
UNITED NATIONS ECONOMIC AND

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 an 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
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

reconstruction of the health sector

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 Declaration[2] 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

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[2]The 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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