

# **Global Health for Peace Initiative**

## **Concepts, Language and Version 4 of Draft Roadmap (v4)**

Information session  
with Member States and Observers

**12 May 2023**

# 1. Introduction

# Purpose of meeting

- ✓ Review the GHPI in light of WHO's mandate
- ✓ Recap the key concepts that underpin the GHPI and its *raison d'être*
- ✓ Discuss the key components of version 4 of the Roadmap
- ✓ Collect feedback and address any questions from Member States and Observers

# Agenda

1. Introduction
2. WHO mandate and the GHPI
3. Objective and Key elements of the GHPI
4. Version 4 of the Roadmap
5. Questions & Discussion

- In total, **83 Member States and 6 Observers provided inputs** on the GHPI Roadmap at some point.
- The Secretariat organized **4 consultation rounds** with MS and Observers (1 on the “Proposed was forward” for the Initiative, and 3 on the draft Roadmap), with the opportunity for stakeholders to provide **verbal as well as written inputs**.
- Consultations took place **over 8 months**, from Aug. 2022 to March 2023.
- Additionally, the Secretariat held one - and now a second Information session in order to debrief the last round of consultation with you and **discuss Version 4** of the Roadmap, this month.
- **Written inputs provided on Version 3 of the Roadmap were shared** with you, with the consent of the concerned stakeholders.

# Consultation process: various steps

**August 2022**  
Consultations on “Proposed Ways Forward” for the GHPI

**Version 1 of Draft Roadmap**

**September – October 2022**  
Consultations on version 1 of the Draft Roadmap

Regional  
Committee  
meetings

**Version 2 of Draft Roadmap**

**February 2023**  
Comments at 152nd WHO EB meeting

**Version 3 of Draft Roadmap**

**March 2023**  
Consultations on version 3 of the Draft Roadmap

**May 2023: Version 4 of Draft Roadmap**

WHA 76

## 2. WHO mandate and the GHPI

# Foundational documents and Past practices

- WHO Constitution
- 13<sup>th</sup> Global Program of Work
- Triple Billion targets
- Past programming e.g. Health as a Bridge for Peace



# Mandate to develop a Roadmap

- DG Report to the 150<sup>th</sup> Executive Board
- 150<sup>th</sup> Executive Board decision (2022) (EB 150/5)
- 75<sup>th</sup> World Health Assembly decision 75(24) (2022)

# 3. Objective and Key elements of the GHPI

# Objective of the GHPI

- Aim: 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.

## The GHPI does NOT aim to

- Transform WHO into a peacebuilding agency;
- Facilitate nor intervene into high-level peace negotiations;
- Duplicate the mandate of any other organization;
- Turn healthcare worker into peacebuilders;
- Impose the health for peace approach to anyone outside WHO

## Key messages

- Health outcomes will always remain the priority
- Context specificity
- Conflict sensitivity is always required
- Peace responsiveness *optional*
- Focus on “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

## Key messages (cont'd)

- WHO will work in **close collaboration with national health authorities**, in line with the WHO Constitution. And **national health authorities can take a leadership role**, if they so wish.
- **Healthcare workers are not expected to act as peace makers or peace mediators.** The Health for Peace approach seeks to contribute to peace outcomes at programming or policy level, so their role is limited and in fact rather indirect.
- Increased conflict sensitivity of healthcare workers contributes to strengthening their ability to **work in a neutral and impartial manner.**

# 4. Version 4 of the Roadmap

# Clarifications requested/incorporated

- **What the GHPI means in practice:** we added information on concept and value of ‘do no harm’ and examples of Health for Peace activities (see Para 39 of roadmap)
- **The role of different actors:** we strengthened language on national leadership; stressed that the Roadmap is not binding on Member States or non-State actors; added section on health personnel; emphasized fact that health workers are not becoming peacebuilders; clarified references vulnerable groups, youth, and women; emphasized that training is to be tailored to responsibilities and roles.



## Clarifications requested/incorporated (cont'd)

- **Accountability and Safeguarding:** version 4 recognizes PSEA and Accountability to Affected Populations, and notes importance of participatory program design.
- **Terminology:** we have ensured using terms commonly used in WHO documents and updated “Partnership” for “collaboration”

## Name of the Initiative: unchanged

Insufficient support for a name change, given the limited and varying inputs received on this in the last consultation round:

- 3 Member States, 1 Observer, and 2 Non State actors (NSAs) stated that there is no need to change the name of the Initiative
- 3 Member States, 1 Observer, and 3 NSAs requested to change the name of the Initiative
- (Remainder left the question blank)

## Draft decision for WHA consideration

The Seventy-sixth World Health Assembly, having considered the consolidated report by the Director-General,

Decided:

- (1) to adopt the Roadmap for the Global Health for Peace Initiative;
- (2) to request the Director-General to report on progress in the implementation of the Roadmap to the Seventy-ninth World Health Assembly in 2026 and the Eighty-first World Health Assembly in 2028.

# 5. Questions & Discussion

Please introduce yourself with  
your name and country / entity

Thank you



# Thank you

## Contact:

Inter-Agency Policy for Emergencies (IPE) Unit  
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## The GHPI webpage:

<https://www.who.int/initiatives/who-health-and-peace-initiative>