IFMSA policy document - Peace, Peacebuilding and Health

Proposed by the Team of Officials, adopted at the IFMSA General Assembly August Meeting 2017 in Arusha, Tanzania

Policy Statement

Introduction

Peace and health are closely interlinked, one cannot exist without the other. The very basic principles of living together in healthy societies are strongly linked to peaceful environment. It is the citizens of the countries where peacebuilding is underway, with support from their governments, who assume the responsibility of laying the foundations for lasting peace. Good health is the basic condition that enables people to contribute and participate in a society and their everyday activities. Violence, aggression and warfare are among the greatest risks not only for sustainable peace, but also for health and the economic welfare. Health systems and their development can contribute to peace and peacebuilding by promoting justice, ethics and humanitarian values.

IFMSA position

In order to promote peace and explore its deeper components, we must understand and address the underlying reasons of its disruptions - such as violence, conflicts and human rights violations. We understand peace as both the absence of conflict (negative peace), and the presence of equality, equity and harmony (positive peace). We understand that a peaceful environment is not only important for safe and full access to health care for our communities, but also essential for the continuity of education as well as the sanctuary of health services. Health care workers can have a unique and key role in peacebuilding, because they have access to both victims and perpetrators of violence.

Call to action

Therefore, IFMSA calls on:

Governments to:
- develop and implement all their policies and activities with guidance and respect for the Universal Declaration of Human Rights, advocate for peace through prevention and removal of threats to peace, whilst refraining from engaging in acts of violence
- comply with the principles of international law and manage all forms of conflict through democratic resolution
- ensure the protection of civilians, specifically youth and children at times of armed conflict and emergencies including post-conflict periods and protection from all forms of sexual and gender-based violence, reject all forms of violence especially against vulnerable groups and civilians
- enable and support involvement of external parties as mediators of the conflict as well as independent conflict research and analysis
- ensure full access to equal education, social justice and security for a peaceful and democratic society
- negotiate and implement binding treaties for the disarmament of nuclear weapons, with a target of their total abolition
- sign and ratify relevant international documents, treaties and conventions which aim to regulate usage, trade and all other activities related to weapons of mass destructions, conventional weapons and other types of weapons with the overall aim to reduce their usage

- implement programs to educate, raise awareness and share knowledge of intercultural learning and diversities in all spheres of people's lives

International organisations and non-governmental organisations (NGOs) to:
- act in line with their mandates, guided by the four basic humanitarian principles: humanity, neutrality, impartiality and independence; protect global, regional and national peace, facilitate efforts to build sustainable peace solutions
- collaborate with governments in producing legislations that protect peace and human rights
- collaborate with other international organisations and NGOs to develop programs and initiatives to support the creation of culture of peace within all communities
- build the capacity within a civil society to understand the importance of peace and peacebuilding, to equip them with tools and skills to advocate for peace and peacebuilding
- collect data on the relationship between health and peace, implication and influence of these two areas, report all forms of violence perpetrated by State or non-state actors

The health sector and medical schools to:
- develop and implement inclusive policies that promote tolerance among all people regarding cultural diversity and human rights
- organize regular contacts between health professional of all communities, through the promotion of multiple cross-community conferences, workshops and seminars on the topic of Health & Peace
- allocate time and funds for research on Health and Peace and the phenomena which threaten peaceful environments and societies to better guide implementation of international humanitarian law
- equip medical students with the necessary knowledge and skills to take leadership on Peace and Peacebuilding in physician's practice
- incorporate Peace, Peacebuilding and Health content into the medical curricula, balancing the human rights, medical and public health dimensions
- ensure that medical students and health professionals are able to recognize and lead efforts to build and promote a culture of peace, not only in their practice, but also in their civil lives in communities they serve

IFMSA National Member Organisations (NMOs) and medical students to:
- actively work on the topic, raise awareness of the current status of peace in the world, and invest time and resources into projects and activities on health aspects of peace and peacebuilding
- share best practices and projects with NMOs, reach out to other NMOs to develop advocacy and project collaborations, enroll activities under a relevant IFMSA program
- review national health care policies and plans in the field of peace, security and health, and check the language used on youth. Consequently, develop national strategies to include inclusive language on youth and references to resolution 2250 into abovementioned documents
- join international campaigns and advocacy initiatives organised by IFMSA or external partners of IFMSA
- facilitate cross cultural learning for medical students by offering exchange programs, opportunities to attend IFMSA meetings and other possibilities for international collaboration

Position Paper

Introduction

"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. 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" [1].

Henry Dunant, one of the founders of the Red Cross, and together with Frédéric Passy, the first recipient of the Nobel Peace Prize, witnessed during his business trip in 1859 the aftermath of the Battle of Solferino in modern-day Italy. He shared his memories and experiences in the book ,,A Memory of Solferino,, which later inspired the creation of the International Committee of the Red Cross (ICRC) in 1863. In 1981, the World Health Assembly stated that "the role of physicians and other health workers in the preservation and promotion of peace is the most significant factor in the attainment of health for all" [2].

Background

General considerations

Peace and health are closely interlinked, one cannot cannot exist without the other. A recent study has shown that peace contributes to life expectancy as a global determinant, taking into account economic and education levels of countries worldwide [3]. By assessing the relationship between global peace index (GPI), education index (EI) and gross national index (GNI), the study was able to point out that the calculated peace level of each country has a direct impact on life expectancy (LE) - even after adjusting other factors such as the education level [3]. IFMSA strives for a world of global health. Taking abovementioned correlations into account, it is of high importance to encourage stakeholders (policy makers, politicians, youth, interest groups in private and public institutions) to establish policies that enforce a transparent, safe and sustainable development towards a violence-free environment. Health professionals can contribute to peace through various activities, among others by analyzing the causal interrelationships of violence phenomena, curbing the determinants of violence according to the professional standards, and training professionals for this increasingly important task [4].

War conflicts

Wars, conflicts and insecurity have a profound impact on individuals' health. Civilian casualty ratio in modern wars ranges from 50% to almost 90% of all deaths [5] [6]. These deaths are only a small subpart of direct consequences of wars, next to a damaged infrastructure and environment. Direct consequences result into indirect ramifications, such as fragile protection of human rights, displacement of people, economical instability, damaged social fabric and other social activities, increased vulnerability and birth of a culture of violence. The World Health Organization defines violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation". The definition used by the World Health Organization associates intentionality with the committing of the act itself, irrespective of the outcome it produces [7]. Naturally, all these determinants are causes of short and long-term psychological and physical adverse health effects. Public health is not spared - deepened disparities in health status within populations, spread of communicable diseases, increased rates of non-communicable diseases and exacerbated mental health problems [8].

Weapons of mass destruction (WMDs)

According to the Federation of American Scientists, nine countries together possess around 15,000 nuclear weapons. The United States and Russia maintain roughly 1,800 of their nuclear weapons on high-alert status – ready to be launched within minutes of a warning [9]. The magnitude of their power is unparalleled, with the International Court of Justice stating in 1996 "the destructive power of nuclear weapons cannot be contained in either space or time. They have the potential to destroy all civilization and the entire ecosystem of the planet" [10].

A single nuclear warhead, if detonated on a large city, could kill millions of people, with the effects persisting for decades, affecting generations of people living in surrounding areas. In the horrific cases of the atomic bombs which fell on Hiroshima and Nagasaki in August 1945, resulting in the deaths of more than 200,000 people, with more continuing to die since, the ongoing medical consequences are evident [11]. Aside from the direct aftermath of burns and radiation sickness leading to the loss of life, the ongoing effects of radiation exposure led to documentation of high rates of leukemia, cancer deaths, cataracts, thyroid disease, cardiovascular disease and in utero radiation exposure leading to limb deformities and neurological defects [12].

Despite the tragic historical events and catastrophic potential, nuclear weapons still remain a key attribute in the security policies for many countries, and possessing them has become a perverse status symbol. Over the years, many organisations have formed in opposition to this, with health workers playing a key role in many campaigns. Founded in 1980, the International Physicians for the Prevention of Nuclear War (IPPNW) was established to facilitate international collaboration between doctors to oppose nuclear weapons. In 1985, they were awarded the Nobel Peace prize for their work and still continue to oppose nuclear weapons today [13]. Opposition to nuclear weapons is not limited to IPPNW, the International Committee of the Red Cross (ICRC) has also supported recent international efforts to negotiate a ban treaty. ICRC believes that the scale and indiscriminate nature of these weapons would mean that no meaningful humanitarian response could be mounted after their use [14].

Alongside nuclear weapons, there are many other types of WMDs. However, up to these days, there is no treaty, customary international law or any other official document that contains an authoritative definition of WMDs. Instead, international law has often been used with respect to the specific categories of weapons within WMDs, and not to WMDs as a whole. Generally, apart from nuclear weapons, WMDs can be any radiological, chemical, biological or other weapons that can either kill or bring significant harm to a large number of people or cause great damage to man-made and natural structures, or the biosphere. A number of multilateral treaties exist to outlaw several types of WMDs, among others the Treaty on the Non-Proliferation of Nuclear Weapons (1968), Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on their Destruction (1972), Convention on the Prohibition of the Development, Production, Stockpiling and Use of Chemical Weapons and on their Destruction (1993), Protocol for the Prohibition of the Use in War of Asphyxiating, Poisonous or Other Gases, and of Bacteriological Methods of Warfare (1925), the United Nations Convention on Certain Conventional Weapons (1980), The Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction (1977), Arms trade treaty (2014) and the Convention on Cluster Munitions (2008). Health care workers have significantly contributed to the creation of these documents, for example several campaigns to ban landmines and cluster munitions included health workers and led to successful treaties banning these weapons [15]. IPPNW was a member of the coalition of civil societies which led to the Arms Trade Treaty in 2014 [16]. The issue of legality is also important to consider. Under the Geneva Convention 1949, the use of indiscriminate weapons, is wholly unlawful. International Humanitarian Law also states that weapons which would constitute "unnecessary suffering or superfluous injury", are illegal. However, these terms are not defined and require interpretation against objective criteria for the law to be effective. Currently there is no widely accepted criteria to measure WMD effects on health. Physicians can aid in developing criteria for weapons that cause "superfluous injury" or "unnecessary suffering" severe enough to elicit the terms of International Humanitarian Law. These criteria could aid lawyers in the use of International Humanitarian Law, allow assessment of the legality of weapons and create an objective system of

assessment of their medical effects. The engagement of physicians in the formation of objective criteria is imperative if it is to become a part of the legal process [17].

Public health aspects

The World Health Assembly in 1996 declared violence to be a 'leading worldwide public health problem'. WHO responded with its World report on violence and health, which showed that direct violence in its different forms caused deaths of about 1.6 million people a year worldwide. Violence in its nature is an entirely preventable public health calamity [7]. An example of a direct impact of conflict can be seen in a dynamic changes in public health in Syria. The Syrian conflict is arguably one of the world's worst humanitarian crisis. With an estimated 470,000 people killed, many more injured, and the number of people requiring medical assistance increasing exponentially, the demand on the health sector heightened [18]. Together with the 'weaponization' of healthcare facilities, the conflict in Syria lead to the collapse of the public health system [19]. The Syrian population is facing an epidemic of communicable diseases such as outbreaks of hepatitis, typhoid, cholera and a measles epidemic due to a lower uptake of vaccinations. This added pressure on the Syrian health system means non-communicable diseases such as diabetes, hypertension and heart disease are poorly managed as well [8].

During periods of conflict, many ethical dilemmas may present to physicians as the principles and attributes of conflict, including discrimination, abuse of privileges, confidentiality and torture. To guide physicians working in these conditions, the International Committee of the Red Cross (ICRC), World Medical Association (WMA), the International Committee of Military Medicine (ICMM), the International Council of Nurses (ICN), and the International Pharmaceutical Federation (FIP), have adopted the "Ethical Principles of Health Care in Times of Armed Conflict and Other Emergencies", which were fully endorsed by the IFMSA as well [20]. Another contribution to the linkage of public health and peace is the ,,Health as a Bridge for Peace,, initiative, which is a WHO program targeted at health workers to encourage their contribution to developing peace [21]. The program integrates peace-building principles, strategies, and practices into health relief and health sector development and notes the importance of encouraging public health workers to view peace-building as an essential component of good public health practice. The importance of physicians' contributions to peacebuilding is seen at regional and national levels as well. In 2009, the American Public Health Association (APHA) adopted its policy statement "The Role of Public Health Practitioners, Academics, and Advocates in Relation to Armed Conflict and War." The APHA has previously taken similar positions on specific wars and militarism, this policy marked the most complex and proactive initiative, and specifically mentioned the roles for health professionals in preventing war and contributing to peacebuilding [22].

Medical education and peace

A peaceful environment is a necessary component for an individual's health and well being. Education, and in particular medical education, presents an invaluable opportunity to actively promote peace through health professionals - in this case future physicians. Until recently, peace and peacebuilding have been neglected in medical curricula, however as conflicts arise on a global level, and as more and more health workforce is on the move, the need to address this issue on a university level becomes apparent [23] [24] [25]. Providing medical students with human rights centered curricula to build the necessary capacities to promote and safeguard peace can prove to be an effective adjunct to international political efforts [26]. As physicians are often called to work in conflict and war stricken areas, catering to the patients' needs proves challenging in many ways, even more so for their role as mitigators of life. Building a strong education framework on peace and peacebuilding can alleviate those challenges and give them the necessary skills to understand intercultural realities, prevent violence and foster peace itself [27].

Youth, Peace and Health

The UN 2030 Agenda for Sustainable Development puts people and their well being at the center of all actions, following the principle to "leave no one behind". SDGs goal number 16 aims to "promote peaceful and inclusive societies for sustainable development, provide access to justice for all and

build effective, accountable and inclusive institutions at all levels" [28]. In 2017, youth comprise of over one billion people, 600 million of whom live in violence- and conflict-affected areas [29]. Young and adolescent groups are among the most vulnerable, and often most affected, during periods of violence and conflict. Despite this, youth-led peacebuilding initiatives are the important and positive contribution of youth in efforts for the maintenance and promotion of peace and security [30]. Young people have always been champions for peace and peacebuilding. Oftentimes, the political language addressing young people portrays them as either 'passive or recipient agents of conflict', or ascertains the perspective of youth as the 'problem and perpetrators' of violence. However, such attitudes and assumptions neglect the crucial role young people play in peacebuilding; essential in catalysing society into a more peaceful and socially inclusive form. Conversations around youth and conflict must shift from one of an accusatory nature, to that of a constructive one, focusing on their potential substantial contributions at socio-economic and political levels [31].

On 9th of December 2015, the United Nations Security Council unanimously adopted legally binding resolution 2250 on Youth, Peace and Security to increase representation of youth in decision-making at all levels [30]. This was a historic step of the United Nations towards recognition of an active role of young people in building and sustaining peace. Through this adoption, the Council also urged Member States to consider setting up mechanisms that would enable young people to participate meaningfully in peace processes and dispute resolution. Youth contribution and further potential should be valued, recognized and supported as a key to shaping lasting peace and contributing to justice, reconciliation and economic prosperity [30].

As medical students, youth, and future health care professionals, we have an undisputed duty to promote the ideas of peace and peacebuilding. We understand that for sustainable peace, a long term action, education and community work is of an imperative importance. In our field, we can also see that peacebuilding is an ongoing everyday process and not only something to promote after a conflict has ended. All factors mentioned should create a bottom up model with a holistic approach based on a conflict analysis. It should also be adapted to and developed in reflection to the local situation and by the local community [32]. This should not only be reflected in education of medical students on the role of peace in health field, but also in the professional code of conduct and practice of health care workers.

Peace is also achievable only through intersectoral and interprofessional collaboration. IFMSA with its strong partnerships with other youth and non-youth organisation has an ideal position to reach out and initiate collaborations with these partners to promote the ideas of peace and peacebuilding. IFMSA NMOs have the unique opportunity to work with medical students in medical schools and universities and to advocate towards these institutions to include the education on Peace & Health intol schools' curricula. Medical students are able to provide sustainable and durable solutions for peace, because a strong value for peace and peacebuilding gained during this early, yet important period of future health care professional's life, will preserve in person's heart long time after the graduation, during their professional careers and civil duty. The IFMSA exchange projects and the participation of students from all over the world make the organisation a unique platform for cultural and educational exchange as well as peacebuilding.

The words of the seventh Secretary-General of the United Nations, Mr. Kofi Annan, perfectly fit to conclude this document: " Young people should be at the forefront of global change and innovation. Empowered, they can be key agents for development and peace. If, however, they are left on society's margins, all of us will be impoverished. Let us ensure that all young people have every opportunity to participate fully in the lives of their societies."

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