

Can Armenia's refugee crisis catalyse health-system reforms?

After more than 30 years, the Nagorno-Karabakh conflict has culminated in a sudden mass exodus of more than 100 000 refugees from the region to Armenia. Since 1991, Nagorno-Karabakh (also known as Artsakh), has existed as a de facto state, predominantly inhabited by ethnic Armenians. The latest conflict in the region erupted on Sept 19, 2023, with a military offensive by Azerbaijan leading to a Russian-mediated ceasefire on Sept 20. On Sept 28, authorities of the enclave made the formal decision to dissolve the state by the end of the year.¹

Subsequently, nearly the entire Nagorno-Karabakh population fled westward to Armenia, increasing the country's population of 2.8 million by more than 3% in the span of less than 1 week. Refugees with few belongings crammed in cars, buses, and trucks fled to pass through the Lachin Corridor on their journeys over multiple days.² The refugees have since been dispersed throughout the country wherever shelter was available (appendix).³ Emergency medical care and supplies are being provided by the Armenian Government, non-governmental organisations, and international agencies, such as WHO, Doctors Without Borders, World Food Programme, and UNICEF. However, meeting the health needs of this vulnerable population disseminated throughout a country with scarce resources has proven arduously complex.

The immediate health needs of the refugees are immense.³ Before the exodus, people of Nagorno-Karabakh had been living under a punitive 9-month blockade, resulting in malnutrition and worsening health conditions due to scarcity of food, medicine, and vaccines.⁴ During their exile, a fuel depot explosion led to hundreds of casualties

among refugees.⁵ Other factors contributing to medical needs include the suddenness of displacement, forfeiture of medical records, and loss of established longitudinal health-care providers.

But as headlines fade and humanitarian priorities shift elsewhere, Nagorno-Karabakh refugees will continue to face challenges in accessing high-quality health care. The Armenian Government intends to integrate displaced people into the health-care system, providing them with the same care as their host communities. However, Armenia has a health-care infrastructure with scarce resources and of inadequate quality. Given this reality, it would be wise for the global health response—typically focused on the acute needs of the refugees, and sometimes guilty of setting up health programming in parallel to government efforts—to simultaneously strengthen local health services towards universal health coverage, improved primary care, and optimised outcomes. Addressing the urgent needs, such as infectious and chronic diseases and mental health and psychosocial factors (eg, disruption of social support, loss of homeland, or absence of employment), in an evidence-based manner with the aim of health-care system strengthening will build preparedness in a region with ongoing conflict.

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