WHO GLOBAL HEALTH FOR PEACE INITIATIVE

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INTRODUCTION:

According to the World Bank, the world fragility landscape has grown increasingly unstable and complex in the past decades, experiencing significant setbacks in stability and rises in violent conflicts in different regions especially since the start of COVID-19 pandemic.[1] In a recent report by the UN, conflict and violence are on the rise with more countries having experienced violent conflict in 2016 than at any point in almost 30 years despite a declining trend in absolute numbers of war deaths since 1946.[2] MSF humanitarian and health practitioners have been witness to this worrying trend and have seen first-hand the devastating impact of conflict on the populations affected, especially on their access to health care.

THE GLOBAL HEALTH FOR PEACE INITIATIVE (GHPI) FROM THE MSF PERSPECTIVE

Preserving access to health care is a critical step in recognizing that the enjoyment of the 'highest attainable standard of health' is a fundamental right, in as much as health of all peoples is essential to the attainment of peace and security. This however is dependent on the full co-operation of individuals and States and the capacity to promote and protect health for the value of all.[3] This co-operation must differentiate the political elements of health from the non-political aspects in order to preserve the medical act.

Understanding the aim of the GHPI as enhancing the existing links between health interventions and peace, via *'strengthening the role of WHO and the health sector as influencers of peace'*[4], we recognize the WHO's effort to leverage and build on WHO's comparative advantage in delivering public health interventions. Whilst at the macro global level health and peace are interdependent, as healthcare practitioners versed in providing care in conflict situations, the GHPI raises serious ethical concerns for MSF operations and staff, and our relationship with communities and patients. The GHPI introduces a foundational switch by transitioning health actors from working *'in'* conflict to working *'on'* conflict. **The GHPI fails to differentiate the unique ethical responsibilities of different health actors across the health sector (political, public health, non-political individual care).** Upholding medical ethics is what promotes trust in the health profession; this trust protects safe access to healthcare in all contexts. For MSF health care workers (HCW), the GHPI poses both normative and operational risks: normative by compromising medical neutrality and HCWs ethical obligations, and operationally by potentially eroding community and patients' trust in HCWs which is fundamental for safe working conditions.

1 https://www.worldbank.org/en/topic/fragilityconflictviolence/overview
2 https://www.un.org/en/un75/new-era-conflict-and- violence#:~:text=The%20nature%20of%20conflict%20and%20violence%20has%20transformed,the%20world%2C%20while%20gender-based%20attacks%20are%20increasing%20globally
3 https://www.who.int/about/governance/constitution
4 Global Health for Peace Initiative Report by the Director-General, January 2023. Available at: https://apps.who.int/gb/ebwha/pdf_files/EB152/B152_17-en.pd

REFLECTIONS ON THE CURRENT FORMULATION OF THE GHPI:

Emphasizing MSFs role in directly delivering health care services, both independently and in partnership with MoH, the security and safety of MSF HCW relies on patients and community trusting that MSF respects medical ethics and deliver quality care, always acting in the best interest of optimal health.

1. NORMATIVE: The medical act must remain an 'end in itself', not a means to another end

"The physician should avoid acting in such a way as to weaken public trust in the medical profession. To maintain that trust, individual physicians must hold themselves and fellow physicians to the highest standards of professional conduct". WMA, 37. International Medical Code of Ethics: 2022

GHPI raises an ethical red flag if health care delivery is repurposed as a means to an end other than health.

- HCWs must fulfil their professional ethical obligations and safeguard health as the priority.
- Reprioritizing direct HCW to work 'on' conflict challenges these obligations, GHPI could be interpreted to repurpose health as a means to achieve a collateral objective, and thus risks violating the professional ethical code.
    - Secondary gains must be transparently communicated, and not introduce a conflict of interest for HCWs in their daily work and clinical practice.
    - Acting in the professional best interest of a patient *(the ethical principle of beneficence*) underpins a trusting patient- provider relationship.
- Trust in the health profession is a fragile relationship, it is an unwritten agreement between strangers that is easily lost and hard to regain, both at the patient and community level, especially in fragile, conflict affected and vulnerable (FCV) contexts.
    - Trusting HCWs is fundamental to communities accessing quality health care.
    - COVID-19 policies that leveraged health for indirect health gains have been shown to contribute to more social harm than good and eroded the trust of the health professional in some parts of the world[5].
    - More than a decade later, the fake vaccination campaign in Pakistan to capture Osama Bin Laden (2011) still negatively impacts health outcomes, fueling vaccine hesitancy with a 23-39% decline in childhood immunization and an increase in preventable disease prevalence[6].
- GHPI states that *'health outcomes'* remain the priority, yet however language to promote and protect the foundations of medical ethics is absent (cf. point 2).

[5] Bardosh K, de Figueiredo A, Gur-Arie R, et al; The unintended consequences of COVID-19 vaccine policy: why mandates, passports and restrictions may cause more harm than goodBMJ Global Health 2022;7:e008684

[6] M Martinez-Bravo, A Stegmann; In Vaccines We Trust? The Effects of the CIA's Vaccine Ruse on Immunization in Pakistan JOURNAL OF THE EUROPEAN ECONOMIC ASSOCIATION, Volume 20, Issue 1, February 2022, Pages 150–186, https://doi.org/10.1093/jeea/jvab018.

2. OPERATIONAL: WHO and Member States must uphold, protect, and promote medical neutrality

The definition [of medical personnel] is set out in Article 8(c) of Additional Protocol I and is widely used in State practice. The essence of the definition is that medical personnel have to be exclusively assigned to medical duties in order to enjoy the specific protection to which they are entitled. If the medical assignment is permanent, respect and protection are due at all times. ICRC IHL Database. Customary IHL - Rule 25

Medical neutrality exists to protect health care facilities and personnel as non-political safe havens where respecting human life and optimal health takes priority. This protection is compromised if HCW are directly implicated in peace responsive initiatives, risking the security of staff and patients.

- Protecting the medical act as a non-political, non-interfered with and exclusively health orientated service is a requirement of medical neutrality and an obligation of States. This point is notably absent in the GHPI.
- It is via medical neutrality that direct HCW are both beneficiaries and contributors to peace.
    - Medical neutrality is part of a social contract, a contributor to social cohesion and peaceful coexistence. Medical neutrality should be a recognized medical ethical principle in the GHPI.
- It could be deduced that GHPI is fundamentally targeting a political public health audience, Member State MoH, responsible for health programming but this is not explicitly stated and 'working on conflict' may be misinterpreted to apply equally to all health actors.
    - Clearer differentiation of the roles and responsibilities of HCWs across the health sector from policy - population health - individual care is needed.
    - Furthermore, the terms health actor, health intervention and health outcomes remain non-defined and vague.

3. NORMATIVE: Inappropriate allocation of responsibility to HCW, an already fragile workforce

If, in performing their professional duty, physicians have conflicting loyalties, their primary obligation is to their patients; Privileges and facilities afforded to... health care professionals ... must never be used other than for health care purposes. WMA in the adoption of the Geneva Convention: 2012

Contributing to peace is the responsibility of all global citizens, HCW do not have a higher responsibility than others to address the drivers of conflict. HCWs' primary obligation is to patients' health.

- HCW should not be unfairly made responsible to address concerns that do not fall within their direct professional scope of practice. Working within ones' professional competence is an internationally accepted medical ethical standard.
- The role of HCW in delivering safe, quality care is already extremely difficult in FCV settings. Compounded by increasing global health security agendas, violation of medical neutrality and a diminishing respect for protected health access. New global health initiatives must help, not hinder this already high burden on HCWs.
- Learning lessons from the COVID-19 pandemic: HCW are vulnerable to being overworked and questioning the demands set by authorities and employers that compromise their professional ethical integrity.

    - Furthermore, in FCV settings HCWs are often underpaid and yet continue to attend to high patient needs, even at times risking their own lives to deliver care.
    - WHO has a responsibility to support Member States to promote and enhance safe HCW working conditions and optimize the delivery of care. If not protected, then WHO's legitimacy as a health authority and advocate for strengthening the global health work force is open to criticism.
- In FCV settings, HCW training and capacity building must be relevant, targeted at improving their professional capacity to perform health duties and prioritizing the safe delivery of care.
    - Proposed GHPI training on peace initiatives risk burdening the workforce, potentially confusing their role and compromising their professional responsibilities to patients.
    - MSF are concerned of a risk to patient care if HCW's responsibilities and training focus are reprioritized.
    - If anything, training should focus on reinforcing the effective and principled application of medical ethics to navigate ethical dilemmas and challenges faced in FCV settings, ensuring health staff are not unduly exposed to becoming a direct target of attack.

CONCLUSION AND RECOMMENDATIONS ON GHPI:

MSF understands the value in strengthening the interdependencies of health, peace, and social cohesion, to attain the enjoyment of the highest attainable standard of health as a fundamental right. However, this relationship should recognize the fundamental value and primacy of health in itself. Any efforts contributing towards peace initiatives should be done in accordance with medical ethics. Doing so in times of war or peace, but especially during instability. MSF staff, and the populations and communities MSF support, are regularly confronted by the negative impacts of conflict on health, living in precarious, insecure contexts, experiencing first-hand the importance of maintaining the medical ethical professional code. Respecting medical neutrality is foundational in promoting and protecting the trust placed in MSF staff. Medical neutrality ensures health access for population living in conflict and underpins the safety of MSF staff and patients.

We ask Member States and the WHO secretariat to review the current formulation of the GHPI proposal as it risks repurposing health for a means to a secondary endpoint, and jeopardizing protected, medical neutrality by reassigning HCW to work *'on'* conflict. Furthermore, this initiative inappropriately allocates responsibility for peace initiatives on an already overworked global health workforce, adding responsibilities that are beyond the professional competence of front-line HCW and diverting capacity away from improving quality of care and the safe delivery of health care services.

Working in a conflict-sensitive way is critical in conflict and unstable contexts to ensure healthcare delivery is carried out safely but it is far from working on the conflict itself. **We urge for a more inclusive consultation process including HCWs and communities.** Asking healthcare practitioners to go beyond their professional obligations to patients may in effect do more harm than good.