Students for Global Health UK
Policy Statement on Health Through Peace
Passed (GA and year)

Title: Health Through Peace

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Introduction

The objective of the World Health Organization (WHO) is the attainment by all peoples of the highest possible level of health, with health defined as "a state of complete, physical, mental, and social wellbeing and not merely the absence of disease or infirmity". The WHO Constitution recognises the enjoyment of the highest attainable standard of health as a fundamental human right and affirms that "the health of all peoples is fundamental to the attainment of peace and security".[1] Furthermore, the Ottawa Charter for Health Promotion named peace as the first fundamental condition and resource required for health.[2]

Peace has been conceptualised in multiple ways. Johan Galtung distinguished between negative peace, the absence of violence, direct conflict, or threat of conflict, and positive peace, initially defined as the "integration of human society"[3]. Positive peace has since been developed into the "attitudes, institutions, and structures that create and sustain peaceful societies".[4] This aims to address the root causes of conflict and establish conditions that promote social justice, equity, and wellbeing, empowering individuals to realise their fundamental human rights.

Conflict has profound direct and indirect consequences on health, including injury, displacement, psychological effects, destruction of health system infrastructure, and exacerbation of socio-economic inequalities. Health is often viewed as a superordinate goal during conflict, allowing health initiatives to serve as a neutral starting point for bringing conflicting parties together towards peace.[5] Furthermore, equitable access to resilient healthcare systems can strengthen social cohesion and contribute to a sustainable peace.

The world is currently experiencing a historically high number of ongoing armed conflicts.[6] The International Committee of the Red Cross responded to over 100 armed conflicts in the last year, more than 20 of which have persisted for over two decades.[7] Similarly, the WHO has reported that 80% of its humanitarian caseload and 70% of disease outbreaks occur in fragile, conflict-affected, and vulnerable settings, and by 2030, it is estimated that half the world's population will live in such contexts.[8] These realities demonstrate the urgent need to address conflict as a determinant of health and to recognise the critical role of healthcare workers and students in advancing sustainable peace.

SfGH UK's Position

Students for Global Health (SfGH) affirms peace as both the absence of conflict (negative peace) and the presence of conditions that promote social justice, equity, and wellbeing (positive peace), and recognises the inextricable, bi-directional relationship between peace and health. SfGH notes the WHO resolution WHA 34.38 (1981)[9], which highlights the importance of healthcare workers (HCWs) in preserving and promoting peace for the attainment of health for all.

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SfGH affirms that the realisation of the right to life in peace is a shared responsibility and recognises that HCWs hold a unique position due to the trust placed in them by communities and their access to critical information, knowledge, and resources. SfGH therefore calls upon HCWs to contribute to peacebuilding efforts through the provision of aid in conflict-afflicted settings, advocacy for the protection of healthcare under international humanitarian law, mandating the protection of healthcare during conflict, and adherence to human rights principles, the documentation and communication of the health impacts of conflict, and the development of equitable, inclusive, and resilient health systems that address the structural determinants of violence and inequality.

As future healthcare professionals and global health leaders, medical students and youth are essential agents of change. Through education on the health impacts of conflict, advocacy, interdisciplinary collaboration, and meaningful engagement in policy-making, students actively contribute to the advancement of health equity and to the construction of sustainable peace.

In line with its commitment to global health equity, SfGH recognises that promoting sustainable peace is fundamental to dismantling structural health inequalities and ensuring the right to health for all.

Calls to Action

Therefore, SfGH calls on:

SfGH members & branches to:

- Educate themselves and organise educational events on the health impacts of conflict, structural violence, peacebuilding, and the link between health and positive peace
- Advocate for the protection of healthcare, adherence to international humanitarian law, and peacebuilding efforts
- Collaborate with broad disciplines (law, politics, social sciences) to promote peace-informed approaches to global health
- Engage in campaigns that raise awareness of peace through health initiatives and address the links between conflict, socio-economic inequalities, and health outcomes

SfGH National Committee to:

- Develop educational resources on health and peace for use by branches and for social media advocacy
- Develop and deliver skills-based training in conflict-sensitive communication, ethical advocacy in polarised environments, trauma-informed engagement, and media literacy related to conflict and war narratives, aiming to equip members with competencies necessary for responsible peace-informed global health practice

- Develop and implement a national campaign to raise awareness and to advocate for health through peace initiatives

- Represent SfGH in national and international discussions relating to conflict, health, and humanitarian protection

- Integrate peace and conflict awareness into SfGH's broader advocacy strategy

UK Government:

- Uphold and enforce international humanitarian law, including the protection of healthcare facilities, personnel, and civilians in conflict

- Conduct health impact assessments of foreign, defence, and security policies

- Prioritise diplomatic conflict resolution and sustained investment in global health and peacebuilding initiatives

- Protect and adequately fund humanitarian and global health initiatives

Universities & medical schools:

- Integrate education on the health consequences of conflict, peacebuilding, and the structural determinants of health and violence into healthcare curricula

- Support research initiatives and interdisciplinary teaching addressing conflict and global health, and the relationship between the two topics

- Ensure adequate institutional support for student advocacy, including structured spaces to promote open and respectful discussion on conflict and health

Healthcare institutions:

- Advocate for the protection of healthcare in conflict-afflicted and vulnerable settings, under international humanitarian law

- Support healthcare workers in documenting and reporting attacks on healthcare

- Provide adequate psychological support for healthcare workers operating in conflict-afflicted and vulnerable settings

- Promote peace- and conflict-sensitive approaches within health system building and service delivery

International bodies:

- Continue implementing and adequately resourcing the Global Health and Peace Initiative

- Strengthen accountability mechanisms for attacks on healthcare
- Support and advocate for healthcare workers in conflict-afflicted and vulnerable settings
- Support member states in developing peace-sensitive health systems

Background

Peace & health

Peace has historically been associated with tranquillity and the absence of violence.[10] Johan Galtung's contemporary peace theory distinguishes between negative peace, the absence of violence, or direct conflict, and positive peace, the presence of social justice, equity, and institutional conditions that address the root causes of conflict.[3] Positive peace therefore, extends beyond ceasefires and requires the creation of systems that empower individuals to realise their fundamental human rights.[11]

Health is defined by the World Health Organization (WHO) as "a state of complete, physical, mental, and social wellbeing and not merely the absence of disease or infirmity". The WHO constitution and the Ottawa Charter for Health Promotion recognise the attainment of the highest standard of health as a fundamental human right and identify peace as a fundamental prerequisite for its realisation.[1,2]

The relationship between peace and health is further demonstrated through Galtung's concept of structural violence.[3] Structural violence is embedded within political, economic and social systems that systematically disadvantage certain groups and restrict access to rights, resources, and opportunities.[12] Such conditions produce inequitable access to healthcare, and contribute to social exclusion, reduced wellbeing, and preventable morbidity and mortality.[13] Structural violence therefore, represents a barrier to the attainment of health and the achievement of positive peace.

Structural violence operates through the social determinants of health. These are the non-medical conditions in which people are born, grow, live, work, and age and people's access to power, money, and resources.[14] To achieve health equity, inequitable distributions of these determinants must be addressed. Structural violence shapes access to income, education, housing, food security, and healthcare, thereby directly influencing health outcomes and exacerbating health inequalities.

Health cannot be realised in isolation from social inclusion, economic security, and political stability.[15] In contexts afflicted by structural violence, the full realisation of the right to health becomes unattainable. Conversely, societies that promote social justice, equitable distribution of resources, and inclusive governance produce the conditions necessary for both positive peace and health. Positive peace and health are therefore not merely related but structurally interdependent. The collective responsibility to create and sustain these conditions lies not solely on healthcare professionals, but encompassess governments, national and local institutions, civil society, and communities to shape the political, economic, and social systems that determine both health and peace.

Conflict as a macro-determinant of health

Armed conflict operates as one of the most profound global determinants of health.[8] It produces not only direct casualties, injuries and trauma but also systematic disruption of health infrastructure, governance, economic systems, social cohesion, and the distribution of resources. As such, conflict reshapes the structural conditions that determine population health.

The direct consequences of conflict include casualties, injuries, psychological trauma, and the deliberate targeting of healthcare facilities and workers, limiting access to essential services.[16] Beyond these direct impacts, indirect and systemic effects are often more extensive. Conflict undermines governance structures, fractures health financing, disrupts supply chains, and weakens workforce sustainability. Prolonged instability contributes to brain drain and disrupts medical education, limiting health system recovery.[17]

Much of the civilian health burden arises from displacement. Over 123 million individuals were forcibly displaced by the end of 2024.[18] Displacement exposes populations to unsafe routes, overcrowding, food and water insecurity, limited access to healthcare, and sustained psychological stress. These conditions heighten vulnerability to communicable and non-communicable diseases

Conflict also disrupts disease surveillance, immunisation programmes, and coordinated care systems. This can result in increased outbreaks of infectious diseases[19] but also restrict the long-term management of non-communicable diseases (NCD). Effective NCD prevention and management requires stable governance, functioning health systems, and cross-sectoral policy coordination, which are all disrupted by conflict.[20]

Beyond the immediate and systemic impacts, conflict and poor health can form a reinforcing feedback loop.[21] Based upon the prior work of Yusuf et al. (1998) and Arya (2004), Santa Barbara and MacQueen conceptualise conflict as a cyclical process driven in part by public grievances.[22-25] Unmet social needs, such as inequitable access to healthcare, food, education, and security, may generate perceptions of injustice and exclusion. As such, these grievances can erode political legitimacy, weaken social cohesion, and contribute to instability, resulting in potential for conflict.

Conflict therefore operates not only as an acute humanitarian emergency but as a structural force reshaping the determinants of health and reinforcing cycles of inequality and vulnerability. These determinants are shaped by political, economic, and social systems and so accountability for both conflict prevention and health equity extends beyond just the health sector to governments, policymakers, and broader society

Health as a determinant of peace

Conflict clearly undermines the attainment of health, but health itself may function as a determinant of sustainable peace. Building on the cyclical conflict model, unmet social needs and perceived injustices may result in grievances that contribute to instability. Exclusion due to inequitable access to healthcare, food, education, and security may deteriorate trust in public institutions.[26]

MacQueen et al. describe health initiatives as forming superordinate goals, which are shared objectives that have the ability to transcend division among opposing parties and bring them into cooperation. To demonstrate, humanitarian ceasefires for immunisation campaigns and joint public

health efforts have provided platforms for dialogue and trust building, showcasing health as an entry point towards peace.[25]

Santa Barbara and MacQueen further argue that viewing conflict as a public health challenge, facilitates the use of public health principles as pathways for reducing violence. [7] This suggests that by addressing structural determinants such as poverty, exclusion, and inequitable access to services, health policy can contribute to preventing conflict.

Health equity thus acts as a stabilising force in strengthening social cohesion and mitigating grievances. This demonstrates that health systems that are inclusive, accountable, and responsive may contribute to political sustainability and sustainable peace.

Positive peace & health systems

Johan Galtung's original definition of positive peace, "the integration of human society", has evolved into the understanding of positive peace as the presence of institutional and structural conditions that sustain social justice, equity, and wellbeing.[3] This emphasises the importance of creating environments that enable the realisation of an individual's fundamental human rights, beyond just the absence of violence. The Institute for Economics and Peace identifies eight interdependent pillars of positive peace, which collectively shape the structural environment within which health systems operate.[11]

A well-functioning government supports stable health governance, equitable policy implementation, and sustained public investment in population health. Low levels of corruption safeguard health financing and ensure fair allocation of resources. A sound business environment, understood as stable and inclusive economic systems, supports livelihoods, reduces poverty, and strengthens the social determinants of health. The equitable distribution of resources directly mitigates structural violence by reducing disparities in morbidity and mortality. Acceptance of the rights of others ensures inclusive access to health services and reinforces social cohesion. Good relations with neighbours facilitate cooperation on shared health initiatives and strengthen regional health security. The free flow of information promotes transparency, supports disease surveillance, and builds trust in institutions. Finally, high levels of human capital, including education and workforce development, strengthen health system capacity and societal resilience. Together, these pillars demonstrate that the structural conditions required for positive peace closely mirror those necessary for equitable and resilient health systems.

Santa Barbara and MacQueen further identify mechanisms through which health systems may contribute to peacebuilding, including conflict management, the extension of solidarity, strengthening the social fabric, and restricting the destructiveness of war.[25] Accessible and non-discriminatory healthcare systems may foster social belonging and reduce perceptions of marginalisation. The rehabilitation of health infrastructure in post-conflict settings has been associated with broader processes of social recovery and the return of displaced populations.[27]

Health systems characterised by equitable financing, workforce sustainability, inclusive governance, and health-in-all-policies approaches therefore support the structural foundations of positive peace. Through promoting social justice, accountability and shared public goods, such systems reduce structural violence and mitigate drivers of instability. As such, health systems do not just benefit from

peaceful environments when designed equitably, they become institutional structures that help to develop and sustain positive peace.

Healthworkers & peacebuilding

Healthcare professionals occupy a unique position within society, characterised by public trust, ethical responsibilities, and transnational professional networks. The WHO has recognised the preservation and promotion of peace as an important factor in the attainment of health for all, affirming that healthcare workers have a role beyond clinical care in advancing conditions towards sustainable peace.[9]

In conflict-afflicted settings, healthcare workers (HCWs) provide critical humanitarian care, manage immediate health threats, and mitigate the destructiveness of violence. However, their role extends beyond this response. HCWs may contribute to the prevention and mitigation of conflict by addressing the structural determinants underpinning stability.

Health and peace initiatives have historically operated along three domains: humanitarian relief, human rights promotion and health sector development.[25] Human rights promotion includes documenting violations, advocating for adherence to international humanitarian law, and communicating the health impacts of conflict. Within health sector development, HCWs contribute to building resilient and equitable systems that reduce structural violence and address the root causes of instability. MacQueen, McCutcheon and Santa Barbara describe such efforts as "Health-Peace Initiatives" that aim to simultaneously improve health and elevate levels of peace and security. These include mechanisms which include conflict management, extending solidarity, strengthening the social fabric, dissent, and restricting the destructiveness of war, illustrating how HCWs operate across multiple domains of peacebuilding.[7]

Health professionals also carry ethical obligations grounded in the principles of beneficence, non-maleficence, autonomy and justice.[28] Contemporary interpretations extend these duties beyond clinical settings to include the promotion of non-violence and the defence of fundamental human rights.[24] Professional bodies have also recognised this responsibility. For example, the International Council of Nurses have called upon nurses to advocate for governments to uphold international agreements and resolve conflicts through non-violent means.[29] Such positions reflect an understanding that HCWs not only have an obligation to treat the consequences of violence but to work towards eliminating its precipitating factors.

Education, research, and advocacy further strengthen this role. HCWs must educate themselves and others on the health consequences of war and weaponry, conduct research into conflict-related suffering, and contribute evidence to inform public discourse.[30] By reframing war as a global health problem, HCWs challenge narratives that normalise conflict and instead promote human security and wellbeing.

Healthcare professionals, therefore, have obligations that extend beyond responding to conflict. Through humanitarian care, human rights advocacy, institutional reform, and preventive public health strategies, HCWs may contribute to the social and structural transformation necessary to realise both the right to health and the right to life in peace.[31] However, it is important to note healthcare professionals operate within broader political, economic, and social systems ultimately

determining the distribution of power and resources. As such, sustainable peace and health requires coordinated inter-disciplinary action by governments, institutions, civil society, and community alongside the health workforce.

Global frameworks and the challenges

The recognition of the interdependence of peace and health is increasingly reflected in international policy frameworks. The WHO has affirmed that the health of all people is fundamental to the attainment of peace and has advanced this through the Global Health and Peace Initiative.[4,32,33] This initiative aims to promote peace- and conflict-sensitive health programming, capacity building, and the integration of health approaches into broader peacebuilding efforts.

The Sustainable Development Goals (SDGs) further reinforce this relationship. SDG 16 calls for peaceful, just, and inclusive societies, accountable institutions, and reduced violence.[34] These conditions are closely linked to equitable and resilient health systems. Health system strengthening, universal health coverage, and investment in social determinants of health therefore intersect directly with global commitments to peace, justice, and sustainable development.

However, translating these frameworks into practice has been challenging. Conflict-afflicted and fragile settings often face underfunding, workforce shortages, weakened governance, and politicised humanitarian access.[35] In contexts of prolonged conflict, public expenditure may be diverted towards militarisation at the expense of health and social services, while sanctions, disrupted supply chains, and economic instability may further undermine health system capacity.

Sustained political commitment, interdisciplinary collaboration, and adequate investment in resilient and inclusive health systems remain essential to operationalise the health-peace agenda. Without confronting structural inequalities and resource imbalances, global commitments to both health and peace are at risk of being aspirational rather than transformative.

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