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The Lancet–SIGHT Commission on peaceful societies through health and gender equality

In 2015, world leaders adopted the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs) with a vision for more peaceful and inclusive societies. However, the UN Secretary-General has warned that conflict and instability in many parts of the world are impeding progress towards these goals, including SDG3 on health and SDG5 on gender equality.¹ This lack of progress could create inequality, exclusion, and injustice, contributing to instability and conflict.² Solutions that harness the potential of health and gender equality are needed to reduce violent conflict and promote stability.

Annual deaths from violent conflict are on the rise.³ Protracted civil wars that involve international actors are increasingly prevalent and are difficult to resolve.^{3,4} The consequences of conflict are felt worldwide, not least due to massive forced displacement. There were 70.8 million refugees and other forcibly displaced people in 2018, a 64% increase since 2009.⁵ Nearly half (46%) of the global refugee population are hosted in low-income and lower-middle-income countries, adding pressure to already strained systems.⁵

These challenges demand better evidence on opportunities to prevent and address conflict and instability. One compelling approach is to bring together health promotion and peace-building efforts in the hope that these will be synergistic. WHO has applied such a health as a bridge to peace framework to integrate peace-building concerns into health policy, training,

and service delivery.⁶ For example, during the civil war in El Salvador, UNICEF, the Pan American Health Organization, the Roman Catholic Church, and others negotiated Days of Tranquillity during 1985–91 to vaccinate children against polio, measles, diphtheria, tetanus, and whooping cough.⁷ This immunisation campaign reached an estimated 250 000 children in 1985,⁷ and some argue helped facilitate achievement of the 1992 peace accords.⁸

While bridging health and peace is intuitively appealing, evidence for this approach is inconclusive. For example, peace in El Salvador was probably facilitated by a number of factors, including the end of the Cold War, which makes it difficult to draw causality between the humanitarian ceasefires and peacebuilding.⁹ In other settings, such as in Afghanistan, immunisation campaigns have faced resistance and conflict persists. It has been suggested that the peace through health movement is driven by ideology rather than empirical evidence.¹⁰ New research must address the complex, varied, and political nature of health service provision in conflict-affected settings. Health services in such settings are delivered by different actors with a wide range of agendas such as humanitarian organisations, militaries, and insurgents. Additionally, health care is increasingly under attack with 1005 attacks in 2019, an increase from 794 in 2018.¹¹ The Syrian conflict has been characterised by attacks on health-care facilities, with 588 attacks between 2011 and 2019.¹²

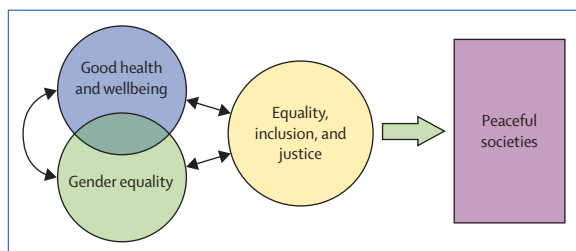


Figure: Focus of The Lancet-SIGHT Commission on peaceful societies through health and gender equality

A promising approach to building peace is through increased gender equality. Research suggests that violence might be reduced in societies with high levels of gender equality.^{13,14} Women’s participation in forging peace accords improved the quality of these accords, the depth of political reforms, and engagement by civil society groups.¹⁵ However, there is a growing backlash against efforts to address restrictive gender norms and the space for civil society organisations to advocate for gender-equitable policies is shrinking in many countries.¹⁶

Improved health and gender equality could help to increase social stability, reduce inequities, and prevent or mitigate conflict,^{6,8,13-15} but there is insufficient evidence on these relations and the mechanisms for change. To address this gap, *The Lancet* and the Swedish Institute for Global Health Transformation (SIGHT) have convened a Commission to examine how improved health and gender equality can contribute to more peaceful societies (figure). Chaired by Tarja Halonen, the former and first female president of Finland, this Commission is an independent, international, and multidisciplinary group of experts from research, development, and multilateral organisations. The Secretariat at SIGHT will draw on Sweden’s university network and history of political neutrality, peace, and civil society advocacy.

The Commission, which had its inaugural meeting in May, 2019, in Stockholm, Sweden, is examining the interlinkages between SDG3 on health, SDG5 on gender equality, and SDG16 on peace, justice, and strong institutions. With the aim of identifying mechanisms to promote peaceful societies, the Commission will examine the relations between key indicators of health, gender equality, conflict, and peace; the impact of improved health and gender equality on peace; and the institutions that shape health and gender equality. The first phase of the Commission’s work will produce a report with actionable findings for policy makers,

practitioners, scientists, and civil society at the global, national, and local levels. The second phase will focus on implementation processes and accountability.

The Commission will engage with countries, organisations, and networks working on health, gender equality, peace, and conflict, including the WHO Regional Office for the Eastern Mediterranean and the Swedish Ministry for Foreign Affairs. The publication of the Commission report is aimed for late 2021. Please visit the SIGHT website to share inputs on this work and to follow our progress.

For the SIGHT website see <https://sight.nu/peacehealthgenderequality>

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See Online for appendix

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