ISSN(O) 3108-2246 https://doi.org/10.66328/ijprmh.2025.010201

International Journal of Public Research in Medicine and Health (IJPRMH)

Volume 1, Issue 2, October-December, 2025

Editorial

Social Determinants of Health, Conflict and Displacement: Health System Responses and Continuity of Care

Dr Richa Mahajan[1]*

1. Associate Professor, Community Medicine and Public Health, Shri Mata Vaishno Devi Institute of Medical Excellence, Kakryal. Email ID: dr.richamahajan27@gmail.com

Armed conflict and forced displacement are not only humanitarian crises, but they are profound public health emergencies shaped by, and in turn reshaping the social determinants of health. Poverty, disrupted education, food insecurity, unsafe housing, gender inequities, and weakened governance interact powerfully with violence to erode health outcomes across generations. As conflicts become increasingly protracted and urban, and displacement more prolonged, the central challenge for health systems is no longer limited to emergency trauma care. It is the preservation of continuity of care and equity in access amid instability, mobility, and social fragmentation.

Conflict as a social determinant of health

Conflict acts as a "determinant of determinants." It dismantles livelihoods, fractures social networks, and degrades water, sanitation, and food systems—conditions that drive communicable disease, malnutrition, and excess mortality long after active fighting subsides. Displacement compounds these risks. Refugees and internally displaced persons (IDPs) increasingly reside in urban settings, often indistinguishable from the urban poor, where overcrowding, informal employment, legal insecurity, and barriers to services are the norm. Children, women—particularly pregnant and lactating mothers—the elderly, persons with disabilities, and those with chronic illnesses bear a disproportionate burden, reflecting entrenched social and gender inequities amplified by violence.

Health system fragility and the loss of continuity

Health systems in conflict settings face simultaneous shocks: destruction of facilities, loss or targeting of health workers, disrupted supply chains, and the collapse of surveillance and public health programs. While acute injuries dominate headlines, more people die from preventable diseases, interrupted treatment of noncommunicable diseases (NCDs), and the breakdown of maternal, child, and mental health services. Vaccination gaps reopen pathways for outbreaks of measles, polio, cholera, and diphtheria; chronic conditions such as diabetes, hypertension, HIV, and tuberculosis worsen without uninterrupted care; and mental health needs surge as trauma, displacement, and uncertainty erode coping mechanisms.

Continuity of care—defined by regular access to essential services over time—becomes elusive when populations are mobile, records are lost, and financing is unstable. Checkpoints, insecurity, user fees, language barriers, and mistrust further delay care, translating social disadvantage directly into avoidable morbidity and mortality.

Gendered and intergenerational impacts

The health impacts of conflict are deeply gendered. Disruptions to antenatal care, skilled birth attendance, and family planning contribute to elevated maternal and neonatal mortality, while sexual and gender-based violence inflicts lasting physical and psychological harm. Children experience higher risks of malnutrition, infectious disease, interrupted education, and toxic stress that shapes life-course health. These outcomes underscore how conflict magnifies pre-existing social inequities, with long-term consequences for human capital and development.

Health system responses: from emergency relief to resilience

Effective responses must move beyond episodic humanitarian relief toward resilient, people-centered systems that address social determinants while safeguarding continuity of care.

1. **Protecting health care and the workforce:** Upholding international humanitarian law, ensuring security for health facilities and workers, and negotiating humanitarian access are prerequisites for any sustained response.

2. **Integrated primary health care for displaced and host communities:** Parallel systems undermine equity and efficiency. Integrating services—maternal and child health, NCDs, mental health, and rehabilitation—within primary care platforms reduces fragmentation and supports continuity.

3. **Innovations for continuity:** Portable health records, digital registries, task-shifting, community health workers, and multi-month dispensing of medicines help maintain treatment across displacement and insecurity.

4. **Urban health strategies:** As displacement urbanizes, responses must adapt—partnering with municipal services, regulating private providers, subsidizing user fees, and targeting informal settlements to reach the invisible displaced.

5. **Addressing social determinants directly:** Water, sanitation, food security, shelter, education, and social protection are health interventions. Cross-sectoral coordination is essential to prevent disease and support recovery.

6. **Mental health and psychosocial support:** Embedding scalable, culturally appropriate mental health services into primary care and community platforms addresses a pervasive yet neglected burden.

7. **Financing and governance:** Predictable, flexible financing; inclusion of refugees and IDPs in national health plans; and data systems that capture mobile populations are critical to sustainability and accountability.

COVID-19 and compounding crises

The COVID-19 pandemic exposed and intensified these vulnerabilities. In conflict settings, public health measures disrupted routine services, redirected scarce resources, and heightened mistrust, while overcrowding and poverty limited prevention. The lesson is clear: emergency responses that neglect continuity and social determinants risk trading one crisis for many.

Conclusion

Conflict and displacement reveal the moral and practical imperative of health systems grounded in equity and continuity. Addressing the social determinants of health is not ancillary to care in crises—it is central to saving lives and restoring dignity. Health systems that protect access, integrate services, innovate for mobility, and invest in social foundations can transform protracted emergencies into pathways for resilience. In an era of persistent conflict and displacement, continuity of care is the measure of our collective commitment to health as a human right.

References

1. AlKhaldi M, Abuzerr S, Obaid HA, Alnajjar G, Alkhaldi A, Alkaiyat A. Social Determinants of Health in Fragile and Conflict Zones Before and During Coronavirus Pandemic: the Focus on the Gaza Strip. Springer Nature Switzerland AG 2021 I. Laher (ed.), Handbook of Healthcare in the Arab World, https://doi.org/10.1007/978-3-319-74365-3_203-2.
2. Cicurel A, Sagy YW, Feldhamer I, Yaron S, Caspi-Regev S, Netzer D, Arbel R, Lavie G. Primary healthcare delivery adaptations in war-induced population displacement. Israel Journal of Health Policy Research. 2025;14(35). https://doi.org/10.1186/s13584-025-00698-0.
3. Valand P, Pandya AN. The deleterious effects of war and conflict on the provision of health care for vulnerable populations andthe potential effects of COVID-19 on vulnerable populations in conflict zones. International Journal of Surgery: Global Health (2020) 3:e36.
4. Aljadeeah S, Sy H, Michielsen J, Konijnenburg CVD, Ebadu JD, Procureur F, Heine M. Access to medicines and continuity of non-communicable diseases care for forcibly displaced populations: a call for rights-based, comprehensive responses. BMC Global and Public Health. 2025; 3(49). https://doi.org/10.1186/s44263-025-00172-8

Cite this article: Mahajan R Social Determinants of Health, Conflict and Displacement: Health System Responses and Continuity of Care. International Journal of Public Research in Medicine and Health Oct-Dec 2025; 1(2): 1-3. https://doi.org/10.66328/ijprmh.2025.010201