

Issues Paper I

Health and Peace-building: Securing the Future

**The University of New South Wales
Health and Conflict Project**

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December 2004

Prologue

In September 2003, AusAID funded the Australia-Canada Consortium on Health and Conflict to draw on the experience of academics and practitioners from Australia and Canada at the interface between health systems and conflict prevention and peace-building, conflict management and reduction, and support for post-conflict recovery. The study aims to contribute to the knowledge of, and evidence around, the interface between health and conflict by documenting experience and identifying good practice.

The initial year of the project was largely devoted to exploring the vast area of health and conflict, types of conflict situations, and specific country situations. The countries forming part of this study are East Timor, Sri Lanka, Solomon Islands, Bougainville/PNG, and Cambodia. A two-phase approach has been adopted to drive the project forward. The first phase predominantly involved secondary research and concentrated largely on framing the research questions. The two initial papers cover what the team deems essential to introduce the area of health, conflict and peace-building:

I. Health and Peace-building: Securing the Future

II. The Challenge of Human Resource Management in Conflict-Prone Situations

Issues Paper I: *Health and Peace-building: Securing the Future* sets the scene for contemplating the relationship between health and peace-building in humanitarian crises and development, specifically focusing on the long-term health and social impact of violence.

Issues Paper II: *The Challenge of Human Resource Management in Conflict-Prone Situations* explores the characteristics of post-conflict and transition periods, and challenges they present to the health workforce.

Preamble

The growing number of states in crisis internationally has created the need for new approaches to global governance to address the effects of political violence, to prevent conflict, and to build more peaceful societies. The international consensus is that previous strategies of national development have not realised their goals and that growing levels of poverty are a major cause of political violence and social insecurity. Moreover it is now realised that any response to humanitarian emergencies must go beyond relief to address the longer term well-being of populations in distress. Humanitarian responses have been integrated with development strategies in order to improve human security by addressing the root causes of conflict.

The complexity of current conflicts makes a simple analysis of them hazardous. Too often conflicts are approached as if they were between clearly identifiable protagonists when in fact they are dynamic and reflect shifting and competing interests both within and between groups.

Conflict is not just about social breakdown but is also about social transformation. The requirement that humanitarian assistance and development projects need to be conflict sensitive is recognition of this reality. The 'do no harm' imperative warns us that current conflicts become symbiotically connected to the social and economic resources introduced into conflict areas. On both sides there are state and non-state actors as well as legal and illegal business interests which can overlap producing patterns of 'cooperative conflict'.

The reality that any intervention becomes part of the dynamic of a conflict means we should be modest in evaluating the conflict prevention and peace-building potential of any particular initiative

Political violence has both human rights and health implications. Addressing the health needs of populations is an important first step to minimising the effects of violence and promoting peace. But the wider peace benefits of health initiatives must eventually be linked to broader questions of justice.


Comments on these materials would be appreciated: please submit these to the Project Coordinator, Anne Bunde-Birouste (ab.birouste@unsw.edu.au) or to the Project Leader, Anthony Zwi (a.zwi@unsw.edu.au). For information on related projects, please check the project website at <http://healthandconflict.sphcm.med.unsw.edu.au/>

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Introduction

The health of a society is critical to its capacity to withstand conflict and to rebuild communities in a post-conflict situation. This paper explores the complexity of the relationships involving health, humanitarian crises and development. There are obviously many areas important in conflict prevention, humanitarian assistance and peace-building. Within an atmosphere of conflicting priorities, this paper aims to explore the links between health and peace-building, how health planning can be enhanced by making reference to a peace-building framework, and how a model for analysis may be developed to assist in the planning, implementation and monitoring of health programs in conflict-affected societies.

Note: This issues paper is derived from a more comprehensive background paper. Within the text, the following symbol, , accompanied by a reference page number indicates where more information can be found in the background paper.

Why is health important to peace-building?

The majority of Australia's aid resources in conflict-prone countries of the Asia-Pacific region, specifically Bougainville, East Timor, Philippines, Indonesia, Solomon Islands and Sri Lanka, are targeted towards addressing poverty, security and governance issues. However, many of the issues underpinning the root causes of conflict can also be addressed from a health perspective. Health can thus add value to programming by confronting many of the root causes of conflict and its aftermath.

In conflict-prone settings, the rationale for investing in health is based on the immediacy of preventing death as well as treating illnesses and violence-related injuries. Health interventions and the role of health professionals have historically played a key role in humanitarian responses to complex emergencies and have contributed to protecting life and alleviating suffering. While health interventions must attend to these pertinent areas, the scope for health is more far-reaching and includes building trust and supporting reconciliation, promoting social cohesion, addressing psychosocial responses to conflict and creating healthier environments.

During conflict, the wider secondary health effects have long term impacts on the capacity of societies to rebuild. In countries prone to conflict, expectations as to what aid may achieve often exceed the reality in these highly contested environments. Health provides an additional and critical track for long-term development and peace-building. The following section outlines why health can be used as an entry point to peace-building activities.

Links between health and conflict

- **Armed conflict results in serious negative consequences for the health of entire populations**, exacerbating disease and disability.
- **More women and children die from preventable diseases, malnutrition and childbirth complications in conflict zones** than from actual violence or brutality. Seven of the ten countries worldwide with the highest child mortality rates, have experienced recent civil conflict. The main causes of death in the under-five population in these countries are acute respiratory infection (ARI), malaria, diarrhoea and neonatal disorders. AIDS is a significant problem.
- **War disrupts health by destroying health care facilities and other infrastructure.** Population displacement worsens hygiene, and increases crowding and facilitates the spread of communicable diseases.
- The diversion of human and financial resources away from public health and other social goods contributes to the spread of disease. These **indirect consequences of war may remain for many years after a conflict ends.**

Adapted: <http://www.humansecurityreport.info/deadlyconnections.htm> and <http://www.womenwarpeace.org>

Patterns of health and health services

- **Health professionals can act as champions of peace**

Health professionals share an ethic to preserve life and to promote health and well-being. They are in some respects, uniquely placed to act as monitors of human rights abuses such as torture. As leaders in their communities, health professionals may promote reform and social justice across society as a whole. By their actions, health professionals can often

engender trust in the settings where social cohesion has broken down. However, it cannot be assumed that health workers are neutral players in highly contested environments; they too are part of the community and local political processes. [↪Bougainville/East Timor low morale box, 5].

• **Health may be used as a barometer of conflict**

Increasing social disorganization and conflict are invariably associated with worsening population health indicators. As such, monitoring of health indicators can provide a litmus test of the overall ‘health’ of a society. Such data may also highlight potential risks should the country descend into greater levels of violence.

Key health and conflict indicators include:

- increase in morbidity or mortality from common treatable diseases;
- increase in rates of malnutrition;
- increase in stress, psychosocial distress and mental disorders such as depression;
- unavailability of drugs;
- flight of health personnel;
- reductions in access to health care;
- displacement and homelessness of those with diseases such as mental disorder and;
- evidence in clinical practice of breakdowns in the ethical foundations of society with increasing presentations relating to human rights violations such as: sexual violence, torture, disappearances, domestic violence, exploitation of children and other vulnerable groups.

Security factors

• **Health may be an exemplar and promoter of peace-building**

The public health perspective recognizes that good population health is essential for effective community action. Good health is empowering whereas poor health creates a burden, poverty, and in some instances, a threat to family harmony, community cohesion and personal development. Poor health reduces the capacity of individuals, families and collectives to work, to repair damaged institutions and to form cohesive communities. Health therefore, is critical to reconstruction and social development, physical and mental capacity, and well-being. Good health thus enables other entitlements and rights to be exercised.

• **Health as a promoter of non-violence**

Health systems can, either implicitly or explicitly, become agencies for promoting non-violence. They

may do so both by promoting respect, dignity and non-discrimination in everyday practices (including human resource management) to vulnerable persons, and by providing institutional responses that effectively meet the needs of those who have been abused or are at risk of such treatment (e.g. torture survivors, domestic violence, child abuse, child soldiers). Good governance within the health sector for example, demonstrates how needs can be assessed, resources allocated, users consulted, quality improved and competing priorities addressed.

Political and governance factors

• **Health is a builder of institutions and a vanguard of social change**

Health services, whether formal or traditional, represent a major institution in all societies, providing one of the pillars on which stable communities rely. Health is a powerful arm of the public (and in some instances, private) service, typically absorbing a large percentage of public expenditure and providing employment for a significant number of persons. If health services are designed appropriately, they can promote social forces that inhibit conflict by working actively to reduce discrimination (e.g. ethnic, gender-related, religious) and inequity [↪ 2]. Well designed health services can potentially provide a politically ‘neutral’ space that allows all sectors of society to work towards a common good, namely health for all.

• **The health sector offers many models for collaboration**

The scope of health can often be far-reaching beyond clinical models to include a broad range of social, economic and political actors. Health interventions may offer a model for collaborations with various sectors of society, including: state ministries, public, private, and traditional services, non-governmental organisations, civil society and the international community. The public health model is consonant with a 'whole of government' (WoG) approach based on inter-sectoral cooperation and development, drawing on a multitude of perspectives and disciplines including the social sciences, economics and human rights. Areas of collaboration with the health sector include promoting social opportunities through education and employment and building healthier environments through housing, nutrition and workplace safety. Health provides a venue for engagement across government departments: health, defence, foreign affairs, education and many more [↪ WoG case study 4, 15].

Social factors

- **Health may be a catalyst for promoting social cohesion**

In addition to offering a model for collaboration, health initiatives that draw together families and communities add to the sense of social coherence and cohesion. For example, health centres may be a reference point in seeking assistance and support in times of communal strife or personal conflict, or as a refuge from violence, abuse or neglect.

- **Health may be a rallying point for empowerment**

Health is valued by all members of a community; therefore the pursuit of health can act as a uniting force. Social stability is enhanced when high quality health care is provided in an accessible and equitable manner. Thus, health systems can be a rallying point for community action and empowerment, especially with regard to women; they may encourage communal ownership, participation, action and consultation. These principles can be translated into more general empowerment of the community in other spheres of social life.

- **Health provides an opportunity to bridge cultures**

Culturally competent health developments aim to harmonize traditional approaches to health care with international methods in a manner that achieves a productive synthesis. Tensions invariably arise in attempting to bridge this gap, but a sensitive appraisal of local customs and practices remains an essential step in ensuring that developments in health do not inadvertently undermine traditional forms of care. Recognition by health workers and health services of the needs of different people and communities is central to promoting social cohesion and mutual respect in divided societies.

Economic factors

- **Health and poverty are inextricably linked**

Globally, diseases such as tuberculosis, dengue fever, malaria, HIV/AIDS and other sexually transmitted infections (STIs) affect the poorest people in the world. Poverty is often cited as one of the foundations for widening inequalities and grievances that may perpetuate violent conflict. Periods of protracted conflict in turn undermine economic development and exacerbate poverty and ill health. Women's lower status within impoverished areas often renders them more likely to suffer illness. The

major categories of illness (communicable, non-communicable, mental health, reproductive health) all substantially contribute to individual disability. There also is a multiplier effect in that chronic illness places a burden on families and the community as a whole, diverting scarce human resources away from productive activities, such as: livelihoods, training, social reconstruction and participation in community life. Poor physical and mental health in early life, or in carers of children, can have a transgenerational effect, creating spirals of underachievement and poverty. Hence, there is a dynamic interaction between health and poverty reduction with the need to address both sides of this relationship.

- **Health contributes to capacity building, employment and economic development**

The health sector is often the largest single employer and draws substantial funding from governments and donors. This sector makes a major contribution to building capacity of government to deliver basic services. By developing better systems for budgeting, fiscal management and resource allocation, the health sector promotes good governance and accountability. Specific activities, such as training, not only enhance quality of service provision but often have wider impacts in improving morale and in developing the skills of local leaders to contribute to community and service activities [➔ *Issues Paper II: The Challenge of Human Resource Management in Conflict-Prone Situations*].

Resources

A variety of conflict analysis tools have been developed and are differentiated by their focus. *Conflict-sensitive approaches to development, humanitarian assistance and peace-building: Tools for peace and conflict impact assessment* provides a detailed outline of different methodologies which have been applied by development practitioners to sensitise aid programs to peace-conflict dynamics.

The most up to date list of 'tools' can be found at the CIDA website - <http://www.acdi-cida.gc.ca/peace>.

Environment and natural resources

- **Health interventions may aid in protecting the environment and natural resources**

Conflict often forces people to move. Displacement predisposes populations to high risk of infectious diseases, especially HIV/AIDS, and may overburden existing health services in the areas to which they flee. A secondary effect of large population movements includes undermining available natural

resources, contaminating water, worsening sanitation, and raising land ownership issues. In many of these settings, aid relief provides a new inflow of resources. However, these services may be preferentially offered to those forced to flee, potentially exacerbating area tensions if local residents do not see direct benefits. The provision of safer health services may be a preventative measure to reduce the pressure for people to move to better resourced or urban areas.

In order to maximise the peace-building potential of health activities, appropriate assessment tools are required. Outlined below are key considerations for conducting conflict vulnerability and health analyses and some proposals around how the two concepts might be linked.

How does one assess the most appropriate entry point for health and peace-building activities?

When working in humanitarian relief and/or post-conflict development situations, careful assessment is crucial. This assessment should examine the context of conflict, intervention options, implications of acting, or not acting, in a particular way at a particular time. It is important to identify the root causes of a conflict if conflict sensitive strategies are going to contribute to conflict prevention, peace-building and development.

Conflict vulnerability analysis

Conflict vulnerability analysis seeks to map the sources of conflict by identifying the actors and their often competing agendas. Such processes attempt to identify entry points or opportunities for peace-building interventions. The aim is to understand the conflict setting, identify possible projects, ensure that they are conflict sensitive (do no harm), identify resources and strategies for implementation and identify an appropriate evaluation [↗ 6].

Health assessment

Health assessments have generally been undertaken separately from the process of peace and conflict impact assessments. Refining the health assessments to be specific to the state of conflict, transition, development prospects, and human security needs is important [↗ 6].

The Health - Conflict Cube

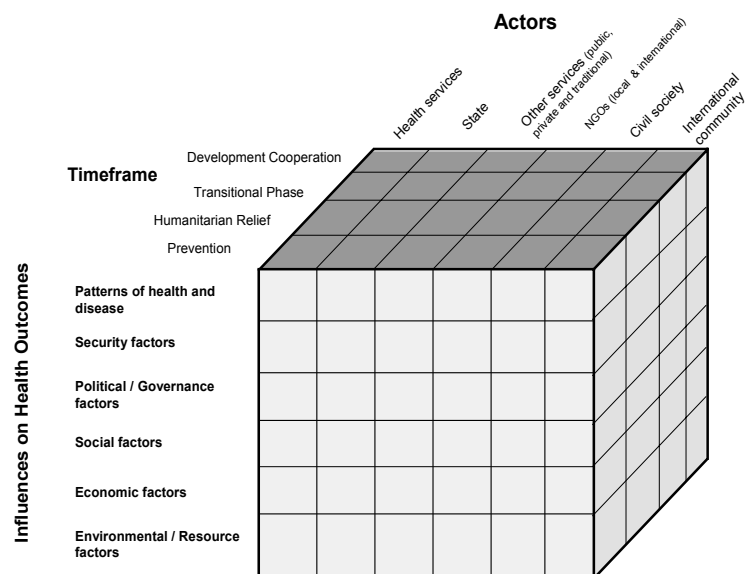
Each conflict situation is unique. Combining conflict vulnerability analyses and health assessments allows emerging peace-building opportunities to consider whether health offers an avenue for addressing root causes of conflict. Additionally, a combined assessment provides a mechanism for health interventions to consider whether their programming exacerbates conflict or whether it has the potential to build peace.

An effective model would address the multiple dimensions within the health sphere, the various stages within the conflict cycles and the range of actors involved. The *Health - Conflict Cube* (Diagram A) presents a broad 3-dimensional framework for assessment that provides a context for health planning from a peace-building perspective.

The cube is of value in exploring the relationships and influences of each actor, timeframe and influences on health outcomes, as well as identifying the intersection between different aspects of assessment, analysis and proposed interventions [↗ 7].

Actors: This dimension indicates the need to consider all the actors that might be involved in order to ensure inclusiveness, participation, ownership and cooperation. Tensions often arise or are perpetuated if one or more of these key sectors are excluded.

Diagram A: *Health – Conflict Cube*



Timeframe: Countries in states of chronic conflict rarely fall simply into the categories of conflict or post-conflict, with upheavals often being episodic and recurrent and with low-grade conflict still being evident in periods of relative peace. Identification of these phases alerts planners to which elements need to be considered at any one time. Most often, aspects of all four ‘phases’ coexist.

Influences on health outcomes: Health outcomes reflect core health indices and disease patterns within a context of human security, and the broader political, social and economic framework. Environmental factors and availability of resources (including human, social, cultural and material) need to be considered.

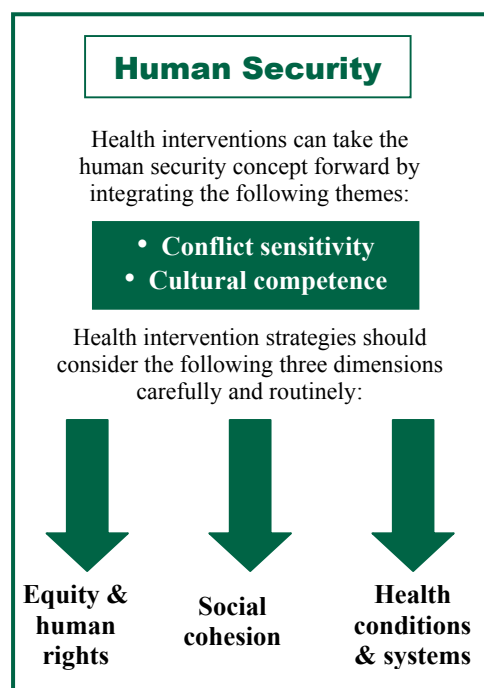
In deciding what health and peace-building strategies are possible, a combined conflict and health assessment allows for the consideration of potential benefits or drawbacks in a particular situation. A combined assessment also highlights the important principle that all health initiatives, even the seemingly most technical, in conflict-prone countries, should be subjected to a broader peace-building analysis. Such an analysis is relevant even in relation to basic issues such as management of supplies, developing communications systems and the rebuilding of infrastructure such as clinics and hospitals.

How can peace-building be consolidated in health interventions?

There always will be some tensions between ‘getting things done’ to reduce immediate morbidity and mortality in emergency settings and the imperative to undertake a comprehensive contextual and historical assessment that includes a peace-building focus. Much of the latter should be done in advance and could be called upon when necessary. Even in acute humanitarian settings, basic knowledge about the history, politics, culture, social relationships and economics of a country provides a foundation for applying a peace-building lens in planning interventions in a manner that promotes equity, dignity, and social justice. Accurate analyses can lead to interventions that support culturally-appropriate solutions, local leadership and a sense of empowerment rather than inadvertently creating dependency, passivity and unrealistic expectations. Developing an integrated framework for examining health contributions provides an approach which may contribute to promoting longer-term regional stability and building peace.

The *Health and Peace-building Framework* (Diagram B) offers a more comprehensive approach providing a number of opportunities for better informing policy and practice. In order to incorporate a peace-building model for multiple sectors, especially health, the framework adopts the overarching concept of human security as the major objective, followed by five core themes that must be addressed in conflict settings: conflict sensitivity, cultural competence, equity and human rights, social cohesion and health conditions and systems [9].

Diagram B: Health and Peace-building Framework



Human Security

A human security focus allows recognition of both conflict and health and their interaction. Human security is defined as the 'safety for individuals and groups from *violent threats* (such as violent crime, gross violations of human rights and terrorism) and *non-violent threats* (such as environmental degradation, illicit drugs, economic crises, infectious diseases and natural disasters).' Human rights also emphasises individual protection and dignity as a basis for promoting conflict prevention.

Conflict sensitivity

Inadequate sensitivity to the use of health, such as during humanitarian ceasefire interventions, in particular settings may lead to health being a focus of additional enmity and conflict. *In the former Yugoslavia, lack of attention to how an immunisation program was to be delivered and where the vaccines*

originated (Croatia), added to existing tensions between the Serb and Croat communities. Therefore, the following key considerations are recommended to make health interventions into peace-building initiatives:

- **Trust** - At an organisational level consideration must be given to building institutions and practices that promote trust between different providers and between providers and the communities they serve. *In the Solomon Islands, some populations are highly sceptical of government programs due to low levels of trust. Health programs need to be cautious of using government and church groups as the only conduit for distribution of health services. Rebuilding effective services may help rebuild trust in government.*
- **Conflict management skills** - There are often opportunities within programs to incorporate peace training initiatives that develop workers' skills in conflict management, negotiation and resolution. *In Indonesia, the 'Health as a Bridge to Peace' program included conflict management skills training. However, building the capacity of health workers met varied levels of success due to the different dynamics of conflict in the communities in which the program was piloted.* [↻ HPB Case study 2, 12].
- **Promoting non-violence** - Health may include provisions for protecting vulnerable populations and for reducing violence within the wider community. *The 'National Movement Against Violence' in East Timor brought together more than thirty organisations to advocate against domestic violence, sexual harassment and violence against children.*

Cultural competence

A culturally competent approach strives to recognise and respect different traditional, local and western interventions for health and community development. Adopting a framework of cultural competence requires interventions at the policy, planning and delivery levels. It also requires attention at individual, organisational and systems levels. Key considerations include: institutionalising cultural knowledge, valuing diversity, responding to cultural differences and efforts to bridge the gap between local/ indigenous approaches to health care and imported approaches. *Creating a culturally competent health clinic in the Solomon Islands' highlands may have prevented potential conflict* [↻ Case study 3, 13].

Key elements for effective cultural competent processes:

Interventions should engage indigenous populations by using:

- Assessment processes that explore local experiences through use and understanding of indigenous terms, classification, explanations;
- Engagement should begin with bottom-up approach using local resources and active participation and influence of stakeholders, drawing from the less urbanised – and urban – sectors of the community as well as from those more likely to engage with the international community;
- Carry out train the trainer and write manuals in local language and using local as well as Western idioms;
- Ensure that local trainers/workers are themselves helped to overcome cultural ethnocentrism through which they may judge their compatriots;
- Engage communities, and involve key opinion leaders such as traditional healers and religious leaders of a range of persuasions. Interventions must be founded on a deep understanding and respect for indigenous cultures, in order that they do not aggravate situation through ignorance.

Source: Eisenbruch et al. 1997. *Community Mental Health in Cambodia*. Transcultural Psycho-social Organization (TPO).

Equity and Human Rights

Promoting equity entails eliminating unjust and unfair inequalities in health and health care.

Key considerations:

- **Equity** - This includes addressing both access to health services and distribution of health resources (e.g. people, medical supplies, finances). There is a need for policy to ensure the more equitable distribution of humanitarian and development resources. *Aid workers in Bougainville indicated that the province may have received a particularly large quantity of aid due in part because of the conflict, whereas other areas of Papua New Guinea receive less aid resources in face of even poorer health services.*
- **Non-discrimination** - programs must make provisions for all sections of the community and relevant vulnerable groups (e.g. single mothers, unaccompanied minors, survivors of rape and domestic violence, ex-combatants, child soldiers, torture survivors) and ensure that non-

discriminatory practices are adopted both in recruitment of staff to health projects and the delivery of services in the community. *In the Solomon Islands, most international interventions seek the advice of the 'educated' population, which does not represent the majority of the population, potentially alienating many members of society and their specific needs. Additionally, despite the increase in sex workers among adolescents in East Timor, this particular group have been given little voice regarding sexual and reproductive health issues.*

- **Gender** - Males and females experience differing impacts of conflict to their physical and psychosocial well-being. While special attention should be given to both their needs, many health professionals argue that gender inequalities have led to systematic devaluing and neglect of women's health. Specific issues related to gender and social status must be addressed in health and peace-building initiatives including: sexual violence, reproductive health, conflict-induced stress and their roles as caretakers and potential peacemakers. A gendered perspective also implies consideration of notions of masculinity and how these relate to peace-building and health promotion. *The Inter-Church Women's Forum in Bougainville encourages women to speak out on issues affecting them (e.g. women's health issues, peace-building, land issues, food security, improving quality of life) while providing integrated and functional literacy skills to women.*

Women, Conflict and Peace

Through their work to bring the warring factions together and to build a culture of peace, women report gaining a sense of individual and collective empowerment. Nevertheless, despite the many groups' efforts, Solomon Island women were excluded from participating in the official peace process in Townsville and appear to remain excluded from political decision-making at the national level in the post-conflict context.

Source: H. Leslie and S. Boso, Asia Pacific Viewpoint, Vol. 44, No. 3, December 2003, pp. 325-333.

- **Human rights and social justice** – Health programs have the opportunity to support human rights and social justice by promoting dignity and respect for patients, responding to gender inequities (in service delivery and staffing), and providing transparent and fair grievance procedures for personnel, patients and the community. These factors must be considered not only in principle but in program implementation. *The 'East Timor Trust and Reconciliation*

Commission' is considering how enhanced community and mental health services might contribute to reversing some of the adverse effects of human rights abuses.

Social Cohesion

- **Social cohesion** - Health promotion projects may strengthen social ties by bridging the divide amongst groups and respecting cultural diversity and political pluralism. Community health initiatives have the potential to empower women and children and promote trust and reconciliation within an institutional setting and across society as a whole. *An example raised in the Solomon Islands was the opportunity for nurses studying at different institutions to be trained in cultural sensitivity to enhance their skills in providing services across cultural, racial and other divides.*
- **Psychosocial components** - Health initiatives should recognize the close nexus between physical, psychological and social health. In planning health programs attention should be given to reinforcing and building upon positive coping mechanisms, adaptations and community resilience. *In Sri Lanka, the Butterfly Garden is an innovative program of accompaniment and healing for war-affected children and a promoter of community reconciliation built on research outcomes from multiple country studies on psychosocial distress.*

Health Conditions and Systems

- **Transparency and good governance** – Health programs should reflect broader efforts to improve accountability and transparency of public services. Mechanisms for informing stakeholders of new developments and providing avenues for feedback will be critical. *In the Solomon Islands, the Family Support Centre began collaborative efforts with the Police, resulting in increased reporting of sexual abuse cases and referrals of both victims and perpetrators to the Centre.*
- **Capacity building and community empowerment** – Better practice in health programming demands involvement of the community in assessment, planning, implementation, monitoring and evaluation. This process should enhance the community's capacity to influence central service providers and government departments and advocate for appropriate health services. *The Canadian Red Cross and the Sri Lanka Red Cross Society, created the Community Based Health Care*

project which operated health centres and mobile health centres in remote villages across the Vanni district. As a way of providing local solutions with small investments, the health workers from twenty-six communities were trained to give health advice in schools, health centres and community gatherings.

Conclusion

Clearly, as a major public sector, health can play a key role in peace-building but only as part of a whole of government and multisectoral approach. The present paper attempts to provide a conceptual overview of the important components of a peace-building framework for health without offering a prescriptive set of actions or activities, a design task that should always be undertaken at the local level to avoid the risk of applying standardised solutions.

Realism is important in attempting to incorporate a peace-building perspective into health initiatives in conflict-affected societies. It is not always practical or feasible to incorporate all the considerations outlined herein in all contexts. There may be

extreme contexts in which it is impossible for health to do more than save lives and reduce morbidity, simply because the humanitarian space has been constrained by warring parties and other interests to the point that the pursuit of peace, or the implementation of a peace-building framework in health, is not feasible. Difficult questions then arise as to whether, at a particular point in the conflict, any humanitarian intervention can be effective and whether the risks involved in acting outweigh those of inaction. The medical maxim, *primum non nocere* (first, do no harm) should always be kept in mind in such settings.

One risk is that the imperative to act to save lives and treat the sick may seem so compelling that it becomes a blanket rationale for ignoring the larger responsibility to ensure that health initiatives are shaped in ways that reduce conflict and promote peace. By requiring all program planners and implementers to consider a peace-building framework, a greater level of awareness can be maintained about its salience, assisting program teams to seize opportunities to introduce peace-building strategies when conditions allow such initiatives to be feasible.

Interesting Resources:

Berghoff Handbook on Conflict Transformation: <http://www.berghof-handbook.net/index.htm>

Deadly Connections: The War/Disease Nexus; Human Security Report: <http://www.humansecurityreport.info/deadlyconnections.htm>

The Psychosocial Working Group: <http://www.forcedmigration.org/psychosocial> and <http://www.qmuc.ac.uk/cihs>

A Health-to-Peace Handbook: <http://www.jha.ac/Ref/r005.htm>

WHO Health as a Bridge to Peace and other significant conflict research: <http://www.who.int/disasters/hbp/general/Documents.htm>

Gender and Conflict Issues: <http://www.womenwarpeace.org/>

Reproductive Health: http://www.who.int/reproductivehealth/publications/RHR_00_13_RH_conflict_and_displacement/

Conflict Prevention and Resolution: <http://www.c-r.org>

Virtual Public Health Library, health, human rights and conflict: <http://sphcm.med.unsw.edu.au/sphcm.nsf/website/forstudents.resources.ldb.ph>

Researching Health and Human Rights: <http://www.rhhr.net/>

WHO Health in Emergencies Newsletter: <http://www.who.int/hac/network/newsletter/en/>

Peace through Health list : <http://mailman.mcmaster.ca/mailman/listinfo/peace-health-list>

Peace and Conflict Impact Assessment and NGO Peace-building document: <http://www.international-alert.org/pdf/pubdev/pcia.pdf>

WHO World Report on Violence and Health: http://www.who.int/violence_injury_prevention/violence/world_report/wrvh1/en/

UNSW Health and Conflict Project: <http://healthandconflict.sphcm.med.unsw.edu.au/>

