



WHO Executive Board 152<sup>th</sup> session, 30 January-7 February 2023

**Statement of the International Committee of the Red Cross (ICRC) concerning item 12.3  
Global Health for Peace Initiative (GHPI)**

Distinguished delegates,

The ICRC commends the Global Health for Peace Initiative which seeks to ensure that health activities are conducted in a genuinely conflict-sensitive manner, reinforcing the need for health outcomes which respect the principles of ‘do no harm’ and impartiality, and which may also have positive knock-on effects in terms of enhancing social cohesion or easing tensions. This initiative represents an important step towards improving health outcomes of people affected by armed conflict and violence, and thus towards increasing our collective health security and efforts to achieve Universal Health Coverage.

In its current form, however, the ICRC is concerned that the GHPI’s ‘peace language’ is prone to misinterpretation in ways which do not serve the GHPI’s intended objectives, and which may in fact run contrary to them. If parties to conflict, communities, and/or local authorities perceive health activities as not responding exclusively to health needs, it may jeopardize the safety of health workers and the sanctity of the medical mission. Under International Humanitarian Law, the protection of health personnel and activities depends on whether they stick to their exclusively medical function. The use of an overstretched health workforce to undertake activities beyond those related to health outcomes might enhance the challenge of adequately staffing health services in contexts where every effort matters to ensure that all people are safely and timely accessing the healthcare they need.

It is undoubtedly true that health is important for peace, and peace for health. However, while health holds particular importance, it is one among many interconnected areas of people’s lives – including livelihoods, education, family, and community – which may contribute to or damage peace. Peace is multifaceted and not static, so considering how health contributes to peace will help only if considered together with these other areas. This is a role for political leaders and those in peace-building or mediation roles – not a role for health workers or those involved in developing health programs. It is important not to create too great an expectation that health activities alone can – or should – result in discernible peace outcomes, beyond the ‘peace dividends’ which may result from achieving their intended health outcomes.

The ICRC supports the GHPI’s intent to conduct health activities in a genuinely conflict-sensitive manner and suggests that one way to avoid unintended consequences of this important initiative is to replace references to “peace” in the Roadmap and guidance documents with language that is less prone to misinterpretation and better captures the GHPI’s objectives, such as better “creating conditions conducive to social cohesion” and “reducing tensions”.

The ICRC thanks WHO for the opportunity to input into the development of the GHPI Roadmap, and encourages the WHO to continue to engage Observers, health ministries, its own in-country representatives and technical units, and others with first-hand experience implementing health activities in fragile and conflict-affected settings – especially countries where implementation of the GHPI Roadmap may first be trialed.