The case within aims to accurately portray an actual global health crisis. Please note that the extent of accuracy is limited by potentially biased, yet credible, sources. (We do not intend to impose any views regarding the political conflict noted within). The case also represents a complex scenario which does not necessarily have a correct or perfect solution. Thus, a balance of creative, perceptive, and knowledgeable approaches is encouraged.
UKRAINE AND THE POLIO OUTBREAK

EXECUTIVE SUMMARY

In October 2013, several children in the Syrian Arab Republic (Syria) were confirmed to have the infectious disease polio, a communicable disease that can leave individuals paralyzed or, in some cases, dead. This was the first outbreak of the disease in Syria since 1999. A nationwide campaign was immediately launched in November 2013 to vaccinate Syrian children. However, ongoing unrest from a nearly three-year civil war in Syria has killed more than 120,000 people and left millions displaced, making access to polio vaccinations a huge challenge in the war-torn country. The existing conflict in the region has led to a dramatic decrease in immunization rates. The majority of the confirmed polio cases have occurred in children less than 2 years old who were born in Syria after the war started and missed their routine vaccinations.

On March 30, 2014, the Iraqi government announced that a 6-month-old boy from Baghdad, Iraq, acquired the same poliovirus that paralyzed children in Syria in October. With thousands of refugee children fleeing Syria to neighboring countries such as Turkey, Jordan, Ukraine, and Lebanon, fears that the poliovirus could spread beyond the Syrian borders have been realized. One of these threatened countries—the focus of this case—is Ukraine.

It is estimated that between 50-70% of the Ukrainian child population is unvaccinated for poliovirus. This low vaccination rate may be due to a number of reasons, such as insufficient government funding, low parental support for child vaccines, etc. Low vaccination rates may be an indicator of an even greater problem—the poor state of the Ukraine healthcare delivery system, leading to health inequities and contradicting Ukraine’s constitutional guarantee of free healthcare to all.

For many years, Ukraine has been considered a prime candidate for European Union (EU) integration. Finally in 2012, the EU and Ukraine signed deals on political and free-trade associations. However, EU leaders have stated that these agreements will not be ratified unless Ukraine addresses concerns over the “stark deterioration” of its justice and electoral systems. While an official signing for Ukraine’s EU integration had been set to take place on November 29, 2013, Ukraine’s former president, Viktor Yanukovich, rejected the proposed EU partnership program and opted instead to pursue a key trade deal with Russia. This led to massive protests in Ukraine, and Russia recognized Crimea, a previous peninsula of Ukraine, as a sovereign and independent state.

The reappearance of the poliovirus in Syria and Iraq coupled with Ukraine’s failing immunization rate could be a recipe for a polio outbreak, worsened especially at a time of great political conflict.

You represent a consulting group to the World Health Organization and seek to analyze the situation regarding the threat of a polio outbreak in Ukraine, while also considering the aforementioned underlying tensions. Provide your recommendations to the issues.

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2 http://www.ibtimes.co.uk/syria-civil-war-uses-urges-anti-assad-groups-take-part-peace-talks-1432643
3 http://www.npr.org/2013/11/02/242499169/polio-reappears-in-war-torn-syria
4 http://www.npr.org/blogs/health/2013/12/02/248203614/as-polio-spreads-in-syria-politics-thwarts-vaccination-efforts
7 http://www.bmj.com/content/331/7510/216
8 http://cpi.transparency.org/cpi2013/results/
9 http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)61469-5/fulltext
ASSIGNMENT

This case packet provides students with an overview of the global health issue and main country of interest. Respectively, these are polio and Ukraine. Student teams must prepare their recommendations to the key issue presented in this case: **How do you address the increasingly high potential for a polio outbreak in Ukraine?** Will other countries play a role in your recommendations as well, such as Syria or the EU?

Overview of Countries

UKRAINE

**Population:** 44,573,205 (2013 estimate)
- 78% Ukrainians, 17% Russians, 5% Other

**Age Structure:** (2013 estimate)
- 0-14 years: 13.9%
- 15-24 years: 12.1%
- 25-54 years: 45%
- 55-64 years: 13.5%
- 65 years+: 15.6%

**Median Age:** (2013 estimate)
- Total: 40.3 years
- Male: 37.1 years
- Female: 43.5 years

**Location:** Eastern Europe, bordering the Black Sea, between Poland, Romania, and Moldova in the west and Russia in the east

**Net Migration Rate:** -0.07 migrant(s)/1,000 population (2013 estimate)

**Stateless persons:** 35,000 (2012 estimate)

**GDP:** $337.4 billion USD (PPP, 2013):
- services 60.5%, industry 29.6%, agriculture 9.9%

**GDP Per Capita:** $7,400 (PPP, 2013)

**Health Expenditures:** 7.3% of GDP (2011)

**Governance Structure:** Unitary semi-presidential republic

**Budget:** Revenues: $57.4 billion, Expenditures: $66.5 billion [*note: this is the planned, consolidated budget, 2013 estimate]*

**Budget Surplus (+) or Deficit (-):** -5.2% of GDP (2013 estimate)

**Public Debt:** 40.6% of GDP (2013 estimate) [*note: the total public debt of $64.5 billion consists of: domestic public debt ($23.8 billion); external public debt ($26.1 billion); and sovereign guarantees ($14.6 billion)]

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*https://www.cia.gov/library/publications/the-world-factbook/geos/up.html*
SYRIA

**Population:** 22,457,336 (July 2013 estimate)
- Arab 90%, Kurds, Armenians, and other 10%
- Sunni Muslim (Islam - official) 74%, other Muslim (includes Alawite, Druze) 16%, Christian (various denominations) 10%, Jewish (tiny communities in Damascus, Al Qamishli, and Aleppo)

**Age Structure:** (2013 estimate)
- 0-14 years: 33.9%
- 15-24 years: 20.8%
- 25-54 years: 36.9%
- 55-64 years: 4.6%
- 65 years+: 3.9%

**Median Age:** (2013 estimate)
- Total: 22.7 years
- Male: 22.5 years
- Female: 22.9 years

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**Figure 2:** SYRIA- Numbers and Locations of People Fleeing Internal Violence (Source: http://www.humanrights.gov/wp-content/uploads/2012/04/Syria_DisplacementRefugees_2012Apr25_U575-1050px.gif)

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Location: Middle East, bordering the Mediterranean Sea, between Lebanon and Turkey

Net Migration Rate: -17.89 migrant(s)/1,000 population (2013 estimate)

Refugees (country of origin): 87,741 (Iraq) (2012); 499,189 (Palestinian Refugees (UNRWA)) (2013)
  - [Note: the ongoing civil war had created more than 2.5 million Syrian refugees - dispersed in Egypt, Iraq, Jordan, Lebanon, and Turkey - as of February 2014]

Internally Displaced Persons: 6.5 million (ongoing civil war since 2011) (2014)

Stateless Persons: 221,000 (2012)
  - [Note - Syria’s stateless population is composed of Kurds and Palestinians; stateless persons are prevented from voting, owning land, holding certain jobs, receiving food subsidies or public healthcare, enrolling in public schools, or being legally married to Syrian citizens; in 1962, some 120,000 Syrian Kurds were stripped of their Syrian citizenship, rendering them and their descendants stateless; in 2011, the Syrian Government granted citizenship to thousands of Syrian Kurds as a means of appeasement; however, resolving the question of statelessness is not a priority given Syria’s ongoing civil war]

GDP: $107.6 billion USD (PPP, 2011): services 60.2%, industry 22.2%, agriculture 17.6% (2013)

GDP Per Capita: $5,100 (PPP, 2011)

Health Expenditures: 3.7% of GDP (2011)

Legal System: Mixed legal system of civil and Islamic law (for family courts)

Governance Structure: Republic under an authoritarian regime

Budget: Revenues: $2.4 billion, Expenditures: $7.6 billion (2013 estimate)

Budget Surplus (+) or Deficit (-): -8% of GDP (2013 estimate)

Public Debt: 58.9% of GDP (2013 estimate)

EUROPEAN UNION (EU) xi

The European Union (EU) is an economic and political partnership among 28 European countries. These countries include the following, accompanied by their date of entry into the EU in parentheses:

- Austria (1995)
- Belgium (1952)
- Bulgaria (2007)
- Croatia (2013)
- Cyprus (2004)
- Czech Republic (2004)
- Denmark (1973)
- Finland (1995)
- France (1952)
- Germany (1952)
- Greece (1981)
- Iceland (1973)
- Italy (1952)
- Luxembourg (1952)
- Malta (2004)
- Netherlands (1952)
- Poland (2004)
- Portugal (1986)
- Romania (2007)
- Slovakia (2004)
- Slovenia (2004)
- Spain (1986)
- Sweden (1995)
- United Kingdom (1973)

The EU was formed following World War II during efforts to coordinate economic recovery. The idea was that countries that trade with one another are more likely to become economically interdependent—and thus, more likely to avoid conflict with one another.

The EU first began as the European Economic Community (EEC), focused purely on economic union, in 1958 with six countries: Belgium, Germany, France, Italy, Luxembourg, and the Netherlands. The EEC officially changed its name to the European Union in 1993, after interests expanded their focus from solely economics to a wide range of other policy areas—such as development aid and environmental policy.

The rule of law is an underpinning constitutional principle of the European Union in which its founding Treaties are viewed as its “Constitution.”xiii Treaties must be voluntarily and democratically agreed upon by all member countries in order for the EU to move forward toward its goals. Half a century of peace, improved living standards, and a single European currency—the euro—are a few example results of this cooperation.

Another large focus of the EU is human rights. Human dignity, freedom, democracy, equality, the rule of law, and respect for human rights are all core values of the EU; these rights were brought together under the 2009 Treaty of Lisbon, legally binding all EU members to uphold.

The European Union continues to focus in a number of other areas including increasing government transparency, rebuilding lives and communities in conflict areas, supporting efforts to achieve peace, reducing poverty, election observing, and more.xiv

xiii www.jeanmonnetprogram.org/archive/papers/09/090401.doc
xiv http://www.euintheus.org/who-we-are/what-is-the-european-union/
Polio Overview

OVERVIEW

Poliomyelitis (polio) is an acute, viral, infectious disease. Polio only occurs in humans and is spread from person-to-person, primarily via fecal-oral route\textsuperscript{xv}. Seventy-two percent of individuals who are infected with the virus will have no symptoms. This statistic is extremely important as carriers of the virus who are not symptomatic spread the virus more easily. For those who are symptomatic, once the virus enters the bloodstream (which occurs in 24% of infected individuals), nausea, headache, pain in the limbs, neck and back stiffness, and fever will occur. The virus will cause permanent limb paralysis in less than 1% of individuals by entering the central nervous system and infecting and destroying motor neurons. Spinal paralysis is the most common form of such paralysis and is characterized by asymmetric paralysis, usually involving the legs. Of the individuals who become paralyzed by the disease, 5-10% will not survive due to paralysis of the respiratory muscles.

Polio is extremely contagious, and even a single case is considered a public health emergency. A handful of afflicted children may sound like small number; however, for each crippled child, up to one thousand more are silently affected.\textsuperscript{xvi} The disease is endemic in Afghanistan, Pakistan, and Nigeria.\textsuperscript{xvii}

Issues in eradicating Polio\textsuperscript{viii}

- The poliovirus is so small, it can slip through surgical masks
- The virus can survive on surfaces for hours and in raw sewage for months
- Polio can be spread by flies on their legs
- The virus is immune to soap, acid, alcohol, and freezing, and large doses of chlorine are required to kill it in contaminated water
- In addition to the fecal-oral route, polio can also be spread by coughing, kissing, and sneezing
- Effective vaccinations require several rounds of shots

POLIO ASPECTS YOU MIGHT CONSIDER

What might Ukraine be able to learn from the successful interventions implemented by other countries?
What issues might make vaccines inaccessible or difficult to obtain?
How can prevention strategies include activities that address multiple levels of the CDC’s Social-Ecological Model from the individual level to the society level?
What organization(s) might be able to play a role in your proposed intervention?

VACCINATIONS

Currently, there are two types of vaccinations to prevent polio. The inactivated polio vaccine (IPV) has been the only polio vaccination used in the United States since 2000, while much of the world still uses the oral polio vaccine (OPV).\textsuperscript{xix} Polio vaccinations can be given concurrently with other vaccinations. Children are recommended to be vaccinated with 4 total doses of IPV—one inoculation given each at 2 months of age, 4 months of age, 6-18 months of age, and 4-6 years of age. Adults who have never been vaccinated against polio are recommended to get a first dose as soon as possible, with a second dose 1-

\textsuperscript{xv} http://www.cdc.gov/VACCINES/vpd-vac/polio/default.htm
\textsuperscript{xvi} http://www.nybooks.com/articles/archives/2014/feb/20/syrias-polio-epidemic-suppressed-truth/
\textsuperscript{xvii} http://www.who.int/mediacentre/factsheets/fs114/en/
\textsuperscript{xviii} http://www.nybooks.com/articles/archives/2014/feb/20/syrrias-polio-epidemic-suppressed-truth/
\textsuperscript{xx} http://www.cdc.gov/vaccines/vpd-vac/polio/in-short-both.htm
2 months later and a third dose 6-12 months after the second. Individuals who have not received the full sequence of doses are highly recommended to receive the additional doses immediately, no matter when the earlier doses were administered.xi Individuals being vaccinated for polio are often lost to follow-up due to the high number of recommended vaccine doses. The price of the oral polio vaccine supply is varied, dependent on supply and demand. As of 2012, the cost of OPV averaged $0.127 USD per dose.xxii

**POLIO IN SYRIA**

In October 2013, individuals in Syria contracted a wild poliovirus strain closely related to that originating in Pakistan. Syria has not had a case of indigenous wild poliovirus since 1999.xxiii The immediate priority was to stop the outbreak with a series of large-scale, synchronized supplementary immunization activities using the oral polio vaccine, coordinated with neighboring countries to protect against further virus introductions.xxiv

**POLIO IN UKRAINE**

In one aspect, low vaccination rates stem from parents refusing to vaccinate their children.xxv A 2012 UNICEF survey found that one-third of parents in Ukraine do not support vaccines; it is also estimated that only about half of the children in Ukraine are immunized against polio, rubella, mumps, and seven other infectious diseases for which children are provided free vaccines under the country’s state health care and national health guidelines.xxvi Compliance among parents slipped from 80% in 2008 to 50% in 2012, and it is viewed that this slip occurred following the high-profile death of a boy in 2008 from an alleged measles and rubella vaccination.xxvii It was incorrectly reported by the media that the vaccination had been the cause of the death, but, in fact, the vaccine was unrelated to the death. The damage to perception of vaccinations and the government was done, however, and deep public mistrust exists to this day.

Following low vaccination rates in Ukraine, a surge of measles, mumps, and rubella exploded in the country. While less than 100 cases of measles were reported in 2010, more than 12,700 cases were reported in 2012.xxviii This example highlights the vaccination crisis that currently exists in Ukraine and its potential danger for a polio outbreak. While 74% of the country is immunized against the disease, this is lower in comparison to the 90% coverage seen in Europe and the United States of America.xxix

Beyond this distrust, there are still many other hurdles to fixing this issue. While children are supposed to have a certificate of immunizations to attend school, fake certificates may be obtained by parents.xxviii Also, free vaccines offered by the state’s healthcare system may run in short supply. Families must wait until the vaccine becomes available again or pay the potentially great out-of-pocket expense for it.xxviii Additionally, a Ukraine recession or government corruption may reduce the state budget that finances these free vaccines, further limiting the supply.xxviii Thus, even if parents are motivated to get their child vaccinated, they may still have trouble accessing vaccines or navigating the poor healthcare delivery system in a corrupt bureaucracy. Lastly, some healthcare professionals have openly come out against vaccines, exacerbating the problem.

Solutions must be determined to overcome these vaccination issues, or else the threat of a polio outbreak could become very real and very serious.

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xi [http://www.cdc.gov/vaccines/hcp/vis/vis-statements/ipv.html](http://www.cdc.gov/vaccines/hcp/vis/vis-statements/ipv.html)

xii [http://www.polioeradication.org/Financing/Budgetcomponents/Oralpoliovaccinesupply.aspx](http://www.polioeradication.org/Financing/Budgetcomponents/Oralpoliovaccinesupply.aspx)


POLIO IN PAKISTAN

Pakistan

As previously mentioned, the wild poliovirus strain contracted by individuals in Syria was closely related to that originating in Pakistan. In Pakistan, persistent wild poliovirus transmission is restricted to three groups of districts: (1) Karachi city, (2) a group of districts in the Balochistan Province, and (3) districts in the Federally Administered Tribal Areas (FATA) and the Khyber Pakhtunkhwa. In addition, Pakistan and neighboring Afghanistan repeatedly re-infect one other, due to the substantial population movements within and between the countries.\textsuperscript{xv} In February 2014, a three-day anti-polio drive was launched in Karachi city, and it was announced that any parents who refused to have their child vaccinated would be prosecuted.\textsuperscript{xvi} Additionally, it is common for polio vaccination teams to come under attack when carrying out vaccination campaigns in Pakistan’s Karachi city, Mansehra city, and Panjgur district. This creates immense difficulties for Pakistani authorities to eradicate the poliovirus.

### POLIO RESOURCES

<table>
<thead>
<tr>
<th>NAME</th>
<th>LINK</th>
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<tr>
<td>Global Polio Eradication Initiative</td>
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<td>UNICEF</td>
<td><a href="http://www.unicef.org/immunization/polio/">http://www.unicef.org/immunization/polio/</a></td>
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<td><a href="http://www.polioinfo.org/">http://www.polioinfo.org/</a></td>
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<td>Bill &amp; Melinda Gates Foundation</td>
<td><a href="http://www.gatesfoundation.org/What-We-Do/Global-Development/Polio">http://www.gatesfoundation.org/What-We-Do/Global-Development/Polio</a></td>
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<tr>
<td>Centers for Disease Control and Prevention</td>
<td><a href="http://www.cdc.gov/polio/">http://www.cdc.gov/polio/</a></td>
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<tr>
<td>Rotary International</td>
<td><a href="http://www.endpolio.org/take-action">http://www.endpolio.org/take-action</a></td>
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\textsuperscript{xv} http://www.polioeradication.org/Infectedcountries/Pakistan.aspx#sthash.TZsd6vB.dpuf
Historical and Legal Perspectives

This section of the case aims to provide students with legal and historical factors that may come into play in the development of their case recommendations. The box at the bottom of this page contains questions that aim to frame the global health issue in terms of these factors for students, but are not required to be answered during the presentation.

INTERNATIONAL REFUGEE LAW OVERVIEW

International humanitarian law holds that victims of armed conflict should be:
- Respected,
- Protected against the effects of war, and
- Provided with assistance.

International refugee law is just one piece of the broader mosaic of international human rights and humanitarian law. The cornerstone for refugee protection is the 1951 Convention Relating to the Status of Refugees, a legal document which enumerates the rights and responsibilities of refugees and the obligations of State Parties. Refugees frequently become targets of violent attacks and intimidation in their host countries due to their perceived “differentness.” Additionally, conflicts may erupt between refugees and local populations when refugees become viewed as competitors for resources. Thus, it is critical that state governments implement and enforce protections for refugees.

According to the 1951 Convention, a refugee is someone who has a “well-founded fear of persecution because of his/her race, religion, nationality, membership in a particular social group, or political opinion; is outside his/her country of origin; and is unable or unwilling to avail him/herself of the protection of that country, or to return there, for fear of persecution.” There are more than 140 states that have adopted the 1951 Convention and its 1967 Protocol, which later removed geographical and temporal restrictions from the Convention; however, countries such as Syria, Jordan, and Lebanon are non-parties.1

Under these treaties, State Parties are required to provide some basic rights to refugees, including access to justice courts, primary education, and work, as well as freedoms from cruel or unusual punishment, from arbitrary arrest and detention, and freedoms of opinion and expression. A fundamental principle of international refugee law is that of non-refoulement which provides that no state shall expel or return a refugee against his or her will to a territory where the individual fears threats to life or freedom.2 This principle applies even to refugees who entered the host country illegally. Only those who pose dangers to the security of the host country cannot lay claim to the protection of non-refoulement. The United Nations High Commissioner for Refugees (UNHCR) has assumed a leading international role in working with governments to provide refugee protection. On the field level, UNHCR staff members respond to refugee emergencies, relocate refugee camps away from border areas, ensure that refugee women have a voice in food distribution and social services, reunite separated families, and much more.

Over the course of UNHCR’s fifty-year existence, many governments have permitted UNCHR to operate in their territories and provided financial assistance to refugees. In addition, UNHCR works with non-governmental organizations (NGOs) of all sizes as implementing partners. Most NGOs work with refugees to provide material assistance and to establish and maintain camps and other settlements. They are often in prime position to monitor and report on the welfare of refugees and any rights violations in refugee camps.3

LEGAL ASPECTS YOU MIGHT CONSIDER (but are not required to be answered during the presentation)

What important laws pertain to this global health case?
How might actions to overcome a polio epidemic conflict with a country’s existing laws?
Might foreign relief teams encounter political issues providing aid to a foreign country?
How does Ukraine’s political environment impact the health issue at hand?
Can any interventions with Syria or other countries where the virus is spreading help mitigate the health issue?
SYRIA – HISTORICAL OVERVIEW

The current civil war in Syria commenced in 2011, during the “Arab Spring,” when a wave of revolutionary demonstrations, protests, and civil wars swept through predominantly Arab countries stretching from Northern Africa and into Western Asia. The conflict between Syrian government and opposition forces has grown increasingly violent since the inception of the civil war.

Unlike the recent revolutions in Libya and Egypt which ensued over a period of several months, the conflict in Syria is stretching into its fourth year. As fighting between opposition forces, the Syrian government, and Al Qaeda-backed groups has grown increasingly violent, the number of Syrians fleeing the war-torn country has swelled.iv

The United Nations has labeled the Syrian refugee crisis as the most challenging refugee crisis in a generation. Syrian refugees now total over 2.4 million, up from just 300,000 in 2012. More than a million of these refugees are children, while some 4.3 million children remaining in Syria have been affected by the conflict.v In addition to those who have fled the country, another 4 million Syrians have been uprooted by the war but still remain inside Syria. Many have taken refuge in schools, mosques, and even caves. Tens of thousands have occupied makeshift encampments along the border, hoping to leave the country. In total, almost one-third of the entire country has abandoned their homes.vi

Syrian refugees have predominantly fled into the neighboring countries of Lebanon, Jordan, Iraq, Egypt and Turkey. Lebanon, for example, hosts the most refugees of any country in the region with 830,000 registered refugees. Refugees reside primarily in villages since the government has not constructed refugee camps. Turkey and Jordan host roughly 500,000 Syrians each, but in refugee camps.vii Jordan’s Zaatari camp is one of the largest in the region with 103,000, making it the fourth-largest “city” in Jordan.viii Iraq hosts 207,000 refugees. Egypt hosts 128,000 refugees; other North African countries host a further 17,000. Many camps are now full, as are many neighborhoods in cities, towns, and villages where the refugees’ presence has raised rents, undercut wages, and increased sectarian tensions.ix

The vast exodus has burdened the resources of those host countries. For instance, Turkey has already spent $2 billion sheltering 200,000 Syrian refugees in its 21 camps. But an estimated 400,000 Syrian refugees live in Turkish communities, many of who have exhausted their life savings and are turning to Turkey for assistance.

In contrast, sixteen Western countries, including Sweden, France, Germany, and the United States, have offered to host a total of 10,000 Syrians despite applications from 64,000.x The European Commission and the UNHCR have urged EU leaders to do more and relax “fortress policies” intended to keep migrants out of Europe. Turkey, alone, has received ten times the number of Syrian refugees as all EU member states combined. Additionally, the Dublin Regulation, an EU law that applies to all EU member states, requires asylum seekers, or refugees, to remain in their first country of entry regardless of the various challenges refugees face in their EU host countries. In particular, EU leaders have criticized Greece, Bulgaria, and Italy for the treatment of asylum seekers from Syria, but these countries have countered those criticisms by arguing that their geographical position forces them to bear a disproportionate share of responsibility for managing refugee flows.xi

The United Nations has asked for more than $5 billion in humanitarian aid this year for Syria, its largest financial appeal ever for a single crisis. Officials say the high cost results not only from the scale of the crisis but also from the difficulties of catering to a refugee population used to middle-class conditions.xii UNICEF has raised some $600 million to provide basic water, sanitation, health, education, and protection to refugees and their children. As of December 2013, however, UNHCR has only raised 60% of the funds it says it needs to provide support for the refugees.xiii

Meanwhile, the EU has warned Syria that the deliberate denial of humanitarian aid is a war crime. Some UN officials have suggested referring the Syrian government’s non-compliance and other acts of violence to the International Criminal Court, a body which investigates war crimes and crimes against humanity.xiv

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Overall, the situation is very fluid and exceedingly dangerous for both the millions who have fled the country and the many that remain.

**UKRAINE – HISTORICAL OVERVIEW**

In late 2013, Ukraine appeared poised to enter a sweeping trade and political agreement with the European Union. The proposed agreement was part of the Eastern Partnership Program, an expansive effort by the EU to foster trade between the former Soviet Republics and Western Europe. Russia responded by threatening to implement crippling trade sanctions on Ukraine. Russia is Ukraine’s largest trading partner and energy supplier. Moreover, a major oil pipeline running from Russia to Europe runs directly through Ukraine. Thus, Russia holds significant economic leverage over Ukraine.

In November 2013, Ukraine’s former president, Viktor Yanukovich, rejected the proposed EU partnership program and opted instead to pursue a key trade deal with Russia. Yanukovich’s move sparked outrage and violent protests among many Ukrainian citizens. The focal point of the protests was in Independence Square in Kiev, Ukraine’s capital. Support for the protests drew primarily from the western half of Ukraine. In contrast, Russian-speaking Ukrainians and ethnic Russians living in the southern and eastern areas of the country remained more sympathetic to Yanukovich’s government and Russia, in general.

After several months of protests, the Ukrainian Parliament ousted former President Yanukovich in February of this year. With the pending regime change has come much uncertainty about the future of Ukraine. But the ousting of Yanukovich has not been universally welcomed by all of Ukraine’s political leaders. Regional governors from eastern Ukraine adopted a joint resolution resisting the Ukrainian Parliament’s authority to remove Yanukovich. Amidst this tense atmosphere, new presidential elections have been scheduled for late May 2014.

On an international scale, the riots in Ukraine flared tensions between Russia and the West. In the aftermath of Yanukovich’s ouster, Russia commenced combat readiness drills for some 150,000 military personnel, noting that it would take “necessary measures” to protect its interests. The United States and EU, in a joint response, cautioned Russia to refrain from any military intervention in Ukraine. At the same time, NATO defense ministers emphasized Ukraine’s future as key to broader “Euro-Atlantic security.” Many political commentators, viewing these developments, have noted the echoes of Cold War tensions emanating from the Ukrainian-Russian conflict.

Things came to a head when Russian military forces moved in and occupied the Crimean Peninsula, a major land mass on the northern coast of the Black Sea and just south of the Ukrainian mainland. The occupation of Crimea outraged world leaders and spurred a flurry of diplomatic missions between EU, US, UN, and Russian officials. Shortly after the Russian occupation of Crimea began, the Crimean Parliament organized a referendum to determine whether the autonomous republic would join the Russian Federation or remain with Ukraine. The referendum, held in mid-March, produced 97% support for joining Russia despite abstention from many residents of Crimea.

The international response to the referendum was swift and nearly universally condemnatory. A non-binding vote in the 193-member UN General Assembly declared the referendum had no validity, under both the Ukrainian Constitution and international law, and directed the parties involved to seek a peaceful resolution. Both the EU and United States imposed sanctions on Russian and Crimean officials involved in the occupation and referendum. Regardless, Russian President Vladimir Putin signed a decree recognizing Crimea as a sovereign state, thus laying a path for its admission to the Russian Federation.

Amid the ongoing Crimean crisis, the UN deployed a team to monitor human rights in the region. UN Assistant Secretary-General for Human Rights Ivan Simonovic has emphasized concerns about the excessive use of force, detentions, and disappearances throughout the protests. Simonovic also pointed to serious concerns about the protection of human rights in Crimea as reports have surfaced of arbitrary arrests, torture, and ill treatment of Ukrainian citizens in the region.
The situation in Ukraine remains exceedingly tense. International attention has shifted to rumors of Russian military mobilization along Ukraine’s eastern border. The situation is very unstable, but as of the time of this writing, Ukraine had begun evacuating some 25,000 military personnel and their families from Crimea. The evacuation plans came shortly after Russian military forces seized the Ukrainian Navy headquarters in Sevastopol, home to one of the busiest ports in the Black Sea. Meanwhile, UN Secretary General Ban Ki-moon shuttled back and forth between meetings with Ukrainian and Russian leaders in an attempt to urge “real dialogue” between the parties and peaceful, diplomatic solutions.

Against this backdrop of civil unrest and international conflict are two additional and critically-important considerations. First, Ukraine’s economy is reeling. Even before the protests began, the economy was struggling mightily. In fact, Ukraine’s economy today is smaller than it was in 1992. Transparency International ranked Ukraine 144th out of 177 countries in its Corruptions Perceptions index. Moreover, Ukraine’s currency has lost nearly a fifth of its value, and it needs $35 billion to pay its debt over the next two years. Ukraine’s Interim Prime Minister Arseniy Yatsenyuk has indicated the economy will shrink this year by at least 3% and as much as 10% if Ukraine does not receive international economic assistance. The IMF has agreed to lend $18 billion in loans, and both the EU and US look to provide an additional $10 billion.

The price of this economic aid is not insubstantial, however. In exchange for the IMF’s assistance, Ukraine must adopt a series of austerity measures, including pension cuts for civil servants, a minimum wage freeze, broad spending cuts, tax hikes, and an increase on gas tariffs by 50% for consumers. Some critics fear that these austerity measures will economically burden Ukrainian citizens too much and too quickly, leading to future unrest and possibly spurring protestors to take to the streets once again.

The second critical concern is Ukraine’s failing public health system. The shortcomings of the healthcare system are clear: life expectancies of Ukrainian citizens have declined over the last two decades. Non-communicable diseases account for 80% of deaths in the country, with a strong concentration among working-age males. Additionally, Ukraine suffers from one of the highest mortality rates from infectious diseases in all of Europe.

A report by the World Bank found that Ukraine’s health system is inefficiently designed for acute care episodic disease management and is ill-equipped to confront the country’s mortality crisis. Furthermore, Ukraine’s health system lacks a comprehensive health reform implementation plan. Instead, the healthcare system remains inefficient, complex, and inequitable. Even when reforms have been proposed by the government, political instability and frequent changes in ministry leadership has caused perpetual delays in the implementation of such reforms.

In short, Ukraine is in a difficult position. The transitional government must manage an ongoing international crisis and confrontation with Russia while simultaneously trying to organize national elections, rejuvenate a failing economy, and overhaul an antiquated healthcare system.
ASSIGNMENT SUMMARY

This case packet provides students with an overview of the global health issue and main country of interest. Respectively, these are polio and Ukraine. Student teams must prepare their recommendations to the key issue presented in this case: **How do you address the increasingly high potential for a polio outbreak in Ukraine?** Will other countries play a role in your recommendations as well, such as Syria or the EU? Your team is acting as a consulting group for the World Health Organization, which will be represented by a panel of faculty judges. You will present your ideas on Saturday, April 19, 2014.

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4. NY Times Syria seen as most dire refugee crisis in a generation; 11/24/2013
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Writers
- Stephen Holmgren, UF Levin College of Law
- Jennifer Nguyen, UF College of Public Health & Health Professions
- Alyssa Wang, UF College of Public Health & Health Professions

Reviewers
- Jessie King, UF College of Public Health & Health Professions
- Cristina Popescu, UF College of Public Health & Health Professions

Advisors
- Colleen Laurence, MPH, University of Virginia
- Sarah McKune, PhD, MPH, UF College of Public Health & Health Professions, UF International Center

Design - Stephanie Ou, UF College of Journalism & Communications

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