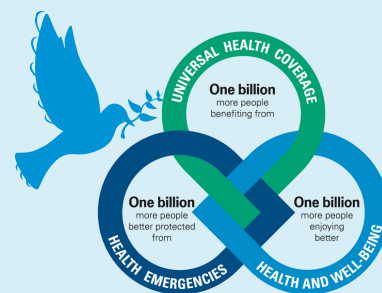
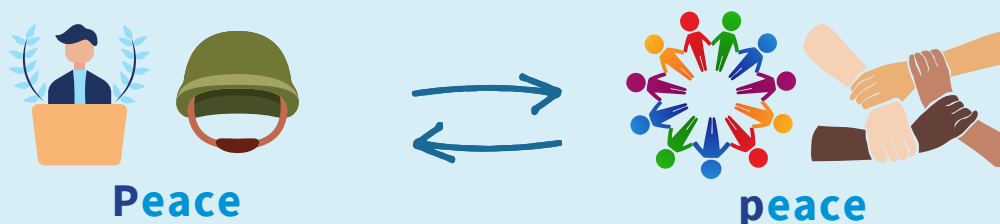


## What is the Global Health for Peace Initiative (GHPI)?

It aims to position health as an **influencer of peace** and WHO as a **Sustaining Peace actor** through health interventions that are **conflict-sensitive, deliver peace outcomes** in conflict-affected areas, and which contribute to **WHO's Triple Billion goals**.



## "Peace" and "peace"



WHO's Global Health for Peace Initiative (GHPI) considers different levels or components of peace.

- **"Peace"** as **political peace**, peace processes and agreements **at high levels**
- **"peace"** as **social cohesion**, resilience and trust at **community level**

## Why the Global Health for Peace Initiative (GHPI)?

- Because **80% of WHO's humanitarian caseload**, as well as 70% of disease outbreaks that WHO responds to, take place in **Fragile, Conflict-affected and Vulnerable (FCV) settings**.
- Because using a **conflict-sensitivity approach** avoids "doing harm", increases project acceptance, and helps mitigating risks.
- Because **health interventions can make a real difference**: health being often viewed as a **"common good" by all sides of a conflict**, it allows health initiatives to serve as a starting point for bringing people together.
- Because the Health for Peace approach **strengthens the sustainability of our interventions and results** through dialogue, participation, inclusiveness, and trust-building.
- Because **changes are happening at global policy level**, such as with the promotion of the UN Sustaining Peace agenda and the **Humanitarian-Development-Peace Nexus (HDPN)**.

***"There cannot be health without peace, and there cannot be peace without health."***

Dr Tedros Adhanom Ghebreyesus  
Director-General of the World Health Organization (WHO)



## How to implement the Health for Peace approach?

The Global Health for Peace Initiative (GHPI) promotes and supports the development of health programmes that **take into account peace and conflict dynamics**, especially in FCV countries, and, where possible, that **contribute to peace outcomes**.

### Step-by-step



- **Analyse conflict(s) and peace factors**, actors and dynamics.
- Analyse how they **interact with our interventions**.



- **"Do no harm"** - Design interventions that are sensitive to conflict dynamics, drivers, and actors (**conflict-sensitivity**)



- Seek ways to **contribute to peace outcomes** while pursuing health objectives (**peace-responsiveness**)

### Examples of peace-responsive programming



#### Improvement of social cohesion and resilience at local level

- **Mental Health** and **Psychosocial Support** (MHPSS)
- **Community dialogue**
- **Inclusive health promotion** initiatives



#### Improvement of citizen-state cohesion and reducing exclusion

- Increased **equitable access to health services**
- **Participatory and inclusive governance** of health



#### Increased trust between conflicting parties

- Facilitation of **cross-line collaboration on health** governance or the delivery of care



#### Facilitation of inter-state collaboration

- **Health diplomacy** on health governance and cooperation

## Examples of WHO Health for Peace interventions

### Somalia (2020): Psychosocial support and mental health care for conflict-affected youth

WHO developed a training curriculum and organised training sessions to educate some 80 health workers who can deliver improved Mental Health and Psychosocial Support Services (MHPSS) to local populations suffering from mental health issues brought on by acute and protracted conflicts. Targeting vulnerable youth in conflict-prone settings, the community-based MHPSS aimed to reduce stigma at community level and make the youth actively engage in activities that promote social cohesion.

### Colombia (2016): Integration of health personnel into the health system

As part of the demobilisation and reintegration programme linked to the peace agreements of 2016, some 200 young Colombians with health expertise — mostly former FARC members — were sent to medical school in Cuba. The student doctors were trained and returned to Colombia to improve and strengthen primary health care for the underserved. This has not only contributed to improving access to healthcare, but also, to social cohesion at community level.

