

PEACE AND HEALTH

With the acceptance of peace as a determinant of health in the 1980s, the link between health and peace began to be interpreted as bidirectional and more dynamic in nature. Health interventions are now seen as a contributing factor toward achieving peace, and not simply the other way around. In 1981, the World Health Assembly passed a resolution stating:

The role of physicians and other health workers in the preservation and promotion of peace is the most significant factor for the attainment of health for all (as cited in Sidel, 1995).

PEACE AS A DETERMINANT OF HEALTH

- Over the past decade, global events have caused governments and society to change how they view international security. In general, between states there are fewer armed conflicts, and certain conflicts demonstrate a “transnational” nature that links local incidents of violence to broader social, political and economic developments in the world order (Stockholm International Peace Research Institute [SIPRI], 2008, chap. 2).
- The peace agenda has grown beyond political-military actions to include concerns related to economic prosperity, equity, human rights, social development, environmental protection and public health, among others.
- In addition to low national income and poverty, major factors leading to violent conflict – which is increasing between civilians within countries – are matters of justice, resource distribution and access, ethnic identity and social exclusion. Unfair denial of participation and disempowerment can also lead to violence (World Health Organization [WHO], 2008).
- At a global level, the annual world military expenditure in 2006 is estimated to have reached US\$1.464 trillion. This represents a 4 per cent increase in real terms since 2007, and a 45 per cent increase since 1999 (SIPRI, 2009, chap. 5).
- The direct health impacts of violent conflict are documented by humanitarian organizations such as the World Health Organization (WHO), the International Committee of the Red Cross and non-governmental organizations working in areas of armed conflict. The World Bank and WHO predict that war will be one of the top 10 causes of disability and death by 2020 (Vass, 2001).
- The WHO study on the social determinants of health (2008) states that armed conflict is the third leading cause of violent deaths globally and that conflicts have directly killed 3.6 million people and displaced 50 million since 1990.
- In addition to the direct health costs created by the use of bombs and bullets, indirect costs are seen in the disruption of economic and social systems, ensuing famine and epidemics, and the diversion of resources to war-fighting rather than health goals. Violence resulting from societal structures of oppression, exploitation and exclusion – or “structural violence” – impacts the health of individuals and society, as do attitudes and values that form the “cultural violence” that permits oppression, human rights abuses or even killing (Santa Barbara, 2007). A multitude of health concerns are associated with the disempowerment of individuals, communities and even countries that are dealing with conflict.

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- The WHO *World Report on Violence and Health* (2002a) challenges the perceptions that violence is inevitable and actions to prevent it belong solely with the criminal justice system. In making links between violence prevention and health, the report asserts the comprehensive role of the health sector in violence prevention, thereby contesting assumptions that the principal role of the health sector is to provide care and rehabilitation to victims of violence, and that the responsibility to prevent violence lies outside the health sector.

SOCIAL JUSTICE AND PEACE

- In 2006, the Canadian Nurses Association defined “social justice” as “the fair distribution of society’s benefits and their responsibilities and their consequences.” The report further states that social justice “focuses on the relative position of one social group in relation to others in society as well as on the root causes of disparities and what can be done to eliminate them” (Canadian Nurses Association, 2006, p. 7).
- The common usage of the word “peace” belies its complexity. Just as health is not merely the absence of disease or infirmity, peace is not just the absence of war or violence. One useful definition for consideration is that peace is “a quality of a relationship between two parties in which no harm is done to each other (minimal) or a relationship of mutual benefit exists (maximal)” (Santa Barbara, 2007).
- Social justice, peace and health are inextricably linked. Reference to health being a fundamental prerequisite for peace is included in the 1978 Declaration of Alma-Ata (WHO, 1978). The WHO constitution states that “the health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States” (WHO, 2006).
- Strongly worded and ethically based statements by the Commission on Social Determinants of Health refer to the need to reduce health inequities. “Putting right these inequities – the huge and remediable differences in health between and within countries – is a matter of social justice....Social injustice is killing people on a grand scale” (WHO, 2008).
- Inequity and social injustice can lead to violent conflict. The WHO *World Report on Violence and Health* (2002a) notes a number of factors that put a population at risk for armed conflict including, among others, increasing social inequity.

BUILDING PEACE THROUGH HEALTH

- Health initiatives that have contributed to peace include:
 - temporary cessation of hostilities to allow for a health intervention, such as a children’s immunization campaign (humanitarian ceasefires);
 - use of health expertise and data to restrict weapons and war strategies; and
 - combination of individual and social healing in war zones.
- Activities that promote the prevention or resolution of violent conflict, such as policy development and advocacy to prevent war and limit its destructiveness, can also contribute to health outcomes.
- Significant morbidity and mortality are caused directly and indirectly by armed conflict. In view of this, urging governments to reduce the billions of dollars spent annually on the global arms trade contributes to health



promotion and injury-prevention efforts. Some nations spend more on military expenditures than on the health of their population. For example, the U.S. alone spent over \$52 billion on nuclear weapons and related programs in fiscal year 2008, while the U.S. Department of Health and Human Services spent \$0.119 billion (Schwartz & Choubey, 2009). Eritrea, an extreme example, spends 24 per cent of its gross domestic product on the military and only two per cent on health, and Pakistan spends less on health and education combined than on the military (WHO, 2008).

- Since the late 1990s, an emerging academic discipline and series of global initiatives known as Peace through Health has examined how health interventions in actual and potential war zones might contribute to peace. The study of the bidirectional nature of the linkage between health and peace is creating a body of knowledge that supports the concept that health providers and health initiatives can have a role in contributing to peace through preventing violent conflict and limiting its destructiveness, and through peace-building efforts.
- Since 1998, the WHO initiative Health as a Bridge for Peace (HBP) has contributed to peace-building. This multi-dimensional policy and planning framework supports health workers in delivering health programs in armed conflict and post-conflict situations. Among other tenets, the HBP program holds that any public health strategy must be built on the principle of equitable unhindered access, long-term strategic planning, and local and international partnerships. The framework is complex and the need has been identified for further refinement within the peace, war and conflict-prevention discussion, as well as the evaluation of HBP initiatives (WHO, 2002b).

These two initiatives – Peace through Health and Health as a Bridge to Peace – demonstrate the inter-connectedness of peace and health and the role for health professionals in building peace.

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Also see:

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CNA Position Statement: *Peace and Health*.

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