

Forum: World Health Organization (WHO)

Issue: Mitigating the Health Impacts of Prolonged Conflict on Medical Infrastructure



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Position: Deputy President

Personal Introduction

Dear Delegates,

My name is Andriana Bartzoka and I am a tenth-grade student at Pierce - The American College of Greece and I have the utmost honor of serving as a Deputy President in this year's World Health Organization. I have attended seven MUN conferences and this will be my first time chairing. MUN has been such an amazing way for me to deepen my understanding of global politics, develop public speaking and problem-solving skills, and connect with new people. I can't wait to witness and help all of you find your passion for MUN or strengthen your already existing one.

This topic of "Mitigating the Health Impacts of Prolonged Conflict on Medical Infrastructure" is an especially important and relevant one considering historical occurrences, but most importantly, incidents that happen every day.

This is precisely why it perfectly correlates to this year's theme: 'Shaping Tomorrow'; In a world plagued by conflict, it is crucial that human lives remain protected, and medical infrastructure is a protagonist in that task, which is why it must be preserved. We live in a world where human lives are threatened by injuries and health crises such as epidemics, famine, or sanitation issues, all at the hands of warring parties. Young people who participate in MUN typically aspire to be the ones who will 'shape tomorrow', and thus it is of utmost importance that they tackle this issue effectively to build a world devoid of such acts. If you have any queries, please feel free to contact me via email at m.bartzoka@acg.edu.

Best regards,

Andriana Bartzoka

Topic Introduction

There are around 120 armed conflicts happening in the world at the moment¹. In the areas of the world where these conflicts occur, medical infrastructure such as hospitals, supply chains, healthcare centers, are often targeted epicenters of attacks. Evidently, the destruction of medical infrastructure has detrimental effects on the health of local communities, making them vulnerable to malnutrition and disease, unable to access care for injuries sustained during attacks as well as any kind of healthcare service such as life-sustaining regular medication or even basic needs, such as clean water, which is necessary for the maintenance of public health and healthcare systems. Additionally, the destruction of numerous healthcare facilities leads to various functional issues for those still operating, such as overcrowding, understaffing, and underfunding.

One common occurrence in conflict zones is the resurgence of epidemic disease, where, oftentimes, it had previously been eradicated, for example, the 2022 cholera outbreak in Syria. A notable contributing factor to the rise of this phenomenon is the lack of access to vaccines. Moreover, displacement is an unfortunate reality of conflict zones, the results of which are tied to sanitation issues, thus forcing displaced people to consume unsafe water or food, further giving rise to health crises².

Significant efforts have been made to minimize the effects of destruction of medical infrastructure, beginning with the establishment of International Humanitarian Law (IHL) such as the Geneva Conventions, and progressing to direct aid initiatives such as those undertaken by humanitarian organizations or the UN. Nonetheless, the IHL is continuously breached, and the aforementioned initiatives often cannot reach the systemic level of damage, which is why the protection of healthcare systems and infrastructure during armed conflict should be strengthened in order to eradicate long-term negative impact³.

Definition of Key Terms

Attacks on Healthcare (AHC)

¹ "ICRC in 2024: Upholding Humanity in Conflict." *International Committee of the Red Cross*, 14 Apr. 2025, www.icrc.org/en/article/icrc-2024-upholding-humanity-conflict.

² Martini, Mariano, et al. "War and Health: The Devastating Impact of Conflict on Wellbeing and Humanitarian Crises." *Journal of Preventive Medicine and Hygiene*, U.S. National Library of Medicine, 31 Oct. 2024, pmc.ncbi.nlm.nih.gov/articles/PMC11698113/.

³ *ibid.*

A formal term used by the UN/WHO which is defined as “any act of verbal or physical violence or obstruction or threat of violence that interferes with the availability, access and delivery of curative and/or preventative health services during emergencies”⁴.

Blockade

“A state in which material resources and people are unable to enter or exit a specific geographical area due to being surrounded by ships or troops, typically during armed conflict”⁵.

Conflict Zones

“A conflict zone is an area that experiences armed conflict, war, or severe political instability which disrupts everyday life and tampers with the function of multiple sectors, healthcare being one of them”⁶.

Epidemic

“This refers to a sudden high increase in cases of a specific disease in a specific area. To classify as an epidemic, it is not required for a disease to be contagious, but in this context, the epidemic diseases mentioned most likely will be”⁷.

Gender-Based Violence (GBV)

“Gender-based violence refers to violent acts, physical or otherwise, committed against a person because of their gender, or violence that excessively affects people of a particular gender. GBV includes sexual, physical, or psychological violence. The overwhelming majority of victims are women and girls, however GBV is also commonly directed against LGBTQ+ individuals”⁸.

⁴“Attacks on Health Care Initiative: Documenting the Problem.” World Health Organization, World Health Organization, www.who.int/news-room/questions-and-answers/item/attacks-on-healthcare-initiative-documenting-the-problem. Accessed 5 Dec. 2025.

⁵“Blockade.” Cambridge Dictionary, dictionary.cambridge.org/dictionary/english/blockade. Accessed 5 Dec. 2025.

⁶ Prasad, A N, and P L Prasad. “Children in Conflict Zones.” Medical Journal, Armed Forces India, U.S. National Library of Medicine, Apr. 2009, [pmc.ncbi.nlm.nih.gov/articles/PMC4921424/#:~:text=Conflict%20zone%20refers%20to%20war,the%20community%20affected%20%5B1%5D](https://pubmed.ncbi.nlm.nih.gov/articles/PMC4921424/#:~:text=Conflict%20zone%20refers%20to%20war,the%20community%20affected%20%5B1%5D).

⁷“Epidemic, Endemic, Pandemic: What Are the Differences?” Columbia University Mailman School of Public Health, 9 Apr. 2024, www.publichealth.columbia.edu/news/epidemic-endemic-pandemic-what-are-differences.

⁸“What Is Gender-Based Violence?” European Commission, commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/gender-equality/gender-based-violence/what-gender-based-violence_en. Accessed 29 Dec. 2025.

Healthcare Supply Chain

“A global network with the objective of delivering medical supplies from manufacturers to healthcare providers. These networks include various processes, material and human resources, as well as policies that help with the efficient transport of medical equipment. In times of armed conflict, these are in a vulnerable state and can easily be disrupted”⁹.

Humanitarian Corridors

“A humanitarian corridor is an agreement between two warring parties of an armed conflict to allow safe passage in a specific area for a designated amount of time. The objective of this is to allow evacuation of civilians, anyone in critical condition, and the deceased as well as to facilitate the arrival of humanitarian aid”¹⁰.

International Humanitarian Law (IHL)

“Also known as the ‘law of war’ or ‘law of armed conflict’, IHL refers to a set of international regulations which aim to minimize the impact of armed conflict, especially on those not participating in said conflict, such as unarmed persons or those unable to continue participating due to injuries or other factors. A large majority of these regulations is contained in the Geneva Conventions of 1949”¹¹.

Medical Infrastructure

“Medical infrastructure or health infrastructure refers to all material and organizational means of providing healthcare services, as well as human resources, encompassing physical structures, modes of transportation, technology, supply chains, medical personnel such as healthcare providers and administrative staff, and health programs such as emergency-response and telemedicine systems”¹².

Non-Communicable Diseases (NCDs)

⁹ National Academies of Sciences, et al. “Understanding Medical Product Supply Chains.” Building Resilience into the Nation’s Medical Product Supply Chains., U.S. National Library of Medicine, 3 Mar. 2022, www.ncbi.nlm.nih.gov/books/NBK583746/.

¹⁰ “How Humanitarian Corridors Work to Help People in Conflict Zones.” International Committee of the Red Cross, 22 Apr. 2024, www.icrc.org/en/document/how-humanitarian-corridors-work.

¹¹ “What Is International Humanitarian Law?” ICRC, July 2004, www.icrc.org/sites/default/files/document/file_list/what_is_ihl.pdf.

¹² “What Is Health Infrastructure? And Why Does It Matter in Urban Health?” Urban Health 360, urbanhealth360.org/what-is-health-infrastructure-and-why-does-it-matter-in-urban-health/. Accessed 4 Dec. 2025.

“These are chronic conditions that are not contagious and typically not caused by an acute infection and require prolonged treatment and care, which may entail long-term use of medication. Some such conditions are cancers, diabetes, cardiovascular conditions, chronic lung disease, injuries, and mental health issues. NCDs can become especially deadly during times of war when there is limited access to medication”¹³.

Resurgent Disease

A disease that was eradicated or under control in the past but due to various factors, one of them being the destruction of health infrastructure, has since reemerged and has once again entered epidemic status.

Background Information

Attacks on Healthcare Facilities

Ever since medieval times and possibly even longer, war has made it exceptionally difficult and at times, near impossible for civilians to access medical attention¹⁴. Healthcare facilities such as hospitals have historically been common attack targets due to the high concentration of people in one place, and are often linked with symbolic significance, leading to demoralization. Throughout time, various attempts have been made at combating this issue; it has still not been eradicated, resulting in the inability of inhabitants of hundreds of conflict zones to access standard healthcare.

Historical Occurrences

One notable historical example of a conflict during which attacks on healthcare were carried out is the Franco-Prussian War (1870-71)¹⁵. During this conflict, misuse of the red cross emblem, as well as a lack of knowledge surrounding the first Geneva Convention of 1864, created confusion and provoked attacks on healthcare, namely, the recorded destruction of ambulances during the initial invasion¹⁶. Moreover, during World War I, health infrastructure was systemically targeted, an example of this is that multiple hospitals and hospital ships protected by the first Geneva

¹³ “Noncommunicable Diseases.” PAHO/WHO | Pan American Health Organization, www.paho.org/en/topics/noncommunicable-diseases. Accessed 5 Dec. 2025.

¹⁴ Van Way, Charles. “War and Trauma: A History of Military Medicine.” *Missouri Medicine*, U.S. National Library of Medicine, 2016, pmc.ncbi.nlm.nih.gov/articles/PMC6139913/.

¹⁵ Duncan McLean. “Medical Care in Armed Conflict: Perpetrator Discourse in Historical Perspective.” *International Review of the Red Cross*, 1 Aug. 2019, international-review.icrc.org/articles/medical-care-armed-conflict-perpetrator-discourse-historical-perspective.

¹⁶ *ibid.*

Convention were attacked and destroyed. One of the most important conflicts that inspired the further development of IHL occurred in the 1930s, during the Second Italo-Ethiopian War, during which Red Cross field hospitals were bombed by the Italian Air Force in Ethiopia, thus causing the International Committee of the Red Cross (ICRC) to reflect on the fate of medical infrastructure during wartime¹⁷. We see in these examples the impact of historical and current conflict. Debilitated healthcare systems unable to be rebuilt due to a lack of resources, distrust in medical programs, increased infant and maternal deaths, as well as displacement due to inaccessibility of healthcare, are a few of the most visible effects of wars such as these¹⁸. Thus, in 1949, attacks on healthcare centers became classified as violations of international humanitarian law under Article 18 of the Fourth Geneva Convention and they are also defined as war crimes by Article 8 of the Rome Statute of the International Criminal Court¹⁹.

Recent Examples and Current Events

The above classifications, however, did little to deter future attacks. In 2023, 1520 attacks of this nature were recorded in total, whereas in 2024, 1701 attacks were counted until September 3rd²⁰. Some such attacks include those in Myanmar, which are often overlooked by the media but extremely prevalent, disruptive of everyday life, and harmful to civilians. Furthermore, violence in Sudan has led to medicine shortages attributed to the disruption of supply chains, destruction of healthcare facilities, and an unsafe environment, which inhibits ambulances, professionals, and other means of medication delivery from arriving in the needed quantity and time. Ergo, a severe health crisis has erupted in the wake of the Sudanese Civil War. Moreover, multiple attacks on healthcare centers are recorded regularly in Ukraine, with 300 recorded since January 2025²¹. These attacks, which happen on a near-daily basis, force many hospitals to operate in secrecy, which severely complicates healthcare access. In Gaza, there are very few functioning hospitals. This has caused a massive health crisis, accompanied by sanitation issues and famine, which take the lives of many civilians daily²².

¹⁷ *ibid.*

¹⁸ Levy, Barry S. "The Impacts of War on Health, Human Rights, and the Environment-an Overview." *Frontiers in Public Health*, U.S. National Library of Medicine, 17 Sept. 2025, [pmc.ncbi.nlm.nih.gov/articles/PMC12484150/](https://pubmed.ncbi.nlm.nih.gov/articles/PMC12484150/).

¹⁹ Hache, Emmanuel, et al. "Healthcare Facilities in Wartime: This Is Not a Target." IRIS, 3 Jan. 2025, www.iris-france.org/en/healthcare-facilities-in-wartime-this-is-not-a-target/.

²⁰ *ibid.*

²¹ Health and Aid Workers Targeted in Conflicts around the World, Un Agency Says | UN News." *United Nations*, United Nations, 23 Aug. 2025, news.un.org/en/story/2025/08/1165710.

²² *ibid.*

Destruction of Health Infrastructure

In times of war, attacks on healthcare do not only refer to the destruction of physical structures such as hospitals and field hospitals, even though these attacks are the most common ones, but rather encompass various acts of violence impairing medical infrastructure. Disruption of supply chains is one of the biggest threats to public health during wartime, since they inhibit civilians from receiving proper medical care. Medical equipment and technology are unable to reach conflict zones, thus often leaving them with outdated healthcare systems that cannot provide appropriate care. Additionally, the disruption of supply chains causes inaccessibility to medication, which proves to be a life-threatening problem for people with Non-Communicable Diseases (NCDs)²³. Moreover, during times of armed conflict, healthcare workers are in direct danger of being killed, kidnapped, or assaulted, with an astounding number of 900 healthcare workers killed in 2024.

Even those who remain safe are required to work in extremely harsh and difficult conditions. An example can be found in the case of a midwife in northern Gaza by the name of Ayda, who is quoted to have said that she often delivers babies in hospital hallways, using mobile phones as lights due to attacks on the hospital's delivery room. It is clear that such an environment poses serious peril to patients and hinders health workers' ability to deliver proper care, but Ayda supports that healthcare systems must persevere even during times of conflict. WHO reports the deaths of at least 1580 healthcare workers in Gaza since October 2023, as well as over 720 attacks on healthcare in that same time frame. Ayda was, unfortunately, one of the aforementioned health professionals who was killed, among others, in an airstrike shortly after sharing her story²⁴.

Another way in which healthcare facilities are abused is that they are often taken over for purposes other than their intended one by warring parties. Ambulances are also at risk, often looted, damaged, stolen, or denied access through checkpoints. The destruction of healthcare facilities such as hospitals or field hospitals is a common occurrence, which leaves conflict zones with no designated area or equipment to perform medical procedures. This phenomenon, which is commonly caused by aerial attacks among many other modes of damage, leads to unsafe medical practices, if any, which in the long run can intensify health issues²⁵.

²³ "Attacks on Health Care." World Health Organization, World Health Organization, www.emro.who.int/eha/attacks-on-health-care/. Accessed 5 Dec. 2025.

²⁴ *ibid.*

²⁵ *ibid.*



Figure 1²⁶: Image depicting a destroyed hospital in Gaza after an aerial attack

Effects of the Destruction of Medical Infrastructure on Public Health

Epidemics and Disease Contraction

The various types of attacks on healthcare during wartime, such as those referring to the assault of health practitioners, aerial attacks on facilities, or violence towards specific groups, have different detrimental effects on public health. The degradation of healthcare systems as a result of this leads to disease outbreaks, high mortality rates due to NCDs and injuries, as well as the medical vulnerability of children. For instance, displacement of people during wartime can have a serious negative impact on sanitation and waste management, leading to the contraction of diseases often due to poor quality of drinking water. One such disease is cholera, which is highly prevalent in conflict zones where the necessary vaccination programs are inaccessible due to blockades and damaged facilities²⁷.

Resurgent epidemic diseases are also observed in conflict zones due to the sanitation issues as well as a lack of access to vaccines, which makes civilians, mainly children, susceptible to diseases that were previously rarely contracted. This inaccessibility to vaccines also facilitates the quick spread of such diseases²⁸.

Particularly Vulnerable Groups

²⁶ Cherevko, Olga, "-". OHCHR, 31 December 2024, <https://www.ohchr.org/en/press-releases/2024/12/pattern-israeli-attacks-gaza-hospitals-raises-grave-concerns-report>. Accessed 30 December 2025.

²⁷ Martini, Mariano, et al. "War and Health: The Devastating Impact of Conflict on Wellbeing and Humanitarian Crises." *Journal of Preventive Medicine and Hygiene*, U.S. National Library of Medicine, 31 Oct. 2024, [pmc.ncbi.nlm.nih.gov/articles/PMC11698113/](https://pubmed.ncbi.nlm.nih.gov/articles/PMC11698113/).

²⁸ *ibid.*

Gender-based violence in conflict zones encompasses cases of physical violence, sexual assault and rape, as well as forced abortion and/or sterilization, among others²⁹. The above examples have detrimental health effects, such as physical injuries, contraction of sexually transmitted diseases (STDs), unwanted pregnancies, and mental health issues. Sexual violence in conflict qualifies as an alarmingly common phenomenon, with the staggering statistic of 51,000 UN-recorded cases in the past decade. The real number of instances is much higher, but³⁰ most are left unreported, making it difficult to come up with an accurate statistic. It should be noted that the individuals who suffer from these health issues are often minors, who may be unable to receive treatment due to attacks on healthcare and/or social stigma, leading to further complications³¹.

Healthcare workers in conflict zones are in a constant state of danger. They are often killed, kidnapped, or assaulted and ones that aren't can be discouraged by the dangers they face. Thus, healthcare professionals may not continue their practice during times of war in order to avoid threats of assault and perilous situations, but also due to the lack of support from government actors who must direct their attention and funding to war efforts, often being unable to financially sustain healthcare systems and workers³². This leaves many hospitals and clinics severely understaffed at a time when the exact opposite is necessary³³.

The Effects of Isolative War Tactics

Supply chains are disrupted, often due to blockades, thus leaving people who have contracted diseases or sustained injuries unable to receive proper care. While the utilization of blockades imposed on sea, land, and air during war is not inherently a criminal act, if abused, blockades can lead to indictable human rights offenses. Often used with the intention of cutting off food and medicine access, blockades restrict imports and humanitarian aid, thus leading to famine and health crises³⁴. Therefore, people with NCDs who rely on long-term care are

²⁹ "Types of Gender-Based Violence - Gender Matters." *Council of Europe*, www.coe.int/en/web/gender-matters/types-of-gender-based-violence. Accessed 28 Jan. 2026.

³⁰ "Conflict-Related Sexual Violence." *United Nations*, United Nations, www.un.org/en/peace-and-security/page/conflict-related-sexual-violence. Accessed 29 Jan. 2026.

³¹ Stein, Caroline, et al. "The Health Effects Associated with Physical, Sexual and Psychological Gender-Based Violence against Men and Women: A Burden of Proof Study." *Nature News*, Nature Publishing Group, 10 Apr. 2025, www.nature.com/articles/s41562-025-02144-2.

³² Remi Russbach. "Health Protection in Armed Conflicts." ICRC, international-review.icrc.org/sites/default/files/S0020860400070121a.pdf. Accessed 24 Jan. 2026.

³³ *ibid.*

³⁴ Zheng, Junteng. "Unlawful Blockades as Crimes against Humanity." *ASIL*, 20 Apr. 2018, www.asil.org/insights/volume/22/issue/5/unlawful-blockades-crimes-against-humanity.

especially vulnerable during times of war since they are unable to access medication regularly, often leading to death³⁵.

Long-term Consequences

The impact of conflict on medical infrastructure and public health persists even when a country is not in active armed conflict. Hospitals and clinics can remain understaffed for years after the conclusion of an armed conflict. Lingering political and economic instability also makes it extremely difficult to rebuild health systems, and sanitation problems can persist for a long period of time. Moreover, supply chains take some time to be restored after being disrupted due to conflict, especially in countries lacking financial resources or countries with grave internal problems such as political instability. These may deprioritize health crisis elimination and medical infrastructure rehabilitation. Armed conflict results in medical infrastructure damage valued at extremely large sums of currency, and countries that recently funded war efforts are often unable to cover restoration costs. People who require medical care often go unidentified due to administrative problems, such as failing hospital databases, loss of patient records or simply due to a lack of access to healthcare facilities³⁶.

Conflict can also have significant economic effects, pushing many civilians into extreme poverty. In countries already experiencing instability, healthcare systems may fall victim to corruption, prioritizing patients financially able to offer unofficial payment to professionals, especially at times when salaries are low. The combination of the above impacts of war renders healthcare inaccessible for a large portion of local populations, as is seen in Ukraine on a large scale³⁷. Moreover, prolonged conflict leaves a multitude of people with mental health issues such as Post-Traumatic Stress Disorder (PTSD), creating the need for large-scale, long-term mental health assistance, which is often neglected due to financial limits or views denying the importance of such services³⁸.

All in all, conflict amplifies existing inequalities and faults in the health as well as public sectors while simultaneously debilitating health systems, leaving them incapacitated for years even after the conclusion of a conflict, rendering it significantly difficult for civilians to access healthcare thus leading to post-war health crises and rising mortality rates.

³⁵ibid.

³⁶ ibid.

³⁷ Daan-Max van Dongen, Maksym Obrizan, et al. "Healthcare Provision in Ukraine during the War Time." VoxUkraine, 5 Mar. 4979, voxukraine.org/en/healthcare-provision-in-ukraine-during-the-war-time.

³⁸ ibid.

Major Countries and Organizations Involved

Japan

While not currently involved in armed conflict, Japan supports multiple WHO-affiliated medical aid programs for countries in need, typically through donations. For instance, they have donated to the WHO mobile health team initiative in the Amhara region of Ethiopia. Moreover, they have supported the rehabilitation of Al-Qamishli National Hospital in Syria. The state of Japan also partially financially supports the Egypt-based urgent treatment of evacuated people from the Gaza Strip.³⁹ The funding provided by Japan has been helpful to countries in health crises, even though said crises persist. It is important to note that assistance from Japan focuses not only on momentary aid but also long-term rehabilitation of healthcare systems.

Palestine

Gaza is in a severe health crisis, with mental health issues rising especially among children and adolescents, largely to the traumatic events they may endure on a daily basis. Moreover, water and sanitation concerns prevail seeing as the majority of water is unfit for consumption, rendering civilians susceptible to contracting infectious diseases. In the event that they do, healthcare is highly inaccessible due to the lack of hospital space and destruction of healthcare facilities, leaving most of them inoperative, which can be attributed to frequent bombings. The harsh and dangerous living conditions of the Palestinian people also pose health risks, contributing to the crisis. There are particularly limited maternal, newborn, and child healthcare services, putting these groups of people at an even higher risk than other civilians. Further, there has been a recorded rise in infectious diseases like diarrhea and chickenpox, and there is currently a significant risk of cholera outbreaks⁴⁰. Due to armed conflict and a lack of resources, the state of Palestine has been largely unable to accommodate the medical needs of the population, often relying on external aid when it comes to healthcare provision. Nonetheless, medical staff in Palestine have shown immense resilience, continuing to work even amid perilous and gruelling conditions.

Sudan

³⁹ “Donors Making a Difference: Japan Supports Who’s Work to Improve Health Services and Emergency Response.” World Health Organization, World Health Organization, www.who.int/news-room/feature-stories/detail/japan-supports-who-s-work-to-improve-health-services-and-emergency-response. Accessed 5 Dec. 2025.

⁴⁰ Beiraghdar, Fatemeh, et al. “Health Crisis in Gaza: The Urgent Need for International Action.” *Iranian Journal of Public Health*, U.S. National Library of Medicine, Dec. 2023, [pmc.ncbi.nlm.nih.gov/articles/PMC10903314/](https://pubmed.ncbi.nlm.nih.gov/articles/PMC10903314/).

The Sudanese Civil War began in 2023 and since then, many people were displaced and forced to flee from the capital city of Khartoum to escape the severe acts of violence present. To this day, Sudan faces major problems in waste management, aggravating the developing health crisis, which is why ten medical waste incinerators were installed across the country to combat this. The first incinerator was constructed in Atbara Teaching Hospital, which provides treatment for a large number of displaced people, thus creating a medical waste crisis which made this measure necessary. Port Sudan Teaching Hospital is also at the frontlines of this crisis, serving as a treatment center as well as a refuge, where a medical waste incinerator was also constructed⁴¹. While the incinerators have improved the conditions of the aforementioned crisis in many hospitals by mitigating the impact of unregulated waste such as toxic exposure in hospitals⁴², they are still classified as small-scale solutions. This particular emergency as well as the overall health crisis persists in Sudan, where famine and medicine shortages plague the population and where most hospitals are incapacitated.

United Arab Emirates (UAE)

The UAE is a country seeking to aid multiple countries in conflict, having declared support for the state of Palestine and simultaneously forming a part of the 'quad' of countries who aim to help bring peace to Sudan. In terms of healthcare in conflict zones, the UAE has provided medical humanitarian aid to Gaza, having established a successful field hospital in Rafah, Southern Gaza with up-to-date equipment and skilled personnel. It is also responsible for the establishment of the 'Operation Chivalrous Knight 3' warehouses stocked with equipment⁴³. This operation is a humanitarian initiative led by the UAE, providing essential material resources to the people of Gaza while also establishing field hospitals focused on urgent care⁴⁴. The above initiatives have proved to be effective in treating patients in Palestine even though the severe health crisis persists in Gaza.

Ukraine

⁴¹ "Strengthening the Healthcare System in Sudan during the Conflict." EEAS, www.eeas.europa.eu/delegations/sudan/strengthening-healthcare-system-sudan-during-conflict_en. Accessed 5 Dec. 2025.

⁴² "Health-Care Waste." *World Health Organization*, World Health Organization, www.who.int/news-room/fact-sheets/detail/health-care-waste. Accessed 1 Feb. 2026.

⁴³ "UN Delegation Visits UAE Field Hospital in Gaza, Hails UAE Humanitarian Efforts." *Emirates News Agency-WAM*, www.wam.ae/en/article/15wdqq4-delegation-visits-uae-field-hospital-gaza-hails. Accessed 5 Dec. 2025.

⁴⁴ "Operation Chivalrous Knight 3 Launches Largest Relief Phase in Gaza amid Ceasefire." *Emirates News Agency-WAM*, 19 Jan. 2025, www.wam.ae/en/article/bhroh0x-operation-chivalrous-knight-launches-largest.

Ukraine has been in armed conflict since 2022 and regularly sustains attacks on healthcare but with the assistance of the World Health Organization (WHO) has displayed significant efforts to minimize the impact of war on the National Health Service of Ukraine (NHSU) as well as public health in general⁴⁵. Ever since February 2022⁴⁶, forums have been organized where Ukrainian policy makers had the chance to orchestrate a plan for the function of their healthcare system during wartime. Medical centers and healthcare professionals were in turn provided with various practical skills and knowledge regarding health financing to allow them to continue their practices during wartime. Additionally, partial use of a case-based payment system was established to better keep track of patients. Various mental health mobile teams and underground medical centers act as the pillars of Ukrainian healthcare during the ongoing conflict⁴⁷. The above measures have proved to be effective for the most part; the Ukrainian medical system shows resilience and medical staff find innovative ways to continue their practices even amid hostilities.

Direct Relief

Direct Relief is a US-based non-profit humanitarian organization that delivers medical resources to disadvantaged countries and people. They have done notable work in Ukraine, being an international partner of Ukraine's Ministry of Health and providing medical aid to Ukraine in the form of equipment as well as through financial means⁴⁸. Direct Relief is a renowned and transparent charity where people can directly contribute to medical aid initiatives in conflict zones such as Ukraine through donations. It is ranked as the fifth largest U.S. charity by Forbes⁴⁹ although it can be distrusted at times due to the frequency of malicious impersonators reaching out to civilians, who may also doubt the 'direct' nature of donations from pockets to war zones. Nevertheless, Direct Relief proved to be effective in its aid provision to Ukraine, issuing over two billion US dollars to the cause, including over 449 million doses of medication⁵⁰.

⁴⁵ "Ukraine's National Health System Maintains Financing and Service Provision during Times of War." World Health Organization, World Health Organization, www.who.int/about/accountability/results/who-results-report-2020-mtr/country-story/2022/ukraine-s-national-health-system-maintains-financing-and-service-provision-during-times-of-war. Accessed 5 Dec. 2025.

⁴⁶ *ibid.*

⁴⁷ Team, Research, et al. "Ukraine's Underground Hospitals amid War Crimes on Healthcare." Washington Centre for Human Rights, 15 June 2025, washingtoncentre.org/ukraines-underground-hospitals-a-response-to-systematic-violations-of-international-humanitarian-law/.

⁴⁸ "Ukraine Relief." Direct Relief, 20 Oct. 2025, www.directrelief.org/emergency/ukraine-crisis/.

⁴⁹ "Direct Relief | Company Overview & News." Forbes, Forbes Magazine, www.forbes.com/companies/direct-relief-international/. Accessed 30 Dec. 2025.

⁵⁰ Burkholz, Brea. "Direct Relief Surpasses \$2 Billion in Aid to Ukraine." Direct Relief, 28 Oct. 2025, www.directrelief.org/2025/10/direct-relief-surpasses-2-billion-in-aid-to-ukraine/#:~:text=To%20date%2C%20the%20organization%20has%20delivered%20more,and%20cancer%2C%20and%20maternal%20and%20child%20health

Doctors Without Borders (MSF)

Doctors Without Borders is one of the biggest organizations that plays a critical role in this matter. They provide care in areas such as, but not limited to, Gaza, Ukraine, and South Sudan, focused on setting up temporary field hospitals and mobile clinics to deliver urgent aid to those critically injured, as well as people living in rural areas or displaced people. MSF also supplies local health facilities with essential medication and equipment in the event of a shortage and assists them if they are understaffed⁵¹. Like many other actors who provide medical aid, MSF initiatives prove to be extremely effective in delivering care to people in need but may often neglect the long-term impact of armed conflict on public health⁵².

International Committee of the Red Cross (ICRC)

The ICRC is a 160-year-old independent organization focused on neutrality and humanitarian aid in armed conflict⁵³. It has a rich history which involves the implementation of the Geneva Conventions. Nowadays, the ICRC has expanded their focus, conducted field operations and provided direct aid to conflict zones. Their healthcare provision efforts encompass various aspects of the area, such as first aid, primary and urgent care, physical rehabilitation and mental health services⁵⁴. One of their most important focal points is the longevity of and continuity between healthcare services⁵⁵. Additionally, they boast numbers such as a staff body of over 18000 people, over 90 countries of operation, and 93.5% of donations being directly administered to the field⁵⁶.

Blocs Expected

Alliance 1

Alliance 1 consists of countries that witness the impact of prolonged conflict on public health, experiencing health crises due to war or aiding neighbouring countries in rehabilitation of national health systems. This would include nations directly involved in armed conflict either at the current

⁵¹ "Delivering Care in a Conflict Zone." *Doctors Without Borders - USA*, www.doctorswithoutborders.org/what-we-do/focus/care-in-conflict-zones. Accessed 5 Dec. 2025.

⁵² "Year in Review: How MSF Responded to World Crises in 2023." *Doctors Without Borders - USA*, 22 July 2024, www.doctorswithoutborders.org/latest/year-review-how-msf-responded-world-crises-2023.

⁵³ "We Are the International Committee of the Red Cross (ICRC)." *International Committee of the Red Cross*, 27 Sept. 2024, www.icrc.org/en/we-are-international-committee-red-cross-icrc.

⁵⁴ "Health." *International Committee of the Red Cross*, 14 July 2025, www.icrc.org/en/what-we-do/health.

⁵⁵ *ibid.*

⁵⁶ *ibid.*

moment or recently, but it should mostly refer to countries near conflict zones or ones that may have influence over regional politics, routes, or with a large influx of refugees due to armed conflict.

Alliance 2

The countries in alliance 2 should be ones with less influence on regional politics near conflict zones and generally nations less involved in armed conflict, directly or indirectly. Some of these countries should be involved in humanitarian initiatives, such as the European Union’s DG ECHO, whereas others should be states who mainly focus on domestic and internal policy. While these viewpoints may seem contradictory, this alliance would focus on short-term humanitarian aid but also combat long-term effects of the issue at hand on a national level.

Timeline of Events

Date	Description of Event
22 August 1864	First Geneva Convention of 1864 (“Convention for the Amelioration of the Condition of the Wounded in Armies in the Field”) ⁵⁷
19 July 1870	Franco-Prussian War begins ⁵⁸
28 July 1914	World War I officially begins ⁵⁹
30 December 1935	Dolo Hospital Airstrike in Ethiopia ⁶⁰
12 August 1949	Adoption of the Fourth Geneva Convention which protects health of civilians ⁶¹

⁵⁷ “Convention for the Amelioration of the Condition of the Wounded in Armies in the Field. Geneva, 22 August 1864.” IHL, ihl-databases.icrc.org/en/ihl-treaties/gc-1864. Accessed 30 Dec. 2025

⁵⁸ *Franco-German War Facts* | Britannica, www.britannica.com/facts/Franco-German-War. Accessed 31 Jan. 2026.

⁵⁹ “Timeline (1914 - 1921): A World at War: Articles and Essays: Stars and Stripes: The American Soldiers’ Newspaper of World War I, 1918 to 1919: Digital Collections: Library of Congress.” *The Library of Congress*, www.loc.gov/collections/stars-and-stripes/articles-and-essays/a-world-at-war/timeline-1914-1921/. Accessed 1 Feb. 2026.

⁶⁰ “Dolo Hospital Airstrike / Targeting the Red Cross / Atrocities / Second Italo-Ethiopian War / 1935 / Interbellum 1918 - 1936: The Second World War.” *Dolo Hospital Airstrike / Targeting the Red Cross / Atrocities / Second Italo-Ethiopian War / 1935 / Interbellum 1918 - 1936* | *The Second World War*, www.thesecondworldwar.org/interbellum-1918-1936/1935/second-italo-ethiopian-war/atrocities-1/targeting-the-red-cross/dolo-hospital-airstrike. Accessed 1 Feb. 2026.

⁶¹ “Convention (IV) Relative to the Protection of Civilian Persons in Time of War. Geneva, 12 August 1949.” IHL, ihl-databases.icrc.org/en/ihl-treaties/gciv-1949. Accessed 5 Dec. 2025.

22 December 1971	Doctors Without Borders founded in France, at the time made up of 62 members ⁶²
24 February 2022	Russian invasion of Ukraine begins; Ukrainian policymakers begin planning the country's healthcare system during wartime ⁶³
15 April 2023	Sudanese Civil War begins ⁶⁴
2 December 2023	UAE establishes a field hospital in Gaza ⁶⁵
3 September 2024	1,701 attacks on healthcare reported in 2024 ⁶⁶
18 December 2024	8 zero-emission medical waste incinerators installed in various Sudanese states ⁶⁷

Relevant UN Resolutions, Treaties, and Events

[UN Security Council Resolution 2286, 3rd of May 2016 \(S/RES/2286\)](#)

This resolution heavily promotes the strengthening of IHL implementation, condemning attacks on healthcare and emphasizing the importance of prosecution in such cases. The Security Council underlines member states' responsibility to ensure that patients as well as healthcare

⁶²Our History - Médecins sans Frontières (Msf)/Doctors without Borders, msfsouthasia.org/our-history/. Accessed 30 Dec. 2025.

⁶³Conflict in Ukraine: A Timeline (Current Conflict, 2022 - Present) - House of Commons Library, commonslibrary.parliament.uk/research-briefings/cbp-9847/. Accessed 31 Jan. 2026.

⁶⁴Booty, Natasha et al. "Sudan War: A Simple Guide to What Is Happening." *BBC News*, BBC, 13 Nov. 2025, www.bbc.com/news/articles/cjel2nn2z9o.

⁶⁵"UAE Field Hospital Provides Medical Services to 48,700 People in Gaza." Emirates News Agency-WAM, www.wam.ae/en/article/b6i89ic-uae-field-hospital-provides-medical-services-48700. Accessed 5 Dec. 2025.

⁶⁶ibid.

⁶⁷"WHO Is Transforming Medical Waste Management in Sudan with EU Support." World Health Organization, World Health Organization, www.emro.who.int/sdn/sudan-news/who-is-transforming-medical-waste-management-in-sudan-with-eu-support.html. Accessed 30 Dec. 2025.

workers and facilities remain protected during conflict before promptly requesting the aid of the Secretary-General in implementing the resolution's proposal. Generally, this resolution mainly focuses on highlighting the importance of pre-existing measures regarding this issue and encouraging all member states to do their part in ensuring that these are upheld.

[UN Security Council Resolution 2175, 29th August 2014 \(S/RES/2175\)](#)

This resolution focuses on UN staff and humanitarian personnel in conflict zones, encouraging their protection as well as the investigation of attacks against them. It also highlights the importance of IHL with respect to attacks on humanitarian personnel.

[Letter from the Secretary-General addressed to the President of the Security Council, 18th August 2016 \(S/2016/722\)](#)

This letter was sent as a response to resolution 2286 and it includes recommendations from the Secretary-General regarding the implementation of said resolution, focusing on the prevention of AHCs and the protection of all parties affected.

Previous Attempts to Solve the Issue

Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG-ECHO)

The European Commission provides medical humanitarian aid through DG-ECHO, an initiative first implemented in 1992, mostly by expanding on already existing systems and frameworks⁶⁸. The primary focus of this initiative is on emergency response, medical assistance, epidemic prevention, and the health of vulnerable demographics, such as maternal and newborn health, as well as providing financial assistance. DG-ECHO is effective in providing humanitarian aid but needs greater flexibility of funding to be able to quickly respond to newly emerging and rapidly developing humanitarian crises⁶⁹.

Geneva Conventions and Other Forms of International Humanitarian Law (IHL)

Attacks on healthcare are considered war crimes according to IHL and can be taken to court, under not only the Geneva Conventions but also other IHL regulations, such as, but not limited to,

⁶⁸ "Health." European Civil Protection and Humanitarian Aid Operations, [civil-protection-humanitarian-aid.ec.europa.eu/what/humanitarian-aid/health_en](https://aid.ec.europa.eu/what/humanitarian-aid/health_en). Accessed 5 Dec. 2025.

⁶⁹ Evaluation of DG ECHO'S LEGAL Framework for Funding of Humanitarian Actions, ec.europa.eu/echo/files/evaluation/2012/fpa2008_en.pdf. Accessed 5 Dec. 2025.

the Rome Statute of the International Criminal Court. However, this initiative has not been successful in deterring or limiting attacks on healthcare and destruction of medical infrastructure, seeing as such attacks are carried out daily on multiple different conflict zones, oftentimes to no legal pursuit. Therefore, the IHL has seen limited success, without any amendments or changes planned to improve the efficiency of all conventions.

Doctors Without Borders (MSF) Emergency Care Initiative in Palestine

Doctors Without Borders (MSF) has had a significant positive impact on the health system of Palestine, operating mobile medical units in the West Bank, providing first aid training to civilians, sending a staff team of over 1,000 people to assist in healthcare facilities, and providing psychological support for survivors of GBV⁷⁰. However, this initiative, as well as others of the same nature, cannot be considered 'flawless' by any means. The main disadvantage is the fact that such programs are focused on emergency response and thus often neglect long-term action since MSF qualifies as an external actor and is not involved in the development of a country's health infrastructure frameworks⁷¹.

Possible Solutions

Establishing Humanitarian Corridors

Humanitarian corridors would greatly reduce the risk of any form of attacks on healthcare and permit civilians to access necessary medical care. What this initiative entails is the availability of a designated area free of hostilities for a certain period, which would allow field hospitals and other such emergency care units to be deployed without fear of attacks and thus operate safely, delivering medical care to civilians. This measure would also prevent shortages in medication and other equipment, since they could be delivered securely by external actors and patients could in turn access them in a controlled environment. This would be especially beneficial to individuals with NCDs, who often rely on daily doses of medication which they have a difficult time accessing amid armed conflict. Humanitarian corridors could also allow for the transportation of people in critical condition to healthcare facilities abroad. This way, patients whose condition demands priority can remain stable, without the risk of further harm, until emergency transportation services

⁷⁰ "Palestine." *Doctors Without Borders - USA*, www.doctorswithoutborders.org/what-we-do/where-we-work/palestine. Accessed 1 Feb. 2026.

⁷¹ "Emergency Medical Care." MSF UK, msf.org.uk/emergency-medical-care. Accessed 5 Dec. 2025.

arrive, also facilitated by the establishment of humanitarian corridors. However, issues lie in the possibility of non-compliance by warring parties as well as the fact that this measure may fail to consider those residing in rural areas.

The Creation of an International Advisory Board Focused on Public Health in Conflict Zones

The creation of this advisory board could serve as a forum composed of experts that government representatives as well as upcoming organizations can consult in the wake of armed conflict. The board could provide countries and organizations with tailored recommendations on how to preserve health systems during conflict and rehabilitate them post-conflict. Upcoming organizations can participate in mentorship programs through this board, collaborating with established ones such as MSF or ICRC, thus expanding their humanitarian activity. The most significant drawback of this measure would be member states' frequent inability to implement recommendations or failure to direct themselves to the board at all due to ongoing instability.

Strengthening Supply Chains

Supply chains could be strengthened by utilizing a larger variety of supply routes in order to ensure that medical equipment can be delivered effectively. Additionally, this could be done by developing new technologies that would either monitor the route of resources or allow for new, innovative ways of distribution, which would greatly prevent medication or equipment shortages. Moreover, diplomatic means could be used to weaken blockades, with the goal of allowing medical necessities to be distributed. However, many of the above measures could require a specific period of time to be implemented, during which health crises would intensify and continue harming civilians.

Rebuilding and Rehabilitation Medical Infrastructure Post-Conflict Through Organizations

It is exceptionally important to consider the fate of healthcare systems after the conclusion of armed conflict, thus protecting and rehabilitating medical programs. Encouraging humanitarian organizations to collaborate with governments in order to achieve this would be an effective measure. Humanitarian programs focused on health system rehabilitation could be formed, building on and expanding already existing field hospitals deployed during a time of conflict and developing them into fully functional hospitals that can continue operating over time.

This can also be achieved by providing basic medical training to civilians during wartime and offering further medical education programs post-conflict, thus assisting in mitigating the issue of understaffed healthcare facilities. These measures would allow countries to develop a stable

healthcare system equipped to deal with any lingering health effects of prolonged conflict. A significant difficulty in the implementation of this measure would be the fact that rehabilitation of healthcare systems could span over years, during which other conflicts occur. This would lead organizations participating in such programs to need to deploy direct aid to other countries, taking focus away from the aforementioned rehabilitation initiatives and possibly leading to the abandonment of such projects.

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