

Review article

EFFECT OF HUMAN WAR AND CONFLICT ON PUBLIC HEALTHCARE

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Abstract: Conflicts and wars, a common place in today's world have left populations in dire poverty, displaced people from their homes and deprived them from having access to essential services and made people vulnerable to various diseases. Conflicts arising due to violent differences between two opposing groups or individuals present a multitude of risk factors that enhance disease emergence and transmission, especially in poor countries. Detection and control of diseases in conflict affected regions is an arduous task because of multiple risk factors that promote disease transmission and hinder control in many resource-poor settings. Apart from prevention of the international spread of infectious diseases, there is also a moral imperative to alleviate the effects of these diseases on already vulnerable conflict-affected populations.

Keywords: Conflicts, war, infectious disease, globalization and forced migration.

Introduction

A society's ability to cope is limited. When any form of external stress exceeds this capability to cope, it results in social unrest (Braha, 2012). The people mostly affected by this unrest are the ones who belong to the lowest strata of the society (Haas, 1986). Although social unrest paves way for new revolutions, it also has a deleterious impact on the society and may lead to adverse health outcomes. Any kind of disorder in society predisposes citizens to a risk of poor health outcomes. Apart from the burden placed on the healthcare system by physical injuries resulting from violent conflict (Ballantyne, 2006), various underlying consequences of social unrest indirectly impair health. There is displacement of individuals from their home regions and they can introduce new infectious agents into their places of refuge, while being susceptible to infection by the endemic organisms of their new locations (World Health Organization, 2000). The increased likelihood of injury and illness in turbulent situations is compounded by inhibited access to, and utilization of, health services. Individuals may not be able to access healthcare due to blockades or a fear of personal safety (Price and Bohara,

2012). In extreme cases, violent unrest can result in destruction of health posts, as well as kidnapping and torture of healthcare providers (Devkota and Teijlingen, 2010).

Effect of war on availability of basic healthcare services:

Cultural and ethnic inequalities create societal tensions that contribute to interpersonal conflict. When a division of power exists between ethnic groups, the relatively deprived group will inevitably perceive unfavorable biases in multiple settings (Frank, 2018). The lack of availability of basic health protection and care may result in mortality and morbidity due to infectious diseases in war-affected populations (Ostby, 2008). First, globalization and increased travel have made previously remote threats relevant to health security worldwide. In 2001, more than half of outbreaks of international importance occurred in conflict zones. International humanitarian workers, if they are not adequately protected, may be infected while working in these situations. Delays in detection, response, and containment of epidemics in countries affected by conflict are a constant threat to surrounding countries and to countries worldwide. Second, conflict-affected countries are potential zones of new disease emergence such as Ebola in Uganda or resurgence of old or rare diseases. Detection and characterization of new pathogens may be delayed, and diseases may then spread before control measures are implemented. In addition, improper and incomplete use of antibiotics and lack of regulatory controls can drive emergence of drug resistance in conflict-affected areas. Third, the continued presence of diseases targeted for eradication or elimination in conflict affected countries greatly threatens global goals such as polio eradication in Angola, Afghanistan, and the Democratic Republic of the Congo; and Guinea worm eradication in southern Sudan. Finally, after the anthrax incidents in the USA in October, 2001, there are growing concerns that infectious diseases could be used as biological weapons. If this were to happen, the toll on already highly vulnerable civilian populations in conflict situations would be great.

The current Syrian crisis and its effect on other nations:

In Syria, the healthcare system was comprised of a government-run public system prior to the conflict, which offered most of the primary care services. However, the commencement of civil war led to the worsening of the healthcare sector through the broad destruction of facilities, shortage of medicines, and healthcare personnel along with lack of secure transportation and secure routes (Sharara and Kanj 2014). A massive upsurge of forced migration has been witnessed since March 2011 with over 4.8 million Syrian refugees migrating to the neighboring countries, which included Lebanon, Turkey, Egypt, Iran, and

Jordan, for security and shelter (Fakih and Marrouch, 2015). This brought upon a severe negative impact on the world economy and ultimately generated strong economic and health pressures on Jordan (Arnaout, 2016) weakening the healthcare system in these zones. Surveillance systems are often weak in conflict situations, which results in delays in detection and reporting of epidemics. Limited laboratory facilities and lack of expertise in specimen collection may delay confirmation of the causative organism. Prevention and control of infectious diseases but the destruction of infrastructure; continued instability; fragility of peace agreements; potential for anarchy, corruption, and weak governance; and the unpredictability of international humanitarian responses hamper this task.

Long term impact:

In recent years the longer-term impact of armed conflict and related violence in the development of infectious and parasitic diseases has been recognized (Gayer et. al., 2007; Murray et. al., 2002 and Bieberson,1999). The impacts may be direct or indirect. There is increased transmission of infectious and parasitic diseases in the long-term due to deterioration of health related infrastructures, including damage to water supplies, electricity, and sewage disposal systems (World Health Organization, 2002; 2006). Other indirect effects of conflict and related violence include reduced public and private investment in health, economic recession, increased poverty, famine, departure or death of health care workers, lack of shelter and overcrowding, and the displacement and forced resettlement of large numbers of persons resulting in reduced access to health care resources, food, safe water and adequate sanitation. Years of war in Sierra Leone during the 1990s weakened health systems and led to a long-term deterioration in infection control practices. As a result, a nosocomial outbreak of Lassa fever occurred in Kenema District Hospital from January through April 2004. Malaria had virtually been eliminated in Afghanistan by the end of the 1970s after implementation of vector control programs in the 1960s and 1970s. However, with the onset of civil war in 1978, which continued almost without interruption until 1995, control programs collapsed and enabled malaria reemergence (World Health Organization, 2002). There was a significant recrudescence of sleeping sickness (human African trypanosomiasis) in the 1990s, predominantly in conflict-affected Angola, DRC, and Southern Sudan. However, despite intensification of control measures, all major outbreaks in 2005 occurred in conflict-affected countries Angola, DRC, and Southern Sudan (World Health Organization, 2006). Access to populations to conduct vaccination campaigns may also be interrupted for months to years during protracted conflict due to long-term inadequacies in cold chain and

logistics or ongoing insecurity. Interruption of routine immunization programs combined with forced migration of populations caused by conflict has also contributed to the resurgence of yellow fever in Africa (World Health Organization, 2004). This resurgence began with the 1990 epidemic in Cameroon, then spread into conflict-affected West Africa, which since 1995 has been the most affected African region.

Conclusions

Civil war and one-sided violence appear to influence spread of various diseases. It is of utmost importance to pay attention to conflict-affected populations with particular attention to young children who are most vulnerable to these diseases in these settings. Control strategies should move beyond short-term provisions for safe water and adequate sanitation facilities, hygiene education, drug therapy, case management and vector control (Fewtrell et. al., 2005; Esrey et. al., 1991) to seek longer-term solutions through health systems infrastructure development. Private–public partnerships concerned with the mass distribution of medicines can also play an important role in strengthening health care systems through the development of rapid, integrated control measures targeted at several diseases in conflict-affected populations (Amizago et.al., 2002). Such interventions should be pro-poor, safe and cost-effective, similar to current efforts to mass distribute (Molyneux, 2005; Molyneux, 2006). More such studies are needed in order to help underscore one of the hidden costs of terrorism and related violence providing an additional rationale for promoting peace.

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