



POLICY BRIEF

Where Conflict and Pandemics Meet International Responses to Multidimensional Crises

For years, lifesaving humanitarian responses to suffering in armed conflict zones have overlapped with the work of United Nations (UN) Security Council–mandated international peace operations such as the UN missions in the Democratic Republic

of the Congo, which have severely undermined both health and peace-building efforts in the

DRC.

As part of its project on Rethinking the Humanitarian Health Response to Violent Conflict, the American Academy of Arts and Sciences has published *Peace Operations at the Intersection of Health Emergencies and Violent Conflict: Lessons from the 2018–2020 DRC Ebola Crisis*. The report, prepared by former UN official and peace operations researcher Dirk Druet, asks how the health response impacted the conflict, what roles peacekeepers played in the

of humanitarian assistance continue, the study provides insights into how the international community can better manage future multidimensional emergencies. The report examines three phenomena that influenced the Ebola crisis in 2018.

The present-day DRC health system grew, in part, out of colonial strategies for exploitation of human beings for labor. When the rubber and ivory trades in the Belgian Congo caused new outbreaks of diseases such as sleeping sickness around the turn of the twentieth century, authorities established a system of cruel isolation centers and forced treatment that reduced the spread of disease while maintaining a centralized labor supply.

The extractive motives of the country's early health system reproduced themselves in the first decades of the Congolese state. Public health, like other government services under the reign of Mobutu Sese Seko, was heavily centralized and quickly hollowed out as the country descended into the logic of violence that is dominant today. The historical roots of public health in the Congo thus offer critical insights into how power and knowledge in health are perceived and understood in the DRC today.

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Recommendations

The report's key recommendations—aimed at the UN Departments of Peace Operations and Political and Peacebuilding Affairs, the WHO, international nongovernmental health and humanitarian actors, and the diplomatic community—seek to ensure that future emergency health responses in active conflict situations are better conceived, planned, and executed.

Recommendation 4: *Leverage peace operations' logistical capacities.*

UN peace operations on the ground in conflict situations often possess unique logistical capacities that can jump-start emergency health supply chains and service delivery. While steps must be taken to ensure that the optics of this support maintain a



The Academy's project on *Rethinking the Humanitarian Health Response to Violent Conflict* brings together legal and security experts, health professionals, leaders of humanitarian organizations, policy-makers, artists, and representatives of victimized communities to confront the current crisis in humanitarian protection and the provision of health services in areas plagued by armed conflict. The project's overarching goals include helping to define new strategies for the effective provision of humanitarian health responses to populations in need.

To download a copy or to access an online version of *Peace Operations at the Intersection of Health Emergencies and Violent Conflict: Lessons from the*

2018–2020 DRC Ebola Crisis, please visit [www](http://www.amacad.org/humanitarianhealth)