Paradox of Health in a World of Conflict

Editorial

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Abstract

Before the world could recover fully from the devastating impact of the COVID-19 pandemic, 2023 saw the world embroiled in major conflict in Europe and the Middle East while other areas continue to remain on the brink of breakthroughs of further death and destruction. While the lessons from the pandemic demonstrated the power of scientific as well as political collaboration and speedy development of technological progress with the combined economic power and scientific minds such as in the development of vaccines, the conflicts have thrown up much greater challenges.

There is a direct consequence of conflict in the loss of civilian lives, often impacting women and children as visible in the Israel-Hamas conflict in Gaza but also the displacement of millions of people both within their countries or as refugees in neighbouring countries. The healthcare infrastructure suffers, funding for research is compromised and health outcomes plummet.

There is also the moral and ethical challenge faced by health professionals in areas of conflict as well as by the wider scientific and research communities forced to impose sanctions or restrict access by military administrations. What should the scientific and health professionals do in the face of such challenges? What are the ethics and sections of the Hippocratic oath that should apply? This editorial explores the challenges and seeks solutions.

Keywords
Conflict, healthcare infrastructure, health outcomes, ethical challenges

Background

In human history, progress is measured in outcomes, such as healthy life years, predicted life span at birth, and measures of mortality such as maternal, and childhood before measures such as outcomes related to individual diseases. The evidence suggests that broader health coverage generally leads to better access to necessary care and improved population health, particularly for poor people. [1] Science and technological advances have a significant contribution to progress, paradoxically often at a cost such as the impact on the environment. In times of conflict, research is logistically difficult, there is limited funding, and it is difficult to position research as a life-saving effort in the short term. In the past, research has been cited as a distraction to core medical, water and sanitation, nutrition, and protection priorities and at times, research has been conducted in ethically problematic ways. [2]

While there is a spike in progress from a technological perspective during times of conflict due to the need for faster adoption of technology as seen in the World wars, the economy suffers and It has been proven that the economic recession of the aggressor is the worst in comparison with the victim country, such as in Ukraine-Russia conflict.[3] It is inevitable that when an economic downturn ensues, real-life health outcomes suffer.

As healthcare professionals, it is challenging to make any sense of such a dichotomy. The discoveries that underlie technologies from the gun to the atomic bomb emerged from the minds of scientists, aided by the need for military domination. Consequently, the creators of those and many other technologies have found themselves in moral quandaries resulting from the violent application of their insights. [4] An interesting development in the Israel-Gaza conflict is the decision by Elon Musk, to provide access to healthcare, aid agencies and journalists within Gaza to connectivity with SpaceLink satellite links. [5]

How should medical and healthcare professionals conduct themselves in times of conflict? Our commitment to impartiality and doing our best for our patients, irrespective of any personal views, beliefs, or without reference to the patients' acts of omission and commission is sacrosanct in the purity of the interactions between a healthcare giver and their patients. This principle must be honoured and in certain circumstances enforced to maintain the validity of the health and care profession.[6] Such principles of impartiality are incorporated into the code of medical ethics and taught to every professional under the auspices of professionalism and Good Medical Practice. Even social media, with its promise of 'independent' and 'citizens' voice', can be skewed, with much of the output in crisis coming from one side only, largely due to access. While healthcare professionals and researchers in conflict-affected zones may need to take a position on one side or another when reporting, death, destruction and disease, they must admit to the challenges of accessing unbiased data, the near impossibility of obtaining representative samples and the risk of the contamination of evidence, clinical or otherwise.[7,8] Much of the recent news from the Israel-Hamas conflict in Gaza on the targeting of hospitals and health facilities, reporting directly to the media by healthcare professionals, accounting for the loss of life of unarmed civilians including women and children[9], on either side has been tainted by controversy on impartiality. The monolithic depictions give rise to the notion of 'moral complacency', wherein the media amplifies and charges it with significance.[10]

Scientific Diplomacy

In the recent conflict between Russia and Ukraine, there were calls for isolating the Russian scientific community from collaborating or publishing in international journals as well as ceasing funding for projects. The editors of Springer Nature argued against such calls reiterating that scientific collaboration not only provides an international platform for scientists from countries who may have a different stance from their political or military masters but also that such collaboration may bring better understanding between communities split by war and create a bridge to peace. [11] These were also followed by a call for an

international effort to develop standard, evidence-based policies for the conduct of science in future conflicts, which should be conducted publicly towards the ultimate goal: a global protocol for the conduct of science in wartime. [12]

Imposing all-encompassing sanctions on countries propagating conflict, and detaching it from the global community is often considered to be warranted in a war that is bound to unleash huge suffering on innocent civilians, destroying health and education infrastructure, disregarding the rules-based international system, and nudging the world perilously close to escalating regional or nuclear conflict. *Drastic times call for drastic measures.* it is concerning that many of the halted scientific projects and publications during the Russia-Ukranian conflict were focused on collaborative goals that go far beyond the scope of geopolitics. From microbiology to space exploration, thousands of collaborative endeavours with Russian scientists have no connection to the war. However, the heat of the moment may blind us to the implications of cutting *all* ties with countries in conflict. Scientific collaboration—the essence of science diplomacy—should be carefully considered before all doors are shut. [13]

Civilian Infrastructure

One of the inevitable 'collateral damage' in any time of conflict is the impact on civilian life, children, education and healthcare. In planning for warfare, most military strategists call for the indiscriminate destruction of civilian infrastructure. Although the United Nations Convention on Warfare prohibits attacks on schools, hospitals and civilian infrastructure, this is rarely adhered to. Assaults on patients and medical personnel, facilities, and transports, denial of access to medical services, and misuse of medical facilities and emblems have become a feature of armed conflict despite their prohibition by the laws of war. Strategies to improve compliance with these laws, protection, and accountability need to be improved, and regular reporting of violations is absent. Findings from a systematic review showed deficiencies in the extent and methods of reporting but also identified three major trends in such assaults: attacks on

medical functions seem to be part of a broad assault on civilians; assaults on medical functions are used to achieve a military advantage; and combatants do not respect the ethical duty of health professionals to provide care to patients irrespective of affiliation. [14]

Health Inequalities

Health effects of conflict include trauma; mental health; non-communicable diseases (NCDs); child health; sexual, reproductive and maternal health; and infectious diseases. Conflict damages health directly through fighting, and indirectly through wider socioeconomic effects. Health outcomes are influenced by pre-existing population health and demographics, and access to appropriate healthcare. Vulnerable populations (the elderly, children, neonates and women) are especially at risk. [15] Factors that affect equity include displacement, gender and financial barriers. Strategies to strengthen health equity include strengthening pro-equity policy and planning functions; building provider capacity to provide health services; and reducing access and participation barriers for excluded groups. In conclusion, conflict is a key social determinant of health.[16] Immunisation and other vital public health functions of disease prevention and health promotion tend to suffer a major decline in times of conflict. A study found that in 16 countries impacted by conflict, representing just 12% of the global population, were responsible for 67% of global polio cases and 39% of global measles cases between 2010 and 2015. Fourteen out of the 16 countries were below the global average of 85% coverage for diphtheria, pertussis, and tetanus (DPT3) in 2014. Tense security conditions, along with damaged health infrastructure and depleted human resources have contributed to infrequent outreach services, and delays in new vaccine introductions and immunisation campaigns. [17]

Humanitarian Aid

Motivated by a disastrous response to the Rwanda genocide in 1994, the Sphere standards
for humanitarian service provision were developed, reflecting the determination of aid agencies to improve both the effectiveness of their assistance and their

accountability to their stakeholders.[6] Overall, mortality has decreased in refugee camp settings due to a cluster approach to improve coordination of relief outside of refugee situations. However, the humanitarian space—physical locations that are safe from attack in a conflict, respect for core humanitarian principles of independence, impartiality and neutrality, and the ability of aid agencies to access and help civilians affected by conflict—has shrunk substantially, as seen in recent areas of conflict. These factors have had negative effects on the protection of both people affected by conflict and humanitarian workers, and consequently have affected the ability of organisations to provide preventive and curative health services because of insecurity.[19]

Conclusion

Two-thirds of countries globally are unprepared to respond to a health emergency as per the International Health Regulations (2005), with conflict-affected countries like Syria being particularly vulnerable. Political influences on outbreak preparedness, response and reporting may also adversely affect the control of SARS-CoV-2.[20] Yet the world has seen the dramatic benefits of openness for the development of COVID-19 vaccines, the understanding of climate and biodiversity change, and the spread of green, equitable environmental and social policies. War can halt or reverse such progress. The benefits of scientific collaboration and openness must be preserved without condoning or aiding aggression.[12] If COVID-19 is left to incubate and makes a home in weak systems, it will have a much better chance of mutating and coming back to infect many people globally.[21]

WHO needs to lead robust and systematic documentation of these violations, and countries and the medical community need to take steps to improve compliance, protection, and accountability. Rapid and internationally supported rebuilding of health systems may contribute not only to improved health status but also potentially to broader state-building and enhanced prospects for supporting a lasting peace.[22] Understanding the impact of conflict/crisis on the intersecting inequalities faced by households and communities is essential for developing responsive health policies. Health workers demonstrate resilience in conflict/crisis, yet need to be supported post-conflict/crisis with appropriate policies related to deployment and incentives that ensure a fair balance across sectors and geographical distribution. Postconflict/crisis contexts are characterised by an influx of multiple players and efforts to support coordination and build strong responsive national and local institutions are critical. [23]

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