

Health of Peace Operations Personnel



PRODUCED IN COLLABORATION WITH

The World Health Organization (WHO)

SERIES EDITOR

Ramona Taheri



World Health Organization Acknowledgements »

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POTI would like to acknowledge the hard work of the teams at WHO for reviewing and providing feedback on the course modules. Listed below are the original OpenWHO resources and the teams responsible for them.

Lesson 1 Introduction to Health and Peace

Health and peace: Concepts and tools for frontline workers – a course by WHO/EMRO by WHO Regional Office for the Eastern Mediterranean (EMRO).

Lesson 2 Health and Peace: Tools for Front-Line Workers

Health and peace: Concepts and tools for frontline workers – a course by WHO/EMRO by WHO EMRO.

Lesson 3 Preventing Infectious and Communicable Disease

Introduction to Infection Prevention and Control (IPC).

Road map for neglected tropical diseases 2021–2030.

One Health in action against Neglected Tropical Diseases.

Understanding and using WHO guidelines on tuberculosis.

Rabies & One Health: From basics to cross-sectoral action to stop human rabies deaths.

Lesson 4 COVID-19 and Managing Outbreaks, Pandemics, and Epidemics in the Field

Pandemic and epidemic-prone diseases.

Introduction to COVID-19: methods for detection, prevention, response and control.

Cholera: Introduction, by the WHO Cholera team.

MERS: methods for detection, prevention, response and control.

Yellow fever: Introduction.

Zika: Introduction.

Lesson 5 HIV, AIDS, and Sexually Transmitted Infections (STIs)

Latest WHO HIV service delivery and differentiated service delivery for HIV treatment.

Inequality monitoring in HIV, tuberculosis and malaria

Lesson 6 Mental Health Among Field Personnel

Introducing Mental Health and Psychosocial Support (MHPSS) in emergencies.

Lesson 7 Health Emergencies and Disasters

Ready4Response Tier 1: Response context and principles.

Health of Peace Operations Personnel



Cover: Peacekeepers serving with the United Nations Multidimensional Integrated Stabilization Mission in Mali (MINUSMA) carried out civil-military cooperation (CIMIC) activities with the local community in Gao, which included free medical consultations, distribution of drinking water, and mine-risk education on the dangers and identification of unexploded ordnance. 12 July 2017. UN Photo by Harandane Dicko.

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Statement by the World Health Organization Director-General



Tedros Adhanom Ghebreyesus, Director-General of World Health Organisation (WHO). To mark World Health Day on 7 April 2022, Dr. Tedros Adhanom Ghebreyesus outlined a bold new initiative that highlights the need to promote peace and health to protect the planet and its people. 19 February 2021. UN Photo by Eskinder Debebe.

Conflict, climate crisis, and COVID: the world needs “Peace for Health and Health for Peace”¹

In March 2022, I learned from Jarno Habicht, the World Health Organization Ukraine representative, as he was receiving fresh health supplies for a warehouse in Lviv, about the high cost the Russian invasion is having on the Ukrainian people, the damage caused to hospitals, and the mental and physical impact the war is having on health workers and the civilian population.

But tragically, Ukraine is not the only emergency the world is currently facing. In Afghanistan, people are selling even their kidneys and children to survive. In Tigray,² one of the longest and worst blockades in history has largely shut off deliveries of food, fuel, and medicines, and the region is facing a humanitarian calamity, which includes mass starvation. A worsening climate crisis leads to countries being impacted by multiple climatic catastrophes simultaneously. In March 2022, coral reefs in Australia bleached as other parts of the country dealt with “cataclysmic floods”. And the COVID-19 pandemic has persisted in 2022, with record cases and deaths being recorded in some Asian countries and intense transmission of Omicron (variant BA.1 followed by BA.2) around the world continuing to put substantial pressure on health systems.

Rising conflict, the worsening climate situation, and the prolonged COVID-19 pandemic collectively have led to the Doomsday Clock to become stuck at 100 seconds to midnight, which remains the closest the world has ever been to a civilization-ending apocalypse since its creation in 1947. It is easy to feel despair, but there are things that can be done at the micro and macro levels to make a difference.

To prevent the current multidimensional crises from turning into a humanity death spiral, there need to be concerted and creative efforts to bend the arc of history towards a solutions-orientated, healthier, and sustainable world. The vast majority of people of the world want to live in a world free of war, where they and their families can access good work, put food on the table, and have access to essential health services and quality schooling.

1) World Health Organization, “Conflict, climate crisis and COVID: world needs ‘Peace for Health and Health for Peace’”. Available from: <<https://www.who.int/news-room/commentaries/detail/conflict--climate-crisis-and-covid--world-needs--peace-for-health-and-health-for-peace>>.

2) The northernmost regional state in Ethiopia. Since November 2020, the Tigray region has been at the centre of an ongoing conflict between Ethiopian troops and local defence forces.



Launch of the vaccination campaign for staff of the United Nations Multidimensional Integrated Stabilization Mission in Mali (MINUSMA) at the MINUSMA clinic. Since the beginning of the vaccination campaign, MINUSMA staff have been mobilizing massively to be vaccinated against COVID-19. 4 May 2021. UN Photo by Harandane Dicko.

While it is relatively easy to kick off a conflict, the search for peace is often somewhat elusive as wars have a habit of spiralling and leading to unforeseen escalations and negative consequences. Peace underpins all that is good in our societies. We need peace for health and, likewise, health for peace. For health workers, WHO staff, and our humanitarian partners on the ground, war makes everything exponentially harder and sometimes even impossible.

Recognizing that peace is foundational to all WHO work on health, development, and tackling the challenges of conflict, the climate crisis, and COVID-19, in April 2022, I announced a new “Peace for Health and Health for Peace” global initiative. It aims first and foremost to foster new dialogue around health and peace. For example, the creation of humanitarian corridors so that people can access basics, including nutritious food, fuel, and health services, and so that no health-care facilities can be targeted militarily, which is a disturbing new trend seen in conflict. I will be asking other UN agencies, civil society, sports organizations, academia, and business to get behind this initiative, which I ultimately envisage will be part of an overall peacebuilding effort that helps the people at the highest risk of disease and death.

The highly progressive Millennium Declaration³ — developed at the turn of the century — outlined the nexus between peace, security, development, and health. War has relegated our struggles against a heating world and the COVID-19 pandemic onto something of a back burner, but both of these need international cooperation to move forward. And even in a highly divided world, progress is possible. For example, at the height of the Cold War, the USA and USSR worked together to achieve smallpox eradication, which remains one of the great scientific achievements of our time and provides lessons for the other existential challenges of our time.

3) United Nations General Assembly, “55/2. United Nations Millennium Declaration”, resolution 55/2, 18 September 2000. Available from: <https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_55_2.pdf>.

While in early 2022, war dominates the attention of decision makers and the media, the pandemic is by no means over. WHO recognizes the ongoing threat of COVID-19 and is working with countries to both track the virus and ensure that all opportunities to boost the immunity of populations are taken. The North Star goal⁴ of vaccinating 70 per cent of the population is eminently doable, and I am pleased to see countries, including Viet Nam, Pakistan, and Nigeria, reflect that progress is possible if resources and efforts are effectively targeted.

Simultaneously, it is important to strengthen health systems, so countries can catch up on the many health issues that have seen progress backslide while also preparing them for future variants of concerns and potential new pandemics. While rich countries are rolling out "second boosters" — fourth doses effectively — it is incompetent and/or negligent that a few groups in those same countries are suggesting that vaccinating to similar standards is not worth it. After all, the pandemic and the resulting challenges related to supply-chain chaos remain a threat to not just health but also peace and security.

Similarly, the climate crisis probably remains the largest and most complex existential challenge of our time that needs unparalleled action. A heating world, in general, is bad for health, with seven million people dying every year just in connection with air pollution. In April 2022, WHO released updated air pollution guidance,⁵ which highlights that more than 110 countries are now monitoring the air their citizens breathe. It is a good sign that countries are investing in this technology, but the amount of pollutants in the air reveals the need for a transformative move away from fossil fuels, which for humanity's survival must remain in the ground. With exponentially increasing fuel prices, leaders have a perfect opportunity to move rapidly towards renewable energy.

There are lessons from the COVID-19 pandemic on how scientific innovation can save lives and protect health systems but only if everyone has access. This is pertinent for the climate space because it is important to make plans now so that game-changing technology and know-how are shared effectively to help avert global calamity.

Conflict, the climate crisis, and COVID-19 are all contributing to huge spikes in food and fuel prices, as well as inflation, which for many keep health out of reach. In the Horn of Africa and parts of the Sahel, even famine is potentially on the horizon. As part of any peace initiative, it is critical that ensuring access to quality and nutritious food is also a basic requirement, alongside other basic amenities like health and education. Whatever the crisis, I am proud that WHO is always on the front lines fighting to save lives and work towards health for all, for everyone, everywhere.

Dr. Tedros Adhanom Ghebreyesus

Director-General, World Health Organization (WHO)

7 April 2022

4) A North Star goal is an ambitious, long-term, overarching objective that becomes a guiding force for a person or organization.

5) WHO, "WHO ambient air quality database. 2022 update. Status report", 4 April 2022. Available from: <<https://www.who.int/publications/m/item/who-air-quality-database-2022>>.

Method of Study

This self-paced course aims to give students flexibility in their approach to learning. The following steps are meant to provide motivation and guidance about some possible strategies and minimum expectations for completing this course successfully:

- Before you begin studying, first browse through the entire course. Notice the lesson and section titles to get an overall idea of what will be involved as you proceed.
- The material is meant to be relevant and practical. Instead of memorizing individual details, strive to understand concepts and overall perspectives in regard to the United Nations system.
- Set personal guidelines and benchmarks regarding how you want to schedule your time.
- Study the lesson content and the learning objectives. At the beginning of each lesson, orient yourself to the main points. If possible, read the material twice to ensure maximum understanding and retention, and let time elapse between readings.
- At the end of each lesson, take the End-of-Lesson Quiz. Clarify any missed questions by rereading the appropriate sections, and focus on retaining the correct information.
- After you complete all of the lessons, prepare for the End-of-Course Examination by taking time to review the main points of each lesson. Then, when ready, log into your online student classroom and take the End-of-Course Examination in one sitting.

» ***Access your online classroom at
<www.peaceopstraining.org/users/user_login>
from virtually anywhere in the world.***

- Your exam will be scored electronically. If you achieve a passing grade of 75 per cent or higher on the exam, you will be awarded a Certificate of Completion. If you score below 75 per cent, you will be given one opportunity to take a second version of the End-of-Course Examination.
- A note about language: This course uses English spelling according to the standards of the Oxford English Dictionary (United Kingdom) and the *United Nations Editorial Manual*.

Key Features of Your Online Classroom »

- Access to all of your courses;
- A secure testing environment in which to complete your training;
- Access to additional training resources, including multimedia course supplements; and
- The ability to download your Certificate of Completion for any completed course.

LESSON 1

Introduction to Health and Peace



UN Photo by Eskinder Debebe.

To appreciate the role of the United Nations in peacebuilding, the linkages between health and peace must first be understood.

In This Lesson »

- Section 1.1 Health Challenges for Peace Operations Personnel in the Field
- Section 1.2 Health and Peace During COVID-19
- Section 1.3 Historical Perspectives
- Case Study: Syrian Arab Republic

Lesson Objectives »

- Explain the linkages between health and peace.
- Define the main local challenges for peace and health.
- Identify the challenges COVID-19 presents to peacebuilding in fragile, conflict-, and violence-affected settings.
- Describe historical initiatives to promote health and peace across the world and their impact.
- Explain different theoretical frameworks, including the WHO Health as a Bridge for Peace and McMaster Peace through Health frameworks.



Peacekeepers from China serving with the United Nations Mission in South Sudan (UNMISS) patrol Kuda, a village 90 km west of Juba in South Sudan. Peacekeepers serving with UNMISS also had the opportunity to contact the local population and provide health care at the local clinic in Kuda. 5 July 2021. UN Photo by Gregorio Cunha.

Section 1.1 Health Challenges for Peace Operations Personnel in the Field

Conflict affects health in many ways, including the disruption of health systems and the collapse of medical supply chains, the exodus of health-care personnel (HCP), and the spread of epidemics. Conversely, according to *The Ottawa Charter for Health Promotion*¹ of 1986, peace promotes and is a key pre-requisite for health.

Similarly, health has a significant impact on conflict, with many drivers of conflict being health-related. A good example would be inequitable access to health care, which can and very often does fuel resentment and discord. At the same time, health is a superordinate goal that can bring people to work together to create a safer and better world for all.

1) WHO, *The Ottawa Charter for Health Promotion*, 21 November 1986. Available from: <<https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference>>.



View the WHO video introduction, "Health and peace linkages explained", at: <<https://www.facebook.com/watch/?v=230222358787175>>.

These linkages between health and peace shape the place of WHO within the global responsibility to contribute to peacebuilding. Health has the power to transform an individual's life, but it also has the power to transform families, communities, and nations.

Definitions of health and peace

This realization that health and peace are **interdependent and fundamental human rights** brought about the birth of health and peace interventions in the 1980s. Since their inception, different definitions have been adopted by different humanitarian actors over the years. In this course, the term **"health and peace"** encompasses **previous work and frameworks that focus on improving health while promoting peacebuilding**.

Below are three of the most-utilized definitions of health and peace, which will be explored in more detail throughout this course.

- **Health as a Bridge for Peace (HBP):** Developed by WHO as a framework supporting HCP in delivering health programmes in conflict and post-conflict situations as well as contributing to peacebuilding.
- **Peace through Health (PtH):** Emphasizes the role of health in enhancing both peace and health through actions in both the health system and war system.
- **Health Diplomacy:** Health as a neutral basis for improving diplomatic relations.

HBP

By the end of 2022, the number of forcibly displaced people worldwide surpassed 100 million.² Violence is a major source of disease and ill health. The absence of peace has devastating effects on human health, directly with injuries from fighting and indirectly from the breakdown of health services. When conflict rages on, health care is increasingly under attack.

In 2022 alone, over 100 confirmed attacks on health care took place in emergency-affected countries and fragile settings.³ The region has the highest volume of conflict, refugees, and disruptions to health systems in the world. Conflict became the new normal. However, health is neutral and apolitical. Health can be a meeting point to bring conflicting parties together to discuss mutually beneficial matters. In 1948, the *Constitution of the World Health Organization* stated that "[t]he health of all people is fundamental to the attainment of peace and security".⁴

There are many examples of HBP in action. For example, in the mid-1980s, the United Nations Children's Fund (UNICEF), the Roman Catholic Church, and other organizations negotiated three "days of tranquillity" in El Salvador — fighting was suspended for the immunization of children for three days each year from 1985 until the peace accords in 1992. Similarly, between 1996 and 1997, WHO facilitated negotiations between the Croatian Ministry of Health and Eastern Slavonia Serb leaders on public health issues and facilitated cross-community contacts through joint health workshops and seminars.

From working *in* conflicts to working *on* conflicts

The link between health and peace is undeniable, with health interventions contributing to lasting peace efforts. However, these interventions do not exist in a vacuum but operate alongside existing United Nations agendas and targets — both regionally and globally.

2) UNHCR, "Five emergencies that pushed displaced communities to the brink in 2022", 27 January 2023. Available from: <<https://www.unrefugees.org/news/five-emergencies-that-pushed-displaced-communities-to-the-brink-in-2022/>>.

3) WHO, "Stopping attacks on health care". Available from: <<https://www.who.int/activities/stopping-attacks-on-health-care#:~:text=Health%20care%20is%20under%20attack,providers%2C%20and%20undermine%20health%20system>>.

4) WHO, *Constitution of the World Health Organization*, 22 July 1946. Available from: <<https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1>>.

There is a strong link between ill health and the absence of peace. On the one hand, hostilities directly affect human health, as tens of thousands of people may suffer injuries as a result of ongoing violence. On top of this, there are indirect health consequences associated with conflict, including the disruption of health services. Health, a major concern for all parties involved in a conflict, can be a natural starting point for creating peace.

Detailed operational guidance on designing and implementing health and peace interventions remains to be developed. However, the health and peace approach is rooted in the vision described by WHO Director-General Dr. Tedros Adhanom Ghebreyesus as “a world in which everyone can live healthy, productive lives, regardless of who they are or where they live”.⁵

Interventions in conflict situations can be understood as either:

- **Working in conflict:** Implementing interventions that mitigate the impact of conflict on people’s well-being, preventing further health consequences, and supporting health systems and service delivery in conflict-prone regions. These include life-saving humanitarian actions as well as interventions targeting development goals that need to be sustained in spite of an ongoing conflict.
- **Working on conflict:** Designing health projects to address conflict drivers and/or fostering cooperation of opposed groups on health issues in a peace-responsive manner.

The world continues to face emergencies from multiple hazards, including conflict, civil strife, disease, outbreaks, chemical events, and natural disasters such as floods, droughts, and earthquakes. Peace-responsive programming requires careful conflict analysis to identify the health-related conflict drivers to address, as well as to decide which relationships to prioritize and which stakeholders to work with to mitigate potential risks.

The Global Health for Peace Initiative (GHPI)

Health for Peace programmes seek to “do no harm” while striving to “do more good”: avoiding unintentionally fuelling conflict and instead focusing on using health care to address some of a conflict’s underlying causes. GHPI promotes and supports the development of health programmes that **take into account peace and conflict dynamics**, especially in countries affected by fragility, conflict, and violence, and, where possible, that **contribute to peace outcomes**.

Peace-relevant health interventions can help improve the prospects for local peace in at least four ways:

1. As a minimum, by mainstreaming conflict sensitivity into humanitarian analyses and assessments, recruitment, programming, and monitoring and evaluation.
2. By working to improve trust and communication between citizens and the State by making health care more accessible and equitable.

On this basis, the GHPI theory of change states that **if** individuals and groups enjoy equitable access to health services fulfilling their rights to physical and mental health and health actors design neutral health interventions that promote trust and dialogue and communities are empowered to cope with violent conflict, **then** health coverage is more universal, grievances can be heard and addressed to generate trust around health emergency concerns, affected communities are more likely to make meaningful contributions to peace and reconciliation and to resist incitements to violence.

5) WHO, “Vision statement by WHO Director-General”. Available from: <<https://www.who.int/director-general/vision>>.

3. By building collaboration between different sides in a conflict on common topics like health governance and the delivery of care.
4. By improving social cohesion at the local level through community healing or inclusive health promotion initiatives.

Section 1.2 Health and Peace During COVID-19

This lesson will consider the linkages between the COVID-19 pandemic and health and peacebuilding efforts in fragile and conflict-affected countries. COVID-19 presents huge challenges across the world, and even more so in areas of conflict. The pandemic has put a strain on already fragmented health systems in fragile settings. Ongoing violence will further undermine the delivery of essential health services, with vulnerable populations such as women, children, and displaced people particularly at risk.



Figure 1-1: The Challenge of COVID-19 in Fragile Contexts

Source: WHO, OpenWHO, "Health and peace". Available from: <<https://openwho.org/courses/health-and-peace>>.

Moreover, COVID-19 revealed deep fissures in societies across the globe, highlighting socioeconomic and gender inequalities, as well as selective and unfair dissemination of assistance and access to health services. In fragile countries, the pandemic response could easily exacerbate the existing inequities driving conflict. This could further erode trust in government and institutions, thus making the conflict situation worse.

For example, in South Sudan, the pandemic has led to delays in implementing an already fragile peace agreement. This undermined trust and caused the situation to deteriorate, with ongoing violent clashes between opposing sides. Conflict, in turn, limited the ability to respond to COVID-19. For example, restricted access to contested territory may prevent humanitarian actors from providing health services.

Despite these challenges, COVID-19 nevertheless offers opportunities to promote peace. The United Nations Secretary-General's call for a ceasefire and the WHO Regional Office for the Eastern Mediterranean Health for Peace Initiative can be used in advocacy, presenting opportunities for dialogue between opposing sides and ensuring that active conflict does not hinder the response to the crisis. A unified COVID-19 response provides a platform for further collaboration between opposing sides in conflict situations.

The COVID-19 response in the State of Palestine has involved collaboration between the authorities and civil society, which is now making political demands for reconciliation between different factions. The response has also created opportunities for coordination between authorities in the West Bank and Gaza. This has prompted a national



Two women outside a clinic supported by the United Nations Population Fund (UNFPA) in the Mutua Camp in Mozambique. The United Nations and its humanitarian partners have since been on the ground coordinating international support, distributing food, drinking water and medicine, and providing shelter to displaced people. 8 July 2019. UN Photo by Eskinder Debebe.

dialogue that was previously frustrated by political and ideological divides. However, the extent to which recent collaboration will continue remains unclear.

The existing WHO agenda provides a response framework with a lasting impact on health and peace. Universal health coverage (UHC) can ensure that the COVID-19 response invests in equitable health care. This tackles underlying conflict drivers, thus promoting peace as well as providing services to the population during the pandemic. Initiatives such as the United Nations Peacebuilding Fund and the COVID-19 Response and Recovery Fund can help foster opportunities through projects and activities to ensure funding is invested in improving health and peace outcomes far beyond the pandemic response.

Many examples show that COVID-19 presents challenges and opportunities for peace in fragile environments. However, the long-term effect of the pandemic in these scenarios is yet to be seen. Given that inequities are a key driver of the root causes of conflict, responses to COVID-19 must be conflict-sensitive and based on an analysis of sociopolitical factors. Even during a crisis, the injustices that give rise to and are perpetuated by violence cannot be ignored.

- COVID-19 is seen as a challenge and opportunity for peace.
- There is uncertainty regarding the long-term effects.
- Conflict sensitivity and sociopolitical factors are important in pandemic response.

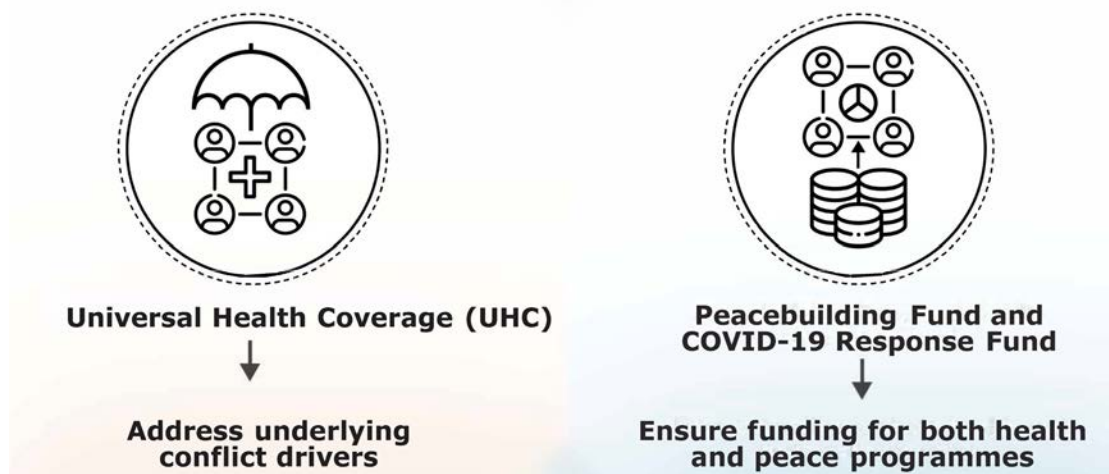


Figure 1-2: Long-Term Gains

Source: WHO, OpenWHO, "Health and peace". Available from: <<https://openwho.org/courses/health-and-peace>>.

Section 1.3 Historical Perspectives

Recent progress through health and peace

Having understood how the WHO approach to health and peace has shifted towards peace-responsive programming, this lesson will now look at how this has involved recent progress in policy, leadership, and financing.

First, development in policy has involved discussions at many levels bringing together different partners. A technical meeting in July 2019 allowed WHO to work with partners to establish a shared understanding of health and peace. Later that year, a Member State consultation hosted by Switzerland and the Sultanate of Oman discussed a statement recognizing the linkages between health and peace. Soon after, the *Report of the Commission on Social Determinants of Health in the Eastern Mediterranean Region*⁶ was published, in which conflict was acknowledged as a macrodeterminant of health. In December, a WHO corporate white paper set out guiding principles for health and peace, promoting the integration of sustaining peace into WHO humanitarian and development interventions.⁷ The relationship between these programmes was further discussed during the Humanitarian-Development-Peace Nexus meeting.

WHO has also strengthened leadership in health and peace at several levels. Health diplomacy training in September 2019 promoted the capacity-building of WHO in-country teams. Soon after, a three-level meeting was held by WHO to discuss practical action points. In November, the WHO Regional Office for the Eastern Mediterranean Regional Director Dr. Ahmed Al-Mandhari formally launched the Health and Peace initiative. In the same month, the Executive Course on Health Diplomacy for Peacebuilding was held in Dubai to train field leaders.

Finally, progress has also been made in securing financing. The development of the WHO corporate white paper in December 2019, along with the *WHO Thematic Paper on Health and Peace*⁸ in January 2020, provides opportunities to sensitize donors and promote health and peace initiatives.



A medic from the Niger contingent with the United Nations Multidimensional Integrated Mission in Mali (MINUSMA) provides free medical consultations at a clinic in Gao, Mali. 16 May 2014. UN Photo by Marco Dormino.

- 6) WHO EMRO, *Report of the Commission on Social Determinants of Health in the Eastern Mediterranean*. Available from: <<https://www.emro.who.int/media/news/report-of-the-commission-on-social-determinants-of-health-in-the-eastern-mediterranean-region.html>>.
- 7) WHO, *White Paper: Health and Peace*, December 2019. Available from: <https://s3.xopic.de/openwho-public/courses/4x0sfGbQAJAbr8OcvquVvw/rfiles/my25H9CENdigvZul8Wvjv/WHO_Corporate_White_Paper_on_Health_and_Peace.pdf>.
- 8) WHO, *WHO Thematic Paper on Health and Peace*, January 2020. Available from: <https://www.un.org/peacebuilding/sites/www.un.org.peacebuilding/files/un_pb_review_-_who_health_peace_thematic_paper_final_0.pdf>.

PtH mechanisms

Launched in the mid-1990s, the McMaster PtH framework views war as a disease that harms people at the individual as well as population level. The model offers interventions that target each stage of war. As such, primary, secondary, and tertiary prevention can be distinguished. Primary intervention aims to address the root causes of conflict before the outbreak of violence. On the other hand, secondary prevention refers to a situation where war has already broken out, and efforts are being made to minimize destruction and pursue resolution. Finally, tertiary prevention applies to actions to promote peace by rehabilitating war victims.

The PtH framework encourages involving different levels of society through implementing multitrack interventions for peace. Ten mechanisms are identified to form a distinctive health track:

1. **Health-related superordinate goals:** Parties to a conflict have to put aside their separate agendas and join forces to achieve something in their interests, e.g., a ceasefire for immunization.
2. **Evocation of altruism:** When health care is extended to out-groups, the objectification and demonization that usually accompanies war can sometimes be resisted, e.g., Palestinian-Israeli health service partnerships.
3. **Dissemination of accurate facts:** HCP are often in the best position to discover and make known the accurate information essential to properly assess the situation and counter-propaganda, e.g., health in Iraq after the Gulf War.
4. **Redefinition of the situation:** War can be portrayed as a game, a test of “manhood”, a competition of civilizations, or a cosmic contest between good and evil. HCP can promote different understandings of war, e.g., nuclear weapons as a public health problem.
5. **Trauma healing:** Injuries caused by war can slow down a society’s recovery. HCP are at home in this healing role, but they may be even more effective if they can utilize methods of trauma healing that are linked to social processes of reconciliation and peacebuilding, e.g., the Butterfly Gardens project in Sri Lanka.
6. **Building civic identity:** In cases in which societies have been divided by identity conflicts, people who have an adequate and equitable health-care system are strengthened in their sense of belonging to the society or the State that has provided it for them. They are less apt to join groups with competing claims on their identity, e.g., the situation following WHO work in Croatia.

7. **Contributing to human security:** An adequate and equitable health-care system, which addresses people's basic needs, gives them an essential form of security. Lack of such security may lead to violence or war to achieve it.
8. **Diplomacy mediation:** If HCP develop skills in diplomacy, mediation, and conflict resolution, they will sometimes have unique opportunities to use these, e.g., peacebuilding in Afghanistan between 2001 and 2021.
9. **Solidarity with victims:** Solidarity is a key component of all PtH activities. However, some include the direct accompaniment of victims or potential victims by HCP and direct advocacy, e.g., Israeli Physicians for Human Rights.
10. **Non-cooperation in conflict drivers:** When HCP are called on to collaborate in unjust wars or preparations for such wars, they can refuse to do so. They will have the support not only of a wide body of international law but also of declarations directed specifically at HCP.

Learning Activity: Health and Peace Snapshots »

Read the snapshots of health and peace initiatives below, then answer the questions.

1. *In terms of peacebuilding, which action has the greatest impact, in your opinion?*
2. *In each case, which McMaster framework mechanism was called upon to promote peace?*

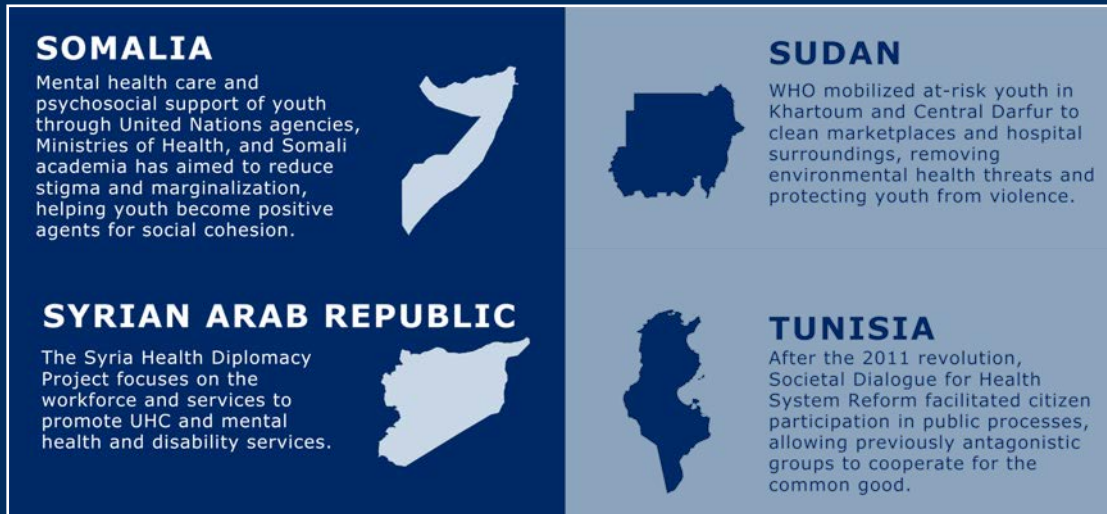


Figure 1-4: Health and Peace Snapshots

Source: WHO, OpenWHO, "Health and peace". Available from: <<https://openwho.org/courses/health-and-peace>>.

Case Study: Syrian Arab Republic

In recent years, HBP activities in the Syrian Arab Republic have focused on the following areas:

- **Workforce:** Building the capacity of Syrian health professionals to provide UHC. This includes involving NGOs, developing a young health professional programme, and reintegrating personnel into the national health system.
- **Services:** Restoring and protecting services to promote UHC. This means supplying primary health care and hospital facilities, fostering partnerships between hospitals, and monitoring health facilities to protect HCP.
- **People and minds:** Expanding mental health and disability service capacity. Improved mental health and psychosocial support coverage, disability rehabilitation, and provision for returnees are essential.



Six years into the Syrian crisis, mental health needs among Syrians exposed to violent conflict and loss have increased. However, access to mental health care for people in need remains a challenge. WHO and partners have increased the availability of mental health services across the country. In this video, Dr. Eyad Yanes, Mental Health Officer with WHO Syria, discusses access to mental health services in the Syrian Arab Republic. Peace through Health (website)

Source: WHO Regional Office for the Eastern Mediterranean. "Access to mental health services in Syria". Available from: <<https://www.youtube.com/watch?v=LDa68J--vDc>>.

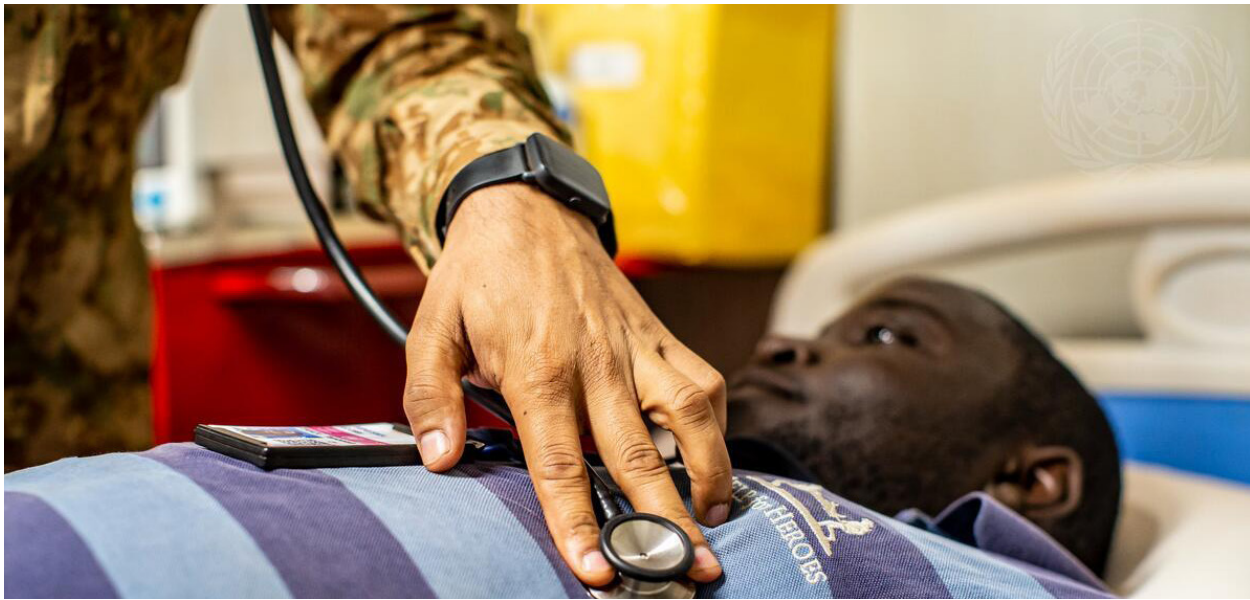
Summary

This lesson highlighted health and peace initiatives in a historical context, explaining the difference between various frameworks developed over the years to address conflict and its determinants.

Peacebuilding not only requires immediate action to address the essential humanitarian needs of a population during armed conflict but also necessitates action to address development needs to ensure long-lasting peace can be achieved. This will require action in a number of sectors, including education, water and sanitation, and food security.

The main ideas explored in this lesson were the following:

- Health and peace are interrelated: the lack or presence of one has consequences for the other.
- The COVID-19 pandemic has posed huge challenges for peacebuilding but also offers great opportunities.
- Peace-responsive programming is a recent shift in policy to achieve both health and peace outcomes explicitly.
- The health and peace initiatives are the main frameworks and interventions that aim to improve health and promote peacebuilding.



The Hospital in Mopti that is run by the United Nations Multidimensional Integrated Stabilization Mission in Mali (MINUSMA) covers all specialties, from general medicine to surgery, including dentistry. The peace operations personnel of the Pakistani contingent have taken part in care and medical evacuations of the wounded following the numerous attacks that have taken place in the central region of Mali. 5 April 2022. UN Photo by Harandane Dicko.

Resources

More about the topics covered in this lesson can be found in the following resources.

- *Peace through Health: How Health Professionals Can Work for a Less Violent World*¹
- "Defining Health Diplomacy: Changing Demands in the Era of Globalization"²
- *WHO/DFID Peace Through Health Programme: A case study prepared by the WHO Field Team in Bosnia and Herzegovina*³
- "Health as a bridge for peace: PAHO's experience"⁴
- "Providing health services in countries disrupted by civil wars: a comparative analysis of Mozambique and Angola: 1975–2000"⁵
- "Creating Health by Building Peace"⁶
- "Health for peace: from rhetoric to reality"⁷
- "Health is a bridge for peace: let us make use of it"⁸

- 1) *Peace through Health: How Health Professionals Can Work for a Less Violent World*, ed. Neil Arya and Joanna Santa Barbara (Sterling, VA (USA): Kumarian Press, 2008).
- 2) Rebecca Katz et al., "Defining Health Diplomacy: Changing Demands in the Era of Globalization", *The Milbank Quarterly*, no. 89 (2011): 503–523, doi: 10.1111/j.1468-0009.2011.00637.x.
- 3) WHO Europe, *WHO/DFID Peace Through Health Programme: A case study prepared by the WHO Field Team in Bosnia and Herzegovina*, 1998.
- 4) Circo A. de Quadros and Daniel Epstein, "Health as a bridge for peace: PAHO's experience", *The Lancet*, vol. 360 (2002): S25–S26, doi: 10.1016/S0140-6736(02)11808-3.
- 5) Enrico Pavignani and Alessandro Colombo, "Providing health services in countries disrupted by civil wars: a comparative analysis of Mozambique and Angola: 1975–2000", World Health Organization, Department of Emergency and Humanitarian Action, 2001.
- 6) Tedros Adhanom Ghebreyesu, "Creating Health by Building Peace", *BMJ Global Health*, 7: e010575 (2022). Available from: <https://gh.bmj.com/content/7/Suppl_8/e010575>.
- 7) Wasiq Khan, Seye Abimbola, Abdul Ghaffar et al., "Health for peace: from rhetoric to reality", *BMJ Global Health*, 7: e010568 (2022). Available from: <https://gh.bmj.com/content/7/Suppl_8/e010568>.
- 8) Ahmed Al Mandhari, Abdul Ghaffar, Carissa F. Etienne, "Health is a bridge for peace: let us make use of it", *BMJ Global Health*, 7: e010577 (2022). Available from: <https://gh.bmj.com/content/7/Suppl_8/e010577>.

End-of-Lesson Quiz »

1. **Conflict affects health:**
 - A. Only in that war causes injuries
 - B. But health doesn't impact conflict
 - C. In many ways
 - D. Only if there is an ongoing epidemic
2. **Are health and peace both fundamental human rights?**
 - A. Yes, they are both fundamental human rights.
 - B. Health is a human right, but peace is not.
 - C. Peace is a human right, but health is not.
 - D. No, neither of them is a human right.
3. **Why was fighting suspended for three days each year in El Salvador between 1985 and 1992?**
 - A. For peace talks
 - B. For Roman Catholic church services
 - C. To allow children to be immunized
 - D. To hold health workshops and seminars
4. **Working _____ conflict means designing projects to address conflict drivers and/or foster cooperation of opposed groups on health issues in a peace-responsive manner.**
 - A. in
 - B. with
 - C. around
 - D. on
5. **The premise of the Global Health for Peace Initiative is that:**
 - A. Health programmes never fuel conflict
 - B. Health programmes can unintentionally fuel conflict
 - C. Health programmes can only fuel conflict intentionally
 - D. Health programmes always fuel conflict
6. **In South Sudan, COVID-19 has _____ a peace agreement.**
 - A. led to
 - B. permanently stopped
 - C. delayed
 - D. considerably improved
7. **COVID-19 presents _____ for peace in fragile environments.**
 - A. only challenges
 - B. only opportunities
 - C. challenges and opportunities
 - D. neither challenges nor opportunities
8. **TRUE or FALSE. In fragile countries, the COVID-19 response could exacerbate the existing inequities driving conflict.**
9. **The McMaster Peace through Health framework views war as a:**
 - A. Challenge
 - B. Opportunity
 - C. Disease
 - D. Population
10. **TRUE or FALSE. When HCP are called on to collaborate in unjust wars, they are protected by international law if they refuse to do so.**

Answer Key provided on the next page.

End-of-Lesson Quiz »

Answer Key »

1. C
2. A
3. C
4. D
5. B
6. C
7. C
8. True
9. C
10. True