



The Basel Peace Forum 2017 intended to inspire new and unconventional ideas for peacebuilding. About 120 decision-makers from business, diplomacy, academia and civil society from 20 countries met on 15 and 16 January in Basel to rethink peace. Linkages between peacebuilding and health, artificial intelligence as well as risk analysis took center stage.

EXPLORING THE HEALTH-PEACE NEXUS: WHICH HEALTHY STEPS TO TAKE TOWARDS PEACE?

CRITICAL REFLECTIONS ON THE BASEL PEACE FORUM WORKSHOPS „HEALTH & PEACE“

by Dominik Balthasar


OVERVIEW

Health professionals have entertained a long-lasting engagement with war, not least evidenced by the foundation of the International Committee of the Red Cross in 1863. Much less prominent, however, has been the health professionals' relationship with peace. Yet, it is conceivable that personnel in the health sector is similarly well placed to actively support peace as it is to counter the harm and pain of war. Attending to the health-peace nexus at the intersection of private, public and not-for-profit actors, this workshop explored potential propositions in order to discern innovative ways to build new and mutually beneficial bridges between health and peace.

RECITALS

The workshop was kicked off by **Dr. Jutta Reinhard-Rupp**, Head of the Global Health Institute at Merck, who gave a presentation on her company's work on neglected tropical diseases in the global south. The speaker conjectured that violence and war disrupt health systems, which is not only problematic in terms of the resulting undersupply of health services to the affected population, but also because of the probable enhancement of inequalities, which might feed into grievances and antagonisms. Conversely, Dr. Reinhard-Rupp suggested that peace and well-being positively affect health systems, thereby contributing to conflict prevention, for instance, through underscoring popular respect for human rights. Her input was complemented by a subsequent presentation provided by **Dr. Jürg Utzinger**, Professor of epidemiology at the University of Basel and director of the Swiss Tropical and Public Health Institute, who attested that socio-political unrest, armed conflict and war that occurred in Côte d'Ivoire from 2002-2010 weakened the country's health infrastructure. The speaker also pointed out that research partnerships in the health sector, forged long before the violent conflict, had created common principles, values and trust that survived the devastating war. The workshop was moderated by **Dominique Reber**, Partner at Hirzel.Neef.Schmid.Counselors.

REACTIONS



Initially, workshop participants debated about whether there is association or causation between health and peace. Evidence for the proposition that war negatively affects health was quickly found with southern Thailand given as a prominent example. That led one workshop participant to poignantly state that ‘war is a public health disaster’. However, the evidence that health contributes to peace remained much more spurious throughout the discussion. Hence, different opinions have been expressed on this part of the equation.

In order to cut this Gordian knot, one workshop participant made a case for not understanding ‘health’ in conceptual terms, but as understanding it to be synonymous with ‘health professionals’. This adaptation opened up different avenues as regards the potential of instrumentalizing physicians, nurses, midwives and psychologists in support of peacebuilding. It is in this train of thought that it was highlighted that the health sector—through its personnel—was particularly well placed to promote and uphold human rights and human dignity in support of peacebuilding due to the long-standing and universal value of medical ethics. It was thus proposed that the medical workers’ affinity to respecting ethical standards could constitute an entry point into setting broader ethical standards in order to mitigate violent conflict.

Coming from a slightly different vantage point, some workshop participants suggested that, while it might not be health per se that stimulates or counters large-scale violence, an unequal distribution of, and access to, health services could certainly constitute a causal element. With the example of Syrian refugees on Lebanese territory having better access to health services as compared to their local counterparts, it was argued that such inequality might enhance tensions that can lead into a spiral of violence between the communities concerned. More generally, it was proposed that flagrant inequalities in access to health could exacerbate conflict.

Finally, one workshop participant suggested that the relationship between health and peace becomes clearer, if not confining health to a narrow concept of absence of illness, but rather embracing a more holistic view, including mental health, access to nutrition and water. While this point is well-taken, it was also felt that this might constitute an undue and unhelpful stretching of the concept of health.

REFLECTIONS




Reflecting on the debate among workshop participants about the potential linkages between health and peace, four issues emerged:

First, one aspect that might constitute a potential starting point for a renewed reflection on, and engagement with, the health-peace nexus concerns the health sector’s explicit roots in, and application of, strict ethical standards. As these medical ethics are fundamentally based on a non-negotiable respect for human life, the equality of human lives as well as dignity, their evolution and exercise could provide for a novel pathway to beneficially tie health and peace. While the peace-building community has subscribed to a ‘do no harm’ approach, there could well be more to be learned from medical ethics when engaging in peacebuilding endeavours.

Second, in addition to the aforementioned point, the medical field provides food for thought to the international peacebuilding community when it comes to the thorough testing and validation of potential remedies among a treatment group before applying such medication across an entire population. Could we equally test new approaches in peacebuilding first in a very limited group of sentinel communities before expanding the approach to the wider community or country? This incremental and fact-based approach could possibly be inspirational to (certain segments of) peacebuilders. That said, it is obvious that this condition cannot be fulfilled by peacebuilders in its strictest sense, as peacebuilding does not focus on the individual, but entire societies as their units of engagement. Nonetheless, the diagnostic approach taken by health professionals and their seeking of informed consent prior to providing treatment could constitute an inspiring starting

point for peacebuilders.

Third, existing accountability mechanisms in the health sector could act as a path-breaker to rethink the peacebuilders' contract with the communities they engage in. It should be noted, however, that accountability is ambiguous in the international peacebuilding space—particularly in the presence of a plethora of actors and in the context of fragile and conflict-affected settings. Enhancing transparency and accountability at the part of the international peacebuilding community could constitute a healthy step forward.



Fourth and finally, when it comes to exploring the potential ways by which the health sector could contribute to peacebuilding in innovative ways, it might be valuable to identify the 'cracks in the wall' (cf. Salvatore Pedulla during the panel discussion at the Forum) that, if enlarged, allow bringing down the wall of war. One such 'crack in the wall' could be found in the circumstance that health services generally provide a space for 'civilization', dignity and optimism. Eventually, peacebuilders could seek to enlarge such cracks and build upon these emerging spaces in order to provide a more fertile ground for a more respectful coexistence among (formerly) antagonistic parties.

ABOUT THE AUTHOR

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