

Panel Session Highlights

Providing Effective Healthcare
in Conflict Zones: Lessons
from Post-Crisis Challenges

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SESSION OVERVIEW

Humanitarian interventions in conflict zones are becoming increasingly complex for international organizations. Once shielded from hostilities, these organizations are now often directly targeted. How can healthcare services be provided effectively in such environments without exposing local or international staff to significant and unforeseen risks?

This panel discussion explored the growing challenges of healthcare delivery in conflict zones and examined the strategies international organizations are adopting to ensure continued access to healthcare in these fragile settings.



Geneva
Health
Forum

Panel



Dr Olivier Hagon (Moderator)

Director
*Centre for Humanitarian
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Dr Yves Giebens

Hospital Services
Programme Coordinator
*International Committee
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Dr Emanuele Bruni

Health Emergencies Lead
in Ukraine Country Office
*World Health Organization
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Dr Ashraf Badr

CEO
*The Yamaan
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1. CHALLENGES AND ADVANTAGES OF LOCAL NGOS IN CONFLICT ZONES

Ashraf Badr (CEO, Yamaan Foundation) opened the discussion by reflecting on the advantages and obstacles that local organizations face in conflict environments, particularly in Yemen. Local NGOs have deep-rooted connections with communities and can navigate the cultural and social landscapes more intuitively than international entities. This allows them to establish trust, identify needs more accurately, and maintain easier access to vulnerable populations, even in remote or dangerous areas. However, local NGOs face considerable financial and logistical constraints. Badr emphasized

that unrestricted, flexible funding is essential for effective response. Transfer of funds also remains a challenge due to currency volatility and limited banking access, often affecting timely delivery of services. Furthermore, local authorities may exert pressure to redirect resources toward specific areas of influence. Despite these challenges, local NGOs remain essential for delivering healthcare in conflict zones. Their proximity to communities enables them to build strong partnerships and foster trust.



2. THINKING BEYOND TRAUMA CARE

Often overshadowed by trauma care, chronic illnesses such as cardiovascular disease, diabetes, and cancer impose a significant burden on healthcare systems disrupted by conflict.

EMANUELE BRUNI (WHO Ukraine) stressed the limitations of donor funding for non-communicable diseases (NCDs) in emergency contexts. Humanitarian donors often struggle to recognize the importance of funding treatments for chronic diseases, which require long-term investment and can seem misaligned with traditional emergency priorities. However, neglecting these conditions has severe consequences. Bruni called for a shift in donor policies to allow for more comprehensive healthcare responses in conflict zones, emphasizing the need for sustainable, adaptable healthcare solutions over strictly time-limited emergency interventions.

YVES GIEBENS from the International Committee of the Red Cross (ICRC) provided insights into the ICRC's operations in Gaza. Originally deployed to manage trauma cases, the ICRC's field hospital evolved into a multi-functional facility, addressing not only trauma but also maternal, child, mental, and chronic healthcare. In Gaza, war-related injuries account for only about 30% of cases, while the remaining patients require care for chronic conditions, primary healthcare, and mental health support. The ICRC adapted its approach by implementing a diverse array of services and integrating mental health and rehabilitation into the facility's offerings. Giebens emphasized that, in these environments, humanitarian healthcare providers must adopt a holistic approach to address the full spectrum of health needs in conflict settings.

3. STRATEGIES FOR SUCCESS IN HUMANITARIAN INTERVENTIONS

To ensure effective responses in war contexts, four key elements were identified by the participants:

■ **Partnerships Between Local and International Organizations**

Partnerships between local and international NGOs provide essential technical support and capacity-building to develop responses tailored to the specific needs of crisis areas. Collaborations such as the ICRC's work with Gaza authorities on war surgery or WHO's cooperation with Ukrainian NGOs in managing chronic diseases illustrate how sharing expertise and resources enhances the effectiveness of interventions.

■ **Flexible Funding for Emergency Response**

Traditional donor funding often comes with conditions and restrictions that can hinder timely action. For instance, Ashraf Badr highlighted how a shortage of dialysis equipment in Yemen resulted in numerous preventable deaths. Thankfully, flexible funding enabled his organization to act swiftly, bypassing the bureaucratic delays associated with standard funding procedures. This illustrates that, with unrestricted funds, NGOs can quickly procure essential resources, thereby saving lives.

■ **Integration of Mental Health into Healthcare Programs**

Mental health is an increasingly critical issue in conflict zones, exacerbated by trauma from displacement, loss of life, and the destruction of infrastructure. Badr described how his organization, the Yamaan Foundation, integrated mental health support into maternal healthcare

in Yemen, resulting in a 43% reduction in prenatal depression rates among women. Given the shortage of professional mental health providers in Yemen, Yamaan Foundation trained local healthcare workers to offer psychological support, reaching more affected individuals.

In Ukraine, social stigma and political sensitivities around mental health, rooted in the region's Soviet past, hinder access to care. WHO initiatives in Ukraine aim to address these challenges by building partnerships with local NGOs and implementing community outreach programs to make mental health care more accessible.

These approaches enable a more comprehensive response to community needs, particularly in cultures where stigma can prevent individuals from seeking care.

■ **Strengthening International Response Mechanisms**

Panelists acknowledged that while the United Nations plays a critical role in coordinating international humanitarian responses, it faces limitations and criticism, especially from local populations. Bruni noted that in Ukraine, local populations were initially skeptical of the UN's role, which required a rebuilding of trust through active engagement with community stakeholders. He argued for a shift toward a more transparent and culturally sensitive model of aid delivery, which better aligns with the expectations and needs of local communities.

4. SECURING HUMANITARIAN INTERVENTIONS

The panelists discussed several key measures to enhance the effectiveness and safety of future humanitarian interventions:

■ **Strengthening Protection for Humanitarian Workers**

All panelists highlighted a troubling rise in attacks on healthcare workers and facilities. Bruni shared that in Ukraine, WHO recorded over 2,000 targeted attacks against healthcare providers and facilities, reflecting an increasing disregard for international humanitarian law.

Organizations must intensify advocacy efforts to uphold humanitarian rights and protect medical facilities, fostering international partnerships to raise awareness and exert diplomatic pressure on warring parties.

The session also underscored the critical need to support the well-being of humanitarian staff. With the pressure and trauma that come from working in high-risk environments, rotational deployments, regular debriefings, and mental health resources are essential.

■ **Planning Facility Design**

Bruni noted that adapting healthcare facility layouts—such as locating critical services (e.g. operating rooms) underground—has become a common security measure. Preventive security measures must be implemented well before crises reach peak intensity. Organizations like WHO are advising facilities to strengthen security infrastructures in advance, as post-conflict adaptations are often too late.

■ **Enhanced Preparation and Training**

Comprehensive and continuous training for mission staff is essential. Security must be prioritized not only during the mission but also in preparation stages. Training should include **behavioral skills**, as adherence to safety protocols and situational responsiveness often prove more effective for survival than security equipment. For instance, Bruni shared how regular check-ins and protocols have helped his team maintain accountability and enhance emotional resilience under extreme pressure. Practical measures, like mandatory daily status updates from staff, help ensure communication and situational awareness, reinforcing both physical and emotional safety.



Conclusion

Humanitarian crises in conflict zones require constant adaptation and innovative response strategies. Local NGOs, with their deep understanding of the context, are central to these efforts but depend on strong partnerships and flexible funding to sustain their operations. Addressing mental health, chronic diseases, and ensuring access to basic needs should be prioritized in future humanitarian responses.

Given the rapid evolution of conflicts and the increasing complexity of interventions, enhancing strategies for preparedness, security, and partnerships remains critical. Integrating these elements ensures a more comprehensive and sustainable response, which is essential to meeting the needs of populations in conflict zones. Participants in this session underscored the importance of a holistic approach to healthcare—one that not only addresses immediate trauma but also responds to the

full spectrum of physical, mental, and social needs in these challenging environments.

“Most of the audience members today are healthcare professionals. This often leads people to believe that health is the most important aspect... This is one of the major challenges I face with my healthcare staff, as they view health as the top priority, which is not actually the case. Health is important, but more importantly people need access to water, food, housing, and non-food items. This broader perspective is essential.”



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