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**Tamta Kenia**

*Affiliate Candidate, PhD Candidate 3<sup>rd</sup> year,  
Sul Khan-Saba Orbeliani University*

## UTILIZATION OF DIGITAL HEALTH TECHNOLOGIES IN PROVIDING HEALTHCARE SERVICES TO FOREIGN PATIENTS IN CONFLICT ZONES

### 1. Introduction

The right to health, as recognized internationally, encompasses the right of all individuals, regardless of nationality or status, to the highest attainable standard of physical and mental health [1, p. 1158]. This includes access to healthcare services, medicines, and facilities necessary for the prevention, treatment, and control of diseases even and especially during a wartime. It goes without saying that severe instability such as pandemics or wars have a great negative impact on delivery of civil services and it is especially true for health services because frightened, tired and overwhelmed medical personal inevitably creates challenges for proper functioning of healthcare [2].

My research aims to address the critical issues surrounding the utilization of digital health technologies to foreign nationals in conflict zones [3, p. 1-3]. In times of armed conflict, the protection and fulfillment of the right to health for all individuals, regardless of nationality, is paramount. However, foreign patients often face unique challenges and vulnerabilities that require special attention that makes digital health technologies key to protect foreign patient rights during wartime [3, p.1-10].

Digital health technologies, including telemedicine, mobile health applications, and health information systems, have the potential to revolutionize healthcare delivery in conflict-affected areas. In contexts where access to traditional healthcare services is limited or disrupted by conflict, these technologies offer innovative

solutions to address the health needs of foreign patients and uphold their right to health [3. p.1-10]. This research aims to explore the opportunities and challenges of leveraging digital health technologies in safeguarding the right to health of foreign patients during wartime.

This research will employ a mixed-methods approach, including literature review, case studies of digital health interventions in conflict zones and quantitative analysis of health data where available. The role of key stakeholders, including humanitarian organizations, healthcare providers, and technology developers, will be analyzed to gather insights and perspectives on the role of digital health technologies in promoting the right to health of foreign patients.

## 2. Importance of using digital intervention

In all circumstances, in times of peace and during conflict, States have an obligation to maintain a functioning health-care system [4. Art. 12]. They must maintain essential primary health care, access to minimum essential food, basic shelter, housing and sanitation, and an adequate supply of safe and potable water, as well as provide essential drugs, while respecting the principles of non-discrimination and equitable access [4]. In the wartime, in occupied territory pursuant to Article 56 of the Fourth Geneva Convention, the Occupying Power (with the cooperation of national and local authorities) must, to the fullest extent of the means available, ensure and maintain medical and hospital establishments and services and public health and hygiene, and adopt the prophylactic and preventive measures necessary to combat the spread of contagious diseases and epidemics. Though both international humanitarian law and international human rights law allow States to predicate their obligations on the resources available to them, a lack of resources does not justify inaction [5]. European Court of Human rights in the case *Hassan v. the United Kingdom* (para 104), noted that even in situations of international armed conflict, the safeguards under the Geneva Convention continue to apply, albeit interpreted against the background of the provisions of international humanitarian law [6. Par. 104]. Even though this and many other health rights are guaranteed on paper, in reality, when real crisis – for instance war happens it is obvious that all or almost all of the patient health rights are deprived and patients are often limited to access basic amenities. The fact that patient health rights become illusory during wartime is very well seen on the latest example in Ukraine. Despite the normative means of ensuring and protecting the right to health and a wide range of institutional protections established by the parties to the armed conflict – Ukraine and the Russian Federation – the existing system is unable to protect the right of civilians to health. First of all, this is due to the Russian Federation's violation of the established IHL rules. At the same time, the lack of a quick and effective protection mechanism leads to the fact that civilians, and sometimes medical workers, increasingly feel defenceless against aggressors. [7. P. 66]. In general, as of 27 July 2022, there were 414 verified attacks on health care, which took the lives of 85 people and injured 100 people. According to Ukraine's calculations, for the period from 24 February to 24 July 2022, the Russians damaged almost 900 healthcare facilities, 127 hospitals were completely destroyed, 90 ambulances were shot and disabled, 250 vehicles were seized and not returned, 450 pharmacies were damaged and do not work, and 41 were destroyed [7. P. 79-80]. It should be noted separately that there are reports of the sale of medicines on

the markets, which cannot guarantee their safety, in particular, due to improper storage conditions [7, p. 79-80]. Therefore, it seems that the world community should review the existing approaches and establish more effective means of protecting human rights during wartime, including the right to health and it can only be established by using digital technologies.

### 3. Current Experience

There are several case studies of digital health initiatives implemented in conflict zones that demonstrate the potential impact of digital technologies on healthcare delivery to foreign patients. For example, In Syria, organizations such as M̃decins Sans Frontĩres (MSF) have implemented telemedicine programs to provide remote consultations and medical support to healthcare providers in conflict-affected areas. Through telemedicine platforms, Syrian doctors can connect with specialists outside the country to seek advice on complex medical cases and receive training on specialized procedures, improving the quality of care for Syrian patients despite the challenges of the conflict [8]. Also, In South Sudan, where access to healthcare is limited by ongoing conflict and infrastructure challenges, organizations like the International Rescue Committee (IRC) have deployed mobile health teams equipped with smartphones and mHealth applications to provide essential healthcare services to displaced populations. These mobile health teams conduct community-based health assessments, provide health education, and deliver basic medical care to foreign patients in remote areas, improving access to healthcare and health outcomes in conflict-affected communities [9]. In Yemen, organizations such as the World Health Organization (WHO) have implemented health information systems to monitor disease outbreaks, track health indicators, and coordinate healthcare delivery in conflict zones. These systems collect and analyze data from healthcare facilities, mobile clinics, and community health workers, enabling healthcare providers to identify and respond to emerging health threats, such as cholera outbreaks or malnutrition crises, more effectively [10]. In the Gaza Strip, where the population is exposed to chronic violence and trauma due to the Israeli-Palestinian conflict, organizations like the Gaza Community Mental Health Programme (GCMHP) have implemented telepsychiatry programs to provide remote mental health support to patients in need. Through telepsychiatry platforms, Palestinian mental health professionals can conduct therapy sessions, provide counseling, and prescribe medications to patients experiencing psychological distress, improving access to mental healthcare services in a context of limited resources and ongoing conflict [11]. In Afghanistan, organizations such as HealthNet TPO have developed mobile health applications to deliver health education and information to remote and underserved communities affected by conflict. These mobile applications provide interactive modules on topics such as maternal health, child nutrition, and infectious disease prevention, empowering foreign patients and caregivers to make informed decisions about their health and well-being despite the challenges of the conflict [12].

These case studies illustrate the diverse ways in which digital health technologies can be leveraged to overcome barriers to healthcare delivery in conflict zones, improve access to essential services, and enhance health outcomes for foreign patients affected by armed conflict. Moving forward, it is imperative that policymakers, humanitarian organizations, healthcare providers, and technology

developers prioritize the integration and adaptation of digital health technologies into humanitarian healthcare programs in conflict zones. This includes investing in infrastructure, expanding digital literacy programs, strengthening data security measures, and fostering collaboration between stakeholders. Furthermore, there is a need for continued research, innovation, and investment in digital health technologies for conflict-affected populations, including the development of context-specific solutions and the integration of artificial intelligence and machine learning.

#### 4. Conclusion

In conclusion, this thesis has explored the potential of digital health technologies to address the challenges faced by foreign patients in conflict zones, offering insights into innovative solutions and promising practices for enhancing healthcare delivery in humanitarian settings. Through a review of literature, analysis of case studies, and consideration of legal and ethical frameworks, several key findings have emerged.

Protection of patient's rights in the time of crisis is even more important than in peace! This is true because wartime itself is destructive for mental and physical health so the sense of insecurity and vulnerability makes patients incapable of act fast, so it makes harder for the state to properly administrate healthcare and address needs of all patients. Digital health technologies encompass a wide range of tools and platforms that leverage digital and communication technologies to provide healthcare services remotely or enhance traditional healthcare delivery methods. Some of the key means of digital health technologies such as Telemedicine, Mobile Health (mHealth) Applications, Health Information Systems, Remote Monitoring Devices, Health Communication Platforms or Artificial Intelligence (AI) and Machine Learning skills can help to effectively provide healthcare services in times of severe crisis [11]. Initiatives such as telemedicine programs in Syria, mobile health teams in South Sudan, and health information systems in Yemen have shown that digital solutions can overcome barriers of distance, insecurity, and infrastructure constraints, enabling remote consultations, health education, and data-driven decision-making in challenging environments. By embracing this potential and working together to overcome obstacles, we can ensure that all individuals affected by armed conflict have access to the healthcare they need and deserve, thereby upholding the principles of humanitarianism, equity, and dignity for all.

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**Ádám Rixer**

*Prof. Dr., Head of Department of  
Administration and Infocommunication  
Károli Gáspár University of  
the Reformed Church in Hungary, Budapest*

## **HUNGARY'S ATTITUDE TO THE RUSSIAN-UKRAINIAN WAR**

### **1. Introduction**

The Hungarian Government, which has been in power in Hungary since 2010, has a very different approach to the Russian-Ukrainian war from that of most EU member states. Direct support to Ukraine is mainly limited to support for Ukrainian refugees, and in many cases Hungary explicitly or implicitly supports EU and NATO