

## **Global Health and Peace Initiative (GHPI)**

### **Roadmap as Noted by the Seventy-sixth World Health Assembly (WHA76)**

Fifth Draft of the Roadmap

25 May 2023

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## 1. INTRODUCTION

This section provides some background information on the Global Health and Peace Initiative and the present Roadmap.

### 1.1 Purpose of the Roadmap

1. The primary purpose of the Roadmap is to provide a framework for the Global Health and Peace Initiative at global level. It defines concepts, establishes principles, and sets strategic objectives associated with the Initiative, and maps initial operational priorities. It also describes the “Health and Peace approach” to programming, which is the core concept underpinning the Global Health and Peace Initiative. As such, this Roadmap is intended to be both a strategic and an operational document. It offers a framework for WHO to institutionalize and operationalize the Global Health and Peace Initiative within its own programming and according to its mandate.
2. The Roadmap mainly relates to the role of the WHO Secretariat in the Global Health and Peace Initiative. It focuses on setting global level actions and priorities, while also foreseeing more localized planning in a subsequent phase.
3. A second purpose of the Roadmap is to articulate the possible contribution that other actors can make in the Global Health and Peace Initiative, including Member States, other UN agencies and non-State actors, if they choose to do so, and depending upon national context. This Roadmap therefore offers a framework that Member States, other UN agencies and non-State actors may choose to utilize in their own programming. As per WHO’s Framework of engagement with non-State actors, “non-State actors” refers to nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions.<sup>1</sup>
4. A third purpose of this document is to provide a tool to identify and to support mobilizing resources for WHO and interested actors, if they choose to do so, to pursue the actions and objectives set out in this document.

### 1.2 Origins and Overview of the Global Health and Peace Initiative

5. The Global Health and Peace Initiative was launched in November 2019 by Oman and Switzerland following a multilateral consultation in Geneva attended by more than 50 representatives of 24 countries and partners.
6. In May 2022, the Seventy-fifth World Health Assembly took note of a report by the Director-General (DG) (document EB150/20)<sup>2</sup> and adopted decision WHA75(24), which requested that WHO develop, in full consultation with Member States and Observers, and in full collaboration with other organizations of the United Nations system and relevant non-State actors in official relations with WHO, a Roadmap, if any, for the Global Health and Peace Initiative for consideration by the Seventy-sixth World Health Assembly through the 152nd session of the Executive Board.<sup>3</sup>

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<sup>1</sup> For more information, see page 6: [https://apps.who.int/gb/ebwha/pdf\\_files/wha69/a69\\_r10-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/wha69/a69_r10-en.pdf)

<sup>2</sup> Documents A75/10 Rev.1 and EB150/20

<sup>3</sup> Decision WHA75(24)

7. The DG report to the Executive Board (EB150/20) also suggested to focus further work on the following six workstreams for the Global Health and Peace Initiative:
  - a. Evidence generation through research and analysis;
  - b. Development of a strategic framework;
  - c. Advocacy and awareness-raising;
  - d. Capacity-building;
  - e. Mainstreaming of the Health and Peace approach; and
  - f. Partnership development.

### **1.3 Justification for the Global Health and Peace Initiative**

8. The Global Health and Peace Initiative was developed as a means to better address the underlying drivers of critical health needs in fragile, conflict-affected and vulnerable settings,<sup>4</sup> since roughly 80% of WHO’s humanitarian caseload, as well as 70% of disease outbreaks that WHO responds to, take place in such settings.<sup>5</sup>
9. The health of people living in fragile, conflict-affected and vulnerable settings is negatively affected by social determinants of health which aggravate existing inequalities and vulnerabilities. Addressing those factors is critical for achieving positive health outcomes globally.
10. In addition, the Global Health and Peace Initiative reflects the commitment of WHO and Member States to contribute to health, peace, and well-being for all people, pursuant to the 2030 Agenda for Sustainable Development and its Sustainable Development Goals, which emphasize that there can be no sustainable development without peace and no peace without sustainable development, and promote the need to build just, peaceful and inclusive societies to ensure the well-being of all. By addressing universal health coverage and the social determinants of health, the Initiative also aligns with the objectives of ‘Our Common Agenda,’ the 2021 report of the UN Secretary General.

### **1.4 WHO’s mandate and the Global Health and Peace Initiative**

11. The Global Health and Peace Initiative is grounded in WHO’s foundational documents. The WHO Constitution recognizes that “the health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States,” while resolution WHA34.38 (1981) highlights the health sector’s role in promoting “peace as the most significant factor for the attainment of health for all”.<sup>6</sup>

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<sup>4</sup> WHO considers that ‘fragile, conflict-affected and vulnerable (FCV) settings’ a broad term describing a range of situations including humanitarian crises, protracted emergencies and armed conflicts. In these settings, delivery of quality health services faces significant challenges, including disruption of routine health service organization and delivery systems, increased health needs, complex and unpredictable resourcing issues, and/or vulnerability to multiple public health crises.

<sup>5</sup> WHO Health Emergencies Programme. Annual Report 2018 - WHO's work in emergencies: prepare, Prevent, detect and respond. Geneva: World Health Organization; 2019

<sup>6</sup> Resolution WHA34.38. The role of physicians and other health workers in the preservation and promotion of peace as the most significant factor for the attainment of health for all. In: Thirty-fourth World Health Assembly, Geneva, 4–22 May 1981, Resolutions and decisions, annexes. Geneva: World Health Organization; 1981 (WHA34/1981/REC/1, <https://apps.who.int/iris/handle/10665/155679>, accessed 19 October 2021).

12. The Global Health and Peace Initiative aligns with WHO's work under the 13th General Program of Work (2019-2025). It is expected to help WHO achieve the Triple Billion targets which foresee 1 billion more people with access to universal health coverage; 1 billion more people better protected during health emergencies; and 1 billion more people enjoying an increase in health and wellbeing.
13. The Global Health and Peace Initiative builds on past WHO health programming in conflict settings, such as its 'Health as a Bridge for Peace' projects in the 1980s and 1990s. It also recognizes and builds on WHO's existing and ongoing contributions to peace through its core work, such as equitable access to health-care services, strengthening of health systems, and the expansion of universal health coverage.
14. The Seventy-fifth session of the World Health Assembly (in May 2022) focused on the theme of 'Health for Peace, Peace for Health'. The WHO Director General noted that peace is a pre-requisite for health, and that universal health coverage can contribute to peace by delivering services equitably, thereby addressing exclusion or resentment that may fuel conflict. The World Health Assembly's recognition of this theme affirmed the relevance of the Global Health and Peace Initiative for improved health outcomes globally.
15. The Global Health and Peace Initiative draws on WHO's comparative advantage<sup>7</sup>. WHO is well placed to lead the Global Health and Peace Initiative given its unique functions as set in the WHO Constitution.
16. The Global Health and Peace Initiative allows WHO to meaningfully contribute to the United Nations system's priority of working across the security, development and human rights pillars in coordination, collaboration and complementarity with other relevant UN agencies and regional organizations.
17. The mandate of WHO is primarily to promote and respect the right to health before any other priorities and is at the heart of the Global Health and Peace initiative.

## 1.5 Developing the Roadmap

18. In May 2022, the Seventy-fifth World Health Assembly took note of a report by the Director-General (DG)<sup>8</sup> and adopted decision WHA75(24), which requested the Director-General to consult with Member States and Observers on the implementation of the proposed ways forward contained in document EB150/20 on the Global Health and Peace Initiative, and to then develop - in full consultation with Member States and Observers, and in full collaboration with other organizations of the United Nations system and relevant non-State actors in official relations with WHO, a Roadmap, if any, for the Global Health and Peace Initiative for consideration by the Seventy-sixth World Health Assembly through the 152nd session of the Executive Board.<sup>9</sup>
19. As requested in Decision WHA75(24), the Roadmap has been informed by a multi-stakeholder consultation process, in various phases. First, in August 2022, WHO sought input from Member

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<sup>7</sup> World Health Organization, *Health and Peace Initiative* (2020).

<sup>8</sup> Documents A75/10 Rev.1 and EB150/20

<sup>9</sup> Decision WHA75(24)

States<sup>10</sup> and Observers<sup>11</sup> on the implementation of the “proposed ways forward” contained in document EB150/20. WHO utilized the input received from Member States and Observers to produce a first draft version of the Roadmap.

20. The first draft version of the Roadmap was circulated amongst Member States and Observers for their review and written inputs in September 2022. WHO also held a virtual consultation with Member States and Observers to present the first draft Roadmap and solicit feedback on 22 September 2022. WHO’s headquarters also issued a report to the 2022 Regional Committees to invite comment on the draft Roadmap.
21. Inputs received from Member States and Observers were utilized to produce a second draft version of the Roadmap which was submitted to, and discussed by Member States and Observers at the 152<sup>nd</sup> session of WHO’s Executive Board meeting in February 2023.
22. Based on comments made by Member States and Observers during the 152<sup>nd</sup> Executive Board meeting, WHO’s Secretariat prepared a third draft version of the Roadmap. Further consultations with Member States, Observers, UN agencies, Inter-Governmental Organizations and non-State actors took place on the third draft version of the Roadmap in March 2023.
23. The feedback received during that last round of consultations was used to develop the fourth version of the Roadmap. Following further consultations among Member States, this fifth and final version of the Roadmap was developed for the consideration of the Seventy-sixth session of the World Health Assembly in May 2023.
24. In view of WHA75(24) and based on Member States’ inputs during the consultations on this Roadmap, it appeared redundant to develop both a “global strategy” and a “Roadmap” for the Initiative. The present Roadmap is meant to provide a global framework for the Initiative at both strategic and policy level, for implementation by the WHO Secretariat team at Headquarters supporting the Global Health and Peace Initiative, working in collaboration with Regional offices, Country offices and Member states, as and where relevant and possible.

## **2. WHAT IS THE GLOBAL HEALTH AND PEACE INITIATIVE?**

### **2.1 Conceptual overview**

25. The Global Health and Peace Initiative recognizes and seeks to strengthen the links between health and peace where possible without compromising health outcomes and without endangering health providers. Specifically, the aim of the Initiative is to strengthen the role of WHO and the health sector as contributors to improving the prospects for peace – for example, by strengthening social cohesion, dialogue, or resilience to the impact of armed conflict or violence while empowering communities, in the framework of WHO’s mandate and under national ownership.
26. Although the Initiative seeks to strengthen the links between health and peace, in fact health

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<sup>10</sup> And, where applicable, regional economic integration organizations.

<sup>11</sup> As described in paragraph 3 of document EB146/43

outcomes will always have priority when WHO plans activities within the Global Health and Peace Initiative. Furthermore, WHO's contribution to improving the prospects for peace will always be based on its technical competencies, added value and comparative advantage in health protecting and guaranteeing the capacity of health workers working in a neutral medical environment. And it will be based on a recognition that peace is multifaceted and that health is one among many areas of people's lives – including livelihoods, education, family, and community – which may contribute to or damage the prospects for peace.

27. The Global Health and Peace Initiative pursues its aim by promoting and designing health programs that are sensitive to peace and conflict dynamics and, where appropriate, that seek to contribute to improving the prospects for peace – in collaboration with national and international stakeholders and under the leadership of national health authorities. This two-pronged approach, known as the 'Health and Peace' approach, is discussed in detail in the next section.
28. The Global Health and Peace Initiative mainly refers to, and seeks to contribute to 'positive peace', which relates to the attitudes, institutions and structures that create and sustain peaceful societies (rather than simply the absence of conflict or violence, known as 'negative peace'). That is to say, the Initiative focuses on how health activities can be designed and implemented in a way that better contributes to outcomes such as increased social cohesion and trust, decreased exclusion and marginalization, and improved resilience to the impact of armed conflict and the effects of all forms of violence. The Global Health and Peace Initiative does not intend to focus on political peace processes or negotiations.
29. People in vulnerable situations are often disproportionately affected by emergencies and, in some settings, the already fragile health system exacerbates these impacts. Resilience is the ability of individuals and communities to recover efficiently from negative events, hazards, and serious threats and maintain good health and wellbeing outcomes despite those events. Building more resilient health systems and supporting a community or society to become more resilient could play a key role in preventing conflict or conflict repetition, by mitigating the impact of negative events, reducing grievances, and strengthening the ability of communities to work together to recover from a negative event. As such, building resilience to the impact of armed conflict and all forms of violence is a key outcome of Health and Peace programming.
30. As such, the Global Health and Peace Initiative focuses on fragile, conflict-affected and vulnerable settings but is also relevant in any setting where social cohesion, resilience, or trust need to be built, sustained, or strengthened upon the request and acceptance of Governments. As the COVID-19 pandemic demonstrated, poor social cohesion or low levels of trust can undermine positive health outcomes and universal health coverage.

## **2.2 The Health and Peace Approach**

31. This section elaborates on the Health and Peace approach, which is the conceptual foundation of the Global Health and Peace Initiative.
32. As briefly mentioned in the above section, the Health and Peace approach is made up of two components:
  - a. Ensure that health programs are "peace and conflict sensitive". This means they are designed

- and implemented in a way that proactively seeks to mitigate the risks of inadvertently exacerbating social tensions, contributing to conflict, or undermining factors of social cohesion in a given society or community (also known as ‘do no harm’ principle).
- b. Where the context, capacities and risks allow, design and implement health programs that are “peace responsive”<sup>12</sup> – meaning, that seek to improve the prospects for peace by, for example, strengthening social cohesion, equity, inclusivity, dialogue, or community resilience to the impact of armed conflict or all forms of violence.
33. Both components of the Health and Peace approach require a risk and impact analysis/understanding of the context; the structures, practices and behaviors that contribute to peace and conflict respectively; and the way that health programming interacts with them.
  34. The first component of this approach, (a) peace and conflict sensitivity, is the core requirement of the Global Health and Peace Initiative and applies in all settings to all programming. Health programs must always be peace and conflict sensitive in order to avoid unintentionally exacerbating or generating new grievances, contributing to social tension, sustaining non-inclusive practices, or otherwise causing harm to the structures or behaviors that support peace at the community level.
  35. Health staff who implement or manage health programming have the duty to provide care to any patients in a neutral and impartial way based on medical ethics and humanitarian principles related to international humanitarian law. However, having in addition a robust understanding of the context as well as the dynamics that contribute to peace and conflict at the local level could enable them to better identify and navigate complex community dynamics including issues of marginalization and exclusion, or perceptions of bias.
  36. Analysis of the local context and peace and conflict dynamics by health policy makers can also help health workers in the field to identify and address some of the underlying factors that could generate mistrust, fear, anger and in some cases poor community acceptance towards health providers at local level, which can undermine universal health coverage and, in some cases, put health workers and resources at risk of being attacked. If health programs are conflict sensitive and engage communities in the design, delivery and/or implementation of health-care services, it may help to enhance community acceptance and ownership of health services. This may in turn contribute to proactive protection of health resources by communities, which could lead to safe access to health-care services for those who need it.
  37. Although the idea of conflict sensitivity and the principle of ‘do no harm’ are not new, the Global Health and Peace Initiative aims to strengthen and systematize their application, including by seeking to increase knowledge and resources to consistently and effectively integrate conflict sensitivity into health programming. In doing so, it will draw on existing guidelines and recourses that already contribute to the “do no harm” approach at individual and community levels, such as

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<sup>12</sup> There are different ways to conceptualize conflict sensitivity. Some models consider that conflict sensitivity entails both (1) ‘do no harm’ (that is, avoiding exacerbating drivers of conflict) – which is the original (and most commonly implemented) definition of “conflict-sensitivity”; and (2) positively influencing peace (that is, strengthening the drivers of peace). However, since these two goals require different actions and entail different risks, we have separated them in the Health and Peace approach and recognized two distinct concepts: (1) conflict sensitivity, which is limited to ‘do no harm’ – and which the approach promotes on a systematic basis; and (2) peace responsiveness, which seeks to contribute to improving the prospects for peace, and which the Health and Peace approach promotes only “where appropriate”, as described in this roadmap.

preventing sexual exploitation and abuse, and accountability to affected populations. These guidelines will ensure that understanding, knowledge and practice of medical ethics and legal frameworks that govern conflict settings, such as international humanitarian law, should be part of any efforts to build capacities. They should also take into account existing guidelines and strategies addressing this concern (i.e. WHO’s Emergency Medical Teams (EMT) “Red Book”, attacks against health).

38. The second component of the Health and Peace approach, (b) peace responsive programming<sup>13</sup>, must be strictly tailored to the context and is not meant to be pursued on a systematic basis. WHO country offices, in consultation with national Ministries of Health, should consider on a case-by-case basis whether there is an opportunity to integrate contributions to improving the prospects for peace into the design of health programming, and then apply the Health and Peace approach as outlined in this Roadmap. Peace responsive programming will only be pursued when the environment, capacities, risks (including staff safety; any risk of politicization of health; etc.) and WHO’s comparative advantage allow, and, where possible, in consultation with local communities. It will often be appropriate to collaborate, or at a minimum coordinate with other national or international actors that possess complementary expertise, while ensuring national leadership.
39. Peace-responsive health programming can work across different levels:
  - a. With community members, to address social cohesion, trust, and resilience;
  - b. With prominent and/or influential members of a society, to contribute to addressing social tension, marginalization, or rumors;
  - c. With political leaders, working on inclusive and equitable health policies; health dialogue and diplomacy.
40. The contributions of peace responsive health programming will vary widely, based on context. The following examples offer possible peace responsive activities which may improve the prospects for peace, realizing that activities are highly context specific and what is feasible in one location may not be feasible in another. Health and Peace programming may intend to:
  - a. Reinforce social cohesion between and within communities through participatory and inclusive health governance. This may involve using health governance as an entry point for dialogue, through which grievances related to exclusion or discrimination can be identified. Partner organizations could likely facilitate dialogue sessions while WHO, national health authorities and/or health workers would benefit from the findings to make their programs or behavior more inclusive and equitable.
  - b. Promote the protection of health-care services and health workers.
  - c. Contribute to reducing or preventing community violence, by designing health activities for groups at risk of violence This may involve community health work; building infrastructure; disease surveillance, etc.

### **2.3 Principles of the Health and Peace approach**

41. The Global Health and Peace Initiative must be implemented with full respect of principles set forth in the UN Charter.

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<sup>13</sup> Peace responsive programming is sometimes referred to as peace-positive programming, indicating its intention to have a positive influence on improving the prospects for peace.

42. The Health and Peace approach and more specifically, peace-responsive programming upholds principles that are relevant to both the success of health programs and improving the prospects for peace, namely: context specificity, national leadership, participation, equity, inclusiveness. In addition, all WHO programming will remain consistent with applicable standards, principles, and policies, which may include, without limitation, medical ethics, humanitarian principles (in concerned settings), relevant international legal standards, and WHO internal policies.
43. **National leadership:** Health and Peace programming must be led at national level – from national authorities down to the community level – including setting priorities, addressing local conflicts, or linking communities with different levels of government. This includes developing programming in close consultation with national actors and taking steps to support States with the technical, human, and financial resources required so that they can own and lead the implementation of this Initiative at country level, if they wish to do so. While national leadership is a key principle of this Initiative, participatory design of programs (that is, involving local communities) is equally as important.
44. **Medical ethics and humanitarian principles:** In addition, all health programming and the behavior and obligations of medical staff should remain consistent with medical ethics, and existing WHO guidance and standards on the subject of medical ethics remains imperative (e. g. WHO’s Emergency Medical Teams (EMT) “Red Book”).<sup>14</sup> Health programming in humanitarian settings should uphold the humanitarian principles of humanity, impartiality, neutrality and independence, as well as international legal standards. Promoting improved conflict sensitivity in health programming should reinforce the ability of health workers (as well as program management staff) to work with impartiality (without discrimination and according to greatest medical need) and neutrality (without taking sides) as they will have a greater understanding of the context and peace and conflict dynamics at the local level.
45. **Context specificity:** A fundamental principle of the Initiative is that Health and Peace programming will look different in different settings, based on each specific health setting and social, economic, and cultural context. Based on this, WHO country offices are best positioned to advise on the most suitable approach to be adopted, upon request and in discussion with national governments. Notably, intentionally seeking to improve the prospects for peace is not meant to be done automatically or in all settings. This is to be assessed and decided at country level (as described in the sub-section on the Health and Peace approach of this Roadmap).
46. **Participation:** participation means promoting and supporting the engagement and participation of diverse parts of the population and incorporating their perspectives and experiences in plans, programs and monitoring. Community participation is a positive tool for bringing about improvements in public services and can help to empower communities as contributors to more inclusive institutions. In addition, an important facet of conflict sensitivity (and peace responsiveness) is genuinely engaging with the local population to enable them to influence the type, delivery and quality of assistance or services they receive, and to understand how they perceive and interact with health programming. Participation includes meaningful engagement of all groups,

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<sup>14</sup> World Health Organization, *A guidance document for medical teams responding to health emergencies in armed conflicts and other insecure environments*. Available at: <https://www.who.int/publications-detail-redirect/9789240029354#:~:text=This%20publication%2C%20also%20referred%20to,conflict%20and%20other%20insecure%20environments>.

including youth and women.

47. **Equity and inclusiveness:** Participation of all people, without discrimination,<sup>15</sup> must be ensured. Equitable access to and inclusiveness of health-care services is vital for universal health coverage and central to preventing conflict and sustaining peace. Societies that have highly unequal access to rights and services are far more likely to lapse into violent conflict.<sup>16</sup>

## 2.4 Different roles and ways of working

48. Collaboration and coordination are critical to the successful implementation of the Health and Peace approach to programming. National governments, other UN entities, and non-State actors can play a key role in the Global Health and Peace Initiative in general, and particularly in operationalizing the Health and Peace approach to programming, should they choose to do so, and depending on context.
49. Collaboration and coordination are particularly important given that WHO works within the parameters of its mandate and comparative advantage, and there will be times when Health and Peace programming will benefit from the comparative advantage of other UN agencies or non-State actors that have developed expertise in areas specific to peace responsive programming.
50. Health and Peace programming in general must be designed at national and local level and adapted strictly to the context. National authorities will have different preferences regarding the scope and substance of Health and Peace programming, and different forms of collaboration can be set up in different settings. In addition, being conflict sensitive means that WHO may play a certain type of support role or implement certain types of programming in one setting but not in another.
51. However, while precise roles at country level cannot be prescribed nor be the same from one setting to the other, in order to create a clearer picture of what Health and Peace programming may look like in practice, this section sketches the different type of roles that actors may play, should they choose to do so. This list is not exhaustive or prescriptive: that is, entities may play different roles depending upon the context and on the preferences of the various stakeholders starting with national authorities and the WHO country office.
52. The WHO Secretariat team at Headquarters supporting the Global Health and Peace Initiative will work in close collaboration with regional offices and takes the lead on global research and evaluation/learning efforts; global advocacy and awareness-raising efforts related to the Global Health and Peace Initiative; the provision of *ad hoc* technical support to regional or country offices; mainstreaming of the Health and Peace approach throughout WHO, meaning that it will provide technical support to all levels of WHO to systematically incorporate principles associated with conflict sensitivity and, where appropriate, peace responsiveness into program design and implementation; and partnership development at global level.

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<sup>15</sup> In WHO's 13<sup>th</sup> Program of Work, "WHO commits, at all levels of engagement, to the implementation of gender equality, equity and rights-based approaches to health that enhance participation, build resilience, and empower communities. WHO commits to gender mainstreaming including not only sex-disaggregated data, but also bringing a gender lens to needs analysis and program design." (p. 35)

<sup>16</sup> United Nations and World Bank, *Pathways for Peace: Inclusive Approaches for Preventing Violent Conflict* (Washington DC: World Bank, 2018).

53. Regional offices will play a key role in feeding into, and influencing WHO's headquarters work at global level by shaping the various workstreams of the GHPI to their respective regional context. They could also play a leadership role in developing action plans at regional level for carrying out the Global Health and Peace Initiative in their region, working in close collaboration with Member states and WHO country offices.
54. The responsibility to integrate conflict sensitivity into all programming, as well as the decision to engage in peace responsive programming or not, and responsibility for designing, implementing, monitoring and evaluating peace responsive health programs will sit at country level. Specific roles at country level will depend on the context and the type of setting, the existing working relationship between WHO and each government, and the preferences or priorities of each government. In some settings, ministries of health may take the lead in designing and implementing health and peace programs, with the support and in coordination with the WHO country offices. In other settings, national authorities may prefer only to facilitate the work of the WHO country office in designing and implementing conflict sensitive health programs and, if they find relevant, peace-responsive health programs. Health ministries will play a key role in developing action plans at country or regional level if they wish to do so, with the support of WHO regional and country offices. These action plans could identify operational priorities and resource requirements for carrying out the Global Health and Peace Initiative and could articulate the different roles that actors are to play in that country/region. If health ministries do not see the need for the GHPI in their context, they may decide not to engage on it in their country.
55. WHO country offices, if present, are available to provide technical and other support, if requested, to national ministries of health, or to take the lead towards the mainstreaming of the Health and Peace approach.
56. Other UN agencies and Non-State Actors may choose to collaborate or coordinate with WHO on Health and Peace programming, as outlined in the section on Workstream 6 on partnership development. Engaging with the system-wide coordination mechanisms in place at country level (e. g. Humanitarian Country Teams, UN Country Teams, the Resident Coordinator's Office and/or UN Mission), national authorities and CSO platforms is key to facilitating collaboration and/or coordination with the different stakeholders across the humanitarian, development and peace sectors. In humanitarian contexts, close engagement with the Cluster system (primarily the Health Cluster) and any health actors involved in the response will be necessary to ensure complementarity with Humanitarian Response Plans.
57. At program implementation level, health workers (including community health workers) involved in health and peace programs are not expected to take on responsibilities outside their existing medical mandate and GHPI programming will always comply with medical ethics. Health workers are not expected to act as peace makers or peace mediators in the GHPI. The Health and Peace approach seeks to contribute to improving the prospects for peace at *programming* or policy level; this means that the delivery of medical activities are expected to only indirectly contribute to improving the prospects for peace (by strengthening equitable access to health-care services, for instance). Health and Peace programming will typically introduce complementary activities alongside medical activities, based on the context and needs (such as dialogue on the inclusivity of health-care services; training of community health workers across conflict lines; or violence

prevention activities linked to MHPSS programming.) The implementation of such activities should mostly rely on dedicated and qualified project staff (whether they belong to a medical/public health entity or another partner organization that have expertise for implementing such activities – the criteria being the actual capacity of implementing those activities). The primary expectation of the GHPI, as far as health workers are concerned (as with any other project staff), is that they will develop the capacity to work with increased peace and conflict-sensitivity.<sup>17</sup>

### 3. IMPLEMENTING THE GLOBAL HEALTH AND PEACE INITIATIVE: WORKSTREAMS AND PRIORITIES

58. This Section addresses the implementation of the Global Health and Peace Initiative across its six workstreams, which are:

- (i) Evidence generation through research and analysis;
- (ii) Development of a strategic framework;
- (iii) Advocacy and awareness-raising;
- (iv) Capacity-building;
- (v) Mainstreaming of the Health and Peace approach; and
- (vi) Partnership development.

59. It identifies policy priorities and objectives for each of the six workstreams over a period of 5 years, and maps key activities. These reflect the priorities identified in Report EB150/20 for 2023-2024, which are listed below:

- a. Updating<sup>18</sup> WHO's global strategy in respect of the Health and Peace approach;
- b. Generating additional evidence on the impact of Health and Peace programming via the development of strong monitoring, evaluation and learning frameworks for such programming;
- c. Developing awareness and capacities to implement the Health and Peace approach through the delivery of training and technical support across the three levels of the Organization;
- d. Engaging with Member States on the Global Health and Peace Initiative through high-level advocacy work, in order to facilitate the mainstreaming of the Health and Peace approach by WHO and Member States into public health policies or programs; and
- e. Sustaining partnership development efforts and working alongside other stakeholders, so as to increase capacities and support for the Global Health and Peace Initiative.

60. The above priorities are mainly intended to enable the mainstreaming of the Health and Peace approach into programs at country level, and into WHO policy and/or guidance documents at the global level, as per Workstream 5 of the GHPI.

61. The objectives and activities identified in this section relate to the work and responsibilities of the WHO Secretariat at global/headquarters level mainly, working in close collaboration with regional offices and country offices. However, the Secretariat will engage with national Ministries of Health,

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<sup>17</sup> This may require at least basic training in conflict sensitive practices and briefing on peace and conflict dynamics in a given context, including for managers and team leaders, who are best-placed to mitigate and monitor the risk of doing harm.

<sup>18</sup> This should read “developing”.

as well as other UN agencies and non-State actors that are willing to contribute to/implement the Global Health and Peace Initiative.

62. The operationalization of the Global Health and Peace Initiative at country level may be tackled in another future document (an “Action Framework for implementation of the Global Health and Peace Initiative at country level”) that will be based on the Roadmap and that Member States can adapt to their context through national action plans (see Workstream 2).

### 3.1 Workstream #1: Evidence generation through research and analysis

63. **Strategic objective:** WHO will generate evidence by analyzing how health programming has contributed to peace, and by monitoring and evaluating WHO’s Health and Peace programming.
64. This workstream will inform all other workstreams, especially #5 (mainstreaming of the Health and Peace approach), since it will provide a stronger evidence base to design, implement, and evaluate Health and Peace programming.

<b>Policy Priority</b>	<b>Within 5 years, WHO will have worked to:</b>
<b>Improve measurement of the Health and Peace approach</b>	Identify evidence-based indicators of contributions to improving the prospects for peace, such as increased trust and social cohesion, and lead on efforts to develop consistent and rigorous health and peace indicators. WHO will work towards a global set of indicators, while also recognizing that regional and national variation requires a framework that can be tailored to each specific context.
	Develop a strong monitoring, evaluation and learning framework for Health and Peace programs and provide guidance on how to measure the effectiveness and impact (positive as negative) of Health and Peace activities over the long-term as well as decide when the health and peace approach is relevant or not.
	Establish reliable monitoring and evaluation systems to collect and measure data related to Health and Peace programming.
	Provide technical support to WHO country offices and/or to Member States if requested to strengthen their data collection and analytical capacity.
<b>Produce public knowledge products that contribute to the evidence basis for the Health and Peace approach</b>	Collect and analyze country-level evidence on the impact that Health and Peace programming has had on both peace and health outcomes; the role of health workers; patient access to health-care services and how health programs have contributed to improving the prospects for peace. This should include past experiences as well as instances where health activities may have had negative unintended consequences on conflict dynamics.
	Develop and disseminate a comprehensive compendium of best practices on Health and Peace programming.

	Create an open-access knowledge and learning portal that provides access to knowledge products related to Health and Peace programming, and helps to facilitate exchange of experiences, good practice models, innovations etc.
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### 3.2 Workstream #2: Development of a strategic and operational framework

- 65. **Strategic objective:** Based on the approved Roadmap for the GHPI, WHO will develop an “Action Framework for implementation of the Global Health and Peace Initiative at country level” in consultation with WHO Regional Offices, Country offices with Member States.
- 66. To support the operationalization of the Global Health and Peace Initiative at country level, an Action Framework shall be developed and will provide operational guidance to Member states, WHO country offices and key stakeholders on possible avenues for implementing the Initiative at country level, building upon the concepts and strategic direction set out by the present Roadmap.
- 67. Member States may adapt the guidance provided in that Action Framework to their context, should they decide to do so. Specific Action Plans could then be developed at country (and/or regional office) level.
- 68. The development of Action Plans at country (and/or regional) level should be an essential step for engaging with communities and other relevant local actors on Health and Peace programming. This is a vital component of ensuring that Health and Peace programming is context specific and conflict sensitive.

Policy Priorities	Within 5 years, WHO will have worked to:
<b>Implement the Global Health and Peace Initiative</b>	Implement the Initiative at global level, based on the Roadmap and in collaboration with relevant international, regional, national stakeholders
	Implement the Initiative at country level in collaboration with relevant international, regional, national stakeholders – including by developing an ‘Action Framework for implementation of the Global Health and Peace Initiative’ at country level
	Support the development of specific country and/or regional Plans of Action, if any

### 3.3 Workstream #3: Advocacy and awareness-raising

- 69. **Strategic objective:** WHO will conduct awareness-raising and advocacy activities on the Global Health and Peace Initiative – and particularly the Health and Peace approach – with Member States (including national ministries of health), with donors, within WHO, and with UN agencies and relevant non-State actors in order to encourage understanding of the Initiative, and to mobilize support and collaboration over its implementation. This should draw on the evidence generation workstream.

Policy Priorities	Within 5 years, WHO will have worked to:
<b>Raise awareness on the Health and Peace approach</b>	Identify advocacy and awareness-raising priorities and develop key messages, drawing on the evidence generation workstream.
	Use policy dialogue and advocacy to mobilize awareness of and support for Health and Peace programming amongst external networks and partnerships, including national health ministries, UN agencies, international and national partners, and community-based organizations and networks.
	Include a ‘learning loop’ on advocacy efforts to strengthen the approach over Time.
<b>Advocate for the application of peace- and conflict-sensitivity and, when appropriate, peace responsiveness in health programming</b>	Produce advocacy and awareness materials that can be a resource for WHO and Member States to support/promote conflict sensitive and peace responsive health programming.
	Advocate for evidence-based programming that aim to contribute to improving the prospects for peace through public health programming, for example, by strengthening social cohesion, reducing marginalization, or addressing underlying drivers of conflict or social tension where appropriate.
	Utilize partnerships with communities of practice such as academic institutions to jointly advocate for the application of the Health and Peace approach.

### 3.4 Workstream #4: Capacity-building

70. **Strategic objective:** WHO will equip its staff and where requested, the health-systems it supports with the capacities, behaviors, and attitudes required to design and implement peace- and conflict-sensitive health programming and peace responsive health programming, subject to the availability of resources. A focus will be on empowering health workers through the effective and principled application of medical ethics, including building understanding of medical impartiality and medical neutrality, to better navigate ethical dilemmas and challenges faced in fragile, conflict-affected and vulnerable settings and avoid undue exposure to becoming a direct target of attack.

71. WHO will prepare capacity-building materials and make these resources and training opportunities available to the WHO Secretariat staff, as well as to external stakeholders such as national ministries of health, UN organizations or CSOs that would like to consider contributing to Health and Peace programming. Training modules should be tailored to different levels of responsibilities and roles (from decision makers and program managers to implementing teams).<sup>19</sup>

Policy Priorities	Within 5 years, WHO will have worked to:
	Develop a Handbook and training materials to develop specific skills required to design, implement, monitor and evaluate Health and Peace programs.

<sup>19</sup> Training should also consider staff workload (including health workers’) and other training requirements, while building on existing resources.

<b>Ensure that WHO staff at different levels are equipped to provide peace- and conflict-sensitive health services</b>	Where possible, adapt existing technical support and training to incorporate principles of the Health and Peace approach and skills such as peace- and conflict-sensitivity.
	Deliver training courses on Health and Peace programming to targeted WHO staff and partner staff involved, based on roles and needs.
<b>Support Member States to increase their capacity to carry out Health and Peace programming where requested</b>	Share upon request training materials and offer training support to national health ministries and other national actors involved in the provision of health services <sup>20</sup> .
	Provide as appropriate, upon request, technical support or capacity-building activities to strengthen national health ministries' ability to develop Health and Peace programs and policies, where relevant.

### 3.5 Workstream #5: Mainstreaming of the Health and Peace approach

72. **Strategic objective:** WHO will aim to systematically incorporate peace- and conflict-sensitivity into its policy and programming work, and, where and when possible, principles associated with peace-responsive programming, working in collaboration and coordination with the relevant national and international stakeholders.
73. This Workstream is pivotal in the pursue of the Initiative's aim of strengthening the role of the health sector and WHO in contributing to peace. It is the primary workstream under which the Global Health and Peace Initiative will be operationalized in WHO's work.
74. The mainstreaming of the Health and Peace approach can be done at different levels in the organization's work: into WHO policy and/or guidance documents at the global level; and into programs at regional or country level, if and where deemed appropriate by the concerned countries.
75. "Mainstreaming peace- and conflict-sensitivity" means that WHO and relevant stakeholders, when designing and implementing health programs or activities in a fragile or conflict-affected area, or where social cohesion or trust need to be strengthened, must proactively seek to mitigate the risks of inadvertently weakening factors of peace, contributing to conflict or exacerbating social tensions ('do no harm' principle).
76. "Mainstreaming peace responsiveness" means that WHO and relevant stakeholders, when designing and implementing health programs or activities in fragile or conflict-affected areas, or where social cohesion or trust need to be strengthened, should consider whether it is feasible and appropriate to contribute to improve the prospects for peace (for example, by strengthening social cohesion, trust and dialogue, community empowerment to cope with conflict and social tension, for instance). For improved impact, the targeted contributions should be part of, or aligned with broader efforts in the concerned setting and be identified in collaboration with other stakeholders.

<sup>20</sup> Training for health workers may include how to apply peace and conflict sensitivity in a given context, in conjunction with medical ethics and, where relevant, humanitarian principles.

Policy Priorities	Within 5 years, WHO will have worked to:
<b>Systematically incorporate peace and conflict-sensitivity to WHO program design and implementation</b>	Expand WHO’s toolkit for monitoring, evaluation and assessment to include methods tailored to the Health and Peace approach, and specifically to track the application of conflict sensitivity.
	Integrate deeper context analysis and conflict sensitivity into all program design and implementation in fragile and conflict-affected countries
<b>Systematically consider the appropriateness of peace responsiveness in WHO programming and integrate it where possible, in consultation with national and international stakeholders.</b>	Develop criteria to identify and prioritize settings where peace responsive programming can be implemented.
	Support under national ownership the integration of peace responsive programming into relevant country workplans (“where appropriate”), working in close partnership with national health ministries.
	The Secretariat upon the request and acceptance of Governments will conduct mission visits or provide remote support to WHO country offices to provide technical guidance on Health and Peace programming at the conceptual, design, fundraising, implementation, and monitoring & evaluation stages
<b>Achieve national leadership and local ownership of the Health and Peace approach</b>	Encourage and support national leadership of Health and Peace programming at country level. This may include Member States chairing relevant meetings, hosting events, documenting their country experiences; community organizations leading program design; etc.

### 3.6 Workstream #6: Partnership development

77. **Strategic objective:** In order to strengthen the effectiveness of the Global Health and Peace Initiative, WHO will establish, strengthen, and/or expand collaboration within WHO and with external actors that are willing to engage in Health and Peace programming, including other UN agencies, national and local health actors, and other international organizations, in all cases pursuant WHO’s policies and rules, including, as applicable, the Framework of Engagement with Non-State Actors.
78. Collaboration and coordination are critical to the Global Health and Peace Initiative. While it is beyond the scope of this document to identify specific partners or methods of collaborating, WHO recognizes the important role that other UN entities and non-State actors may play in the implementation of the various workstreams of the Global Health and Peace Initiative, especially the mainstreaming of the Health and Peace approach at operational level, if they choose to do so.
79. WHO will coordinate and look for opportunities to collaborate with other UN entities, in order to “deliver as one,” make best use of the comparative advantage of each agency, and avoid duplication of efforts. Collaborations with other UN agencies may enable WHO to deliver health services in a way that benefits from other programming that addresses the social determinants of health, or that improves the prospects for peace, for example, by strengthening social cohesion.
80. WHO will also, as appropriate, create or strengthen collaboration with relevant non-State actors willing to collaborate on Health and Peace programming, including entities that have experience pursuing peace outcomes, in order to contribute to or lead community-level activities that improve the prospects for peace within a wider public health program. For example, WHO may facilitate

dialogue sessions with community members regarding access to health-care services; facilitate community inputs to public health policies or programming.

81. Any such collaboration will be analyzed in terms of conflict sensitivity in order to ensure it does not jeopardize the perceived neutrality or impartiality of health services, and will also comply with WHO's internal policies such as screening for conflict of interest.

<b>Policy Priorities</b>	<b>Within 5 years, WHO will have worked to:</b>
<b>Establish, strengthen, and/or expand collaborations within WHO and in support of the Health and Peace approach.</b>	Facilitate cooperation across WHO to promote a common agenda.
	Identify technical areas where Health and Peace programming is particularly relevant and strengthen internal collaboration on the Global Health and Peace Initiative.
<b>Establish, strengthen, and/or expand collaboration with external actors, including with other UN agencies, national and local health actors, and other international organizations.</b>	Identify opportunities to collaborate on Health and Peace activities. This may include joint evidence production, joint proposals or programming, shared advocacy, or training.
	Create functional linkages with operational peacebuilding entities; other key UN Agencies, Funds and Programs; International Financial Institutions; as well as other relevant non-State actors.

### **3.7 Additional considerations for the Secretariat in implementing the Roadmap:**

82. In consultation with Member States, the Secretariat should put in place the necessary policies, guidelines, adequate management structures, resources and processes required for effective and successful implementation of the Global Health and Peace Initiative.