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The central role of health in building peaceful post-conflict societies

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ABSTRACT

Post-conflict reconstruction has been at the forefront of world attention for the past decade or more and has aimed to consolidate peace: ensuring that societies are rebuilt in such a manner that violence does not resume. The concepts of Human Security and peacebuilding have become central terms in the literature and have largely focused on issues such as democratic participation, security, and economic development.

Discussions of health have largely been absent to the detriment of the whole peacebuilding enterprise. This paper examines the role of health in building strong, peaceful, sustainable post-conflict societies. It contends that health – focused on primary, community-centred health services – is a fundamental building block to peace. Health must be seen as a necessary element of post-conflict peacebuilding that is fundamental to the development of a sustainable, engaged, peaceful society.

The paper examines the peacebuilding literature and addresses the absence of health from the conventional theory. Reasons for the exclusion are proposed and models for engagement of health in the peacebuilding enterprise are suggested.

Post-conflict reconstruction has been at the forefront of world attention for the past decade or more. The international community, led by the United Nations, has sought to rebuild countries as they emerge from years of conflict: Afghanistan, Iraq, Liberia, Cambodia, and Rwanda are some of the most prominent examples. The main aim of the post-conflict endeavour is the consolidation of peace: ensuring that societies are rebuilt in such a manner that violence does not resume. In the course of this effort, the concepts of Human Security and peacebuilding have become central terms in the literature and have been used to guide policy-making in post-conflict situations. The literature has largely focused on such issues as democratic participation, security, and economic development which are seen as integral to the peacebuilding mission. Discussions of health have largely been absent to the detriment of the whole peacebuilding enterprise. This paper will examine the role of health in building strong, peaceful, sustainable post-conflict societies. It contends that health – focused on primary, community-centred health services – is a fundamental building block to peace as improved health directly facilitates the other elements that constitute a strong positive peace – economic development, governance, a strong civil society. Health must be seen as a vitally necessary, but not sufficient, element of post-conflict peacebuilding that is fundamental to the development of a sustainable, engaged, peaceful society.

The paper will examine the peacebuilding literature and address the absence of health from the conventional theory. This absence from the theoretical underpinnings of the peacebuilding endeavour has limited the inclusion of health in policy programming in post-conflict situations. A healthy populace created by a community and leadership that cares about the people's well-being is necessary to stabilise a country and allow it to move into the development phase.

The absence of health from the peacebuilding literature

Peacebuilding has seen a number of definitions – some of which expand the boundaries of the concept and others that contract it considerably. These definitions have emerged over the past years in conjunction with related notions of Human Security and Positive Peace. For the purposes of this paper, it is important to define what we mean by peacebuilding clearly and to ascertain which elements it includes and which it does not.

Roland Paris has traced the development of the notion of Human Security.² Its first appearance was in UNDP's 1994 Human Development Report which lamented that "the concept of security has for too long been interpreted narrowly... forgotten were the legitimate concerns of ordinary people who sought security in their daily lives."³ The report continues and provides a fuller definition:

Human Security can be said to have two main aspects. It means, first, safety from such chronic threats as hunger, disease and repression. And second, it means protection from sudden and hurtful disruptions in the patterns of daily life.⁴

Paris is immediately concerned with the vagueness of a concept that aims for freedom from all repression, hunger, and disruption. He notes that the Human Security Network – a group of states and NGOs – committed itself to the lofty goal of "strengthening human security with a view to creating a more humane world where people can live in security and dignity, free from want and fear, and with equal opportunities to develop their human potential to the full."⁵ Two issues stand out: firstly, the absence of a clear working definition of the concept of Human Security,

² Roland Paris, "Human Security: Paradigm Shift of Hot Air?" *International Security*, 26, no. 2, Fall 2001, pp. 87-102.

³ United Nations Development Programme, *Human Development Report*, 1994 (New York: Oxford University Press, 1994), p. 22.

⁴ UNDP, *Human Development Report*, p. 23.

⁵ "Chairman's Summary," Second Ministerial Meeting of the Human Security Network.

and secondly, the expansive and unachievable goals of the notion. This definition of Human Security has more in common with Johan Galtung's conception of Positive Peace that uses "an extended concept of violence" to develop "an extended concept of peace" that includes the noble aim of the elimination of inequality.⁶ The concept of Human Security, as Paris argues, is too vague to be useful for detailed analysis. To argue that improved health is important for Human Security becomes redundant as anything that reduces want is central to the overarching concept defined above. Alternatively, the concept of "sustainable peace" that emerged in the public lexicon in the 1990s might serve as a more appropriate definition to use. The notion, first articulated by Kofi Annan and Boutros Boutros-Ghali, focuses on a somewhat more conventional view of peace: "a peace that will endure long after the peacebuilders depart from the country."⁷ Boutros-Ghali's *An Agenda for Peace* of 1992 differentiates between peacekeeping, peace enforcement, and post-conflict peacebuilding. The latter is centred on identifying and supporting "structures which will tend to strengthen and solidify peace" in the aftermath of "civil strife."⁸ The secretary-general included such elements as disarmament, repatriation of refugees, elections, human rights, and government institutions into his vision of post-conflict peacebuilding to develop a "sustainable peace." A definition whose goal is the "the creation of structures for the institutionalisation of peace" is most relevant for the purposes of this study.⁹

John Cockell provides a bridge between the two concepts of post-conflict peacebuilding and Human Security. He asserts that "peacebuilding is a sustainable process of preventing internal threats to human security from causing protracted,

⁶ Galtung, Johan, "Violence, Peace and Peace Research," *Journal of Peace Research*. 6 (1969): 168 and 183.

⁷ Roland Paris. *At War's End: Building Peace after Civil Conflict*. (Cambridge: Cambridge University Press, 2004), p. 6.

⁸ Boutros Boutros-Ghali, *An Agenda for Peace: Preventive diplomacy, peacemaking and peace-keeping*, Report of the Secretary-General pursuant to the statement adopted by the Summit Meeting of the Security Council on 31 January 1992, pages 11 and 32.

⁹ *Supplement to An Agenda for Peace*, 3 January, 1995, paragraph 49.

violent conflict” by addressing “the root causes of conflict within societies.”¹⁰ Thus, peacebuilding focuses on the root causes of conflict while building up sustainable structures to consolidate peace in post-conflict societies. Cockell draws attention to the need for context-specificity, sustainability, and for the mobilisation of indigenous resources in this effort. This definition of post-conflict peacebuilding is most relevant for the analysis of the role of health in countries emerging from war.

Health is conspicuously absent from the literature on post-conflict peacebuilding.¹¹ Rather, the literature on post-conflict peacebuilding and sustainable peace emphasises certain elements as central to the success of the endeavour of consolidating peace. John Cockell asserts that peacebuilding integrates “socioeconomic and developmental concerns with recognition of the importance of political stability.”¹² He, along with other commentators, stresses the central role of economics in building sustainable peace. He declares that “reconstruction efforts aimed at the promotion of socioeconomic stability, particularly projects that promote inter-group collaboration, can enhance dialogue and contribute to the momentum for a political settlement.”¹³

Other writers and policy-makers focus on democracy and political participation as the key to peacebuilding.¹⁴ Boutros-Ghali concluded that the promotion of democracy was essential because “peace, development and democracy are inextricably linked.”¹⁵ Certainly, current US foreign policy stresses the importance of democracy and elections in the transition to post-conflict peace as evidenced by policy statements regarding events in the Middle East. The rhetoric of the current Bush administration

¹⁰ Cockell, John. “Conceptualising Peacebuilding: Human Security and Sustainable Peace”, in Michael Pugh (ed). *Regeneration of War-Torn Societies*. (New York: St. Martin’s Press, 2000), pages 16 and 21.

¹¹ It should be noted that health is included in the descriptions of Human Security and Positive Peace as an element that would contribute to the safety from threats and disruptions. Despite its inclusion, it only serves as a part of a long laundry list encompassing a wide range of perils. For example, *An Agenda for Peace* contains a reference to the importance of health – but it is included in a list of seven other key elements all of which are broad and all-encompassing.

¹² Cockell, p. 15.

¹³ Cockell, p. 19.

¹⁴ Terrence Lyons, “The Role of Postsettlement Elections,” in Stephen John Stedman, Donald Rothchild and Elizabeth Cousens (eds). *Ending Civil Wars: The Implementation of Peace Agreements*. (Boulder: Lynne Rienner Publishers, 2002).

stresses building democracy in Iraq, Lebanon and throughout the region. Similarly, in the literature, democracy and economic growth are portrayed as the focal points of peacebuilding.

The absence of any notion of health in this discussion is especially remarkable given some of the rationales used by these authors to explain their viewpoints. Paris cites Boutros-Ghali's report on democratisation which asserts that "the best way to cultivate a citizen's readiness to participate in the development of his or her country, to arouse that person's energy, imagination and commitment, is by recognizing and respecting human dignity and human rights."¹⁶ The focus on human rights is used to advocate for the spread of democracy only and not to promote improved health services. Respecting human dignity and human rights has as much if not more to do with providing people with the means, which are readily available in our world, to survive, to gain access to medicines, to raise healthy children, and to control their own reproductive rights, than just with voting.¹⁷

Similarly, Michael Banks states that, for peace to take hold, the "point of departure must be the needs and values of ordinary people: what they require of society for physical survival and spiritual self-fulfilment, what possessions they aspire to own, what activities they enjoy, what groups they belong to and which relationships they cherish."¹⁸ He utilises this notion, not to advocate for better health or stronger communities as might seem logical "for physical survival," but rather to promote a new field of academic research focused on 'peace.' Banks even goes so far as to use a health metaphor when describing conflict and notes the need (within the metaphor) of "switching behavioural choices to health-promoting activity"; but he still does not cite health as a contributor to peacebuilding.¹⁹

¹⁵ Boutros-Ghali, *Agenda for Democratization*, 1996, paragraph 118.

¹⁶ Boutros-Ghali, 1996, paragraphs 17, 18, 22, 24, in Paris, 2004, p. 36.

¹⁷ Rosenfield et al, *Who's got the Power? Transforming Health Systems for Women and Children*, Millennium Project Task Force on Child Health and Maternal Health, 2005. See also Amartya Sen, *Development as Freedom*, (New York: Anchor Books, 1999).

¹⁸ Banks, Michael, "Four Conceptions of Peace," in Dennis Sandole and IS Sandole (eds), *Conflict Management and Problem Solving*, Pinter. (1987), p. 269.

¹⁹ Banks, p. 271.

Lastly, Cockell too acknowledges the importance of basic human needs to the consolidation of peace. He notes that “human needs are perceived differently by groups caught in conflict” but then, instead of examining the needs of groups trapped amidst years of civil conflict, concludes that “the issues involved here are fundamentally *political* in nature.”²⁰ Despite the increasing awareness of the role of communities, choice, and human rights in the peacebuilding endeavour, discussions of the role of health have been largely absent from the mainstream peacebuilding literature.

It is important to note that, in the related field of security studies, health is occasionally mentioned. It is, however, only addressed as a threat to security and never as a potential solution to such issues. For example, Jonathan Ban, in his article “Health as a Global Security Challenge,” outlines the direct and indirect threats to the world posed by health. After detailing such direct dangers as biological warfare, he notes that the destabilising social, political, or economic impact of a disease such as HIV/AIDS also constitutes a major threat to international security.²¹ A prominent CIA report of 2000 noted that “infectious diseases are likely to slow socioeconomic development in the hardest-hit developing and former communist countries and regions. This will challenge democratic development and transitions and possibly contribute to humanitarian emergencies and civil conflicts.”²² The report also warns of the potential use of infectious diseases as biological weapons and their impact on military forces. Again, health is seen as a critical threat to security but the argument of improving health as a solution is not made.

There is also an emerging body of literature, springing from the public health and medical universe rather than security or peacebuilding circles, on the potential role of health professionals in contributing to the construction of peaceful societies. These

²⁰ Cockell, p. 18.

²¹ Jonathan Ban, “Health as a Global Security Challenge,” *Seton Hall Journal of Diplomacy and International Relations*, Summer/Fall 2003, p. 19-28.

studies focus on the role of health workers as advocates, healers, and as players who can serve as a bridge across ethnic or political differences through the shared goal of better health. Alex Vaas describes the case of Bosnia where individuals worked together to unify the staffing, service provision, training, and delivery of health care and thus succeeded in reducing separatist attitudes.²³

The most prominent example of health professionals serving as a model for collaborative action comes from the Middle East where Israeli, Jordanian, and Palestinian doctors work together on a health project treating Arab and Israeli newborns.²⁴ With Canadians acting as a trusted third party, the project creates an opportunity where “like-minded colleagues are engaged due to a common concern for the health of people and communities, regardless of political opinions, personal preferences, and conflicts.”²⁵ Others have also advocated such a top-down approach to using medicine and the work of health professionals to prevent conflict or rebuild societies. One set of authors advocates “thinking of war as a complex disease process that attacks the global “group organism” humankind” to inspire greater action and involvement of medical professionals.²⁶

What kind of health?

Though the collaborative Middle Eastern project is certainly valuable and serves to build bridges between professionals, the role of health is much more fundamental and far-reaching than this top-down approach suggests. While the articles describing the project emphasise the fact that the health professionals build trust amongst each other, in many ways its greatest value is actually in Palestinian and Jordanian individuals

²² “The Global Infectious Disease Threat and its Implications for the United States,” Central Intelligence Agency, USA, January 2000, page 14.

²³ Alex Vass, “Peace through Health,” *British Medical Journal* 2001; 323; 1020.

²⁴ For more detail see Harvey Skinner et al, “Promoting Arab and Israeli cooperation: peacebuilding through health initiatives,” *The Lancet*, published online January 25, 2005.

²⁵ Skinner et al, p. 3.

²⁶ [Salim Yusuf, Sonia Anand, Graeme MacQueen, "Can medicine prevent war?" Editorial: *British Medical Journal*, vol. 317: December 1998, p. 1669.](#)

and families seeing Israelis (“the enemy”) in a positive light. The destruction of barriers between peoples is more significant than those between educated doctors. This critique goes to the heart of the centrality of the role of health in the peacebuilding endeavour. As suggested in the literature, peacebuilding requires the arousal of people’s “energy and commitment” and a focus on “the needs and values of ordinary people.” The contention of this study is that health is one of the most central needs of ordinary people in areas that have endured long periods of conflict and is also one of the primary tools to harness people’s energy and hope to greater purpose.

When using health in this context, it does not refer to medical professionals as suggested in the studies noted above. Rather, health, for the purposes of this paper is centred on community health, on the availability of services in communities both urban and rural, and the access to both basic curative and preventative measures to improve the basic health of individuals and families. It is focused on the provision of public health and medical services for communities.

There is no doubt that the health needs of countries emerging from conflict are enormous. In areas plagued by war, especially those in Africa, mortality and morbidity figures are astronomical. In the war in the eastern Democratic Republic of the Congo (formerly Zaire) between 1998 and 2000, an estimated 1,700,000 excess deaths occurred, the majority of which were due to disease and starvation.²⁷ Furthermore, an estimated 484,000 children under the age of five died in the DRC in 2003.²⁸ Sierra Leone and Afghanistan, two countries which have experienced years of war, have the highest maternal mortality rates in the world.²⁹ Liberia has seen its life expectancy plummet from 59.5 years in 1998 to 38.9 in 2005 due to the continuation of the civil war.³⁰

²⁷ International Rescue Committee Mortality Study on Eastern DRC, 2000. Accessed online at <http://www.theirc.org/index.cfm?section=what&wwwID=441&topicID=86&ppID=441>. “Of the 1.7 million excess deaths, 200,000 were attributable to acts of violence. The vast majority was due to the war-related collapse of the region’s health infrastructure and delivery of health and nutrition services.”

²⁸ Rosenfield et al, p. 53.

²⁹ Rosenfield et al., p. 92.

At the end of Liberia's 14 year war, only 24 medical officers and 175 physician's assistants remained in the country.³¹ In remote Lofa County, location of some of the greatest devastation and where upwards of 200,000 refugees and IDPs have returned, only two doctors are resident as of March 2005 – both of whom are part of the Pakistani peacekeeping battalion and are therefore not mandated to treat the community at large.³² Also, the lack of maternal services leads to a high rate of maternal mortality and fistula while Liberia maintains, at last measure, one of the highest fertility rates in the world.

Much has been written about participation and democratisation in peacebuilding,³³ but, for the vast majority of people in countries emerging from war, thoughts of political participation and government legislation are very distant from their day-to-day reality. Rather, given the horrific mortality and health sector figures above, chronic illnesses such as malaria or HIV/AIDS, or the fact that a high percentage of children die before the age of five, or that maternal mortality is high, must be a central focus of their lives. Simple curative services exist to treat or address most of these ailments. A cheap and simple dose of Oral Rehydration Therapy can bring a baby back from the verge of death from diarrhoea, and a treated bed net can dramatically reduce the incidence of malaria. It is the contention of this paper that such interventions – which would improve the health of the community – would contribute substantially to the overall peacebuilding endeavour and would facilitate the development of democracy and economic growth emphasised in the literature and by policy makers. The survival of a child, or treatment at a clinic, provides a measure of hope in the future that increases a household's engagement with the future of their community. This is particularly relevant in communities that have long been ravaged by conflict such as Afghanistan or the Mano River States of West Africa where the

³⁰ US Census Bureau, International Data Base.

³¹ World Health Organization, *Resource Mobilization for Health Action in Crises: Liberia*, 2004. Available online at http://www.who.int/hac/about/donorinfo/en/Liberia_WHOdonorupdate_FinalHACForumOct04.pdf.

³² It is important to note that both doctors see approximately 100 patients per day from the Liberian community but the PAKBATT doctors do not have equipment or medicine for maternal and child health.

³³ Paris, *At War's End* and Lyons.

societies have been decimated by more than a decade of war. The only way to begin to mend such a society and build community-based institutions that are not structured towards power, influence, and conflict, is by working on deeper, societal issues that form the fabric of society such as health.

Health as the bridge to peace

Health should be seen as central to peacebuilding for two overarching reasons. Firstly, basic health services and a basic quality of health are a human right. In this conception, improved health is an end to itself. Especially for communities that have been ravaged by war, the provision of improved medical and public health services are much needed and highly desired. Secondly, improved health is integral to the other elements of peacebuilding stressed in the literature: economic development, political participation, and community strength – the factors that enable the consolidation of peace. Health is thus a facilitator of growth, of elections, and ultimately peace. Health is a necessary – but not sufficient – tool for the expansion of peace and post-conflict reconstruction. Each of these elements will be addressed in turn.

The world community has widely confirmed that health is a basic human right. The preamble to the World Health Organization's Constitution states that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being."³⁴ Kofi Annan has stated that "it is my aspiration that health will finally be seen not as a blessing to be wished for, but as a human right to be fought for."³⁵ Despite this, and though much of the contemporary discourse centres around notions of freedom and rights, health is largely absent from the discussion. Health is not just a right but makes up a core part of how we define society. The United Nations Millennium Project has declared that "we understand health systems to be a

³⁴ Constitution of the World Health Organization, World Health Organization, Geneva, 1985.

³⁵ Quote cited on <http://www.who.int/hhr/en/>. Accessed May 4, 2005.

vital part of the social fabric of any society. As such, they are not only producers of health and health care, but they are also purveyors of a wider set of societal norms and values.”³⁶ This contention that health services contribute to the development of a culture of care to replace the culture of hatred and vengeance created by war feeds into the vital role that health can play in peacebuilding.³⁷

The Millennium Project Task Force on Maternal and Child Health has stated that “equitable, well-functioning health systems play a central role in poverty reduction, democratic development, and the fulfilment of human rights.”³⁸ This grand declaration must be examined to determine if this crucial assertion is valid. Traditionally, economists asserted that improved health indicators followed economic development. The conventional logic was that as a country became richer, the government would take in more tax revenues and be able to spend more on social services such as education and health. As a result, the Washington Consensus comprised of the World Bank and donor community emphasised a reduction in spending on health coupled with policies meant to spur rapid economic growth. More recently, given the widespread failure of this approach, the concept has been turned on its head. The Commission on Macroeconomics and Health, commissioned by Gro Harlem Brundtland, the head of the World Health Organization in 2000, stated that ill health perpetuates poverty and that appropriate health interventions can facilitate poverty reduction and economic growth.³⁹ Importantly, the Commission’s report was written in the language of economists and Ministers of Finance and was chaired by Jeffrey Sachs, a noted macroeconomist. The acknowledgement that those in extreme poverty, burdened by poor health, are unable to engage in productive economic and political activities emphasises the need for a new approach to peacebuilding.

³⁶ Gilson, Lucy. 2003. “Trust and Development of Healthcare as a Social Institution.” *Social Science and Medicine* 56 (7), p. 1461 in Rosenfield et al, page 97.

³⁷ Yusuf, Anand, MacQueen, p. 1669.

³⁸ Rosenfield et al, p. 17.

³⁹ Commission on Macroeconomics and Health, *Macroeconomics and Health: Investing in Health for Economic Development*, World Health Organization, 2001.

The belief that improved health facilitates economic development is supported by microeconomic studies concerning the impact of disease on productivity. Though the most detailed studies concern the impact of HIV/AIDS on labour productivity, hours worked, and absenteeism, the same type of analysis would hold for other diseases such as malaria as well as childhood illnesses that tie up the labour of caretakers. Household illness dramatically reduces the available labour supply as well as the household income. A South African study on HIV reveals that “per capita and adult equivalent income in [HIV] affected households represents only between 50% and 60% of the levels of income in non-affected households.”⁴⁰ Carolyn Baylies, in her study on the impact of disease on agricultural systems, has noted that “HIV/AIDS is having a profound effect, undermining rural household production, contributing to declining agricultural output and affecting the very integrity of families and their sustainability as viable units.”⁴¹ Thus, health is having an enormous impact on the potential for economic growth in affected countries. Health is not only a factor that retards economic growth. Conversely, good health contributes to growth due to the availability of healthy workers, more committed employees, and greater energy and dynamism. Though the studies above are not focused specifically on post-conflict communities, the impacts of disease on the ability to rebuild peaceful societies are the same.

Compromised health also limits one’s engagement in the community and therefore political participation thus affecting one of the key elements of peacebuilding: democratic development. Individuals or households that are unhealthy, especially chronically so, are less likely to have the energy and time to be politically engaged. This is especially true in rural areas where political participation requires resources and leisure time due to the distance of polling stations or lack of access to political

⁴⁰ Frederick Booyesen and Max Bachmann, “HIV/AIDS, Poverty, and Growth: Evidence from a Household Impact Study conducted in the Free State province, South Africa.” Presented at the Annual Conference of the Centre for Study of African Economies, St. Catherine’s College, Oxford, 18-19 March 2002, p. 10.

⁴¹ Carolyn Baylies, “The Impact of AIDS on Rural Households in Africa: A Shock Like Any Other?” *Development and Change* 33(4), p. 612. For more information on the impact of HIV on agriculture in Africa, see Joel Negin, “Assessing the Impact of HIV/AIDS on Economic Growth and Rural Agriculture in Africa,” *Journal of International Affairs*, Spring 2005, Volume 58, Number 2, 267-281.

mechanisms. The Millennium Project report acknowledges the potential role of health to democracy: “the health system as a core social institution, part of the very fabric of social and civic life, has enormous potential to contribute to democratic development.”⁴²

Paula Gutlove and Gordon Thompson see the health sector as being a significant contributor to political development through its emphasis on collaboration and partnerships as well as its potential to build “sustainable community infrastructure that is essential for human security.”⁴³ For health to actually play this role, however, a certain type of health system must be promoted. Blending the notion of health as a right with its centrality to building peaceful societies, one emerges with the need for the development of equitable, accessible health care systems.⁴⁴ On the contrary, “dysfunctional and abusive health systems intensify exclusion, voicelessness, and inequity while simultaneously defaulting on their potential – and obligation – to fulfil individuals’ rights and contribute to the building of equitable, democratic societies.”⁴⁵

In order for war-torn societies to be able to achieve improved health for their people as well as having health serve as a bridge to peace, health care must be available not just to those with money, or those in urban areas, but rather to the populations who have suffered most due to the conflict. Especially in the context of civil conflicts, it is those who have been at the margins of society who must be given hope in the new post-conflict stage. By providing health services to these groups, governments and the international community can send a vital message of peace and engagement while allowing communities to create a new set of norms based on collaboration and strength rather than violence.⁴⁶ The emphasis by the World Bank, International

⁴² Rosenfield et al, p. 17.

⁴³ Paula Gutlove and Gordon Thompson, “Human Security: Expanding the Scope of Public Health,” *Medicine, Conflict & Survival*, 2003. Vol. 19-1, p. 32.

⁴⁴ Yusuf, Anand, MacQueen, p. 1669.

⁴⁵ Rosenfield et al, p. 17.

⁴⁶ Julie Nenon, “Viable Ways for Changing Violence at the Community Level,” *Online Journal for Peace and Conflict Resolution*, June 2000, p. 1, “all societies have norms that determine how the community will function. It is through the norms, that the acceptability and type of violence are determined.”

Monetary Fund and donors on cost recovery in health through the 1980s and 1990s has retarded the development of these strong, healthy communities. By requiring user fees in the health sector, the poorest and most marginalised members of society – those who are often recruited into violence through desperation – cannot access health services. Their compromised health status prevents them from climbing onto a ladder of development, economic growth and community strengthening. The Global Fund for AIDS, Tuberculosis and Malaria has recently acknowledged the importance of ensuring access to health of the most marginalised and, in Rwanda, has agreed to fund health services to those most vulnerable in society – the poor, orphans, and people living with HIV/AIDS – who have not been able to afford the health insurance premiums.⁴⁷ By providing health services to those most marginalised in society, Rwanda can engage all members of society in the rebuilding of the country after the 1994 genocide.

Health is not only one manner of rebuilding communities but is actually the most appropriate mechanism for doing so. Health and healing serve as an antidote to war and destruction. In a situation of conflict and contestation over resources and power, improved health for all stands apart as a neutral aim. Graeme MacQueen and Joanna Santa Barbara, in their work on peacebuilding, note that health care is “one means by which society institutionalises feelings of care and compassion; its association with humane, superordinate goals transcend human differences.”⁴⁸ They sum up the vital role that health can play in post-conflict situations:

Health care is one of the chief means by which members of a society express their commitment to each other’s wellbeing. An adequate healthcare system accessible to all members of society can promote feelings of security and of belonging to a broad, inclusive group that respects people and meets their common needs. This civic identity makes hate-based mobilization of ethnic or other identity groups more

⁴⁷ Rwanda Country Coordinating Mechanism, Round Five Global Fund Proposal for Health Systems Strengthening, June 2005.

⁴⁸ Graeme MacQueen, Joanna Santa Barbara, “Peacebuilding through Health Initiatives,” *British Medical Journal*, vol. 321, July 2000, p. 294.

difficult. In Uganda, for instance, renewed health structures have encouraged displaced people to return home, and it has become clear that rehabilitation of the healthcare system is linked to the wider process of social recovery from war.⁴⁹

A further point that often gets lost in the discussion of how to build a positive peace is the needs of the residents. During informal interviews with villagers in rural Liberia, women overwhelmingly expressed the need for health services – for maternal and child health services in particular. These women emphasised the services needed to rebuild their community – not a need to cast a ballot. Nicholas Banatvala and Anthony Zwi have noted that the international community does not always respond to the specific needs of post-conflict communities:

there is increasing recognition that relief efforts must be accountable both to the affected populations and to their donors. Clearer conceptualization of what affected populations seek from the international humanitarian response to their needs would be valuable.⁵⁰

A “clearer conceptualisation” of needs would lead to a greater involvement in improving health systems. There is also very strong evidence of urban bias in the lack of health services in rural parts of war-affected countries. A study on post-conflict Uganda reveals the paucity of health services outside of large cities. They note that “like many countries in Africa, Uganda inherited a health system which favoured urban-based curative care” and that “the war compounded the tendency to concentrate resources in urban centres as rural areas became less secure and difficult to supply.”⁵¹

As countries seek to rebuild, the opportunity for the development of strong health services exists. As MacRae, Zwi, and Gilson assert, “although the political, economic

⁴⁹ MacQueen and Santa Barbara, p. 295.

⁵⁰ Nicholas Banatvala and Anthony B Zwi, “Conflict and health: public health and humanitarian interventions: developing the evidence base,” *British Medical Journal* 2000; 321, p. 102.

⁵¹ Joanna MacRae, Anthony N. Zwi, and Lucy Gilson, “A Triple Burden for Health Sector Reform: ‘Post’-Conflict Rehabilitation in Uganda,” *Social Science Medicine* Volume 42, Number 7, 1996, p. 1097.

and social adjustments which have to be made in these transitional societies are formidable, they also offer the potential for wide-ranging social change, including the prospect of more equitable and sustainable health development.”⁵² Whereas often the emphasis in post-crisis health sector development is on the reconstruction of secondary and tertiary facilities, countries, with the support of the international community, have the opportunity to focus on primary care services that would provide basic preventative and curative services to those most in need.⁵³ In the process, the commitment to providing appropriate assistance to those who need it will serve to provide hope to the people of a post-conflict society that a better future is ahead – especially for those in rural areas where many rebel movements have, in the past, been born. A more appropriate use of health funds would be to develop community-based rural health services. Building dispensaries or small health centres in rural communities, staffed by nurses and midwives, and establishing community health worker systems would strengthen rural villages. Such a system would lead to an increase in the percentage of births attended by skilled personnel thus reducing maternal mortality and the provision of closer-to-client malaria treatment and long-lasting insecticide-treated bed nets could dramatically reduce the massive numbers who die of malaria each year.

Besides saving lives, the expansion of primary health services could lead to a greater engagement in the challenges facing the community. Also, the improved health of a community’s citizens will create increased ability to build, plant, and contribute economically to the growth of the country. Primary health services can provide the “‘vital core’ or minimal set of conditions of life... that allows [people] to plan and work for a better future for themselves, their families and their communities.”⁵⁴

⁵² MacRae, Zwi, and Gilson, p. 1095.

⁵³ As in Uganda where, during the post-conflict era, there was an “emphasis on health ‘hardware’” in the form of rebuilding hospitals, the Ministry of Health in Liberia has clashed with international NGOs regarding the rehabilitation of hospitals in Voinjama, Tubmanburg, and Robertsport. The MoH has insisted that INGOs commit to rebuilding entire hospitals rather than just one wing at a time. The misguided emphasis on tertiary care is not limited to post-conflict environments. The national health budget of Kenya allocates approximately one-third of all funding to one tertiary hospital in the capital, Nairobi at the expense of community health systems.

⁵⁴ Gutlove and Thompson, p. 5.

As well, the engagement of the community will more likely lead to the sustainability of the reconstruction of the health sector. While in Uganda, the authorities “achieved their objective of physical rehabilitation, but did not provide the basis for a functioning health system,” post-conflict countries such as Liberia or Sudan have the opportunity to use the energy of returnees to create a strong health system that responds to community needs.⁵⁵ The greatest untapped resource of many post-conflict societies is the energy of the people themselves. Establishing community-based health systems is the answer to engaging individuals and families in the future prosperity and security of their community. The development of health services not only builds the community but ultimately strengthens the state. The Ugandan study states that,

the provision of adequate public health services contributes to the political legitimacy of the state. Government health services (or the lack of them) are therefore not politically neutral, and rehabilitation of health services in areas of continuing insecurity carries high risks, as well as benefits, to communities, rebel forces and national governments alike.⁵⁶

This conception of peacebuilding represents a bottom-up approach focused on strengthening communities whose success can cascade upwards to bolster the state. Through such a perspective, health clearly has a strong role to play in the development of a positive peace.

Why has health been neglected?

Why then has health not been included in the mainstream peacebuilding literature nor been seen as a priority in post-conflict policy-making? Primary health care does not make it onto the national political agenda of developing countries. The focus of the international community and therefore donors is economic development, trade, and

⁵⁵ MacRae, Zwi, and Gilson, p. 1100.

elections. When health is included, it is to reconstruct tertiary health care services such as model hospitals in capital cities; this despite the role that primary health can play in rebuilding societies torn apart by war.

Indeed, the focus on economics and politics by the international community has not simply meant that health was put on the back burner in terms of reconstruction but that health care systems were actually actively harmed and weakened. The focus on neo-liberal economic policies by the World Bank, International Monetary Fund, and the donor community in the 1980s and 1990s did not only distract from health but actively undermined its effectiveness. Public sector funding was withdrawn from health leading to the retrenchment of health workers and a significant cut in salary of those still employed. As well, a fee-for-service program was instituted thus barring those most in need, the poor, from accessing health.⁵⁷ The emphasis on privatisation by the international financial institutions undermined public goods such as healthcare and led to the deterioration of public health systems. This led to both compromised health among the population as well as a reduction in government legitimacy in the eyes of the people as leaders no longer were able to provide for the needs of its citizens. It could be claimed that such policies actually facilitated the onset of conflict and war by increasing the grievances of large groups of citizens.⁵⁸

Another explanation for the absence of health from the peacebuilding discourse is the male-focused gender perspective of security-related studies. Post-conflict situations are generally the domain of men. Men's needs are voiced more prominently than those of women especially in conflict areas that already contain gender imbalances such as Afghanistan and Liberia. Because women are most often the caretakers of families and households, health is often the purview of women. Thus, it is often ignored when men, both from the international community and from the country in question, gather to discuss peacebuilding priorities. This neglect of women is particularly damaging to the long-term prospects for peace because "women often

⁵⁶ MacRae, Zwi, and Gilson, p. 1106.

⁵⁷ Paris. *At War's End: Building Peace after Civil Conflict*. 2004.

have a stronger commitment to the ending of violence and the maintenance of long term peace than groups of men.”⁵⁹ Donna Pankhurst advocates a greater prioritisation of women’s needs in post-conflict situations: “As women are the main carers of survivors, neglect of their basic needs has knock-on effects throughout society. An alternative approach, which *prioritised* women’s welfare requirements would have positive knock-on effects through society in times of peacebuilding.”⁶⁰ Until the needs of women and children are brought to the fore in the peacebuilding endeavour, potentially by engaging them as community-based health workers, health will continue to be ignored to the detriment of the whole society.

Conclusion

The development of sustainable peace in post-conflict situations is a difficult task. Communities have been destroyed, societal relations have been weakened, and conflict is all that many people remember. The reconstruction of these societies cannot be built on political contestation that perpetuates conflicts over power. The lesson of Liberia in 1997 must be heeded: the country turned to internationally supported elections to serve as a bridge to stability and peace after years of war but the power struggles inherent in the political process led to the vote exacerbating the violence in the country. Democratic development, in the absence of other structural measures, was insufficient to lead to a sustainable peace. Rather, rebuilding must be based on providing households with the basic means to survive and live. Once this is done, it will facilitate the economic and political development that is necessary to strengthen and build countries. Human development is about “widening people’s economic choices” but Human Security, which comes first, must be “about people being able to exercise these choices safely and freely.”⁶¹ This conception of Human Security has a great deal in common with Amartya Sen’s emphasis on development as

⁵⁸ William Reno. *Warlord Politics and African States*. (Boulder: Lynner Rienner Publishers, 1998).

⁵⁹ Donna Pankhurst, “Women, Gender and Peacebuilding,” Centre for Conflict Resolution Working Paper 5, University of Bradford, August 2000, p. 1.

⁶⁰ Pankhurst, p. 24.

freedom.⁶² Freedom is about having the means, notably health, to make choices about one's future. Until basic health is provided, further development is impossible, and the bridge to peace will remain in ruins.

⁶¹ Gutlove and Thompson, p. 4.

⁶² Sen, *Development as Freedom*.