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# A Roadmap to Developing ASPHER Technical Guidance Notes on War and Health

ASPHER Task Force on War

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Samer Jabbour\* and Olena Hankivsky\*\*

\* The Lancet-American University of Beirut Commission on Syria, Faculty of Health Sciences<sup>1</sup>, American University of Beirut, Lebanon. [sj22@aub.edu.lb](mailto:sj22@aub.edu.lb)

\*\* School of Public Policy, Simon Fraser University, Canada. [olena@sfu.ca](mailto:olena@sfu.ca)

*“The war in Ukraine is having devastating consequences for the health of Ukraine’s people; consequences that will reverberate for years or decades to come.”*

World Health Organization Director General Tedros Adhanom Ghebreyesus<sup>2</sup>

In response to the war on Ukraine, ASPHER issued a statement condemning the war and outlining potential roles of ASPHER members.<sup>3</sup> Translating this vision, ASPHER has strategically convened a Task Force on War.<sup>4</sup> The Task Force focuses on three key areas: 1) Scientific advice; 2) Neighboring countries and refugee context; 3) Training and broader academic context. This document is developed within the first area, Scientific advice. ASPHER members are encouraged to send comments about the roadmap to both ASPHER office (through Robert Otok [robert.otok@aspher.org](mailto:robert.otok@aspher.org)) as well as the authors of the roadmap.

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<sup>1</sup> ASPHER Associate Member

<sup>2</sup> WHO Director-General's remarks at United Nations Security Council meeting on Ukraine – 17 March 2022. <https://bit.ly/3wTd1m3>

<sup>3</sup> Wandschneider L, Namer Y, Davidovitch N, et al. [The Role of Europe’s Schools of Public Health in Times of War: ASPHER Statement on the War Against Ukraine](#). Public Health Reviews. March 2022 | Volume 43 | Article 1604880. Published: 16 March 2022.

<sup>4</sup> ASPHER has convened a Task Force on War: <https://www.aspher.org/task-force-on-war.html>

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## INTRODUCTION AND RATIONALE

The 2022 Russian invasion of Ukraine has brought, and will continue to bring, destruction and devastation to Ukraine and profound loss of life, suffering and health consequences for the Ukrainian population, compounding the effects of war on Ukrainian territory launched by Russia in 2014. As of the time of writing, about ten million people, a quarter of Ukraine, have been displaced. It is feared that the war may produce seven million refugees and seven million internally displaced persons, which would be the largest war-induced displacement this century, surpassing the large-scale displacement due to the war in Syria. The largescale use of shelling and airstrikes of populated urban areas by the Russian forces has produced widescale destruction. Health facilities have been targeted. As of April 29, 2022, there were 2,899 killed and 3,235 injured.<sup>5</sup> These are undoubtedly underestimates.<sup>6</sup> The ripple effects will continue into the future.<sup>7</sup>

While Europe faced several conflicts in the Balkan and southern Caucasus over the past three decades, the war on Ukraine raises unprecedented challenges that require a commensurate public health response. While there is self-evident that wars such as the one unfolding in Ukraine produce complex health crises with profound consequences for public health policy, practice and scholarship, how we approach such a war is less well elaborated. To address the challenges of the war, ASPHER will draw on its own resources, on its member schools and their relevant programs and expertise, and on its global network to develop a series of technical guidance notes on addressing the complex issues raised by the war on Ukraine. These technical guidance notes are meant to inform the approach to forecasting the war's implications for population health and for public health, to monitor the war's health-relevant consequences, and to mobilize the needed actions.

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<sup>5</sup> United Nations Office of the High Commissioner for Human Rights (OHCHR). Ukraine: civilian casualty update 29 April 2022. <https://www.ohchr.org/en/news/2022/04/ukraine-civilian-casualty-update-29-april-2022>

<sup>6</sup> Direct (battle-related) death estimates are undoubtedly undercounts due to difficulty of accounting. Indirect deaths are expected to be higher as has been the case in many wars. See Murray CJ, King G, Lopez AD, Tomijima N, Krug EG. Armed conflict as a public health problem. *BMJ* 2002;324:346-9

<sup>7</sup> Julian Sheather. As Russian troops cross into Ukraine, we need to remind ourselves of the impact of war on health. *BMJ* 2022;376:o499

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## **SCOPE, AIM AND OBJECTIVES**

The overall aim of this document is to outline a roadmap leading to the development of a series of technical guidance notes to inform the response of the ASPHER community to the Russian war on Ukraine. This document focuses on the situation inside Ukraine. A separate roadmap will be needed to address the issues of Ukrainian refugees and the challenges for countries neighboring Ukraine and others receiving and hosting and receiving Ukrainian refugees as the nature of such issues and challenges are fundamentally different compared with the situation inside Ukraine. A third roadmap will need to address the global dimensions of the war, e.g., effects on food security and global health more generally, since it's important to both document such dimensions and mobilize the efforts of the ASPHER community to respond.

The roadmap is intended to facilitate discussions among members of the ASPHER community about the potential contributions of ASPHER in this war. The intention is for the roadmap is to be a living document that will be revised and updated as needed to address the needs of its users, inside and outside Ukraine.

Each technical guidance note envisioned in the roadmap has the objective of providing practical guidance, from a public health perspective, on specific matters directly related to the ongoing war in Ukraine, its consequences, and the response to it.

## **TARGET AUDIENCES**

The roadmap targets, primarily, ASPHER full and associate members, both institutions and individuals, interested in being engaged in the response to the war on Ukraine. We recognize that ASPHER members don't work alone. They might be working with their Ukrainian colleagues to support the humanitarian health response. They might join human rights advocates and organizations to support monitoring of rights and law violations. Or they might collaborate with scholars in other disciplines, e.g. political science or international law, to carry out critical research on the war and its health consequences. Recognizing that the interests of ASPHER members are diverse, spanning policy, practice/service, teaching, and research, different audiences will be interested in different parts of the roadmap, and the corresponding technical guidance notes. An example can be illustrative.

Those interested in human rights and international law and conduct of war will find the technical guidance note on the public health approach to war analysis (Core area 1) to be useful. For *researchers* interested in attacks on health facilities and similar civilian targets, the technical guidance note provides a review of the state-of-the-art methods of monitoring and analyzing attacks using open-source data would be useful. For *academic advocates* interested in supporting their Ukrainian colleagues in future criminal proceedings to pursue justice for victims and accountability for crimes committed, the technical guidance note discusses on the role of health workers in collecting and preserving evidence of violations of international law will prove useful.

## **PRIORITY AREAS FOR ASPHER TECHNICAL GUIDANCE**

Public health scholars and workers facing war confront many challenges. A basic question emerges: when thrown into a war, what can academic public health offer? We advocate for a comprehensive approach that looks at five core areas: employing conflict analysis to inform the public health approach and response to war; assessing the toll of war on different population groups; characterizing and appraising the response of various actors to the war and the crises it has generated; responding to key health challenges; and outlining a way forward, including in transition out of war. ASPHER will provide technical guidance notes in each of these core areas.

### ***Core area 1: Mounting an institutional response***

Rationale: The heads of ASPHER member schools and programs which have not worked previously in the area of war/conflict and health might ask a number of questions as they consider how their schools/programs might want to respond to the war on Ukraine and its regional (European) and global ramifications, beyond the engagement of faculty/staff/students as individuals. How do we assess our readiness to engage with the evolving situation? How do we develop an institution-wide mobilization? What can we contribute? How do we sustain our engagement? And once we have contributed, how do we assess the impact of our contributions? This technical guidance note will provide possible answers to all these questions.

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Scope: Targeting leadership of ASPHER member schools and programs, this technical guidance note will present concrete steps as part of a structured approach to mobilizing school-wide resources to address the challenges of the war.

Content:

1. The issues

- The importance of a structured approach to mobilizing an institutional response to the war and the crucial role of leadership to ensure a school- or program-wide response
- Gauging the readiness of the school/program, including faculty, staff, and students, to be engaged in the response
- Key elements of the institutional response including selecting priority areas for involving of school/program that reflect institutional strengths and resources, bringing people together to work across departments/units and sub-disciplines of public health, collaborating with other ASPHER members and leadership, and mobilizing resources to sustain the school/program's engagement
- Monitoring the engagement of the school/program, assessing the impact of this engagement, learning the lessons, and using these lessons to strengthen the school/program

2. ASPHER's role

- Opportunities for facilitating the collaboration between ASPHER members to develop joint institutional responses (e.g. two ASPHER member schools develop a joint epidemiology response team)

***Core area 2: Employing conflict analysis***

Rationale: Health scholarship and practice in relation to war and armed conflict typically focus on health consequences and response while conflict itself is not subjected to critical analysis. Even though it is uncommon for public health scholars and workers to formally employ conflict analysis<sup>8</sup> tools in approaching war, conflict analysis is *implicitly* used, for example through speaking of the behavior of armed actors or discussing war strategies and weapons that are harmful to civilians and protected civilian targets (e.g. attacks on health

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<sup>8</sup> According to Conflict Sensitivity Consortium (2012), conflict analysis is a structured process of analysis to understand conflict, focusing on the conflict profile, the actors involved and their perspectives and actions, and the dynamics of how these elements interact.

care). This technical guidance note proposes that conflict analysis should be *explicitly* incorporated in public health work on war.

Scope: The technical guidance note will present an approach to conflict analysis and examine the use of a number of tools in public health scholarship and practice, drawing on international evidence and experiences.

Content:

1. The issues

- The importance of conflict analysis, and its implicit vs explicit use, in public health examination of war
- The law of war and implications for health of populations and for public health policy, scholarship and practice
- A proposed approach to conflict analysis in public health addressing conflict triggers, start and evolution; war characteristics; war strategies; and use of weapons
- Mass atrocity crimes including health-related war crimes (e.g. deliberate or indiscriminate attacks on health care facilities or targeting of health workers)
- Existing tools of conflict analysis for characterizing war, documenting violations of the right to health, and use of weapons known to, or intended to, harm to civilians
- Learning from conflict analysis in other conflicts

2. The situation in Ukraine

- The unique issues that conflict analysis brings up in Ukraine

3. ASPHER's role

- Opportunities for contributions of ASPHER members in this area
- Unanswered questions and new directions

***Core area 3: Assessing the toll of war***

Rationale: War affects every aspect of life in a society. Public health scholarship on war has traditionally focused on the direct health effects such as casualties. This technical guidance note will argue that comprehensive assessment, including assessment of indirect consequences such as disruption in public health services, rise in chronic condition, is crucial to capture the totality of the health-relevant consequences of war on a society.

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Scope: The technical guidance note will propose a comprehensive approach to the assessment of health-relevant consequences of war building on international evidence and experiences.

Content:

1. The issues

- The importance of a comprehensive assessment of the toll of war
- A proposed approach to the comprehensive assessment of the toll of war incorporating war's effects on diverse populations and their sense of well-being, casualties, health systems, health conditions, and health determinants
- Review of each of the five components of the comprehensive assessment of the toll of war and use of various tools to assessing war's impact in each component (e.g. use of WHO HeRAMS to assess impact of war on health service delivery)
- Experiences from other conflicts
- Implications for Ukraine
- Limitations, unanswered questions, and new directions

2. The situation in Ukraine

- The unique issues in Ukraine in relation to this area

3. ASPHER's role

- Opportunities for contributions of ASPHER members in this area
- Unanswered questions and new directions

***Core area 4: Appraising the responses to the war***

Rationale: Public health examination of the response to war typically focuses on the role of health and humanitarian actors. While such examination is necessary, it is insufficient to understand the totality of the response and how such response is reflected in the health area. Furthermore, it is commonly underappreciated how various actors, including health and humanitarian ones, become themselves part of the conflict ecosystem. This technical guidance note will argue that there is a need to examine the roles of various actors, beyond health and humanitarian ones, such as civil society and community, political actors, and even scholars, and their positionality in relation to the health dimensions of the war. Protection of health, within the broader framework of protection of civilians, will be the main focus of the assessment.



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Scope: The technical guidance note will propose a comprehensive approach to understanding and appraising the response of various actors to the war. The note will draw on international evidence and experiences.

Content:

1. The issues:
  - The conflict ecosystem and the roles of various actors, including public health and humanitarian health actors
  - A proposed approach to understanding the positionality and appraising the responses of various actors to the war
  - Tools (e.g. scorecard) for the analysis and appraisal of the response of various actors
2. The situation in Ukraine
  - The unique issues in Ukraine in relation to this area
3. ASPHER's role
  - Opportunities for contributions of ASPHER members in this area
  - Unanswered questions and new directions

#### ***Core area 4: Responding to key health challenges and public health disruptions***

Rationale: The war's profound impact on the health of affected populations and communities, on the wider determinants of health, on medical provision, and on public health infrastructure, raise important challenges to public health policy, planning, practice, and scholarship. The health impacts are often inter-generational and require specific responses that should be situated within a broader response framework. The ASPHER community and networks can draw on extensive experiences to support the response to various challenges and to ensure that no one is left behind.

Scope: Rather than one technical guidance note, a series of technical guidance notes will be developed to address specific population health and public health challenges, paying specific attention to gender and intersectionality considerations, and drawing on international evidence and experiences.

Content: The technical guidance notes will cover topics that are deemed important by ASPHER members engage in the health humanitarian response in Ukraine or in supporting Ukrainian colleagues in the response. Below are examples of potentially relevant topics:



- *Injuries*: The role of public health in addressing mass casualty events; comprehensive and longitudinal assessment of blast injuries; ensuring early start of rehabilitation post-injuries...
- *Health conditions*: Addressing chronic conditions in armed conflict settings; preventing and responding to infectious disease such as COVID-19, TB, measles and polio; addressing trauma due to conflict-related sexual violence...
- *Specific population groups*: Addressing the needs of children, women, older persons and IDPs.
- *Health determinants*: Health implications of rubble and other environmental exposures; addressing explosive remnants of war; implication of food insecurity, loss of livelihoods and educational opportunities, damaged key infrastructure, and breakdown of society and communities...
- *Health systems and public health*: Task-shifting to address health worker shortages; Ensuring essential public health services during displacement including sexual and reproductive health; tele-services to support health provision during conflict...

### ***Core area 5: Planning for the future and building back better***

Rationale: During active violent conflict, all focus is rightly placed on addressing the acute issues and responding to the humanitarian health needs. But it's never too early to start thinking about, and planning for, the public health challenges and opportunities in the next phase, i.e. transitioning out of conflict, and even planning in the longer term, i.e. rebuilding post-conflict. These two phases are closely linked: In the *early recovery phase*, a well-considered approach for addressing health issues can prepare the ground for building back better in the *post-conflict phase* to ensure fair and equitable resource prioritization to ensure no one is left behind.

These two phases are rarely linear with considerable overlap and different parts of Ukraine may be in different phases. The liberated parts around Kyiv are already in an early recovery phase while other parts are in active conflict. There is thus a need to think and work across the spectrum of conflict phases. Furthermore, humanitarian health work today should be integrated in more systematic thinking and planning for the future.

The example of academic public health capacity in Ukraine can be illustrative of the approach. The destruction of the public health infrastructure in Ukraine raises the question of how future academic public health capacity can not only be-rebuilt but indeed

strengthened compared with pre-war situation. Academic public health can make a significant contribution here. Pre-war Ukraine has not had stand-alone schools of public health, although there have been efforts in the last number of years to establish such a school in Lviv (Ukrainian Catholic University) with the support of Erasmus funding and the engagement of ASPHER. Should post-war Ukraine decide to strengthen academic public health capacity through the establishment of new schools of public health, ASPHER should be in a good position to provide support, building on the foundational work undertaken in Lviv. Such schools can expand the public health workforce, contribute to post-war public health rebuilding, and ensure that population health thinking and commitments to equity are part of the future of health in Ukraine. Should Ukraine choose this path, ASPHER should be ready to mobilize its extensive resources and expertise in this area to provide the needed support.

Scope: The technical guidance note will cover the issues across the so-called the *Humanitarian-Early Recovery-Development-Peace Nexus*, drawing on international evidence and experiences.

Content:

1. The issues
  - Thinking of and planning for early recovery and post-conflict rebuilding during active conflict
  - The Humanitarian-Early Recovery-Development-Peace nexus
  - Analyzing disrupted health systems: the UTC2030
  - International experiences of early health system recovery, health rebuilding, and peace-through-health approaches
2. The situation in Ukraine
  - The unique issues of Ukraine in relation to this area
3. ASPHER's role
  - Opportunities for contributions of ASPHER members in this area
  - Unanswered questions and new directions

## **Approach and ways of working**

*Sources of knowledge.* The roadmap to the development of ASPHER technical guidance notes on war and health with focus on the situation inside Ukraine builds on global scholarship and practice in this area. The experiences of the wars in the Balkan, in

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Southeastern Europe, and in the neighboring Southern Caucasus are fresh in memory and inform war-health thinking. The ASPHER member community has an accumulated experience in this area. The Faculty of Health Sciences (FHS) at the American University of Beirut (AUB), an ASPHER Associate Member which has lived through numerous wars and conflicts. Most recently, the conflict in Syria (2011 - ) has led to the establishment of *The Lancet*-American University of Beirut: Health in Conflict. As the first Lancet global health commission dedicated to the subject of war/conflict and health, the Commission has developed an approach to war-health study that can prove useful to thinking about Ukraine. However, the roadmap draws on an accumulated global record of scholarship and experience on war and health, a field that has grown steadily in the last two decades.

*Approach.* The roadmap is meant to be fluid and allow for flexibility in pursuing various paths to reaching the intended goal: technical guidance notes that are practical and relevant to ASPHER community members working on the health dimensions of this war and on supporting their Ukrainian colleagues in responding to this war. Similarly, the technical guidance notes themselves will not be prescriptive; rather, they will be open to comments and critique and subjected to revision as needed based on feedback of end-users and based on accumulated evidence from the field. As such, the technical guidance notes should be considered ‘live’ rather than static guides.

*Authorship.* The technical guidance notes will have multi-disciplinary contributions, depending on the subject matter. A technical guidance note will be developed by a group of experts, which might include experts outside ASPHER schools.

*Inputs.* For each technical guidance note, the following inputs will be used:

- A rapid literature review and synthesis
- Deliberations and consensus among experts charged with developing each note, aided by input from external experts
- Input from members of the wider ASPHER Taskforce on War, Ukrainian colleagues
- Public comments received

*Quality control.* Each technical guidance note will be subject to rigorous external peer review and rated for quality and rigor prior to publication.

*Updates.* A technical guidance note will be versioned and dated with both version and date updated to reflect revision of the note based on new evidence or input.