

ZERO DRAFT Working Paper

Enhancing Access to Healthcare for Displaced and Conflict-Affected Children

A Policy Paper of the Global Health Hub Germany's Community on Global Child Health

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About the process

The initiative to create a policy brief on "Enhancing Access to Healthcare for Displaced and Conflict-Affected Children" emerged from the Global Child Health Community within the Global Health Hub Germany (GHHG). A dedicated core team developed the initial draft of the brief, which underwent several rounds of feedback within the community. These revisions ensured that a range of diverse perspectives from members were incorporated.

The aim is to harmonize these viewpoints with a broader audience, promoting a more comprehensive and inclusive approach. This objective inspired a participatory process that actively involves experts, practitioners, and stakeholders to refine the document further and lay a solid foundation for impactful policy recommendations.

Introduction

Armed conflicts and wars continue to devastate healthcare systems worldwide, disproportionately affecting children. An estimated 426 million children—over 1 in 6 globally—live in conflict-affected settings (UNICEF, 2023; Lancet, 2024). This exposure threatens their immediate health and long-term development, as access to essential healthcare services such as immunisation programs, ambulatory and inpatient care, nutrition, emergency medical care, and mental health support is disrupted (Haar et al., 2021).

The impact of armed conflict extends beyond healthcare, severely affecting living conditions. Children may experience loss of caregivers and disruption of social systems, including unsafe or inadequate housing, limited access to safe water, and food insecurity, all of which exacerbate health risks and vulnerability. Education systems are frequently interrupted, depriving children of opportunities for learning and development and the protection these social structures offer against violence and exploitation. Furthermore, conflicts drive displacement, with the UNHCR reporting a record 120 million forcibly displaced people in 2023, including millions of children uprooted from their homes (UNHCR, 2024). Migration as a result of conflict or climate shocks is rife with immense dangers, including trauma, exploitation, disrupted access to health services and nutrition, and separation from caregivers.

The direct effects of warfare, such as physical injuries, mental health burden, and the destruction of healthcare facilities, are compounded by indirect effects, including deteriorating living conditions, disruption

of education, and breakdowns in healthcare systems. These challenges significantly increase the risk of psychological trauma, with rates of mental health issues like post-traumatic stress disorder (PTSD), anxiety, and depression reaching 20–30% among children in conflict-affected areas (Betancourt et al., 2020). Preventable diseases such as diarrhoea, respiratory infections, and measles remain leading causes of death, alongside the tragic toll of 11,649 children killed or maimed in conflicts during 2023—an alarming 35% increase from the previous year (United Nations, 2024).

Stopping attacks on children must be the first step toward addressing these devastating impacts. Protecting children from violence and ensuring their access to safety, education, and essential services requires urgent and coordinated efforts by policymakers and international organisations. In addition to peace initiatives, policy makers should advance programs that emphasise localized approaches and provide predictable and flexible funding for local actors. Programs that are multi-sectoral, addressing physical and mental health, nutrition, protection, safe and secure living arrangements provide the wraparound services need to truly advance child well-being in conflict settings. Unfortunately, the number and needs of children in conflict settings continues to rise, with prolonged effects to future global generations. As UNICEF has emphasised, children under attack are at risk of losing not only their lives but also their futures (UNICEF, 2024).

Challenges in Accessing Healthcare

1. Destroyed Healthcare Infrastructure

Healthcare facilities are frequent targets in armed conflicts, often leading to systemic failures. In Syria, over 900 attacks on healthcare facilities have been documented since 2011 (Physicians for Human Rights, 2023). In Yemen, 50% of hospitals are only partially functional or entirely inoperable (OCHA, 2023). Similarly, in Gaza, Sudan, Congo, and Ukraine, healthcare infrastructure continues to face extensive destruction, with hospitals and clinics deliberately targeted, exacerbating the health crises faced by vulnerable populations. The destruction of healthcare facilities not only deprives communities of essential and emergency medical care in the immediate term, but also severely limits their ability to recover from conflict-related health emergencies and long-term health system strengthening initiatives.

Compounding this issue, the UN reports a 32% increase in denial of access for humanitarian organisations in conflict settings, often coinciding with an escalation in grave violations against civilians and healthcare systems (United Nations, 2024). These denials directly impact the delivery of aid to the most vulnerable populations – women, children, those with chronic illnesses, the elderly and disabled – further intensifying the crisis in regions where the need for medical care is most acute. Attacks on healthcare are attacks on the world's most vulnerable, denying communities access to essential and life-saving services precisely when and where they are needed the most (WHO, 2024). Attacks on healthcare directly cause injuries and immediate lack of access, as well as have prolonged reverberations for years to come until health care systems are again intact, safe, and accessible. Reducing the availability of viable workforce occurs through direct attacks on infrastructure by direct injury, attrition due to fear of injury, obstructed access, or other barriers (WHO, 2024). The pipeline of future healthcare workers is also dismantled, as attacks on health infrastructure or

personnel deter workers from entering the field.

Additionally, prolonged conflict, limited funding, logistical challenges, and denied access to humanitarian services hinder reconstruction efforts of healthcare infrastructure and medical and nursing education systems. In Congo and Sudan, for instance, ongoing violence and instability have prevented the rebuilding of healthcare systems, leaving communities without the necessary resources to address both immediate and long-term health crises. Without functioning facilities and guaranteed access to humanitarian aid, the health and well-being of affected populations remain at critical risk (WHO, 2023).

2. Shortage of Healthcare Professionals

A lack of trained healthcare workers further compounds the crisis, leaving vulnerable populations, particularly children, without access to essential medical care. For example, there are fewer than 0.1 doctors per 10,000 people in South Sudan, compared to the global WHO standard of 23 per 10,000 (WHO, 2021). The situation is even more dire for paediatric care, as the number of paediatricians in these settings is critically low, exacerbating the challenges of addressing child-specific healthcare needs.

Healthcare workers in conflict zones face significant risks, including unsafe working conditions, direct attacks, forced displacement, and resource constraints. Many are not paid or receive inadequate compensation, discouraging their presence in these areas. In addition to these challenges, healthcare workers are often targeted during conflicts—they are captured, injured, or even killed in attacks, leaving healthcare facilities understaffed and communities without vital services. Gaps in paediatric providers are worsened due

Impacts of attacks, such as loss of life, prolonged absenteeism due to mental or physical health impacts. Healthcare workers may be deliberately targeted due to the immediate and long-term effects on community well-being resulting in lack of access to healthcare. Patients, too, are endangered, facing risks of capture, shooting, or other violence while seeking medical care and may delay seeking care due to actual or perceived risk of accessing healthcare workers (WHO, 2024).

Addressing these issues requires immediate international action to enforce protections for healthcare workers under international humanitarian law, ensure fair remuneration, and create safe working environments. Additionally, efforts must focus on training and deploying paediatric specialists to meet the unique needs of children in conflict-affected regions.

3. Disrupted Immunisation Programs

Routine immunisation is often interrupted in conflict settings, leading to vaccine-preventable disease outbreaks and the exacerbation of other health emergencies. In Nigeria, conflict zones have measles outbreak rates three times higher than stable regions. Similarly, in Afghanistan, only 50% of children under five receive basic vaccines (UNICEF, 2022). Diphtheria, another vaccine-preventable disease, has also resurged in conflict-affected and displaced populations, such as among the Rohingya in 2018 and in northern Nigeria and Niger (WHO, 2024).

A critical barrier to improving immunisation rates in these settings is that vaccination teams are often denied access to local populations or face the threat of attacks. These risks endanger healthcare workers and disrupt immunisation campaigns, leaving already vulnerable populations unprotected. The breakdown in vaccination programs heightens the risk of concurrent health emergencies. For example, the Zaire Ebolavirus outbreak in the Democratic Republic of Congo (DRC) from 2018–2020 and the ongoing MPOX cases in the DRC illustrate how immunisation gaps can compound existing crises and overwhelm

fragile health systems. Gaps in immunization programs can have profound effects in global health security, risking disease outbreaks that can rapidly spread across borders, impacting populations worldwide and impacting global economies and societies.

Addressing these challenges requires robust international collaboration, a more vigorous enforcement of humanitarian laws to protect healthcare workers and ensure safe and unhindered access to affected communities. Governments, international organisations, and humanitarian agencies must complement these efforts by investing in cold-chain logistics, deploying mobile vaccination units, and strengthening emergency outbreak response mechanisms to mitigate the cascading effects of interrupted immunisation programs.

4. Nutrition and Maternal Health

Malnutrition rates soar during conflicts due to disrupted food supplies, destroyed crops, water sources, markets, and healthcare services. Conflict-induced malnutrition affects 3.4 million. Children under five years, with an additional 2.7 million children experiencing moderate malnutrition (Homeida, 2023). In Yemen, **45% of children** under five suffer from chronic malnutrition, which weakens their immune systems and increases susceptibility to diseases. Additionally, maternal mortality rates in conflict zones are significantly higher due to limited access to prenatal and emergency obstetric care (Lancet Global Health, 2021). Conflict can also hinder access for humanitarian organizations to communities in need. Nearly half of under five deaths are linked to malnutrition, and the developmental, economical, social and medical impacts of malnutrition can impact generations (WHO, 2024 II).

5. Mental Health Challenges

The mental health impact of conflict on children is profound but often overlooked. Up to **30% of children** in conflict zones experience PTSD or anxiety (Betancourt et al., 2020). However, in many conflict-

affected settings, access to functioning mental health services is extremely limited, with only a small fraction of the needed services available. Access to mental health providers trained in paediatric care is often severely limited due to

The number of abducted children increased by more than 13% in 2023 compared to 2022, with **more than half of them** being detained for actual or alleged associations with armed groups. The highest number of verified abductions happened in the Democratic Republic of the Congo (DRC), Somalia and Nigeria. While boys continue to be more affected by

limited number of trained providers, disrupted healthcare systems, stigma and fear and insecurity to access care, if it is available.

6. Sexual Violence & Abduction

abduction for recruitment, girls disproportionately experience conflict-related sexual violence and rape. Unfortunately, this form of violence is still **highly underreported** due to stigmatisation, fear of reprisals, social norms or lack of access to services and ensure safe access for patients (United Nations, 2024).

Forced Migration and Healthcare Challenges

Forced migration, driven by conflict, persecution, and environmental disasters, significantly disrupts access to essential healthcare services for millions of displaced individuals worldwide. According to the UNHCR's 2024 Mid-Year Trends report, the global forcibly displaced population reached a record high of over 120 million by May 2024, marking the 12th consecutive annual increase (UNHCR, 2024).

This unprecedented displacement exerts immense pressure on host countries and healthcare systems, often already under-resourced. Refugees and internally displaced persons (IDPs) face significant barriers, including inadequate healthcare infrastructure in camps, overcrowded living conditions that heighten the risk of communicable diseases, and insufficient mental health support for trauma and stress-related disorders. Systemic challenges further exacerbate the healthcare needs of displaced populations, including disruptions to immunisation programs, limited access to maternal and child health

services, and inadequate management of chronic diseases. Women and children, particularly unaccompanied minors and pregnant women remain among the most vulnerable groups. Additionally, displaced individuals often encounter legal and economic barriers preventing them from accessing host countries' public health services.

Addressing the healthcare challenges faced by forcibly displaced populations requires coordinated efforts between governments, NGOs, international organisations, and host communities. These efforts must prioritise establishing mobile health units, integrating mental health services, and policies that facilitate equitable access to healthcare. Guided by frameworks such as the UNHCR's Public Health Strategy and aligned with WHO standards, these interventions aim to safeguard the health and dignity of displaced populations and build resilience within host communities.

Recommendations for Policymakers and Global Health Stakeholders

1. Protect and Rebuild Resilient Healthcare Infrastructure

- **Recommendation:** Strengthen international mechanisms to protect healthcare facilities during armed conflicts. Policy makers should strongly protect and affirm protections afforded to healthcare infrastructure and personnel in armed conflict under international humanitarian law. Investments in reconstruction should prioritise resilience, ensuring facilities can operate in crisis conditions, and are resistant to future demands and shocks, such as conflict or climate.
- **Example:** In Mozambique, 30 healthcare facilities were rebuilt, restoring access for more than **500,000 people** (WHO, 2023).

Ensuring access to healthcare for displaced and conflict-affected children requires urgent efforts to protect and rebuild healthcare infrastructures in affected regions. However, this endeavour faces a critical challenge: as long as warring parties fail to respect international conventions that prohibit attacks on health facilities and their staff, the foundation for any healthcare intervention remains unstable. Attacks on healthcare workers and facilities are increasingly observed in today's conflicts.

The first and foremost step in ensuring healthcare access must be the cessation of warfare and the enforcement of international conventions safeguarding civilians, healthcare systems, and humanitarian actors. Without safety and security for populations and emergency medical teams,

efforts to rebuild resilient health systems will remain precarious.

Protecting the healthcare system includes safeguarding existing facilities, restoring damaged systems, and establishing new, adaptable structures to meet immediate and long-term needs. These efforts must prioritise child-friendly and inclusive healthcare environments, invest in workforce training, and integrate technology-driven solutions to provide equitable and sustainable care. Strengthened healthcare infrastructures address immediate health crises and build resilience against future challenges, creating a foundation for healthier communities. However, the success of these initiatives fundamentally depends on ensuring that health facilities and workers are shielded from the ongoing violence.

2. Promote Mobile Healthcare Services for Primary Care Services

- **Recommendation:** Support locally-driven solutions, such as mobile healthcare units to provide vaccinations, primary care, nutrition, and mental health support to remote and conflict-affected populations. Solutions should emphasise ministry of health policies and long-term health system strengthening efforts, as current conflicts are generally protracted.
- **Example:** In Syria, mobile clinics reached **150,000 children** in six months, delivering vaccinations and basic care (Haar et al., 2021).

Mobile healthcare units should be considered part of a comprehensive health intervention package, addressing immediate

needs and systemic challenges in conflict-affected areas. This package includes:

- Upstream interventions: Prioritising measures to prevent harm, such as enforcing international rules to stop attacks on children and healthcare facilities.
- Resilient health systems: Rebuilding public health interventions, including immunisations, food security, and access to clean water.
- Integrated healthcare delivery: Establishing referral pathways that connect Community Health Workers (CHWs), peripheral facilities, mobile clinics, district/regional hospitals, and post-discharge care.
- Essential health services: Focusing on WHO standards and Emergency Medical Team (EMT) guidelines to ensure equitable, high-quality care, including psychosocial support at all levels.

Mobile clinics provide a critical link in a disrupted healthcare system, offering life-saving interventions like vaccinations,

primary care, and mental health support while addressing barriers such as restricted access (such as across frontlines) and damaged infrastructure. These services should primarily focus on vulnerable populations, including children, adolescents, pregnant women, older people, and patients with specific needs. However, it's essential to recognise that all individuals are vulnerable during health emergencies and conflicts.

Additionally, integrating a specific focus on victims of torture and sexual violence into these healthcare services is critical to addressing the unique needs of those affected. Collaborating with organisations such as Save the Children, Médecins Sans Frontières (MSF), the International Committee of the Red Cross (ICRC), and ALIMA can ensure alignment with contextual frameworks and best practices.

3. Train and Deploy Nurses and Community Health Workers (CHWs)

- **Recommendation:** Scale up nursing and CHW programs to deliver healthcare in underserved areas. Training programs should emphasise maternal and child health and psychosocial support.
- **Example:** In South Sudan, CHWs increased healthcare access by **35%**, reducing morbidity in rural areas (Devakumar et al., 2019).

Community Health Workers (CHWs) are vital in delivering healthcare to displaced and conflict-affected children, especially in underserved and hard-to-reach areas. Training and equipping CHWs with the skills and resources to provide essential services—preventive care, health education, and basic treatments—can significantly improve health outcomes. However, CHW systems will have limited impact without functioning referral pathways and support systems that connect CHWs with peripheral facilities and district or regional hospitals. Ensuring CHWs are part of an integrated healthcare network enables them to escalate complex cases and provide continuity of care effectively.

CHWs are trusted links between communities and the healthcare system, ensuring culturally sensitive and accessible care.

Scaling up the training and deployment of CHWs enhances local capacity, fosters community resilience, and creates sustainable solutions for addressing healthcare gaps in crisis settings. Studies have emphasised the success of CHWs to reduce the treatment gap for populations in hard-to-reach conflict areas, improving access to care, treatment coverage, and linking communities to formal healthcare services (Werner et al. 2022).

Research initiatives that describe the impact of community health workers should be prioritised. Community Health Workers are primarily women and deliver essential primary care to over a billion people in LMICs – empowering CHWs provides opportunity and spotlight to the contributions of women to the health and wellbeing of communities.

4. Sustain Immunisation Programs

- **Recommendation:** Invest in cold chain logistics and secure transport routes to ensure the continuity of immunisation programs during conflicts.
- **Example:** Targeted campaigns in Nigeria showed improved immunisation rates in conflict zones (World Health Organization Regional Office for Africa, 2023).

Immunisation programs are a cornerstone of child health, particularly for displaced and conflict-affected populations who are at higher risk of vaccine-preventable diseases. These programs require robust logistical planning, adequate supply chains, and flexible delivery mechanisms like mobile units or community-based campaigns. Prioritising routine immunisation

alongside emergency outbreak response helps prevent disease spread and reduces mortality rates. Collaboration with local stakeholders and international partners is essential to maintain coverage, even in crisis settings. Ensuring continuity of immunisation programs builds a protective health shield for children and strengthens public health resilience.

5. Integrate Mental Health into Primary Care

- **Recommendation:** Embed mental health services into primary care and community health programs. Schools and trauma centres should be equipped to address the unique psychological needs of children. Breaking down sectoral and disease-specific silos and providing wraparound care (mental and physical health, nutrition, hygiene services) leads to improved access to essential services for child health and well-being. Programs should seek to reach children where they naturally gather, as access to a primary care paediatrician may be limited or inaccessible.
- **Example:** In Jordan, school-based mental health programs reduced PTSD symptoms in Syrian refugee children by up to **40%** (Kadir et al., 2019).

Integrating mental health services into primary care is essential for addressing the complex needs of displaced and conflict-affected children. These children often face trauma, stress, and emotional challenges that require timely intervention. Embedding mental health support within primary care settings ensures early identification and treatment of mental

health issues, reduces stigma, and increases accessibility for families. Training healthcare providers in mental health, establishing referral pathways, and offering culturally sensitive, evidence-based interventions are key steps. This integration promotes holistic care, fostering resilience and long-term well-being for vulnerable children.

6. Enhance Maternal and Child Nutrition

- **Recommendation:** Integrate nutrition support into healthcare programs, focusing on maternal and child malnutrition in conflict zones.
- **Example:** Nutritional interventions in Yemen improved child survival rates by addressing acute malnutrition and micronutrient deficiencies (UNICEF, 2023).

Maternal and child nutrition is critical to healthy growth and development, particularly for displaced and conflict-affected populations. Prioritising

access to nutrient-rich foods, breastfeeding support, and supplementation programs addresses these vulnerable groups' heightened risk of

malnutrition. Integrating nutrition services into healthcare and community outreach initiatives ensures timely identification and treatment of deficiencies. Education on nutrition for caregivers and coordinated efforts to

provide sustainable food security enhance the impact of interventions. Strengthening maternal and child nutrition programs builds a foundation for improved health outcomes and long-term resilience.

Conclusion

The healthcare crisis in areas affected by conflict requires immediate and decisive action. It is essential to focus on safeguarding healthcare infrastructure, healthcare workforce and patient access, maintaining immunisation programs, and incorporating mental health and nutrition services to address the long-term impacts of war on children. Policymakers should prioritise investments in these critical areas to ensure that children displaced or affected by conflict receive the necessary care for acute and long-term health problems. Collaborative efforts among governments, non-governmental organisations (NGOs), international organisations, regional authorities, and local communities

are vital for developing robust healthcare systems that can endure future challenges. Regional authorities must be included in these collaborations, especially in areas where central governments might not have access or influence. Furthermore, international organisations and other stakeholders must leverage their influence to ensure that parties in conflicts adhere to internationally accepted rules that protect civilians, including children, health workers, and health facilities in zones of conflict. This comprehensive approach is crucial for supporting the health and well-being of vulnerable populations in crises (Lancet Global Health, 2022).

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About the Global Health Hub Germany

The Global Health Hub Germany offers all individuals and institutions active in the field of global health the opportunity to connect in an independent network across eight different stakeholder groups: International organisations, youth, politics, foundations, think tanks, business, academia, and civil society. The members of the Hub work together on current issues of global health. The interdisciplinary exchange generates themes, issues and solutions that the Hub brings to policymakers to support informed policy-making and advance global health.

Founded in 2019, the Hub now has around 2000 members. For more information: www.globalhealthhub.de

About the Hub Communities

The Hub Communities are working groups led by the members of the Global Health Hub Germany themselves. They meet regularly to exchange ideas, share expertise, and work together on global health issues. If you would like to join a Hub Community or learn more about their work, contact our office: info@globalhealthhub.de.

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