No health without peace

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What will be the most pressing health challenge of 2026? Climate change? Artificial intelligence? Pandemics? Non-communicable diseases? These issues will continue to shape health and medicine. Yet across much of the world, conflict is a fundamental determinant of people's health and of the functioning of health systems. The burden of armed conflict and violence worldwide is unusually high, and its effects extend far beyond battlefields, with harm in war zones and in civilian settings increasingly normalised. Conflict is too often treated as an externality of health; in reality, it cuts across every major health agenda, shaping risks, responses, and the feasibility of progress.

In 2024, according to the most recent data from the Uppsala Conflict Data Program, there were 61 state-based conflicts. Many continued throughout 2025 and will continue into 2026. Warfare in Ukraine, Sudan, and Gaza continues to exact profound humanitarian and health costs, while protracted (and often under-reported) crises in the Democratic Republic of the Congo, the Sahel region, Haiti, and Myanmar have driven mass displacement, food insecurity, and the breakdown of basic services. Many of these conflicts are prolonged, fragmented, and sustained by political impasse; several are facing escalation. Violence is no longer episodic or confined to specific regions, but global and structural—reshaping population health, destabilising institutions, and weakening the governance and capacity needed to sustain health gains.

The direct impacts are stark: displacement, hunger, poverty, and prolonged disruption of care for non-communicable diseases and maternal and child health. In Ukraine, more than 2000 attacks on health facilities have been documented since 2022, subtantially impairing emergency services, chronic disease management, and cancer care, and contributing to widespread deterioration in physical and mental health. In Sudan, WHO has documented more than 200 attacks on health facilities and health workers since 2023, resulting in nearly 1900 deaths among civilians and health personnel and severely constraining humanitarian access. In the occupied Palestinian territory, sustained hostilities have led to the collapse of essential health services, widespread food insecurity, and repeated attacks on care providers. Contemporary conflicts do not merely interrupt health systems but actively dismantle them.

Conflict also drives the securitisation of health, restricting access to data, politicising surveillance, and constraining independent research and civil society, weakening the institutional systems that sustain public health. When health information is withheld, distorted, or treated as a security asset rather than a public good, equity, accountability, surveillance and preparedness, environmental and climate monitoring, and the delivery and coordination of essential services are all undermined.

The challenge to health in 2026 is not only the persistence of existing wars, but also the growing risk of escalation and spillover. Political instability and economic strains are converging in ways that heighten the likelihood of new or intensifying conflicts. Climate change, water scarcity, and food insecurity increasingly intersect with violence, amplifying displacement, stalling recovery, and placing additional burdens on already fragile health systems. Such pressures do not remain confined to conflict settings. Disrupted supply chains, population movement, and regional insecurity mean that no health system is insulated from the effects of violence elsewhere.

All health agendas are severely hampered where conflict persists. They depend on functioning health systems, reliable data, stable supply chains, and public trust; no combination of medicines, surveillance technologies, or financing mechanisms can substitute for their absence. Political authority to end wars rests with governments, but the health community has a distinct responsibility: to document harm, protect the integrity of health systems and data, advocate for the protection of health systems and civilians, and ensure that conflict is recognised and addressed as a critical determinant of health.

The right to health was laid out in the Universal Declaration of Human Rights, reaffirmed in the Alma Ata declaration, and remains embedded in contemporary WHO priorities. There is no credible path to achieving it that can run through perpetual conflict. Responding to the health consequences of war is necessary, but it cannot substitute for the conditions required to build, protect, and sustain health systems. Ambitions for equity, resilience, preparedness, and universal access cannot be realised amid chronic insecurity. Peace is not adjacent to health—it is foundational. ■ *The Lancet*

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