Operationalizing Global Health and Peace for Health Security and Solidarity: Does this Apply in Palestine, Ukraine, and Venezuela?

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Abstract

The interrelationality of health and peace is complex, multifactorial, and imbued with political and economic challenges. Peace and health outcomes reflect shared fundamental values related to the achievement of a balanced holistic condition on the individual and collective level. This causal relationship between social inequity and health requires special attention be paid to the impact of political instability and structural violence on undermining health systems in conflict zones. The mutual dependency between peace and health means that peace cannot be achieved without the existence of physical, mental, social, and spiritual health, and holistic health cannot be sustained under violent conditions. The interrelationality of peace and health as mutual conditions shape our understanding of global solidarity in relation to health diplomacy and peace promotion, if addressed equally across all conflict zones This prospective analytical review discusses the complex interplay between peace and health in three global contexts utilizing contextual analysis of the unique interdisciplinary factors at play that contribute to, or hinder the advancement of global health and peace in Palestine, Venezuela, and Ukraine. Peace is a multifaceted phenomenon that necessitates the participation, dedication, and action of all sectors and stakeholders in the global society, including health professionals. Both the "right to health" and the "right to peace" can be realized through two approaches: (1) holding governments accountable for maintaining peace and protecting health systems, and (2) the implementation of policies and actions that promote nonviolence education, intergroup communication, and social justice. **Highlights:** Countries around the globe are facing multiple, (re)emerging and complex crises and conflicts, aggravated by increasing social, political, and economic pressures that mainly impact people's health and health systems. The existing global governance structures of peacebuilding for health are powerless, ineffective, and still unclear, thus setting health actors up for failure, when it comes to sustaining long-lasting changes and addressing the root causes of crisis. Crises including political pressures, historic suffering due to coloniality, protracted conflicts, lack of advocacy and firm international laws enforcement, hypocritical standards of intervention, absence of health equity, and an absence of ethical and human rights frameworks, all impede the creation of peaceful societies that promote health and vice versa. Palestine, Ukraine, and Venezuela reflect diverse contexts where clear disparities are present in global solidarity, humanitarian intervention, global interest, advocacy, and willingness to promote the health-peace nexus are reported. Continued impunity, partiality, and injustice undermine health-peace promotion and scale up global health disruptions, and the shared challenges of suboptimal health status should be sufficiently handled based on equal rights, equity, accountability, and transparency regardless of variations in geography, ethnicity, region, political context.

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