

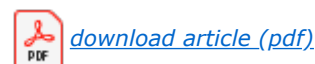
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CHALLENGES OF THE PANDEMIC AND WAR: ASPECTS OF HEALTH AND MENTAL WELL-BEING-2030

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ABSTRACT

The article deals with challenges, caused by the COVID-19 pandemic and Russia's full-scale war against Ukraine. Aspects of health and mental well-being 2030 are in the focus of the research. The major challenges in the healthcare systems through the prism of their resilience and emergence are examined.

The study emphasises that the achievement of the Sustainable Development Goals (SDGs) in the healthcare sector is possible through the application of the principle of universal access to healthcare services. This approach ensures the integration of Goal 3 "Good Health and Well-being" with other SDGs, namely: poverty eradication (SDG 1), economic growth and decent work for all (SDG 8), achieving inclusive and equitable education (SDG 4), equality and empowers women and girls (SDG 5), peace, justice and building strong institutions at the national and global levels (SDG 16).

The Polish experience in organizing anti-epidemic measures to combat COVID-19 is described as a useful example for Ukraine because of the similarity of the initial conditions for the functioning of the healthcare industry at the national level.

Considerable attention is paid to the healthcare system of Ukraine during the war, in particular, aspects of public administration.

The data presented in the article are the legal acts of the UN and WHO and legal acts of the countries of the European region (Ukraine, Poland), which are freely available on the Internet.

Keywords: Sustainable Development Goals (SDG), Good health, health and mental well-being, healthcare systems, healthcare services, national governments, resilience and emergence, global challenges, impact, COVID-19 pandemic, Russia's full-scale war against Ukraine, migration, medical personnel, experience of Poland.

INTRODUCTION

The Agenda 2030 Action Plan adopted by the UN in 2015 contains 17 Sustainable Development Goals (SDGs) and 169 targets for national governments [1]. Goal 3 of this Plan is "Good Health and Well-being". The relevance of the global content of this Goal stems from the fact that in today's world, almost 400 million people have no access to basic health services; nearly 1.6 billion people have health problems because of poorly developed national infrastructure for the provision of basic health services and their low quality. In addition, the high rate of premature mortality from cardiovascular disease, chronic respiratory disease, diabetes, or cancer among people aged 30-70 is a global health problem (every 2 seconds, a death is recorded). Today, one in three women suffers physical, mental, sexual or reproductive health consequences from physical or sexual violence [2].

The purpose of the research is to examine the major challenges in the healthcare sector through the prism of their resilience and emergence.

RESEARCH METHODS

General scientific research methods (observation, analysis, synthesis, comparison, etc.) are used in the research. The information base of the study is formed by the legal acts of the UN and WHO, as well as legal acts of the countries of the European region (Ukraine, Poland), which are freely available on the Internet.

MAIN RESEARCH CONTENT AND RESULTS

According to the WHO, the achievement of the SDGs in healthcare is possible through the application of the principle of universal access to healthcare services. This approach ensures that Goal 3 "Good Health and Well-being" integrates with other SDGs. After all, Good health contributes significantly to poverty eradication (SDG 1), economic growth and decent work for all (SDG 8). Good health contributes to achieving inclusive and equitable education (SDG 4). Health promotes gender equality and empowers women and girls (SDG 5). Good health is a significant contribution to peace, justice and building strong institutions at the national and global levels (SDG 16). However, it is clear that since 2015, national healthcare systems have faced new challenges [3]. Therefore, at this stage, we can say that the Global Health 2030 goals can be divided into two broad groups: resilient goals (stable, known content) and emergent goals (new content). The resilient goals are to reduce mortality in different age groups and by nosologies; affordable medicines and vaccine prevention; combating tobacco use and its health consequences; financial support for the development of the medical industry and its human resources; and government regulation of national and global health risks. These goals were set at the first global forum in 2000.

The group of emergent goals includes, in particular, the following:

- the COVID-19 pandemic is the morbidity, mortality, and inability of national healthcare systems to withstand the pandemic during the first year of the pandemic (statistically significant number of deaths of about 7 million people [3], predicted 20 million people);
- the challenge of Russia's war against Ukraine is the destruction of medical infrastructure, the deaths of medical workers, and the relocation of medical facilities to safer regions;
- the challenge of migration is the burden on national healthcare systems in EU countries, which increased significantly due to the demand for medical services from 7 million Ukrainian refugees in the first year of the war [4];
- shortage of medical personnel because of the demographic crisis in the EU and in Ukraine (in the first months of the war, the shortage of medical personnel was almost 50%);
- economic threats, climate change and others.

All of the above requires a more in-depth study of the main areas of public administration to assess the capacity of the national healthcare system in the face of socio-economic turbulence. There is no doubt that the COVID-19 pandemic is an example of the functioning of medical infrastructure based on the principle of universal access and, at the same time, an indicator of the Global Health Goals [5].

This challenge forced national governments to develop their own pandemic control strategies, as the pandemic spread to 234 countries in its first year [6]. And these strategies varied across the European continent. But they also had certain things in common. The experience of Poland in organizing anti-epidemic measures to combat COVID-19 is useful for Ukraine because of the similarity of the initial conditions for the functioning of the healthcare industry at the national level: public management, a single customer of medical services, declaration of patients' intentions to choose a family doctor and a medical enterprise at the level of secondary care. Approximately the same population and a comparable number of units at the regional government level (22 regions in Ukraine and 19 voivodeships in Poland). Poland's experience demonstrates that three areas of activity are crucial in overcoming the COVID-19 pandemic:

1. Pre-pandemic preparedness and initial capacity of the healthcare sector. As early as March 23, 2017, the Law of the Republic of Poland on the National Network of Safe Healthcare Services in Poland was adopted [7]. This means that long before the pandemic, the country had the necessary legal mechanism to respond to new challenges in the healthcare sector.
2. Adequate infrastructure and human resources in the healthcare system. The national network of hospitals for safe medical services includes more than 600 medical institutions in Poland. At the peak of the second wave of the pandemic, the network had 23 thousand beds for patients with COVID-19, and at the peak of the third wave, it had more than 30 thousand beds. Also, the effective strategies were developed to attract personnel from the private healthcare sector to work in the state and

municipal healthcare institutions. Financial and practice-oriented motivators were introduced (financial compensation of 175% of salary, free parking spaces, free travel, free accommodation, and support for the mental well-being of medical staff, etc.)

- Monitoring of available healthcare resources and digitalization of the management system and healthcare delivery system. This area involves an online assessment of the state of critical infrastructure and essentials (beds in intensive care units, artificial lung ventilation devices, personal protective equipment and medical workers), as well as, implementation of digital healthcare management tools based on real-time monitoring programmes (contact and test results tracking, telemedicine counselling, etc.).

Thus, thanks to the above mentioned measures, since 2021 the Polish healthcare industry has been under full state control of COVID-19. On May 16, 2023, the state of the epidemic was lifted in Poland. An additional challenge for Poland's national healthcare system in the context of the pandemic was the challenge of Russia's war against Ukraine. Poland received the largest number of refugees from Ukraine. This is almost 3 million people, or almost 50% of the total number of Ukrainian refugees to the EU, providing them with access to medical services. The government also employed more than 2 thousand Ukrainian doctors.

The most recent global challenge facing national healthcare systems in Europe is the challenge of Russia's full-scale war against Ukraine. First of all, we are talking about Ukraine, which faced a double challenge – the war and the COVID-19 pandemic [8]. Like most EU countries, Ukraine followed WHO guidelines in its response to the COVID-19 pandemic. In addition, the Ukrainian healthcare industry had a fairly well-developed network of inpatient facilities that had not yet been subjected to the deepening healthcare reform at the national level. As a result, the Ukrainian state entered the advanced phase of the pandemic with a number of beds per 1,000 people 5 times higher than in the United States and 3 times higher than in Italy and Spain. This allowed Ukraine to achieve results in fighting the COVID-19 pandemic almost comparable to global indicators (Table 1).

Experts estimate the cost of the war to the social sector of Ukraine at about \$10.8 billion. In Ukraine, 3127 educational institutions were destroyed, 1433 medical institutions were partially destroyed and 177 medical institutions were completely destroyed. 154 social protection institutions were ruined [9].

Table 1. Overall Impact of the COVID-19 Pandemic in Ukraine and Worldwide

Indicators	Ukraine (20.06.2023)	World data (20.06.2023)
Total population	41 130 ths. people	Over 8 billion people
Total infected, persons	5 557 995 (13,5%)	690 605 801 (8,6%)
Fatalities	112 418 (2%)	6 892 803 (1%)
Recovered	5 440 613 (97,9%)	663 066 553 (96%)

According to [5]

A serious global challenge during the war is the problem of preserving and restoring mental health, especially for Ukrainians who have been living under permanent stress for more than a year and a half, suffering from daily enemy attacks and other military threats. According to the WHO, 10 million Ukrainians may experience deterioration in mental health as a result of the Russian invasion, which is going on not only on the territory of Ukraine but also in the psyche of millions of Ukrainian people.

Experts suggest that it will take about 15 years for Ukrainian society to restore an adequate level of mental health after the war. In 2023, last year's anxiety and tension of citizens, inherent in the beginning of a full-scale war, gave way to emotional exhaustion and apathy.

In 2008, the WHO launched the Mental Health Gap Action Programme aimed at removing barriers to mental health services by involving non-specialist personnel (e.g. family doctors) [10]. In Ukraine, it was only in 2019 that international and national partners began implementing this Programme. However, with the outbreak of the war, realizing the scale of Ukrainians' mental health needs, First Lady Olena Zelenska, with the support of international organizations and national government institutions, accelerated the development and implementation of the National Programme for Mental Health and Psychosocial Support [11]. The Government of Ukraine added the package "Support and Treatment of Adults and Children with Mental Disorders at the Primary Level of Medical Care" to the Medical Guarantees Programme. Services for patients under this Programme are free of charge. Throughout 2023, the Programme is focusing on developing the ability of the psyche to "repel attacks of stressors" and overcome stereotypes that prevent people from seeking help. The Programme's activities are aimed at promoting anti-stigma in society, which

is combined with educational work. That is, instead of stereotypes, they will be rooted in knowledge that proves the value of mental health and builds skills to maintain it.

CONCLUSIONS

Having considered the content of Sustainable Development Goal 3, "Good Health and Well-being," we can say that the health sector is facing new challenges on the agenda that have not been foreseen before (the challenge of pandemics, migration, war, etc.). Therefore, it is advisable for national governments to recommend revising national Strategies for the Sustainable Development of Healthcare and Mental Health Services through the prism of resilient and emergent challenges. We believe that research in this area needs to be explored in future studies.

REFERENCES:

1. 17 Sustainable Development Goals <https://globalcompact.org.ua/en/17-sustainable-development-goals/>
2. Transforming our World: The 2030 Agenda for Sustainable Development. <http://surl.li/jbuyy>
3. COVID-19 coronavirus: general statistics <https://index.minfin.com.ua/ua/reference/coronavirus/>
4. Ukraine crisis 2022-2023: 1 year of response. https://www.iom.int/sites/g/files/tmzbdl486/files/documents/2023-02/IOM_Ukraine_Regional_Response-1_Year_Special_Report.pdf
5. Coronavirus disease (COVID-19). <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
6. COVID-19 Coronavirus Outbreak. <https://www.worldometers.info/coronavirus/>
7. Report: health care system in Poland – current state and desired directions of changes (2018). <https://doi.org/10.1787/18151973>
8. Moroz, S., Khozhilo, I., Ryzhenko S., Semenikhina, V., Turisheva N., Khaitov R. COVID-associated panic attacks: regional management aspect. Archiv Euromedica. 2020, Vol. 10 (2). <http://dx.doi.org/10.35630/2199-885X/2020/10/2.2>
9. Social institutions suffered the most during the war in Ukraine <https://intent.press/news/war/2023/v-ukrayini-pid-chas-vijni-najbilshe-postrazhdali-odeski-zakladi-socialnoyi-sferi/>
10. Ustinov O. Mental health as a component of national security. Ukrainian medical journal. 2013. Vol. 1(93). P.16-18. URL: <https://www.umj.com.ua/article/5285>
11. Olena Zelenska reports how the initiative to create the National Program of Mental Health and Psychosocial Support is being implemented. <https://www.president.gov.ua/en/news/olena-zelenska-rozpovila-yak-vtilyuyetsya-iniciativa-zi-stvo-80109>

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