Haque et al have reported findings on the impact of the 2022 Russian invasion of Ukraine on health care facilities, services, and personnel. The group sought to assess the impact of the full-scale invasion of Ukraine in February 2022 by surveying hospitals across multiple regions of Ukraine and asking participating facilities to describe services and functioning before the invasion and during the ensuing conflict. They were able to assess these outcomes in 74 participating hospitals across 12 oblasts (provinces) of the country, a sample of about 10% of all hospitals functioning in Ukraine prior to the 2022 invasion. The results show measurable declines in functioning across virtually all domains of health services, with the notable exception of emergency services, which increased consistently across most hospitals. This finding points to the emergent needs of civilians and military personnel as a result of Russia’s invasion and its ongoing campaign of aerial bombardment. These data do have some important limitations, but nevertheless, the authors were able to conduct this assessment in a wartime context and with the participation of health care personnel working under extraordinarily stressful conditions. The finding of relatively low numbers of health care personnel leaving their facilities speaks to the resilience and commitment of these practitioners.

One limitation of the study is the potential sampling bias introduced by earlier phases of the conflict. For the people of the Ukrainian East, including the regions of Donets’k, Luhans’k, and Crimea, the Russian invasion began much earlier, in 2014, when Russia invaded and annexed Crimea. These eastern regions remain under Russian occupation in 2024, and no hospitals from these regions could be included in the survey. This is a phenomenon we have referred to as stability bias: the finding that we often get the most sampling data in conflict settings from the most stable and accessible regions and the least from where there is the least access to information. This can bias findings in favor of lower measured levels of conflict impact on health services. However, as Haque et al note, the Russian war in Ukraine is the first conflict in which the World Health Organization is operating under a new mandate that requires investigation and confirmation of attacks on health care facilities, services, and personnel, including attacks on ambulances. This is an important advance in accountability for war crimes and was the result of years of advocacy. It is also vitally important for postconflict health care systems, since the experience of other conflicts has shown that attacks on health care can have long-lasting negative impacts of the health of affected communities long after conflicts have subsided. These impacts can be particularly marked for children and adolescents exposed to the violence of war and displacement.

What Haque and colleagues have identified is widespread disruptions in health care systems and services due to the unprovoked Russian invasion of Ukraine. These disruptions include direct attacks on health care facilities. Such attacks on hospitals and other health facilities are violations of the rules of war. These kinds of attacks violate the long-standing principle of medical neutrality—that sick and injured individuals, hospitalized children and infants, women in labor, and health care workers themselves deserve the highest degree of protection in conflict. Current conflicts beyond the Russian invasion, including the civil conflict in Syria, the Saudi-led coalition war in Yemen, the civil conflict in the Tigray region of Ethiopia, and the current conflict underway between Israel and Hamas, have all been marked by violations of medical neutrality and by attacks on health care. This cannot become a new normal of the conduct of war. Deliberate attacks on health care systems are crimes, and they must be investigated and perpetrators must be brought to justice. The International
Criminal Court has already begun an investigation into war crimes in the Ukraine conflict, including deliberate attacks on health care systems. While the immediate humanitarian need is to continue to provide all the support necessary to keep health care facilities functioning for the people of Ukraine, the longer-term need for justice and for accountability is also critical.

Finally, an important aspect of the declines in health care services reported by Haque et al is one that arguably deserves much more attention: the impact of conflict on routine preventive health services, such as routine immunizations, oral health, cancer screenings, and routine pharmacy services. Many of these services were among the most affected in this study, with declines in services of more than 20% since the invasion. The decline in these services will also leave a lasting legacy of declines in health and well-being. These more indirect impacts of the conflict will likely lead to more lost lives and should also be attributed to the Russian invasion and its perpetrators, now in its third brutal year. Impunity for attacks on health care must cease. Nothing less can honor the many lives lost in this and other ongoing conflicts.

ARTICLE INFORMATION
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