



Health challenges in post-conflict situations

Summary

Background

The 2009 Annual Ministerial Review (AMR) will be held during the High-level Segment of the annual session of the Economic and Social Council (6-9 July 2009) at the Palais des Nations in Geneva, Switzerland.

It will focus on "Implementing the internationally agreed goals and commitments in regard to global public health". It provides an opportunity to:

- ✓ Assess the state of implementation of the United Nations Development Agenda;
- ✓ Consider recommendations and proposals for action, including new initiatives;
- ✓ Explore key challenges in achieving the international goals and commitments in the area of global public health;

The evidence has shown that of the countries farthest from reaching the Goals, 22 are in or emerging from conflict. Many agree that the lack of progress in health in these countries is undermining global progress on the health and non-health MDGs. To help prepare for the general debate at the High-level Segment, a panel was organized on "Health Challenges in post-conflict situations" as part of the Global Preparatory Meeting to be held on 31 March 2009. Some of the key messages and policy recommendations contained below are expected to be considered by Member States as they prepare for the High-level Segment.

An Overview of Health in Post-Conflict Countries

Political violence and conflict generate health risks in the short run. Injuries from armed conflict have typically affected both combatants and non-combatants with ten or more civilian deaths estimated for every combat death. However, **it is in the longer term that the health impact of conflict is most devastating.** Increased vulnerability to disease and injuries by vulnerable groups, including refugees and internally displaced persons (IDPs), explains the high mortality rates among these populations, which is more than 80 times the baseline rates in

parts of Africa. Serious interruptions and even collapse of the health care systems also prevent access to basic health care, despite the increased needs related to the crisis.

In cases of extended periods of armed conflict and instability, **the negative effects on the health sector may even result in the reversal of previous achievements in Millennium Development Goals (MDG)** including those made through development efforts. Attempts to accelerate progress may be hampered by the loss of capacity and in some cases, severely weakened public health systems. In parallel, instruments of development work in other fields linked to health and health care delivery may be affected in the same way, so that the relief and reconstruction efforts are hampered by a range of problems, from communications and logistics to governance at national and local levels.

Typical issues to consider in rebuilding health systems and health services in a post-conflict phase will be good governance and community recovery. Information on what impact the conflict has had on health, and an assessment of the potential of health measures for social and economic recovery, should be included as part of the dialogue. In order to ensure that the challenges of post-conflict countries are adequately addressed, a number of specific health related issues need to be considered during a post-conflict reconstruction phase such as the health status of groups with special needs or vulnerabilities. The re-integration of ex-combatants, including the special needs of female and child combatants, is also a key challenge.

In post-conflict countries such as Sierra Leone, where poverty levels were already high and where health infrastructure was already compromised as a result of the economic crises of 1980s and 1990s, armed conflict accelerated the destruction of health infrastructure such as hospitals and clinics as well as migration of skilled personnel, including health workers. While some health facilities have been rebuilt or rehabilitated, they continue to suffer from lack of running water, electricity, trained and experienced staff, drugs and medical supplies.

Similarly, in the case of Haiti, the health sector has been affected by the long-term structural problems in the economy such as low productivity, high population density, low investment and low industrial development. These problems have been worsened in recent years by frequent natural disasters which continue to challenge the health sector. In both countries, the food and fuel crises compounded by the current global financial crisis have made it difficult to direct the resources required to rebuild health infrastructure and widen access to basic health services.

The potential role of health in post-conflict peacebuilding strategies

Investment in the reconstruction of the health sector in post-conflict countries is important for a number of reasons. First, it is important to alleviate suffering of populations who had very limited access to health care during conflict period. Second, investment in the reconstruction of health sector plays a central role in putting countries back on track for long term recovery and preventing them from slipping back into conflict. In this regard, health in transition and recovery situations is a potential bridge for peace, constitutes a source of social stability, represents a key contribution to improving the quality of life of the affected populations and offers significant opportunities to advance the concept of "building back better".

Health often does not receive sufficient attention and opportunities to contribute to sustainable recovery and development. Therefore, more work should be done to define the role of health in the context of a 'comprehensive approach' to stabilizing post-conflict environments. In this context, it is therefore critical to **integrate health into peacebuilding strategies** in order to ensure that health service delivery continues securely and reliably even in the face of political and economic changes. Successful health reconstruction requires coordination and planning, as well as infrastructure and other resources. These components can and indeed should promote coordination between the host government and development partners. Policy-makers and the development partners often fail to adequately coordinate and plan health reconstruction and to provide sufficient infrastructure and resources. In doing so, it would be important to clearly spell out the respective roles of national and international stakeholders, including the private sector.

Challenges and Opportunities

The transition from relief to development poses unique challenges for the health sector that warrant specific responses that would help reestablish economic and social life. There will be parallel needs to assure **the humanitarian imperative**, that is, to plan and carry out activities aimed at protecting lives and reducing disease, malnutrition and disabilities among the vulnerable populations in the affected areas, and to set the foundations for the **developmental imperative**. The latter should strengthen the institutional capacity to pursue longer term health development goals, to discharge the essential public health functions and development of the health care delivery system within an environment of good governance, to assure human security and extend social protection in health. However, it is important to recognize that those segments of the population that had been subject to violence during the conflict phase often continue to face life-threatening health problems.

As post-conflict countries grapple with re-establishing their health sectors during the development phase, they are often constrained by the **weak presence of the**

State throughout the country which affects its ability to deliver health services, particularly in rural areas as in the case of Haiti and Sierra Leone. One reason for the inability to deliver health services throughout the country is the **dearth of health workers in most post-conflict countries** as many of the limited number of health workers would have migrated during the conflict period. In the case of Sierra Leone, there are only 77 doctors working in the public health system in a country with a population of 6.3million.

The problem of too few doctors and other health workers is complicated by low salaries and poor working environment, in particular the lack of equipment and medicines as well as few opportunities for continuing education and training. This leads to poor motivation, informal fees for services and eventually to the acceleration of the migration of health workers. In the case of Sierra Leone, the average salary for a medical Doctor is \$150 per month. This compares with a Doctor in Liberia who makes about \$900 a month. The difference between the salaries of doctors in these two neighbouring countries emerging from conflict at more or less the same time raises the question of the consistency of international engagement and should be further explored.

Against the backdrop of very few trained health workers, **the training of community health workers is critical in reaching populations in rural areas** that are far from public clinics and hospitals. In the case of Sierra Leone, to address the very high maternal and infant mortality rates, the government is now discouraging the use of the services of traditional birth attendants, as they are ill-trained to deal with the complications of delivery. Instead, pregnant women are advised to use Government clinics which are considered to be better able to handle emergency deliveries. However, the issue of how to bridge the gap until the infrastructure is put in place was recognized.

Decisions regarding health policies in post-conflict environments are sometimes made as if though countries are in a normal phase of development, for example, the widespread prevalence of user-fees for health-care financing. Given the level of poverty in most countries emerging from conflict, including those being considered by the Peacebuilding Commission, the average citizen, particularly the poorest and most vulnerable, is not able to afford to pay these fees and the result is either lack of access to health services and a further deterioration in their health status or impoverishment as the poor go deeper into debt to pay the fees. Indeed, in some cases, the health status of the population can worsen as countries move from a crisis to a post-conflict environment as free medical care provided by humanitarian agencies is no longer widespread. Generally, free health care leads to increased access and wider use of health care services with no corresponding rise in unnecessary treatment.

The level and predictability of donor funding is major challenge faced by post-conflict countries when faced with the enormity of the tasks related to

reconstruction of the health sector. One issue of particular concern is that there is generally a drop in aid which occurs in the transition phase between the end of a humanitarian crisis and the beginning of development financing. Moreover, aid allocations are sometimes influenced by geopolitical and media coverage rather than population needs. It is also noteworthy that **there is no set mechanism for funding during the recovery stage**. One way forward to increase the effectiveness of aid and enhance coordination in the health sector is through the **use of the pooled funding system**.¹

Despite all of these challenges, it is worth noting that the potential opportunities the post-conflict time period holds. These countries often benefit from an international and national feeling of solidarity and there is generally openness to doing things differently such as decreasing bureaucratic procedures and red which can have a dramatic impact. In this context, positive developments in improving access to health services in Haiti were noted, including free obstetric care, free HIV/AIDS related care, and free services for children under five. Sierra Leone plans on introducing national health insurance in the near future.

The role of civil society in restoring the health sector

The activities of civil society in the health sector have come to play an important part in the reconstruction and rebuilding of post-conflict societies. Some of the most important actors often provide parallel services to that of Government due to the absence of local authorities in remote areas, disinterest by all stakeholders, the lack of institutional capacity or financial resources. The presence and role of NGOs raises the question of sustainability. In the case of Sierra Leone and Haiti, the provision of health services, including emergency services through hospitals and clinics is relatively extensive. The key question is what replaces these services if NGOs such as Médecins sans Frontières (MSF) leave and how to manage the transition between the active role of NGOs during the conflict phase and the development phase when questions of sustainability becomes critical?

Role of the armed forces in the provision of health services

The role of the armed forces in the provision of health services and humanitarian response is contextual and depends on the relationship of the army to its citizens. In countries with high levels of stability, the armed forces may be the most effective organization to deliver emergency health services. Where the history of the armed forces is contentious and where they may have been in conflict with the population, it would be inappropriate for them to play such a role. However, during this time, there must be a clear distinction between their traditional role and their temporary role in humanitarian action.

¹ The term “pooled funding system” is often used in place of “basket” funding which the joint funding by a number of donors of a set of activities through a common account.

Integrating Foreign Policy and Health in Post-Conflict Environments

Incorporating health into foreign policy is in the interest of the global community. Given the globalization of diseases, international cooperation and development assistance to help reestablish the health sector in post-conflict countries is vital and powerful tool in stabilizing these countries, and in accelerating their return to the development process. The Oslo Declaration² on foreign policy and global health recognizes that health can be a possible entry point to initiate dialogue across borders and to spearhead the resolution of conflict. It is also recognized that the delivery of quality health services builds trust and legitimacy which are essential to sustaining peace. In this connection, contributions have been made in recent years, including by academics and health practitioners, who have demonstrated a potential for collaboration across borders and in situations of conflict, through their own disciplines and projects. Such efforts can become important building blocks in peacebuilding efforts, provided that they are given the necessary space to maintain their own integrity and independence.

Depending on the specificity of the challenges of the countries being considered, the Peacebuilding Commission may wish to consider health as an important instrument for bridging the gap between relief and development, with a focus on reconstruction and institution-building efforts for recovery and integrated strategies for sustainable development. The Commission could also consider the health aspects of its initiatives and share the lessons already learned.

Participants

- Chair: H.E. Ms. Sylvie Lucas, President of the Economic and Social Council
- Address: H.E. Mr. Heraldo Muñoz, Chair of the Organizational Committee of the United Nations Peacebuilding Commission
- Panellists: Mr. Eric Laroche, Assistant Director-General, Health Action in Crisis, WHO
- Mr. Joël Botroue, Deputy Special Representative of the Secretary-General and Resident Coordinator, Haiti
- H.E. Mr. Sheku Tejan Koroma, Minister of Health and Sanitation, Sierra Leone

²The Oslo Declaration and Agenda for Action is an outcome of the Foreign Policy and Global Health Initiative of Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand which seeks to promote the use of a health lens in formulating foreign policy to work together towards common goals.

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