Strengthening Peace-Building Through Health Promotion
Development of a Framework

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The concept of health itself has been considered an entry point for working to improve the determinants of well-being in a society, and decrease areas of vulnerability in pre-conflict states.


In September 2003, the Australian Agency for International Development (AusAID) provided support to a team based at the School of Public Health and Community Medicine (SPHCM) at the University of New South Wales (UNSW) in Sydney, Australia to explore how health sector and health promotion action might effectively contribute to peace building. This chapter will provide the rationale for this work and describe how a tool was developed that would assist those working in fragile settings to consider their work in relation to promoting peace, such that they could incorporate peace-building principles into their efforts (Zwi, Bunde-Birouste, Grove, Waller & Ritche, 2006). It will conclude with a short discussion on the results of the tool’s field pilot testing in regards to the effectiveness debate in health promotion.

Setting the Scene for Health Promotion and Peace-Building

The Ottawa Charter clearly recognizes the link between health promotion and peace building in recognizing peace as a determinant to health (Ottawa Charter for Health Promotion, 1986). At the same time, in the realm of peace-building work, optimising health is considered a means to contribute to peace building (MacQueen, & Santa Barbara, 2000). In the sense of reciprocal determinism, health then becomes a determinant for peace building or, in other words, peace ultimately becomes an outcome of health promotion action.

But what does this mean exactly, and how can we know if indeed our work is effective in contributing to building a peaceful environment? How can we design and implement our programs in fragile and vulnerable communities so that they will have a maximum chance of contributing to building peace rather than risking exacerbation of tensions?
These questions provided the basis for the UNSW Health and Conflict team’s work as we undertook to design a framework that could provide a foundation to guide health sector contributions to peace building through health initiatives in fragile settings (UNSW Health and Conflict Project, 2004).

Attempting to Measure Peace-Building Impact

It is quite clear that the challenge of measuring the impact of health promotion on peace-building will be as difficult and nebulous as that experienced in measuring any worthwhile health promotion practice. This challenge results primarily because worthwhile health promotion should meet the complexity of criteria as succinctly compiled by IUHPE (1999) and reiterated and reinforced by McQueen (2001), with measurement of this complexity therefore needing to be drawn from multiple sources of evidence (McQueen, 2002, 2003; McQueen & Anderson, 2001).

This complexity means that it is virtually impossible to identify any one factor as the direct cause or determinant of peace. Rather, we propose that it can be feasible to determine indicators of peace-building by identifying factors which act as markers towards a peace-building outcome. These indicators will more likely demonstrate a trend in the favored direction rather than a definitive causal pathway, yet this demonstrated change can be highly indicative of desired results (Zwi, Bunde-Birouste, Grove, Waller & Ritchie, 2006).

Health in Fragile Settings: From Exploration to a Framework

Health development work in fragile settings involves different approaches from that provided in more stable situations. Fragile communities or states are those where resources are strained or lacking, services are sporadic or failing, and communities have become fragmented (Bunde-Birouste, Zwi et al., 2004). The overall result of these weaknesses is that society tends to break down. Conflicts often result during this societal breakdown, which can occur at multiple levels – political, economic, social, cultural, ethnic, religious, resource-based etc – and can often involve multiple actors with different agendas. Although conflict is not necessarily negative or destructive, problems can arise when non-violent conflict becomes violent. Violent conflicts and war are often the results of social breakdown that may have been building over time (Darvill, 2004; Gutlove & Thompson, 2003; Human Security Center, 2005; Zwi & Grove, 2006).

Our research supports previous studies suggesting that impacts of violence can be addressed through health sector action generally and health promotion practice specifically, with some positive effects. Our research also strongly supports the caution that the best intentioned actions can harm or make things worse rather than better when attention has not been given to a series of criteria that we found needed to be considered. Care here must be the very essence of our actions (Anderson, 1999; The Journal of Humanitarian Assistance, 2000).