

Public health emergencies: preparedness and response

Global Health for Peace Initiative

Report by the Director-General

1. The Seventy-fifth World Health Assembly requested the Director-General in decision WHA75(24) in May 2022 to consult with Member States¹ and Observers² on the implementation of the proposed ways forward contained in the Director-General's report on the Global Health for Peace Initiative,³ 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 road map, if any, for the Initiative, for consideration by the Seventy-sixth World Health Assembly through the Executive Board at its 152nd session.
2. This report provides an update on progress achieved to date on the request made in decision WHA75(24).

INTRODUCTION

3. The Global Health for Peace Initiative is a global initiative of WHO that aims to enhance the existing links between health and peace.
4. As such, where possible, it also aims to contribute to peace, to empower communities, and to protect the health of populations in fragile, conflict-affected and vulnerable settings, as well as wider settings globally, by strengthening the role of the health sector and WHO as influencers of peace.
5. Whereas the COVID-19 pandemic highlighted the fact that poor social cohesion or low levels of trust between citizens, government and health workers undermine positive health outcomes and access to health care globally, the Global Health for Peace Initiative focuses on fragile, conflict-affected and vulnerable settings. As such, the Initiative is also highly relevant in other countries where social cohesion, trust or resilience needs to be built or strengthened.
6. At the operational level, the health for peace approach to programming consists in designing health interventions that are conflict-sensitive, meaning that our interventions take into consideration conflict dynamics in humanitarian settings, and – where context, capacity and WHO's relative

¹ And, where applicable, regional economic integration organizations.

² As described in paragraph 3 of document EB146/43.

³ Document EB150/20.

advantages allow – that contribute to peace outcomes to be determined at country level, while promoting achievement of WHO’s triple billion goals and the Sustainable Development Goals.

CONSULTATIONS WITH MEMBER STATES AND OBSERVERS ON THE GLOBAL HEALTH FOR PEACE INITIATIVE

7. As requested in decision WHA75(24), consultations with Member States and Observers on the Global Health for Peace Initiative have taken place in two phases.

8. In August 2022, the Secretariat commenced consultations with Member States and Observers on the implementation of the proposed ways forward contained in document EB150/20.¹ A global, virtual session was held on 29 August, attended by 43 Member States and four Observers who had the opportunity to gain clarifications on the process and provide initial input. Additional input was then invited and collected through an online form until 7 September 2022. In total, 14 Member States and two Observers provided written input.

9. The Secretariat consolidated the input received from Member States and Observers on the proposed ways forward during the virtual session and through the online form and incorporated this feedback into a draft road map. Overall, Member States and Observers expressed their support for the Initiative and the development of a road map. Most feedback related to activities that should be included within the road map’s six workstreams (as set out in document EB150/20). These suggestions were incorporated in the draft road map, to the extent possible.

10. In their feedback, Member States and Observers also emphasized that the Global Health for Peace Initiative should be locally-led and tailored to each regional or country context – a perspective that strongly aligns with the Secretariat’s vision. The draft road map emphasizes this point by noting that local ownership and leadership are a key principle of the Initiative, and that the Secretariat will continue to work closely with Member States to achieve the highest levels of health among each population, collaborating with local authorities as well as other local actors that are engaged in health service provision. The draft road map also notes that Health for Peace programming will be designed at the country level, since national and local actors know best what is feasible in the context.

11. In addition, during the consultations on the proposed ways forward, Member States and Observers reiterated the need to avoid politicizing or securitizing health care through careful consideration of how the Global Health for Peace Initiative is operationalized. The Secretariat strongly supports this view and has included clear measures in the draft road map to reflect this, including: health outcomes will always remain the priority of any WHO intervention; health for peace programming will contribute primarily to “small p” peace outcomes (such as social cohesion, trust, resilience to violence, equity and inclusion), rather than “big P” Peace outcomes in the form of political solutions; Health for Peace programming is always context-specific; the primary objective of the Initiative is to ensure that health programmes are conflict-sensitive, and the pursuit of peace outcomes (“peace-responsive programming”) will not take place in all settings but only where relevant, safe and feasible to do so, based on context.

12. The Secretariat then circulated the draft road map to Member States and Observers on 16 September 2022 for feedback and input, opening the first round of written input for submission to the Secretariat by email by 16 October 2022.

¹ Noted by the Board at its 150th session, see document EB150/2022/REC/2, summary record of the ninth meeting, section 2.

13. A global virtual session was held on 22 September 2022 to provide information to Member States and Observers about the draft road map and associated consultation process. The session was attended by 46 Member States and one Observer who received clarifications on the process and provided initial input to the draft.

14. Once input had been received from Member States and Observers through the first round of consultations (up until 16 October 2022), the Secretariat consolidated all feedback and updated the draft road map accordingly. The Secretariat is planning a second round of consultations on the roadmap in early 2023.

15. As requested in decision WHA75(24) (2022), the Secretariat will also collaborate with other organizations of the United Nations system and relevant non-State actors in official relations with WHO as part of the process of developing the road map for the Global Health for Peace Initiative.

16. Once the second round of feedback is received from Member States and Observers, together with feedback from other organizations of the United Nations system and non-State actors, the Secretariat will consolidate these inputs and update the text. It will present this version of the road map for consideration by the Seventy-sixth World Health Assembly.

THE DRAFT ROAD MAP

17. The road map has been developed along three lines: (1) the six workstreams elaborated in document EB150/20; (2) four priorities identified in the same report which provide the focus for the six workstreams; and (3) input received from Member States and Observers.

18. The road map proposes policy priorities, milestones and activities for each of the six workstreams, reflecting also the priorities set out in the proposed ways forward as well as feedback from Member States and Observers on these priorities.

19. Based on the inputs received during the consultations, the text has the following structure:

- (a) **Introduction:** sets out the background to the Initiative, its objectives, and WHO's role in the Initiative;
- (b) **Approach and principles:** sets out the Health for Peace approach, principles of the Global Health for Peace Initiative, and the scope of the Initiative;
- (c) **Workstreams:** sets out the six workstreams and priorities identified in the proposed ways forward in document EB150/20, namely:
 - (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;

(vi) partnership development.

(d) **Recommended actions:** for Member States and the Secretariat.

20. The draft roadmap has been made available for public access.¹

LATEST ACHIEVEMENTS OF THE GLOBAL HEALTH FOR PEACE INITIATIVE

21. Since the Director-General's report of December 2021,² the Global Health for Peace Initiative has moved several steps forward under each of the six workstreams. These are set out below.

Evidence generation through research and analysis

22. 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, including an issue of *The BMJ* on peace-building through health initiatives.

Development of a strategic framework

23. The draft road map foresees the processes for the Secretariat to develop a strategic framework for the Global Health for Peace Initiative, including reference to action frameworks that will operationalize the Initiative at the regional or country level and provide a mechanism through which to allocate appropriate resources and technical support related to the Initiative.

Advocacy and awareness-raising

24. The Secretariat has continued to foster 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.

25. The Initiative has been presented at various internal and external fora including various sessions of the regional committees or side events at those meetings; a side event during the seventy-seventh session of the United Nations General Assembly; the World Health Summit 2022; and Geneva Peace Week 2022.

Capacity-building

26. The effective implementation of the Health for Peace approach to programming depends on the development of certain capacities, and the Secretariat has continued to develop capacity-building resources.

27. The Secretariat initiated and designed an online training course (which remains under development) on conflict sensitivity and tools for frontline workers in fragile, conflict-affected and vulnerable settings.

¹ See <https://www.who.int/publications/m/item/roadmap-for-the-global-health-for-peace-initiative--draft> (accessed 6 January 2023)

² Document EB150/20.

28. Following an intensive review process, a practical handbook aimed at supporting the implementation of the Health for Peace approach to programming was finalized by the Secretariat in 2022 with the aim of an official launch in early 2023.

Mainstreaming of the Health for Peace approach

29. The Secretariat has taken further steps to mainstream the Health for Peace approach into some of WHO's global guidance documents and operations at the regional and country levels.

30. WHO country offices in various regions (such as Guinea-Bissau and Niger) have developed project proposals for submission to the United Nations Peacebuilding Fund in 2022 with the technical support of WHO headquarters when required. In addition, Cameroon has begun implementing Health for Peace programming with funding from the United Nations Peacebuilding Fund.

Partnership development

31. The Global Health for Peace Initiative has maintained and expanded partnerships and collaboration with other United Nations entities on the Health for Peace approach, including the Department of Peace Operations, the Department of Political and Peacebuilding Affairs, the International Organization for Migration, the International Labour Organization, the United Nations Children's Fund, and the United Nations Office on Drugs and Crime.

32. The Initiative has also strengthened and expanded partnerships or collaboration with prominent stakeholders outside the United Nations system such as Interpeace, The Lancet-SIGHT Commission on Peaceful Societies through Health and Gender Equality, the Stockholm International Peace Research Institute, Geneva Call, the Kofi Annan Foundation, and the International Peace Institute. Additional partnerships and collaborations have been pursued at local level with non-State actors that are active in the peace-building and/or health sectors.

ACTION BY THE EXECUTIVE BOARD

33. The Executive Board is invited to provide guidance in order to help the Secretariat with the further development of the roadmap, in particular with respect to the following questions.

- Should the roadmap set objectives or suggest priorities for Member States, or should it be limited to the global level?
- What format or mechanism would the Executive Board recommend for the remaining consultations on the roadmap and what should be their duration?
- Does the Executive Board have any other expectations regarding the Global Health for Peace Initiative and the roadmap that the Secretariat should take into account?

= = =