Health Invest

Position Statement

Weapons

Summary

Weapons are regularly used to violate human rights and undermine sustainable development. The death, injury, and denial of access caused by weapons fundamentally conflict with Sustainable Development Goal 3: Good Health and Well-being. For this reason, we apply exclusion criteria for controversial and conventional weapons.

Purpose of this document

We are committed to the principles of international relations as outlined in the United Nations Charter. Article 51 recognizes the right of countries to self-defense, which may imply the necessity of producing and storing weapons. However, we also strongly support the advancement of human rights and sustainable development. Weapons are often used to undermine both. This creates a significant conflict between core values when evaluating the role of the weapons industry in our investment strategy.

This document maps weapons to SDG 3 and explains why we apply exclusion criteria for controversial and conventional weapons.

Democracy and sustainable development

Promoting and strengthening democracy is essential for achieving sustainable development (Sen 1999). This is because:

- Public debate, discussion, and criticism are crucial for shaping and enhancing sustainable development objectives. In democratic societies, these discussions shape policies that respond to

development needs. Autocratic governments and hybrid regimes, which suppress debate, cannot fulfill this role effectively.

- Democracy is the most effective form of governance for developing human capital, fostering social and political participation that is central to sustainable development.
- Democracy enables people to advocate for their basic needs, including their health and well-being.

While Sweden is a stable democracy, this should not be taken for granted. Democracy is in decline, with a shrinking proportion of the world's population living in democratic systems (Boese et al. 2022). The Russian Federation has directly threatened Swedish democracy and demonstrated its willingness to attack democracies, as seen in Ukraine. We recognize the importance of a credible and effective military in protecting Sweden's democracy and, by extension, its role as a foundation for sustainable development. However, this societal necessity is not equivalent to a requirement that our mutual funds profit from weapons manufacturers given that there are other means available for financing such enterprises.

Weapons undermine sustainable development

The United Nations 2030 Agenda for Sustainable Development prioritizes eliminating poverty and ensuring the resilience of Earth's natural systems. Achieving these goals requires a safe physical environment, which weapons actively undermine in two ways:

- **Immediate degradation of capital:** Weapons cause direct harm to human, physical, and natural capital. This includes death and injury, destruction of infrastructure and agricultural assets, and environmental damage.
- **Long-term access denial:** Weapons create long-term barriers to accessing land, infrastructure, and essential services. This results in a decline in financial, social, and natural capital over time, limiting access to markets, schools, healthcare, and agricultural land. This leads to economic and social marginalization, perpetuating cycles of poverty and food insecurity. Explosive remnants of war such as landmines can deny access for years after conflicts conclude.

These consequences are fundamentally opposed to sustainable development goals.

Our position

Weapons can cause significant adverse impacts on human rights, health and sustainable development, both during and after armed conflict. Their use can result in death and injury, displacement, destruction of essential infrastructure and disruption of access to healthcare and other basic services. Given these adverse impacts and their relevance to HealthInvest's focus on health and sustainable development, we apply exclusion criteria for controversial and conventional weapons.

Mapping weapons to SDG 3

SDG Target	SDG Indicator	Comment
3.1 Reduce the global maternal mortality ratio to less than 70 per 100,000 live births	3.1.1 Maternal mortality ratio	Armed conflict increases maternal mortality rates by undermining economies both locally and nationally, and by destroying infrastructure including health centers, hospitals, and roads (Kotsadam and Østby 2019). This effect holds both at the local and national scales (Kotsadam and Østby 2019; Urdal and Che 2013).
	3.1.2 Proportion of births attended by skilled health personnel	Women who live in locations near armed conflict have a lower probability of giving birth in a healthcare facility. Conflict displaces people from their homes, eroding social institutions and making it harder for certain groups to make use of the health system (Østby et al. 2018).
3.2 End preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	3.2.1 Under-five mortality rate	Under-five mortality rate is higher in regions with armed conflict than regions without conflict due to increased exposure to malnutrition, injury and disability, and acute and infectious illness (Bendavid et al. 2021).
	3.2.2 Neonatal mortality rate	Infant mortality is higher in areas with armed conflict than in areas without conflict for a variety of reasons including increased exposure to malnutrition, and acute and infectious illness (Wagner et al. 2018).

SDG Target	SDG Indicator	Comment
3.3 End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases	3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations	Armed conflict increases new HIV infections by disrupting care, changing risk behaviors, and through the use of sexual violence as a weapon (Bisimwa et al. 2024; Daw et al. 2022; Friedman et al. 2023). This occurs locally but also spills over outside the conflict zone with the movement of refugees.
	3.3.2 Tuberculosis incidence per 100,000 population	Armed conflict increases new TB infections by disrupting care and changing risk factors (Dahl et al. 2022; Friedman et al. 2023; Holt 2022). This occurs locally but also spills over outside the conflict zone with the movement of refugees.
	3.3.4 Hepatitis B incidence per 100,000 population	Armed conflict increases hepatitis B infections due to increased poverty, use of sexual violence, medical deprivation, and breakdown of social structures which facilitates transmission (Bisimwa et al. 2024; Marou et al. 2024).
	3.3.5 Number of people requiring interventions against neglected tropical diseases	Researchers believe that conflict increases the number of people burdened by neglected tropical diseases for the same reasons as other infectious diseases (see above), although the general lack of data (they are “neglected” diseases) means that empirical evidence remains weak (Du et al. 2018).
3.4 Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	While data is scarce due to the difficulties of conducting studies during and after conflicts, armed conflict is believed to increase cardiovascular mortality rate through changes in risk factors (smoking, hypertension, alcohol consumption), and reduced access to healthcare (Allen et al. 2022; Garry and Checchi 2019).
3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	3.5.2 Alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol	There is some evidence of increased alcohol use during and after conflict, although the quality of evidence is weak compared to other connections in this mapping (Bruffaerts et al. 2024; Kelsall et al. 2015; Roberts and Ezard 2015).
3.7 Ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	Family planning services rely on a robust network of supplies, communication, and qualified personnel. Disruptions to this network by violent conflict impair both the capacity and quality of service (Nsashiyi et al. 2024).

SDG Target	SDG Indicator	Comment
3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	3.8.1 Coverage of essential health services	Achieving universal health coverage requires a strong, well-resourced, and functional health system that delivers good quality care at all levels. Violent conflict destroys such systems. Health coverage rates are lowest in conflict-affected countries (Dafallah et al. 2023; Khogali and Homeida 2023; Olu et al. 2024).
	3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income	During and after conflict, financial access deteriorates as a result of a combination of the impact of conflict on livelihoods and incomes, the collapse of the financial protection function of the health system, and an increasing reliance on user fees in response to inadequate government health budgets (Witter 2012).
3.9 Substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	3.9.1 Mortality rate attributed to household and ambient air pollution	There is clear evidence that weapons and destruction caused by weapons increase harmful air pollution (Hopke 2009; Skalny et al. 2021; Zalakeviciute et al. 2022). However, there has been little research seeking to tie this to mortality rates.
	3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)	Diarrheal diseases caused by lack of clean water and sanitation take more children's lives in countries with protracted armed conflicts than the violence itself (Kayembe et al. 2023; UNICEF 2019).
3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all	3.b.1 Proportion of the target population covered by all vaccines included in their national programme	Armed conflict disrupts vaccine coverage including through threats to cold chains, transportation, and storage (Grundy and Biggs 2019).
	3.b.2 Total net official development assistance to medical research and basic health sectors	Countries with armed conflicts receive less official development assistance than countries without conflict (Patel et al. 2009).
	3.b.3 Health product access index	Health facilities in conflict areas often do not have essential medicines available due to destruction and looting of facilities, diversion for military use, and insecure supply chains, among other factors (Ibrahim et al. 2021).

SDG Target	SDG Indicator	Comment
3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	3.c.1 Health worker density and distribution	Healthcare workers are often displaced from conflict zones, and many are specifically targeted with violence by armed combatants (Fardousi et al. 2019; Rubenstein and Bittle 2010).
3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness	Early warning systems still operate in many conflict areas due to the remarkable dedication of healthcare providers, but typically at a greatly reduced capacity due to fragmented governance, destruction of healthcare facilities, and targeting of healthcare professionals (Ismail et al. 2016).
	3.d.2 Percentage of bloodstream infections due to selected antimicrobial-resistant organisms	A systematic review of research studies found that armed conflict leads to a large pool of multidrug-resistant infections that could potentially spread, especially if infection control at healthcare facilities is compromised by the conflict (Granata et al. 2024).

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