Peace for health, health for peace

To improve health, particularly in vulnerable countries, it essential to reduce violence and promote peace and stability. As stated in the World Health Organization's Ottawa Charter for Health Promotion (1986), **peace is the primary condition for health**.

There is a direct link between conflict and human misery. Armed conflict, instability, and state fragility claim lives, disrupt livelihoods, and halt delivery of essential services, such as health and education. Besides the 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. For example, in Darfur, 87 percent of civilian deaths between 2003 and 2008 were nonviolent. Some **indirect effects of armed conflict on global health** include: impeding access of health professionals to populations in need; "flight" of health professionals from conflict zones for safety issues; lack of supplies and basic equipment in hospitals and clinics in conflict zones, as well as lack of access to health facilities for populations in need, also due to deterioration of infrastructure and transportation; decrease in government expenditure on healthcare; food shortages due to damaged agricultural structures, collapse of the economy, aid deliberately withheld, and disruption of the family unit; three to four times higher child mortality rates in conflict zones than the rest of the world; sharp decline in basic childhood immunization in conflict zones; highest rates of maternal deaths due to childbirth complications and other debilitating conditions in conflict-ridden or post-conflict states; increased incidents of sexual violence towards women and children, with greater numbers of sexually transmitted diseases, as well physical and psychological trauma; increased incidence of infectious diseases (malaria, cholera, measles) during conflict due to malnutrition, unsanitary conditions, lack of clean water, etc. In short, states characterized as **fragile or failed** tend to have far worse population health indicators than states at comparable levels of development. Indeed, no low-income fragile or conflict-affected country has yet achieved a single Millennium Development Goal (MDGs).

Conversely, **peace can improve health**. Investments in health, conflict resolution and state-building efforts 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. Also, 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.

Therefore, efforts to promote health and efforts to build peace should go hand in hand.