

Revised and updated version

Vienna, 27 November 2013

The Nexus Center for Conflict Resolution

"Peace is a prerequisite for Health"

(The Ottawa Charter for health Promotion, 21 November 1986)

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The world is changing at an **unprecedented speed**. Due to demographic shifts, the planet is becoming more crowded. Urbanization is exploding to the point that now more than half of the world's population lives in cities. Demand for food and water is out-stripping supply. Natural disasters are becoming more frequent and more severe. Rapid advances in technology are shrinking time and space. These fast and dramatic changes are creating **new challenges** as well as **new opportunities**. Realizing those opportunities requires **peace and security arrangements** which are a prerequisite for both the stability and predictability that are essential for social and economic development, health, and the well-being of mankind.

In an inter-connected world, many of these **challenges are inter-linked**. They re-enforce and exacerbate each other. For example, recent **outbreaks of polio** in Somalia and Syria demonstrate in the starkest terms how zones of instability are vulnerable to disease. By better understanding the linkages or **nexus** between various factors, it is easier to identify areas of risk or vulnerability and, on that basis, to seek more effective action. The key is to replace vicious circles with **virtuous ones**, and to strengthen **resilience** in order to reduce vulnerability.

Furthermore, the world is increasingly being defined by **networks** both benign (like social or computer networks), and malign (terrorist or criminal ones). Dealing with complex security issues requires a **nexus** of people who can combine their skills and contacts to leverage their knowledge and thereby generate **new solutions** for the well-being of humanity.

To better **understand the nexus of factors** that creates instability and to **improve the nexus of knowledge** to resolve these problems, the International Peace Institute (IPI) has decided to establish the **Nexus Center for Conflict Resolution** in Vienna. This centre of excellence will analyze the factors that contribute to conflict and – working closely with key decision-makers – seek new solutions in order to reduce the threat of instability that can harm health, development, and social harmony.

The aim is to encourage **adaptive leadership** in order to reduce the potential harm caused by conflict and instability, to enable policy makers to be better prepared to cope with these crises, and to face the challenges of the future – even the unexpected ones. It will be a **“do tank”** and not just a “think tank”.

The Centre will take a **multi-disciplinary approach**, bringing together experts from diverse backgrounds including the private sector, academic institutions, think tanks, civil society, as well as governments and multi-lateral organizations. This will **strengthen networks** among experts from around the world across a wide area of disciplines.

Areas of Focus

Among the topics that the Nexus Centre will focus on are:

- Health
- Conflict Resolution
- Transnational threats
- Peacebuilding and statebuilding
- Urban security
- Humanitarian challenges
- Development

Methodology

The Nexus Centre for Conflict Resolution will **map global trends** and compile information on areas of vulnerability, drawing on IPI's strategic assessments, the Global Observatory, and mapping skills. It will also look at how **technology** can be used to reduce threats and enhance resilience.

For each issue area, the Nexus Centre will look at **good practices** and **positive case studies** in order to identify **factors that promote resilience**. The aim is to carry out **evidence-based research** and assist policy makers in order to have an **impact on policy**.

Added Value

Short-term independent initiatives are necessary but not sufficient. In order to be sustainable, preventive and remedial measures need to be part of a **coordinated, comprehensive and long-term global process** that unites all stakeholders and ensures a multi-disciplinary and evidence-based approach. To be effective and sustainable, this process should be **centralized and institutionalized**. That is the logic behind creating the Centre.

Outcomes

Working with a wide range of experts from the private sector, academic institutions, think-tanks, civil society, specialized institutions, inter-governmental organizations as well as all levels of government, IPI will develop a series of **operational recommendations** on how to strengthen resilience in the areas of focus. In the process, it will help strengthen networks among actors from a cross-section of backgrounds. These connections can enable more effective prevention, and a quicker response during times of crisis.

Health

The planet is facing challenges to biological security, including pandemic diseases (like malaria, polio, tuberculosis and HIV/AIDS), resurgent diseases (like SARS), or accidental or deliberately perpetrated outbreaks. Several regions suffer from hunger caused by food insecurity or conflict. Some of the world's most vulnerable people face double jeopardy by falling victim to counterfeit medicines.

Areas where there is instability and weak governance are particularly vulnerable. The fact that polio is now limited to a few isolated regions of Afghanistan, Nigeria, Pakistan, Somalia and Syria show the link between instability and disease. Therefore, to improve health it is essential to reduce violence and promote peace. As stated in the World Health Organization's Ottawa Charter for Health Promotion (1986), peace is the primary condition for health.

Armed conflict, instability, and state fragility claim lives, disrupt livelihoods, and halt delivery of essential services, such as health and education. The relationship among these factors is established, but remains complex. First of all, armed conflict and public health interact in many different ways. Besides the obvious, but important fact that people are killed, injured, disabled, abused or traumatized due to armed conflict, it can be said that in most countries the greatest impacts on civilian mortality are indirect, and nonviolent deaths far outnumber violent ones. In Darfur, 87 percent of civilian deaths between 2003 and 2008 were nonviolent.¹ Some **indirect effects of armed conflict on global health** include:

- 1) impeding access of health professionals and humanitarian agencies to populations in need (conflict-affected countries have on average less than one health professional per 10,000 people);
- 2) "flight" of health professionals from conflict zones for safety issues (health workers are often targeted by government security forces as well);
- 3) lack of supplies and basic equipments in hospitals and clinics in conflict zones, as well as uneasy access to health facilities for population in needs, also due to deterioration of infrastructure and transportation;
- 4) decrease in government expenditure on healthcare;
- 5) food shortages due to damaged agricultural structures, collapse of the economy, aid deliberately withheld, and disruption of the family unit.
- 6) three to four times higher under-age five mortality rates in conflict zones than the rest of the world;
- 7) sharp decline in basic childhood immunization in conflict zones;

¹ Olivier Degomme and Debarati Guha-Sapir, "Patterns of Mortality Rates in Darfur Conflict," *The Lancet* 375, No. 9711 (2010), pp. 294-300.

- 8) highest rates of maternal deaths due to childbirth complications and other debilitating conditions in conflict-ridden or post-conflict states;
- 9) increased incidents of sexual violence towards women and children, with greater numbers of sexually transmitted diseases, as well physical and psychological trauma;
- 10) increased incidence of infectious diseases (malaria, cholera, measles) during conflict due to malnutrition, unsanitary conditions, lack of clean water, etc.

Not only can these diseases travel across borders, but they can also claim such a high number of victims in conflict-affected countries to lead to further political and military instability, and state failure.

In fact, states characterized as **fragile or failed** tend to have far worse population health indicators than states at comparable levels of development.² As of today, for example, no low-income fragile or conflict-affected country has yet achieved a single Millennium Development Goal (MDGs).³ Poor health indicators are a product of inadequate governance and service development. Moreover, fragile states tend to be affected by humanitarian crises that extend for years. In other words, a context of continuing crises and emergencies, combined with weak or non-existent local and national institutions, can undermine health improvements or nullify health investments and programs in the long-term.

While armed conflict and instability undermine health goals, the opposite is also true. Investments in health, conflict resolution and statebuilding can be **mutually reinforcing**. Conflict resolution and peacebuilding measures can help prevent or lessen the impact of the above negative outcomes of armed conflict on public health. At the same time, the position of medical professionals in society, given their neutrality, credibility, and equality, can be a precious resource during negotiations, as are health-related cease-fires. The fact that health issues are of interest to all warring parties can contribute to this advantage.

Moreover, health investment can contribute to statebuilding and legitimacy of the institutions. In the long term, stronger health systems can improve the health of the population, leading to greater productivity, stronger economies, less violence, and state stability. Evidence also indicates that improved health services can increase trust in state institutions, thus contributing to the authority and legitimacy of the government.⁴

The Nexus Centre for Conflict Resolution will look at how peace can contribute to health, and health to peace.

² Rohini Jonnalagadda Haar and Leonard S. Rubenstein, *Health in Postconflict and Fragile States* (US Institute of Peace, January 2012), p. 2.

³ World Bank, *World Development Report*, 2011, p. 2

⁴ Margaret Kruk, Lynn Freedman, Grace Anglin, and Ronald Waldman, "Rebuilding Health Systems to Improve Health and Promote Statebuilding in Postconflict Countries: A Theoretical Framework and Research Agenda," *Social Science Medicine* 70 (2010), pp. 89-97.

Conflict Resolution

IPI has been working to prevent and resolve conflicts for more than forty years. It regards conflict resolution as an essential end in itself, and a prerequisite for improving health, development and governance.

The best way of resolving conflicts is to prevent them from erupting in the first place. It is therefore essential to promote a **culture of prevention**, for example by promoting integration in culturally diverse societies, and to promote **inter-religious dialogue**. IPI has considerable experience in these fields.

More must also be done encourage non-military **confidence-building measures** (CBMs), including inter-community contacts, joint projects (for example in relation to health and humanitarian assistance), sporting events, dialogue among peer groups (i.e. women, young people, business leaders), as well as economic and environmental CBMs.

Conflict prevention includes **early warning** and **preventive diplomacy**. Lessons need to be learned from successful preventive tools at international as well as at local levels. Furthermore, mediators should intervene at an early stage in order to prevent disagreements (e.g. in relation to land, language, ethnic issues, water, or governance) from erupting into conflict. There is a wealth of knowledge and expertise within countries that are or have been affected by conflict. However, while local knowledge, research, and analysis exist in conflict-affected regions, it is under-represented in the international policymaking circles. It is time to connect these two levels of analysis and intervention—local and international—and to move local knowledge from the bottom-up.

When conflicts have broken out, **conflict resolution** is essential. Track II diplomacy can play a key role to put new suggestions on the table and to open back channels of communication. IPI has many years of experience in facilitating high-level and discreet meetings on vexed issues, while many of its senior staff have direct **mediation expertise**.

After a conflict situation **reconciliation** is vital. Transitional justice, dealing with the past, and seeking accommodation to move ahead peacefully can all help to build sustainable peace.

The Nexus Centre for Conflict Resolution will promote conflict prevention and resolution with a particular focus on reducing the impact of conflict on health and development.

Transnational threats

Over the past twenty years, states and international organizations have largely failed to anticipate the evolution of transnational organized crime (TOC) from a localized problem into a strategic threat to governments, societies and economies. The problem manifests itself in a number of ways: trafficking of persons, drugs and weapons, piracy, illegal exploitation of timber and wildlife, cyber-crime, economic crime and money laundering, illegal dumping of hazardous waste, and counterfeiting. As a result of the mismatch between well-funded and adaptive criminal groups on one hand and slow-moving, uncooperative bureaucracies on the other, the detrimental impact of organized crime has grown significantly to the point where **cities, states and even entire regions are under threat.**

Organized crime can have an impact on stability, the rule of law, and development. It can also have an impact on public health. This includes death or injury from those caught in the cross fire. **More people die from non-conflict deaths – including criminal violence – than from conflicts.** El Salvador ranks higher than Iraq in terms of violent death rates per 100,000 population, and two dozen countries (mostly in Central America and Africa) rank above Afghanistan.⁵ Crime-related violence can also affect mental health, particularly among victims of crime. Furthermore, drug trafficking enables drug use which is a major cause of suffering and death for millions of drug dependent people worldwide.

Organized crime threatens health in other ways. The **unregulated dumping of hazardous waste** causes ecological damage (like poisoned ground water). One of the most callous crimes is the **counterfeiting of medicine.** Many of those in most need of medication – particularly retroviral drugs – are sold fake medicine. This not only make the most vulnerable even sicker or even kills them, it can contribute to the generation of drug-resistant strains of the most deadly pathogens. Organized crime can also lead to **devastation of the environment,** for example through illegal logging or fishing.

Other transnational threats include the ones posed by **biological and toxin weapons, as well as radiological incidents.** Greater attention is needed to ensure that the positive advances of biotechnology can be shared by mankind, while safeguarding against misuse and unintended negative implications. Furthermore, the peaceful uses of nuclear energy should be encouraged while reducing the risk of nuclear accidents and the smuggling of radiological materials.

The Nexus Centre for Conflict Prevention will look at what steps can be taken to reduce the threat posed by organized crime as well as biological and toxin weapons and radiological incidents.

⁵ Global Burden of Armed Violence 2011, p. 53.

Peacebuilding and Statebuilding

In the areas of peacebuilding and statebuilding, IPI has a long-standing reputation for enhancing knowledge and policy development. More recently, IPI has provided direct support to UN officials and member states on the challenges facing the **UN peacebuilding architecture**. These new institutions are a step forward in coordinating the various actors and activities in peacebuilding, but major gaps, both at strategic level and operational, still persist. These gaps include: 1) insufficient attention to the political dynamics of post-conflict situations; 2) lack of coordination among diverging actors' viewpoints, interests, and objectives that hampers the development and implementation of coherent peacebuilding strategies; and 3) failed support toward reestablishing national capacities for governance and service delivery. All of these gaps point to the fact that each post-conflict situation is unique, defying general theories and blueprints for action.

Through strategic partnerships, IPI has provided policy analysis to enhance understanding of **state fragility** and to support bilateral and multilateral donor efforts to promote **aid effectiveness and sustainable development in conflict-affected and fragile states**. This is a particularly important area to focus global efforts, since, as mentioned above, no low-income fragile or conflict-affected country has yet achieved a single MDG and poverty rates are, on average, more than 20 percent higher in countries where violence is protracted than in other countries.⁶ IPI also recently examined how international actors analyze the local context and dynamics in the countries where they work and asked whether and how this analysis feeds into decision-making and strategic planning. This study stressed, in particular, the need to “promote a culture of analysis” and “cultivate multiple sources of information and analysis locally and internationally.”⁷

The Nexus Centre for Conflict Resolution will look at what factors can strengthen resilience in post-conflict settings, and promote new thinking on how to build peace and statehood in countries in transition.

⁶ World Bank, *Ibid.*

⁷ Jenna Slotin, Vanessa Wyeth, and Paul Romita, *Power, Politics, and Change: How International Actors Assess Local Context* (New York: International Peace Institute, 2010), p.19.

Urban Security

More than half of the world's population now lives in cities, and a growing number of them are poor. Thus, accepting development as the enhancement of people's welfare, at least half the battle of implementing the Millennium Development Goals (MDGs) by 2015 must be carried out in cities. The challenge is destined to become even greater in the future since, according to UN projections, by 2030, the world's urban population will double from 2.6 to 5.1 billion and three-fifths of the world's population will be living in urban areas. The fastest growth rates are projected in Africa and Asia: it is projected that between 2010 and 2050, the urban population in Africa will triple, and in Asia it will double.

Aggravating this situation further is the fact that, especially in the world's poorest countries, the **proportion of urban poor is increasing faster than the overall rate of urban population growth**; the same poorer city-dwellers are also those who bear the highest human costs of the most debilitating impacts of sprawling urbanization. Furthermore, urban environments are coming under increasing pressure to deliver public services and public security. Whereas urbanization, when managed sustainably, can create higher rates of literacy and well-being, and more opportunities for education and employment, rapid and unmanaged growth can generate instead wide-spread unemployment, socio-spatial segregation, disease and economic hardship.

Rather than fulfilling the promise of the urban dream, 21st century urbanization may go hand-in-hand with structural violence and "neighborhoods out of control," ripping apart the fabric of communities and fomenting outbreaks of violence. Indeed, **some neighborhoods have become conflict zones, others are massive slums** which can become **breeding groups for disease and crime**. High population density along with absence of state authority results in areas of lawlessness, ungoverned spaces where criminal networks have replaced the state, with dramatic consequences for the resident population – including the inability of the state and/or municipal government to provide public health.

That said, the mere growth of the world's urban landscapes does not necessarily constitute a problem in itself, quite the opposite. Cities can, in fact, be crucibles of creativity and safety, promoting growth, talent, health, and even greener environment. Rather than uniquely associating larger cities with more threats, the positive experience of many municipalities – even mega-cities – suggests that **governance, not numbers, accounts for the failure or the success of a city**.

The Nexus Centre for Conflict Resolution will study the factors that can create the "urban advantage" rather than an "urban penalty". It will look at what steps can be taken to improve the chances of implementing the MDGs in cities, as well as what lessons can be learned from safer, rather than failing, cities.

Humanitarian issues

Natural disasters like droughts, floods, earthquakes, tsunamis, and forest fires can lead to loss of life, displacement, and situations in which diseases (like polio) can spread quickly. Famine is often the result of complex factors – not only drought. Displacement can also negatively affect health: refugees and internally displaced persons suffer from increased mortality, disability and psychological distress. Therefore the links between health and humanitarian issues need to be better understood.

The dimensions, frequency and complexity of natural disasters are increasing. Extreme weather conditions are creating mega-storms that are causing damage on a massive scale. Climate change, as well as environmental degradation and rapid urbanization, make the likelihood of such disasters, and the destructiveness of their impact, even greater. In the 21st century, the world will have to become better prepared to cope with this challenge.

This necessitates innovative steps to enhance the ability of the humanitarian community and governments to use all available means -including military assets- as quickly and efficiently as possible to meet the needs of victims. People who have had their lives turned upside-down by disasters, need basic shelter, water, food, and medicine in order to survive. In the aftermath of large-scale natural disasters, quickly deploying military and civil defence assets (MCDA) in support of humanitarian relief efforts can mean the difference between life and death.

When disaster strikes, there is an explosion of needs, out of proportion with normal capacity, and often under conditions where the national emergency relief services are overwhelmed or massively disrupted – causing chaos, collapse of infrastructure, breakdown of communications, and disruption of public services and security. In major disasters, where the magnitude is enormous and destruction extremely heavy, national capacities are quickly exceeded, while international humanitarian assistance needs time to build up.

Military and civil defence assets, prepared for responding to disasters, can fill the gap quickly. These assets (like i.e. airlift, airdrop, water decontamination, communications, logistics, search and rescue, reconnaissance, land and sea transport) which may not be available in the traditional emergency response system, can make an important difference in the immediate aftermath of a disaster. They can enable traditional humanitarian assistance providers to leverage their resources, and provide a surge of the volume of assistance. Indeed, in the past fifteen years, relief operations have increasingly called on military assets. There has also been an increased use satellites – and other space-based technologies – to improve disaster relief.

The Nexus Centre for Conflict Resolution will focus on what steps can be taken to improve disaster prevention and relief in order to reduce the health risks to the population at large, particularly the most vulnerable. It will also look at the factors that contribute to famine, as well as the special needs of displaced persons.

Development

Better health is central to human happiness and well-being. It also makes an important contribution to economic progress, as healthy populations live longer, are more productive, and save more. Conversely, the poorest members of society are usually most susceptible to illness. Poverty creates ill-health because it forces people to live in environments that make them sick, without decent shelter, clean water or adequate sanitation. One fifth of humanity (around 1.2 billion people) currently suffers this plight.

Many factors influence health status and a country's ability to provide quality health services for its people. Ministries of health are important actors, but so are other government departments, donor organizations, civil society groups and communities themselves. For example: investments in roads can improve access to health services; better sanitation and water management can enable access to clean water; civil service reform can create opportunities - or limits - to hiring more health workers; and corruption can divert badly needed funds away from public health care facilities.

Health and development should go hand in hand. This is recognized in the Millennium Development Goals: three of the eight MDGs relate to health (reduce child mortality, improve maternal health, and combat HIV/AIDS, malaria and other diseases). Better health can have a positive impact on development and poverty reduction. Health should therefore be a priority within development strategies and poverty reduction as well as aid strategies should give a high priority to improving health.

The Nexus Centre for Conflict Resolution will look at the challenges of addressing health care in the context of promoting development and identify steps that can be taken to improve aid effectiveness, reduce inequality, and create a virtuous circle between improved healthcare and increased development.