

HEALTH CARE ACCESS FOR DISPLACED AND CONFLICT-AFFECTED CHILDREN

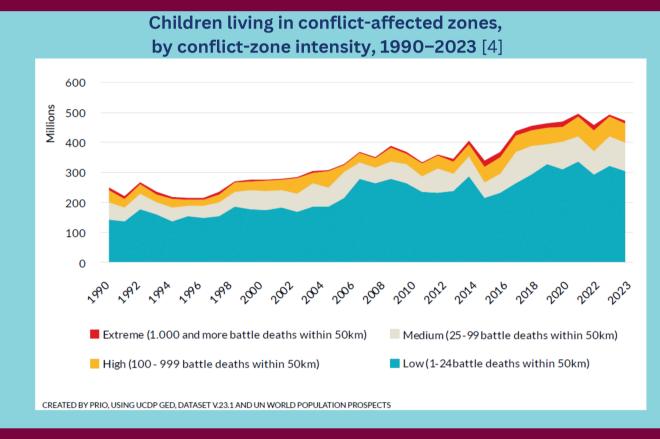
As part of the Hub Communities' annual theme 2024: Global Health in Conflict Settings

M. Galatsch (1), A. Schmid (2), P. Kramaz (3), C. Pohl (4), R. Weigel (5), A. Reis (6), N. Schmulius (7) on behalf of the Global Child Health Community (8)

- 1 ZHAW Zürich University of Applied Science, School of Health Science, Institute of Nursing, Winterthur, Switzerland;
- 2 Global Health Program, Boston Children's Hospital; Children in Crisis Working Group I Harvard Humanitarian Initiative, Boston, USA;
- 3 Save the Children, Berlin, Germany;
- 4 The G4 Alliance, Chicago, USA;
- 5 Friede Springer Endowed Professorship for Global Child Health, School of Medicine, Faculty of Health, Witten/Herdecke University, Witten, Germany;
- 7 Magdeburg-Stendal University of Applied Sciences, Stenda Department of Economics, Magdeburg, Germany;
- 8 Global Health Hub Germany, Global Child Health Community feel free to join our Community: https://community.globalhealthhub.de/index.php/en/groups/155-global-child-health-globale-kindergesundheit

INTRODUCTION

Over one in six children worldwide lives within 50 km of armed violence or conflict [1]. Health care access for displaced children in conflict settings, as well as for children remaining in the conflict area with destroyed health infrastructure (buildings, medicines, staff), is a vital aspect of global health, directly linking to this year's community theme, Global Health in Conflict Settings. Conflicts often result in the collapse of local healthcare systems, leaving displaced and vulnerable children without essential medical services [2,3]. This not only exposes them to acute health risks but also disrupts long-term care, such as immunizations and chronic disease management [4,5]. Addressing these gaps is essential to stabilizing affected populations and preventing a worsening of Global Health disparities in conflict regions [6,7].



BEST PRACTICES

MOBILE CLINICS IN REFUGEE CAMPS [8]

Mobile health units provide essential care in conflict zones, offering flexibility and rapid deployment to areas with limited infrastructure. Data: In 2022, mobile units in Syria treated over 150,000 displaced children in six months, providing primary care, vaccinations, and mental health services.

Key Lessons:

- Mobility ensures access to hard-to-reach populations.
- Combining primary care with mental health services addresses physical and psychological trauma.

STRENGTHENING LOCAL CAPACITY [4]

Strengthening Local Capacity in Conflict Zones

Partnerships with local NGOs leverage cultural knowledge and trust to improve healthcare delivery.

Data: In South Sudan, collaboration between international organizations and local NGOs increased healthcare access by 35%, benefiting 45,000 displaced women and children.

Key Lessons:

- Local partnerships enhance outreach and trust.
- Capacity building ensures sustainability post-intervention.

POLICY RECOMMENDATIONS FOR POLITICAL DECISION MAKERS AND GLOBAL HEALTH EXPERTS

Recommendation	Goal	Examples
Ensure Essential Health Services for All Children	Provide continuous care for displaced children and those in conflict zones with damaged infrastructure.	Mobile health units in Syria provided essential services, treating over 150,000 displaced children in 2022 [4].
Integrate Pediatric Mental Health into Primary Care	Embed mental health support into primary, outpatient, and inpatient care, as well as trauma services and cross-sectoral programs.	School-based mental health programs in the Tigray region of Ethiopia supported children affected by conflict [9].
Strengthen Local Health Systems Through Partnerships	Work with local NGOs and Ministries of Health to address gaps in staff, medicines, and infrastructure, especially in rural areas.	In South Sudan, partnerships with local NGOs increased healthcare access by 35%, benefiting 45,000 displaced individuals [4].
Empower Local Health Workers	Invest in nurses and community health workers for cost-effective, trusted, and sustainable care delivery during armed crises.	Training programs in Ukraine equipped community health workers with vehicles and resources to reach isolated patients [10].

ntial services for maternal, newborn, child and adolescent health and older people during disruptive events. Retrieved from https://www.who.int/publications/i/item/9789240038318