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Editorial

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The World Health Organization has noted the important synergies between health and peace since its very inception, both in its foundational document and in its work globally. The WHO Constitution remarks that the “health of all peoples is fundamental to the attainment of peace and security and is dependent on the fullest co-operation of individuals and States.” (1) In addition, peace is noted as being one of the fundamental conditions to promotehealth in the Ottawa Charter for Health Promotion in1986 (2). The Eastern Mediterranean Region (EMR) hasbeen contending with the challenges borne of conflictand insecurity for decades. Currently, nine out of the 22countries and territories in the Eastern MediterraneanRegion are represented in the World Bank’s List of Fragile and Conflict Affected States (3) ranging from acuteconflict to high institutional fragility.

These conflicts have resulted in large scale migrationwithin and between member states. The Region is home to 66% of the world's refugees and the number of internally displaced persons (IDPs) has continued to rise in recent years, amounting to 45% of the world's total in 2020 (4) with the numbers expected to rise. These conflicts not only impact individuals' health, safety and wellbeing but also weaken health systems as well as other systems that have direct or indirect impact on health and threaten to reverse the recent progress on health indicators and life expectancy in the Region. In April 2019, the Region convened a meeting to explore ways of understanding and addressing the determinants of health. Conflicts and their consequences were identified as major challenges to achieving "health for all by all" which is the goal of the EMR Vision 2023. Peace was identified as a major determinant of health in the Health for Peace (HOPE) initiative, linking SDG 16 and SDG 3. Historically, the notion of "health as a bridge for peace" was part of the work of WHO Pan American Health Organization (PAHO) in conflict affected and post-conflict settings, developing programmes that would provide both health and peace outcomes. In addition to negotiating access to vulnerable populations through ceasefires to provide essential services such as routine immunization, subsequent work expanded to the European region in the 1990s and included advocacy on peace and human rights (5). Previous examples of health for peace work in the EMR included "days of tranquillity" to negotiate access to vaccination campaigns in Afghanistan, Somalia, Sudan and Syria; national health policy reform and trust building in vulnerable communities in Tunisia (5); mental health and psychosocial support provision in Somalia (6).

The Health for Peace Initiative started in 2019 in the Eastern Mediterranean Region in partnership with the Ministry of Health of the Sultanate of Oman and the Government of Switzerland. Since the launch, several activities took place during the past two years aiming to sensitize national and regional stakeholders on the key concepts of the health for peace agenda. Capacity building efforts have focused on providing training on negotiation skills and conflict analysis to guide and inform their work in emergencies and conflicts. An online course to enhance the understanding of health for peace and its aims was developed. Additionally, since 2019, high-level consultations have been convened, both regionally and globally, to discuss the central role of the health sector in peace building, global health security and addressing the impact of the crises including the ongoing COVID-19 pandemic (7).

The regional HOPE initiative has evolved into the Global Health for Peace Initiative (GHPI) in 2021, benefiting from the knowledge, history, and experience of all WHO Regions, aiming at better health and wellbeing for all and ensuring equity in access to healthcare services, while facing challenges resulting from conflict, insecurity, instability, displacement, and migration. The GHPI was an agenda item in the 150th WHO Executive Board resulting in a decision to begin a consultative process with member states and observers on possibilities for implementation and the development of a road map for the initiative (8). The Initiative "involves WHO building on its technical competencies, legitimacy, relationships and convening power in health to develop innovative ways to address conflict, strengthen resilience to violence and empower people to (re)build peaceful relations with each other" (9).

The GHPI recognizes the importance of fostering and promoting peace across multiple levels: Track 1 – health dialogue and diplomacy through dialogue and engagement with international stakeholders and international bodies both at regional and global level; Track 2 – engaging actors within and beyond the health The GHPI recognizes the importance of fostering and promoting peace across multiple levels: Track 1 – health dialogue and diplomacy through dialogue and engagement with international stakeholders and international bodies both at regional and global level; Track 2 – engaging actors within and beyond the health sector such as civil society organisations, academia, non-governmental organisations, and activists and; Track 3 – community resilience and health with community-based efforts that build social cohesion and trust and promote intercommunity dialogue (5). Addressing peace building across all tracks contributes to lasting political peace. In conclusion, the work proposed both in the HOPE and the Global Health for Peace Initiatives is one that allows the health sector to address one of the major structural determinants that impact the health and wellbeing of millions of vulnerable people in the Region. It shifts the focus of the health sector from ‘working in emergency’ and merely responding to crisis to ‘working for peace’ and addressing the determinants of conflict where possible. The Initiative plans to conduct this important work by building partnerships with stakeholders, at all levels, while zooming on the role of the communities in its actions. Health should always be presented as an ultimate goal with mutual benefits for all partners and the health sector has an opportunity to position itself as a major stakeholder in building social cohesion, building trust, and promoting lasting peace through conflict-sensitive and peace-responsive programming guided by the core principles of equity, inclusiveness, participation and local ownership at community level.

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