

Global Health for Peace Initiative (GHPI)

Second Draft of the Roadmap

December 2022

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A. INTRODUCTION

Purpose of the Roadmap

1. This Roadmap provides a framework for the Global Health for Peace Initiative at global level, defining concepts, establishing principles, setting strategic goals and objectives as well as operational priorities. It also describes the “Health for Peace approach” to programming, which lies at the core of the Global Health for Peace Initiative. As such, this Roadmap is both a strategic and an operational document, at global level.
2. The priorities and activities identified in this Roadmap, under Section C, relate to the work and responsibilities of WHO at the global level – namely of the Technical Secretariat. This includes working with those countries that can contribute to the Global Health for Peace Initiative at global level or to implement it at national level (in coordination with Regional Offices).
3. This Roadmap shall offer a framework for WHO to institutionalize the Global Health for Peace Initiative within WHO, also taking into consideration the ongoing peacebuilding work of the United Nations system, including in ensuring coherence and linkages between peace and humanitarian and development initiatives.
4. Once finalised and approved by Member States, this Roadmap offers a platform to identify and allocate sustainable resources for WHO to fulfil the actions set out in this document.

Background

5. The Global Health for Peace Initiative (GHPI) is a global initiative of WHO that aims to enhance the existing links between health (and health interventions) 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)¹ 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.²
7. The DG report to the Executive Board (EB150/20) established six workstreams for the Global Health for Peace Initiative. These six workstreams structure the Roadmap. They 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.

¹ Documents A75/10 Rev.1 and EB150/20.

² Decision WHA75(24)

8. EB150/20 also identified priorities for the Global Health for Peace Initiative for the next two years (2023-2024). These align with the six workstreams, and are:
 - a. Updating³ WHO’s global strategy in respect of the Health for Peace approach;
 - b. Generating additional evidence on the impact of Health for Peace projects via the development of strong monitoring, evaluation and learning frameworks for such projects;
 - 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 programmes; 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.

These workstreams are reflected in the present Roadmap.

9. During the consultative process on the GHPI “proposed ways forward” held in August and September 2022, WHO sought input from Member States and Observers on these priorities. Input received from Member States and Observers on the GHPI “proposed ways forward” has been incorporated into a first Draft version of the Roadmap. This was then circulated amongst member States and Observers for their inputs, which consisted in a first round of virtual consultation (including an online meeting meant to present the process and the draft Roadmap). The inputs received on the first draft of the Roadmap were incorporated into a second Draft version of the Roadmap (this version)⁴.

Justification, Objective and focus of the Global Health for Peace Initiative

10. 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. It also aims to address the social determinants of health which are critical for positive health outcomes in all settings
11. It reflects the commitment of WHO and Member States to contribute to sustainable health, peace, and well-being for all people. It promotes WHO’s Triple Billion Goals and the Sustainable Development Goals.
12. The aim of the Global Health for Peace Initiative is to strengthen the role of the health sector and WHO in contributing to peace, while empowering and protecting the health of populations in fragile, conflict-affected and vulnerable settings (as well as wider settings globally). It does so by promoting and designing health interventions that are conflict sensitive and, where appropriate, that seek to contribute to peace outcomes.
13. The Global Health for Peace Initiative’s definition of “peace”, or its focus, is primarily on ‘*small p*’ peace, such as social cohesion, trust, inclusion, resilience to violence (rather than ‘*big P*’ Peace, in the form of high-level political processes/solutions). As such, it aims to contribute to ‘positive

³ This should read “developing”.

⁴ Further consultations shall take place in early 2023.

peace’, which refers 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’.)

14. The Global Health for Peace Initiative’s approach to peace also implies that it does not only focus on responding to conflict situations, but also on preventing conflicts and sustaining peace.
15. Related to the above, while the Global Health for Peace Initiative focuses on fragile, conflict-affected and vulnerable settings, the Initiative can also be highly relevant in other countries where social cohesion, trust, or resilience need and can be strengthened. Indeed and as the COVID-19 pandemic highlighted, poor social cohesion or low levels of trust between populations, government, and health workers can undermine positive health outcomes and access to healthcare globally.
16. Health outcomes will always remain the priority when WHO designs and implements Health for Peace interventions.

WHO and the Global Health for Peace Initiative

17. 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”.⁵
18. The Global Health for Peace Initiative aligns with WHO’s work under the 13th General Programme 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. It will also help WHO and Member States achieve the Sustainable Development Goals.
19. The Global Health for Peace Initiative builds on past WHO health programmes which delivered health interventions in conflict settings, such as its ‘Health as a Bridge for Peace’ projects in the 1980s and 1990s.
20. What is new and innovative about the Global Health for Peace Initiative is that it considers that health programmes can be used not only to work *in* conflict (achieving health benefits in conflict situations) but also to work *on* conflict (to influence conflict dynamics in a positive way), where appropriate (that is, where, relevant, possible, and based on risk assessment). Additionally, the Global Health for Peace Initiative also seeks to *prevent* the outbreak of conflicts and *sustain peace* (such as through the strengthening of health systems; inclusive health governance; equitable access to healthcare or by addressing the social determinants of health).
21. 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

⁵ 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).

theme affirmed the relevance of the Global Health for Peace Initiative for improved health outcomes globally.

22. The Global Health for Peace Initiative draws on WHO's legitimacy and comparative advantage, which 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. 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.
23. The Global Health for Peace Initiative will help WHO and Member States to contribute to the Sustainable Development Goals. The 2030 Agenda for Sustainable Development emphasizes that there can be no sustainable development without peace and no peace without sustainable development. It underscores the importance of ensuring healthy lives, promoting well-being for all at all ages, and promoting just, peaceful and inclusive societies.
24. 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 pillars⁶, in coordination, collaboration and complementarity with other relevant UN agencies and regional organizations.

B. THE "HEALTH FOR PEACE" APPROACH AND PRINCIPLES

25. Within the six workstreams of the Global Health for Peace Initiative (presented under Section C), the mainstreaming of the "Health for Peace approach" (Workstream 5) is pivotal in the pursue of the Initiative's aim of strengthening the role of the health sector and WHO in contributing to peace.
26. This section elaborates on the Health for Peace approach and the principles it follows.
27. Health programmes or projects that adopt the Health for Peace approach to programming are being referred to as "Health for peace interventions".

Approach

28. The Health for Peace approach has two components or asks:
 - a. Ensuring that health programmes or projects 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 ('do no harm').
 - b. Where the context, capacities and risks allow, designing and implementing health interventions that are "peace responsive" – meaning, that seek to contribute to peace outcomes

⁶ 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

such as social cohesion, trust and dialogue, or community resilience to violence - as well as gender sensitive.

This requires health interventions to be informed by a good analysis and understanding of peace and conflict dynamics in a given context.

29. Conflict sensitivity is the core requirement of the Global Health for Peace Initiative. Health interventions must always be peace- and-conflict sensitive in order to avoid unintentionally causing any harm on peace and conflict dynamics.
30. Improved conflict sensitivity can also contribute to strengthening impartiality, by better understanding political dynamics and actors into play, in a given context. Conflict sensitivity can also help mitigating risks of attacks on healthcare workers or facilities, by demonstrating awareness and sensitivity to existing conflict factors, dynamics or problems.
31. Peace responsive programming will only be pursued when the environment, capacities, risks and WHO's comparative advantage allow, and must always be tailored to the context and wherever possible, gender considerations and all other forms of vulnerability.
32. Peace-responsive health interventions can work across different levels:
 - a. With community members, to address social cohesion, trust, and resilience;
 - b. With prominent members of a society, to influence marginalization, tension, and rumours;
 - c. With political leaders, working on health dialogue and diplomacy.
33. The targeted outcomes of peace responsive programming will vary widely, based on context, but may include:
 - 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 building trust between citizens and the state through dialogue/ participatory health governance, and equitable and impartial health coverage.
34. Contributing to peace outcomes or "peace responsive programming" shall be decided in discussion with other relevant stakeholders, including governments, and always be conflict-sensitive (avoid doing any harm on peace and conflict dynamics).
35. The 'health for peace' approach focuses on fragile, conflict-affected and vulnerable settings but is also relevant in any setting where social cohesion, resilience and trust need to be built, sustained, or strengthened. This includes:
 - 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

- f. Where health workers and healthcare are at risk of violence.
36. Health outcomes shall always have priority when WHO plans Health for Peace interventions. WHO's contribution to peace outcomes will always be based on its technical competencies, added value and comparative advantage in health.
37. The Global Health for Peace Initiative will engage with Non-State Actors (NSAs) where necessary, including at service provision level. WHO's Framework of Engagement with NSAs will guide the Initiative's engagement.

Principles of the Health for Peace approach

38. The Health for Peace approach and more specifically, peace-responsive programming upholds principles that are relevant to both the success of health programmes and the pursuit of peace outcomes, namely: context specificity, participation, equity, inclusiveness, and local ownership/leadership.
39. **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 or national actors are best positioned to decide the most suitable approach to be adopted in their setting. 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.
40. **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 improve relations between the state and its citizens, and between citizens themselves. Participation also includes meaningful engagement of youth and women at different levels.
41. **Equity and inclusiveness:** Participation of all groups, including the most vulnerable, especially woman 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.⁷

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. The health for peace approach should contribute to protecting and promoting rights and participation of women and girls.

42. **Local ownership and leadership:** Health for Peace interventions must be locally led – 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

⁷ United Nations and World Bank, Pathways for Peace: Inclusive Approaches for Preventing Violent Conflict (Washington DC: World Bank, 2018).



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.

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

43. This Section addresses the implementation of the Global Health for Peace Initiative across its six workstreams. It identifies policy priorities and objectives for every workstream over a period of 5 years. It is also meant to map key activities.

44. The priorities and activities identified in this section relate to the work and responsibilities of the Technical Secretariat, as this Roadmap is meant to provide a framework for the Initiative at global level.

In its work, the Technical Secretariat will engage with those countries that can contribute to the Global Health for Peace Initiative at global level or to implement it at national level (in coordination with Regional Offices).

45. The possible operationalization of the Global Health for Peace Initiative at country level will be tackled in another 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 (see Workstream 2).

46. Across the six workstreams of the Global Health for Peace Initiative, the Executive Board Report (EB150/20) had identified some priorities or “proposed ways forward” for the next two years:

- a. Updating WHO’s global strategy in respect of the Health for Peace approach;
- b. Generating additional evidence on the impact of Health for Peace projects via the development of strong monitoring, evaluation and learning frameworks for such projects;
- 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 programmes; 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.

47. The above priorities are mainly intended to enable the mainstreaming of the Health for Peace approach - into programmes or projects at country level; and into WHO policy and/or guidance documents at the global level, as per Workstream 5 of the GHPI.

1. Workstream #1: Evidence generation through research and analysis

48. **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.

Policy Priority	Within 5 years, WHO will have worked to:
Improve measurement of the Health for Peace approach	Develop a strong monitoring, evaluation and learning framework for Health for Peace interventions and provide guidance on how to measure the effectiveness and impact of Health for Peace interventions.

Policy Priority	Within 5 years, WHO will have worked to:
Produce public knowledge products that contribute to the evidence basis for the Health for Peace approach	Develop and disseminate a comprehensive compendium of best practices on the Health for Peace approach Collect and analyse country-level evidence on how health interventions 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.
Produce research connecting wider issues to the Health for Peace approach	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 marginalised communities and at-risk groups.

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

49. 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”.
50. 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.
51. 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 needed.
52. To support the operationalisation 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.
53. **Strategic objective for Workstream #2:** 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.
54. Member States shall adapt the guidance provided in that Action Framework to their context, should they decide to do so. Specific Plans of Action could then be developed at country (and/or regional office) level.

Policy Priorities	Within 5 years, WHO will have worked to:
Implement the Global Health for Peace Initiative	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. Workstream #3: Advocacy and awareness-raising

55. **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:
Raise awareness on the Health for Peace approach	Identify advocacy and awareness-raising priorities and develop key messages. This should draw on the evidence generation workstream.
	Use policy dialogue and advocacy to mobilize awareness of and support for Health for Peace interventions 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:
Advocate for the application of peace- and conflict-sensitivity and, when appropriate, peace responsiveness in health programming	Produce advocacy and awareness materials that can be a resource for WHO and Member States to support conflict sensitive and peace responsive health programming.
	Advocate for specific evidence-based approaches that help health programming to strengthen social cohesion, improve state-citizen relations, and address 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.

4. Workstream #4: Capacity-building

56. **Strategic objective:** WHO will equip its staff and 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:
Ensure that WHO staff, and the health systems that WHO supports, are equipped to provide peace- and conflict-sensitive health services	Develop a Handbook and training materials to develop specific skills required to implement the Health for Peace approach .
	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.
	Actively engage local key stakeholders such as youth, women, and community leaders in capacity-building activities so as to strengthen their ability to play an active or leadership role in the Health for Peace approach.
Support Member States to increase their capacity to carry out Health for Peace programming	Share training materials and offer training support to national health ministries and other national actors.
	Provide as appropriate, upon request, and in collaboration with national health actors and other competent international organizations, technical support to strengthen public health systems and policy processes.

5. Workstream #5: Mainstreaming of the Health for Peace approach

57. 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.

58. 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

programmes or projects at regional or country level, if and where deemed appropriate by the concerned countries.

59. **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.
60. “Mainstreaming peace- and conflict-sensitivity” means that WHO and relevant stakeholders, when designing and implementing health interventions 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).
61. “Mainstreaming peace responsiveness” means that WHO and relevant stakeholders, when designing and implementing health interventions 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.

Policy Priorities	Within 5 years, WHO will have worked to:
Systematically incorporate peace- and conflict-sensitivity to WHO program design and implementation	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.
Systematically consider the appropriateness of peace responsiveness in WHO programming and integrate it where possible, in consultation with national and international stakeholders.	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”), in consultation with national and international stakeholders.
Achieve local leadership and local ownership of the Health for Peace approach	Encourage and support local leadership and local ownership of the Health for Peace approach. This may include Member States chairing relevant meetings, hosting events, documenting their experiences, and leading program design.

6. Workstream #6: Partnership development

62. **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.

Policy Priorities	Within 5 years, WHO will have worked to:
Establish, strengthen, and/or expand collaborations within WHO and in support of the Health for Peace approach.	Facilitate cooperation across WHO to promote a common agenda.
	Strengthen the role of the internal WHO contact group (“Health for Peace focal points”) so that the Global Health for Peace Initiative has regular interface with various WHO Offices and Technical Departments.
	Identify technical areas where Health for Peace programming is particularly relevant and strengthen internal collaboration on the Global Health for Peace Initiative.
Establish, strengthen, and/or expand partnerships with external actors, including with other UN agencies, national and local health actors, and other international organizations.	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.

Additional considerations for the Secretariat in implementing the Roadmap:

63. In consultation with Member states and Regional offices, the Technical 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.