

## **Global Health for Peace Initiative (GHPI)**

### **Third Draft of the Roadmap**

March 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. It is not intended as a norm-setting document for health actors beyond WHO, but may be a resource that they choose to utilize in their own programming.
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)<sup>1</sup> 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.<sup>2</sup>
7. The DG report to the Executive Board (EB150/20) also established six workstreams for the Global

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<sup>1</sup> Documents A75/10 Rev.1 and EB150/20

<sup>2</sup> Decision WHA75(24)

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, since roughly 80% of WHO's humanitarian caseload, as well as 70% of disease outbreaks that WHO responds to, take place in such settings.
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 structural social determinants of health 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 WHO's Triple Billion Goals. The Initiative also contributes to the 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.

### **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 as the most significant factor for the attainment of health for all".<sup>3</sup>
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 by contributing to universal health coverage; better protection during health emergencies; and an increase in health and wellbeing.
13. The Global Health for Peace Initiative builds on past WHO health programming in conflict settings,

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<sup>3</sup> 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).

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 achieving ambitious global health goals such as expanding universal health coverage will be impossible if conflict continues. 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 legitimacy and comparative advantage<sup>4</sup>. 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)<sup>5</sup> 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.<sup>6</sup>
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 States<sup>7</sup> and Observers<sup>8</sup> 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

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<sup>4</sup> This includes: (a) responsibility to shape the health research agenda and articulate evidence-based policy options; (b) mandate to set norms and standards in response to emerging issues related to health; (c) ability to offer technical support and capacity building on complex health-related issues; (d) relationships with Member States and other key stakeholders and unique convening power; and (e) potential to work with other sectors, organizations and stakeholders to have a significant impact on health.

<sup>5</sup> Documents A75/10 Rev.1 and EB150/20

<sup>6</sup> Decision WHA75(24)

<sup>7</sup> And, where applicable, regional economic integration organizations.

<sup>8</sup> As described in paragraph 3 of document EB146/43

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 152<sup>nd</sup> session of WHO's Executive Board meeting in February 2023.
21. Based on comments made by Member States and Observers during the 152<sup>nd</sup> Executive Board meeting, WHO prepared a third draft version of the Roadmap (this version). Further consultations with Member States, Observers, UN agencies, and non-State actors are planned on the third draft version of the Roadmap in March 2023, with the expectation that a fourth version of the Roadmap will be submitted to the 2023 World Health Assembly.

## **2. WHAT IS THE GLOBAL HEALTH FOR PEACE INITIATIVE?**

### **2.1 Conceptual overview**

22. 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 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.
23. Although the Initiative seeks to strengthen the links between health and peace, in fact health outcomes shall always 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.
24. 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 Peace' approach, is discussed in detail in the next section.
25. 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 violence and the effects of violence. It does not intend to intervene in political peace processes or negotiations. By doing so, the Initiative aims to contribute to preventing or mitigating potential sources of conflict or social tension as well as contribute to sustainable peace.
26. 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 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**

27. This section elaborates on the Health for Peace approach, which is the conceptual foundation of the Global Health for Peace Initiative.
28. 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” – meaning, that seek to contribute to peace outcomes such as social cohesion, equity, inclusivity, dialogue, or community resilience to violence.
29. 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.
30. 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.
31. 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 and neutrality as they will be able to better identify and navigate complex community dynamics. In addition, conflict sensitivity can also help mitigate the risks of attacks on healthcare workers or facilities by generating heightened awareness of peace and conflict dynamics.
32. The second component of the Health for Peace approach, (b) peace responsive programming, must be strictly tailored to the context and is not meant to be pursued on a systematic basis. It will only be pursued when the environment, capacities, risks and WHO’s comparative advantage allow, and in concertation and coordination with national and international stakeholders, under the leadership



of the national government.

33. Peace-responsive health programming can work across different levels:
  - a. With community members, to address social cohesion, trust, and resilience;
  - b. With prominent members of a society, to contribute to addressing tensions, marginalization, or rumors;
  - c. With political leaders, working on inclusive and equitable health policies; health dialogue and diplomacy.
34. The targeted outcomes of peace responsive health programming will vary widely, based on context. The following points provide “illustrations” of “possible” outcomes, depending on needs and priorities at national level:
  - a. Reinforcing social cohesion between and within communities through participatory and inclusive health governance; tailored Mental Health and Psychosocial Support; etc.
  - b. Promoting cooperation across lines in conflict and emergency affected countries, including the protection of healthcare and healthcare workers;
  - c. Reducing exclusion and supporting trust-building between populations and the state through dialogue/ participatory health governance, and equitable and impartial health coverage.

### 2.3 Principles of the Health for Peace approach

35. 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 programming will remain consistent with medical ethics and, in humanitarian settings, with humanitarian principles.
36. **Context specificity:** A fundamental principle of the Initiative is that Health for Peace programming shall look different in different settings, based on each specific health and social context. Based on this, WHO country offices are best positioned to decide the most suitable approach to be adopted in their setting, in discussion with national governments 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).
37. **Participation:** participation means involving different groups and communities in decision-making, planning and/or implementation. 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. Participation also includes meaningful engagement of youth and women at different levels.
38. **Equity and inclusiveness:** Participation of all groups, including the most vulnerable, as well as marginalized groups, including women and girls, 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.<sup>9</sup> Women and girls are underrepresented when it comes to access to health services; they are the first victims of conflict including of sexual and gender-based violence; and they are most often underrepresented in the public domain, from national to community level.

39. **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 deciding on, and 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.
40. **Medical ethics and humanitarian principles:** In addition, all health programming and the behavior and obligations of medical staff will remain consistent with medical ethics, and existing WHO guidance and standards on the subject of medical ethics remains imperative (e.g. the Red Book). In particular, health workers will always remain neutral and impartial. Equally, health programming in humanitarian settings will remain consistent with humanitarian principles. In fact, by promoting improved conflict sensitivity in health programming, the Global Health for Peace Initiative de facto reinforces the ability of healthcare workers (as well as program management staff) to work with impartiality and neutrality, 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

41. Collaboration, coordination and partnerships 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.
42. 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 partnership and 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.
43. 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, nor is it normative: that is, entities may play different roles depending upon the context and on the preferences of the various stakeholders starting with national

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<sup>9</sup> United Nations and World Bank, Pathways for Peace: Inclusive Approaches for Preventing Violent Conflict (Washington DC: World Bank, 2018).



authorities and the WHO country office.

44. The GHPI Technical Secretariat (at headquarters) works in close collaboration with regional offices and takes the lead on global research and 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.
45. Regional offices 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.
46. At country level, roles 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, 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 would 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.
47. 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 partnership with national authorities and WHO Regional offices.
48. Other UN agencies and Non-State Actors may choose to partner, collaborate, or coordinate with WHO on Health for Peace programming, as outlined in the section on Workstream 6 on partnership development.
49. At program implementation level, healthcare workers involved in health for peace programs are not expected to take on responsibilities outside their existing medical mandate and will always follow medical ethics, including respect the neutrality of healthcare. As such, they are clearly 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 may only indirectly contribute to the pursue of peace outcomes (such as equity, for

instance), in the context of such programs/policies. In parallel to medical activities, other related (but not purely medical) activities will be key in the implementation of health for peace programming (such as dialogue on the delivery of healthcare services; training of community health workers across conflict lines, for example – depending on the context and needs). However, as some of the implementing actors of health for peace programs, healthcare workers shall be expected to work with increased peace and conflict-sensitivity as mentioned earlier - thus also enhancing their capacity to work in a neutral and impartial manner on the ground.

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

50. 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.

51. 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<sup>10</sup> 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.

52. 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.

53. 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,

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<sup>10</sup> This should read “developing”.

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

54. 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

55. **Strategic objective:** WHO will generate evidence analysing past contribution of health programmes on peace, and by monitoring and evaluating its existing and future health for peace humanitarian programmes.
56. 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:
<b>Improve measurement of the Health for Peace approach</b>	Identify existing, 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.
	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.
<b>Produce public knowledge products that contribute to the evidence basis for the Health for Peace approach</b>	Collect and analyze country-level evidence on how health programs or activities have contributed to peace. This should include past experiences as well as instances where health activities may have had negative unintended consequences on conflict dynamics.
	Develop and disseminate a comprehensive compendium of best practices on Health for Peace programming.
<b>Produce research connecting wider issues to the Health for Peace approach</b>	Produce research and analysis that connects the Health and Peace approach to youth, gender, and issues such as climate change and environmental health management. It should also address the impact of health, conflict and peace on marginalized communities and at-risk groups.

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

57. **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.
58. 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”.
59. 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.
60. 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 Technical Secretariat, working in collaboration with Regional offices, Country offices and Member states, as and where relevant and possible.
61. 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.
62. Member States shall 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.

Policy Priorities	Within 5 years, WHO will have worked to:
<b>Implement the Global Health for Peace Initiative</b>	Implement the Initiative at global level, based on the Roadmap and in collaboration with relevant international, regional, national, or local stakeholders
	Operationalize the Initiative at country level, in collaboration with relevant international, regional, national, 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

63. **Strategic objective:** WHO will raise awareness and mobilize support internally and externally on the Health for Peace approach, and advocate for the mainstreaming of the Health for Peace approach. This should draw on the evidence generation workstream.

Policy Priorities	Within 5 years, WHO will have worked to:
<b>Raise awareness on the Health for Peace approach</b>	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:
<b>Advocate for the application of peace- and conflict-sensitivity and, when appropriate, peace responsiveness in health programming</b>	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 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

64. **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.

Policy Priorities	Within 5 years, WHO will have worked to:
<b>Ensure that WHO staff at different levels are equipped to provide peace- and conflict-sensitive health services</b>	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, based on roles and needs.

<b>Support Member States to increase their capacity to carry out Health for Peace programming where requested</b>	Share training materials and offer training support to national health ministries and other national actors.
	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.
	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

65. **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.
66. 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.
67. 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.
68. "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).
69. "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 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.

70.

<b>Policy Priorities</b>	<b>Within 5 years, WHO will have worked to:</b>
<b>Systematically incorporate peace and conflict-sensitivity to</b>	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.



<b>WHO program design and implementation</b>	Integrate deeper context analysis and conflict sensitivity into all program design and implementation in fragile and conflict-affected countries
<b>Systematically consider the appropriateness of peace responsiveness in WHO programming and integrate it where possible, in consultation with national and international stakeholders.</b>	Develop criteria to identify and prioritize settings where peace responsive programming can be implemented.
	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
<b>Achieve national leadership and local ownership of the Health for Peace approach</b>	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

71. **Strategic objective:** In order to strengthen the effectiveness of the Global Health and Peace Initiative, WHO will establish, strengthen, and/or expand partnerships within WHO and with external actors including other UN agencies, national and local health actors, and other international organizations.
72. Partnership, 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.
73. WHO will coordinate with, and look for opportunities to collaborate and partner 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. Partnerships or 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.
74. The Global Health for Peace Initiative will also create or strengthen partnerships with relevant Non-State Actors (NSAs) willing to collaborate on Health for Peace programming, including partners 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, they 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. WHO’s Framework of Engagement with NSAs will guide the way it engages with them.
75. Any partnership or collaboration must be analyzed in terms of conflict sensitivity in order to ensure it does not jeopardize the perceived neutrality or impartiality of health services.

<b>Policy Priorities</b>	<b>Within 5 years, WHO will have worked to:</b>
<b>Establish, strengthen, and/or expand collaborations within WHO and in support of the Health for Peace approach.</b>	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.
<b>Establish, strengthen, and/or expand partnerships with external actors, including with other UN agencies, national and local health actors, and other international organizations.</b>	Identify opportunities to collaborate with partners 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, as well as NSAs involved in peacebuilding activities.

### **3.7 Additional considerations for the Secretariat in implementing the Roadmap:**

76. In consultation with Member states, the Secretariat should put in place the necessary policies, guidelines, adequate management structures, and processes required for effective and successful implementation of the Global Health and Peace Initiative.