

# Comparison of Risk of Diseases and Humanitarian Help of Areas after Bombing and Shelling in Yemen and Karabakh Autonomous Region Armenia

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Original Article

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## Abstract:

Several Yemenese towns had been shelled and bombed in the Karabakh Region in 2000-2001 by neighboring states. Bombing and/or natural disasters due to earthquakes and floods have been related to outbreaks of waterborne diseases due to destruction of water pipelines and damaging wells for individual water supply. We compare 2 Regions: 1 in tropical; the other in a mild climate afflicted by similar war intervention-shelling and bombing from neighboring countries, Yemen and Karabakh Arzakh Autonomous Region of Armenia in 2020.

## Introduction

History within the last 30 years of war, conflict and/or natural disaster, related with disruption of water pipelines, resulting in waterborne infections. Hepatitis A, leptospirosis but mainly Salmonella, Shigella and Cholera. Postwar cholera devastated the Rwandese DRC border, Hariri, and finally Yemen. Fortunately no waterborne outbreaks were reported from the Karabakh Autonomous Region within the last 2 years. Therefore, the spectrum of humanitarian help after similar types of destruction were different.(1-3). The aim of this communication is to compare the type of humanitarian help to both Regions: similarly affected but with very different climates.

## Settings and Methods

Hodeidah was affected with bombing and shelling by Saudi forces for 4 years, however, very sporadically in last 2 years; Stepanakert and surrounding towns in Karabakh shortly within the autumn and winter of 2020 for approximately 3 months and with sporadic firing and shelling after thae period. Two member teams, composed of social workers were organizing food, water and medication from local pharmacies and shops within local marketing with funds transferred from the Humanitarian Center in Bratislava. A comparative 2 cohort approach was applied, and about 5,000 recipients in each city were served and compared.

## Results and discussion

After initial help of team leaders from the Czech and Slovak Republic, the activity was performed by local social workers. This, due to security concerns because both European humanitarian groups were removed due to safety concerns leaving funds and maintaining money transfers, purchasing water and food in Yemen and medications in Karabakh. Because no waterborne diseases were noted in Stepanake during the winter season, most medications were imported via our centers for COVID-19 and pneumonia (antivirals, antibiotics, oxygenators, ceftriaxone, azithromycin, hydroxyquine, etc.) . Vice versa, due to cholera local outbreaks in Yemen, food and safe water were substances of humanitarian help in Yemen.

## Conclusion

Despite similar types of war intervention-sporadic bombing and shelling, different approaches have to be applied due to different climate and spectrum of communicable diseases. In first case-Karabakh related with climate and local epidemics (pneumonia, Covid-19, influenza) and vice versa with waterborne infections due to Vibrio cholera, due to destruction of water sources and pipelines.

The spectrum of humanitarian intervention has to be therefore not adapted according to the type of conflict and destruction (similar in Karabakh and Yemen) but to local epidemiology and climate. Preparedness plans must be adapted for both waterborne and airborne outbreaks, and spectrum of stockpiled medication has to be prepared for those 2 major infections of war, in addition to wound infections due to direct war injuries.

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