

## TERMS OF REFERENCE

### Research on the Intersection between Health and Peace

#### Interpeace

Interpeace is an international organization for peacebuilding, headquartered in Geneva, Switzerland. Its aim is to strengthen the capacities of societies to manage conflict in non-violent, non-coercive ways by assisting national actors in their efforts to develop social and political cohesion. Interpeace also strives to assist the international community (and in particular the UN) to play a more effective role in supporting peacebuilding efforts around the world through better understanding and response to the challenges of creating local capacities that enhance social and political cohesion. For more information about Interpeace, please visit [www.interpeace.org](http://www.interpeace.org)

#### Background

The Sustaining Peace resolution of the Security Council and the UN-World Bank report on “Pathways to Peace” have called upon humanitarian, development, stabilisation and peace actors to evolve their ways of working to become more effective at enabling sustainable peace and preventing violent conflict. Since these recommendations have been made, many agencies have adopted policies to enhance their approaches to conflict sensitivity and contributions to peace. Yet, the challenge that many of these and other agencies continue to grapple with is the operationalisation of these policies.

In response, Interpeace has embarked on an action-oriented policy and programming initiative that will seek to spearhead catalytic change in the practice of several large UN agencies to become more peace responsive and contribute more effectively to sustaining peace in support of efforts to prevent conflict and advance the Sustainable Development Goals. Our ultimate vision is a development and humanitarian assistance system that effectively contributes to building and sustaining peace, supports locally led positive change, and strengthens societal resilience to conflict and violence, and thereby contributes more effectively towards inclusive and sustainable development.

Specifically, Interpeace works to enhance peace responsiveness through six interconnected programme components:

1. Bilateral partnerships and accompaniment to advance the operationalization and institutionalization of sustaining peace in UN agencies and other organizations.
2. Designing joined up programmatic approaches in selected country contexts (Interpeace programmes and partner UN agencies).
3. Building the capacities of key individual change agents in the international system through training (Effective Advising; Peace Responsiveness).
4. Facilitating cross-organizational exchange and learning among UN and other agencies on the operationalization and institutionalization of sustaining peace.
5. Developing research, evidence and other knowledge products and provide thought leadership.
6. Engaging with donors, senior leadership and policy actors to inform how a better enabling environment can be created for sustaining peace and peace responsive approaches.

One of the key strategies to enhance peace responsiveness within the humanitarian and development system is to generate a stronger evidence base on the interlinkages between conflict and peace dynamics and specific sectors, such as health, food security, education, and others.

Interventions conducted within conflict-affected settings have been seen to exacerbate conflict, as they inadvertently heighten tensions or enflame latent conflict. They have also been noted to be less than optimally effective in achieving their technical impact (e.g. in health, food security, education, etc.), when disregarding factors related to trust between people and the institutions delivering the services. Yet, there have also been cases where carefully designed interventions within these sectors have the potential to reduce grievances, increase trust and social cohesion, and contribute to a greater societal capacity to foster and sustain peace.

The evidence base for such peace contributing effects remains relatively thin and anecdotal. This research initiative aims to increase the understanding of the linkages within the health sector.

The outputs of this research will be used by Interpeace to:

- Generate more high-level commitment, operational momentum and funding for health and peace.
- Provide input into operational guidance on peace responsive programming and M&E for our institutional partners (notably UNFPA and WHO).
- Serve as input into donor, policy actors and practitioner dialogues.

### Assignment Objectives

Through this assignment, Interpeace would like to strengthen the evidence basis on the interlinkages between health and peace and increase its understanding of programmatic and operational ramifications of these interlinkages. More specifically, the specific objectives are to:

1. Map the impact of conflict on health (in its various dimensions) and the impact of health interventions on peace and conflict dynamics.
2. Identify conceptual and practical (real and potential) overlaps between health and peace outcomes.
3. Increase the knowledge on the interlinkages between health sector programming and peace and conflict dynamics, and the evidence supporting it.
4. When appropriate, make recommendations on (innovative) approaches to further enhance the mutual elevation of health and peace programming.
5. Make recommendations for further research to deepen the evidence base.

A deliberate objective of this study is to approach this research from two different angles, in order to start bridging the gap between the fields of health and peacebuilding. It is also fully recognizing that the field of health is a broad field, with many technical sub-fields, each possessing their own theoretical and practical framing, schools of thoughts, approaches and methods. In many of these arenas, links between the more technical and the more social components of health and health care systems have already been established, and although different concepts, terminology and theoretical framings will be used, overlaps may still exist with aspects considered to be part of and relevant to building peace (e.g. social capital and social networks, trust in institutions, the importance of participatory and inclusive processes, and so forth).

It is therefore the explicit intention of this research to move towards more inter-disciplinary thinking, and to find opportunities for raising the awareness of the intersections between these sectors and ultimately towards the mutual elevation of these two fields.

The health sector is a broad sector, that encompasses a number of different fields. This research intends to cover, at a minimum level, the health-related mandate areas of UNFPA, UNICEF, and WHO. A further demarcation will be established as part of the study.

The study is intended to serve as the first phase of a broader and more long-term sectoral research strategy. Interpeace is aware that the existing evidence on the interlinkages between health and peace (in particular from a programming perspective) is thin, and there are significant methodological challenges associated with strengthening the evidence base. Therefore, this study also aims to lay the ground and provide recommendations for further research in this arena.

### Scope of Work

The consultant is expected to carry out the following tasks:

**1) In collaboration with the core Interpeace Peace Responsiveness team, further define the parameters of the study.**

This will include:

- a. Liaising with our main institutional partners from the health sector to further determine their research needs and ensure the study is set up in a way that maximizes the utility for these partners.
- b. Identifying other relevant research that has already been undertaken or is ongoing, including academic and research partners of the aforementioned UN agencies.
- c. Determining the boundaries of the ‘health sector’ for the purposes of this study (likely to reforming and strengthening health systems and policies; humanitarian / emergency / crisis health response (e.g. Ebola / COVID), sexual and reproductive health, mental health, and potential other related areas).

**2) Synthesis of existing literature on the evidence linking health and peace**

- a. Synthesis of literature on impacts of health on peace and vice versa.
- b. Synthesis of current academic thinking on and evidence for different pathways for health interventions to potentially contribute to peace and vice versa.
- c. Synthesis of programmatic thinking around these pathways and the evidence substantiating these claims.

**3) Mapping policy and programmatic overlaps between health and peace sectors**

This is likely to include:

- a. Identifying references to conflict and peace<sup>1</sup> (or the key building blocks of peace) in formal resolutions, policy statements and frameworks, and other high-level commitments of key international health actors.
- b. Identifying specific sub-sectoral disciplines, approaches, or schools of thought within the health sector that include more social elements that are relevant for building and sustaining peace, and that can serve as ‘docking points’ for inter-disciplinary thinking and peace-responsive programming.
- c. Interviews with key informants on these overlaps, trade-offs, dilemmas of strengthening the linkages between health and peace-related interventions.

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<sup>1</sup> Peace is here defined as incorporating the key elements that are necessary to build and sustain peace. This can be further unpacked and defined during the study.

- 4) **On the basis of these findings, propose ideas on potential additional / innovative ways in which approaches to health and peace in conflict-affected contexts can mutually reinforce each other.**
- 5) **Identifying opportunities for further research on the linkages between health and peace**
  - a. Mapping the main challenges and opportunities to advance this research agenda
  - b. Finding potential research partners to advance this research agenda
  - c. Develop recommendations and a concept note for furthering this research agenda

Please note that this Scope of Work is based on our current understanding of the status of knowledge of the intersection of health and peace, and what will be required to strengthen the knowledge base. We are however cognizant of the fact that we are not experts in the field of health, and therefore remain open to alternative approaches. We consider this research as an exploratory journey to discover the most appropriate and practically useful way to make visible and tangible the interlinkages between health and peace.

In parallel with this research study, another piece of research will be conducted that will be more operational in nature (probably linked to the mandates of one specific UN agency). It can be envisaged that mutual sharing of information and joint reflection sessions between these consultants could be mutually beneficial.

### **Deliverables and Timeframe**

In the inception phase the specific outputs from the research will be defined, e.g. either one report or a series of shorter reports covering specific themes. This will be determined in collaboration between the consultant and the Interpeace team.

#### ⇒ **Inception report**

An inception report will be expected, including:

- Scope and boundaries of the research
- Methodology
- Timeline
- Specific outputs.

#### ⇒ **First draft**

The first draft of the research outputs will be prepared by the consultant and submitted to the Interpeace team for feedback and joint reflection. Feedback will be provided by Interpeace staff and selected IPAT associates. Interpeace will consolidate this feedback into a single document.

#### ⇒ **Final draft**

The feedback will be incorporated into a final draft. Feedback on the final draft will be provided only by the core PRF-team.

#### ⇒ **Final report(s)**

The feedback on the final draft will be incorporated into the final report(s).

#### ⇒ **Presentation of the main findings to:**

- Interpeace staff in a knowledge sharing session (A2K)
- Cross-organizational Platform on Peace Responsiveness
- Health and Peace Group of Friends (tbc)

Start Date: asap

| Phase           | No of days | Deliverables             | Timeline                     |
|-----------------|------------|--------------------------|------------------------------|
| Inception phase | 5 days     | Inception report         | By 19 <sup>th</sup> February |
| Research phase  | 20 days    | First draft              | By 19 <sup>th</sup> March    |
|                 |            | Final draft              | By 30 <sup>th</sup> March    |
|                 |            | Final report             | By 7 <sup>th</sup> April     |
| Sharing phase   | 2 days     | Presentation of findings | By 30 <sup>th</sup> of April |

The indicative total number of days for this consultancy is 27 days. The timeline is tentative and can be discussed and adapted in dialogue with the core Interpeace team, although the majority of work will need to be completed by 30<sup>th</sup> March.

### Qualifications

Considering the inter-disciplinary nature of this research, the ideal candidate would have experience both in the health sector and in the peacebuilding sector. Given our own expertise in peacebuilding, previous experience and knowledge of the health sector would be given more weight.

Requirements:

- At least 10 years of professional experience in applied research
- Strong expertise in synthesizing / reviewing academic literature, ideally from a multi-disciplinary perspective
- Highly skilled in research methodology development
- Strong motivation to explore multi-disciplinary thinking
- Having access to medical journals is desirable
- Programmatic experience in health sector in developing countries (ideally) is desirable
- Previous experience working in or on conflict-affected countries is desirable.