

INTRODUCTION

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For civilians caught in the devastating reality of conflict and war, daily life is not only threatened by unspeakable fighting and violence, but is also severely impacted by the lack of access to essential services that provide food, water, sanitation, health and emergency aid.

It is in these settings of instability, from the break-down and destruction of state institutions and infrastructure, where the urgent need to deliver critical, life-saving interventions is usually provided through humanitarian assistance and international development and peace-keeping efforts. In the fragile setting of conflict zones, malnutrition and the spread of disease become highly prioritized concerns, particularly in vulnerable areas that are already experiencing food shortages and a high burden of disease.

The 2011 World Bank Development Report on Conflict, Security and Development called attention to the health of populations in fragile states torn by conflict where under-nourishment and child mortality was doubled in comparison to conflict-free states. The lack of health services to address these severe, life-threatening needs can exacerbate already existing tensions of inequity, further threatening the possibility of a peaceful and stable future. And while development efforts often aim to support institutions weakened from conflict, such as healthcare settings, these efforts can easily be derailed from continued violence and war.

Additionally, new challenges arise from the protracted wars and conflicts of the past five years that have seen a major shift in the cyclical nature of violence and the methods of warfare that now alarmingly includes the increased and direct assault on civilians and healthcare workers. This shift now poses an even greater threat to the protections enshrined in international human rights law and requires an urgent re-evaluation of the approaches previously used to address the protection of health and development in challenged and fragile settings.

Every conflict is unique in its context, dependent on numerous causal factors, and often requires rapid humanitarian and development assistance interventions that are nimble, adaptable and flexible. These challenges require an inter-sectional approach that addresses health, conflict and development to improve the drivers of poor health outcomes and poverty. The United Nations Sustainable Development Goals (SDGs) calls for a coordinated and collective effort to reduce poverty and improve health, promote peace and build accountable institutions by 2030.

War & Health: Defining the protection of health in war zones, is a monograph of collaborative effort and represents a multidisciplinary assessment from experts and academics working in the fields of international development, human rights, humanitarian assistance and public health. The publication is the result of the high-level international policy conference jointly organised in Barcelona by CIDOB and ISGlobal in June 2016, with the support of the Europe for Citizens programme of the European Commission. The conference critically assessed the current global policy debates at the intersection of conflict and war, healthcare, development and poverty. The aim of this monograph is to identify policy alternatives, challenge current approaches, and re-evaluate strategic objectives, existing data and research.

The first two contributions examine the links between conflict, health and development. Bayard Roberts highlights the importance and gaps in knowledge, of evidence based research to establish empirically grounded linkages between conflict and the increase in poor health outcomes, including mental health disorders that develop as a result of violence. Primus Che Chi and Rachel Irwin present the World Health Organization's (WHO) recommendations on strengthening health systems and examine the building of resilient health systems in conflict areas that not only address short-term emergency needs but also consider long-term responses to the changing burden of disease and continuous care for noncommunicable diseases such as cancer.

The following two chapters deal with health as a cause of conflict. Marine Buissonnière calls to attention the increasing attacks on healthcare facilities, such as the bombing of the Médecins Sans Frontières' Kunduz Trauma Center in Afghanistan in 2015, which violate International Humanitarian Law and challenge the principles of impartiality. Preeti Patel provides insight into how health can cause conflict through the insecurity of pandemics. Migration can also be seen as a potential source of conflict as migrants are perceived to strain health services in host countries, but health systems can actually be used as an opportunity to construct peace through the building of stronger institutions.

The final chapters focus on the development of health in post-conflict situations. Debarati Guha-Sapir considers how basic health services can serve as a stabilizing factor in fragile settings and highlights successful projects that avoided parallel health systems and created a sense of ownership within the community. André Griekspoor argues that health system strengthening needs to begin during the period of conflict to ensure both the right to health and the collaboration of national health authorities. Egbert Sondorp highlights that post-conflict recovery efforts

require a long term view of planning to ensure the careful transition of health services from humanitarian organizations to state institutions, with several different modalities to be considered.

This monograph reflects the current challenges of delivering health and development services in war that can often lead to an increase in poverty and higher disease burden. One of the recurring observations throughout the chapters is the lack of sufficient data and the need for new areas of research to better establish the causal links between war and health in the current landscape. In times when conflict and war are at the origin of massive displacement, affecting for the first time in history more than 60 million people, the majority of the population living under conflict remains without any protection and proper access to essential health services. The aim of CIDOB and ISGlobal has been to start a debate on the need to approach new responses to conflict that are more flexible, achievable and innovative to reduce the gaps in health disparities and poverty while exploring how humanitarian access to health facilities could be strengthened.

