

‘HEALTH MEETS PEACE’

GHPI Webinar series

Session 1

INTRODUCING THE WHO GLOBAL HEALTH AND PEACE INITIATIVE (GHPI)

8 October 2024

BACKGROUND OF THE GHPI

Launched in November 2019 by Oman and Switzerland with support of **EMRO**, following a multilateral consultation.

Builds on **PAHOs** experience of ‘**Health as a Bridge for Peace**’ and efforts by civil society around the world.

World Health Assembly Resolution on the GHPI in May 2024.

THE PURPOSE OF THE GHPI

To strengthen or improve the role of WHO and the health sector as contributors to improving the prospects for peace – for example, by strengthening programmers' conflict-sensitivity; or contributing to 'peace' outcomes such as social cohesion, dialogue, or resilience to the impact of armed conflict or violence – while empowering communities, in the framework of WHO's mandate and under national ownership.

Defining 'peace'

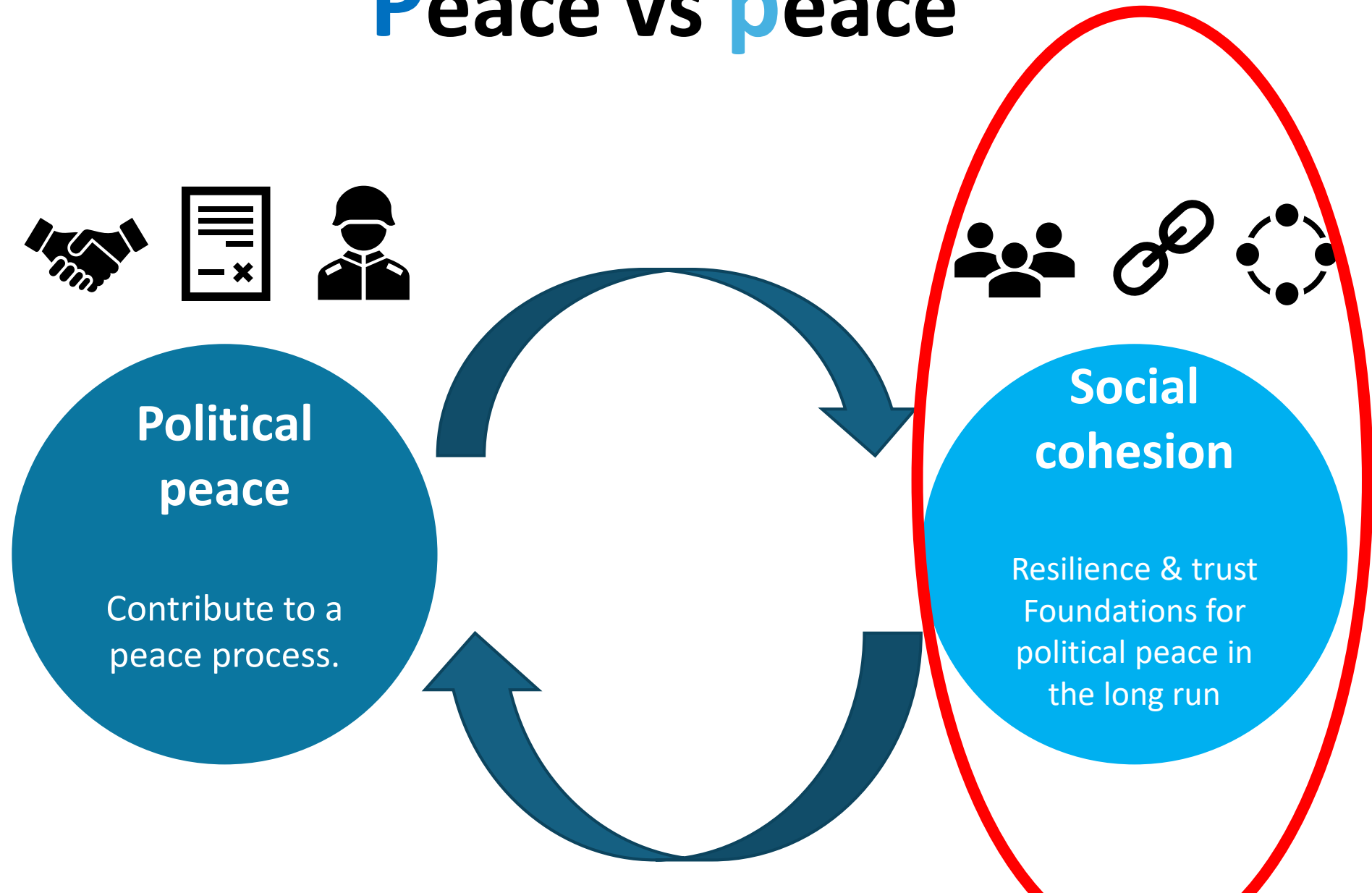
POSITIVE PEACE

The presence of the conditions, attitudes and institutions that create and **sustain peaceful societies** (including social systems that serve the needs of all groups; the constructive resolution of conflicts; etc.).

NEGATIVE PEACE

The (mere) **absence of direct war and violence**, where underlying causes of injustice and inequality that can lead to future conflicts, have not been addressed.

Peace vs peace



What the GHPI is not seeking to do

- Transform WHO into a peacebuilding agency;
- Facilitate nor intervene in high-level peace negotiations;
- Duplicate the mandate and work of other organizations;
- Turn healthcare workers into peacebuilders;
- Politicize or securitize healthcare;
- Impose the Health and Peace Approach on anyone outside WHO.

WHY IS WHO LINKING HEALTH AND PEACE?

Policy background



WHO's Constitution states, “the health of all peoples is [also] fundamental to the attainment of peace and security”.



Ottawa Charter for Health Promotion, mentions peace as the first of a list of prerequisites for health.



Conflict sensitivity is also a key component of the **Humanitarian-Development-Peace Nexus (HDPN)** or “Triple Nexus”.



WHO is committed to contributing to **SDG 16** and the **Sustaining Peace Agenda** (2016 ‘Twin Resolutions’).



GHPI is aligned with the values and principles of the **Localization Agenda (Grand Bargain)**.

WHY IS WHO LINKING HEALTH AND PEACE?

Shifting Operational Landscape

80% of WHO's humanitarian caseload, as well as 70% of disease outbreaks that WHO responds to, take place in fragile and conflict-affected settings.

FIGURE 1.5 Number of Internationalized Violent Conflicts, Global, 1946–2016

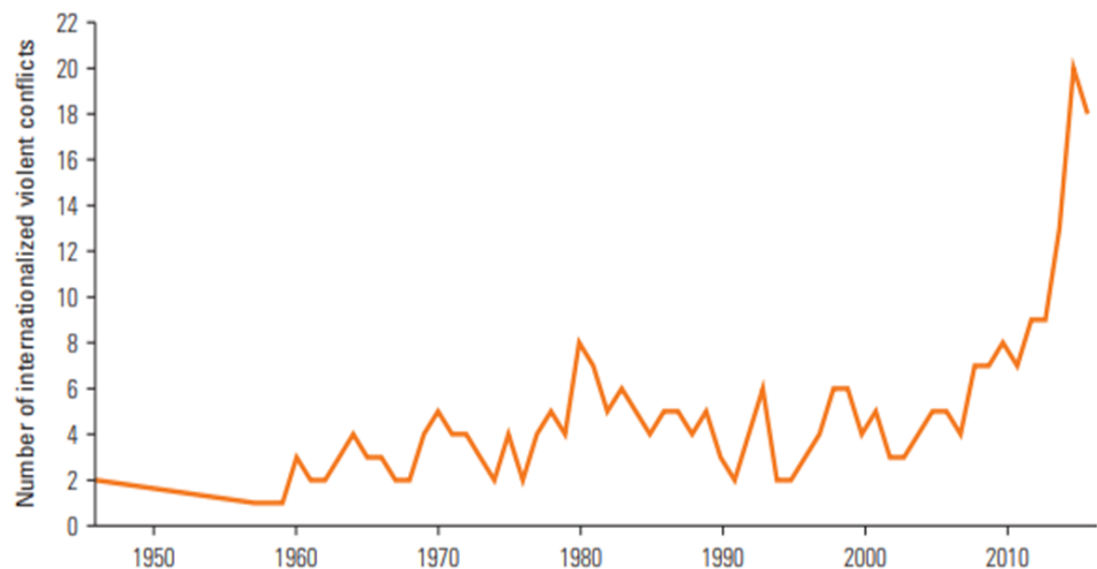
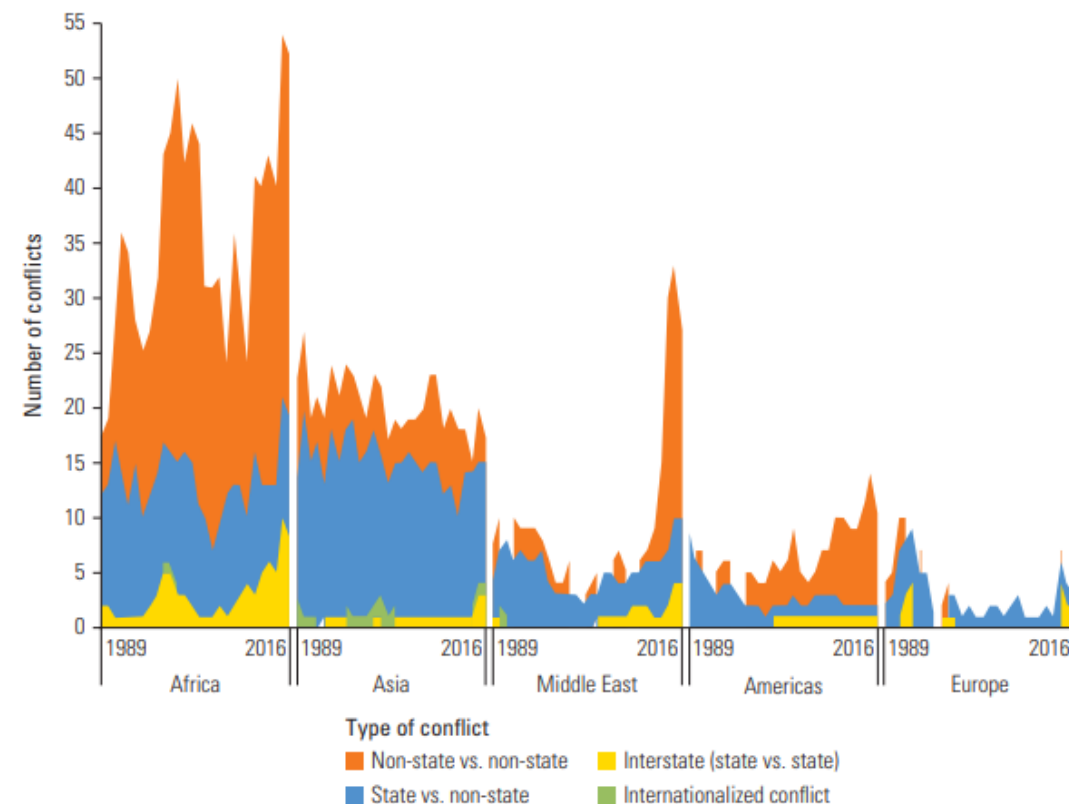



FIGURE 1.7 Conflict Events Worldwide, by Type of Conflict and Region, 1989–2016



Global Relevance



In situations of active conflict



Before or after conflict



In fragile settings with a high degree of social tension



Where marginalized groups are present



Where access to health services is inequitable



Where distrust is high (between population/authorities/health staff)



Where rumours or misinformation undermine public health goals

Anywhere social cohesion, resilience & trust need to be built, sustained, or strengthened



***‘There cannot be health without peace,
and there cannot be peace without health’***

Dr Tedros Adhanom Ghebreyesus
WHO’s Director-General

THE ROADMAP OF THE GHPI

Background:

- **2022:** The 75th World Health Assembly (WHA 75) requested WHO to **develop a Roadmap for the GHPI** based on consultations with Member States, Observers and other stakeholders
- August 2022 - May 2023: 6 consultations
- **2023:** WHA76 **noted the GHPI Roadmap** and requested WHO to report on progress made on its consultative strengthening in 2024;
- Sept. -November 2023: 3 consultations to 'strengthen' the Roadmap.
- **2029:** DG to report to the 82nd WHA on the status of the roadmap in view of a possible, consensual strengthened roadmap.

THE ROADMAP OF THE GHPI *(cont'd)*

Provides a
transparent
framework for WHO
to **operationalize the**
GHPI along 6
workstreams.



Global Health and Peace Initiative (GHPI)

Fifth Draft of the Roadmap
25 May 2023

TABLE OF CONTENTS

| | |
|--|----------|
| 1. INTRODUCTION | 2 |
| 1.1 Purpose of the Roadmap | 2 |
| 1.2 Origins and Overview of the Global Health and Peace Initiative | 2 |
| 1.3 Justification for the Global Health and Peace Initiative | 3 |
| 1.4 WHO's mandate and the Global Health and Peace Initiative | 3 |
| 1.5 Developing the Roadmap | 4 |
| 2. WHAT IS THE GLOBAL HEALTH AND PEACE INITIATIVE? | 5 |
| 2.1 Conceptual overview | 5 |
| 2.2 The Health and Peace Approach | 6 |
| 2.3 Principles of the Health and Peace approach | 8 |
| 2.4 Different roles and ways of working | 10 |

WORKSTREAMS OF THE GHPI / THE ROADMAP




Evidence generation through research and analysis



Development of a strategic framework



Advocacy and awareness raising



Capacity-building

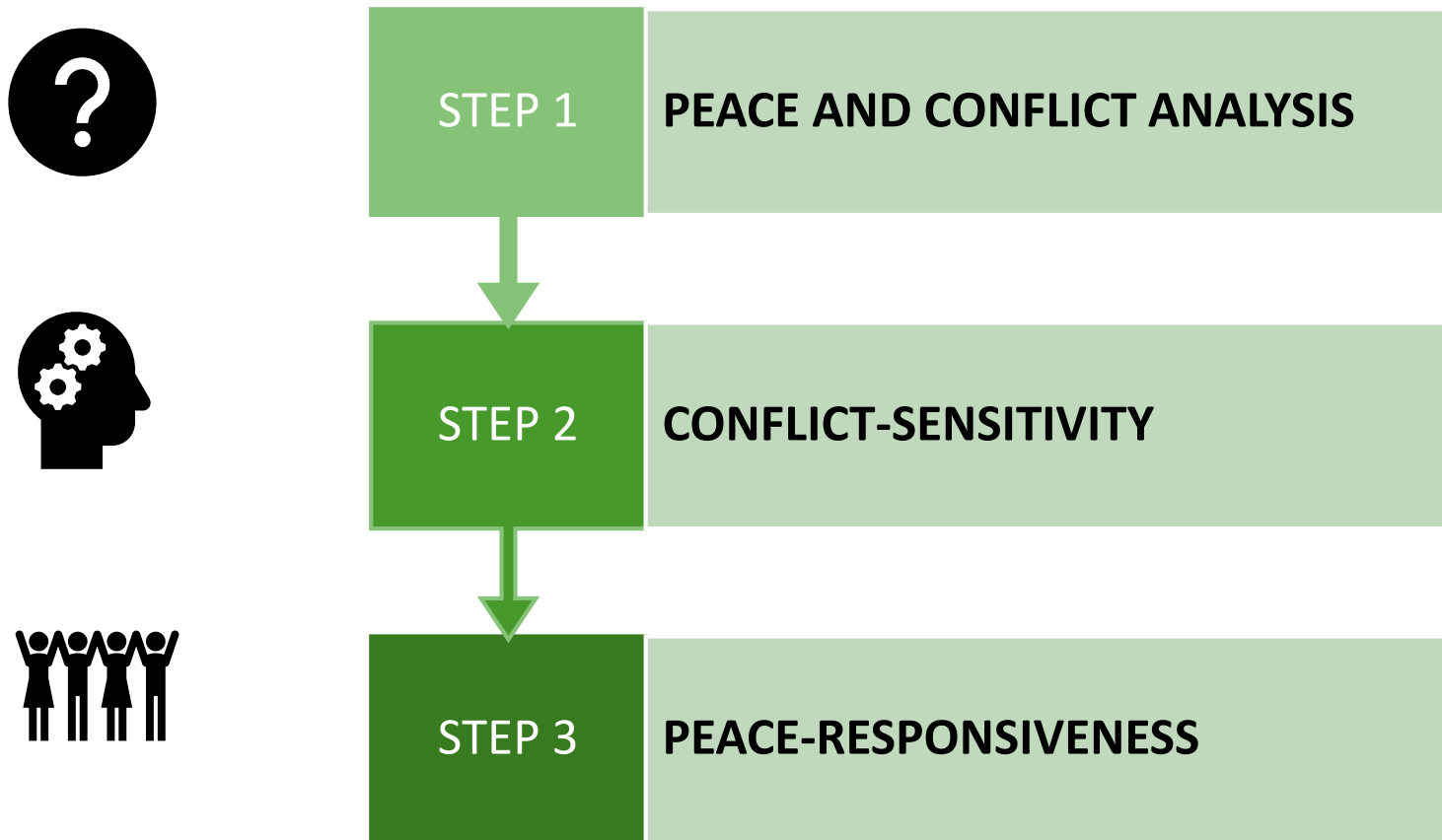


Partnership development



Mainstreaming of the Health and Peace approach

THE 'HEALTH AND PEACE APPROACH'



Examples of WHO 'Health and Peace' programming

ONGOING PROJECTS

- **Guinea Bissau**-Strengthening social cohesion through promoting inclusive and effective public health sector governance, management, and administration. (ends in 2024)
- **Haiti** - Promoting social cohesion by strengthening the mental health and well-being of women and girls in Haiti's insecure and politically unstable context. (ends in 2025)
- **Liberia**- Enhancing social cohesion through rehabilitation and empowerment of marginalised youth in Liberia (ends in 2026)

Examples of WHO 'Health and Peace' programming

CLOSED PROJECTS

- **Cameroon**-Peace through Health: peacebuilding and violence reduction in communities in the Far-North, through inclusive health and social interventions. (closed in late 2023)
- **Burkina Faso**- Healing the invisible wounds of individuals and communities affected by conflicts and violence for peacebuilding in Burkina Faso: An integrated approach to mental health and psychosocial support focused on young people. (closed in late 2023)
- **Somalia**-Improving psychosocial support and mental health care for conflict affected youth in Somalia: A socially-inclusive integrated approach for peace building. (completed in 2021)
- **Sri Lanka**-Youth Participation and Engagement for a Healthier, Equitable, Safer and United Sri Lanka. (completed in 2021) and "Manohari" project - Emotional wellbeing, resilience and community empowerment promotion program (completed in 2019)

Practical Illustration – Cameroon

‘Peace through health: Peacebuilding and violence reduction in communities in the far-north through inclusive health and social interventions’ (2021-2023)

Dr Claver Lotsa Momo

Peace through Health Project Coordinator, WHO Cameroon

THE 'HEALTH AND PEACE APPROACH'



STEP 1: PEACE AND CONFLICT ANALYSIS



What are the **root causes** of the conflict?



Who are the **key actors and stakeholders**, including marginalized or vulnerable groups? How are **power relations** and social dynamics structured in the community?



What are the **main sources of tension** in the intervention area; existing grievances and ongoing disputes? **Marginalisation patterns?**



Which **geographic areas** are of particular significance in terms of risks ?



How have previous interventions affected the conflict dynamics and will this affect future interventions? What is WHO's reputation/ the reputation of its' partners?

STEP 2: CONFLICT SENSITIVITY



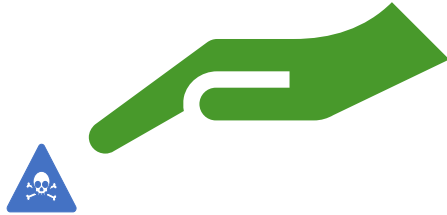
Justification:

Humanitarian, development and peacebuilding activities cannot be separated from the **peace and conflict context** in which they are implemented.

UN activities may impact stakeholders, conflict drivers and capacities for peace in ways that are *unintended or indirect*. Such impacts can be *positive or negative*

Source: UN Sustainable Development Group, [*Good practice Note on Conflict Sensitivity, Peacebuilding and Sustaining Peace*](#), 2022

STEP 2: CONFLICT SENSITIVITY (*cont'd*)



Objective:

MINIMIZE the risk that activities **cause more harm than good** and increase the risk of violence;

MANAGE OR MITIGATE conflict drivers or triggers.



Components:

1. **DEVELOPING UNDERSTANDING** of the **context** in which programs are delivered (*step 1*) ;
2. **ANALYZING** the **relationship** between those activities (and our organization & partners) and the context;
3. **ADAPTING** **programming** or the way activities are delivered accordingly.



Possible entry points for conflict-sensitive programming:

STAKEHOLDER PERCEPTIONS:

Ensure interventions are perceived as neutral to maintain trust and prevent exacerbation of conflict

SELECTION OF SERVICE USERS:

Ensure inclusivity and equity to prevent tensions related to unfair access among communities

COMPOSITION AND TEAM ATTITUDES :

Promote respectful staff behavior and inclusive practices alongside balanced team composition

RESOURCE PROCUREMENT AND DELIVERY:

Source goods in a way that does not cause tensions or feed war economy

INCLUSIVE COMMUNICATION AND ENGAGEMENT:

Share information transparently to build trust and facilitate feedback provision

STEP 3: PEACE RESPONSIVENESS



Designing and implementing health programs that not only address immediate health needs but also (actively) seek to contribute to 'peace' outcomes such as **social cohesion, conflict prevention**, and **resilience** in communities – where appropriate.



Requirements:

Collaboration with other stakeholders with peacebuilding expertise.

When the context (and risks) allows.

To be decided at country level (national ownership).

Adequate technical capacity.

Possible peace outcomes & activities of health interventions

OUTCOMES

**Reducing exclusion
and strengthening trust
between populations and the authorities.**

**Reinforcing social cohesion
between and within communities**

**Preventing violence (repetition) and
supporting reconciliation processes
at community level.**

ACTIVITIES

- Ensuring universal and equitable access to health care.
 - Opening dialogue between populations and authorities over health needs and services.
 - Inclusive and participatory policy-making.
- Community dialogue and inclusive, participatory health governance at local level.
- Providing Mental Health and Psychosocial Support to support stability & reconciliation.
- Designing health activities for groups at risk of violence (repetition) to support their socioeconomic (re) integration in society (building infrastructure, disease surveillance...)
 - Supporting the reintegration of health personnel from demobilized militias into health systems.

Possible peace outcomes & activities of health interventions

OUTCOMES

Facilitating rapprochement and
building confidence
between parties to a conflict

(Facilitating temporary humanitarian
ceasefires)*

** Negative peace*

Fostering cooperation and improving
relations between countries

ACTIVITIES

- Joint training of health personnel across the conflict-line.
- Cross-line dialogue and technical cooperation (ex: disease surveillance and response).

- Negotiating 'days of tranquility' to facilitate humanitarian access (ex: vaccination campaigns).

- Inter-state collaboration over health emergencies.
- High-level dialogue and negotiations over global health policies.

GHPI -WAY FORWARD



RESOLUTION WHA 77.9

In May 2024,
Member States requested
WHO

**‘to continue the
following actions,
within and as part of the
consultative process of
strengthening the
Roadmap for the GHPI’:**

**Evidence
gathering**

**Communi-
cation &
awareness-
raising**

**Capacity-
building**

**Dialogue and
partnership**

Thank you!

Discussion



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CONCLUDING

The 'Health meets Peace' webinar series

- **One webinar every 2 months.**
- **Variety of pertinent topics** relevant to linking health and peace such as
 - Key findings of the 'Lancet Commission on peaceful societies through health equity and gender equality' (early December 2024)
 - Integrating Mental Health and Psychosocial Support (MHPSS) and peacebuilding.
 - The position of the health sector in the Humanitarian-Development-Peace (HDP) Nexus.
 - NGOs' experience integrating health and peace programming in different parts of the world.
- **Variety of highly experienced speakers** - practitioners, policy-makers, researchers.
- Strong **practical component**.
- Space for discussion: **'dialogue'** on health and peace programming and the GHPI.

Thank you



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