

Comment

A call for an immediate ceasefire and peaceful end to the Russian aggression against Ukraine

The *Lancet*–SIGHT Commission condemns the Russian Government's aggression against Ukraine and its attacks on civilians and civilian infrastructure, including health workers and hospitals. We support the March 2, 2022 UN General Assembly (UNGA) resolution ES-11/1 that “deplores in the strongest terms the aggression by the Russian Federation”.¹ The indiscriminate use of weaponry violates international humanitarian law and has caused catastrophic health impacts, especially on children, older people, and disabled persons, and social and economic disruptions that will be long lasting. There are nuclear risks, both from Russian attacks on Ukrainian nuclear facilities and the potential for nuclear weapons use.² There is a further risk that Russia might use chemical or biological weapons. We call for an immediate ceasefire and the appointment of a mediator to facilitate negotiations for a sustainable and peaceful settlement on the basis of international law to end the conflict. We urge the global health community to deliver humanitarian assistance impartially to all those affected by and fleeing the war; document atrocities committed against civilians and the devastating impacts of the war; counter disinformation about the conflict; and advocate for a peaceful settlement. We also call for an end to the repression of those in Russia protesting the war.

We make this statement as a group of Commissioners from the *Lancet*–SIGHT Commission on Peaceful Societies through Health and Gender Equality,³ a collaboration of experts in conflict research, political science, law, economics, gender, medicine, and public health, which was convened in May, 2019 to examine how gender equality and health equity can promote peaceful societies and prevent conflict. Through its global networks of practitioners, researchers, and policy makers, the health community has an important role in promoting equity, social justice, and peace.

From this intersectoral vantage point, we call for the immediate withdrawal of Russian forces from Ukraine, as demanded by UNGA resolution ES-11/1, and an end to the war in Ukraine. The humanitarian catastrophe in Ukraine has caused the fastest-growing refugee and security crisis in Europe since World War 2.⁴ We stand in solidarity with our colleagues under assault in Ukraine. Our statement focuses on Ukraine, but we recognise that this is one of many conflicts worldwide.⁵ One in eight people live in fragile, conflict-affected, and vulnerable settings,⁶ including in Afghanistan, where half the population face acute food insecurity⁷ and in Ethiopia, where 6 million people have been under blockade for almost 500 days by Ethiopian and Eritrean forces,⁸ as well as in Myanmar, Syria, and Yemen, among others. The international community cannot selectively attend to one conflict and ignore others while doing too little to prevent future conflicts. Food security, human rights, governance, and the health and safety of refugees and displaced people are tantamount everywhere.

The UN Office of the High Commissioner for Human Rights has recorded 2510 civilian casualties in Ukraine, including 953 people killed, as of March 22, 2022.⁹ There is an urgent need to uphold protections for civilians, health workers, and health infrastructure. Humanitarian access must be ensured and international humanitarian law must be respected. We condemn Russia's bombing of the maternity hospital in Mariupol, its bombing of the

Donetsk Regional Drama Theatre, where civilians had sought shelter, and its attacks on health facilities, health workers, and patients.¹⁰ The international community must not accept the destruction of hospitals and maternity wards as an inevitable consequence of urban warfare. The tactical choices by the Russian military and political leadership to target civilians violate international humanitarian law. In addition to these direct health effects of the invasion, interruption of health programmes in Ukraine could cause rapid resurgence of infectious diseases, including COVID-19, measles, tuberculosis, and polio (Ukraine has battled a polio outbreak since October, 2021).¹¹

The war will have prolonged consequences far beyond Ukraine. Given that most men have been forced to remain in Ukraine, most of the more than 3·5 million refugees from Ukraine are women and children,¹² who will have long-term health and humanitarian needs. They face multiple risks, including poverty, gender-based violence, trafficking, and exploitation.^{13, 14} An additional 6·5 million people have been internally displaced.¹⁵ Economic sanctions on Russia could inflict great hardship on the population of Russia,¹⁶ and could have long-term consequences for their health and wellbeing.¹⁷ The conflict could destabilise the wider European region's COVID-19 control efforts and worsen the pandemic. Low-income and middle-income countries, already reeling economically from the impacts of the COVID-19 pandemic, risk further shocks from rising food and fuel prices, trade disruptions, and financial turbulence.¹⁸ The consequences of the conflict might last decades or even generations.¹⁹

Global governance, scientific collaboration, and collective action are being tested by Russia's invasion of Ukraine and other conflicts and crises around the world, the COVID-19 pandemic, and climate change. There are already international effects of the invasion that could worsen global health outcomes, such as through disruption to COVID-19 vaccine supply chains and to medical research.^{20, 21} The conflict risks eroding a shared vision of our common humanity and fuelling a vicious cycle of further conflict and instability.

The Russian Government, and the Government of Belarus supporting it, must be held accountable for ending the invasion. The international community must use all available legal tools to hold accountable those who commit crimes against humanity and other war crimes. All governments must work together to find a political solution that ends the war through a negotiated settlement on the basis of international law. Women must be meaningfully included in any negotiations and in the peace process. Despite a correlation between peace agreements signed by female delegates and durable peace,²² from 1992 to 2019 women comprised only 6% of mediators and 6% of signatories in major peace processes.²³ We call on the global health community to urgently address the new health, humanitarian, security, and refugee crises caused by Russia's invasion of Ukraine and use this perilous moment to reinvigorate an agenda for global cooperation.

The work of the *Lancet*–SIGHT Commission on Peaceful Societies through Health and Gender Equality has been funded by the Swedish Ministry for Foreign Affairs (MFA), the Susan Thompson Buffett Foundation (STBF), the Ministry of Social Affairs and Health in Finland, and Canada's International Development Research Centre (IDRC). TH is former President of Finland (2000–12). ANA declares a consultation with Interpeace on a scoping review of peace through health. SC, SF, PF, and ISM declare funding from the Swedish MFA to support the Commission Secretariat. SF, PF, and ISM declare funding from the STBF to support the Commission Secretariat. VP declares grants from the IDRC and the Social Sciences and Humanities Research Council to support Commission-related research, and a contract from the Canadian Federation of the Red Cross on sexual and reproductive health in humanitarian

settings. GY declares a grant from WHO to study pandemic preparedness and response in fragile, conflict-affected, and vulnerable countries in the Eastern Mediterranean region. The opinions expressed here do not necessarily reflect those of the funders or authors' institutions. We declare no other competing interests.

The group of Commissioners from the *Lancet*–SIGHT Commission on Peaceful Societies through Health and Gender Equality that coauthors this Comment are: Gavin Yamey, Akshaya Neil Arya, Zulfiqar A Bhutta (Commission Co-Chair), Sara Causevic, Carolyn Chisadza, Sara Fewer, Peter Friberg (Commission Co-Chair), Siri Gloppen, Debarati Guha-Sapir, Tarja Halonen (Commission Chair), Steven J Hoffman, Ana Langer, Minna Lyytikäinen, Ben Oppenheim, Ole Petter Ottersen, and Valerie Percival. Idil Shekh Mohamed and Oskar Timo Thoms are collaborators of the Commission and are coauthors of this Comment.

Duke Center for Policy Impact in Global Health, Duke Global Health Institute, Durham, NC 27710, USA (GY); International Migration Research Centre and Balsillie School for International Affairs, Wilfrid Laurier University, Waterloo, ON, Canada (ANA); Department of Family Medicine, McMaster University, Hamilton, ON, Canada (ANA); Centre of Excellence in Women and Child Health and The Institute for Global Health and Development, Aga Khan University, Karachi, Sindh, Pakistan (ZAB); SickKids Centre for Global Child Health, Toronto, ON, Canada (ZAB); Department of Nutritional Sciences and Dalla Lana School of Public Health, University of Toronto, Toronto, ON, Canada (ZAB); Swedish Institute for Global Health Transformation, The Royal Swedish Academy of Sciences, Stockholm, Sweden (SC, SF, PF, ISM); Karolinska Institutet, Stockholm, Sweden (SC, OPO); Department of Economics, University of Pretoria, Pretoria, South Africa (CC); Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden (PF); University of Bergen, Bergen, Norway (SG); LawTransform, the CMI-UiB Centre on Law and Social Transformation, Bergen, Norway (SG); Johns Hopkins Centre for Humanitarian Health, Department of International Health, Johns Hopkins School of Public Health, Baltimore, MD, USA (DG-S); Office of President Halonen, Helsinki, Finland (TH); Global Strategy Lab, School of Global Health and Osgoode Hall Law School, York University, Toronto, ON, Canada (SJH); Global Health and Population Department, Women and Health Initiative, Harvard T H Chan School of Public Health, Boston, MA, USA (AL); University of Helsinki, Helsinki, Finland (ML); Center on International Cooperation, New York University, New York, NY, USA (BO); Norman Paterson School of International Affairs, Carleton University, Ottawa, ON, Canada (VP); QC, Canada (OTT)



References

1. Al Jazeera. UN resolution against Ukraine invasion. March 3, 2022. <https://www.aljazeera.com/news/2022/3/3/unga-resolution-against-ukraine-invasion-full-text> (accessed March 22, 2022).
2. Broad WJ. The smaller bombs that could turn Ukraine into a nuclear war zone. The New York Times, March 21, 2022. <https://www.nytimes.com/2022/03/21/science/russia-nuclear-ukraine.html> (accessed March 22, 2022).
3. Friberg P, Fewer S, Clark J, et al. The Lancet–SIGHT Commission on peaceful societies through health and gender equality. *Lancet* 2020; 395: 670–71.
4. Reuters. Ukraine exodus is fastest growing refugee crisis in Europe since WW2—UNHCR chief. March 6, 2022. <https://www.reuters.com/world/europe/ukraine-exodus-is-fastest-growing-refugee-crisis-europe-since-ww2-unhcr-chief-2022-03-06/> (accessed March 22, 2022).
5. International Crisis Group. 10 conflicts to watch in 2022. Dec 29, 2021. <https://www.crisisgroup.org/global/10-conflicts-watch-2022> (accessed March 22, 2022).
6. Baier J, Kristensen MB, Davidsen S. Poverty and fragility: where will the poor live in 2030? Brookings, April 19, 2021. <https://www.brookings.edu/blog/future-development/2021/04/19/poverty-and-fragility-where-will-the-poor-live-in-2030/> (accessed March 22, 2022).
7. World Food Program. WFP Afghanistan: situation report 17 March 2022. <https://reliefweb.int/report/afghanistan/wfp-afghanistan-situation-report-17-march-2022> (accessed March 22, 2022).
8. WHO. WHO Director-General’s opening remarks at the WHO press conference—16 March 2022. <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-who-press-conference-16-march-2022> (accessed March 22, 2022).
9. UN Office of the High Commissioner for Human Rights. Ukraine: civilian casualty update 22 March 2022. <https://www.ohchr.org/en/press-releases/2022/03/ukraine-civilian-casualty-update-22-march-2022> (accessed March 23, 2022).
10. Bachega H, Khimiak O. Mariupol Theatre: “We knew something terrible would happen”. BBC News, March 17, 2022. <https://www.bbc.com/news/world-europe-60776929> (accessed March 22, 2022).
11. Morris L, Diamond D. Ukraine conflict could spark surges of covid, polio, other diseases, say experts. The Washington Post, March 1, 2022. <https://www.washingtonpost.com/health/2022/03/01/russia-invasion-ukraine-pandemic-health-effects/> (accessed March 22, 2022).
12. UNHCR, the UN Refugee Agency. Refugees fleeing Ukraine (since 24 February 2022). March 21, 2022. <https://data2.unhcr.org/en/situations/ukraine> (accessed March 22, 2022).
13. Dobson J. Men wage war, women and children pay the price. *BMJ* 2022; 376: o634.
14. International Rescue Committee. As over 1.5 million flee Ukraine, women and children at increased risk of exploitation and abuse, warns IRC. March 7, 2022. <https://www.rescue.org/press-release/over-15-million-people-flee-ukraine-women-and-children-increased-risk-exploitation-and> (accessed March 22, 2022).
15. UN. More than 2 attacks a day on Ukraine health facilities; 6.5 million now internally displaced. March 21, 2022. <https://news.un.org/en/story/2022/03/1114342> (accessed March 22, 2022).

16. Koeze E. Boycotts, not bombs: sanctions are a go-to tactic, with uneven results. *The New York Times*, March 11, 2022. <https://www.nytimes.com/interactive/2022/03/11/world/economic-sanctions-history.html> (accessed March 22, 2022).
17. Peksen D. Economic sanctions and human security: the public health effect of economic sanctions. *Foreign Policy Analysis* 2011; 7: 237–51.
18. Gill I. Developing economies must act now to dampen the shocks from the Ukraine conflict. *Brookings*, March 8, 2022. <https://www.brookings.edu/blog/future-development/2022/03/08/developing-economies-must-act-now-to-dampen-the-shocks-from-the-ukraine-conflict/> (accessed March 22, 2022).
19. Gerzon Mahler D, Vishwanath T. When the consequences of conflicts last generations: intergenerational mobility in Iraq and Vietnam. *World Bank Blogs*, Feb 8, 2021. <https://blogs.worldbank.org/dev4peace/when-consequences-conflicts-last-generations-intergenerational-mobility-iraq-and-vietnam> (accessed March 22, 2022).
20. Putka S. War in Ukraine may disrupt medical supply chain. *MedPage Today*, March 4, 2022. <https://www.medpagetoday.com/special-reports/exclusives/97502> (accessed March 23, 2022).
21. Cueto I. He was creating the building blocks for drug developers worldwide. Then Russia started to bomb Kyiv. *Stat*, March 14, 2022. <https://www.statnews.com/2022/03/14/ukraine-drug-development-kyiv-enamine/>(accessed March 22, 2022).
22. Krause J, Krause W, Bränfors P. Women’s participation in peace negotiations and the durability of peace. *Int Interactions* 2018; 44: 985–1016.
23. Council on Foreign Relations. Women’s participation in peace processes. 2020. <https://www.cfr.org/womens-participation-in-peace-processes/>(accessed March 22, 2022)