

Global Alliance for Surgical, Obstetric, Trauma and Anaesthesia Care (G4 Alliance) Statement on Peacebuilding

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The Global Alliance for Surgical, Obstetric, Trauma and Anaesthesia Care (G4 Alliance) is a coalition representing over 75 organizations working on increasing access to surgical and anesthesia care. Access to health care, including surgical care, is an important and often neglected topic in peace negotiation and peacebuilding agendas. A healthy population is a prerequisite for lasting peace, including in fragile states and conflict and post-conflict zones. Health disparities can exacerbate existing divisions in society and prolong conflicts. Disruptions of health services are common during conflict, and deliberate denial of access to health care is a known war tactic applied more often globally than ever before. The importance of health care as part of peacebuilding negotiations is thus paramount.

Providing continuity of care delivery during conflicts as well as during transitional periods after a ceasefire requires a deep understanding of the health care needs, the health system itself, the available resources, and the available budget and financing streams that sustain the health system. Failing to understand these can put entire populations at risk of losing out on essential health services or financial coverage of their care because the budget from which health services had been covered previously have been compromised during negotiations.

Secondly, health care provision is a key job creator. Many post-conflict communities struggle with high rates of youth unemployment and reintegration of the workforce into a regular work regime. Health care can provide the structure and number of jobs required to lower youth unemployment swiftly and easily, especially given that health care systems require diverse personnel, ranging from entry-level positions to highly trained and specialized physician roles.

Women are often disproportionately affected by conflict and face enormous health and financial risk during conflict. Women may fear seeking health care, fall into poverty or face increased poverty if the primary breadwinner is not providing for the household due to death or disability. Consideration of access to quality, safe, timely and affordable emergency and essential health services for women is critical—including maternal health care and surgical intervention for obstetric complications. The health system can also offer women employment, a sense of belonging and an opportunity to contribute to the peaceful future of their communities.

Based on the aforementioned arguments, we request that health care accessibility and sustainability is put high on the agenda of the peacebuilding commission and becomes a standing agenda point on agendas of ongoing and future peacebuilding and conflict negotiations.