

# Conflict, Public Health and Health Systems Resilience

Teshome Gebre<sup>1\*</sup>, Tegbar Yigzaw<sup>2</sup>, Adamu Addissie<sup>3</sup> and Mitike Molla<sup>4</sup>

The Ethiopian Public Health Association (EPHA) held its 33<sup>rd</sup> Annual Scientific Conference from 13 to 15 March, 2022. The main theme for this year's conference was "Conflict, Public Health and Health Systems Resilience", which was chosen to reflect on the most recent conflict in Ethiopia and its effects on the public health system. Panel discussions were held on three sub-themes; namely, public health consequences of conflict, the impact of conflict on Reproductive, Maternal, Newborn and Child Health (RMNCH) services and recovery and rebuilding of a resilient health system.

The first panel discussion elucidated the theories of conflict<sup>1</sup> and broadly categorized the causes as either **Politics and Economics** or **Ethnicity and Identity**. The conflicts in Rwanda, Burundi and the Balkans were characterized as conflicts between various factions and ethnic groups or identities such as religion, clan or language (1). On the other hand, the "Arab Spring" in northern Africa and the Middle East had politics and economics as its root cause (ibid. p.8). According to the "Resource Curse" theory, the presence of natural resources like diamond, oil, natural gas is associated with internal conflicts (ibid. p.7). Importantly, the panel discussion underscored that conflict is a public health problem and major contributor to the global burden of disease, disability and mortality. Conflict was said to cause not only direct deaths and injuries but also many negative health consequences due to displacement of populations, breakdown of health and social services, and heightened risk of disease transmission (2,3,4). It was understood that the recent devastating conflict in the northern and western parts of Ethiopia was no exception. It had its origins in ethnicity, identity, politics and economics. Reports revealed horrific killings and enormous psychosocial trauma of civilians, widespread gender-based violence and rape, large scale internal displacement, and massive destruction of health facilities and basic infrastructure.

The second panel discussion noted that armed conflict disproportionately affects women and children both internationally (5) and as seen in the current Ethiopian war. Panel discussants stressed the need to ensure provision of minimum initial service package for sexual and reproductive health during humanitarian crisis.

The third panel discussion acknowledged the commendable efforts made by various governmental and non-governmental organizations and individuals in the emergency response and reconstruction efforts. However, recognizing that much more work needs to be done, participants of the 33<sup>rd</sup> annual conference of the Ethiopian Public Health Association (EPHA) issued a 'Call for Action' at the end of the meeting. Among other things, the statement underscored the need for a coordinated leadership, large-scale resource mobilization, strong monitoring and evaluation of recovery efforts and development of early warning systems at all levels of the health system. The EPHA was urged to work with other professional associations to measure the public health consequences of the current conflict and collaborate with political scientists in predicting and preventing future conflicts. Conference participants also called for peaceful resolution of the current armed conflict.

## References

1. Howard N, Sondrop E and Veen A (eds.), *Conflict and Health*, McGraw Hill, Open University Press, London School of Hygiene and Tropical Medicine, First Edition, 2012
2. Murray CJL, King G, et al. Armed conflict as a public health problem, *Education and debate, BMJ*, Volume 324, 9 Feb 2002
3. Ekzayez A, Amhad YA, et al. The impact of armed conflict on utilization of health services in north-west Syria: an observational study, *Conflict and Health*, (2021)15:91 <https://doi.org/10.1186/s13031-021-00429-7>
4. Lowe H, Woodd S, et al. Challenges and opportunities for infection prevention and control in hospitals in conflict-affected settings: a qualitative study. *Conflict and Health*, 2021, 15(1):94 <https://doi.org/10.1186/s13031-021-00428-8>
5. Meinhart M, Vahedi L, et al. Gender-based violence and infectious disease in humanitarian settings: lessons learned from Ebola, Zika and Covid-19 to inform syndemic policy making. *Conflict and Health* (2021) 18:84 <https://doi.org/10.1186/s13031-021-00419-9>.

---

<sup>1</sup> Preeti Patel, *Causes of conflict*, p.6

<sup>1</sup> Consultant Health science specialist Fellow Ethiopian Academy of Sciences and ASTMH, Addis Ababa, Ethiopia

<sup>2</sup> Deputy Chief of Party, USAID-funded Strengthening Human Resources for Health Project, Jhpiego Ethiopia Adjunct Faculty, Jimma University

<sup>3</sup> Associates professor School of Public Health, College of Health sciences, Addis Ababa University

<sup>4</sup> Vice President for Research and Technology Transfer, AAU, Professor of Public Health, School of Public Health, College of Health Science, Addis Ababa, Ethiopia