

by the natural cofactor compared with other functional tetrahydropterins.⁹

Clinical trials such as that done by Levy and co-workers enable consolidation of the feasibility of long-term and safe sapropterin-based treatment for patients with phenylketonuria. Such treatment would ease the social burden of classic phenylketonuria treatment that is based on dietary restrictions.

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Protecting the rights of those in conflict

The world's 40 most unstable states contain 38% of the world's population and have a per-capita gross domestic product of US\$750, just 10.3% of the global average.¹ Within these states, much of the world's violence and human rights abuses occur. Beset by conflict, poverty, structural violence, and rights abuses, fragile states fail to meet the basic needs of their citizens. The humanitarian community is now almost always present in fragile states. They often maintain activities throughout the protracted phases of crisis: during conflict, in the descent into violence, and in the unstable peace and the chronic uncertainty that characterise the fragile state's post-conflict status.

In the context of armed conflict, disaster, and generalised violence, it is now widely accepted that humanitarian organisations must not only bring altruism and technical competence, but also provide assistance in a rights-based approach.² The UN Special Rapporteur on the Right to Health, Paul Hunt, states: "The right to health can be understood as a right to an effective and integrated health system, encompassing health care and the underlying determinants of health, which is

responsive to national and local priorities, and accessible to all."³ These rights are reflected in the standards and duties the humanitarian community has set for itself through a code of conduct, minimum service standards, and a charter which guide the humanitarian response through the volatile twists and turns that a fragile state environment presents.⁴ To these responsibilities should be added the duty to observe and record the circumstances that affect their beneficiaries.

Before a conflict spreads and deepens, humanitarian organisations can work to stabilise fragile states through efforts that include capacity building for accountable governance, strengthening of education (particularly for girls), creating microfinance schemes, and delivering health services, especially to vulnerable and marginalised peoples. These actions help build civil society, increase access to livelihoods, and improve human rights awareness, which can help stabilise the state and lessen the risks of collapse into violence.

During violent conflict, the Universal Declaration of Human Rights, the Geneva Conventions, and other core instruments of human rights and humanitarian law

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UN peacekeepers from India in Monrovia, Liberia (April, 2007)

set out behaviour in conflict, but are routinely violated with impunity, even by their signatories. Humanitarian organisations may be the only source of support and protection to displaced and other affected populations in circumstances of violence. Amidst the chaos of war, both relief work and the humanitarian presence itself can help stabilise communities and prevent further displacement from vital services. While humanitarian organisations are front-line responders in conflict, they are also witnesses to the fate of populations beset by conflict, and often are their sole advocates. In this role, they can document abuses of human rights, and affirm that aid is delivered on the basis of need alone, without discrimination on excludable grounds (eg, race, religion, nationality). Yet aid organisations themselves are at potential risk of unwittingly acting as instruments of local government or donor government policy.

The postconflict period is often only a narrow window during which fragile governments must establish their legitimacy or slide back into collapse. Postconflict states are beset by inequities, discrimination, and lack of access to services, which must all be addressed if stability is to return. Wars leave populations seriously traumatised, but an unjust peace that does not seek to redress the loss of basic human rights and human security is likely to come unstuck, leading to further violence. Without constructive efforts that visibly improve rights and livelihoods, the emotional scars of war can undermine confidence in a frail government. Visible efforts to

improve health services help to provide some of that confidence. Evidence for improvement in a population's health status can be a measure of the improved right of access to care.

Conflict, indeed violent conflict, will certainly continue through the 21st century. The challenge is to improve respect for human rights, reduce the risks of conflict, and protect the health of populations unable to escape violence. Documentation can improve our ability to protect rights in conflict in the same way that evidence has improved the practice of medicine. Examining the patterns of gender-based violence in Liberia helped improve the protection of women in that and other conflicts.⁵ Population-based data provided important evidence on the scale and nature of human rights abuses in Kosovo.⁶ The careful documentation of injuries from antipersonnel mines was a key factor in building support for the 1997 Treaty of Ottawa, which banned the production, development, and stockpiling of such mines.⁷ The collection and use of evidence to better protect populations now needs to become a standard activity of humanitarian organisations and others concerned with the safety of populations in the midst of violence. Information on rights in a population should be added to the measures of health status to help us to more fully understand the needs of populations in the various phases of conflict.

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