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**Summer Institute on Peace, Health and Sustainability Hosted by PEGASUS Institute and McGill University**

**PEACE THROUGH HEALTH**

[English-Online Course] May 23rd -May 26th, 2023

Time, Topic & Instructor(s)	Objectives	Outline	Links to Material
<p><b>Day 1- Tuesday, May 23rd, 2023</b></p> <p><b>INTRODUCTION TO WAR AND PUBLIC HEALTH, AND PRINCIPLES OF PEACE STUDIES</b></p>			
<p><b>8:00-8:45</b></p> <p>Introduction to War and Ill Health Health as a Bridge to Peace: Multi-track Peacebuilding</p> <p><i>Instructor:</i> Neil Arya</p>	<ul style="list-style-type: none"> <li>Preventing war and promoting peace: The student will be able to explain Why and how the health sector should work on expanding peace</li> </ul>	<p>Describe integrated peace and health paradigms and multi-track peace building</p>	<p><a href="#">Peace Through Health?</a></p>
<p><b>9:00-9:45</b></p> <p>The Impacts of War on Health, Human Rights, and the Environment</p> <p><i>Instructor:</i> Barry Levy</p>	<ul style="list-style-type: none"> <li>Describe the impacts of war on health, human rights, and the environment</li> </ul>	<p>The nature of war in the 21st century. Direct and indirect causes of death. Health problems affecting civilians: malnutrition, communicable diseases, mental disorders, adverse effects on reproductive health, noncommunicable diseases. Vulnerable civilian populations. Morbidity and mortality among military personnel. Diversion of human and financial resources. Violations of human rights. Adverse impacts of war on the environment. Minimizing health impacts of war by protecting civilians, providing humanitarian assistance, and</p>	



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		ending violent conflict. Prevention of war by preventing disputes from becoming violent, addressing the underlying causes of war, and strengthening the infrastructure for peace	
<b>10:00-10:30</b>  Is War a Public Health Problem?  <i>Instructor:</i> Kaveh Khoshnood	1) To help the student understand armed conflict as a public health problem 2) To help the student learn about a public health approach to armed conflict	1) Definitions and terminologies 2) Public health approach to armed conflict	Murray CJ, King G, Lopez AD, Tomijima N, Krug EG. Armed conflict as a public health problem. <i>BMJ</i> . 2002 Feb 9;324(7333):346-9. doi: 10.1136/bmj.324.7333.346. PMID: 11834565; PMCID: PMC1122272.
<b>10:45-12:00</b>  Introduction to Conflict Analysis Peacebuilding and Cross-Cultural Conflict Resolution  <i>Instructor:</i> Nathan Funk; Katelyn Cassin	To explore foundational concepts and terms related to conflict analysis and peacebuilding. In this session, we will distinguish between conflict and violence, and outline a set of key questions integral to conflict analysis. We will subsequently discuss the intersections of peace and health and outline key concepts related to peacebuilding, including human security, the security-development nexus, hybrid peacebuilding, and cross-cultural peacebuilding.	This session will address contextual and foundational concepts and terms that relate to analyzing and addressing conflict. Participants will consider the relationship between concepts of peace and health and will explore the importance of inclusion and cross-cultural considerations in approaches to peace. This session will incorporate the literature on peacebuilding (liberal, hybrid, cultural, religious, relational), peacekeeping, international development, the security-development nexus, local knowledges, and multi-track diplomacy. Finally, Lebanon will be used as an illustrative case study to explore the roles of primary health care providers in supporting peace and the opportunities and limitations for interveners like a UN peacekeeping operation to leverage health provision as a peacekeeping/building tool.	Tschirgi, N. (2020). "Rethinking international peacebuilding", in S. Byrne et al., <i>Routledge Companion to Peace and Conflict Studies</i> . London: Routledge, pp. 315-325.  Mac Ginty, R. & Sanghera, G. (2012). Hybridity in peacebuilding and development: An introduction. <i>Journal of Peacebuilding &amp; Development</i> , 7(2), pp. 3-6 (only).



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			Boege, V. (2019). The rambutan, the chopper and the broken spear: Peacebuilding on Bougainville as a cross-cultural exchange. <i>Peacebuilding</i> , 7(1), pp. 1-19.
<b>DAY 2- Wednesday, May 24th, 2023</b> <b>PEACE THROUGH HEALTH PRIMARY SECONDARY TERTIARY PREVENTION</b>			
<b>08:00-08:30</b>  Understanding Violence and Peace through Health Model  <i>Instructor:</i> Neil Arya	The Student will be able to describe one model of Peace through Health with examples and Identify, describe, and discuss the basic principles of peace through health, and how peace perspectives and health perspectives can complement the work of the other sector.	We'll present PtH model and stages of prevention with primary secondary tertiary prevention and discuss concepts of violence and prevention as from Johan Galtung	
<b>08:30-09:00</b>  IPPNW: Advocating for Primary Prevention from a Health Perspective to Weapons of Mass Destruction  <i>Instructor:</i> Vinay Jindal	The student will be able to better understand the humanitarian impacts of weapons of mass destruction and the role of civil society in addressing this class of weapons.	What are weapons of mass destruction (WMD) and how do they differ from conventional weapons? What are the humanitarian impacts of weapons of mass destruction? How have WMD been addressed and how successfully? What is civil society's role in addressing WMD?	<a href="#">Renewing the Call for Public Health Advocacy against Nuclear Weapons</a>



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<p><b>09:00-09:30</b></p> <p>A Public Health Approach to Small Arms in the Americas</p> <p><i>Instructor:</i> Steve Hargarten</p>	<p>The student will be able to appreciate a public health analysis related to small arms-including a host/agent/vector approach, epi/stats related to firearms deaths in the US and the Americas more broadly, and the role of public health advocacy.in reducing impacts of violence</p>	<p>The vector and the pathogen of gun violence, the bullet being the pathogen, and the vector of this disease being the gun, the rifle or the handgun, and most recently network to prevent gun violence in the Americas. Knowing or the recent report that over half of all the gun deaths in the world are occurring in six countries in the Americas United States, Guatemala, Venezuela, Colombia, Brazil, and Mexico.</p>	<p><a href="#">Confronting the small arms pandemic</a> <a href="#">Small Arms and Health in Canada and the United States</a></p>
<p><b>09:45-10:30</b></p> <p>Health, Human Security and Health Diplomacy: Lessons Learned</p> <p><i>Instructor:</i> Innocent Ntaganira</p>	<p>This session discusses health diplomacy as a tool for peace and in the context of health security, drawing from lived experiences.</p>	<p>The session shall briefly define health diplomacy, discuss the close relationship between health and security and the role of health diplomacy as a tool for peace. Concrete illustrations shall be drawn from personal experiences including the work with the African Union to advance health in Africa, particularly during the COVID-19 pandemic.</p>	<p>Bawa Singh, Vijay Kumar Chattu. Prioritizing ‘equity’ in COVID-19 vaccine distribution through Global Health Diplomacy. Health Promotion perspectives, 2021, 11(3), 281-287 doi10.3472/hpp2021.36</p> <p>Colin McInnes and Kelly Lee. Health, security and foreign policy. Review of international studies</p> <p>Vijay Kumar Chattu, Andy Knight, K Srikanth Reddy, Obijiofor Aginam. Global Health Diplomacy fingerprints on human security. International</p>



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			Journal of Preventive Medicine. 2019
<p><b>10:45-11:30</b></p> <p>From Gulf War to Sri Lanka Reflecting on the 'Health of Children in War Zones' project at McMaster University 30 years later: outcomes, impacts and lessons learned.</p> <p><i>Instructor:</i> Robert Chase</p>	<p>To inspire with a personal account how work beginning early in medical training, quickly turned into landmark international peace activism related to civilian health impacts, lawless war conduct and sanctions,</p> <p>To learn about the four-country projects as Health to Peace Initiative HPI, with instructive lessons learned about design, short- and long-term outcomes, partnership and sustainability.</p> <p>From Research to Project development- Sri Lankan project as a case study that led to an ongoing local arts-based approaches for war-affected children and an innovative visual interview tool.</p>	<p>The session gives account of how peace activism by young medical trainees in the 1991 Persian Gulf War in Iraq led to formation of the War and Health Program at McMaster University with interdisciplinary partnership of the Centres of International Health and Peace Studies. The three-year Health of Children in War Zones HCWZ (1993-1996) undertook projects in the model of health initiative as peace initiatives HPI in four countries: Croatia, Occupied Palestinian Territories, Sri Lanka and Afghanistan. With hindsight, what came out of those efforts, and what can we learn from them today? Key activities, outcomes, and lessons learned, are presented in three case stories.</p>	<p><a href="#">The Mental Health of War Affected Children: a Community-based Rehabilitation and Reconciliation Program in Sri Lanka's Eastern Province</a></p> <p><a href="#">Mental Health Initiatives as Peace Initiatives in Sri Lankan School Children Affected by Armed Conflict</a></p> <p><a href="#">Healing and Reconciliation for War-Affected Children and Communities: Learning from the Butterfly Garden of Sri Lanka's Eastern</a>  <a href="https://www.nejm.org/doi/full/10.1056/nejm199209243271306">https://www.nejm.org/doi/full/10.1056/nejm199209243271306</a></p>



DAY 3- Thursday, May 25th, 2023

MHPSS AND DEALING WITH GENDER- BASED VIOLENCE

<p><b>08:00-08:45</b></p> <p>MHPSS Programming and Peacebuilding</p> <p><b>Instructor:</b> Friederike Bubenzer</p>	<p>To engage students in a presentation and a discussion on how to link the fields of peacebuilding and mental health and psychosocial support, how to deal with the challenges and how to make it workable on the ground.</p>	<p>Using data and analysis gained from a Scoping review we will explore how violent conflict weakens the social fabric that governs interpersonal and societal relationships. It can create intense suffering and causes people to have difficulties recovering and moving on. The mistrust, fear, and ongoing stress can result in mental health problems and create new cycles of violence and trauma. Integrating mental health and psychosocial support into peacebuilding is essential since interpersonal trust requires peace of mind. It is a precondition for peace.</p>	<p><u>Towards an integrated approach</u></p>
<p><b>08:45-09:30</b></p> <p>Mental Health and Peacebuilding: Somalia</p> <p><b>Instructors:</b> Chloe Eward Neil Arya Jibril Handuleh</p>	<p>To understand the importance of culture, context, and conflict on Mental Health and Peacebuilding within low resource, emergency conflict settings such as Somalia. This includes understanding the wider socio-economic and cultural context and how this relates to mental health and peace. To understand mental health at various levels and in various domains including Health Policy and Legislation; Mental Health Services; Mental Health in Primary Care; Mental Health Human Resources; Public Education and Links with</p>	<p>Decades of prolonged conflict in Somalia has resulted in widespread trauma which has had significant transgenerational impacts on the mental health of the population.. Years of conflict, disasters, and insecurity have all contributed to very low scores for most health indicators. This is compounded on top of fragmented health and social services, poor governance, underdevelopment, economic decline, poverty, social and gender inequality, environmental degradation and now the impacts of COVID-19. Although the health care sector in Somalia grapples with chronic shortages in resources, capacity, infrastructure and human resources, there is hope for improving the design and delivery of interventions to promote mental</p>	<p><a href="#"><u>Ibrahim, M., Rizwan, H., Afzal, M. and Malik, M.R., 2022. Mental health crisis in Somalia: a review and a way forward. <i>International Journal of Mental Health Systems</i>, 16(1), pp.1-12.</u></a></p>



	<p>Other Sectors To explore suggested strategies, recommendations, and priorities for enhancing interventions of Mental Health in low resource conflict settings such as Somalia to contribute to initiating, sustaining and maintaining peace.</p>	<p>health and psychosocial wellbeing in Somalia and in other low resource, emergency conflict settings.</p>	
<p><b>09:30-10:15</b></p> <p>Violence, Trauma and gendered Resilience in a Conflict Affected Community: Ayacucho, Peru</p> <p><b>Instructor:</b> Eliana Barrios Suarez</p>	<ol style="list-style-type: none"> <li>1) Differentiate the differential pathways of distress and resilience responses to violence</li> <li>2) Discuss gendered responses to violence and peace building in a post conflict community</li> <li>3) Recognize and honour culturally distinctive gendered responses to traumatic events</li> </ol>	<p>This presentation highlights the intricate relationship between trauma, resistance and endorses views that place resistance as a catalyst for survival and long-term resilience. Drawing upon extensive research utilizing sequential mixed methods and field work with grass-root associations of Indigenous Quechua women in Ayacucho, we will examine how women utilize memories of their resistance during the Peruvian armed conflict in order to cope with their current everyday struggles and to reaffirm their new spaces of resistance in post-conflict. In particular, these stories shift the emphasis from women’s suffering during conflicts to their resistance and courage. From these narratives, we conclude that when analyzed conceptually resilience and resistance are separate units but when they are expressed as living experiences their boundaries are less defined and more fluid.</p>	<p><a href="#">Suarez, E. B. (2015). surviving ‘juntas’ (together): Lessons from the resilience of Indigenous Quechua women in the aftermath of the Peruvian conflict. Intervention: The International Journal of Mental Health, Psychosocial Work and Counseling in Areas of Armed Conflict,</a></p> <p><a href="#">Suarez, E. B. (2013). The association between posttraumatic stress-related symptoms, resilience, current stress and past exposure to violence: A cross sectional study of the survival of Quechua women in the aftermath of the Peruvian armed conflict.</a></p>



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			<a href="#">BMC Conflict and Health, 7, 21</a>
<p><b>10:30-11:00</b></p> <p>An Approach to Youth Violence in Latin America</p> <p><i>Instructor:</i> Emperatriz Crespin</p>	<p>Discuss youth violence prevention strategies in Latin America Appreciate the training tool TEACH VIP Youth :as a public health tool for health workers and a local experience for civil society stakeholders.</p>	<p>Youth has been a vulnerable group for decades, particularly in the Northern Triangle of Central America. Various crises, from pandemics to security have led to implementation of public policies to control violence, especially violent crime and gang activity. Children, adolescents, youngsters and women are among the most vulnerable populations. Youth violence is a public health problem that needs to be addressed and youth homicide rates are the most evident and prevalent indicator in low and middle income countries in the Region. Civil Society Stakeholders should work in concert with health workers with public health approaches and tools, linking results with Sustainable Development Goals.The course Will allow participants to know some experiences in the región ,strategies that work to prevent youth violence</p>	<p>The main source of knowledge to develop Youth Violence Prevention Toolkit: TEACH-VIP 2 is a training package that by necessity has been developed in a manner that allows for teaching a wide variety of training audiences in settings around the world. <a href="https://www.euro.who.int/data/assets/pdf_file/0005/319460/TEACH-VIP-2-users-manual.pdf">https://www.euro.who.int/data/assets/pdf_file/0005/319460/TEACH-VIP-2-users-manual.pdf</a></p>
<p><b>11:00-11:30</b></p> <p>Gender Based Violence &amp; Peaceful Societies</p> <p><i>Instructor:</i> Emperatriz Crespin</p>	<p>By the end of the course, participants are going to be able to identify the types of violence, especially gender based violence, the interconnection between GBV, determinants of health, health and gender equity and equality. What are some effective strategies to prevent gender based violence?.</p>	<p>Gender based violence is an important part of the analysis of health equity and equality for countries to achieve the Sustainable Development Goals , but also to garantie access for women, children and adolescents for essential health services. Latin America is one of the regions in the world with highest per capita rates for femicides, most of the violent cities are placed inside the region. Health workers have a role to play in terms of reaching the</p>	<p>Sources of information: UNDP Regional website, official information, data reports from latin american countries.  <a href="https://infosegura.org/lac-cara-etscondida/#">https://infosegura.org/lac-cara-etscondida/#</a></p>





Are there some experiences in latin america and are those based on evidence?.

main affected population, bringing their skills to identify, treat and prevent health problems and share/educate communities to deal with health issues on the field.  
By identifying the different types of violence, gender based violence, the interconnection between GBV and Health inequality.  
In the last decade, there have been countries and international organizations working on the field, learning about effective and non-effective strategies to prevent violence and the States have been working with their legislation, policies and programs to prevent GBV and develop friendly services for women, children and adolescents.  
Homicides and crime against women (especially femicides) are a constant public health problem that must be addressed with policies and programs to face the long term impact of GBV.

•file:///tmp/mozilla\_educacion0/9789240039803-eng.pdf.

•Caring for women subjected to violence: a WHO curriculum for training health-care providers, revised edition, 2021

•<https://serviciosesencialesviolencia.org/>

•[https://infosegura.org/lacara-escondida/assets/2\\_VCM\\_El%20Salvador\\_2019.pdf](https://infosegura.org/lacara-escondida/assets/2_VCM_El%20Salvador_2019.pdf)

Lineamientos técnicos de atención integral en salud de las personas afectadas por violencia:

•<http://asp.salud.gob.sv/regulacion/pdf/lineamientos/lineamientosimplementacionunidadesespecializadasmujeresafectadasviolencia2019.pdf>



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<p><b>11:30-12:15</b></p> <p>Health Equity and Gender Equality: Pathways for More Peaceful Societies.</p> <p><i>Instructor:</i> Val Percival</p>	<p>By the end of this session, participants will :</p> <p>The evidence of the long term impact of health equity and gender equality on more peaceful societies; What a gender equal health system looks like;</p> <p>What this evidence means for health workers, national health systems, and global health governance.</p>	<ol style="list-style-type: none"> <li>1. Framework: Harmful/Beneficial Cycles of Health Equity and Gender Equality;</li> <li>2. Evidence for Relationships among Health Equity and Gender Equality;</li> <li>3. How Improvements in Health Equity and Gender Equality can lead to peace;</li> <li>4. Implications of Evidence: What is a gender equal health system? What does this evidence mean for national health systems?</li> </ol>	
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**DAY 4- Friday, May 26th, 2023**  
**MOVING FORWARD TERTIARY PREVENTION MICRO AND MACRO PEACEBUILDING HEALTH DIPLOMACY AND A NEW PARADIGM OF PEACE AND HEALTH**

<p><b>08:00-08:45</b></p> <p>Health Security</p> <p><i>Instructor:</i> Neil Arya</p>	<p>To allow the student to reflect on a health-based model of security</p>	<p>We'll discuss a Health-Based model of security using the presenter's own written works.</p>	<p><u>Do No Harm: Towards a Hippocratic Standard for International Civilization</u></p> <p><u>Re-Envisioning Sovereignty The End of Westphalia?</u></p> <p><u>Is military action ever justified? A physician defends the 'Responsibility to Protect'</u></p>
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			<p><u>Responsibility to Protect at age 10 – still worthy of support?</u></p> <p><u>The end of biomilitary realism? Rethinking biomedicine and international security</u></p> <p><u>Just war, psychology and terrorism</u></p>
<p><b>08:45-09:30</b></p> <p>Interdependence between health and peace: a call for a new paradigm</p> <p><b>Instructor:</b> Izzeldin Abuelaish</p>	<p>1) To discuss the importance of developing a dynamic definition of health and peace, which is interrelated, interdependent and mutually interconnected. 2) To discuss the role of health promotion in promoting peace and defining peace and violence, and the inter-relationships between health promotion and peace promotion. 3) To discuss the mutuality between health and peace, and the social determinants of health and peace.</p>	<p>Hatred as a disease-At the core of our understanding of health and peace is the premise that health and peace are two dynamic, multifaceted, entities that are: interrelated, interlinked, inseparable, intersected, interdependent and mutually interconnected. Health is always positively or negatively affected by conflict; peace can be directly or indirectly fostered through public health program and policy initiatives. Health and peace are both complex and multifaceted terms that can be viewed from a variety of perspectives. They share many fundamental elements, including social (emotional), mental (psychological), and spiritual dimensions; and both can be fostered by seeking out and promoting positive factors rather than only addressing deficits and obstacles. Although issues related to health and peace are typically conceptualized and addressed independently of one another, these two concepts are inextricably linked</p>	<p>The Palestinian- Israeli conflict: a disease for which root causes must be acknowledged and treated</p> <p><a href="#">Hatred- a public health issue</a></p>



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		and that they need to be addressed in an integrated fashion. Peace and health and their promotion will be defined and discussed.	
<p><b>09:45-10:30</b> No Justice, No Peace through Health: Evidence from the Occupied Palestinian Territory</p> <p><i>Instructor:</i> Stephanie Hansel &amp; Yara Asi</p>	<p>63 Understand the context of the health care system accessible to Palestinians in the West Bank and Gaza Strip.</p> <p>73 Discuss how peace through health may be incorrectly characterized in the Palestinian case.</p> <p>83 Describe what genuine “peace though health” initiatives may look like in this context.</p>		
<p><b>11:00-11:30</b> Peacebuilding in Public Health Programming Conflicts, Immunization and Pandemics: Lessons from Sierra Leone to the Solomons</p> <p><i>Instructor:</i> Yogesh Choudhri</p>			



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<p><b>11:30-12:00</b></p> <p>Towards a New Decolonized Health-Based Model of Security</p> <p><i>Instructor:</i> Neil Arya</p>	<p>The student will be able to explain bases of neocolonialism and how it may affect Peace through Health</p> <p>The student will have brought to awareness his/her own values and examined them in the light of peace/health ethics including concepts of justice and right action and social responsibility and humanitarian action</p>	<p>We'll discuss Neocolonialism and Decolonizing Peace through Health, talk more about Extending the Bounds of PtH moving Towards a new Health-Based Model of Security and explore whether war can be justified Medically using the instructor's writings.</p>	<p><u>Approaching Peace Through Health with a Critical Eye</u></p> <p><u>Peace and Health: Bridging the North-South Divide</u></p>
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