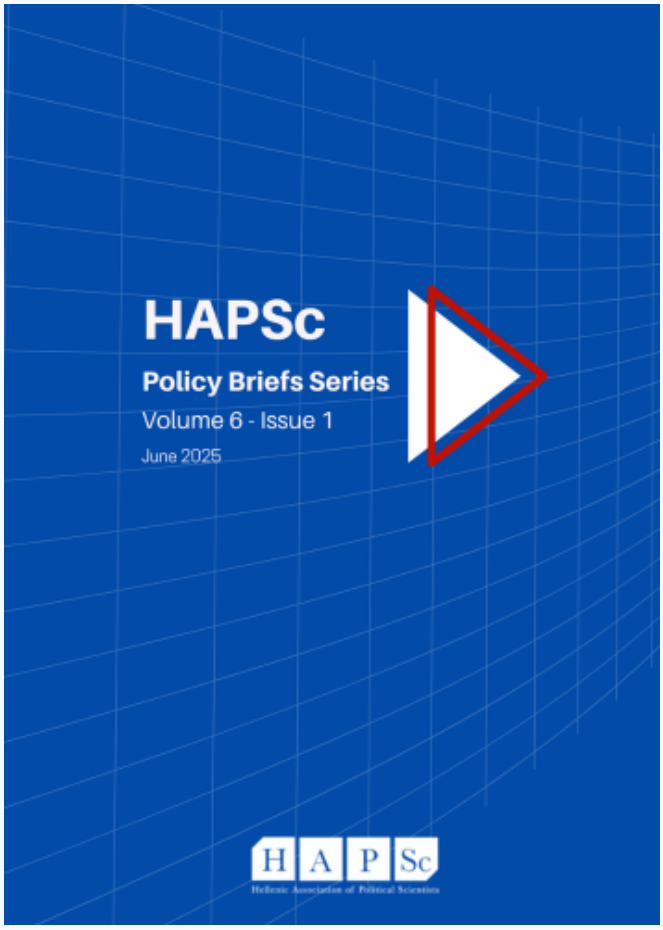
ePublishing

HAPSc Policy Briefs Series

Vol 6, No 1 (2025)

HAPSc Policy Briefs Series



A Brief Overview of Health in Third-World Countries

Nikolaos Tsoromokos, Panagiotis Kritikos, Eva Stefanou, Dimitrios Tsoromokos

doi: 10.12681/hapscpbs.43150

Copyright © 2025, Nikolaos Tsoromokos, Panagiotis Kritikos, Eva Stefanou, Dimitrios Tsoromokos

This work is licensed under a Creative Commons Attribution 4.0.

To cite this article:

Tsoromokos, N., Kritikos, P., Stefanou, E., & Tsoromokos, D. (2025). A Brief Overview of Health in Third-World Countries. *HAPSc Policy Briefs Series*, *6*(1), 29–37. https://doi.org/10.12681/hapscpbs.43150

https://epublishing.ekt.gr | **e-Publisher:** EKT | **Downloaded at:** 08/01/2026 16:49:08

A Brief Overview of Health in Third-World Countries[1]

Nikolaos Tsoromokos[2], Panagiotis Kritikos[2], Eva Stefanou[2] & Dimitrios Tsoromokos[3]

Abstract

A significant global challenge continues to be health disparities in third-world countries, with them driven by economic, social, and environmental factors that limit access to quality healthcare. Economic inequalities and inadequate infrastructure, also known as structural inequalities or disparities, contribute to widespread health gaps, exacerbating the burden of non-communicable diseases, including infectious ones, as long as mental health disorders. In this brief, the key challenges faced by third-world healthcare systems and the comparison to European countries and their healthcare models will be examined, in addition to intersections of health, crime, and climate change. The need for policy interventions that prioritize equal healthcare access, mental health reforms, and climate resilience strategies is also considered in the brief. Recommendations are, lastly, provided to promote the extension of preventive care services, along with the integration of technology, accompanied by an improvement of international collaboration.

Keywords: Accessibility, Inequality, Infrastructure, Climate, Mental Health, Governance.

Introduction

Influenced by economic, social, and environmental determinants, health disparities in third-world countries remain a major global issue, limiting access to quality healthcare (Lundberg & Chen, 2024). Contributing to health inequalities, structural inequalities such as racial and economic ones are present, forming a harsh environment for marginalized populations to access essential medical services (Terhune et al., 2024). The dominance of high-income countries in shaping healthcare policies, often overlooking the needs of low-income nations, has been highlighted by the evolving definition of global health (Dlamini et al., 2025). Last, the need for localized and culturally relevant healthcare solutions, is underlined by the distinctive differences in the perception of health and well-being, affecting on how health interventions are received (Christoforou et al., 2024). By addressing those challenges a comprehensive approach to enhance public health outcomes and foster long-term sustainability is required, for third-world healthcare systems.

Health Challenges in Third World Countries

In modern times, quality healthcare accessibility remains an urgent issue in third-world countries,

[1] To cite this paper in APA style: Tsoromokos, N., Kritikos, P., Stefanou, E., & Tsoromokos, D. (2025). A Brief Overview of Health in Third-World Countries. *HAPSc Policy Briefs Series, 6*(1), 29-37. https://doi.org/10.12681/hapscpbs.43150
[2] Department of Economics, University of Piraeus, Greece.
[3] Postdoctoral Researcher, Digital Health Applications and Health Economics Analytics Laboratory, Department of Economics. University of the Peloponnese, Tripolis, Greece.

with limited resources and infrastructure along with systemic inefficiencies imminent to the delivery of essential medical services (Arsenault et al., 2024). Furthermore, an increasing burden in low-income nations is becoming non-communicable diseases (or NCDs), which primary healthcare systems are, yet, ill-prepared for chronic conditions efficient management (Ahmed et al., 2024). The intensification of health disparities is coming from climate change, which increases the prevalence of vector-borne diseases, harsh weather events that strain the already fragile health systems, and food insecurity (Cai, 2025). Despite physical health, mental health continues to be mainly neglected, with promotion and prevention strategies having insufficient investments, leaving vulnerable inhabitants without the essential psychological support, they find necessary (Carbone, 2024). In low-income countries, community health workers (or CHWs), could be found in burnout and mental distress, highlighting the urgent need for quality support systems and working conditions (Ndulue et al., 2024). Critical to improving health outcomes in these regions, are strengthening healthcare infrastructure, broadening access to preventive services, but also, addressing social determinants of health (Arsenault et al., 2024).

Addressing Health Inequities in Third World Countries

In third-world countries, health disparities continue to be a major challenge, driven by economic inequalities, social determinants, as so as insufficient healthcare infrastructure (Da Ros et al., 2025). Especially in rural areas, millions are left with limited access to healthcare facilities or even essential medical care, exacerbating disparities even more (Vancampfort et al., 2023). Particularly neglected remains mental health services, of whom trained professionals are in a severe shortage, along with a stigma preventing individuals from seeking the necessary care (Moran et al., 2025). Some of the social policies which aimed at improving healthcare access have dramatic demonstrations and diminishing returns in some regions, requiring more targeted and efficient interventions (Nordheim & van der Wel, 2025). Moreover, in low-income countries, adolescents are faced with mental health challenges one of a kind for each other, with national policies to fail to address their specific needs yet, leading to considerable treatment gaps (Mudunna et al., 2025). In a more recent event, the pandemic of the COVID-19, the relationship between vaccination and mental well-being was emphasized, highlighting the need for robust public health initiatives in vulnerable communities (Vo & Lang, 2025). Health risks are, also, intensified by water scarcity (or, shortage), making a critical component of any wide-scope health strategy, the access to clean drinking water (Barletta et al., 2025). To address those inequalities mentioned above, a comprehensive approach, which includes investment in healthcare infrastructure, policy reforms, and community-based actions, is mandatory

for the recovery and improvement of health outcomes across deprived populations (Da Ros et al., 2025).

Comparing Healthcare Systems: Third World and European Countries

In Europe, compared to third-world countries, healthcare systems differ a lot in terms of accessibility, policy structures, along with quality. Voluntary health insurance (VHI), in Europe especially, fulfill the needs for a supplementary tool, which improves access to healthcare services, reducing multimorbidity, as with as mortality, among older adults (Uejima et al., 2024). Despite, however, Europe's solid healthcare infrastructure, quality of life and mental health disparities, are not absent, and even so particularly in the aftermath of the COVID-19 pandemic (Mao et al., 2024). Diet, a lifestyle factor nowadays, has a critical role in health outcomes' shaping, with retirement in European nations influencing food consumption habits affecting long-term health, and in fact backed up by many studies (Vigezzi et al., 2025). Most recent health records, such as electronic (or EHRs), have been adopted and seem to have importantly improve healthcare efficiency in Europe, making possible a better data sharing and patient care, a system which is still underdeveloped in many third-world nations (Costa et al., 2024). Despite this, healthcare accessibility is not uniform even within Europe, with the most iconic example being Ireland where a two-tier system has left many individuals struggling with high out-of-pocket primary care costs (The Lancet Regional Health – Europe, 2025). Policies that assimilate technological advancements, that make healthcare financing equitable and improve public health initiatives, are required to address these disparities (Uejima et al., 2024).

The Intersection of Health and Crime in Third World Countries

Over and above that, deeply associated between them in third-world countries are crime and public health, where cycles of violence and victimization are parts parred off limited healthcare access. According to recent studies, individuals who face untreated psychological conditions could be more vulnerable to be part in the criminal justice system due to healthcare infrastructure being insufficient, while mental health disorders are often linked unjustly to criminal activity (Halle et al., 2020). In many low-income countries, harsh resource constraints are dominant throughout prison operation, with older incarcerated individuals to be experiencing poor mental health outcomes, due to lack of medical attention and neglect (Pageau et al., 2023). Moreover, contributing to higher crime rates are economic insecurity and poor health outcomes, where more likely to be involved in illicit activities for survival are individuals with limited job opportunities (Otsu & Yuen, 2022). Evident to have long-term adverse effects on mental health, also, are hate crimes and racial discrimination, quantifying stress-related disorders, as well as having the already weak healthcare systems strained (Harii et al.,

2024). A major role in shaping health and crime patterns, have community environments, where tends to discourage physical activity and social engagement are a possible outcome of ill-maintained neighborhoods, forecasting the worsening of health conditions (Lee et al., 2025). So, for these issues to be addressed, a public health approach to crime reduction, which focuses on the recovery of healthcare access, fortifies social services and invests in safer community spaces, is obligatory (MacDonald et al., 2024).

Promoting Health Equity in Third World Countries

In third-world countries, inequalities in healthcare access, outcomes and quality are still delaying the move towards universal health coverage, where health parity continues to be a pressing issue (Skantharajah et al., 2023). Emphasized, by the lately amendments to the Internation Health Regulations (or IHR), is the importance of unity and equity in global health governance, leading the way for medical resources to be fairly distributed and collaboration among nations to be strengthened (Bloomfield & Assiri, 2024). For health equity to be accomplished, a focus on broader structural inequalities is required, in which inadequate housing must be included, as it acts as a key decisive of health, especially among marginalized populations such as migrant farmworkers (Weiler & Caxaj, 2024). Additionally, major global health partners, such as the United States from the World Health Organization, have moved away, leading to a threat in global health equity, as well as pandemic preparedness, and restricting technical and financial support for low-income countries (Abdullahi & Ahmed, 2025). Newfound and innovative approaches such as wastewater-based epidemiology are valuable tools, which have come to notice for tracking health disparities, rendering interventions as better-targeted in disadvantaged communities (Moallef et al., 2025). In Southeast Asia, medical academic centers, have demonstrated regional partnerships' potential, along the enhancement of health equity throughout research, workforce development and policy innovation (Yee & Hiang Khoon Tan, 2023). Summing up, an overarching strategy, which integrates international cooperation, implementation of open-to-all policies that prioritize the needs of susceptible populations, as well as invests in social determinants of health, is strictly necessary for the weakening of health inequities in third-world countries (Skantharajah et al., 2023).

The Impact of Climate Change on Health in Third World Countries

Health in third-world countries has been threatened significantly by climate change and its problems, with prior susceptibilities and worsening of health outcomes to be intensified (Wang & Tang, 2023). Patterns such as, shifting weather motifs, rising temperatures, and environmental degradation, have been a part of, and as also linked, to the spread of diseases called climate-sensitive, such as dengue,

malaria, and respiratory illnesses, having a disproportionately affection on populations in low-income regions (Gomes et al., 2024). Climate change causes disorder in agricultural systems, threatening also food security, leading to the reduction of malnutrition and crop yields, in accommodation of further worsening on health inequalities (van Daalen et al., 2024). Marginalized communities, women, and children endure the worst outcomes of climate related health impacts, with limiting access to healthcare and adaptive resources being gender-based disparities (Sorensen et al., 2024).

Inconsistent have been the efforts to integrate climate and health education in public health institutions, since addressing climate related health crises and challenges in vulnerable regions been left with underprepared healthcare professionals (Dasandi et al., 2025). Due to limited access to resources and information, involvement with these issues remains downgraded in third-world countries, despite the growing public awareness of the joint between climate and health (Huang et al., 2025). In addition, anxiety and depression, which are considered as climate change-induced mental health issues, are rising minutely among adolescents, as persistent stressors are being originated from resource scarcity and uncertainty about the future (Hadfield et al., 2024). To summarize, a multidisciplinary approach which incorporates strategies for climate adaptation, improved healthcare access, and strengthened social policies that protect vulnerable populations, is mandatory for addressing all those challenges (Wang & Tang, 2023).

Policy Recommendations

The prioritization of strengthened healthcare systems is a necessity for policy interventions, for the persistent health inequalities in third-world countries to be addressed, as long as to broaden access to essential services, and the addressing of social determinants of health to be expanded. Reformed should, also, be mental health policies, in order to accentuate community-based care, ensuring accessibility for marginalized populations and lessening the reliance on institutionalized treatment (Patel et al., 2023). Especially for vulnerable communities, like those with dementia, governments have to adapt advanced care planning into healthcare frameworks, so to improve the majority of long-term health outcomes (van der Steen et al., 2025). Completely developed and implemented should be the World Health Organization's (WHO) recommendations on postnatal mental health, to secure both a physical and a psychological well-being encompassment by maternal health policies (Behl, 2023).

Including maternal health outcomes requiring the adoption of WHO's updated guidelines, subjected previously, the necessity for better infrastructure and training for healthcare providers is proven on preterm and low birth weight infant care and its significancy (Darmstadt et al., 2023). Green technologies and sustainable healthcare infrastructure investments could lessen the harsh effects of

climate change on health, and leave an improved overall quality of life in developing countries. Adjusted health policies about expenditure could influence universal healthcare access, prioritizing specifically that, with economic barriers to essential medical and health services to be reduced (Beşer et al., 2025). Furthermore, addressing social vulnerability is vital in situations such as pandemic preparedness, with improvement of strategies that comply with the recommendations of WHO, improving the resilience against future health crises (Pongutta et al., 2024).

Integration of technology in health services, and enhancement of international collaboration for resource allocation and knowledge-sharing, could be achieved by policymakers who adopt a wide-scope approach, which includes great funding, with an economic mind, for healthcare infrastructure (Patel et al., 2023). Ensuring equitable distribution of medical resources, improving workforce training and reinforcing healthcare governance, are mandatory needs for the sustainable health improvement in third-world countries to be achieved (Pongutta et al., 2024).

Conclusions

A pressing issue, in third-world countries, still, continues to be health disparities, with systemic inefficiencies, funding and economic instability, and climate-related health risks affecting vulnerable communities disproportionately. The need for policy reforms, which ensure worldwide health coverage, strengthened health governance, and equitable resource arrangements arises from the comparison between European and third-world healthcare systems. Simultaneously, the importance of addressing social determinants, including economic opportunities and access to mental health care, is highlighted by the link between health and crime. Those challenges are further composited by climate change, highlighting the importance of sustainable healthcare solutions and so as improved resilience strategies. For progress to be displayed, governments should implement comprehensive policies, prioritizing mental health services, preventive healthcare, global partnerships, and technological innovations. Lastly, by investing in community-based solutions, promoting stronger and better health systems, and giving attention to the root causes of health disparities, third-world countries could broaden and move toward more sustainable and, certainly, equitable healthcare outcomes.

References

Abdullahi, Y. B., & Ahmed, M. M. (2025). The impact of United States' withdrawal from the WHO on global health equity and pandemic preparedness. *Ethics, Medicine and Public Health*, 33, 101057.

Ahmed, S. M., Krishnan, A., Karim, O., Shafique, K., Nahitun Naher, Sanjida Ahmed Srishti, Raj, A., Ahmed, S., Rawal, L., & Adams, A. (2024). Delivering non-communicable disease services through primary health

care in selected south Asian countries: are health systems prepared? *The Lancet Global Health*, 12(10), e1706–e1719.

Arsenault, C., Lewis, T. P., Kapoor, N. R., Okiro, E. A., Leslie, H. H., Armeni, P., Prashant Jarhyan, Doubova, S. V., Wright, K. D., Aryal, A., Sengchanh Kounnavong, Mohan, S., Odipo, E., Lee, H.-Y., Shin, J., Ayele, W., Jesús Medina-Ranilla, Espinoza-Pajuelo, L., Anagaw Derseh Mebratie, & Ezequiel García Elorrio. (2024). Health system quality and COVID-19 vaccination: a cross-sectional analysis in 14 countries. *Global Health/the Lancet. Global Health*, 12(1), e156–e165.

Barletta, G., Moitra, S., Derrible, S., Mathew, A., Nair, A. M., & Megaridis, C. M. (2025). Exploring machine learning models to predict atmospheric water harvesting with an ion deposition membrane. *Journal of Water Process Engineering*, 72, 107476.

Behl, R. (2023). The World Health Organization's recommendations on postnatal mental health: The advances made and consolidated limitations. *Ethics, Medicine and Public Health*, 31, 100940.

Beşer, N. Ö., Çabaş, M., Uğurlu, S., & Magazzino, C. (2025). The determinants of life quality in African countries: Moderating role of CO2 emissions and health expenditures. *Green Technologies and Sustainability*, 3(3), 100165.

Bloomfield, A., & Assiri, A. (2024). The updated International Health Regulations: good news for global health equity. *The Lancet*, 403(10446), 2761–2762.

Cai, Y. (2025). How does climate change affect regional sustainable development? Empirical evidence from 186 countries around the world. *International Review of Economics & Finance*, 99, 104047.

Carbone, S. R. (2024). The language, framework, system enablers, and political commitment that a country needs to promote and protect the mental health of its citizens. *Mental Health & Prevention*, 33, 200324.

Christoforou, R., Lange, S., & Schweiker, M. (2024). Individual differences in the definitions of health and well-being and the underlying promotional effect of the built environment. *Journal of Building Engineering*, 84, 108560–108560.

Costa, R. T., Adib, K., Salama, N., Davia, S., Millana, A. M., Traver, V., & Davtyan, K. (2024). Electronic health records and data exchange in the WHO European region: A subregional analysis of achievements, challenges, and prospects. *International Journal of Medical Informatics*, 194, 105687–105687.

Da Ros, L. U., Borelli, W. V., Aguzzoli, C. S., De Bastiani, M. A., Schilling, L. P., Santamaria-Garcia, H., Pascoal, T. A., Rosa-Neto, P., Souza, D. O., da Costa, J. C., Ibañez, A., Suemoto, C. K., & Zimmer, E. R. (2025). Social and health disparities associated with healthy brain ageing in Brazil and in other Latin American countries. *The Lancet Global Health*, 13(2), e277–e284.

Darmstadt, G. L., Jaifi, A., Arif, S., Bahl, R., Mats Blennow, Cavallera, V., Chou, D., Chou, R., Comrie-Thomson, L., Edmond, K., Qi, F., Patricia Fernandez Riera, Grummer-Strawn, L., Gupta, S., Hill, Z., Ayede Adejumoke Idowu, Kenner, C., Victoria Nakibuuka Kirabira, Reinhard Klinkott, & Socorro De Leon-Mendoza. (2023). New World Health Organization recommendations for care of preterm or low birth weight infants: health policy. *EClinicalMedicine*, 63, 102155–102155.

Dasandi, N., Jankin, S., Pantera, D. K., & Romanello, M. (2025). Public engagement with health and climate change around the world: a Google Trends analysis. *The Lancet Planetary Health*, 9(3), e236–e244.

Dlamini, P. S., Rasheed, M. M., Kronenberg, D. F., & Charani, P. E. (2025). Rethinking global health through a better understanding of power, privilege, and influence – the narrative and voices of those who operate in the infectious diseases global health environment. *International Journal of Infectious Diseases*, 152, 107712.

Gomes, S. M., Carvalho, A. M., Cantalice, A. S., Magalhães, A. R., Tregidgo, D., Oliveira, D. V. B. de, da Silva, E. B., Menezes-Neto, E. J. de, Maia, J. K. da S., Gusmão, R. A. F. de, Brito Júnior, V. de M., Chaves, V. M., Albuquerque, U. P., & Jacob, M. C. M. (2024). Nexus among climate change, food systems, and human health: An interdisciplinary research framework in the Global South. *Environmental Science & Policy*, 161, 103885.

Hadfield, K., Sulowska, M., Rasolomalala, N., Solomon, S., Ramaroson, S., & Mareschal, I. (2024). "There is no hope; only strong wind": How climate change impacts adolescent mental health in southern Madagascar. *The Journal of Climate Change and Health*, 23, 100438.

Halle, C., Tzani-Pepelasi, C., Pylarinou, N. - R., & Fumagalli, A. (2020). The Link between Mental health, Crime and Violence. *New Ideas in Psychology*, 58(1), 100779. Science Direct.

Harii, K., Inoue, K., Bacong, A. M., & Kondo, N. (2024). State-level anti-Asian hate crimes and mental health among Asian and other racial groups in the US. *Social Science & Medicine*, 364, 117494.

Huang, X., Peng, W., Zhao, A., Ou, Y., Kennedy, S., Iyer, G., Haewon McJeon, Cui, R., & Hultman, N. (2025). Substantial air quality and health co-benefits from combined federal and subnational climate actions in the United States. *One Earth*, 101232–101232.

Lee, L. H., Haque, A., Cui, J., Smith, A., Mancus, G., Yi, N., & Yuen, H. K. (2025). Examining the indirect effect of park size on community health via crime risk in Alabama: A cross-sectional mediation model. *Health & Place*, 92, 103423.

Lundberg, D. J., & Chen, J. A. (2024). Structural ableism in public health and healthcare: a definition and conceptual framework. *The Lancet Regional Health - Americas*, 30, 100650.

MacDonald, J. M., Knorre, A., Mitre-Becerril, D., & Chalfin, A. (2024). Place-based approaches to reducing violent crime hot spots: A review of the evidence on public health approaches. *Aggression and Violent Behavior*, 78, 101984.

Mao, Z., Pepermans, K., & Beutels, P. (2024). Relating mental health, health-related quality of life and well-being in the aftermath of the COVID-19 pandemic: A cross-sectional comparison in 14 European countries in early 2023. *Public Health*, 238, 16–22.

Moallef S, Balasubramanian R, Krieger N, Tabb LP, Chen JT, Hanage WP, Bassett MT, & Cowger TL. (2025). Advancing Health Equity in Wastewater-Based Epidemiology: A Global Critical Review and Conceptual Framework. *SSM - Population Health*, 101786–101786.

Moran, V., Nolte, E., Suhrcke, M., & Ruiz-Castell, M. (2025). Investigating the relationship between unmet need and utilisation of health care in European countries. *Social Science & Medicine*, 369, 117715–117715.

Mudunna, C., Tran, T., Antoniades, J., Chandradasa, M., & Fisher, J. (2025). Mental health of adolescents in countries of South-East Asia: A policy review. *Asian Journal of Psychiatry*, 105, 104386.

Ndulue, O. I., Chukka, A., & Naslund, J. A. (2024). Burnout and mental distress among community health workers in low- and middle-income countries: a scoping review of studies during the COVID-19 pandemic. *Global Health Journal*, 8(4), 162–171.

Nordheim, O., & van der Wel, K. A. (2025). Are there diminishing returns to social spending? Social policy, health and health inequalities in European countries. A comparative longitudinal survey data analysis. *Social Science & Medicine*, 117721.

Otsu, Y., & Yuen, C. Y. K. (2022). Health, crime, and the labor market: Theory and policy analysis. Journal of Economic Dynamics and Control, 144, 104529. https://doi.org/10.1016/j.jedc.2022.104529

Pageau, F., Cornaz, C. D., Seaward, H., Elger, B. S., & Wangmo, T. (2023). Crime hierarchy, victimization and coping results of a qualitative study on the older incarcerated Person's mental health in Switzerland. *International Journal of Law and Psychiatry*, 87, 101870.

Patel, V., Saxena, S., Lund, C., Kohrt, B., Kieling, C., Sunkel, C., Kola, L., Chang, O., Charlson, F., O'Neill, K., & Herrman, H. (2023). Transforming mental health systems globally: principles and policy recommendations. *The Lancet*, 402(10402), 656–666.

Pongutta, S., Tangcharoensathien, V., Leung, K., Larson, H. J., & Lin, L. (2024). Social Vulnerability and Compliance With World Health Organization Advice on Protective Behaviors Against COVID-19 in African and Asia Pacific Countries: Factor Analysis to Develop a Social Vulnerability Index. *JMIR Public Health and Surveillance*, 10, e54383.

Skantharajah, N., Baichoo, S., Boughtwood, T., Casas-Silva, E., Chandrasekharan, S., Dave, S., Khalid Fakhro, André Barbosa Vargas, Gayle, S. S., Vivek Kumar Gupta, Hendricks-Sturrup, R., Hobb, A. E., Li, S., Llamas, B., Lopez-Correa, C., Machirori, M., Melendez-Zajgla, J., Mareike Annemarie Millner, Page, A., & Paglione, L. D. (2023). Equity, diversity, and inclusion at the Global Alliance for Genomics and Health. *Cell Genomics*, 100386–100386.

Sorensen, C., Danielly Magalhães, Hamacher, N., Sullivan, J. K., Weinstein, H. N. W., Ana-Catarina Pinho-Gomes, Biberman, D., Donaldson, H., Gómez-Duarte, I., Middleton, J., Magaña, L., Urbina, M., Kaseje, M., Cascante-Flores, N., Rajendra Surenthirakumaran, Ivers, R., Rocío Sáenz, Chen, T. T.-W., Lopez, W., & Romanello, M. (2024). Climate and health education in public health schools worldwide during 2023–24: a survey. *The Lancet Planetary Health*, 8(12), e1010–e1019.

Terhune, E. A., Dagne, M. B., Piper, C., Pizarro, A. B., Barsoum, M., Rizvi, A., Francis, D. K., Viswanathan, M., Sathe, N., Welch, V., Duque, T., Riddle, D., Turner, R. W., Baker, T. A., & Heyn, P. C. (2024). Centering Racial Health Equity in Systematic Reviews Paper 3: A Systematic Review of Definitions For "Racial Health Equity" and Related Terms within Health Related Articles. *Journal of Clinical Epidemiology*, 176, 111580–111580.

The Lancet Regional Health – Europe. (2025). Ireland: Europe's outlier in primary health care. *The Lancet Regional Health - Europe*, 50, 101253–101253.

Uejima, Y., Filippidis, F. T., Hone, T., Millett, C., & Palladino, R. (2024). The association between voluntary health insurance and health outcomes in older adults in Europe: A survival analysis. *Public Health*, 237, 361–366.

van Daalen, K. R., Jung, L., Dada, S., Othman, R., Barrios-Ruiz, A., Malolos, G. Z., Wu, K.-T., Garza-Salas, A., El-Gamal, S., Ezzine, T., Khorsand, P., Wyns, A., Paniello-Castillo, B., Gepp, S., Chowdhury, M., Santamarta Zamorano, A., Beagley, J., Oliver-Williams, C., Debnath, R., & Bardhan, R. (2024). Bridging the gender, climate, and health gap: the road to COP29. *The Lancet Planetary Health*, 8(12).

van der Steen, Assoc. P. J. T., Van den Block, P. L., Nakanishi, Assoc. P. M., Dening, Hon. Prof. K. H., Parker, Prof. D., Larkin, Prof. P., Giulio, Prof. P. D., Schmitten, Prof. J. in der, Sudore, Prof. R. L., Mimica, Prof. N., Holmerova, Assoc. Prof. I., Pereira, Assoc. Prof. S. M., & Korfage, Assoc. Prof. I. J. (2025). Optimizing Advance Care Planning in Dementia: Recommendations from a 33-Country Delphi Study. *Journal of Pain and Symptom Management*.

Vancampfort, D, Mugisha, J., & Damme, T. V. (2023). People with mental health problems attending primary care settings report less suicidal ideation following physical activity counselling: Findings from a low income country. *Journal of Affective Disorders*, 347, 66–68.

Vigezzi, G. P., Bertuccio, P., Bonaccio, M., Palandri, L., Di Castelnuovo, A., Righi, E., Iacoviello, L., Rondanelli, M.Vinceti, M., & Odone, A. (2025). Transition to retirement impact on food consumption frequency: results from a longitudinal analysis within the Survey of Health, Ageing and Retirement in Europe (SHARE). *The Journal of Nutrition Health & Aging*, 29(4), 100503–100503.

Vo, D. H., & Lang, N. D. (2025). Vaccination and mental health: Evidence from ASEAN countries. *Mental Health & Prevention,* 37, 200407.

Wang, L., & Tang, Y. (2023). Impacts of intergenerational caregiving on grandparents' health: Implications for SDG-3. *Economic Analysis and Policy*, 79, 584–598.

Weiler, A. M., & Susana Caxaj, C. (2024). Housing, health equity, and global capitalist power: Migrant farmworkers in Canada. *Social Science & Medicine*, 354, 117067–117067.

Yee, K., & Hiang Khoon Tan. (2023). The role of academic medical centres in advancing global health equity in Southeast Asia. *The Lancet Regional Health - Western Pacific*, 39, 100933–100933.