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Health for peace: from rhetoric to reality

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Health and peace are interlinked. Sustainable Development Goal 16 is about 'peace, justice and strong institutions'. The constitution of the WHO, the United Nations agency on international health, recognises health as fundamental to the 'attainment of peace and security'.[1] Health can be a bridge for peace especially in settings where conflict torments people's lives.

The Pan American Health Organization (PAHO) in the 1980s and 1990s focused on a health initiative to build peace in Panama .[2] The architects of the initiative believed that universal acceptance of health could strengthen understanding, bring solidarity and promote peace among peoples. In 2019, the WHO Regional Office for the Eastern Mediterranean and Government of Oman, embarked on a similar initiative in the Region which includes some of the world's oldest and enduring conflict hotspots.[3] However, compelling evidence directly linking health to peace remains elusive. Does that make health for peace or health as bridge for peace (HBP) initiatives worthless to pursue? Should the health community thus focus on health, and leave peace to politicians and diplomats? We think not.

We maintain that health is both a contributor to and beneficiary of peace. The health community cannot and should not remain indifferent in efforts to bring, promote or sustain peace. The case for the public health community's involvement in HBP programmes should not be restrained by challenges of traditional evidence. The absence of evidence is not a rationale for inaction . There are ongoing efforts to document and collect evidence, such as the Lancet-SIGHT Commission on peaceful societies which aims to highlight solutions of how to 'harness the potential of health to reduce violent conflict and promote stability'[4] and includes some country case studies from the Eastern Mediterranean Region. Developing the evidence base for health and peace goes hand in hand with its practice. In contexts where conflict shapes daily life, public health professionals, practitioners and enthusiasts have a duty and obligation to engage for peace. Sceptics might argue 'duty' and 'obligation' are not enough. Aligned with the health community's core mission of promoting and sustaining health, what might be more practical ways to contribute to peace building? We identify three possible avenues of interventions which HBP programmes can adopt.

First is delivering health services in underserved places of conflict zones and promoting trust. This option is the traditional role of the health community. Second is providing a neutral platform and bridge for conflicting sides to work on health, convening actors and building confidence. This option is perhaps most challenging as it requires actors to leave their comfort zones and create win-win solutions. Third is providing mental health, psychosocial support and rehabilitation services to foster healing in conflicted-affected communities. This can facilitate reconciliation and sustain peace.

These three avenues, that is, fostering trust, facilitating health cooperation and enhancing social cohesion, present the foundation of the Health for Peace Initiative in the Eastern Mediterranean Region. They are also consistent with a recently issued WHO policy paper.[5] Beyond these reasons to engage, two important challenges demand urgent attention from HBP proponents: first, how do we operationalise this approach, and second, how do we evaluate these efforts to showcase impact?

To operationalise HBP, we propose a five-pronged approach (i) conducting conflict analysis; (ii) using advocacy; (iii) building capacity of the health community in peace tactics; (iv) developing and deploying context sensitive tools and (v) engaging partnerships. Here, PAHO's experience in Central America provides a supportive example where rigorous situation analysis facilitated HBP, identifying immunisation as an opportunity for partnership among PAHO, UNICEF, the Red Cross and the Catholic Church.[2]

HBP programmes are complex interventions. Evaluating them is not—and should not be—straightforward. Having a control group will typically be impossible.[6] A strict biomedical science approach—which are by nature applicable to more simple interventions—will not work in HBP interventions. More flexible and context sensitive approaches applying social sciences and adopting a practice-based research methodology may provide more practical solutions. A more recent example of this approach was seen during the COVID-19 pandemic in which social and behavioural science worked in tandem with recommendations of epidemiologists and public health experts.[7] We suggest adopting a behavioural cum practice-based approach to measuring progress and impact, and for understanding the diverse mechanisms that link health to peace and vice versa—and how they are influenced by context.[8]

The COVID-19 pandemic experience has proven useful in illuminating the significance of health for human security and development. The public health community must now also highlight and recognise the importance of peace as a major determinant of health. This year, the 75th World Health Assembly was held with the theme of 'Health for Peace, Peace for Health' which indicates growing advocacy around the concept. More than 1.8 billion people are living in fragile, conflict-affected and vulnerable settings[5] and achieving the Sustainable Development Goals are not possible without peace. It is not a matter of choice but necessity. It is time to move from the rhetoric of *health is fundamental to peace* to *health can bring peace*. Pragmatism, experience and a sense of solidarity, recently proven essential for the COVID-19 pandemic response, can also accelerate the transition from the current rhetoric of health for peace into a new reality; it can save lives, serve the vulnerable and make the world a better, healthier and safer place.

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REFERENCES

1 Who.int. Constitution of the World Health Organization, 2022. Available: https://www.who.int/about/governance/constitution [Accessed 17 Jun 2022].
2 de Quadros CA, Epstein D. Health as a bridge for peace: PAHO's experience. *The Lancet* 2002;360:s25–6.
3 Al Mandhari A, Ghaffar A, Etienne CF. Harnessing the peace dividends of health. *BMJ Glob Health* 2021;6:e006287.
4 Friberg P, Fewer S, Clark J, *et al*. The Lancet-SIGHT Commission on peaceful societies through health and gender equality. *Lancet* 2020;395:670–1.
5 World Health Organization. *Health and peace initiative*. Geneva: World Health Organization, 2020: Licence: CC BY-NC-SA 3.0 IGO.
6 MacQueen G, Santa-Barbara J. Peace building through health initiatives. *BMJ* 2000;321:293–6.
7 Bavel JJV, Baicker K, Boggio PS, *et al*. Using social and behavioural science to support COVID-19 pandemic response. *Nat Hum Behav* 2020;4:460–71.
8 Abimbola S. Beyond positive a priori bias: reframing community engagement in LMICs. *Health Promot Int* 2020;35:598–609.