



T20 Policy Brief

Task Force 06

STRENGTHENING MULTILATERALISM AND GLOBAL GOVERNANCE

Health as a Bridge for Peace

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Abstract

Armed conflicts create vast harms to human lives and health, while destroying health systems. There are more than 100 ongoing armed conflicts globally, fueling growing military spending – even as the gap between increasing UN humanitarian appeals and contributions grows too, with devastating consequences. With their unmatched global influence – and as major military powers – G20 countries must join to prevent and mitigate, and end conflicts, while safeguarding civilians, health workers, and hospitals. The G20 should vastly expand funding for grassroots peacebuilding initiatives and develop a financing framework to ensure that UN humanitarian appeals are never again underfunded. To limit indiscriminate attacks, including against health workers and facilities, the G20 ought to work through the UN to create more precise guidance on international humanitarian law civilian and health protections. The G20 should also initiate UN action to establish pools of journalists and health workers who are assured access to active conflict zones. Health cannot wait for peace, but only peace can bring good health.

Keywords: Peace, Health, Armed Conflicts, G20.



The Issue

Armed conflicts rise and humanitarian assistance falls

“Our world is becoming less safe by the day [...] The rule of law, and the rules of war, are being undermined”. UN Secretary-General Antonio Guterres is right. The world is becoming more violent and insecure. The Rule of Law in Armed Conflicts Organization (RULAC) documents more than 110 ongoing armed conflicts worldwide. Brazil’s chancellor, Mauro Vieira, put that number at 170, during the first chancellor’s meeting in Rio.

Armed conflicts have resulted in complex humanitarian crises, including the collapse of health systems. Governments cannot meet their populations’ basic needs, yet international humanitarian assistance is scarce. Last year’s record USD 56 billion United Nations humanitarian appeal was only 41% funded (\$23 billion), a record low percentage. The United Nations (UN) launched a USD 46 billion appeal for 2024, but prospects of ample funding are bleak, with only 6% funded through late March 2024. Yet even as the international community is failing people facing the most desperate of circumstances, world military spending continues to reach new heights, with USD 2.24 trillion in military expenditures in 2022. A mere 2-3% of this level of spending would enable UN humanitarian appeals to be fully funded.

While wars in Gaza and Ukraine garner intense media attention, most armed conflicts lack sustained international visibility, such as in Ethiopia’s Tigray region, Sudan, the DRC, Yemen, and Myanmar. Without public attention, there is insufficient pressure for ceasefires, humanitarian corridors, and provision of food and health services and supplies.



Human cost of armed conflict

Armed conflicts represent one of the most serious threats to development, human rights, and the health and quality of life for populations around the world. Besides causing immediate devastation, they also leave a legacy of destruction and suffering that can last for decades.

The humanitarian impact of armed conflicts cannot be understated. They lead to the systematic violation of fundamental human rights and often result in atrocities and forced displacement of civilian populations. Vulnerable and marginalized groups, such as children, women, the elderly, and people with disabilities, are particularly at risk. Conflicts generate short- and long-term mental health impacts on both civilian and military populations. Post-conflict traumas can be profound and lifelong. Health infrastructure is often damaged, leading to shortages of essential medical services, land collapse of basic public health services (e.g., nutritious food, potable water), leading to outbreaks and the rapid spread of infectious diseases, including waterborne diseases like cholera and vaccine preventable diseases like measles. Schools are closed, perpetuating a cycle of poverty and lack of opportunities. Environmental insults resulting from conflicts harm human health.

International humanitarian law and the special protection of health

Major contemporary conflicts put civilians in the crosshairs, killed injured or killed directly or indirectly through starvation, infectious diseases, and lack of health care. More than 300,000 civilians have died as a direct result of the war in Syria, and approximately 200,000 deaths in South Sudan's civil war by mid-2018. More than 200,000 of those who have died through 2021 in the war in Yemen perished of disease and hunger; another 15,000 civilians were killed in military attacks directly targeting civilians.



Such massive civilian casualties almost invariably mean widespread violations of international humanitarian law (IHL), as codified in the Geneva Conventions of 1949 and their Additional Protocols and recognized in international customary law. Purely civilian infrastructure may not be targeted, period. Any strike that may kill or injure civilians or damage civilian infrastructure is lawful only if “concrete and direct military advantage anticipated” by the military commander prior to an attack exceeds harm to civilians and civilian infrastructure – the proportionality requirement. States may not withhold food from civilians; starvation as a method of war is prohibited. Furthermore, an occupying power must, to the “fullest extent” possible, ensure that the population has needed food and medical supplies and ensure the maintenance of health facilities and public hygiene.

For all the horrors of any conflict, one stands out for the outsized harm it causes civilians: attacks on health – health facilities, personnel, and transport, and patients. Along with anyone killed or injured by the attack itself, the attacks on health have deep and persisting ripple effects. The attack may have crippled a health facility, reducing or eliminating its ability to care for people wounded by war and to meet the population’s other health needs. The surge of need often overwhelms functioning health facilities, severely reducing the quality of care. These harms could continue well into the future, as facilities will have to be repaired or rebuilt. And time may need to pass before people traumatized by attacks can again feel safe in a health facility.

Appropriately, then, attacks on health have long had a heightened protection in IHL. Hospitals and ambulances may be targeted only if being used for “acts harmful to harm enemy.” If they are, along with the proportionality requirement that applies to all attacks that could injure or kill civilians and harm civilian infrastructure, the attacking party must take all possible precautions to protect civilians and issue timely warnings, which in general must also include providing reasonable time to comply, including by evacuating



patients. Furthermore, in no circumstances may health facilities be used as a shield for military objectives.

Despite this, attacks on health have become a regular part of conflict, with nearly 2,000 attacks in 2022, leading to more than 700 health facilities being damaged or destroyed, 232 health workers killed, and even more health workers kidnapped and arrested. And these data are likely an underestimate. The attacks represented a 45% increase over 2021 and the most in a single year (through 2022) that has been recorded. They occurred across 32 countries and territories, with more than half in Ukraine (782) and Burma (271). Attacks on health have been commonplace in many of the world's deadliest recent and ongoing conflicts, including in Syria, Yemen, Ethiopia, Ukraine, Sudan, and Israel/Gaza.

The World Health Organization (WHO) verified more than 1,000 attacks on health infrastructure in Ukraine in the first 15 months following Russia's full-scale invasion – the most WHO ever recorded in any humanitarian emergency. Russian forces shelled humanitarian corridors and blocked food and medicine, including to Mariupol, where tens of thousands of civilians are believed to have died from the fighting, starvation, and lack of medicine.

In the ongoing war in Gaza, Hamas has used hospitals for military purposes, leading the Israeli Defense Forces to target hospitals, causing extensive destruction to Gaza's health system, with its health facilities either entirely inoperable or operating at reduced capacity. Israeli authorities have also severely limited the movement of humanitarian aid into Gaza, causing mass hunger. In Sudan, it took less than three months for more than 67% of the country's hospitals to go out of service.

Health as a bridge to peace

“Health as a Bridge to Peace” is an initiative that emerged for the first time in the



1980s, at the Pan American Health Organization (PAHO). The initiative aimed to contribute to peace processes in Central America and Panama. In 1985, PAHO proposed the elimination of polio in the region by 1990. The civil war in El Salvador and a guerrilla movement in Peru were important obstacles to the initiative, but truces were negotiated to allow the population to be vaccinated. This collaboration between warring entities demonstrated the importance of cooperation to achieve health objectives during armed conflicts.

During the following decade, WHO devoted attention to analyzing its role in complex humanitarian emergencies. WHO has recognized the need to adopt a comprehensive approach to addressing these crises, ranging from immediate relief to the implementation of long-term measures to promote development in affected regions. And WHO, following PAHO's lead, itself began a "Health as a Bridge to Peace" recognizing the potential of health as a catalyst to promote stability and facilitate dialogue between parties to conflict. Under this initiative, where appropriate, WHO aims to have health initiatives be peace- and conflict-sensitive, with peace-responsive programming aiming "to improv[e] the prospects for peace such as social cohesion, equity, inclusivity, dialogue, or community resilience to violence." For example, equitable health care could contribute to social cohesion and reduce grievances. Dialogue could bring together conflict parties to address health matters of common concern.

Considering the above, this Policy Brief recommends that the leaders of the largest economies in the world act collectively to reverse the problematic trends in conflicts, complex humanitarian crises, and attacks on health. The G20 should use health, in its broadest sense, as a bridge to achieve peace and end the suffering of people who are victims of these brutalities.

Towards peace

1. **Create a global peacebuilding financing mechanism.** Housed within the UN, this funding would be directed at grassroots and other initiatives meant to reduce the likelihood of armed conflict in general and mass atrocities in conflict in particular, including attacks on health. These peacebuilding initiatives should be

evidence-informed and could include, for example, incorporating peace and human rights education into educational curricula and experiences, transitional justice, and ensuing women's participation conflict prevention and peacebuilding.

The financing mechanism should be based on human rights principles, including non-discrimination and participation, as well as evidence and need. All funding should advance human rights, with a particular emphasis on equality and non-discrimination.

A review of evidence to determine what works in peacebuilding would be central in determining what activities to invest in, and with this evidence in hand, academics could lead an inclusive process to identify the funding need and mechanism funding targets. The targets would be ambitious, almost surely multi-billions of dollars – investments that would generate a huge return in lives saved, humanitarian assistance needs reduced, and the economic costs of war. Meanwhile, most investments would also contribute to other



goals, such as many of the Sustainable Development Goals. A portion of funding could be set aside for peacebuilding investments that are promising but have little solid evidence behind them. These activities should be specifically designed to generate evidence on their effectiveness.

Funding decisions should be made by an independent board, at least half of whose members should be women, and at least half of whose members should be civil society and people who have been directly affected by conflict.

Protecting health in conflict

1. Develop a humanitarian financing framework to help ensure full funding of UN humanitarian appeals. UN, World Food Programme (WFP), WHO, and other major humanitarian appeals are critical to health, from directly reducing disease and malnutrition, even starvation, to bolstering education and other social determinants of health. And conflict is a central driver of the soaring humanitarian needs over the past several years. But not only would sufficient humanitarian assistance stave off some of the worst health impacts of conflict, but by helping prevent the political instability originating from humanitarian crises and their consequences, such as mass migration, could heightened risk of conflict elsewhere. What is more, a shared commitment towards people in the most desperate of situations would be a perhaps unprecedented act of global solidarity that could only benefit peace.

Therefore, G20 should develop a financing framework, related to economic strength and other relevant factors, to ensure that UN, WFP, WHO, and other major humanitarian appeals are fully funded. Funding for this, as well as for peacebuilding activities, could come from a commitment to devote a certain percentage of military expenditures to peacebuilding and humanitarian needs.



2. Develop guidance for and provide real-time guidance to states on the proportionality IHL requirement. The G20 should work through the UN to establish a panel of experts, including those from the International Committee of the Red Cross (ICRC), and people directly harmed by conflicts, to study and offer more detailed guidance to states on IHL's proportionality requirement, as well as other IHL provisions to protect civilians and health. The guidance could include examples of different types of military objectives and various possible levels of expected civilian harm, accompanied by guidance on what IHL would require or permit in such situations.

The G20 should similarly work through the UN, or in direct collaboration with the ICRC, to make available IHL experts to provide parties to a conflict real-time advice on the legality of striking certain targets. These experts could embed with military decision-makers during conflicts with a commitment to confidentiality. The expert selection process could draw on processes adopted in the Chemical Weapons Convention and the Statute of the International Atomic Energy Agency. The ICRC could establish a roster of experts. States could agree to allow any advisor from an ICRC-developed roster of experts, or only certain ones among them, to assume this role. Or the ICRC could select IHL experts in consultation with each party to a conflict when a conflict begins or may be imminent.

3. Ensure journalists access to areas of conflict. G20 members of the UN Security Council should propose a Security Council resolution that calls for the UN Secretary-General, in close collaboration with widely respected media organizations, including non-profit media that concentrates on conflict, to create a roster of journalists who are experienced in covering conflict. The resolution should require states experiencing conflict to permit at least a minimum number of these journalists into conflict zones. To



protect against concerns about bias that some states may have, the journalists who enter the conflict zone could be approved by the states in control of that territory drawing from the approaches of chemical weapons and nuclear facility inspectors described above.

4. Create a rapid response conflict health force. The G20 should lead a joint UN/WHO initiative to establish a roster of health workers who are assured access to active military zones, as well as a preclearance process for medical supplies that could be rushed to conflict zones where these are in short supply. Through a UN or WHO instrument, all member states could commit to allowing them to be deployed as soon as required and to facilitate their mission. These health workers would be trained on health issues they are likely to see in conflict zones. As they would be foreign nationals and sent by the UN and WHO, not only would be providing critical care, but their presence could provide a level of protection for health facilities in which they are located. And it could bring extra attention to these facilities, with the international response that attention could catalyze.



Scenario of Outcomes

Our recommendations stand to reduce conflict and the health impact of conflicts. If the G20 were to adopt some or all of them, it would become a powerful force for peacebuilding, conflict reduction, and health protection. Increased humanitarian assistance would save innumerable lives and may contribute to peace. Evidence-based peacemaking would reduce the likelihood of conflict.

Journalist access to conflict zones should limit conflicting narratives and false information, bring more information to global attention on attacks, increase international pressure on IHL violators to end attacks on health and other IHL violations, and could assist governments and the International Criminal Court to gather evidence of IHL violations. Guidelines on what is considered “proportionate,” and what is not, under IHL should reduce the number of attacks that are not proportionate by parties to a conflict that seek to follow IHL, reducing the civilian toll of attacks.

Taken together, these recommendations would make significant contributions to peace and to health.



References

Bentrovato, Denise. “Strengthening Genocide Prevention Through Education in Africa: Policy Brief.” Paper commissioned for the UNESCO Section of Global Citizenship and Peace Education, 2023.

Campaign Against Arms Trade. “The war on Yemen’s civilians.” Last updated August 25, 2023.

<https://caat.org.uk/homepage/stop-arming-saudi-arabia/the-war-on-yemens-civilians/>.

Gostin, Lawrence O., Goodwin, Michele B. “Wars in Gaza and Beyond: Why Protecting the Sacredness of Health Matters.” *JAMA* 331, no. 3 (January 2024): 191-192.

Koshiw, Isobel. “Makeshift Graves and Notes on Doors: The Struggle to Find and Bury Mariupol’s Dead,” *The Guardian*, June 1, 2022.

<https://www.theguardian.com/world/2022/jun/01/makeshift-graves-and-notes-on-doors-the-struggle-to-find-and-bury-mariupol-dead-ukraine>.

Safeguarding Health in Conflict Coalition. “Ignoring Red Lines: Violence Against Health Care in Conflict, 2022.” Accessed November 17, 2023.

<https://insecurityinsight.org/wp-content/uploads/2023/05/SHCC-Report-Ignoring-Red-Lines.pdf>.

Stockholm International Peace Research Institute. “World Military Expenditure Reaches New Record High as European Spending Surges.” April 24, 2023.

<https://www.sipri.org/media/press-release/2023/world-military-expenditure-reaches-new-record-high-european-spending-surges>.

The New York Times. “383,000: Estimated Death Toll in South Sudan’s War.” September 26, 2018.

<https://www.nytimes.com/2018/09/26/world/africa/south-sudan-civil-war-deaths.html>.

United Nations. “António Guterres on Security Council, 9547th meeting.” February 13, 2024. <https://webtv.un.org/en/asset/k1x/k1xea67xd8>.

United Nations. “Syria: Decade of Brutal War Left Nearly 307,000 Civilians Dead.” June 28, 2022. <https://news.un.org/en/story/2022/06/1121532>.

United Nations Office for the Coordination of Humanitarian Affairs. “Financial Tracking Services: 2023 Overview.” Accessed March 15, 2024.

<https://fts.unocha.org/plans/overview/2023>.

United Nations Office for the Coordination of Humanitarian Affairs. “Financial Tracking Services: 2024 Overview.” Accessed March 15, 2024.

<https://fts.unocha.org/plans/overview/2024>.

World Food Programme. “World Food Programme: Nobel Peace Prize Lecture.” December 10, 2021.

<https://www.wfp.org/stories/world-food-programme-nobel-peace-prize-lecture>.

World Health Organization. “GHPI - An Innovative Approach.” Accessed March 25, 2024.

<https://www.who.int/initiatives/who-health-and-peace-initiative/an-innovative-approach---the-health-for-peace-approach-to-programming>.

World Health Organization. “Three Months of Violence in Sudan: Health Hanging in the Balance.” July 24, 2023.

<https://www.emro.who.int/media/news/three-months-of-violence-in-sudan-health-hanging-in-the-balance.html>.

World Health Organization. “WHO Records More Than 1000 Attacks on Health Care in Ukraine Over the Past 15 Months of Full-Scale War.” May 30, 2023.

<https://www.who.int/europe/news/item/30-05-2023-who-records-1-000th-attack-on-health-care-in-ukraine-over-the-past-15-months-of-full-scale-war>.



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