

“THE GLOBAL HEALTH FOR PEACE INITIATIVE” — A NEW CHANCE FOR A CHANGE¹

Jovana Blešić²

Abstract: “There cannot be peace without health and health without peace,” are the words of the World Health Organization (WHO) Director — Dr. Tedros Adhanom Ghebreyesus. With this, he announced a new initiative under the auspices of the WHO — The Global Health for Peace Initiative. This initiative requires WHO to improve its technical competencies, legitimacy, relationships and convening power so as to develop innovative ways of addressing conflict, strengthen resilience to violence and empower people to (re)build peaceful relations with each other. The Global Health for Peace Initiative is WHO’s contribution to the growing network of humanitarian assistance, long-term sustainable development, and peacebuilding, as it was explained. Even though the idea of the nexus between health and peacebuilding is not new, the innovative aspect of it is the experience gained from the COVID-19 pandemic. The goal of this paper was, therefore, to give a detailed interpretation of *The Global Health for Peace Initiative* and to see if it would make a difference in the global context. This essay aimed to present the Global Health for Peace Initiative and to assess whether it would have the necessary capabilities to cope with the ongoing global crisis. The methodology which was used throughout the article is, mostly, theoretical and descriptive research, because the author aimed to provide more information about the Initiative itself, based on the official document of the World Health Organization.

Key words: *WHO, Global Health for Peace Initiative, pandemic, peace, security*

INTRODUCTION

Health and peace are both basic human rights necessary for each and every one person. However, they may both be taken for granted, as, in

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² Research Associate, Institute of International Politics and Economics, Serbia, e-mail: jovana.blesic@diplomacy.bg.ac.rs

most cases, it is overlooked that they are just the basis for fulfilling the rest of human necessities. With this in mind, it is clear why both of these terms have, again, come under the spotlight since 2020. The COVID-19 crisis, along with the ongoing war operations, justified the introduction of the new initiative by the World Health Organization (WHO).

The term 'health' was introduced in the United Nations Charter, on a recommendation from the Brazil delegation. Moreover, it was recorded in Articles 57 and 62 — the ones dedicated to the Economic and Social Council. However, when it comes to the WHO, the path to its establishment was long. It started back in the 18th century after several gatherings occurred. As a matter of fact, there might not have been any health conference, had it not been for the cholera outbreak in the first half of 19th century. It initiated the international community to start discussing health worldwide. Yet, this specific organization, WHO, was founded due to the delegations from Brazil and China, who suggested it during the United Nations San Francisco conference in 1945. The World Health Conference was the first one organized by the United Nations. It took place from 19th June until 22nd July, 1946, when, among other important documents, the WHO Constitution was adopted. Two years later, in 1948, the WHO began its work (Blešić, 2021a, pp. 272-274).

The preamble of the WHO Constitution says that health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Enjoying the highest attainable standard of health is one of the fundamental rights of every human being, without distinction of race, religion, political belief, economic or social condition. The health of all peoples is fundamental for attaining peace and security and, furthermore, it depends on full cooperation of both individuals and the states. When any state achieves success in promoting and protecting health — it is considered to be of value to all (World Health Organization, 1948). So, as we can see, the Constitution was the first document, in the very beginning of WHO, which recognized the relationship between health and peace. The matter of ensuring health for all and its relationship with reduction of all forms of violence and wars, was also incorporated in the United Nations General Assembly Resolution 34/58. It said that 'peace and security are important for the preservation and improvement of the health of all people and that cooperation among nations can contribute importantly to peace' (Sherin, 2018, p. 121).

Peace is seen as the absence or reduction of war. However, not solely that — it, also, includes the negation of violence, presence of harmony, justice and equity, along with the capacity to handle conflicts in a non-violent manner (Sherin, 2018, p. 121). Another definition of peace is that it is an attribute of a relationship between two or more entities in which, at last, no harm is done to any party and conflicts are resolved non-violently; simply put, it is a harmonious relationship of mutual benefit and cooperation (Santa Barbara & Arya, 2008, p. 7). Above all, it is clear and understood that war directly impacts health and that the effect of it is devastating. This will be explained further on.

These two terms are connected and interrelated more than it seems so at the first glance. ‘There cannot be health without peace, and there cannot be peace without health’, are the words of the Director-General of WHO, Dr Tedros Adhanom Ghebreyesus. Why so? The lack of one can influence the other. For example, if there are conflicts, they will represent a major obstacle to health. Moreover, if there is a lack of access to basic health services, it could lead to potential violence and conflict (World Health Organization, 2020a). Furthermore, the Ottawa Charter for Health Promotion proclaims peace to be the first on the list of requirements and conditions for health (World Health Organization, 2020b, p. 2). This same charter pointed towards the dependence of health on the presence of peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity (Woehrle, 2019, p. 168). Woehrle, also, compared the peacebuilding study with the study of health. Both are, in many aspects, multidimensional and consist of many approaches. Peacebuilding is meant to be preventive, although it is more often dealing with actual consequences of conflicts. Every conflict can be constructive and may lead to change. Besides, health work can be, as well, an approach to transformation, preventive or dealing with consequences (Woehrle, 2019, pp. 169-170).

The impact of armed conflicts and violence on health is obvious. Conflicts may, and usually do, cause direct deaths and lead to physical and mental injuries. The rates of infant mortality, sexual violence and mental disorders increase because of the disruption in health systems. With the rise of the collective violence, there is not only a rise in the infectious disease transmission and outbreak, but also other outcomes, such as the impact on infrastructure, water and sanitation (Peters et al., 2022, pp. 4-5).

Sherin also labels conflict, violence, civil wars and terrorism, specifically in the second half of 20th century and in the 21st century, as major threats to global health. He had pointed out that wars will be the 8th leading cause of disability and death by 2020 (Sherin, 2018, p. 121). Therefore, peace is one of the fundamental conditions for health.

In addition to that, lack of access to healthcare systems fuels conflict. For instance, in some populations, the lack of access to healthcare results in people feeling they are unequally treated by the government. That may lead to protests and, later on, violence. Also, an intergroup hostility may escalate to an armed conflict, if there is a higher intensity of infections and diseases. For example, some of the conducted research has pointed out that the COVID-19 pandemic has affected armed conflict dynamics, usually, in escalation (Peters et al., 2022, p. 5).

UN peacebuilding and health actors are accountable to each other. The 2030 Agenda for Sustainable Development is based on the recognition that progress towards all sustainable development goals are interdependent. In particular, there is an interdependence between sustainable development goals no. 16 and 3. Sustainable development goal no. 16 is to promote peaceful and inclusive societies for sustainable development, provide access to justice to all and build effective, accountable, and inclusive institutions, at all levels, while ensuring healthy lives and promoting well-being, for all, at all ages, is goal no. 3 (The Department of Economic and Social Affairs, n.d.). Therefore, as we can see, peace and health are both fundamental to achieving all the Sustainable Development Goals, although they are also dependent of having achieved other Sustainable Development Goals (Peters et al., 2022, p. 1).

THE FIRST STEPS IN HEALTH FOR PEACE INITIATIVES

The end of the Cold War brought about the conflicts, mostly, in sub-Saharan Africa and the Balkans. It was at that moment that Western states promoted and declared themselves as the leaders in this new environment. There was a new wave of hope that the international community can, in fact, engage in conflict-prevention and peacebuilding activities. This idea was, primarily, addressed by the UN Secretary-General of that time, Boutros-Gali, in 'An Agenda for Peace', in 1992. However, the very idea of including health professionals in preventing war and peacebuilding

is not a new one, as Rushton pointed out. In the 20th century there were many organizations, associations, and campaigns with the aim of pursuing peace and preventing war, as it was a major determinant of health. The International Committee of the Red Cross was the most important one, but there were also Association Médicale Internationale Contre la Guerre in 1905, the Medical Peace Campaign in the 1930s, the Medical Association for the Prevention of War in the 1950s, the International Physicians for the Prevention of Nuclear War in 1980s. (Rushton, 2008, pp. 15-16).

The World Health Assembly adopted a resolution in 1981 titled 'The role of physicians and other health workers in the preservation and promotion of peace as the most significant factor for the attainment of health for all.' In this resolution, World Health Assembly reiterated its appeal to Member States to multiply their efforts to consolidate peace in the world, reinforce détente and achieve disarmament so that they can create conditions for developing public health worldwide. With this, they also requested the Director-General of the WHO to intensify contribution of WHO in the mentioned areas and to continue collaboration with the Secretary-General of the United Nations and other organizations in order to establish an international committee of scientist and experts on the study of elucidation of the threat of thermonuclear war and its potential consequences for life and health of all people globally (World Health Organization, 1981, para. 1-2). This was the first document which the World Health Assembly adopted regarding this topic. The most important resolutions devoted to sustaining peace, were adopted in April 2016, by both the UN General Assembly and Security Council. In this document the term 'sustaining peace' was introduced. The goal of this documents was to prevent violent conflicts and to address their causes. To do that, i.e., sustain peace, all UN agencies and organizations ought to be involved, including WHO (World Health Organization, 2020b, p. 6).

The concept of health as a bridge for peace developed in the 1980s, although it was not until 1984 that Health as a Bridge for Peace programme was implemented. In 1984, the Pan American Health Organization initiated this plan in Central America and Panama, which were endangered by the guerrilla groups and government hostilities. This plan, also called the Plan for Priority Health Needs in Central America and Panama, was based on the belief that health is universal and that it can serve as a bridge for peace between people, so that it could help build long-lasting peace in

Central America (De Quadros & Epstein, 2002, p. 25). This programme was, later on, adopted by WHO, in 1998, during the 51st World Health Assembly (Sherin, 2018, p. 121). This project brought up the question of whether humanitarian projects can influence any process undertaken to end military and/or political conflict, and, thus, contribute to peace-making and peace-building. The main goal of this project was to negotiate at least temporary ceasefire so that children in war-affected areas could get polio vaccines — which was successful in El Salvador and Peru (Rushton, 2008, p. 18).

There was a Peace through Health programme which originated at McMaster University in the 1990s. At that time, the Gulf War and the wars in the Balkans were taking place. So, this initiative continued the previous efforts of health workers to bring peace, and has, therefore, become a part of the wider concept. In the 1990s, it was understood that peace-making and peacebuilding are not only meant to be the task of governments and international organizations, but also of a wider range of actors (Rushton, 2008, pp. 16-17).

In the 1990s, WHO — i.e., the Division of Emergency and Humanitarian Action, recognized its role as an important one when it comes to certain so-called complex humanitarian emergencies, which are usually armed conflicts, population displacements and food scarcities. In order to deal with those issues, bearing in mind the overall goal of providing health for all, WHO initiated another response to the conflict areas — Health as a Bridge for Peace (HPB). The main aim of this programme was to identify and develop actions and strategies which can be used as tools for peacebuilding through health programmes during conflicts. Health and peace are viewed as a two-way street in this programme, because of the reciprocal effect conflicts have on the practice of health care, and vice versa — how the field of health can be used as a tool when dealing with conflict (Garber, 2002, pp. 69-71). Based on this programme, health professionals were supposed to act based on scientific evidence in order to promote peace (Vardanjani et al., 2020, p. 54).

THE GLOBAL HEALTH FOR PEACE INITIATIVE

The WHO defines the global public health security as ‘the activities required, both proactive and reactive, to minimize the danger and impact of acute public health events that endanger people’s health across

geographical regions and international boundaries’ (World Health Organization, Health Security). In that sense, the WHO has introduced its new initiative, as a logical continuation of previous programmes, discussed in the previous chapter of this paper. This was launched in November 2019, with the support of Oman and Switzerland.

The WHO set its Thirteenth General Programme of Work 2019-2023, titled ‘Promote health, keep the world safe, serve the vulnerable.’ This document is important, and interesting, because it sets triple goals for the WHO. Those are separated in three different areas. The first one is universal health coverage, with the aim to make sure that one billion people more, benefiting from it. The second one is health emergencies, with the aim to ensure that one billion people more is better protected from them. The third area is related to health and well-being, with the goal to have one billion people more enjoying it. All these strategic priorities are interconnected and depend on each other (World Health Organization, 2019, p. 4). This Programme of Work was a sort of announcement of the Global Health for Peace Initiative, which was to be adopted in the following years.

WHO’s Global Health for Peace Initiative requires WHO to grow and develop in order to address conflict and violence. WHO has so far had public health interventions, but now, it is required of them to set those up as more peace-responsive, so that they can deliver both on WHO’s Triple Billion goals and the Sustainable Development Goals.

The difference between this and the other programmes is that this one can be used not only to work in conflicts by achieving health benefits in conflict situations, but also to work on conflict. The focus is on using health care to address some of underlying causes of conflict. This Global Health for Peace Initiative builds on previous initiatives and programmes which were dedicated to making health interventions, with direct health benefits in conflict settings, such as the WHO Health as a Bridge for Peace projects in 1980s and 1990s (World Health Organization, 2020a). This initiative is also WHO’s contribution to bringing together humanitarian assistance, long-term sustainable development (set in Sustainable Development Goals) and peacebuilding. This Humanitarian-Development-Peace nexus is deepened by the Global Health for Peace Initiative, because the key role of health is being brought forward. Health is key for peace and sustainable development in fragile, conflict-affected, and vulnerable environment.

However, this time, the initiative dealing with peace has to deal with a big change of circumstances — the outbreak of the COVID-19 pandemic. This pandemic has shown not only that health emergencies can, also, trigger conflict, but also that health programs can help build peace. This is meant to be the focus of the initiative. WHO is working with partners to explore the intersections of conflict, peace, and COVID-19 — mostly by participating in various activities, such as 2020 Paris Peace Forum and the 2020 Geneva Peace Week (World Health Organization, 2020a).

This need for cooperation within the field of health is especially important in fragile and conflict zones. Based on one piece of information around 1.8 billion people already live in such zones. In this context, there is a belief that by 2030, half of the world's poor population will have been living in them. This could, therefore, lead to disasters in healthcare systems. The consequences may lead to the lack of safety, international peace and stability. Nonetheless, there are authors who believe that there is still room for optimism. The COVID-19 pandemic brought about many problems and a lot of suffering, but it also strengthened global emphasis on health. Health crisis does not acknowledge borders, so everyone is affected. Therefore, international solidarity and commitment to prioritise health is of utmost importance (Forward Thinking, 2022).

The fact that the Security Council adopted the Resolution 2532, in July 2020, supports further how important this topic is. In this resolution, the Security Council demanded cessation of hostilities and called for, specifically, a pause in armed conflicts for, at least, 90 days. The main goal was to enable safe and sustained delivery of humanitarian assistance (Blešić, 2021b, p. 167). Moreover, the peacekeeping operations and Special Political Missions wanted to update their priority tasks. The UN Secretary-General was requested to instruct peacekeeping operations so as to help host country authorities deal with the pandemic and provide humanitarian access to internally displaced persons and refugee camps (Blešić, 2021b, p. 167).

Furthermore, WHO has developed a global Theory of Change, which says: 'if individuals and groups enjoy equitable access to health services fulfilling their rights to physical and mental health, and health actors design health interventions that promote trust and dialogue and communities are empowered to cope with violent conflict, then health coverage is more universal, grievances can be heard and addressed to generate

trust around emergency health concerns, affected communities are more likely to make meaningful contributions to peace and reconciliation, and resist incitements to violence’ (World Health Organization, 2020c). There are three possible ways of doing this. The first one would be improving citizen state cohesion through Health Equity: ‘If dialogue is facilitated between state authorities, local medical practitioners, and communities in conflict zones; and authorities and humanitarian actors adapt health reforms and service delivery to address needs and grievances expressed by the population’ (World Health Organization, 2020c). The second one would be facilitating cross-line cooperation in health governance: ‘if healthcare professionals from across the conflict divide are provided with a neutral platform facilitated by a credible technical 3rd party that allows them to work together to address mutual health concerns amidst ongoing conflict’ (World Health Organization, 2020c). The third one would be promoting health and wellbeing through dialogue and inclusion: ‘If community members engage in processes of healing and inclusive dialogue to overcome social divisions, as well as the physical and mental scars of war, and are provided with the opportunities to voice their grievances in a safe and constructive manner’ (World Health Organization, 2020c).

In the 2020 report written by the WHO Secretary-General on Peacebuilding and Sustaining Peace, the challenges that WHO is facing in this area were identified as: centrality of social services which is not reflected well in Sustaining Peace policy, programming and financial tracking systems, insufficient incentive structures and process-flow for UN Peacebuilding Fund proposals, lack of ‘bilingual’ staff within the health and peacebuilding sectors in international organizations, and lack of donor portfolio managers. Based on this, he gave recommendations to UN agencies, international donors, research institutions, etc. in order to achieve the above-mentioned ultimate goal (World Health Organization, 2020c).

CONCLUSION

This and previous years have taught us that conflicts and violence are, still, major issues and pose a threat to human security. Furthermore, health emergencies, such as COVID-19 pandemic, happen to be a great obstacle for human health and, therefore, security. The ongoing armed conflict in Ukraine and the pandemic, which now seems to be entering another wave,

both show us that we must work harder than ever on prevention. The Global Health for Peace Initiative represents a great chance for the whole international community to improve. Tedros Adhanom Ghebreyesus, the Director-General of the WHO, noticed that there has been a juncture of crisis this year. The COVID-19 pandemic is still ongoing. In the beginning of the 2022, the Ukrainian crisis began. We should, also, not forget the Middle East and Africa, and the ongoing situations taking place there. Not to mention how important it is to consider the climate crisis, as well. The international community should seek for a 'solutions-oriented, healthier and sustainable world.' Explaining the new 'Peace for Health and Health for Peace' global initiative, he said that the most important task is to foster new dialogue around health and peace. He announced asking other UN agencies, civil society, sport organisations, academia and business to support this initiative. This nexus between peace, security, development, and health has been underscored in the Millennium Declaration. The COVID-19 crisis showed us how important cooperation is, so we might expect this initiative to be successful. The conflict, the climate crisis and COVID-19, have, all, contributed to huge spikes in food and fuel prices, and inflation. That has led to lack of health opportunities for many (Adhanom Ghebreyesus, 2022). No crises can be solved by only one set of actions. The actions must be multidimensional: humanitarian, developmental, peace actions, etc. This Global Health for Peace Initiative is only one aspect of the whole problem-solving framework. Still, it does not make it less important, quite the opposite. This initiative may be challenging, but it can be a great opportunity for international community as the whole.

In May 2022, the 75th World Health Assembly took place in Geneva. On this occasion, the Assembly re-elected Dr Tedros Adhanom Ghebreyesus to a second term as WHO's Director-General. During his first term, he successfully instituted transformations of the WHO. He also guided WHO through the COVID-19 pandemic and other crises (World Health Organization, 2022). The fact that he was re-elected points towards the fact that the Global Health for Peace Initiative has actual support, and that the state representatives sitting in the World Health Assembly, want him to continue his work in this area. The history of international relations taught us that times of crises usually turn out to be great ones for change implementation. Some examples are the years 1648, 1918, 1945, 1989, and so on. Therefore, it is without a doubt that 2020 is one of those years as well. Some of

the changes are already showing, while most of them, along with some consequences are yet to be seen. We would like to end this article with a dose of optimism. Thus, we underline that the international community should use this opportunity to reform the international bodies, international relations and perhaps, even, the entire set up of the international community. One of those changes may be seen in the area of connection between global health and peace. This new initiative may bring forward great results, if all members included show interest and desire for change. The mixture of WHO's new initiative, the Sustainable Development Goals, WHO's new Programme of Work with political, social and economic factors may turn out to be a successful one. Although this is yet to be seen, we are saying — give peace a chance, in words of John Lennon.

LIST OF REFERENCES

- Adhanom Ghebreyesus, T. (2022, April 7). *The world needs 'Peace for Health and Health for Peace'*. Aljazeera. <https://www.aljazeera.com/opinions/2022/4/7/the-world-needs-peace-for-health-and-health-for-peace>. Accessed 10 July 2022.
- Blešić, J. (2021a). Svetska zdravstvena organizacija — (ne)dostižni ideal? [The World Health Organization — the (un)attainable ideal?]. *Zbornik radova Pravnog fakulteta u Nišu*, 60(91), 271-286.
- Blešić, J. (2021b). The United Nations combat against COVID-19 — the alarm for the Security Council reform?, in: S. Jelisavac Trošić & J. Gordanić (Eds.), *International Organizations and States' Response to Covid-19* (pp. 163-175). Institute of International Politics and Economics.
- De Quadros, C. A., & Epstein, D. (2002). Health as a bridge for peace: PAHO's experience. *The Lancet Supplement*, 360, 25-26.
- Department of Economic and Social Affairs (n.d.). *Do you know all 17 SDGs?* United Nations. <https://sdgs.un.org/goals>.
- Forward Thinking. (2022, January 17). *HPF Health Working Group — Global Health for Peace Initiative — 17th January 2022*. <https://www.forward-thinking.org/hpf-health-working-group-global-health-for-peace-initiative-17th-january/>. Accessed 19 July 2022.
- Garber, R. (2002). Health as a Bridge for Peace: Theory, Practice and Prognosis — Reflections of a Practitioner. *Journal of Peacebuilding & Development*, 1(1), 69-84.
- Peters, L. E. R., Kelman, I., & Shannon, G. (2022). Connecting Positive Peace and Positive Health in a Systems Approach to Sustainable Development at the

- Community Level. *Environmental Sciences Proceedings*, 15(1), 46-. <http://dx.doi.org/10.3390/environsciproc2022015046>.
- Rushton, S. (2008). History of Peace through Health, in: N. Arya & J. Santa Barbara (Eds.), *Peace Through Health* (pp. 15-20). Kumarian Press.
- Santa Barbara, J., & Arya, N. (2008). Introduction. In N. Arya & J. Santa Barbara (Eds.), *Peace Through Health* (pp. 3-13). Kumarian Press.
- Sherin, A. (2018). Health and peace: global, regional and local perspective. *Khyber Medical University*, 10(3), 121-123.
- Vardanjani, H. M., Salehi, A., & Aminlari, F. (2020). Conception of "Peace through Health" in the "Middle East" Region: Report of the International Congress on Health for Peace, Shiraz, Iran. *Archives of Iranian Medicine*, 23(4), 54-59.
- Woehrle, L. M. (2019). Connecting Health and Peacebuilding in Theory and Practice. *Peace Review: A Journal of Social Justice*, 31(2), 168-177.
- World Health Organization. (1948). Constitution of the World Health Organization. <https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1>.
- World Health Organization. (1981). *Thirty-fourth World Health Assembly* (No. WHA34/1981/REC/1). https://apps.who.int/iris/bitstream/handle/10665/155679/WHA34_1981-REC-1_eng.pdf?sequence=1&isAllowed=y.
- World Health Organization. (2019). *Thirteenth General Programme of Work 2019-2023*. <https://www.who.int/publications/i/item/thirteenth-general-programme-of-work-2019-2023>.
- World Health Organization. (2020a). *Global Health for Peace Initiative*. <https://www.who.int/initiatives/who-health-and-peace-initiative>.
- World Health Organization. (2020b). *Health & Peace Initiative*. <https://www.who.int/publications/i/item/9789240005792>.
- World Health Organization. (2020c). *WHO Thematic Paper on Health and Peace*. https://www.un.org/peacebuilding/sites/www.un.org.peacebuilding/files/un_pb_review-_who_health_peace_thematic_paper_final_o.pdf.
- World Health Organization. (2022, May 24). *World Health Assembly re-elects Dr Tedros Adhanom Ghebreyesus to second term as WHO Director-General*. <https://www.who.int/news/item/24-05-2022-world-health-assembly-re-elects-dr-tedros-adhanom-ghebreyesus-to-second-term-as-who-director-general>.
- World Health Organization. (n.d.). *Health Security*. https://www.who.int/health-topics/health-security#tab=tab_1. Accessed 26 November 2022.