care is responsive to local needs and culturally acceptable.

Providing specialized medical teams

High-quality medical treatment may be provided in war zones with the support of expert medical teams. These teams may consist of physicians, nurses, and other medical personnel with training in trauma care and emergency medicine. It would be feasible to provide more effective medical care in conflict zones by deploying these specialist teams, particularly in regions where local healthcare institutions are overburdened or unable to handle the demand. Additionally, expert medical teams can teach and assist local healthcare professionals, enhancing local capacity and raising the standard of care provided to patients in war zones. When facing challenges of security risks, innovative approaches such as telemedicine, which refers to the provision of medical diagnosis and advice through virtual communication, could be applied.

Figure 9: people in conflict zones receiving medical support

Promoting adherence to International Humanitarian Law

In order to safeguard civilians and other non-combatants during armed conflicts and to ensure that medical staff and facilities are respected and protected, it is crucial to promote respect for

international humanitarian law. In order to encourage adherence to international humanitarian law and guarantee that medical workers and facilities are not targeted during armed conflicts, this may entail interacting with governments, armed groups, and other stakeholders. Aside from that, encouraging adherence to international humanitarian law can aid in preventing assaults on civilians and other non-combatants as well as ensuring that people in need of medical attention can do so securely and without fear of retaliation or violence.

Glossary

Conflict Zone

A conflict zone is a specific geographical location or area affected by an ongoing conflict. Conflicts are most commonly characterized by armed warfare, but could also refer to situations such as violence, political instabilities, and social unrest. Due to their instability, they face challenges with the maintenance of the living standards of citizens, often failing to meet the necessary demands of food, water, sanitation, security, and healthcare. Examples of conflict zones around the world include the many parts of Syria, Yemen, Afghanistan, Myanmar, and Somalia, as well as other countries located in the Middle East.

Humanitarian Crisis

The humanitarian crisis, defined similarly to humanitarian emergencies, refers to events either occur singularly or in series that place the overall physical and emotional well-being of a certain population regarding health, security, and safety. Common examples of humanitarian emergencies are natural disasters, large-scale hunger, as well as political conflicts and unrest. The possibility for acute humanitarian emergencies to arise increases when impacts brought by such events hit vulnerable populations who are unable to cope with the life-threatening conditions.

International Humanitarian Law

The International Humanitarian Law (IHL) is a set of rules and regulations that countries have to adhere to. It provides strict and specific regulations across the areas of medical neutrality, the duty to care for the wounded and sick, protection of medical facilities and personnel, facilitation of healthcare, prohibition of torture and cruel treatment, and many others. These laws apply under the conduct of armed conflicts and aim to ensure security and defend the rights of civilians in corresponding conflict zones.

Displacement

The displacement of the population refers to the forceful movement from one location to another due to conflicts, warfare, or persecution. The movement of civilians is common in conflict zones,

resulting in uncertainties of life and difficulties with receiving secured social welfare and necessary services such as healthcare. Furthermore, the forceful displacement of healthcare personnel also causes challenges in healthcare provision within conflict areas.

Medical supplies

Medical supplies refer to the demands of the healthcare sector to supply healthcare services. Supplies include equipment, meditations, technologies, and other products needed for healthcare provision. Conflict zones frequently face a severe shortage of medical supplies due to the destructed infrastructures and supply chains bought by political instabilities. Medical supplies are one of the main sources that international humanitarian organizations aim on providing.

Medical Personnel

Medical personnel refer to people and labor forces who are capable of providing medical care. Personnel categories include doctors, nurses, and paramedics, all of whom are specifically trained for the medical field and possess certifications. Due to the highly specialized nature of these medical personnel, the shortage of labor force is difficult to repair.

Telemedicine

Telemedicine is a novel way of providing medical care, with the support of network services and technology provisions. It refers to access to healthcare through an online conferencing way, with the medical personnel and the patients located in different locations. It is a modern way of effectively addressing the security risks of medical care access in conflict zones.

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