

Exhibit 8.2 – Positions, Perceptions and Incentives of Major Stakeholders

Stakeholder	Position	Perception (Problems Faced)	Incentive (or Otherwise) to Intervene
(a) DFIEs	Exercise permanent and effective control over a considerable part of the territory	<ul style="list-style-type: none"> <li>● Vulnerable socio-economic situation, destruction of public health and sanitary systems in the wake of armed conflicts, risk of pandemic</li> <li>● Isolated due to absence of diplomatic recognition, difficult to seek external assistance for rebuilding public healthcare</li> </ul>	<ul style="list-style-type: none"> <li>● Develop effective governance by restoring/maintaining order and providing public goods including healthcare in order to:</li> <li>● Gain support/legitimacy among local population</li> <li>● Promote image to seek international recognition and aid</li> </ul>
(b) DJSSs	According to international law, nominal constitutional authority of DFIE-controlled territory	<ul style="list-style-type: none"> <li>● Lost control of the territory, limited grasp of local situation</li> <li>● Can do nothing for recovery of order and public service in the affected territory</li> </ul>	<ul style="list-style-type: none"> <li>● Lack of incentive to promote public healthcare in the territory, suspicious of tacit recognition of DFIE independence</li> <li>● Prolonged blockade would lead to humanitarian disaster, paradoxically bringing in international intervention</li> </ul>
(c) IGOs	Specialized agencies in public health / humanitarian assistance based on international collaboration	<ul style="list-style-type: none"> <li>● Restrained by sovereignty, need to seek endorsement of DJSS before engaging in contacts with DFIE and getting access to the affected territory</li> <li>● Scope and extent of actions restrained by member states' resolutions</li> </ul>	<ul style="list-style-type: none"> <li>● Heightened risk of spread of disease and possible humanitarian disaster in the affected territory require prompt actions by IGOs</li> <li>● Take the opportunity to extend their influence</li> </ul>
(d) NGOs	Dedicated to public health and humanitarian assistance	<ul style="list-style-type: none"> <li>● Lack of mandate under international law</li> <li>● Vulnerable position with limited legal protection or guarantee for their activities and safety</li> </ul>	<ul style="list-style-type: none"> <li>● Flexible and impartial</li> <li>● Proactive in promoting their vision and mission</li> </ul>

Stakeholder	Position	Perception (Problems Faced)	Incentive (or Otherwise) to Intervene
(e) Others - Neighbouring states  -MPs (principally US)	Provide alternative channel if border between DJSS and DFIE is closed  Regarded as guarantors of international and regional order by providing aid and assistance to the affected territory	Probably increase tensions between them and DJSS if involving irredentist / territorial disputes  Broader context of power interplay between MPs  <u>Both</u> : Restrained by notion of sovereignty and non-interference in internal affairs of other countries	<ul style="list-style-type: none"> <li>● Depend on spread of conflicts</li> <li>● Willing to intervene if affected (e.g. influx of IDPs) or want to pursue own agenda</li> </ul> Depend on their own diplomatic agenda and interests

Exhibit 8.4 – Existing Approaches of International Intervention in Public Healthcare of DFIEs

<b>Approach</b>	<b>(I) Isolated/Self-reliance</b>	<b>(II) Neighbour/MP-intervention</b>	<b>(III) IGO/NGO-assistance</b>
Case example (DFIE)	<b>Gaza Strip</b>	<b>South Ossetia</b>	<b>Somaliland</b>
Stakeholder (attitude)			
(a) DFIE (positive)	<ul style="list-style-type: none"> <li>➤ High incentive to rebuild public health system</li> <li>➤ Lack of resources</li> </ul>	<ul style="list-style-type: none"> <li>➤ High incentive to rebuild public health system</li> <li>➤ Lack of resources</li> </ul>	<ul style="list-style-type: none"> <li>➤ High incentive to rebuild public health system</li> <li>➤ Lack of resources</li> </ul>
(b) DJSS (negative)	<u>Israel</u> : Blockade with limited access for patients, IGOs, NGOs	<u>Georgia</u> : Blockade with limited access for patients, IGOs, NGOs	<u>Somalia</u> : Prolonged absence of functioning central government
(c) IGOs (positive)	Very limited under Israel blockade and even attack	Very limited under Georgia blockade and Russia reluctance	Active
(d) NGOs (positive)			Active under IGO coordination
(e) Others - Neighbouring states (varying) - MPs (principally US) (varying)	<u>Egypt</u> : Very limited under pressure of Israel Hostile, regarding Hamas as terrorist organization	<u>Russia (also as MP)</u> : Active giving its own interests Non-recognition with limited attempt to aid	<u>Djibouti/Ethiopia</u> : Inactive (mostly poor) No strategic interest, apathetic
<b>Evaluation</b>			
(a) Level of intervention	Low	Medium	High
(b) Difficulty in intervention	High with strong Israel / US opposition	Moderate, mainly by Russian aid, involvement of IGOs/NGOs restricted	Low with active participation of IGOs/NGOs in the absence of DJSS opposition
(c) Estimated economic input for rebuilding public healthcare	Extremely high	High	High
(d) Political and ethical drawback	Humanitarian disaster if blockade persists	Condemnation of Russia's invasion / intrusion on sovereignty	Uncertain about stance of Somalia's central government upon its recent re-formation
(e) Overall effectiveness	Minimal thanks to persistent blockade	Moderate due to limited expertise and lack of involvement by IGOs/NGOs	Good with organized intervention by IGOs/NGOs