

Forum: Human Rights Commission (HRC)

Issue: Access to Healthcare and Sanitary Equipment in Warzones

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Introduction

The impacts of prolonged and especially long-lasting fights extend beyond the casualties of war to the overall health of the individuals engaged, making armed conflict a major global health concern. Conflicts have a major influence on the availability and delivery of healthcare. For instance, a large number of people are being forcibly displaced within their own countries, while others seek refuge in neighboring countries and beyond to offer unbiased care to people who are most in need, healthcare professionals risk intimidation or jail. The staggering effects of this violence and instability on the direct and indirect health of targeted populations emphasize the importance of the work done by health providers. Conflict-affected environments, therefore, present a wide variety of issues for health actors, ranging from limits on the health system itself to challenges in delivering and receiving health care.

The destruction of health infrastructure, together with a shortage of healthcare workers (HCWs) and the possibility of increased physical risk to HCWs, is one of the main issues that humanitarian crises present. Many healthcare professionals who work in areas of the world affected by conflict, where there is a constant risk of attack, are at risk of losing their lives, workplaces, and their patients. "In providing the best available care, [healthcare personnel] shall take into consideration the equitable use of resources," according to a joint statement by the International Commission of the Red Cross and Red Crescent, which four other nongovernmental organizations advised. However, the statement makes no mention of what this equity might entail. Clinical necessity is a valid concept for allocating finite resources, but it is not the only or always the most significant. Moreover, many medical supplies, including healthcare personnel, face acute shortages during armed conflict as a result of the destruction of hospitals, manufacturing and warehouses, and trade routes. On one hand, there is an extreme scarcity of medical supplies since there aren't enough of them to go around, which is intensified by shortages along with an increase in the need for medical care as a result of civilian war casualties. On the other hand, the challenges of delivering aid to a conflict zone leave the same resources dangerously unstable. Therefore, equity is another key ideal in resource allocation, but what constitutes equality or equal treatment involves the potential of lotteries or "first come first serve" systems, both of which raise various ethical and logistical concerns. It should always be reminded that conflicts, especially armed conflicts, may result in injuries that are directly related to the disaster, such as explosion injuries, injuries from falling objects or from not having enough shelter, gunshot wounds, and post-traumatic stress disorder (PTSD), and these crises can also set off risk factors and

cascades, greatly increasing the possibility of infectious disease outbreaks.

Even though there have been many works to tackle the issue, there are still inadequacies and difficulties in the international health system in conflict-affected areas such as issues with funding and aid distribution, contextualization, healthcare prioritization, and what has been called the "securitization of health." This humanitarian phenomenon not only worsens the suffering of individuals directly affected by the violence, but it also impedes broader efforts to rebuild communities in the aftermath of conflict.

Definition of Key Terms

Equity: the state in which no group of individuals receives favored treatment and everyone is treated equally based on their needs (Cambridge Dictionary)

Allocation: the formal process of determining to whom, what company, what sector of the economy, etc. something should be provided, or what portion of a total amount of something, like money or time, should be handed to someone for use in a specific way (Cambridge Dictionary)

Epidemic: the simultaneous occurrence of a specific disease in a large number of people (Cambridge Dictionary)

Physical Barriers: something that hinders or restricts movement from one location to another, like a fence or a natural obstruction (Britannica)

Telehealth: The utilization of communication technologies for remote healthcare delivery (NIBIB)

General Overview

War is a most of the most, if not the most, significant menace to health. It impacts health by killing and injuring soldiers and civilians, as well as indirectly by disrupting our globe and risking the safety of people. Particularly long-lasting and drawn-out wars have an impact on the health of entire communities in addition to the wounded due to war. Therefore, the availability of healthcare and sanitary equipment in warzones is a major global issue people all over the different regions of the world face. In order to enhance the provision of healthcare services during emergencies or humanitarian crises, global health players and humanitarian health actors have created health policies, guidelines, frameworks, and institutions across time. Nevertheless, there are still gaps and difficulties in the international health response in conflict-affected areas.

Destruction of the Healthcare Infrastructure

Conflict negatively impacts health infrastructure, which can be intentionally or unintentionally damaged, destroyed, or looted by warring parties. Those health facilities that have not been destroyed may have to close or reduce their services. Therefore, the healthcare system of a conflict-affected

country suffers greatly, especially when armed conflict occurs in urban areas. As an example, ICRC was made aware of 35 instances in 2012 where the general state of vulnerability made it impossible for medical staff to carry out their tasks. Medical workers were unable to do home visits because they were hesitant to leave their homes without proper protection. Similarly, many healthcare professionals who work in areas of the world affected by conflict, where there is a constant risk of attack, have started to view violence as an occupational hazard (ICRC) as it was stated by a healthcare worker from DR. Congo by the words "What actions are available to us? We just cry to one another and try to support one another as much as we can since there are no ways to protect us and nothing can be done to stop this." This, overall, provides more evidence that unstable security conditions can impede the provision of safe healthcare or prevent patients, healthcare workers, or medical facilities from being attacked.

Shortages of Medicine, Medical Supplies and Healthcare Workers

The supply systems of healthcare facilities frequently collapse during times of conflict, leading to a scarcity of essential medications, medical supplies, and basic medical equipment, as well as inconsistent or even excessive numbers of medications. In addition to attacks that target medical buildings, patients are exposed to significant challenges during warfare. For instance, civilians may have to pass through areas of active conflict to get to hospitals or medical facilities, and as a result, hospitals and healthcare personnel may be singled out as supply routes, strategic assets, or payback for alleged opposition support. Hence, the dangers of unrestricted travel during an armed conflict may occasionally exceed the advantages of receiving clinical care. In addition, during an armed conflict, healthcare professionals themselves are precious resources. However, patients and the medical professionals who treat patients also suffer due to the scarce medications and supplies as the lack of appropriate materials and equipment puts the lives of many health workers in danger. Likewise, health professionals encounter difficulties on both a personal and professional level during conflict. Parties to the dispute frequently threaten, harass, intimidate, or attack them, and health worker fatalities are all too prevalent. Given these difficulties, many health workers depart in quest of better prospects and a better life, resulting in a shortage of healthcare workers. These shortages reach up to the administrators, requiring them to supervise and organize efficient healthcare service delivery. Another issue raised, especially during a war, is the presence of well-skilled and trained, specialized personnel in the area because many do not have the knowledge or expertise to handle instances involving conflict or the specialist abilities necessary to treat the patients they see. This situation leads many medical workers to train and work beyond their abilities, and given the difficulties many of them choose to leave for less risky opportunities, causing even more shortage.

Economic Factors

Even before hostilities start, many health systems struggle with inadequate funding and misallocation of resources. The demand for funding for health care only increases when war breaks out. Warfare can reduce government spending on health due to decreased income or divert resources to other

priorities, such as defense and security. The state, then, most probably fails to convey the necessary financial support for the function of healthcare systems. Inefficient funding and government spending on health systems create additional obstacles to accessing medical care people need with the scarce equipment, centers, and workers as well as increased charges for patients, which is almost impossible considering the economic downfall of the state and citizens due to the aftermath of the conflict on their households, works, and overall livelihoods.

Individual Movements

One of the most immediate effects of war is an increase in refugees who flee from a war zone to outside regions, frequently into camps with circumstances worse than or equal to those from which they had just fled. A significant number of refugees have to face changing their location multiple times, which makes it severely difficult for people who are in need to get the necessary medical help they need. During times like this, tension and violence in the host countries may also spread as a result of the presence of refugees. Therefore, individuals who were forced to change their location due to armed conflict face many physical and mental health problems as well as discrimination and crises in many forms due to warzones.

The issue of accessing necessary healthcare and sanitary equipment is a major problem faced globally. Hence, in war zones, access to sanitary facilities and medical care demands quick, coordinated international intervention. The factors, as mentioned above, are great factors that cause and affect the issue, furthermore, they need to be tackled carefully and greatly to overcome the problem. In addition to extending the suffering of vulnerable populations, ignoring this pressing issue impedes long-term attempts to restore society and foster stability in areas that have experienced violence.

Major Parties Involved and Their Views

International Committee of Red Cross (ICRC)

The ICRC works to protect people's lives and means of survival wherever there are disputes. In addition to trying to guarantee that some common effects of conflict—disease, damage, scarcity, lack of income, and exposure to the elements—do not endanger their survival or future, they also want to be able to satisfy their immediate material needs. Depending on the area and the type of disaster, their assistance might take many different shapes. They also provide training for nurses, prosthetic/orthotic technicians, surgeons, anesthetists, and primary care personnel.

Doctors Without Borders (MSF)

MSF is a medical humanitarian organization founded in 1971 by French doctors and journalists. MSF assists people in approximately 80 countries whose lives have been jeopardized by violence, abuse, or tragedy, primarily as a result of armed conflict, diseases, hunger, lack of access to medical

treatment, or natural disasters. MSF offers unbiased, independent aid to individuals who are most in need. MSF is able to provide medical care, operate and rehabilitate hospitals and clinics, do surgery, fight epidemics, conduct immunization programs, run feeding centers for undernourished children, and provide mental health care in the wake of calamities. In addition, MSF provides clean drinking water and shelter supplies as needed.

Syria

With the humanitarian situation in Syria, 5.6 million people have left their homeland as refugees, the great majority of them going to neighboring countries, and 6.9 million people are still displaced within the borders. More than 12.2 million individuals are in critical need of medical care. For the provision of a minimal level of service delivery, the critical facilities supporting health services must undergo considerable maintenance and restoration. Because of worker relocation, fatalities, injuries, and flight, there is a persistent lack of medical personnel, especially in northeastern Syria. Moreover, prevalent types of illness in Syria are non-transmissible diseases and epidemic-prone illnesses, with half a million children suffering from chronic malnutrition. This is particularly true in displaced communities where access to clean water, sanitary conditions, and hygiene services is continually poorer than in resident and host communities.

Palestine

In addition to the Israeli occupation, arbitrary policies, persistent breaches of international humanitarian law, attacks on healthcare workers, hospitals, and patients, and a severe financial crisis that makes it difficult for the Palestinian government to provide healthcare to its people, Palestine is also dealing with other challenges. Due to its inadequate resources, the Palestinian government is mostly dependent on foreign donations and assistance. Support is, nevertheless, often inconsistent or unpredictable and strongly correlated with political developments. For this reason, the Palestinian healthcare industry faces enormous costs and obstacles. For all the attempts to strengthen its resilience, the Palestinian healthcare system is still in immediate danger of collapsing. The Palestinian healthcare sector is facing increased challenges in meeting the needs of its citizens due to persistent assaults against civilians and the aftermath of those attacks, which has left thousands of people injured and disabled. Additionally, the occupation continues to have a terrible impact on Palestinians' mental health, especially for women, children, and the elderly.

Ukraine

The World Health Organization reports that since the start of the full-scale conflict, there have been over 1,000 attacks against the Ukrainian healthcare system, which is against international humanitarian law. Following the full-scale invasion of Ukraine by the Russian Federation on February 24, 2022, the country's access to medical care and medications has gotten worse. This is especially true for those who have been forced into displacement, and those who live near the lines of battle or in areas that the Ukrainian government only partially controls. The findings indicate that the country's

healthcare system remains resilient and that general access to healthcare services remains relatively high. Results, however, also indicate that over half of people seeking various forms of healthcare had at least one issue. The primary obstacles were related to time and transportation issues as well as the expense of medications and treatments.

DR Congo

The Democratic Republic of the Congo (DRC) has been experiencing a protracted crisis for many years. The people's health has been severely damaged by violence, mass displacement, and the devastation of infrastructure and medical facilities (MFS). In addition, the attacks and assaults on healthcare systems and healthcare personnel have almost become a daily occurrence that limits the abilities and lives of the knees who are vulnerable. Front-line zones had high fatality rates, which were primarily caused by starvation and infectious illnesses. Despite all the efforts that have been made there are still many unfulfilled humanitarian needs in the nation, especially close to the battle lines. Controlling and treating transmissible illnesses as well as expanding access to healthcare are top priorities. There has to be a significant increase in humanitarian aid, particularly in rural regions and areas where there has been direct fighting.

Afghanistan

Residents in Afghanistan continue to struggle to get fundamental and emergency medical care despite decades of foreign help and investment because of factors like insecurity, distance, expense, and the shortage of personnel and supplies in many health institutions. Every facet of daily life is impacted by active warfare and indiscriminate brutality, and receiving medical care is no exception. Though there are still large gaps in the healthcare system in the places where MSF works, people's demands for healthcare are still very great.

UN Involvement

World Health Organisation (WHO)

In these settings, WHO supports Member States in providing universal health coverage and guarantees that those in need have access to basic health services, including mental health, sexually transmitted diseases, nutrition, immunization, and maternity and child health. WHO collaborates with the World Bank, UNICEF, the World Food Programme, and other partners to achieve these goals. The World Health Organization (WHO) also keeps emergency supplies, life-saving medications, and swiftly deployable personal protective equipment in stockpiles around the globe to reach those who have little or no access to healthcare.

United Nations International Children's Emergency Fund (UNICEF)

UNICEF is assisting in delivering services and supplies that can save lives. In addition to treating

71,500 children who have suffered from extreme acute malnutrition since January 2017, UNICEF and its partners have vaccinated 2 million children against measles since August 2017, given more than 326,400 children access to water, sanitation, and hygiene services, and helped more than 1,700 children who were freed from militias.

The Office of the High Commissioner for Human Rights (OHCHR)

The mission of OHCHR is to maintain every individual's human rights, encourage individuals to exercise their rights, and support those tasked with enforcing those rights by making sure they are carried out. As a result, OHCHR plays a significant role in advancing the right to health by advising States as well as other stakeholders on crucial legal and policy interventions; encouraging the inclusion of right-to-health requirements in UN programs, policies, and tools; helping States along with other participants formulate health principles in terms of human rights; and fostering understanding among various actors regarding the relationship between human rights and health.

Relevant UN Documents

Protect of Civilians - Resolution of UN Security Council (3 May 2016, S/RES/2286)

International migration of health personnel: a challenge for health systems in developing countries - Report of WHO (25 May 2005, WHA58.17)

Declaration of Alma-Ata/res/72/139

Treaties and Events

International Humanitarian Law (IHL)

International humanitarian law (IHL) is a set of regulations designed to limit the effects of armed conflict for humanitarian reasons. It safeguards individuals who are not engaged in hostilities directly or presently, and prohibits the use of certain weapons and techniques in combat." The Law of Armed Conflict" or "The Law of War" are alternative names for IHL. IHL is a component of public international law, which consists predominantly of general principles of law, treaties, and customary international law (see Article 38 of the International Court of Justice Statute).

Human Rights Law (HRL)

Human rights law is a collection of customary or treaty-based international regulations that establish the standards by which states are obligated to respect and safeguard particular rights that individuals and groups may expect or assert. International human rights standards also encompass a multitude of principles and guidelines that are not based on treaties; these are referred to as "soft law."

1949 Geneva Convention

The Geneva Conventions and their Additional Protocols are the fundamental components of international humanitarian law. This is the field of law that regulates the conduct of armed conflicts and the extent of their detrimental consequences. They defend civilians, medical staff, humanitarian workers, wounded, ill, or shipwrecked soldiers, and prisoners of war who are no longer fighting.

Evaluation of Previous Attempts to Resolve the Issue

Although there has not been any particular success in solving the issue of access to healthcare and sanitary equipment in war zones, some significant attempts still exist to overcome it. International organizations like MFS, ICRC, WHO, UNICEF, and OHCHR are involved in efforts to find donations, raise awareness of the terrible conditions people in war zones face daily, and provide medical resources, journalists, and healthcare personnel. Furthermore, there have been some international treaties such as IHL and HRL to secure the basic and mandatory rights of individuals who have become vulnerable during conflicts. However, despite all the great efforts made for the issue, other factors still limit the full efficiency. One of which is the issue of sustainability. Considering the amount of damage nations get due to disputes, the continuation of funding plays a huge part in tackling the global problem as much as possible. Another major problem is the limited coverage of treaties. Even though the main intention and thought of a treaty might seem clear, there will always be sides that would take advantage of what the treaty lacks in words, and disregard the whole idea of the treaty.

Possible Solutions

In order to come up with effective solutions, delegates are advised to think about the ways that could encourage Member States to work collaboratively on the issue. As in areas of war, addressing the problem of having accessibility to sanitary supplies and healthcare demands a comprehensive and cooperative effort. Through the implementation of novel technologies, legal protections, legislative solutions, and involvement by communities, the international community may work toward long-term solutions that lessen the sudden effect of conflicts on access to healthcare. Furthermore, demolished facilities are another issue that should be tackled. Through collaboration and working long-term partnerships rebuilding or provision of these facilities also holds great importance in tackling the issue. By putting these comprehensive approaches into practice, states not only enhance the quality of healthcare that is now provided in conflict areas but also build resilience and stability in the impacted

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