Public health emergencies in war and armed conflicts in Africa: What is expected from the global health community?

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War and armed conflicts, in any form, threaten public health. Outbreaks of diseases have the propensity to cripple the growth of a nation, especially when they are transitioning in a conflict setting. Diseases can often debilitate a country that is marred by conflict and facing developmental challenges. It is, thus, necessary to make global health an essential aspect of peacekeeping and peacebuilding. More often than not, countries that are experiencing conflict are more susceptible to diseases, which can prolong the achievement of peace in the region. In addition to the direct effects of conflict on human and infrastructure loss, conflict-affected communities are also highly vulnerable to enormous public health threats including, but not limited to outbreaks, gender-based violence, mental and psycho-social problems, maternal and child health issues and nutritional problems. Wars and armed conflicts disrupt the health system and essential life-saving services are often jeopardised or not prioritised. Basic human needs such as access to safe water, food and shelter are highly compromised during conflicts and wars—leading to further desperation and threat in the conflict-affected communities. Consequently, conflict-affected communities make forced decisions to migrate internally or cross international borders—risking their lives and well-being. Moreover, global communities in general and African people specifically have been affected by the bi-directional interplay between war and climate change—wars and armed conflicts cause environmental degradation, and climate change in turn, aggravates armed conflicts. However, the public health community has not been providing the required attention to mitigate, optimally assess and measure the impacts of war and armed conflicts on public health.

The world has passed and is passing through various wars and armed conflicts, which continue to jeopardise the public health of specific countries and the globe as a whole. In recent and ongoing wars and armed conflicts in various parts of the world, claims of multi-dimensional impacts of wars on public health, including civilians being targeted, deliberate deprivation of access to food, water and electricity, deliberate attack and destruction of healthcare facilities, committing sexual violence and atrocities have been reported. The devastating effects of wars and armed conflicts might have intergenerational effects. Tragically, in some wars, even the healthcare workers have been targeted by the armed parties.

Markedly, recovery from the consequences of the war and restoration of
essential public health services are time-consuming, resource-intensive and demanding concerted efforts of international and national stakeholders. Post-traumatic depression, coupled with continued grief of loss, anxiety due to uncertainty about the ending of the war and loss of livelihoods, severely affect the communities’ well-being. Repatriating the displaced and migrated people to their usual residence might also be troublesome.

Despite the overwhelming impacts of war and armed conflicts, the global public health community is disproportionally prepared to mitigate the public health threats due to wars and armed conflicts. The tragedies and challenges of public health during wars and armed conflicts are often neglected and are not getting adequate attention from the international community. Notably, the local, international and continental public health agencies’ responsiveness to the prevention and mitigation of its impacts is limited; engagement of public health researchers and advocates to predict and measure its impact and advocate for the mitigation efforts of war and armed conflicts is not proportional to the burden of the problem. Often, issues related to wars and armed conflicts are left as issues of politicians and authorities. However, its consequences are beyond the authorities’ control and severely affect public health systems. Particularly in Africa, where armed conflicts and wars are common, the health workforce is not well prepared and capacitated to address the overwhelming impacts of war and armed conflicts. Adequate safety supplies and equipment are not proportionally prepared in African countries for healthcare workers to sustain healthcare services during armed conflicts and wars. Tragically, it became normal to see health facilities being directly targeted by the conflicting parties. A joint statement issued by the WHO directors for the Eastern Mediterranean and Afro region on July 2023 highlighted the severe consequences of war in Sudan; the majority (>67%) of hospitals were out of service, >4 million women and girls were at risk of sexual and gender-based violence, the likelihood of outbreaks of measles, dengue, malaria, acute watery diarrhoea has been substantially increased.

Most importantly, the public health community needs to recognise war and armed conflict as a public health emergency and provide the required level of attention. As a public health community, we are at a high moment to raise our voices, advocate for peace and stand in solidarity with the affected communities. Notably, the public health community is a direct victim of wars and armed conflict during the response to emergencies. The public health community, including researchers, must play pivotal roles in preventing wars and armed conflicts, measuring and communicating their impacts, and striving to improve the public health of the communities affected by wars and conflicts.

Additionally, the public health community is expected to strongly advocate for protecting healthcare facilities, healthcare providers and civilian infrastructures in line with international humanitarian law. Using various media and networks, the public health community needs to openly criticise attacks on healthcare facilities, ambulances and health workforce by combatants indiscriminately.

Furthermore, the public health community should prepare and build the capacity of the health workforce to quickly mobilise during emergencies due to wars and armed conflicts. Many countries invest in their military capacity but neglect to make necessary preparations for healthcare personnel. Consequently, when conflict emerges, the unprepared health system cannot resist its impact. Building a conflict-resilient health system is critical.

In conclusion, we call on local and international public health communities, including researchers, to exert concerted efforts to stand in solidarity, without any discrimination, with conflict-affected communities in their critical needs—possibly in preventing the conflicts and mitigating their impacts. Public health professionals and researchers must measure the impacts of war adequately, be a voice for the voiceless communities, strive to continually build their technical capacities and prepare for public health interventions to be provided during and after wars and armed conflicts.

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