

Difficulties of peace-building in Nepal

Sonal Singh¹ describes how political conflict has affected people's health in Nepal, concluding that health care professionals can play an important role in peace-building efforts. However, this is not as easy as it sounds.

In December 2002, we organized a 2-day meeting in the central developing region of Nepal, which was attended by health directors from 29 of the 33 sub-health posts (the local medical clinics in Nepal). During the meeting, we used group discussion to identify the difficulties encountered under the conflict. The participants reported their suffering at the hands of both the Maoists and government security forces, mentioning that they are often caught in the crossfire between the 2 opposing sides. The Maoists regard health care workers with suspicion, viewing them as supporters of other political parties or spies for the government. Conversely, the government security forces suspect the health care workers of being Maoist supporters.

All the participants told us that the frequent misbehaviour of both parties has caused mental trauma. Health care professionals should play an important

role in peace-building, but how much of themselves do they have to sacrifice in the course of doing so?

Amod K. Poudyal

Masamine Jimba

Susumu Wakai

Department of International Community Health

Graduate School of Medicine

The University of Tokyo

Tokyo, Japan

Acknowledgements: We thank Naresh P. KC and Ram C. Silwal for their fieldwork related to this letter, and Krishna C. Poudel for his support in writing the letter.

Reference

1. Singh S. Impact of long-term political conflict on population health in Nepal. *CMAJ* 2004;171(12):1499-501.

DOI:10.1503/cmaj.1050013

[The author responds:]

I agree with Amod Poudyal and colleagues that health care professionals face challenges if they are to play an active role in peace-building efforts in Nepal, as I suggested in my article.¹ However, they must rise to this challenge, as they have already been drawn into the conflict. The government has issued directives to all health care professionals and institutions stating that if

they provide treatment without appropriate notification, they will be regarded as supporters of terrorists and be prosecuted according to the Terrorist and Disruptive Activities Ordinance, 2001.² This puts medical professionals in an impossible situation. During the ongoing conflict, they are at risk of encountering armed groups demanding treatment for their wounded; however, provision of such treatment might lead to subsequent prosecution. The Maoists have similarly targeted health care workers.

Despite these challenges, there is still room for continuation of health-related projects, through an approach known as "conflict-sensitive development" — development that is sensitive to the conflict environments in which it occurs.³ There is a need for transitional programs in conflict areas that can adapt to the rapidly changing environment, as well as greater involvement of humanitarian agencies with experience in conflict settings, such as Médecins Sans Frontières. A participatory role in development for neutral local agencies and increasing community participation are essential.

Ultimately, how much of themselves health care workers must sacrifice will depend on individual choices and the local context. It is their re-