

Global Health for Peace Initiative

Report by the Director-General

1. Following a request from a Member State and the recommendation of the Officers of the Board and the Director-General to include an item on the WHO Global Health for Peace Initiative in the provisional agenda of its 150th session, this report presents the work of the Initiative and the progress made in adopting a Health for Peace approach.

INTRODUCTION

2. The Global Health for Peace Initiative (formerly the Health for Peace Initiative) was launched in November 2019 with the active support of Oman and Switzerland, following a multilateral consultation in Geneva attended by more than 50 representatives of 24 countries and partners. This WHO-led Initiative has made good progress since its establishment and has led to a number of achievements at the global, regional and country levels.

3. The Global Health for Peace Initiative seeks to strengthen and operationalize the link between health, social cohesion and peace, focusing on the unique role that public health programmes can play in convening different groups and in building trust. It considers different components of peace, including political peace and social cohesion at the community level. The Global Health for Peace Initiative focuses on contributing to resilience and trust at the community level as well as between populations and governments.

4. The Global Health for Peace Initiative is aligned with WHO's work under the Thirteenth General Programme of Work, 2019-2023, which draws a link between acute health response in fragile, conflict-affected and vulnerable contexts and the establishment of universal health coverage. It is also in keeping with the peacebuilding approaches that have become central within the United Nations system.

5. In addition to the global policy context that invites United Nations agencies to contribute to the sustaining peace agenda, the Global Health for Peace Initiative is also relevant to WHO's work from a structural, contextual and programmatic point of view.

- Peace is a structural determinant of health. Conversely, conflict has a devastating impact on people's health and on health systems.
- Most of WHO's humanitarian work and the majority of disease outbreaks that WHO responds to occur in fragile, conflict-affected and vulnerable settings.
- Health has a convening power, often being viewed as a common good by all sides of a conflict; health initiatives can therefore serve as a starting point for bringing people together.

- The Health for Peace approach strengthens the sustainability of WHO's interventions as it promotes dialogue, participation, inclusiveness, trust-building and conflict sensitivity.
- Using a conflict-sensitive approach to programming supports the "do no harm" principle, increases project acceptance and helps to mitigate risks.

6. Taking these factors into account, WHO and its partners should ensure that their programmes are context specific and conflict sensitive, as well as peace responsive (that is contributing to peace or social cohesion), where appropriate. The Global Health for Peace Initiative has been established to respond to and support those efforts.

WHO'S MANDATE FOR CONTRIBUTING TO PEACE

7. The WHO Constitution recognizes the link between health and peace, setting forth that "the health of all peoples is fundamental to the attainment of peace and security".¹ Similarly, the World Health Assembly adopted resolution WHA34.38 in 1981, which highlighted the health sector's role in promoting "peace as the most significant factor for the attainment of health for all".²

8. The concept of health as an enabler of social cohesion and peace in conflict settings was originally coined by the Pan American Health Organization in the 1980s, leading to the establishment of the WHO Health as a Bridge for Peace programme in 1997. While that programme sought to deliver health interventions in conflict settings, the Global Health for Peace Initiative goes further and focuses on positively influencing conflict and peace dynamics, mainly at the local level – on the premise that there can be no health without peace and no peace without health.

9. WHO's mandate for contributing to peace is linked to a number of international policies and initiatives. One such example being the 1986 Ottawa Charter for Health Promotion, which sets out peace as the first prerequisite for health and calls for the strengthening of community action; principles that resonate with the Global Health for Peace Initiative's principle of local ownership.

10. The Global Health for Peace Initiative is also aligned with the 2016 twin resolutions on sustaining peace,³ which call on all United Nations agencies across all sectors to contribute to preventing conflict and sustaining peace in an integrated manner. The Global Health for Peace Initiative thus represents WHO's contribution to the sustaining peace agenda, while also ensuring that WHO's technical support to ministries of health reflects the broader vision of universal health coverage and the Sustainable Development Goals.

11. The Global Health for Peace Initiative further serves as WHO's contribution to the humanitarian-development-peace nexus by reinforcing health's key role as a contributor to peace and sustainable

¹ Basic documents: forty-ninth edition (including amendments adopted up to 31 May 2019). Geneva: World Health Organization; 2020.

² 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).

³ United Nations General Assembly (A/RES/70/262) and Security Council (S/RES/2282) resolutions on sustaining peace (2016).

development through universal health coverage and the rebuilding and strengthening of inclusive health care systems.

THE GLOBAL HEALTH FOR PEACE INITIATIVE: AN OVERVIEW

Vision and principles

12. The vision of the Global Health for Peace Initiative is to position the health sector and WHO as contributors to peace by mainstreaming conflict sensitivity and, where appropriate, the delivery of peace dividends (namely results that contribute to peace and social cohesion) into health programmes in fragile, conflict-affected and vulnerable settings, while simultaneously contributing to WHO's triple billion targets.

13. The Global Health for Peace Initiative upholds principles that are relevant to both the success of health programmes and the pursuit of peace dividends: equity, inclusiveness, participation, local ownership/leadership and context specificity.

Methodology: the Health for Peace approach to programming

14. The Global Health for Peace Initiative promotes and supports the development of health programmes that (i) take into account peace and conflict dynamics in fragile or conflict-affected settings through conflict-sensitive programming and (ii) contribute to peace and social cohesion through peace-responsive programming in conjunction with other stakeholders and processes, where appropriate.

15. The design of Health for Peace interventions and the Health for Peace approach to programming require the following actions at the programming level.

- Conflict and peace factors, actors and dynamics in countries/regions of intervention are analysed in concertation with WHO's partners to see how they interact with public health interventions.
- Health programmes are subsequently developed that uphold the "do no harm" principle through conflict-sensitive interventions that take into account conflict and peace dynamics, drivers and actors.
- Programmes must be peace responsive, that is to say contributing to peace outcomes while pursuing health objectives, where appropriate. Possible peace outcomes include reduced exclusion and improved citizen-state cohesion; rapprochement and increased trust between various groups at the community level, parties to a conflict or among States; and enhanced social cohesion at the local level.

Settings, areas of interventions and tracks of engagement

16. The Health for Peace approach to programming can apply to all fragile, conflict-affected and vulnerable settings¹ as well as to other similar contexts, including post-conflict settings where social cohesion, resilience and trust need to be sustained and conflict prevented.

17. The Health for Peace approach is relevant to emergency response as well as to health system strengthening programmes and supports the promotion of cross-cutting principles such as equity, inclusiveness, participation and localization.

18. Health for Peace interventions can work across different levels or “tracks” depending on the objectives pursued and the type of actors involved. These are as follows.

- At the community level: working on community resilience and health (the Global Health for Peace Initiative’s focus).
- Engagement with influencers of a society within and beyond the health sector.
- At the political level: health dialogue and diplomacy.

ACHIEVEMENTS OF THE GLOBAL HEALTH FOR PEACE INITIATIVE

19. Since the Global Health for Peace Initiative was launched in 2019, several Member States and WHO regional and country offices have engaged in Health for Peace projects or activities. The Global Health for Peace Initiative’s work focuses on six workstreams:

- evidence generation through research and analysis;
- development of a strategic framework;
- advocacy and awareness-raising;
- capacity-building;
- mainstreaming of the Health for Peace approach;
- partnership development.

Evidence generation through research and analysis

20. Research is continuing into examples of and existing knowledge about the impact of health interventions on peace and conflict dynamics. Several publications have been produced on the subject

¹ As per the listing of the WHO Integrated Health Services Department (<https://www.who.int/teams/integrated-health-services/quality-health-services/quality-of-care-in-fragile-conflict-affected-and-vulnerable-settings>, accessed 19 October 2021).

including the 2021 *Report of the Commission on Social Determinants of Health for the Eastern Mediterranean Region*, which contains a chapter dedicated to conflict and consequences and migration.¹

21. More evidence generation is however needed. Efforts should be made to gather such information through rigorous monitoring and evaluation of Health for Peace projects.

Development of a strategic framework

22. A number of high-level meetings and consultations have taken place both in Cairo and Geneva to establish the Global Health for Peace Initiative's principles, goals and objectives. Based on a 2019 white paper on health and peace, WHO published its *Health and peace initiative* document² in November 2020 setting out a conceptual and strategic framework at the global level. The Regional Office for the Eastern Mediterranean also developed a regional strategic framework on health and peace.

Advocacy and awareness-raising

23. The Secretariat has fostered internal and external engagement on the implementation of the Global Health for Peace Initiative in order to increase the awareness, traction and momentum of the Initiative.

24. The Global Health for Peace Initiative has been presented at various external fora including the Paris Peace Forum 2020, the Stockholm Forum on Peace and Development 2021 and the Basel Peace Forum 2021.

25. Oman has similarly been advocating for the Global Health for Peace Initiative in the Eastern Mediterranean Region. For instance, the country together with the Regional Office for the Eastern Mediterranean organized a high-level virtual meeting on the impact of the coronavirus disease (COVID-19) pandemic on health security and peace in May 2021, at which Member States of the Region discussed health cooperation as an avenue for building stability and solidarity among countries. Oman also organized a panel discussion on the Health for Peace approach at the sixty-eighth session of the Regional Committee for the Eastern Mediterranean in 2021.

Capacity-building

26. The effective implementation of the Health for Peace approach to programming depends on the development of certain capacities. Targeted capacity-building efforts to this end have started and should continue in the future.

27. The Regional Office for the Eastern Mediterranean has developed two training courses: an executive course on health diplomacy for peacebuilding aimed at leaders and managers and an online introductory course on health and peace concepts and tools for frontline workers in fragile, conflict-affected and vulnerable settings.

¹ <http://www.emro.who.int/media/news/report-of-the-commission-on-social-determinants-of-health-in-the-eastern-mediterranean-region.html> (accessed 19 October 2021).

² Health and peace initiative. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/9789240005792>, accessed 19 October 2021).

28. A practical handbook aimed at supporting the implementation of the Health for Peace approach to programming has also been developed by the WHO Secretariat in 2021.

Mainstreaming of the Health for Peace approach

29. Steps have been taken to mainstream the Health for Peace approach into some of WHO's global guidance documents as well as into WHO's operations at the regional and country levels.

30. Several Health for Peace projects have been designed and implemented by WHO in Somalia, Sri Lanka and Ukraine. Other country offices from various regions have developed project proposals for submission to the Peacebuilding Fund in 2021 (such as Cameroon, Haiti and Sudan), with the technical support of WHO headquarters where required.

31. In 2019, the Regional Office for Europe conducted mapping exercises of both contested areas and humanitarian populations in the Region (including context and conflict analysis), the results of which have been used to tailor the COVID-19 response as well as to identify entry points for work in contested areas.

Partnership development

32. The Global Health for Peace Initiative has strengthened its partnerships and collaborations with other United Nations entities, including those with the Department of Peace Operations, the International Organization for Migration, the International Labour Organization and the Department of Political and Peacebuilding Affairs, as well as with prominent stakeholders outside the United Nations system such as Interpeace, the Swedish Institute for Global Health Transformation and the Centre of Competence on Humanitarian Negotiations.

33. Partnerships remain key in further strengthening the Global Health for Peace Initiative and in engaging with relevant stakeholders across the humanitarian-development-peace nexus.

THE GLOBAL HEALTH FOR PEACE INITIATIVE: PROPOSED WAYS FORWARD

34. The Global Health for Peace Initiative should continue to make progress across its six workstreams, focusing on the following priorities for the next two years.

- (i) **Updating 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.

The Global Health for Peace Initiative could consider adopting the following goal for the next biennium:

In pursuit of achieving WHO's triple billion targets, offices and units of WHO should effectively promote public health norms and implement programmes, or support national health ministries in implementing programmes, that are conflict sensitive and contribute to peace dividends in fragile, conflict-affected and vulnerable areas.

To reach this goal, possible targeted outcomes could include:

- WHO programmes achieving both health and peace dividends at the country level by mainstreaming the Health for Peace approach;
 - Member States engaging in the Health for Peace Initiative through support or implementation; and
 - WHO driving the Health for Peace agenda at both the operational and normative levels.
- (ii) **Generating additional evidence** on the impact of Health for Peace projects via the development of strong monitoring, evaluation and learning frameworks for such projects.
- (iii) **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.
- (iv) **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 programmes.

35. In parallel, partnership development efforts must be sustained, working alongside other stakeholders, so as to increase capacities and support for the Global Health for Peace Initiative.

36. The above workstreams are intended to enable the mainstreaming of the Health for Peace approach into projects at the country level, in collaboration and coordination with other national and international stakeholders, and at the global level, through the mainstreaming of the approach into WHO policy and/or guidance documents.

37. The implementation of the Global Health for Peace Initiative will increasingly rely on all three levels of the Organization working closely in a coordinated and complementary manner.

ACTION BY THE EXECUTIVE BOARD

38. The Executive Board is invited to note the report and provide further guidance on the way forward, particularly in respect of the Secretariat's involvement in supporting the implementation of a Health for Peace approach to programming.

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