

## European Public Health Week

EHFG & SEEHN Webinar

### Healthcare provision in times of armed conflict: what have we learned from the last European conflict in ex-Yugoslavia?

12:00 – 13:30 CET, Friday 20 May 2022

#### Webinar Abstract

The war in Ukraine is urging us to reflect on how armed conflict affects the health of all those involved. From the challenge of providing immediate medical aid to the people injured by the hostilities to ensuring continuity of care for chronic patients; from containing the spread of infectious diseases to ensuring access to healthcare for displaced people – the devastating impact of war on healthcare systems is dramatic.

The aim of this webinar is to consider the current health-related issues caused by the conflict in Ukraine, through the lens of those who have experienced armed conflict in the recent past – communities in the Balkans. The webinar aims to bring together local actors from the health sector, civil society and policymakers involved in providing medical assistance during the conflict in ex-Yugoslavia, as well as working for the reconstruction of the local healthcare systems in the post-war phase, with international actors who are dealing with the response to the Ukrainian conflict now.

The goal is to understand what the key lessons are from a past European conflict, to better enable us to deal with the current situation and consider priorities for the post-conflict phase in Ukraine.

#### Speakers

- Biljana Lakić, Psychiatrist, Psychotherapist, Ministry of Health and Civil Affairs, Republic of Srpska
- Goran Čerkez, Assistant Minister, Federal Ministry of Health, Bosnia and Herzegovina
- Halyna Skipalska, Country Director for Ukraine, HealthRight International
- Jaime Calderon, Regional Migration Health Advisor, IOM Regional Office for South-Eastern Europe, Eastern Europe and Central Asia
- Jarno Habicht, WHO Representative and Head of Country Office in Ukraine

#### Moderator

- Mira Jovanovski Dašić, Head, South-eastern Europe Health Network Secretariat

#### Newsroom

- Dorli Kahr-Gottlieb, Secretary General, European Health Forum Gastein

## Webinar outcomes

The panellists discussed some of the most pressing challenges that healthcare providers are facing at the moment in **Ukraine**, such as overwhelmed hospital facilities, destroyed infrastructure, hampered medical supply chains, and challenges to provide care for patients with non-communicable diseases and mental health services to the many in need. Accessing maternal and childcare is also a great challenge with 10% of households reporting at least one member being pregnant. In the east of the country, trauma care for the wounded is also an issue. As mitigating measures, mobile clinics have been deployed to reach populations in need, while hotlines have been set up to provide psychosocial support. In terms of displaced populations, the main issue is continuity of care, for people suffering both communicable and non-communicable diseases. Medical evaluation programmes have been set up with EU support. Language barriers in neighbouring countries also represent an obstacle, therefore provision of interpretation services is crucial. With regards to displaced healthcare professionals, some countries are adopting the best practice of allowing medical doctors coming from Ukraine to work, waiving the need to undergo the full accreditation process.

One of the crucial issues discussed was **mental health**, and the burden of PTSD caused by war, both for people in-country and for migrants. Panellists discussed the importance of starting mental health prevention work immediately, without waiting for the end of the conflict, and to work on people's wellbeing through ensuring continuity of non-health services, such as schools and kindergartens, adapting them to current needs and circumstances. All sectors need to be involved – the healthcare sector alone is not sufficient. In order to overcome access barriers, building flexible, mobile and accessible systems, which need to be community-based, de-centralised, closer to people, and high-quality, is key. Post-conflict, mental health should be used as a tool for reconciliation and cooperation, to rebuild people's trust and confidence, as well as an important political tool for community rehabilitation.

With regard to **NGOs and international actors** supporting the response, close coordination and integration of humanitarian action with the national systems in Ukraine (including e-health and data collection) was deemed crucial. Panellists encouraged national authorities to take full responsibility and coordinate the work of NGOs and UN Agencies both during conflict and in the post-conflict reconstruction phase.

Regarding the main **lessons learnt** from the conflict in ex-Yugoslavia, panellists highlighted the importance of sensible planning, which needs to be based on mapping of people's needs and of resources available. What can maximise healthcare system resilience is to have preparedness and response plans, trained staff, system flexibility and mobility, good communication and coordination. In order to ensure the prevention and treatment of HIV, hepatitis and other communicable diseases doesn't come to a halt, it is important to continue healthcare reforms even during the conflict, strengthening primary healthcare systems. Reflecting on post-conflict peacebuilding, panellists considered the important role that the SEEHN played over the past twenty years in developing regional cooperation and dissemination of best practices, with significant contributions to national capacity building.

Concerning the continuity of care for **displaced populations**, the panel compared the systems that were in place during the ex-Yugoslavian and the bureaucratic barriers that were gradually improved over time, to enable cross-border transfer of patients in need of urgent care not available in-country. In terms of the mental health of refugees, the issues

faced by people in the receiving communities should not be ignored – this is an important focus for NGOs working among host communities in transiting areas for IDPs in Ukraine. In accordance with International Humanitarian Law, neighbouring countries should ensure that all people fleeing Ukraine are granted unhindered access to healthcare, regardless of their status, in a non-discriminatory and culturally appropriate manner – the EU Temporary Protection Directive is a great advancement in this regard, although some countries are still lagging behind in implementing it.

### Main takeaway points

- Response needs to be agile; recovery needs to be nationally led, people-centred and green; resilience of healthcare workers is key.
- NGOs play a crucial role in ensuring continuity of healthcare system reform even during conflict – their coordination is key.
- There is no health without good mental health – this should be prioritised by policymaking, including allocating appropriate financial resources to it.
- Right to health and access to healthcare must be respected and safeguarded for all displaced and war-affected people, regardless of their status.
- International Humanitarian Law should be respected: healthcare facilities and health workers should never be targeted.
- Protect people's mental health and invest in cross-sectoral work to protect people's wellbeing immediately.
- Prepare for the reconstruction phase ahead of time, without waiting for the conflict to be over.