Global Health for Peace Initiative (GHPI)

Fourth Draft of the Roadmap

May 2023

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1. INTRODUCTION

This section provides some background information on the Global Health for 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 for 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 for Peace approach" to programming, which is the core concept underpinning the Global Health for Peace Initiative. As such, this Roadmap is both a strategic and an operational document. It offers a framework for WHO to institutionalize and operationalize the Global Health for 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 for 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 roles that other actors can play in the Global Health for Peace Initiative, including Member States, health ministries, other UN agencies and non-State actors, if they choose to do so, and depending upon context. This Roadmap therefore offers technical guidance that Member States, health ministries, 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.[1]

4. A third purpose of this document is to provide a tool to identify and allocate resources for WHO and other interested actors including Member States, 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 for Peace Initiative

5. The Global Health for Peace Initiative is a global initiative of WHO that aims to enhance the existing links between health (and health programming) and peace. It 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)[2] 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

1 For more information, see page 6: https://apps.who.int/gb/ebwha/pdf_files/wha69/a69_r10-en.pdf
[2] Documents A75/10 Rev.1 and EB150/20

Seventy-sixth World Health Assembly through the 152nd session of the Executive Board.[3]

7. The DG report to the Executive Board (EB150/20) also established six workstreams for the Global Health for Peace Initiative. These six workstreams structure the present document. They are:

   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 for Peace approach; and
   f. Partnership development.

1.3 Justification for the Global Health for Peace Initiative

8. The Global Health for Peace Initiative was developed as a means to better address the underlying drivers of critical health needs in fragile, conflict-affected and vulnerable settings,[4] since roughly 80% of WHO's humanitarian caseload, as well as 70% of disease outbreaks that WHO responds to, take place in such settings.[5]

9. The health of people living in fragile, conflict-affected and vulnerable settings is negatively affected by social determinants of health such as conflict, displacement, marginalization, and poverty, which aggravate existing inequalities and vulnerabilities. Addressing those factors is critical for achieving positive health outcomes – not only in fragile, conflict-affected and vulnerable settings, but in all societies globally.

10. In addition, the Global Health for Peace Initiative reflects the commitment of WHO and Member States to contribute to sustainable 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 for Peace Initiative

11. The Global Health for 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," while resolution WHA34.38 (1981) highlights the health sector's role in promoting "peace

[3] Decision WHA75(24)
[4] 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.
[5] WHO Health Emergencies Programme. Annual Report 2018 - WHO's work in emergencies: prepare, Prevent, detect and respond. Geneva: World Health Organization; 2019

as the most significant factor for the attainment of health for all".[6]

12. The Global Health for Peace Initiative aligns with WHO's work under the 13th General Program of Work (2019-2025). It will 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 for 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 and objectives, such as equitable access to healthcare, strengthening of health systems, and the expansion of universal healthcare.

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 healthcare 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 for Peace Initiative for improved health outcomes globally.

15. The Global Health for Peace Initiative draws on WHO's comparative advantage[7]. WHO is well placed to lead the Global Health for Peace Initiative given its unique function and as the directing and coordinating authority for health within the United Nations system, and its triple mandate as a humanitarian, development, and norm-setting organization.

16. The Global Health for Peace Initiative allows WHO to meaningfully contribute to the United Nations system's priority of working across the humanitarian, development and peace pillars in coordination, collaboration and complementarity with other relevant UN agencies and regional organizations.

1.5 Developing the Roadmap

17. In May 2022, the Seventy-fifth World Health Assembly took note of a report by the Director-General (DG) (document EB150/20)[8] 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.[9]

18. 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

[6] 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).
[7] World Health Organization, *Health and Peace Initiative* (2020).
[8] Documents A75/10 Rev.1 and EB150/20
[9] Decision WHA75(24)

States[10] and Observers[11] 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.

19. 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.

20. 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 152nd session of WHO's Executive Board meeting in February 2023.

21. Based on comments made by Member States and Observers during the 152nd Executive Board meeting, WHO 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.

22. The feedback received during that last round of consultations was used to develop the fourth version of the Roadmap (this document), which is meant to be shared with the Seventy-sixth session of the World Health Assembly in May 2023.

2. WHAT IS THE GLOBAL HEALTH FOR PEACE INITIATIVE?

2.1 Conceptual overview

23. The Global Health for Peace Initiative recognizes and seeks to strengthen the links between health and peace. Specifically, the aim of the Initiative is to strengthen the role of WHO and the health sector as contributors to peace outcomes such as social cohesion, dialogue, or resilience to the impact of armed conflict or violence, while empowering communities, in the framework of WHO's mandate. The ultimate objective in doing so is to better protect the health of populations in fragile, conflict-affected, and vulnerable settings as well as wider settings globally.

24. Although the Initiative seeks to strengthen the links between health and peace, in fact health outcomes will have priority when WHO plans activities within the Global Health for Peace Initiative. Furthermore, WHO's contribution to peace outcomes will always be based on its technical competencies, added value and comparative advantage in health.

25. The Global Health for 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 peace outcomes – in collaboration with national and international stakeholders and under the leadership of national health authorities. This two-pronged approach, known as the 'Health for

[10] And, where applicable, regional economic integration organizations.
[11] As described in paragraph 3 of document EB146/43

Peace' approach, is discussed in detail in the next section.

26. The Global Health for 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 violence. The Global Health for Peace Initiative does not intend to focus on political peace processes or negotiations.

27. Vulnerable groups 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 violence is a key outcome of Health for Peace programming.

28. By doing so, the Initiative aims to contribute to preventing or mitigating potential sources of armed conflict or social tension as well as contribute to sustainable peace.

29. As such, the Global Health for 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. As the COVID-19 pandemic demonstrated, poor social cohesion or low levels of trust between populations, government, and health workers can undermine positive health outcomes and access to healthcare globally. The Global Health for Peace Initiative is relevant:
    a. In situations of active conflict;
    b. Before or after armed conflict, or in fragile settings with a high degree of social tension;
    c. When groups are marginalized or where health services are inequitable;
    d. Where distrust of local authorities, health staff, or between the population undermines access to health care;
    e. Where rumors or misinformation undermine public health goals; and/or
    f. Where health workers and healthcare are at risk of violence.

2.2 The Health for Peace Approach

30. This section elaborates on the Health for Peace approach, which is the conceptual foundation of the Global Health for Peace Initiative.

31. As briefly mentioned in the above section, the Health for 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" [12] – meaning, that seek to contribute to peace outcomes such as social cohesion, equity, inclusivity, dialogue, or community resilience to the impact of armed conflict or violence.

32. Both components of the Health for Peace approach require a good 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.

33. The first component of this approach, (a) peace and conflict sensitivity, is the core requirement of the Global Health for 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.

34. If staff who design, implement, or manage health programming have a robust understanding of the context as well as the dynamics that contribute to peace and conflict at the local level, it will enable them to work with greater impartiality (that is, on the basis of need and without discrimination) and neutrality (that is, without inadvertently favoring one group over another) as they will be able to better identify and navigate complex community dynamics including issues of marginalization and exclusion, or perceptions of bias.

35. Analysis of the local context and peace and conflict dynamics can also help to identify and address some of the underlying factors that could generate mistrust, fear, anger and in some cases poor community acceptance towards healthcare providers at local level, which can undermine access to healthcare and in some cases, put healthcare 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 healthcare, 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 for those who need it.

36. Although the idea of conflict sensitivity and the principle of 'do no harm' are not new, the Global Health for 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 preventing sexual exploitation and abuse, and accountability to affected populations.

[12] 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 for 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 some peace outcomes, and which the Health for Peace approach promotes only "where appropriate", as described in this roadmap.

37. The second component of the Health for Peace approach, (b) peace responsive programming[13], 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 peace outcomes into the design of health programming, and then apply the Health for 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 healthcare; 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.

38. 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.

39. The outcomes of peace responsive health programming will vary widely, based on context. The following examples offer possible outcomes and activities for peace responsive programming, realizing that outcomes and activities are highly context specific and what is feasible in one location may not be feasible in another. Health for Peace programming may intend to:
    a. Support community-level reconciliation and contribute to strengthening resilience to the effects of violence by adapting community-level mental health and psychosocial support (MHPSS) programming.
    b. 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.
    c. Promote cooperation across lines in conflict and emergency affected countries, including the protection of healthcare and healthcare workers. This may involve facilitating training for health workers on both 'sides' of a conflict, or using health collaboration as a confidence-building measure between conflicting parties, if/where relevant.
    d. Contribute to reducing or preventing community violence, by designing health activities for groups at risk of violence to support their social and economic integration in society. This may involve community health work; building infrastructure; disease surveillance, etc.
    e. Reduce exclusion and strengthen equitable and impartial health coverage, by developing new policies or stronger conflict sensitive practices and identifying behaviors or actions that may contribute to the accessibility of healthcare for marginalized populations, depending on the context.

[13] Peace responsive programming is sometimes referred to as peace-positive programming, indicating its intention to have a positive influence on peace outcomes.

2.3 Principles of the Health for Peace approach

40. The Health for Peace approach and more specifically, peace-responsive programming upholds principles that are relevant to both the success of health programs and the pursuit of peace outcomes, namely: context specificity, participation, equity, inclusiveness, and national leadership and local ownership. 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.

41. **Context specificity**: A fundamental principle of the Initiative is that Health for 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 decide the most suitable approach to be adopted in heir setting, in discussion with national governments, communities, and partners in country. Notably, the pursuit of peace outcomes 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 for Peace approach of this Roadmap).

42. **Participation:** participation means promoting and supporting the engagement, participation, empowerment, agency, and autonomy of diverse parts of the population and incorporating their perspectives and experiences in plans, programs and monitoring, and is often reflected in policies on Accountability to Affected Populations. 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 groups that are traditionally marginalized in decision-making processes at different levels, including youth and women.

43. **Equity and inclusiveness**: Participation of all groups, including the most vulnerable and marginalized groups, persons with disabilities, women and girls[14] as well as young people, must be ensured. Equitable access to and inclusiveness of health 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.[15]

44. **National leadership and local ownership:** Health for Peace programming must be locally owned and 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 and local 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

[14] In WHO's 13th 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)

[15] United Nations and World Bank, Pathways for Peace: Inclusive Approaches for Preventing Violent Conflict (Washington DC: World Bank, 2018).

leadership is a key principle of this Initiative, participatory design of programs (that is, involving local communities) is equally as important.

45. **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 "Red Book").[16] 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 healthcare workers (as well as program management staff) to work with impartiality (without discrimination) and neutrality (without inadvertently favoring one side) as they will have a greater understanding of the context and peace and conflict dynamics at the local level.

2.4 Different roles and ways of working

46. Collaboration and coordination are critical to the successful implementation of the health for peace approach to programming. National governments or ministries of health, other UN entities, and non-State actors can play a key role in the Global Health for Peace Initiative in general, and particularly in operationalizing the Health for Peace approach to programming, should they choose to do so, and depending on context.

47. 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 for 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.

48. This Roadmap does not intend to prescribe the exact role that WHO or other actors play in Health for Peace programming in general, because such programs 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 for 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.

49. 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 for 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.

50. The WHO Secretariat team at Headquarters supporting the Global Health for Peace Initiative will work in close collaboration with regional offices and takes the lead on global research and

[16] 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.

evaluation/learning efforts; global advocacy and awareness-raising efforts related to the Global Health for Peace Initiative; the development of an Action Framework for implementation of the Global Health for Peace Initiative at country level ; the development of technical resources, including training and capacity-building materials, and the provision of *ad hoc* technical support to regional or country offices; mainstreaming of the Health for 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.

51. 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 for Peace Initiative in their region, working in close collaboration with Member states and WHO country offices.

52. 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 for 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 for 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.

53. WHO country offices 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 for Peace approach. WHO country offices may also play a key role in developing action plans at country or regional level, in collaboration with national authorities and WHO Regional offices.

54. Other UN agencies and Non-State Actors may choose to collaborate or coordinate with WHO on Health for 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) will be necessary to ensure complementarity with Humanitarian Response Plans.

55. At program implementation level, healthcare workers (including community healthcare workers) involved in health for 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 for Peace approach seeks to contribute to peace outcomes at *programming* or policy level; this means that the delivery of medical activities are expected to only indirectly contribute to the pursue of peace outcomes (by strengthening equitable access to healthcare, for instance). Health for Peace programming will typically introduce complementary activities alongside medical activities, based on the context and needs (such as dialogue on the inclusivity of healthcare 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 healthcare workers are concerned (as with any other project staff), is that they will develop the capacity to work with increased peace and conflict-sensitivity.[17]

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

56. This Section addresses the implementation of the Global Health for 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 for Peace approach; and
(vi) Partnership development.

57. 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[18] WHO's global strategy in respect of the Health for Peace approach;
b. Generating additional evidence on the impact of Health for Peace programming via the development of strong monitoring, evaluation and learning frameworks for such programming;
c. Developing awareness and capacities to implement the Health for 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 for Peace Initiative through high-level advocacy work, in order to facilitate the mainstreaming of the Health for 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 for Peace Initiative.

[17] 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.
[18] This should read "developing".

58. The above priorities are mainly intended to enable the mainstreaming of the Health for 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.

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

60. The operationalization of the Global Health for Peace Initiative at country level will be tackled in another future document (an "Action Framework for implementation of the Global Health for 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

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

Policy Priority	Within 5 years, WHO will have worked to:
Improve measurement of the Health for Peace approach	Identify evidence-based indicators of peace outcomes, such as increased trust and social cohesion, and lead on efforts to develop consistent and rigorous health for 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 for Peace programs and provide guidance on how to measure the effectiveness and impact of Health for Peace activities over the long-term.
	Establish reliable monitoring and evaluation systems to collect and measure data related to Health for Peace programming.
	Provide technical support to WHO country offices and/or to Member States if requested to strengthen their data collection and analytical capacity.
Produce public knowledge products that contribute to the evidence basis for the Health for Peace	Collect and analyze country-level evidence on the impact that Health for Peace programming has had on both peace and health outcomes; the role of healthcare workers; patient access to healthcare and how health programs have contributed to peace outcomes. This should include past experiences as well as instances where health activities may have had negative unintended consequences on

approach	conflict dynamics.
	Develop and disseminate a comprehensive compendium of best practices on Health for Peace programming.
	Create an open-access knowledge and learning portal that provides access to knowledge products related to Health for Peace programming, and helps to facilitate exchange of experiences, good practice models, innovations etc.
Produce research connecting wider issues to the Health for Peace approach	Produce research and analysis that connects the Health and Peace approach to youth; gender; and issues such as climate change, environmental health management, and MHPSS. It should also address the impact of health, conflict and peace on marginalised communities including people with disability, indigenous people, older people, hard to reach people and at-risk groups.

3.2 Workstream #2: Development of a strategic and operational framework

63. **Strategic objective**: Based on the approved Roadmap for the GHPI, WHO will develop an "Action Framework for implementation of the Global Health for Peace Initiative at country level" in consultation with WHO Regional Offices, Country offices with Member States.

64. In the Director General's report EB150/21, one of the "proposed ways forward" for the Global Health for Peace Initiative was to "update WHO's global strategy in respect of the Health for Peace approach, in a consultative manner and in line with the outcome of the discussions at the 150th session of the Executive Board".

65. Following the 150th session of the Executive Board, Decision WHA75(24) requested that WHO develops a "Roadmap" for the Global Health and Peace Initiative, if any, through a consultative process.

66. 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 for Peace Initiative, working in collaboration with Regional offices, Country offices and Member states, as and where relevant and possible.

67. 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.

68. 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.

69. 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 for Peace programming. This is a vital component of ensuring that Health for Peace programming is context specific and conflict sensitive.

Policy Priorities	Within 5 years, WHO will have worked to:
Implement the Global Health for Peace Initiative	Implement the Initiative at global level, based on the Roadmap and in collaboration with relevant international, regional, national, and / or local stakeholders
	Operationalize the Initiative at country level, in collaboration with relevant international, regional, national, and / or local stakeholders
	Develop an 'Action Framework for implementation of the Global Health for Peace Initiative' at country level, in a consultative manner
	Support the development of specific country and/or regional Plans of Action, if any

3.3 Workstream #3: Advocacy and awareness-raising

70. **Strategic objective:** WHO will conduct awareness-raising and advocacy activities on the Global Health for Peace Initiative – and particularly the Health for 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:
Raise awareness on the Health for Peace approach	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 for Peace programming amongst external networks and partnerships, including 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.

Policy Priorities	Within 5 years, WHO will have worked to:
Advocate for the application of peace- and conflict-sensitivity and, when appropriate, peace responsiveness in health programming	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 peace outcomes through public health programming, such as 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 for Peace approach.

3.4 Workstream #4: Capacity-building

71. **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.

72. 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 for Peace programming. Training modules should be tailored to different levels of responsibilities and roles (from decision makers and program managers to implementing teams).[19]

Policy Priorities	Within 5 years, WHO will have worked to:
Ensure that WHO staff at different levels are equipped to provide peace- and conflict-sensitive health services	Develop a Handbook and training materials to develop specific skills required to design, implement, monitor and evaluate Health for Peace programs.
	Where possible, adapt existing technical support and training to incorporate principles of the Health for Peace approach and skills such as peace- and conflict-sensitivity.
	Deliver training courses on Health for Peace programming to targeted WHO staff and partner staff involved, based on roles and needs.
Support Member States to increase their capacity to carry out Health for Peace programming where	Share training materials and offer training support to national health ministries and other national actors involved in the provision of health services[20].
	Provide as appropriate, upon request, technical support or capacity-building activities to strengthen national health ministries' ability to develop Health for Peace programs and policies, where relevant.

[19] Training should also consider staff workload (including health care workers') and other training requirements, while building on existing resources.

[20] 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.

requested	Actively engage local NSAs in capacity-building activities so as to strengthen their ability to play an active role in Health for Peace programming, alongside governments.

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

73. **Strategic objective**: WHO will try and systematically incorporate peace- and conflict-sensitivity into its policy and programming work, and, where and when possible, principles associated with peace-responsive programming, including via the support it provides to health ministries and non-State actors, working in collaboration and coordination with the relevant national and international stakeholders.

74. 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 for Peace Initiative will be operationalized in WHO's work.

75. The mainstreaming of the Health for 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.

76. "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).

77. "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 some targeted peace outcomes (such as social cohesion, trust and dialogue, community empowerment to cope with conflict and social tension, for instance). For improved impact, the targeted outcomes should be part of, or aligned with broader efforts in the concerned setting and be identified in collaboration with other stakeholders.

Policy Priorities	Within 5 years, WHO will have worked to:
Systematically incorporate peace and conflict-sensitivity to WHO program design and implementation	Expand WHO's toolkit for monitoring, evaluation and assessment to include methods tailored to the Health for 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
Systematically consider the appropriateness of	Develop criteria to identify and prioritize settings where peace responsive programming can be implemented.

peace responsiveness in WHO programming and integrate it where possible, in consultation with national and international stakeholders.	Support the integration of peace responsive programming into relevant country workplans ("where appropriate"), working in close partnership with national health ministries.
	The Secretariat will conduct mission visits or provide remote support to WHO country offices to provide technical guidance on Health for Peace programming at the conceptual, design, fundraising, implementation, and monitoring & evaluation stages
Achieve national leadership and local ownership of the Health for Peace approach	Encourage and support national leadership (and local ownership) of Health for 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

78. **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 for 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.
79. Collaboration and coordination are critical to the Global Health for 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 for Peace Initiative, especially the mainstreaming of the Health for Peace approach at operational level, if they choose to do so.
80. 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 contributes to peace outcomes such as social cohesion.
81. WHO will also, as appropriate, create or strengthen collaboration with relevant non-State actors willing to collaborate on Health for Peace programming, including entities that have experience pursuing peace outcomes, in order to contribute to or lead community-level activities that address peace outcomes within a wider public health program. For example, WHO may facilitate dialogue sessions with community members regarding access to healthcare; facilitate community inputs to public health policies or programming; or build community capacity related to violence reduction – depending on the context and needs.
82. 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.

Policy Priorities	Within 5 years, WHO will have worked to:
Establish, strengthen, and/or expand collaborations within WHO and in support of the Health for Peace approach.	Facilitate cooperation across WHO to promote a common agenda.
	Identify technical areas where Health for Peace programming is particularly relevant and strengthen internal collaboration on the Global Health for Peace Initiative.
Establish, strengthen, and/or expand collaboration with external actors, including with other UN agencies, national and local health actors, and other international organizations.	Identify opportunities to collaborate on Health for 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 non-State actors involved in peacebuilding activities, while ensuring complementarity and coherence with the work of these different stakeholders.

3.7 Additional considerations for the Secretariat in implementing the Roadmap:

83. 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.