**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.

**Keywords: Global Health, Peace-Health Nexus, Palestine, Ukraine, Venezuela**

**Overview:**  
Amplified interest in the nexus between global health and peace has been widely demonstrated, with the World Health Organization (WHO) calling health professionals to engage and facilitate peace-promoting initiatives **[1]**. This emerging field prompted a drastic change in WHO’s approach to addressing the growing health inequalities and disparities due to conflict, political instability, and other peace-deterring circumstances, disproportionately affecting vulnerable communities and withholding governments from achieving national strategic health goals **[2]**. Attaining the United Nations (UN) 2030 Sustainable Development Goals (SDGs), specifically health-related goals, is significantly challenged in countries plagued by turmoil, war, and protracted crises **[3]**. In such countries, the provision of high-quality health services is suboptimal and subject to the political and social climate. Similarly, peace and stability are prerequisites for the realization of health as a basic right for all humans everywhere **[4]**. International organizations, such as the UN agencies, are designing models and initiatives based on local, regional, and national consultations and declarations to shift the “business as usual” tactic by integrating conflict-sensitive and peace-responsive approaches into their technical health interventions **[2][4][5]**. As such, the UN cemented the concept of health and peace interdependence, i.e., one cannot exist without the other. Spearheading the UN agencies, WHO launched the “Global Health for Peace” initiative, which uses health care to address some underlying causes of conflict by implementing the theory of change through promoting health equity, facilitating crossline cooperation in health governance, and promoting health and wellbeing through dialogue and inclusion **[6]**. Because of the emergence of this field, the understanding of peace and health is fraught with challenges of definitions, measurements, operationalization, and outcomes **[7]**. Therefore, this analytical review utilizes contextual narratives to highlight the complex interplay between peace and health in three conflict zones: Palestine, Ukraine, and Venezuela. These unique settings were selected to demonstrate the ways in which different sources of political instability lead to similar health inequity crises, all rooted in an absence of peace.

**Nexus of Peace and Health:**

Conceptually, the human right to the highest attainable standard of health is defined as “a state of *complete* physical, mental, and social well-being and not merely the absence of disease or infirmity...The health of all peoples is fundamental to the attainment of peace and security and is dependent on the fullest cooperation of individuals and States **[8]**. Therefore, *just* having a right to live is insufficient, rather, individuals have the right to lead healthy and peaceful lives **[9][10]**. Peace is defined as the absence of direct structural violence *and* the presence of cooperative, harmonious and nurturing relationships across varying social levels **[11][12]**. Peace supports equality and equilibrium between individuals’ internal and external social and physical conditions is at the essence of this relationship, which allows for the promotion of internal and external peace **[11]**. Comprehensive health promotion cannot be attained without addressing peace promotion and its role in influencing how societies manage health when in conflict. Health and peace promotion are intrinsically interrelated because both share a set of socioecological elements such as social harmony, trustworthiness and cooperation that are foundational to just societies **[12][50]**. Changes in personal or societal peace have a causative impact on the health of individuals and societies, and all forms of violence and instability lead to a loss in health. Also, deteriorating health conditions contribute to a lower quality of life which may impact the degree of radicalization experienced by these groups **[11][12]**. The physical and mental well-being of individuals and healthcare professionals is impacted by violence, political instability and fragility, and unrest. These factors can cause damage to health systems and influence broader health determinants. Maintaining health can help put an end to conflict and ease tensions; peace is a necessary and crucial factor in health and well-being **[1][2][7][12]**.

War and conflict do not only affect a particular society, rather, global disruptions are brought on by contextual conflicts that (in)directly impact global health order **[12]**. Therefore, the role of global health and peace actors in addressing conflicts must be more timely, impactful, sustainable, systematic, and just. Conflict is largely attributed to various health inequities, through direct militarized violence (and the psychosocial and physiological disruptions it brings), and the indirect socioeconomic interruptions that destabilize the healthcare structure due to resource divergence. Additionally, war and conflict in a particular context profoundly disrupt the healthcare infrastructure and target its workforce. This diminishes the quality of healthcare that civilians can receive, leading to an increase in mortality and morbidity compounding the existing burden of disease. Furthermore, conflict increases the waves of migration and civilian displacement, creating dire conditions for refugees and a chain of economic dependencies that not only disrupt the conflict-ridden country, but neighboring countries as well **[13]**. Peace is a multifaceted phenomenon that necessitates the participation, dedication, and action of all sectors and stakeholders in the global society, including health stakeholders. Global peace agencies must hold governments accountable for maintaining peace in order to avoid compromising public health. Both the "right to health" and the "right to peace" can be realized through the implementation of successful, just, and bold policies and actions that promote nonviolence education, intergroup communication, and social justice. The next three case studies demonstrate a panoramic image of the current state of health and peace and their role in promoting health security and solidarity by local and global health stakeholders.

**Palestine:**

Since 1948 onwards, the longstanding Israeli occupation of Palestine has destabilized healthcare governance, infrastructure, and workforce due to illegal systematic policies of mass punishment, confiscation, dispossession, and excessive use of force **[14][15][17][18]**. Palestinians living under occupation are subject to discriminatory healthcare policies that inhibit access to quality care, compounded by the chronicity of the humanitarian crisis and the fragility of their social systems **[14][15]**. Furthermore, the occupation has changed social welfare and healthcare delivery systems in ways that present challenges beyond those seen in other conflicts or post-conflict situations **[16][17][18][19][20]**. The 1994 Oslo Peace Accord was a prominent peace initiative initiated by global peace brokers to establish an independent Palestinian State through Israel’s withdrawal from the occupied regions **[17][18].** This initiative led to the establishment of the Palestinian Authority (PA) mandated to govern healthcare through the Ministry of Health. However, the accord failed to bring the anticipated peace between the Palestinians and the Israelis because it was a fragile agreement that brought short-term solutions that led to limited Palestinian sovereignty. The Oslo peace process directly molded Israel's security policy that including illegal raids, invasions, closures, demolitions of homes and facilities, arrests, geographical segregation, land confiscation, and siege. The fragile relationship between health and peace is evident by the October 2023 humanitarian crisis unraveling in Gaza. The Israeli occupying government’s consistent violation of international law, being left unchecked by global peace agencies, has made hospitals the targets of bombing (Al-Ahli Hospital and the Turkish-Palestinian Friendship hospital; Gaza’s only cancer treatment hospital) **[49]**, in addition to a mass targeting of healthcare workers and journalists. The failure and disablement of the international community to firmly influence and obligate the Israeli government to protect all civilians, healthcare workers, and health settings has led to unprecedented mass causalities due to the total collapse of the already overburden health care system in Gaza **[49].** The Gaza-based ministry of health announced that 12 hospitals and 32 health care centers were forced out of service due to Israeli bombing and the siege on Gaza, which cut off access to fuel to support the functioning of health settings, and resulted in a shortage of medical supplies needed to deal with the tremendous number of causalities and injured civilians **[49]**.

These systematic practices had and still have disastrous short-term and long-term impacts on all elements of Palestinian health care. Therefore, the failure to achieve sustainable peace has been demonstrated in the chronic lack of equitable, quality, and access to healthcare as a result of the ethnocratic and apartheid-like discriminatory policies and regulations favoring Israeli citizens over Palestinians **[15][16][17][20][21]**. A striking feature of the Israeli occupation is the presence of military checkpoints that restrict Palestinian mobility and maintain Palestinians under Israeli supervision, despite the Oslo-driven resolution **[14][15][20]**. These restrictions have compounding health implications on Palestinian civilian patients because of the challenges involving transporting medications, equipment, and Palestinian patients through the checkpoints **[14][15][18][19][20]**. The checkpoints undermine the Palestinian healthcare structure as they limit access to the necessary resources (medical technologies, equipment, medication) needed to advance specialized health services. Hospitals are unable to function properly due to the scarce resources and poor operating conditions (water and electricity shortages) exacerbated by the economic sanctions, in addition to ambulance and emergency services interruptions **[14][15][22]**. These restrictions combined with the restricted Israeli permit system to access healthcare leave many Palestinian patients deprived of receiving health services either at Israeli or neighboring countries’ advanced health centers **[14][15]**. While the occupation has made the Palestinian condition unimaginably harsh in numerous ways, this distinct feature of the occupation has diminished the possibility of fostering peace that leads to establishing a sustainable and resourceful healthcare structure.

**Ukraine:**  
**Since** February 2022, Russia’s military invasion of Ukraine created conditions that pose(d) a threat to Ukrainian health security, which remains still despite several peace negotiation attempts with intermediary countries. With over 200 attacks on hospitals, ambulances and healthcare workers, Russia’s deliberate targeting of Ukraine’s health infrastructure is leading to long-term consequences on Ukrainian health security **[24][25]**. There are now 6.3 million Ukrainian refugees globally, with more than 5 million residing in Europe **[23][24]**. In the absence of shared agreements of placement, they are unevenly distributed among the hosting countries, increasing the pressure on the local health systems of the host countries **[24]**. The Ukrainian health system itself is faced with aggravating consequences due to Russian military violence and the bombing of its health institutions **[25]**, many of which lacked appropriate bomb shelters **[26]**. As a result of the ongoing war, access to health services remains extremely difficult, whereby medical facilities face deficiencies in essential medical supplies, thus compromising acute and chronic medication accessibility, in addition to dental and outpatient care along with other non-essential health services becoming scarce and costly **[27][28][29].** Services to support mental health are not sufficiently developed to meet the increasing demands of the population experiencing trauma caused by the Russia-Ukraine war, especially in the previously occupied regions of Donetsk and Luhansk as well as Crimeawhere the health system has been undermined since 2014 **[26][27][29][30][31]**. The burden of disease across the entire population has significantly risen as the direct result of the war onslaught on the Ukrainian health system requiring increased government expenditure on health **[30]**. Not only did the war render the health system inaccessible, but it has also actively widened the inefficiencies and gaps in service coverage **[28]**. Ukrainians are dependent on out-of-pocket expenses, including informal payments to access high-quality healthcare, whereby in 2021, 11% of households reported financial hardship, while 17% reported catastrophic health spending, driven by the exponential rises in the cost of care and medicines, especially among low-income households living in rural areas **[28]**. Ukraine’s case demonstrates the direct impact of war and conflict on health and health systems, whereby the current absence of peace led to the internal displacement of individuals who have reported worsening health conditions, difficulty managing chronic illnesses, surges in mental health harms causing civilian and soldier psychological trauma **[32]**. To re-establish peace and consequently restore an overall optimal health status of all in Ukraine, countries such as China, Saudi Arabia and others in Africa have hosted “peace talks” with representatives from the conflicting parties, the international summit for peace in Ukraine has published an urgent global appeal titled “Vienna Declaration for Peace” which vociferates all those in power to support in peace negotiations and call for ceasefire, and international organizations such as the World Bank developed a flagship financing instrument “PEACE” for Ukraine to pool all international donor finances and unite efforts to provide fast emergency support to those most vulnerable [**27][28][29][30][31]**. Peace negotiations have failed due to political interferences, external lobbying, and the absence of peace-supporting preconditions for both conflicting factions **[32]**.

**Venezuela:**

Relying almost entirely on oil revenue for its income, Venezuela went into a 7-year-long recession when the global oil prices plummeted, thus creating an economic catastrophe which produced conditions for the second-largest migration crisis in the world of more than 7.1 million refugees and migrants as of October 2022 **[33][34]**. The Venezuelan government is characterized by weakened systems and a corrupt workforce that was split in support of opposing political factions, thus leaving the nation in the hands of militants and violent parties **[33][34]**. The country is left in the clutches of economic hardship and political repression with anti-government protests taking place in major Venezuelan cities refusing the recognition of the 2018 presidential elections. Opposing political parties backed by the U.S. arose furthering the political schism, restricting Venezuelan oil sales, and constricting Venezuela’s access to foreign currency, thus ensuring continued poverty and economic struggle **[34]**. As a result of this struggle, the absence of fair and inclusive peace treaties, and the conflict-afflicted health systems, regional cataclysmic health threats emerged, whereby Venezuela’s mortality rate for children under 5 reached levels comparable to that of war-torn countries and 55.8% of pregnant women were unable to receive adequate obstetric care **[35][36][37]**. These shocking statistics are a direct outcome of the little to no access to essential health services and medications leading to communicable disease outbreaks and contagions, with the flagrant measles outbreak unfolding in one of the poorest and most densely populated areas in Caracas, further compounded by the limited access to sanitation services **[38]**. This healthcare system disintegration is directly linked to the absence of proper sanitary services and basic power and water supply at healthcare centers because they are being targeted by military and violent groups, thus allowing the vaccine-preventable and infectious diseases to resurge **[39][40].** As such, fundamental foundations for healthcare service delivery are severely lacking forcing healthcare workforce emigration with a massive exodus of biomedical scientists and qualified healthcare professionals, health services discontinuation (e.g., sexual reproductive health and nutrition), and absence of reliable and up-to-date epidemiological data necessary for health status monitoring **[37][39][40]**.

The severity of the matter necessitated the involvement of international organizations to defuse and mitigate the detrimental health impacts of the crisis affecting Venezuela, mainly calling for the preparation and coordination among regional health ministries and experts to contain outbreaks **[38][39][40]**. Other international engagement calls for Venezuela to give priority to humanitarian protection in the form of funding to support basic health services during violent conflict **[41][42]**. However, with the conflict and international sanctions on Venezuelan political factions, foreign aid in the form of monetary support, necessities, and health services is jeopardized **[41]**. As a result, health efforts from global health actors to promote peace, such as the provision of basic medications, diagnostic testing services, and allied health services, are limited by the absence of a proper governance system that equitably meets the health needs of Venezuelans **[40][41][42]**.

**Future Vision for Global Health Security and Solidarity:**

In the presence of the ever-existing looming dangers of global crises, such as universal health threats, international and local conflicts, political unrest, and violence, a need for global health solidarity and shared health security emerges **[43]**. The three case studies demonstrate that a delay in real solutions and responses to crises, wars, and violent conflicts leads to, on one hand, catastrophic health-related repercussions such as a large-scale loss of lives, health system breakdown and segregation, and the loss of workforces immediately and over a long period of time **[43]**. On the other hand, this response delay leads to non-health-related consequences such as the destabilization of society, trade, and economy **[43][44]**. In essence, global health security refers to the protection of people from public health dangers that pose a threat to national and international peace and stability **[45][46][47]**. In the presented case studies, it is realized that the focus is solely on violence and conflicts’ effects on health rather than the absence of health services’ impact on the propagation of violence. Global health agencies require a holistic approach that moves away from deficient-based global health security which acknowledges one lens (i.e., protection from health dangers posing threats to peace and stability), while disregarding other perspectives (i.e., promoting health to disrupt violence and dissolve conflict).

Ultimately, this paper suggests reimagining the health and peace nexus through the operationalization of evidence-based proactive actions, non-negotiable human values (e.g., right to life), and ethical principles (e.g., right to safety through a ‘do no harm’ approach) across all conflict zones. Adopting a holistic and multisectoral approach to global health security that emphasizes rights to healthcare and its utilization as a means of defusing conflicts and promoting peace negotiations is profound. To achieve worldwide solidarity for global health security, it is necessary that we (re)build a global health peacebuilding alliance and movement for all that also equally comprises powers from the Global South. Future research can examine the intersecting roles of race and gender in shaping the global response to health crises in conflict zones (such as the crises in Sudan, Syria, and the Congo). This balanced alliance ensures essential elements and functions, including governmental multilateralism, shared knowledge, and technological strengths are the essential elements to (re)build a world capable of protecting itself from health crises and disasters all the while promoting health through access to preventive services, universal basic healthcare coverage, primary hygiene and sanitation, among other factors **[44][45]**. This international solidarity for health and peace has the potential to be the future of reducing poverty, tackling social exclusion, reducing instances of violence and disruption across the globe, and establishing peacebuilding initiatives **[46][47][48]**.

**Data availability statement**

There is no data in this work.

**Ethics statements/Ethics approval**

Not applicable.

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**References:**

[1] Perry, D. J. Peace Through a Healing Transformation of Human Dignity. *Advances in Nursing Science, 36* (3), 2013, 171-185. doi: 10.1097/ANS.0b013e31829edd0a.

[2] Jong-Wook L. Global Health Improvement and WHO: Shaping the future. The Lancet. 2003;362(9401):2083–8. doi:10.1016/s0140-6736(03)15107-0

[3] International Organization for Migration [Internet]. Regional report: The Attainment of SDGS in Conflict-Affected Countries in the Arab Region. UN ESCWA; 2021 [cited 2023 Jul 12]. Available from:<https://mena.iom.int/sites/g/files/tmzbdl686/files/documents/SDG%20Report-FULL-EN.pdf>

[4] Blešić J [Internet]. “The global health for peace initiative” — a new chance for a change 2023 [cited 2023 Jul 12]. Available from:<http://repozitorijum.diplomacy.bg.ac.rs/1013/1/HS22_Proceedings-279-290.pdf>

[5] International Labor Organization [Internet]. From crisis to opportunity for sustainable peace A joint perspective on responding to the health, employment, and peacebuilding challenges in times of COVID-19 2020 [cited 2023 Jul 12]. Available from:<https://www.ilo.org/wcmsp5/groups/public/---ed_emp/documents/publication/wcms_761809.pdf>

[6] World Health Organization [Internet]. Thirteenth General Programme of Work 2019-2023 (2019).<https://www.who.int/publications/i/item/thirteenth-general-programme-of-work-2019-2023>

[7] Hyder AA, Ambrosio NS, García-Ponce O, Barberia L. Peace, and health: Exploring the Nexus in the Americas. BMJ Global Health. 2022;7(Suppl 8). doi:10.1136/bmjgh-2022-009402

[8] World Health Organization (WHO) Constitution of the World Health Organization. Basic Documents, Forty-fifth edition, Supplement, October 2006.<https://www.who.int/governance/eb/who_constitution_en.pdf>

[9] Chattu VK, Knight WA. Global Health Diplomacy as a Tool of Peace. Peace review (Palo Alto, Calif). 2019;31(2):148–57.

[10] Perry, D., Fernandez, C. G., & Puyana, D. F. The Right to Life in Peace: An Essential Condition for Realizing the Right to Health. *Health and human rights*, 2015; *17*(1), E148–E158

[11] Levy B. S. Health and peace. *Croatian medical journal*, 2002; *43*(2), 114–116.

[12] Abuelaish, I., Goodstadt, M. S., & Mouhaffel, R. Interdependence between health and peace: a call for a new paradigm. *Health promotion international*, 2020; *35*(6), 1590–1600.<https://doi-org.myaccess.library.utoronto.ca/10.1093/heapro/daaa023>

[13] Ghebreyesus TA. Creating health by building peace. BMJ Global Health 2022;7: e010575. doi:10.1136/ bmjgh-2022-010575

[14] Qato D. The Politics of Deteriorating Health: The Case of Palestine. International journal of health services. 2004;34(2):341–64.

[15] World Bank Group. West Bank and Gaza Update: World Bank Report on Impact of Intifada. Washington, D.C., 2003

[16] Mataria A, Giacaman R, Stefanini A, Naidoo N, Kowal P, Chatterji S. The Quality of Life of Palestinians Living in Chronic Conflict: Assessment and Determinants. The European journal of health economics. 2009;10(1):93–101

[17] Musallam, N. et al. The psychological effects of Intifada Al Aqsa: acute stress disorder and distress in Palestinian–Israeli students. IsrJPsychiatryRelatSci42,96–105(2005)

[18] Stefanini, A., Ziv, H. Occupied Palestinian Territory: linking health to human rights. Health Hum Rights 8,160–175(2004)

[19] Srour, R. W. Children Living under a multi-traumatic environment: the Palestinian case. IsrJPsychiatryRelatSci42,88–95 (2005)

[20] Thabet ,A.A., and Vostanis, P. Child mental health problems in the Gaza Strip. IsrJPsychiatryRelatSci.42,84–87(2005)

[21] Tanous O. Structural Violence and its Effects on Children Living in War and Armed Conflict Zones: A Palestinian Perspective. International journal of health services: planning, administration, evaluation, 2022; 52(1), 5-8.<https://doi.org/10.1177/00207314211039096>

[22] Foundation for Middle East Peace. The Socio-economic Impact of Settlements on Land, Water and Palestinian Economy. Washington, D.C., 1998

[23] United Nations High Commissioner for Refugees. Ukraine refugee situation. UNHCR Operational Data Portal. 2023. [Available from:<https://data2.unhcr.org/en/situations/ukraine>]

[24] Murphy A, Bartovic J, Bogdanov S, Bozorgmehr K, Gheorgita S, Habicht T, Richardson E, Azzopardi-Muscat N, McKee M. Meeting the long-term health needs of Ukrainian refugees. Public Health. 2023; 220:96-8.

[25] World Health Organization. WHO records more than 1000 attacks on health care in Ukraine over the past 15 months of full-scale war. WHO. 2023. [Available from: <https://www.who.int/europe/news/item/30-05-2023-who-records-1-000th-attack-on-health-care-in-ukraine-over-the-past-15-months-of-full-scale-war>]

[26] Korzh O. The impact of the war on the healthcare system in Ukraine. BMJ Global Health Blogs. 2022. [Available from:<https://blogs.bmj.com/bmjgh/2022/08/09/the-impact-of-the-war-on-the-healthcare-system-in-ukraine/>]

[27] Shkodina AD, Chopra H, Singh I, Ahmad S, Boiko DI. Healthcare system amidst the war in Ukraine. Annals of Medicine and Surgery. 2022;80.

[28] Goroshko A, Riabtseva N, Shapoval N. Can people afford to pay for health care? New evidence on financial protection in Ukraine 2023. World Health Organization. Regional Office for Europe. 2023; 89.

[29] Awuah WA, Mehta A, Kalmanovich J, Yarlagadda R, Nasato M, Kundu M, Abdul-Rahman T, Deborah Fosuah A, Sikora V. Inside the Ukraine war: health and humanity. Postgraduate Medical Journal. 2022;98(1160):408-10.

[30] Armitage R. War in Ukraine and the inverse care law. The Lancet Regional Health–Europe. 2022;17.

[31] Roborgh S, Coutts AP, Chellew P, Novykov V, Sullivan R. Conflict in Ukraine undermines an already challenged health system. The Lancet. 2022;399(10333):1365-7

[32] Karol K, Hryshchuk S, Kalanj K, Parii V. The importance of good governance in hospital payment reform–A case study from Ukraine. Health Policy OPEN. 2023; 4:100089.

[33] United States Institute of Peace (USIP) [Internet] The Current Situation in Venezuela: A USIP Fact Sheet. 2022. [cited 2023 Aug 8]. Available from:<https://www.usip.org/publications/2022/02/current-situation-venezuela>

[34] Berkeley Economic Review (BER) Venezuela’s Resource Curse. 2019. Available from:<https://econreview.berkeley.edu/venezuelas-resource-curse/>

[35] United Nations High Commissioner for Refugees (UNHCR) [Internet]. Three quarters of refugees and migrants from Venezuela struggle to access basic services in Latin America and the Caribbean. 2022. [cited 2023 Aug 8]. Available from:<https://www.unhcr.org/news/newsreleases/three-quarters-refugees-and-migrants-venezuela-struggle-access-basic-services>.

[36] Cordova, C. Torres, I. Lopez-Cevallos, D. Exploring the Impact of Ecuador´s Policies on the Right to Health of Venezuelan Migrants during the Covid-19 Pandemic: A Scoping Review. Health Policy and Planning, 2023; czad071,<https://doi.org/10.1093/heapol/czad071>

[37] Torres JR, Castro J. Venezuela’s migration crisis: a growing health threat to the region requiring immediate attention. Journal of Travel Medicine [Internet]. 2019 Jan 1;26(2). Available from:<https://doi.org/10.1093/jtm/tay141>

[38] Foreign Policy [Internet] Synthesis Report: PeaceGame Venezuela: Pathways to Peace. 2019. [cited 2023 Aug 8]. Available from:<https://foreignpolicy.com/wp-content/uploads/2020/01/Venezuela-peacegame-synthesis-report.pdf>

[39] Paniz-Mondolfi A, Tami A, Grillet ME, Márquez MC, Hernández-Villena JV, Escalona-Rodriguez MA, et al. Resurgence of Vaccine-Preventable diseases in Venezuela as a regional public health threat in the Americas. Emerging Infectious Diseases [Internet]. 2019 Apr 1;25(4):625–32. Available from:<https://doi.org/10.3201/eid2504.181305>

[40] Human Rights Watch (HRW) [Internet] The World Report - Venezuela: Events of 2022. 2023. [cited 2023 Aug 8]. Available from:<https://www.hrw.org/world-report/2023/country-chapters/venezuela>

[41] Zilla C. Venezuela, the Region, and the World: Steps for a Possible Way Out of the Crisis. SWP [Internet]. 2019 Jan 1;8. Available from:<https://www.ssoar.info/ssoar/handle/document/62446>

[42] European Union Commission (EU) Venezuelan crisis: Commission releases €75 million in humanitarian funding during the 2023 International Solidarity Conference. 2023. Available from: [Venezuelan crisis: Commission releases €75 million in humanitarian funding during the 2023 International Solidarity Conference - Venezuela (Bolivarian Republic of) | ReliefWeb](https://reliefweb.int/report/venezuela-bolivarian-republic/venezuelan-crisis-commission-releases-eu75-million-humanitarian-funding-during-2023-international-solidarity-conference)

[43] Cordaid International. Fact Sheet: Global Solidarity for Worldwide Health Security. 2023. Available from:<https://www.cordaid.org/en/publications/fact-sheet-global-solidarity-for-worldwide-health-security/>

[44] Sadikin, B. & Hatchett, R. A shared vision for global health security, pandemic readiness. The Jakarta Post. 2022. Available from: <https://www.thejakartapost.com/opinion/2022/09/21/a-shared-vision-for-global-health-security-pandemic-readiness.html>

[45] Malik, S. Barlow, A. & Johnson, B. Reconceptualizing health security in post-COVID-19 world. *BMJ Global Health* 2021;6: e006520

[46] Torbay R. Ukraine: A Humanitarian Disaster With Long-Term Consequences: From The Publisher ‘Ukraine: A Humanitarian Disaster With Long-Term Consequences’. Health Affairs. 2022;41(6):928.

[47] Alkhaldi, M., Coghlan, R., Miller, S., Basuoni, A. A., Tanous, O., & Asi, Y. M.. State Accountability for the Good Health of Palestinians Has Failed: What Can the Global Health Community Do Next?. *Health and human rights*, 2022 *24*(1), 77–84.  
 <https://www.ssoar.info/ssoar/handle/document/62446>

[48] Asi Y. Aid to Palestinians has failed. here’s how to fix it. [Internet]. 2022 [cited 2023 Aug 27]. Available from: <https://www.thenewhumanitarian.org/opinion/2022/05/03/aid-to-palestinians-has-failed-heres-how-to-fix-it>

[49] Asmar A. International Red Cross says Gaza's functioning hospitals 'on verge of collapse'. [Internet] 2022 [cited 2023 Oct 31]. Available from: <https://www.aa.com.tr/en/middle-east/international-red-cross-says-gazas-functioning-hospitals-on-verge-of-collapse/3036469#:~:text=The%20Gaza%2Dbased%20Health%20Ministry,of%20fuel%20and%20medical%20supplies>.

[50] Herrick C, and & Bell K. Concepts, disciplines and politics: on ‘structural violence’ and the ‘social determinants of health’, Critical Public Health, 2022 32:3, 295-308