

# Considerations for Policy

## Peace, Conflict and Development I: *Investing in Health and Peace-building*

### **The Challenge**

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. Health provides an additional and critical track for long-term development and peace-building and thus should be considered an integral part of a *Peace, Conflict and Development Policy*.

### **Principles to guide Peace-building Interventions within the Health Sector**

#### ***Conflict sensitivity***

Experience demonstrates that inadequate sensitivity to the relationship between health, conflict and peace-building, may inadvertently lead to health interventions being a focus for additional enmity, grievance and conflict, rather than for building and consolidating the peace.

#### ***Cultural competence***

A culturally competent approach recognises cultural diversity and strives for culturally competent health programs which seek, for example, to integrate traditional, local and western interventions for health and community development. Cultural competence recognises and responds to the cultural anxieties and threats which may be present in conflict-prone or post-conflict societies. It promotes cultural security.

#### ***Equity and human rights***

Health programs have the opportunity to support human rights and social justice by promoting dignity and respect for patients and health service users, responding to ethnic and gender inequities (in service delivery and staffing), and providing transparent and fair grievance procedures for personnel, patients and the community.

#### ***Social cohesion***

Social cohesion is the quality of social relationships and the existence of trust, mutual obligations and respect in communities and on the wider society. Programs should promote bridging social capital, between groups, in an effort to enhance scope for social cohesion to be built and consolidated.

#### ***Health conditions and systems***

Data on the distribution of health and ill-health should feed into health interventions. So too should information on health services, in particular the extent to which they offer quality services and are accessible to all groups. Promoting access and equity, and reducing inequalities in health and health care, remain key underlying issues which must underpin health and health system interventions.

# Health, Peace-building and Conflict Policy

## *Key Goals and Strategies for Consideration*

- **Commit adequate resources early so as to assess the conflict context and the sources of tension in the community.** Avoid applying formulaic solutions. In the health sector, ensure that health reforms are not imported from other settings but reflect local need and capacity.
- **Take an integrated approach to peace and health programming.** Incorporate health into peace-building initiatives and consolidate peace-building in health interventions. Develop tools and train staff to achieve this objective.
- **Engage communities in assessment, planning, implementation, monitoring and evaluation of health programs.** NGOs should be encouraged to identify opportunities to build community capacity to influence central service providers, government departments and advocate for appropriate health services. Build links between communities and programs; promote accountability to users of services and potential beneficiaries of interventions.
- **Community based action is crucial for effective peace-building.** In culturally diverse settings, a nation-wide approach is unlikely to succeed. Understanding and responding to the local context is crucial. AusAID should invest in developing the tools to refine our understanding and response to conflict-sensitive assessments and program planning.
- **Plan for health system recovery in the early stages of intervention.** Humanitarian and emergency response should always be undertaken with a view to longer term development.
- **Exercise caution in restoring and re-establishing pre-conflict conditions and institutions.** Public services, including health, which reinforced fundamental inequities in society, may have contributed to the conflict. Be very careful about simply re-establishing what existed earlier – this may inadvertently reinforce inequalities and one of the causes of grievance.
- **Adopt a Whole of Government (WoG) approach to health interventions in conflict-affected settings.** Think beyond the contribution of government donor agencies and development cooperation activities. Consider the roles of various government departments and agencies. International humanitarian and development agencies should play a major role in assembling all the players and keeping them involved and informed of developments within key countries.
- **Encourage equitable distribution of aid and resources within the state.** Often aid is allocated preferentially to a district or province where conflict has been rife, while other areas of the country wrest with similar health and health service problems. Resources that are not equitably distributed may be perceived as unfair and may perpetuate conflict or contribute to new violence. When introducing programs to respond to people who have been forced to move to new areas, do not forget to ensure that the local host-population is also adequately resourced, serviced and supported.
- **Ensure that health programs are consistent with broader efforts to improve accountability and transparency of public services.** Donor agencies can add value by promoting good governance and accountability within the health sector. This will have a dual effect if done at an adequately high level: enhancing service delivery and the relevance of training; promoting accountable government at peripheral and central levels.
- **Reflect on practice and experience in support of health interventions, and develop a mechanism for drawing lessons from the other actors operating in conflict-affected countries.** Donor agencies should invest strongly in facilitating lesson learning, documentation and reflection: building partnerships with key academic institutions will help achieve this.

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/>.