Health & Peace:
The necessary Intersection

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War is the deliberate use of suffering, injury, deprivation and death for political gain

What is Peace?

- Absence of war
- What about other forms of "war"/absence of peace?
  - Cold War: Mutual Assured Destruction
  - Sanctions: 500,000 children <5 years died in Iraq
  - Occupations
  - "war against women": unorganised violence on a large-scale level
- Big P vs. small p
- health ↔ disease = peace ↔ violence

What is **Peace Work**?

All kind of non-violent activities which

- reduce or abolish direct, structural or cultural violence
- promote mutual beneficial relationships, fair structures, and a culture of peace
- strengthen the peace capacity of individuals and society

What is **Medical Peace Work**?

Using medical peace-qualities, tools and – opportunities intentionally for improving health through violence prevention and peace promotion.

Regional Context

- EMR experiencing extensive humanitarian emergencies

- 2/3 of EMR countries experiencing conflict since 2011

- Resulted in:
  - 76 million persons affected by the conflict
  - 34 million IDPs and refugees

Public health burden of trauma in humanitarian emergencies in the EMR

Fragile & Conflict-affected

- Afghanistan
- Iraq
- Lebanon
- Libya
- Palestine
- Sudan
- Somalia
- Syria
- Yemen

Conflict & other man-made disasters

- 50 children killed every month in Yemen
- Bombings in Pakistan >60 dead and >150 injured
- Beirut port blast in 2020
- A child is killed in Gaza every 10 minutes

Public health burden of trauma in humanitarian emergencies in the EMR

Natural disasters

Earthquakes
- Syria: >8,400 dead, >14,500 injured
- Morocco: >2,900 deaths, >2,000 injured
- Afghanistan: >2,000 deaths, >2,000 inj

Floods:
- Pakistan: >1,700 deaths
- Libya: >4,200 deaths

Examples of countries prone to natural disasters

- Iran
- Pakistan
- Afghanistan
- Syria
- Morocco
- Jordan
- Libya

Public health burden of trauma in humanitarian settings in the EMR

Fatality rates in low income are **triple** those in high-income countries

> 60% of trauma deaths occur before reaching the hospital yet there is limited prehospital services
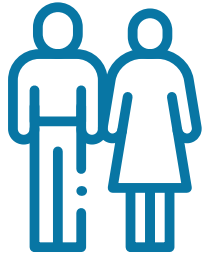
25% deaths could be avoided with basic haemorrhage control

The impact of trauma

Children <15 (paediatric age) account for **40%** of the trauma case load

Young adults the most economically productive demographic, are disproportionately affected, facing lifelong disability

Consequences

Hazards identified during emergencies, with potential consequences on health:

- High morbidities and mortalities
- Risks of epidemics
- Damaged health infrastructure
- Mental health concerns

Doctor's Role

- To prevent or ease suffering and to prevent death
- Duty to treat all who are suffering:
  -combatants or non-combatants
  -enemy or ally

Medical Ethics and Values

Above all do no harm:

- Least damaging intervention first

- Benefit must be greater than harm

- Refuse to support practices that violate basic human rights

Responsibility to Care Values

- Each life is of equal value

- Morally wrong to cause suffering and death

- Morally wrong to starve people

- Morally wrong to destroy the environment for political gain

- Political conflicts have political solutions

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Responsibility to Care
Values

- Prevention of war requires support for international law

- Prevention of war requires support for the Universal Declaration of Human Rights

- Prevention of war requires support for the right of a state to its own resources

In May 1998, Health as a Bridge for Peace was formally accepted by the 51st World Health Assembly as a feature of 'Health for All in the 21st Century'.

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United Nations:
Translating
War into Peace

Health & Peace Linkages

- Critical for the 2030 Agenda
- Goal 16 emphasizes peace as a cornerstone for development
- Health can act as a viable media for peace and as a peace catalyst (MacQueen et al, 1997)

Examples of HBP

- Humanitarian ceasefires (Afghanistan, Cambodia, El Salvador, Lebanon, Sudan, Philippines)

- Preventative diplomacy (Bulgaria and Turkey)

- Cross-border health surveillance (Central America)

- Demobilizing, quartering, and disarming troops (Angola)

Examples of HBP

- Rehabilitation of public health infrastructure (Mozambique, Croatia, El Salvador),

- Central coordination of humanitarian efforts (Haiti)

- Developing systematic links between local communities in donor countries and countries affected by conflict (former Yugoslavia)

- Reintegration of health workers (Cambodia, Croatia, Angola),

Health for Peace Initiative (2019)

A joint initiative of the Sultanate of Oman and WHO, aiming to promote health for peace and catalyze the expected dividends in the form of improved health and development outcomes in EMR.

Vision: "People in EMR countries enjoy sustainable peace, health and well-being"

HPI- Strategic Directions

- Conduct diplomacy to promote peace, using acceptance and neutrality of health sector and workers;

- Promote opportunities, such as training focusing on common needs and interest, to bring together professionals from different conflict groups;

- Promote equity as a perquisite to sustainable, long-term peace and development;

- Promote capacity-building opportunities for health workers, leaders in peace promotion.

In May 2022, 75th WHA adopted decision

 "requested that WHO develop, in full consultation with Member States and Observers, and in full collaboration with other organizations of the United Nation's system and relevant non-State actors in official relations with WHO, a Roadmap for the Global Health and Peace Initiative for consideration by the Seventy-sixth World Health Assembly through the 152nd session of the Executive Board.

GHPI Roadmap Workstreams

I.   Evidence Generation

II. Development of strategic framework

III. Advocacy & Awareness raising

IV. Capacity building

V.   Mainstreaming H&P approach

VI. Partnership development

Possible contexts of relevance

- Healthcare or healthcare workers are at risk

- Rumors & misinformation undermine public health goals

- Distrust of the system or between population

- Inequitable health services

- Before or After conflict

- During Conflict

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GHPI programming components

- Conflict analysis
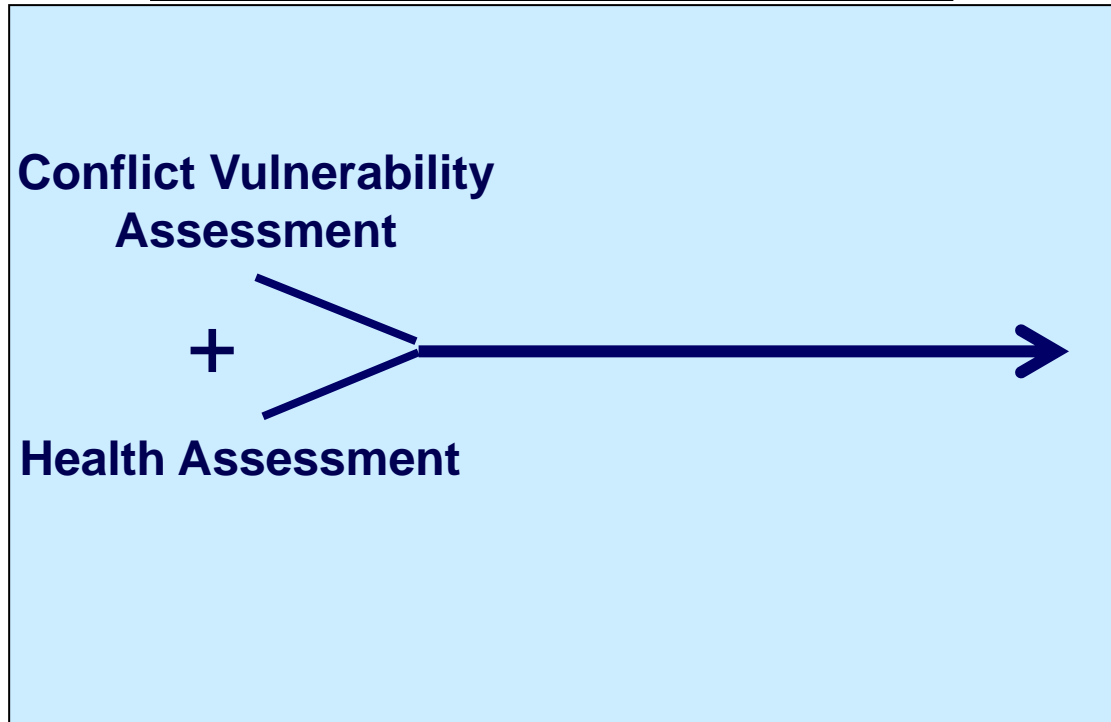- Peace & Conflict Sensitivity
- Peace responsiveness

Context & Risk Analysis

Identify & address factors that

- Generate mistrust, fear, anger

- Prevent community acceptance of health providers at local level

- Put health workers and resources at risk of being attacked.

Conflict-Health Assessment

Conflict Vulnerability Assessment
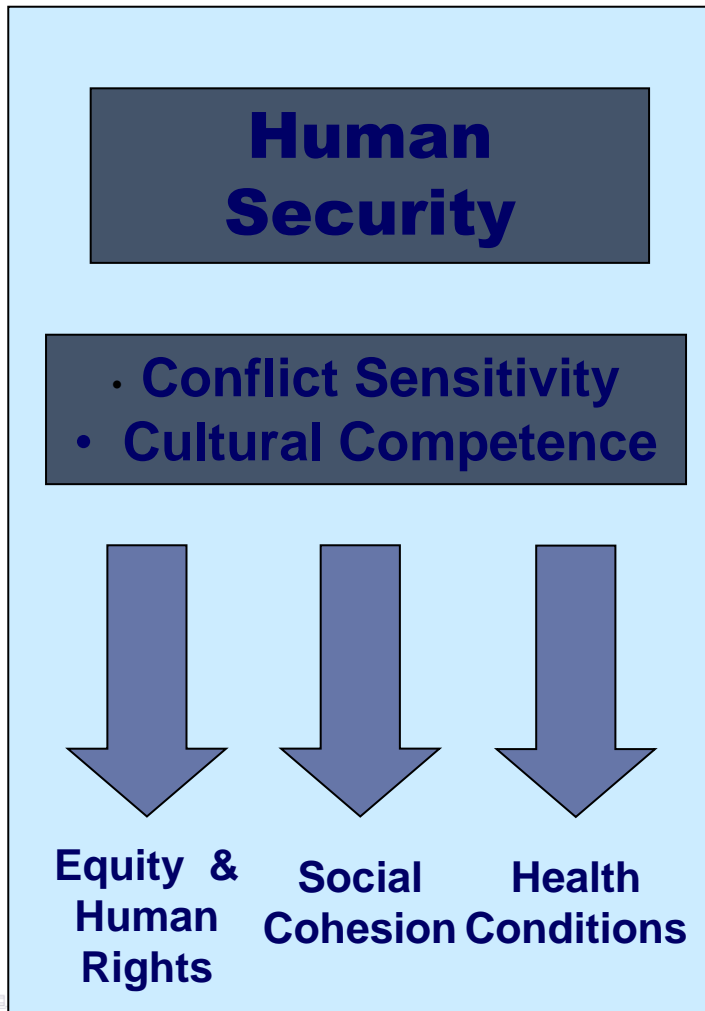
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Health Assessment

Conflict Sensitivity

- Do no harm principle
- Avoid unintentionally exacerbating or generating new grievances
- Avoid contributing to social tension
- Avoid sustaining non-inclusive practices
- Avoid causing harm to the structures or behaviors that support peace at the community level.

Peace Responsiveness

Human Security

- Conflict Sensitivity
- Cultural Competence

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Equity & Human Rights   **Social Cohesion**   **Health Conditions**

- With *community members*, to address social cohesion, trust, and resilience
- With *prominent members of a society*, to contribute to addressing social tension, marginalization, or rumors
- With *political leaders*, working on inclusive and equitable health policies; health dialogue and diplomacy.

How do we avoid "politicization of healthcare"?

- Health outcomes will always remain the priority

- Focus on the community level, rather than political solutions

- Medical ethics and humanitarian principles

- Safety and security

- Technical competencies, Added value, Comparative advantage

Why is WHO getting involved in peace related issues?

- "The health of all peoples is fundamental to the attainment of peace and security"
- 80% of humanitarian caseload
- 70% of disease outbreaks
- Achieve SDG
- Building local capacities

Who decides if health and peace programing goes ahead?

- What is the role of national authorities?
- Roles are different in every country
- Vital to involve communities
- Ensure not to unnecessarily increase security or safety risks

Thank You