

IFMSA Policy Document Peace and Health

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Policy Statement

Introduction

Communities worldwide grapple with the ramifications of conflict on public health and individual well-being. Conflicts do not only cause health consequences due to the direct effects of violence but also due to the breakdown of essential healthcare services, displacement, lack of adequate housing conditions, lack of education, and destruction of social support systems. Accordingly, the absence of peace exacerbates health disparities, heightens vulnerabilities, and impedes access to healthcare. Conversely, investing in peace-sustaining structures and resolutions creates an environment conducive to the health and well-being of communities worldwide. The relationship between peace and health is a two-way relationship, highlighting the need for the presence of health for peace and the presence of peace for health. In this complex relationship, medical students play a crucial role due to their unique positioning which leads to a deep understanding of the relationship between peace and health. Through advocating for peace promotion, conflict resolution, and access to healthcare in conflict-affected areas, medical students can be powerful stakeholders in alleviating suffering and advancing global health.

IFMSA Position

The International Federation of Medical Students' Associations (IFMSA) identifies peace as both the absence of conflict (negative peace) and the presence of equity and social justice (positive peace) and affirms that both states are mutually reinforcing. The IFMSA believes that healthcare workers, through their leadership and contact with the community, have a unique and key role in promoting peace through the provision of care, promotion of community health and shaping equitable policies. The IFMSA also believes that youth, as vital members of the community, have an active role as agents of peace through empowering education and meaningful engagement. Furthermore, the IFMSA affirms that peace is fundamental for safe and equitable access to healthcare, for delivery of quality health services, continuity of medical education and full enjoyment of the right to health and that health is necessary for peace.

Call to Action

Therefore, the IFMSA calls on:

Governing Bodies to:

- Adopt, develop and implement peace policies that promote human rights, conflict prevention and resolution, peacebuilding, resilient societies, thriving economies, enhanced ecological measures, social cohesion, happiness, improved well-being, and elevated social standards.
- Sign and ratify relevant international documents, treaties, and conventions that aim to regulate usage, trade, and all other activities related to weapons of mass destruction, conventional weapons and other types of weapons with the overall aim of reducing their usage.
- Create institutions and structures that sustain peaceful societies and promote the social determinants of health.
- Increase investment in healthcare infrastructure and systems, implementation of UHC, and research on health and peace.
- Create effective systems of accountability and inclusivity to ensure peace and justice for all.
- Participate actively in negotiations concerning the WHO's Global Health and Peace Initiative.
- Continue to provide effective support to the UN and its agencies in their mandates towards the protection of the health and wellbeing of civilians during humanitarian emergencies.

WHO, UN Agencies and International Organizations to:

- Collaborate with and support governments in implementing WHO's Global Health and Peace Initiative, and adopting a peace and health approach.
- Act according to humanitarian work mandates and principles of humanity, neutrality, impartiality, and independence.

- Strengthening the rule of law and impartial accountability systems to ensure the protection of human rights principles to promote peace and health.
- Invest in research on the relationship between negative and positive peace and health.
- Address peace in health promotion conferences and relevant high-level decision-making spaces.
- Provide relevant support such as technical assistance and capacity-building programs to member states to build resilient healthcare systems, economies, and societies to promote peace.
- Develop resolutions on global health policies that address the root causes of conflicts and contribute to the creation of sustainable peace.

Private Sector, Donor Agencies, and State Investors:

- Refrain from allocating funds to parties that sustain or promote conflicts.
- Provide grants and resources for peacebuilding and conflict resolution initiatives and allocate funds comprehensively across health systems pillars.
- Engage in partnerships for socio-economic development aligned with the 2030 Agenda and support projects at the intersection of peace and health.

Health Sector and Educational Institutions to:

- Conduct research with emphasis on an interdisciplinary approach that gives a comprehensive understanding of peacebuilding and health.
- Research effective interventions for peace promotion to guide policymakers in developing comprehensive peace and health strategies.
- Provide non-discriminatory health care regardless of socio-political setting and contribute to war-relief efforts.
- Contribute to population education on positive and negative peace and their impact on populations' health through formal and informal approaches.

NGOs, Civil Society, and Community Groups to:

- Raise awareness among communities about the interconnection between peace and health and advocate for and provide input on policies that promote peace and health.
- Implement programs to educate, raise awareness, and share knowledge of intercultural learning and diversity in all spheres of people's lives.
- Foster collaborations to leverage resources and expertise to create effective interventions to promote peace and health in societies, centralising an interdisciplinary approach.

IFMSA National Member Organisations (NMOs) and Medical Students to:

- Raise awareness among IFMSA members and medical students on the relationship between peace and health.
- Create sustainable projects, structures, and frameworks that promote long-lasting positive changes in the peace and health of communities.
- Engage in collaborations and partnerships with governments, NWHOs, and other stakeholders to promote comprehensive and sustainable peace and health initiatives.
- Create robust equity, diversity, and inclusion systems within NMOs and healthcare settings.
- Encourage meaningful youth engagement in peacebuilding projects and drive change through community engagement in health solutions.
- Advocate for national policies prioritising inclusive healthcare and actively contribute to peacebuilding efforts and Sustainable Development Goals and create activities in alignment with the objectives of the peace and health focus area.
- Utilise the IFMSA advocacy template to encourage your country to sign and ratify the Treaty on the Prohibition of Nuclear Weapons.

Position Paper

Background Information

The concept of peace has evolved, encompassing not only the absence of war (negative peace) but also the absence of structural violence and the presence of social justice, equity, and lack of oppression (positive peace). This expanded definition emphasises the need for attitudes, institutions, and structures that promote equal distribution of power and resources, creating and sustaining peaceful societies.[1]

Wars have had a significant impact on human health, with devastating consequences for individuals, families, and communities. War not only causes direct violence and destruction but also disrupts social systems, leading to famine, the diversion of resources, and the collapse of essential services like healthcare [2].

COVID-19 has served as a wake-up call, highlighting the importance of health as a bridge for peace and underscoring the need for global cooperation. The United Nations called for a worldwide ceasefire to facilitate pandemic response activities, and the World Health Organization launched the Health for Peace Initiative to promote peace through health diplomacy and capacity-building. However, despite these efforts, translating global calls for peace into action on the ground remains a challenge. The role of health in peacebuilding is crucial, and addressing underlying inequities and building equitable healthcare systems can contribute to both peace and public health.[3]

Healthcare professionals can be crucial in providing essential medical services and support, even in conflict-affected areas [4]. By addressing the health needs of affected populations and working towards rebuilding health systems, they contribute to the overall well-being and stability of communities [4].

To achieve a just peace, it is essential to have accurate and unbiased information about the health effects of war. This knowledge can inform policy decisions and guide efforts towards conflict prevention, resolution, and peacebuilding [1]. By recognising the interconnectedness of peace and health, comprehensive strategies can be developed to address the underlying causes of conflict and promote social cohesion [4].

Discussion

1. Interconnection Between Peace and Health

Peace and health are interconnected in various ways, and the relationship between the two is complex and multifaceted. Understanding different dimensions of peace is crucial in exploring this interconnection. Two key concepts in peace studies are negative peace and positive peace.

1.1 Peace as a Determinant of Health:

In several human rights instruments, health status as a human right has been gradually defined and explained. Article 25 of the Universal Declaration of Human Rights (UDHR) highlights the connection between health and human rights. It reads: "Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing, and medical care and necessary social services."[5]

Thus, this founding document demonstrates that the right to health is a fundamental human right and a goal of those rights. Additionally, it illustrates how underlying factors—social determinants—are necessary to achieve health.[6]

As stated by the WHO, the social determinants of health are “non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. They include factors such as income and social protection, education, unemployment and job insecurity, working life conditions, food insecurity, housing, basic amenities and the environment, early childhood development, social inclusion and non-discrimination, structural conflict, access to affordable health services of decent quality.[7]

Research has found a positive correlation between peace and the social determinants of health, highlighting that peace positively impacts the social determinants of health through direct and indirect means.[8] This is further affirmed through the impacts of conflicts on health, resulting in the destruction of health infrastructure, effects of physical violence, lack of access to education, and other detrimental effects on the other social determinants of health. Accordingly, peace is a prerequisite for health and, through its nature, a crucial determinant of health.[9]

1.2 Absence of Health and its Effect on Peace:

Building on Yusuf et al. and Arya's work in 2004, Santa Barbara and MacQueen introduced a cyclical conflict model, illustrating war phases and prevention opportunities. They emphasise public grievances as a key driver of violence, suggesting that 'primordial prevention efforts' can disrupt this cycle. Poor health, a significant grievance, fuels civil unrest and violence, acting as an issue itself and a marker for grievances like human rights abuses and unfair resource allocation. Limited health access for specific groups (e.g., ethnic, regional, religious) fosters feelings of exclusion, unfair treatment, and perceptions of inequality, leading to protests and violence.

Despite health being a negative driver of conflict, it is also viewed positively as a common goal, allowing health initiatives to serve as a neutral starting point for rival parties working towards mutually beneficial objectives.[10] [11]

2. Positive Peace

Positive peace goes beyond the absence of violence and addresses the root causes of conflict by fostering conditions that promote social justice, equity, and well-being. It involves the creation of an environment where structural violence and systemic injustices are addressed actively, and individuals can enjoy their fundamental human rights.[12][13]

Interconnection with Health:

Positive peace is closely linked to health in several ways. A society characterised by positive peace will likely have robust healthcare systems, access to education, social inclusivity, and economic opportunities. These factors contribute to improved health outcomes for individuals and communities. In contrast to negative peace, positive peace seeks to build a foundation for lasting health and well-being by addressing the structural determinants of health.[10]

Positive peace represents a holistic approach that transcends the absence of conflict, delving into the intricate fabric of societal structures. Positive peace confronts structural violence at its core, aiming to dismantle systemic inequalities and injustices[10][14]. This multifaceted concept encompasses several dimensions that extend far beyond conflict, touching upon the very foundations of social well-being.

One of the pivotal aspects of positive peace is the pursuit of social equity. It envisions a society where individuals, regardless of background, enjoy equal access to opportunities, resources, and fundamental rights, as denoted by reference [14]. This emphasis on social equity resonates with the vision of a society where everyone can thrive, contributing to a peaceful and harmonious coexistence.

Positive peace thrives in an environment of cooperative governance, advocating for diplomacy, dialogue, and collaboration as the primary mechanisms for conflict resolution [14]. This collaborative approach prevents conflicts and lays the groundwork for sustainable peace, fostering a culture of understanding and collective problem-solving.

The symbiotic relationship between health and peace is a cornerstone of positive peace philosophy. Addressing socioeconomic factors emerges as a vital component, where economic stability becomes a prerequisite for positive peace and a foundation for robust healthcare infrastructure. Educational empowerment plays a catalytic role in promoting informed health choices and preventive measures. Integrated poverty reduction strategies further enhance access to healthcare services, reflecting the interconnected nature of peace and health [10].

Positive peace contributes to developing resilient communities that can withstand and recover from challenges, including health crises. Building social cohesion and addressing inequalities are integral to both peace and health.[15]

Economic stability emerges as a linchpin, aligning peace-building efforts with economic development for sustained health outcomes. Allocating resources for healthcare infrastructure within broader economic policies further fortifies the interconnectedness of financial stability, positive peace, and health [16]. Recognising the role of social support in mental health and overall well-being is vital, with community resilience fostered through peace-building initiatives contributing to a harmonious and healthy society [17].

Positive peace is composed of 8 key, intersectional and interdependent pillars. These pillars include:

- 1) Well-functioning Government
- 2) Sound Business Environment
- 3) Equitable Distribution of Resources
- 4) Acceptance of the Rights of Others
- 5) Good Relations with Neighbours
- 6) Free Flow of Information
- 7) High Levels of Human Capital
- 8) Low Levels of Corruption.

In addition to these pillars, establishing partnerships and translocal initiatives is required to achieve positive peace. [18]

3. Negative Peace

Negative peace is the absence of direct violence or overt conflict. It is the traditional understanding of peace as the absence of war or violence. There may be a cease-fire or a resolution to a conflict in a state of negative peace. Still, it does not necessarily address the underlying causes of the conflict or promote sustainable well-being.[10]

Interconnection with Health:

While negative peace may temporarily reduce the immediate health threats posed by violence, it does not guarantee optimal health. The aftermath of conflict often leaves communities with damaged healthcare infrastructure, disrupted access to essential services, and long-lasting physical and mental health consequences. Therefore, negative peace alone does not ensure a healthy society.[12][13]

3.1 Impact of Armed Conflict and War on Public Health:

The impact of armed conflict and war on public health is a pressing issue that encompasses various aspects, including the use of nuclear weapons and weapons of mass destruction [19]. The consequences of armed conflict on public health are far-reaching, including the destruction of health infrastructure, displacement of populations, political division of health systems, psychological trauma, increased morbidity and mortality rates, and the spread of infectious diseases, especially among vulnerable and marginalised groups [19].

3.1.1 Destruction of Health Infrastructure:

Studies have shown that armed conflicts destroy vital health infrastructure, including hospitals, clinics, and medical supply chains [20]. Attacks on healthcare workers and facilities further limit access to healthcare services, leaving communities vulnerable to preventable diseases, injuries, and mental health disorders.

Armed conflicts globally manifest a distressing pattern of systematically dismantling critical health infrastructure, as observed in various instances in Ukraine, Occupied Palestinian Territories, Sudan, and Syria. Hospitals, clinics, and healthcare workers, intended to be safe havens for health, become deliberate targets, leaving communities without essential healthcare services. This widespread destruction compromises immediate healthcare and sets the stage for enduring challenges in the affected regions.[21] Additionally, the destruction of health infrastructure and financial constraints impede the ability to provide essential healthcare services, resulting in increased morbidity and mortality. The long-term consequences underscore the need for urgent and comprehensive interventions to rebuild resilient health systems in conflict zones globally. [22]

3.1.2 Displacement and Refugees:

Armed conflicts often result in mass displacement and the creation of refugee populations. Displaced individuals face significant challenges in accessing healthcare services, leading to increased morbidity and mortality rates. Overcrowded and unsanitary living conditions in refugee camps contribute to the spread of infectious diseases [23] [24].

3.1.3 Political Division and Fragmentation of Health Systems:

Health systems are often politically divided and fragmented in conflict-affected regions. As witnessed in the Syrian conflict, the politicisation of medical education and health professionals' training (MEHPT) creates challenges in providing consistent and equitable healthcare services [20]. Divergent healthcare policies and limited coordination in government-controlled and non-government-controlled areas may result in disparities in access to care.

3.1.4 Psychological and Mental Health Consequences:

Armed conflict inflicts severe psychological trauma on individuals, families, and communities. Witnessing violence, experiencing loss, and living in constant fear contribute to the development of post-traumatic stress disorder (PTSD), depression, anxiety, and other mental health disorders [20]. The long-term consequences of these mental health challenges can persist even after the conflict ends.

3.1.5 Spread of Infectious Diseases:

The aftermath of armed clashes is marked by a resurgence of diseases that were previously under control, turning health facilities into casualties of war. The impact of armed conflicts on disease surveillance and response systems is profound, particularly in regions where these systems were already poorly developed. Disease surveillance, a critical component of public health, falters, making it challenging to assess and contain infectious diseases effectively. This degradation is not limited to immediate consequences; it sets the stage for long-term health crises, as witnessed in the escalation of outbreaks like cholera and measles. Displacement resulting from armed conflicts creates an environment

ripe for infectious disease outbreaks. [25] Overcrowded living conditions in makeshift shelters, coupled with inadequate sanitation, become breeding grounds for diseases like tuberculosis, which thrive in such settings [26]. In addition to disrupting disease surveillance, armed conflicts severely impact immunisation programs [27]. The collapse of these programs, essential for preventing diseases such as polio, contributes to a decline in overall population immunity. The consequences are dire, with outbreaks becoming more frequent and deadly, as seen in the resurgence of polio in conflict-affected regions [28]

3.1.6 Impact on Non-Communicable Diseases:

The effective long-term management of diabetes, cancers, chronic lung disease, and cardiovascular diseases requires coordinated and continuous care. Non-communicable diseases (NCDs) are influenced by housing, education, transportation, and trade policies. Successful prevention and control depend on a "health in all policies" approach led by cross-sectoral committees at the highest government levels. In conflict-affected areas, a major challenge is the difficulty in adopting, implementing, and enforcing national-level NCD policies. Inadequate policies and healthcare services have led to a rapid increase in NCD-related morbidity and mortality [29].

3.1.7 Effects on Vulnerable Groups:

The consequences of armed conflicts disproportionately affect vulnerable groups, exacerbating their already precarious situations. Women, children, and internally displaced populations (IDPs) bear a significant burden during conflict, facing heightened risks and enduring profound challenges. [30][31]

Women face distinct challenges during conflicts, including rape, sexual violence, domestic violence, and other forms of gender-based violence (GBV), as well as discrimination, the disruption of maternal health and reproductive services, increased sexually transmitted infections (STIs) such as HIV and AIDs, as well as unwanted pregnancies. Additionally, armed conflicts contribute to an increased risk of maternal and child mortality, as health infrastructure is damaged or inaccessible. The lingering effects of conflict on women extend beyond the immediate physical harm, impacting mental health and well-being. [32]

Children, particularly those under five years of age, face severe health risks in conflict zones. The prevalence of diseases such as diarrheal infections, acute respiratory tract infections, measles, malaria, and malnutrition significantly contributes to child mortality. Exposure to armed conflict has been linked to long-term psychological problems among child soldiers, further illustrating the lasting impact on the youngest members of affected communities. [33][34]

Elderly populations caught in conflict zones often face challenges such as accessing healthcare services, summary executions, rape, physical violence, and abductions. These healthcare system disruptions exacerbate pre-existing health conditions and make it challenging for them to receive the necessary medical attention.

3.1.8 Impact on Healthcare Workers and Health Professionals' Education:

A breakdown in civic activity during violent insecurity can disrupt medical education, affecting students, graduates, and practising doctors. This leads to a shortage of qualified doctors, hindering the national healthcare system and wasting investments in health professionals' education training. The mass exodus of healthcare workers seeking better opportunities abroad worsens the gap in healthcare provision. Overseas assistance, while well-meaning, may not adequately address the escalating health needs, highlighting the challenges of providing effective healthcare in conflict-affected areas [20][35].

3.1.9 Lack of Sufficient Data:

Scholarly investigations that comprehensively explore peace and health still need to be completed. The existing discourse on interventions for violence reduction and peace promotion primarily relies on

evidence from studies conducted in high-income countries. Predominantly focusing on preventive measures, law enforcement strategies, and policing tactics, these interventions may not be universally applicable, particularly in low and middle-income countries, emphasising the urgent need for context-specific research and evidence. The intricate relationship between peace and health introduces further complexity, marked by challenges in defining, measuring, and gauging outcomes. The plea for additional research emphasises the imperative to understand the nuances of the peace and health relationship, especially in diverse global contexts, to inform better and shape policies tailored to the unique challenges faced in regions with varying socio-economic landscapes. [36]

3.2 Terrorism:

Terrorism is “the calculated use of violence to create a general climate of fear in a population and thereby to bring about a particular political objective.”[37]

First, terrorism directly erodes peace, creating a climate of fear, insecurity, and mistrust. The spread of fear can have long-term psychological effects, contributing to collective trauma and affecting the mental health of the population. Affected individuals and communities may experience post-traumatic stress disorder, depression, and anxiety.

Additionally, terrorism can have a direct impact on physical health. Attacks can cause serious injuries, permanent disabilities, and even loss of life. Health infrastructure can also be damaged, affecting society's ability to provide adequate health care. In areas affected by terrorism, access to health services is often limited, exacerbating the consequences for the health of the population.

The link between terrorism and health manifests itself more broadly through the disruption of public health systems. Disease prevention and treatment resources may be diverted toward security and responding to terrorist threats.

The relationship between terrorism and peace extends through international tensions and protracted conflicts. Many terrorist groups have political objectives and seek to undermine the stability of governments and institutions. Disputes arising from terrorism can lead to massive population displacements, humanitarian crises, and the disruption of essential services, including health care.

The long-term response to terrorism must address the immediate consequences of attacks and the root of the problem. Social, economic, and political inequalities often fuel extremism and radicalisation. Promoting equity and social justice is crucial to preventing the proliferation of terrorism and building resilient societies.

In terms of health, it is essential to adopt comprehensive approaches that address not only physical injuries but also the psychological and social needs of victims. Health systems must be prepared to provide complete care services, including mental health care, in emergencies caused by terrorist acts.

On September 8, 2006, the General Assembly approved the Strategy United Nations global counter-terrorism framework, the first comprehensive and global strategy to combat terrorism supported by the Member States. The Strategy establishes concrete measures that Member States must adopt individually and collectively to address conditions that favour the spread of terrorism, prevent and combat terrorism and increase the individual and collective capacity of countries to do so, and protect human rights and uphold the rule of law in the context of the fight against terrorism. [38]

3.3 Nuclear Weapons and Weapons of Mass Destruction

The use of nuclear weapons in armed conflict introduces a unique set of challenges to public health, marked by devastating and enduring consequences [39][40]. Nuclear weapons emit ionising radiation, causing fatalities, illnesses, environmental contamination, and long-term health problems [39]. Historical instances, such as the atomic bombings of Hiroshima and Nagasaki, underscore the lingering health effects[40][41]

The use of nuclear weapons has serious and diverse effects on human health, including psychological, long-term, and short-term effects. Acute radiation syndrome, thermal burns, and blast injuries are among the severe shockwaves caused by the initial explosion. The release of ionising radiation results in genetic mutations, an increased risk of cancer, and detrimental effects on the health of unborn children. When it comes to the psychological impacts, such as anxiety, depression, and PTSD, the physical cost is also significant. The intricacy is increased by displacement and social unrest, leading to large-scale population shifts and difficulties in receiving essential services. The hazards to human health are further increased by environmental effects such as radioactive fallout and ecosystem disruption.[40]

A single nuclear warhead's detonation could result in mass casualties, with enduring effects spanning decades [40]. Ongoing medical ramifications, evident in elevated rates of leukaemia, cancer deaths, cataracts, thyroid disease, cardiovascular issues, and in-utero radiation exposure-induced deformities, emphasise the long-lasting impact [40]. The unprecedented power of nuclear weapons poses a threat to civilisation and the planet's ecosystem [39].

Prioritising disarmament and prevention efforts is paramount to safeguarding public health and ensuring global peace [39].

3.4 Building Back Better

The prolonged nature of conflicts, averaging around 17 years, exacerbates the challenges of sustaining healthcare services, and the political fallout and intensity of disputes can divert attention from this crucial task, making it challenging to provide healthcare in some regions. All of the challenges include attacks on healthcare providers, ensuring access to affected populations, managing health services for refugees and displaced people, resource allocation, dealing with noncommunicable diseases and mental illness, and overcoming data-related challenges. Underscore the need for comprehensive strategies beyond mere physical reconstruction, delving into the intricacies of governance, resource management, and community engagement to truly establish resilient healthcare systems post-conflict. [22]

Addressing these consequences requires international collaboration, protecting healthcare workers and facilities, and providing essential healthcare services in conflict-affected areas [41]. Efforts should also focus on rebuilding health infrastructure and strengthening health systems to ensure sustainable and equitable access to healthcare in post-conflict settings [41].

4. Global Efforts for Peace and Health

Numerous global initiatives have recognised peace and health as inseparable and crucial, striving to enhance their inclusivity on international, regional, and national levels. The World Health Organisation's (WHO) Global Health & Peace Initiative (GHPI) is an example of a huge-scale effort. This initiative aims to strengthen the WHO, member states, health sector, and other relevant stakeholders' roles in promoting the inclusion of Peace and Health in all policies. It also aims to protect the health of those living in conflict-affected and vulnerable areas [42].

Approximately 80% of the WHO's Humanitarian Caseload and 70% of the Disease Outbreaks addressed by the WHO occur in regions vulnerable and affected by conflicts. [42]

Another example of a global effort for Peace and health is the United Nations Sustainable Development Goal Number 16 (SDG 16), which calls for promoting Peace, Justice, and Strong Institutions [43]. Furthermore, the SDG aims to promote peaceful and inclusive societies, as health cannot be achieved without peace. Ongoing and emerging violent disputes globally are disrupting the global journey towards

peace and realising Goal 16. Disturbingly, 2022 saw a significant over 50% rise in civilian casualties linked to conflicts, primarily attributed to the war in Ukraine [43]. An example of a post-conflict reconstruction of societies focusing on Health is the WHO Guide to Health Workforce Development in Post-Conflict Environments [12]. This guide provides help and practical assistance to the Health Workforce in Post-Conflict Settings. The WHO Quality of Care in Fragile, Conflict-Affected, and Vulnerable Settings: Taking Action document was created to initiate collaborative efforts and actions involving multiple actors, addressing the quality of care in highly demanding settings. It encompasses practical approaches for action planning and implementing a customised set of quality interventions [13].

Challenges of Implementing Global Peace Initiatives:

Literature suggests that the primary cause of the challenges to reinforcing global peace-building initiatives lies within the global economic system, driven by a globalisation agenda that has exacerbated inequality between and within nations, and perpetuated poverty, disease, environmental degradation, and conflicts. Capitalist expansion is at the forefront of these challenges. Therefore, capitalism must adopt a human-centric approach for the UN to function effectively. Developed nations should view low and middle-income countries as equal stakeholders in the global community, providing aid and grants without stringent conditions to reduce power imbalances. Additionally, the UN has acknowledged the need for reforms since 2005; however, despite numerous reform discussions and panels, the Security Council's permanent membership remains unchanged, hindering new perspectives. Addressing the issue of superpower dominance requires democratising recruitment into UN agencies. Furthermore, the UN must clarify and remove the ambiguity surrounding key concepts like security, zionism, terrorism, and extremism, which superpowers have manipulated to serve their national interests rather than those of the UN. Moreover, there is a need to enhance the UN's conflict risk assessment and streamline post-conflict response measures. The international community, led by the UN, must explicitly condemn human rights violations without drawing false equivalencies between parties.[44].

5. Medical Workers as Peacebuilders

Without negative peace, health professionals have an established societal role. This role regards the management of immediate health threats due to violence. However, medical workers can also participate in health diplomacy, often acting as mediators. An example of this is the Day of Tranquility program in the Salvadoran Civil War, which achieved the delivery of vaccines in conflict zones while maintaining the truce [23].

Moreover, as health interconnects with peace, the role of health workers in conflicts is highly associated with efforts toward achieving positive peace. In the post-conflict period, it is essential to tackle the psychological effects to promote well-being and avoid further violence. Furthermore, health professionals can boost the social structure and promote human rights while managing the social determinants of health. Economic stability, education, physical environment, food, and social context can influence health and well-being and ensure a peace-friendly environment. This sets an interconnected responsibility for medical workers to advocate and report any relevant violations and failures as they witness them firsthand [13].

6. Youth's Role in Peace and Health

Today, there are 1.2 billion young people aged 15 to 24, accounting for 16 per cent of the global population. [45]

By 2030, the target date for the Sustainable Development Goals (SDGs) that make up the 2030 Agenda - the number of Youth is projected to have grown by 7 per cent, nearly 1.3 billion. In 2016, an estimated 408 million youth (aged 15-29) resided in settings affected by armed conflict or organised violence. Youth, defined by their energy, creativity, and passion for justice, possess an innate capacity to contribute

significantly to Peacebuilding efforts. These diverse perspectives, innovative ideas, and unwavering commitment are invaluable in resolving conflicts, preventing violence, and promoting community reconciliation. Engaging youth in local, national, and international decision-making ensures that their voices are heard, fostering inclusive approaches to Peacebuilding strategies.[45]

On the 9th of December 2015, the United Nations Security Council Unanimously adopted the legally binding resolution 2250 on Youth, Peace, and Security. This was a historic milestone towards recognising and solidifying the active role of youth in peace processes at all levels. Through this resolution, all the relevant actors were called on, including when negotiating and implementing peace agreements, to take into account, as appropriate, the participation and views of youth, recognising that their marginalisation is detrimental to building sustainable peace in all societies, including, among other things, such specific aspects as

- a) The needs of youth during repatriation and resettlement and for rehabilitation, reintegration, and post-conflict reconstruction.
- b) Measures that support local youth peace initiatives and indigenous processes for conflict Resolution and peace involve youth in implementing peace agreements.
- c) Measures to empower youth in peacebuilding and conflict Resolution.

It further highlights that the policies for youth should be created to positively contribute to the peace-building efforts, including social and economic development, supporting projects designed to grow local economies and provide youth employment opportunities and vocational training, fostering their education, and promoting youth entrepreneurship and constructive political engagement [45].

In many parts of the world, political parties and other social movements use young people to intimidate rivals, destabilise opponents, and fill campaign coffers. This is often the only form of political participation open to young people, particularly those with little education or few personal connections. Young people usually recognise that they are a powerful force for political change. Yet most young people in the developing world are shut off from constructive political participation [46].

References

1. MacQueen G, Santa-Barbara J. Conflict and health: Peacebuilding through health initiatives. *The BMJ*; 293–296. Epub ahead of print July 29, 2000. DOI: 10.1136/bmj.321.7256.293
2. Webster P, Neal K. War and public health [Internet]. *Journal of Public Health*. 2022. Available from: <https://doi.org/10.1093/pubmed/fdac060>
3. The World Health Organization. Policy Brief - COVID-19 pandemic: an opportunity and barrier to Humanitarian Health Bridges [Internet]. Geneva: WHO; 2020 Dec [cited 2024 Feb 20]. Available from: https://openwho-public.s3.openhpicloud.de/courses/4x0sfGbQAJAbr8OcvquVvw/rfiles/aXoxZaPZi0y5tnVO4jiTI/Policy_Brief_-_COVID19_pandemic_an_opportunity_and_barrier_to_HBP.pdf
4. The World Health Organization. Building peace in fragile and conflict settings through health [Internet]. Geneva: WHO; [cited 2024 Feb 20]. Available from: <https://www.who.int/activities/building-peace-in-fragile-and-conflict-settings-through-health>
5. Universal Declaration of Human Rights | United Nations [Internet]. United Nations. Available from: <https://www.un.org/en/about-us/universal-declaration-of-human-rights>
6. World Health Organization Commission on Social Determinants of Health, *Closing the gap in a generation: health equity through action on the social determinants of health* (Geneva: World Health Organization, 2008). Available from: http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf.

7. Social determinants of health [Internet]. 2019. Available from: https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1
8. Mondragón-Sánchez EJ, Barreiro RG, Lopes MV de O, Pinheiro AKB, Aquino P de S, Pinheiro PN da C. Impact of the Peace Agreement on the social determinants of health in Colombia. *Revista Brasileira de Enfermagem* [Internet]. FapUNIFESP (SciELO); 2021;74(2). Available from: <http://dx.doi.org/10.1590/0034-7167-2020-0892>
9. Al Mandhari A, Ghaffar A, Etienne CF. Harnessing the peace dividends of health. *BMJ Glob Health*. 2021;6(6):e006287. doi:10.1136/bmjgh-2021-006287
10. 2020 Report of the Secretary-General on Peacebuilding and Sustaining Peace WHO Thematic Paper contribution
https://www.un.org/peacebuilding/sites/www.un.org.peacebuilding/files/un_pb_review_who_health_peace_thematic_paper_final_0.pdf
11. Allen LN, Aghilla M, Kak M, Loffreda G, Wild CEK, Hatefi A, Herbst CH, El Saeh H. Conflict as a macrodeterminant of non-communicable diseases: the experience of Libya. *BMJ Glob Health*. 2022;7(Suppl 8):e007549. doi:10.1136/bmjgh-2021-007549
12. World Health Organization. Guide to health workforce development in post-conflict environments. Available from: https://www.who.int/docs/default-source/documents/publications/guide-to-health-workforce-development.pdf?sfvrsn=befcd0ab_1
13. World Health Organization. Quality of care in fragile, conflict-affected and vulnerable settings: taking action. Available from: <https://www.who.int/publications/item/9789240015203>
14. Perry DJ, Guillermet Fernández C, Fernández Puyana DF. The Right to Life in Peace: An Essential Condition for Realizing the Right to Health. *Health and Human Rights*. 2015 Jun 11;17(1)
15. Ekzayez A, Alhaj Ahmad Y, Alhaleb H, et al. The impact of armed conflict on utilisation of health services in north-west Syria: an observational study. *Confl Health*. 2021;15:91. <https://doi.org/10.1186/s13031-021-00429-7>
16. Bousquet F. Financing peace and stability. Available from: <https://www.imf.org/en/Publications/fandd/issues/Series/Analytical-Series/financing-peace-and-stability-franck-bousquet>
17. UNDP. Integrating Mental Health and Psychosocial Support into Peacebuilding. Available from: <https://www.undp.org/sites/g/files/zskgke326/files/2022-05/UNDP-Integrating-Mental-Health-and-Psychosocial-Support-into-Peacebuilding-V2.pdf>
18. Peters LER, Kelman I, Shannon G. Connecting Positive Peace and Positive Health in a Systems Approach to Sustainable Development at the Community Level. *Environ. Sci. Proc*. 2022;15(1):46. Available from: <https://doi.org/10.3390/environsciproc2022015046>
19. Arage MW, Kumsa H, Asfaw MS, et al. Exploring the health consequences of armed conflict: the perspective of Northeast Ethiopia, 2022: a qualitative study. *BMC Public Health*. 2023;23:2078. Available from: <https://doi.org/10.1186/s12889-023-16983-z>
20. Bdaiwi Y, Sabouni A, Patel P, et al. Impact of armed conflict on health professionals' education and training in Syria: a systematic review. *BMJ Open*. 2023;13(7):e064851. doi:10.1136/bmjopen-2022-064851
21. "Ignoring Red Lines: Safeguarding Healthcare in Conflict." 2022
Available from: <https://insecurityinsight.org/wp-content/uploads/2023/05/SHCC-Report-Ignoring-Red-Lines.pdf>
22. Kirschner SA, Finaret AB. Conflict and health: Building on the role of infrastructure. *World Development*. 2021;146:105570. Available from: <https://doi.org/10.1016/j.worlddev.2021.105570>
23. WISH. Healthcare in Conflict Settings: Leaving No One Behind [Internet]. Available from: <https://wish.org.qa/reports/healthcare-in-conflict-settings-leaving-no-one-behind/#:~:text=This%20report%20argues%20how%20and,of%20damage%20in%20conflict%20settings>

24. ReliefWeb. Refugee camps spread life-threatening diseases [Internet]. Available from: <https://reliefweb.int/report/world/refugee-camps-spread-life-threatening-diseases>
25. Mekala Sundaram, Antoine Filion, Benedicta E. Akaribo, and Patrick R. Stephens. Footprint of war: integrating armed conflicts in disease ecology. *Trends in Parasitology*. 2023, Feb 16, Volume 39 (Issue 4): Page numbers: 238-241. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10194412/>
26. WHO Housing and Health Guidelines. Geneva: World Health Organization; 2018. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK535289/>
27. Grundy J, Biggs BA. The Impact of Conflict on Immunisation Coverage in 16 Countries. *Int J Health Policy Manag*. 2019 April 8; 8(4): 211-221. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6499911/>
28. Akil L, Ahmad HA. Title of the article. *Int J Infect Dis*. 2016 Aug;49:40–46. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4975965/>
29. Allen LN, Aghilla M, Kak M, Loffreda G, Koorey Wild CE, Hatefi A, Herbst CH, El Saeh H. Conflict as a macro determinant of non-communicable diseases: the experience of Libya. *BMJ Glob Health*. 2022;7(Suppl 8):e007549. Published online 2022 Oct 6. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9540835/#R36>
30. Bendavid E, Boerma T, Akseer N, Langer A, Malembaka EB, Okiro EA, Wise PH, Heft-Neal S, Black RE, Bhutta ZA. The effects of armed conflict on the health of women and children. *Lancet*. 2021 Feb 6;397(10273):522–532. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7612212/>
31. Khai TS. Vulnerability to health and well-being of internally displaced persons (IDPs) in Myanmar post-military coup and COVID-19 [Internet]. *Archives of Public Health*. 2023. Available from: <https://doi.org/10.1186/s13690-023-01204-1>
32. UNFPA. Impact of Conflict on Women and Girls. Available from: https://www.unfpa.org/sites/default/files/pub-pdf/impact_conflict_women.pdf
33. Biset G, Goshiye D, Gedamu S, Tsehay M. The effect of conflict on child and adolescent health in Amhara region, Ethiopia: Cross-Sectional Study [Internet]. *BMC Pediatrics*. 2023. Available from: <https://doi.org/10.1186/s12887-023-04282-w>
34. Brook I. Current Challenges in Managing and Preventing During Armed Conflicts and Humanitarian Emergencies [Internet]. *International Journal of Clinical Pediatrics*. 2023. Available from: <https://doi.org/10.14740/ijcp509>
35. Barnett-Vanes A, Hassounah S, Shawki M, Ismail OA, Fung C, Kedia T, Rawaf S, Majeed A. Impact of conflict on medical education: a cross-sectional survey of students and institutions in Iraq. [Internet] *Conflict and Health*. Available from: <https://bmjopen.bmj.com/content/6/2/e010460>
36. Al Mandhari A, Ghaffar A, Etienne CF. Harnessing the peace dividends of health. *BMJ Glob Health*. 2021;6(6):e006287. doi: 10.1136/bmjgh-2021-006287
37. Britannica, Terrorism. Available from: <https://www.britannica.com/topic/terrorism>
38. Office of the United Nations High Commissioner for Human Rights. Human Rights, Terrorism, and Counter-terrorism. Accessed <https://www.ohchr.org/sites/default/files/Documents/Publications/Factsheet32EN.pdf>
39. International Campaign to Abolish Nuclear Weapons. Impact of Nuclear Weapons: Long Term Impact. Accessed https://www.icanw.org/catastrophic_harm_long_term_impact
40. The MIT Press. The Devastating Effects of Nuclear Weapons. Accessed <https://thereader.mitpress.mit.edu/devastating-effects-of-nuclear-weapons-war/>
41. Murray CJL, King G, Lopez AD, Tomijima N, Krug EG. Armed conflict as a public health problem. *BMJ*. 2002 Feb 9;324(7333):346–349. doi: 10.1136/bmj.324.7333.346. PMID: 11834565; PMCID: PMC1122272
42. WHO. WHO Global Health and Peace Initiative (GHPI) Fifth Draft of the Roadmap. May 25, 2023.



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Available

from:

https://cdn.who.int/media/docs/default-source/campaigns-and-initiatives/health-and-peace/v5---g-hpi-roadmap.pdf?sfvrsn=29508969_3&download=true

43. UN. Sustainable Development Goals Goal 16: Promote just, peaceful and inclusive societies. Available from: <https://www.un.org/sustainabledevelopment/peace-justice/>
44. World Health Organization. Title of the Publication. Available from: <https://www.who.int/publications/i/item/978924001520>
45. United Nations. Youth: United Nations. Available from: <https://www.un.org/en/global-issues/youth>
46. Ocharo, M. Youth's Role in Peacebuilding and Conflict Prevention. [LinkedIn post]. Retrieved from <https://www.linkedin.com/pulse/youths-role-peacebuilding-conflict-prevention-m-ocharo-phd-hsc/>

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