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PERSPECTIVES

Global Health and Peace: The Elusive Path with a Focus on Palestine, Ukraine, and Venezuela

Mohammed Alkhaldi[1–4], Zeana Hamdonah[5], Lyne El Khatib[6]

[1]Department of Public Health, Canadian University Dubai, Dubai, United Arab Emirates; [2]Faculty of Medicine, School of Physical and Occupational Therapy, McGill University, Montreal, QC, Canada; [3]Centre for Tropical Medicine and Global Health, University of Oxford, Oxford, UK; [4]The Global Health Network (TGHN), Regional Network of the Middle East and North Africa, Dubai, United Arab Emirates; [5]Faculty of Kinesiology and Physical Education, University of Toronto, Toronto, ONT, Canada; [6]Department of Health Management and Policy, Faculty of Health Sciences, American University of Beirut, Beirut, Lebanon

Correspondence: Mohammed Alkhaldi, Email mohammed.alkhaldi@cud.ac.ae

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 shapes our understanding of global solidarity and advocacy in relation to health diplomacy and peace promotion if addressed equally across all conflict zones. This commentary analyzes the unique interdisciplinary contextual factors that contribute to, or undermine the realization of global health and peace in three active conflict zones: Palestine, Ukraine, and Venezuela. Contextual analysis, review of the evidence, and synthesis of the authors' perspectives were used. The health-peace nexus remains a theoretical approach and lacks real application in most settings under crisis. Peace is a multifaceted phenomenon that necessitates the participation, dedication, and action of all sectors and stakeholders in global societies, including health policymakers, scientists, professionals, and people. Both the "right to health" and the "right to peace" even at the minimum remains unfulfilled, particularly in Palestine, and can be realized through two trajectories: (1) honest, responsible, and fair accountability, transparency, and political commitment empowered by reliable global health diplomacy for maintaining peace, eliminating the roots of injustice, and protecting health systems, and (2) equitable and real implementation of peace-health approaches, policies and actions driven by monitoring mechanisms that promote health, well-being, health security and equity for all nations under conflicts.

Plain Language Summary:

- Countries under conflict are facing multiple, (re)emerging and complex crises aggravated by increasing structural social, political, and economic pressures and inequities that mainly impact people's health and health systems. Global health and politics integration is key for promoting health through building reliable and lasting peace in these countries.
- The existing global health governance and diplomacy structures of peacebuilding for health are powerless, ineffective, and still polarized, thus global health actors are up for failure when it comes to addressing the root causes of the crisis and building/maintaining reliable and lasting peace in countries under conflict.
- Crises including political pressures, historic suffering due to coloniality, protracted conflicts, lack of firm enforcement of international laws, including diplomatic, humanitarian, and human rights laws, hypocritical standards of intervention, health inequity and injustice, and absence of impactful and unified global rights-based advocacy movements from civic, academic, labour, and professional societies, all impede the creation of peaceful societies that promote health and vice versa.
- Palestine, Ukraine, and Venezuela reflect diverse contexts where clear major disparities are present in terms of global solidarity and advocacy, levels and forms of interventions, global attention, magnitude of losses, and actors' willingness to promote the health-peace approach and to change realities.
- Continued impunity, partiality, and injustice undermine health-peace promotion and scale up local and global health disruptions, and the common 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

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Overview

In a world of interdependencies and multiple, overlapping crises, peace is an essential enabler of resilient, equitable and healthy societies. Conversely, conflict and sickness are among the greatest drivers of vulnerability and inequalities, and the absence of peace exacerbates inequalities destabilizing health and security. Overall, peace and health are inextricably connected, and the two must go hand in hand in offering people basic protections and building secure and healthy societies.[1] Peace and health is an emerging field that 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, 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 important field, the understanding of peace and health is fraught with challenges of definitions, measurements, operationalization, and outcomes.[7] Therefore, this commentary employs a contextual analysis integrating a thorough review of evidence and synthesizing the authors' perspectives. The commentary aims to recognize the varied and common contextual factors behind undermining the realization of the peace-health approach in three conflict zones: Palestine, Ukraine, and Venezuela. It also highlights the complex interplay between peace and health in these three settings. These unique settings were selected to demonstrate deeper and more diverse evidence on similarities and differences of socio-economic and geopolitical contexts, causes of instability and conflicts, features of peace-health approaches implemented, and sources of health inequity crises. This distinction of diverse contexts and knowledge synthesis would generate robust evidence that aids local and global health and humanitarian actors and policymakers in peace-health promotion strategies and actions.

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] 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.[12,13] 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 of 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] 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] Promoting well-being and health through peace can be attained without accountability and transparency mechanisms in the health sector. Both could catalyze reimagining the relationship between peacebuilders and the communities. However, global health diplomacy, accountability, and transparency are often ineffective and unclear in the international peacebuilding arena, especially given the involvement

of numerous actors in fragile and conflict-affected settings. Strengthening both approaches within the international peacebuilding community could represent a significant and positive step forward.

Even though health interventions can ease immediate suffering, examples are seen through humanitarian ceasefires for the immunization of children, the use of health expertise to restrict weapons and war strategies, especially in locations where health on the groundwork is being implemented, and the efforts aimed at individual and social healing in war-torn regions; health cannot uproot or resolve the underlying causes of conflict and war, such as political tensions, resource competitions, territorial gains, civil and ideological reasons, amongst other factors. This inability to prevent war through addressing its root causes is not only a limitation that keeps the health-peace nexus in a theoretical framework but is a barrier to preventing and/or solving conflicts before they even occur, during their ongoing outbreak, and post-conflict environment.[14] In other words, medical and health organizations can prevent armed conflict, a prominent example is the WHO Division for Health as a Bridge for Peace, a division dedicated to impeding escalations towards war by emphasizing the disastrous repercussions on health and the medical fabric of the warring factions.[14] This highlights the importance of the medical field and offers valuable insights for international solidarity and peacebuilding, particularly in its practice of thoroughly testing and validating treatments on a small group before applying them to a broader population.

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.[1] Peace is a multifaceted phenomenon that necessitates the participation, dedication, and action of all sectors 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 pace-health approach also relates to ethical principles/standards of public health and medical fields that need to be strictly followed. As these ethics are fundamentally based on non-negotiable respect for human life, the equality of human lives as well as dignity, their evolution and exercise could provide for a novel pathway to beneficial peace and health and be used in peacebuilding endeavors. 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.[15–18] 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.[15,16] 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.[18–21] 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 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 the bombing (Al-Ahli Hospital and the Turkish-Palestinian Friendship Hospital; Gaza's only cancer treatment hospital), in addition to a mass targeting of healthcare workers and journalists.[22] 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 casualties due to the total collapse of the already overburdened healthcare system in Gaza.[22] The Gaza-based Ministry of Health announced that 12 hospitals and 32 healthcare 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 casualties and injured civilians.[22]

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.[16,17,19,21,23] 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.[15,16,21] These restrictions have compounding health implications on Palestinian civilian patients because of the challenges involving transporting medications, equipment, and Palestinian patients through the checkpoints.[15,16,18,20,21] 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.[15,16,24] 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.[15,16] 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. The latest example is from the current aggressive assault on the Gaza Strip, the WHO, UNICEF, MOH, and other health agencies launched a multi-stage Gaza Polio vaccination campaign to fight the rise in infections. This small peace through health promotion initiative faced various obstacles and interruptions such as targeting medical staff, people, and vaccination centers, restricting movements, and hindering medical supplies. In other words, small temporary peace-health promotion measures are reported with limited impacts. However, the overall state of the peace-health approach in Palestine, especially in Gaza, remains ellusive. This refers to the systematic collective policies against civilians by imposing mass sieges, starvation, and displacement, and health systems represented in targeting and shutting down the health facilities and killing, detaining, and wounding the health workers that are historically and currently applied. The peace-health approach quires inclusive and sustainable solutions backed by well-intentioned politics and comes in the context of a justice-based peace-building process. This approach should also be applied equitably and responsibly to other contexts such as Ukraine, Venezuela, and beyond.

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.[25,26] There are now 6.3 million Ukrainian refugees globally, with more than 5 million residing in Europe.[25,27] 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.[25] The Ukrainian health system itself is faced with aggravating consequences due to Russian military violence and the bombing of its health institutions, many of which lacked appropriate bomb shelters.[26,28] 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.[29–31] Services to support mental health are not sufficiently developed to meet the increasing demands of the population experiencing a trauma caused by the Russia-Ukraine war, especially in the previously occupied regions of Donetsk and Luhansk as well as Crimea where the health system has been undermined since 2014.[28,29,31–33]

The burden of disease across the entire population has significantly risen as a direct result of the war onslaught on the Ukrainian health system requiring increased government expenditure on health.[32] Not only did the war render the health system inaccessible, but it also actively widened the inefficiencies and gaps in service coverage.[30] 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.[30] 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.[34] To re-establish peace and consequently restore an overall optimal health status for 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 a 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.[29–33] Peace negotiations have failed due to political interferences, external lobbying, and the absence of peace-supporting preconditions for both conflicting factions.[34]

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 that produced conditions for the second-largest migration crisis in the world of more than 7.1 million refugees and migrants as of October 2022.[35,36] 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.[35,36] 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 US arose furthering the political schism, restricting Venezuelan oil sales, and constricting Venezuela's access to foreign currency, thus ensuring continued poverty and economic struggle.[36] 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.[37–39] 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.[40] 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.[41,42] 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 (eg, sexual reproductive health and nutrition), and absence of reliable and up-to-date epidemiological data necessary for health status monitoring.[39,41,43]

The severity of the matter necessitated the involvement of international organizations to defuse 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.[40–42] 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.[43,44] 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.[43] This case of Venezuela, whereby health promoters worked together to mitigate the impact of war, is a live implementation of the "Peace through Health" working model, introduced by Arya.[14] In this model, there are 10 categories through which peace through health is realized; for the case at hand, health promoters used the categories of "Strengthening of Communities" through collaborating with health ministries, and "Extension of Solidarity" by calling on health-earmarked funds to conflict areas.

Future Vision for Global Health Peace, 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.[45] The three case studies demonstrate that the health-peace nexus is a theoretical approach that lacks real application. A delay in the application and introduction of real solutions and responses to crises, wars, and violent conflicts leads to, on the 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.[45] On the other hand, this response delay leads to non-health-related consequences such as the destabilization of society, trade, and economy.[45,46] 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.[47–49] The local and international peace-health approaches and health interventions during conflicts in these contexts were limited in the face of the profound disruption of the healthcare infrastructure and workforce deficit. Even the weak global health diplomacy that integrates science, politics, and society in its functions to move forward collectively in this multipolar international society is constraining the realization of peace-health promotion. Both, peace-health and global health diplomacy, should be organically interlinked to encourage productive dialogue, national unity, and global advocacy and solidarity towards achieving historic progress in global health and in contexts under conflicts in particular.[50]

The approaches and interventions do not substantially prevent, delay, or halt the disruption and the lack of basic healthcare that led to a significant increase in mortality and morbidity compounding the existing burden of disease. Moreover, the failure to implement real and lasting peace-health initiatives contributes to a rise in 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. Peace-health approaches and initiatives do not realize a broader framework that considers social, economic, and political dimensions and priorities. The approaches of the major global health actors address health in isolation of contextual, historic, and known causes of the conflict to achieve peace.[51] The politicization of health, and the crucial health and humanitarian aid and assistance, provided to these contexts was a key obstacle. This was clearly reported in Palestine.[52] These actors have inequitable powers and do not show unity and willingness towards achieving sustainable game-changing actions for peace-health promotion and realization with a deficit of tools and decisions needed for peace-health promotion and realization in addition to a lack of formal collective movements of accountability, transparency, commitment, advocacy, and justice. All these factors are behind the current failure of any peace-health approaches or initiatives. 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 (ie, protection from health dangers posing threats to peace and stability), while disregarding other perspectives (ie, promoting health to disrupt violence and dissolve conflict).

Ultimately, our commentary, being of an exploratory and analytical nature, serves as a foundation for enriching the field of health and peace from diverse contexts and theoretical and practical perspectives. It is also catalyzing more required policy actions and empirical research recognizing the priority of reimagining peace-health approaches towards operationalizing and realizing these approaches taking into account the varied and common contextual factors, barriers, and solutions. The commentary suggests reimagining the health and peace nexus through the operationalization of evidence-based proactive actions, non-negotiable human values (eg, right to life), and ethical principles (eg, right to safety through a "do no harm" approach) across all conflict zones. This reimagining exercise is supposed to be conducted by all global south and north actors to handle the factors that undermine the peace-health promotion and realization in

these contexts and beyond. 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, yet health alone cannot achieve peace in isolation, it is but only a player of the critical elements for the peacebuilding team. Even though health is a key common denominator aspired to and shared by all, there is a need to integrate it into the concept of "multi-track diplomacy" adopted by peacebuilders, in addition to activism, research, training, and education, opinion/media/communication, political negotiations, economic recovery, justice, and reconciliation processes towards peace.[14] More empirical evidence 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 as the essential elements to (re)build a world capable of protecting itself from health crises and disasters all the while promoting health instead of using it as a vulnerable point and a weapon of war, as demonstrated in the cases above.[46,47] Given this deficiency in using health as a card for conflict resolution in isolation, health itself cannot be considered as purely a peacebuilding component. Health and its interventions in all their forms need to be embedded as part of a larger multifaceted frame that addresses the various underlying factors of conflict and war, particularly through social, political, and economic lenses. Health or healthcare should be seen and used as a peace-building tool and an area of consensus neutrally by all involved actors in conflict rather than be politicized for power or oppression or used as a control tool over health resources. A real-life example is having political groups advocate for policies that protect the health rights of vulnerable populations in conflict zones. Another example is mobilizing human rights activists to speak out on health priorities in war-torn regions. Several approaches can be considered, especially since multifactored wars and conflicts require intricate, detailed, interconnected sectoral solutions.[13,48,49,53]

We conclude by emphasizing that the cost of peace is much less than the enormous cost of war, especially the loss of human lives. Local and global health leaders and policymakers still do not fully recognize or appreciate that peace-health realization is an important priority as disease elimination, UHC attainment, health security, and other global health priorities. The current path of realizing and promoting peace-health in the three countries and others around the world is elusive. This path requires urgent strategic reimagining to ensure much greater, honest, and fair political attention, diplomacy, commitment, and actions. Peacebuilding in any health sector and removing all historic and current roots of injustice, especially in conflict-affected countries, is a real investment in health and a supreme life-saving mission. This offers us as a global health community many gains including promoting nonviolent actions, communication, dialogue, motivating peaceful resolution and acceptance of the rights of others, encouraging equitable distribution and supply of resources, promoting safety, equity, non-discrimination, health security, and wellbeing, and finally building trust, cooperation and communities' engagement on the local, regional, and global levels.

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There is no data in this work.

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