

Insight Report

Adaptive Capacity in Practice:

*Integrating Peace Responsiveness into Public Health
Sector Governance, Management and Administration
in Guinea-Bissau*

2023 – 2025

Introduction

This study presents insights from the UN Peacebuilding Fund (UN-PBF) project *Strengthening Social Cohesion through the Promotion of Inclusive and Effective Public Health Sector Governance, Management, and Administration*, implemented in Guinea-Bissau between 2023 and late 2025. Convened by the World Health Organization (WHO) and implemented with partners including Interpeace, Voz di Paz, UNICEF, and national institutions, the project introduced Peace Responsive approaches to the public health sector with the aim of strengthening sustainable health governance in Guinea-Bissau's politically volatile context. This insight report analyses field experiences and project documentation and unpacks how health-for-peace programming operates and navigates in a complex conflict-affected setting. Furthermore, the report consolidates learnings from Peace Responsive programming and peace-relevant outcomes in health sectors elsewhere.

Evidence from numerous conflict-affected settings shows that poorly designed interventions can unintentionally aggravate existing tensions and inequalities, underscoring the need for approaches that deliberately account for their potential peace impacts. In response to this, the World Health Organization (WHO) launched the Global Health and Peace Initiative (GHPI) in 2019 and has advanced its approaches since, providing valuable guidance on how health programs can be utilised to intentionally contribute to the pillars of peace, including social cohesion, trust, and conflict prevention.

These discussions have been mirrored within the Humanitarian-Development-Peace Nexus, which has similarly emphasised the importance of ensuring that health interventions are not only conflict-sensitive but proactively Peace Responsive, thus deliberately working toward health objectives, while simultaneously supporting peace outcomes. This shift reflects the growing recognition that health systems both influence and are influenced by conflict dynamics and can be utilised to consciously contribute to peace.

In response to these calls, much of the emerging evidence on health-for-peace interventions has focused on contexts characterised by situations of overt violence and clearly identifiable adversaries. However, less attention has been given to health programming in politically volatile environments, where conflict dynamics are more diffuse and embedded within institutional systems. An example of such a context is found in Guinea-Bissau.

Peace Responsiveness

ensures that interventions across humanitarian, development, climate, and economic sectors are deliberately designed to foster peace and address the evolving nature of violence.

Nearly three decades after the 1998-1999 civil war, overt violence has largely receded, yet persistent political instability, fragile institutions, and unresolved public sector grievances continue to shape governance structures and the relationship between the state and society in Guinea-Bissau. Across the country, dyadic ‘adversaries’ are hard to pinpoint and conflict dynamics do not necessarily manifest through direct confrontations. However, tensions accumulate through everyday governance practices, strained institutional relationships, and the gradual erosion of trust across professional and institutional interfaces – including in the healthcare sector.

However, neither is the presence nor reach of these dynamics limited to the health governance system alone. Representing a core human security infrastructure, unresolved and accruing grievances characterising health governance operations now touch the lives of nearly every Bissau-Guinean raising an important question for practitioners and policymakers alike: **How can health-for-peace programming contribute to stability and cooperation in contexts where conflict is diffused and institutionalised – and infrequently expressed through overt socio-political violence?**

The learnings from Guinea-Bissau offer a unique opportunity to examine this question in practice. The following pages explore how the described health-for-peace initiative unfolded within the complex, post-war transitional environment, and what it can teach us about the evolving practice of Peace Responsive health programming.

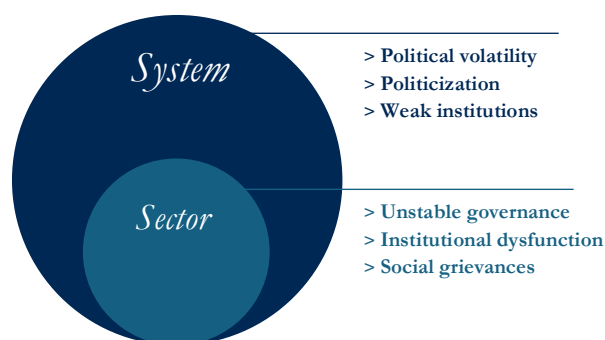
Country & Conflict Context

Guinea-Bissau gained independence from Portugal in 1973 with strong aspirations for political and social transformation. In the decades since, the country has experienced persistent political instability and repeated interruptions to its democratic governance. Multiple coups and attempted coups – including in 1980, 2003, 2012, a contested attempt in 2022, and a post-election military takeover in late 2025 – have challenged institutional continuity and disrupted progress toward accountable and responsive governance.

Although large-scale armed conflict has not occurred in recent decades, Guinea-Bissau's recent history has thus been characterised by political volatility, politicisation, and weakened institutions, which continue to shape the everyday life of a population of roughly two million. The closure of the United Nations Integrated Peacebuilding Office (UNIOGBIS) in 2020 was a key event that marked the end of a prolonged international stabilisation process, even as many of the underlying drivers of instability remained. In this context, national and community-based peacebuilding efforts have increasingly focused on strengthening social cohesion through efforts focusing on improving state-citizen trust and governance systems.

Within this context, the public health sector has emerged as a critical site where the weakness of governance systems, the dysfunctioning of institutions, and rooted social grievances converge. Persistent labour disputes over unpaid wages, deteriorating working conditions, and management practices have coalesced into annually recurring strikes and work stoppages by health professionals. At the same time, governmental responses have often relied on ad hoc negotiations and presidential decrees, reinforcing a reactive and crisis-driven pattern of engagement.

Dynamics of volatility of non-confrontational conflicts



This collision of sectoral grievances and weak governance structures has proven particularly corrosive. Salary disputes and workplace concerns have repeatedly manifested in dysfunctional coordination between ministries, politicised political appointments, and unclear administrative procedures. Together, these dynamics have amplified mistrust and eroded the credibility of negotiation processes reinforcing a cycle of escalation and non-resolution.

In response to the dynamics, the health and education sector unions formed a joint platform, the *Frente Social (Social Front)*, to strengthen their collective bargaining power.

Project Overview

Against this backdrop, the Health-for-Peace project funded by the UN Peacebuilding Fund (UN-PBF) sought to strengthen dialogue, cooperation, and governance within Guinea-Bissau's health sector. The initiative was developed through consultations with national institutions, including the Ministry of Public Health (MINSAP), the Ministry of Women, Family and Social Solidarity, civil society organisations, and professional associations.

The project's implementation from 2023 to 2025 occurred during a period marked by frequent strikes and protests by health sector workers, and high levels of political volatility. To support cohesion and alleviate public tensions and with activities ranging from community-facing dialogue processes to high-level institutional engagement, initiatives were carried out simultaneously across multiple levels of the health care ecosystem.

Insight Study

In contrast to the project's official final evaluation, which assessed implementation and was conducted by the WHO, the insight-oriented research project focused on understanding shifts or changes, how these changes were experienced by key stakeholders, and their significance for health governance and health-for-peace outcomes. The research sought to answer the following questions: **What changed, for whom, and in what ways? To what extent did the project's interventions contribute to the identified changes?**

The insight study was carried out from September to November 2025, following the project's conclusion. The methodological approach drew upon Outcome Harvesting and Most Significant Change techniques. Primary data research included an exhaustive review of project documentation as well as interviews, while a participatory action process helped reveal plausible outcome areas that were then selected for studying peace-related outcomes. Within the identified domains, levels of change (early-stage, operationalised, and institutionalised) were identified and used for further inquiry.

This report showcases the experiences and insights derived from the two main peace responsive initiatives undertaken by Interpeace and Voz di Paz:

1. The design and implementation of the Health for Peace Resilience Barometer, and
2. The formation and support of the *Equipa Mista (Joint Team)* for Health Sector Governance.

Both initiatives provide nuanced perspectives and considerations about the nature of influence between peace responsive programme design and outcomes.

The project combined the expertise of several implementing partners:

<p><i>Interpeace & Voç di Paz</i></p>	<p><i>WHO & UNICEF (with partners AIFO & VIDA)</i></p>
<ul style="list-style-type: none"> - Led peace responsive innovations in sectoral analysis and overall project design - Facilitated the design and implementation of the country’s first national Health and Peace Resilience Barometer - Convened and facilitated participatory-based dialogical activities - Guided implementing partners on supporting peace responsive outcomes 	<ul style="list-style-type: none"> - Supported frontline health actors in capacity-sharing and resourcing efforts - Improved service coordination, case management, and community engagement - Reinforced national response systems and institutional coordination within the <i>Linha de Saúde 24H</i> emergency response hotline - Supported Guinea-Bissau’s first reporting contribution to the Universal Periodic Review (UPR) process
<p><i>Project Outcomes</i></p> <p>Strengthening governance understanding: Improving the capacity of institutions to understand and respond to citizen and health worker concerns through dialogue and evidence</p> <p>Building conflict management capacity: Equipping health sector actors with skills and tools to negotiate, mediate, and address tensions constructively</p>	

The Health and Peace Resilience Barometer

The Health and Peace Resilience Barometer was a nationwide participatory initiative designed to employ tools like dialogue to support conversations that capture how citizens, health workers, and public authorities experience Guinea-Bissau’s health system. Through a series of facilitated discussions and survey instruments deployed across the country, the Barometer gathered information on public perceptions, identified key governance challenges, and enabled diverse actors to collectively analyse the results. These results were then used to formulate regional and nationally relevant policy recommendations.

Rather than simply collecting data, the Peace Responsive approach fostered structured spaces for shared analysis and dialogue among stakeholder groups who rarely engage with one another on such topics, thus uniquely informing the evidence-based recommendations for improving health governance. The initiative ultimately produced a nationwide database on health system experiences and a model for participatory sense-making that informed advocacy and reform discussions in the health ecosystem.

Health & Peace Resilience Barometer	
Reach	Key Outputs
<ul style="list-style-type: none"> - 9 of 10 administrative regions covered - 3,240 citizens surveyed nationwide - 360 participants involved in regional consultation sessions - 300 participants engaged in participatory analysis workshops - Mixed dialogue groups made of citizens, health workers, civil society, and state authorities 	<ul style="list-style-type: none"> - First nationwide dataset on public perceptions of the health system - Cross-regional insights into governance and service challenges - Structured dialogue between citizens, health workers, and authorities, with outputs that informed advocacy and sectoral reform discussions - 6 key sectoral governance themes identified - Evidence-based policy recommendations drafted

Dialogue Outcomes

The Outcome Harvesting of the Health Barometer experiences underscored a series of observable shifts in perceptions, relationships, and practices across actor groups involved in the health governance system and engaged in project activities. While many of the observed shifts and changes were deemed to be ‘emergent’ or ‘early-stage’ rather than fully consolidated, they signalled meaningful and scalable potential for addressing vital relational and institutional dynamics.

Shifts in thinking, recognition, communication, and professional interaction were identified as the relational scaffolding and impetus for individual and institutional behavioural changes. These were not interpreted to be secondary outcomes. Rather, the nature of those outcomes revealed them to be foundational conditions from which more durable change could emerge, especially considering the deep mistrust and patterned interactions pertinent to the context.



These developments represent early signs of constructive relational repair within the health ecosystem – though the objective of the dialogical approach was not intentionally purposed to do so. The process identified three interconnected shift categories, illustrating how dialogue-based health-for-peace programming was able to gradually influence cooperation,

professional recognition, and ethical practices across key interfaces of the health system. Together these shifts contributed to decelerating or preventing the further accumulation of grievances.

Members of the Mixed Group (Equipa Mista) representing Unions, Professional Associations and the Ministry of Health, Finance and Public Administration. © Voz di Paz

Three significant shift patterns were observed:

<i>Relational recalibration</i>	<i>Reinforcing system function through role recognition</i>	<i>From taboo to awareness: ethics, rights, and trust</i>
Structured dialogue enabled citizens, health workers, unions, and institutional actors to openly surface grievances and collectively examine underlying challenges, reducing blame and supporting early shifts toward relational repair and cooperation.	Dialogues enabled health actors to recognise each other’s roles and contributions, including marginalised intermediaries across the care chain, strengthening professional legitimacy, improving collaborative groundwork, and supporting trust-based interactions and coordination within the ecosystem.	Facilitated exchanges enabled the surfacing of taboo issues, such as confidentiality breaches, enabling health actors to link everyday practices to trust, service use, and system legitimacy. This in turn enabled the fostering of early shifts in ethical awareness and rights-based responsibilities within the health ecosystem.

Across sites of activity, dialogical tools contributed to stabilising key relational interfaces across the health ecosystem, enabling constructive engagement among actors who shape service delivery. These initiatives contributed to the emergence of broader conditions necessary for both effective governance and durable trust.

The insight study thus underscored how strengthening relational and procedural foundations is an important pathway through which peace-relevant change can take shape – especially in environments where conflict dynamics are embedded within everyday governance practices rather than expressed through overt confrontation.

Equipa Mista: A Stabilising Platform for Health Sector Dialogue

The Equipa Mista emerged in mid-2024 following a series of project-supported capacity-sharing activities, conducted by Interpeace and Voz di Paz, in conjunction with the International Labor Organization (ILO). The platform was initiated with the aim of strengthening conflict analysis and dialogue capacities among key institutional stakeholders within the health governance ecosystem.

Rather than being created by decree or activated through formal crisis negotiations, the Equipa Mista developed organically among participants engaged in the project’s targeted skill-building activities initially convened by Interpeace and Voz di Paz in response to significant ministerial volatility. The Equipa Mista formed in the immediate post-workshop period following the abrupt dismissal of the Health Ministry’s political leadership, which left participants and project implementers without clear pathways and tools to manage the prevailing impasse in sectoral negotiations and reforms. Equipa Mista was thus formed to represent a relatively autonomous multistakeholder group that has since matured, if slowly, as a space for dialogue and coordination.

By contrast, research into the formal institutional mechanisms established to manage social dialogue and sector disputes in Guinea-Bissau show that such mechanisms have often struggled to function in practice. Some remain inactive or politically constrained, while others are activated only during moments of acute crisis, limiting their ability to sustain cooperation or ensure follow-through on agreements. While the Equipa Mista does not replace these mechanisms, nor seek to assume their formal mandate, its emergence highlights a persistent demand for spaces of constructive intra-sector engagement that are not subject to mitigating forces nor contingent on crisis. Driven by government and civil society actors alike, its continuity suggests it to be an early-stage or emergent space perceived as auspicious to all.

Positioned one step removed from formal negotiations and political authority, evidence from interviews and meetings indicates that the Equipa Mista operates in the style of a Track 1.5 platform. It continued to convene throughout the project period and sought to regroup following the 2025 coup, suggesting that its resilience stems from a shared recognition among participants of the need to preserve communication and coordination within the sector – an effort that Interpeace and Voz di Paz also quickly adapted to support.



Representative of the Ministry of Health during an engagement session on the recommendations produces along the different interventions.

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Participants from Unions, Professional Associations and the Ministry of Health during a Peace and Conflict Analysis of the Health Sector.

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Equipa Mista
Joint Team for Health Sector Governance

A different logic of engagement

Key characteristics:

- Multistakeholder, ‘Track 1.5’ type platform linking government, unions and civil society
- Grounded in shared stakeholder interest around challenges in health system governance
- A space for shared analysis and collaboration among key health actors
- Continual evolution of purpose and operations amidst political instability and turnover

A year later, the Equipa Mista demonstrated a solid track record of regularly convening stakeholders across the sector, enabling continued engagement amidst frequent institutional turnover and political uncertainty.

The Equipa Mista illustrates how Peace Responsive health programming can support preventive stabilisation within governance systems, maintaining cooperation and coordination even when formal political processes or established structures remain politicised or stalled.

Project contributions:

- Dialogical and conflict analysis skills training engaging unions, professional associations, civil society actors, and technical representatives from key ministries (e.g. Health and Public Administration).
- Adaptive response to support the agency of key health governance actors
- Minimal resourcing to sustain communication, analysis, and evolution of initiatives

Why it matters

The contribution of Equipa Mista lies in strengthening the relational and procedural foundations of governance, vital to producing legitimate policy decisions. By sustaining communication, reinforcing legitimacy among sector leaders, and enabling continued cooperation during periods of political volatility, the platform helps preserve conditions under which durable health governance reforms may take hold.

Health-for-Peace Pathways in a Politically Volatile, Non-bellicose Environment

In Guinea-Bissau, conflict dynamics unfold in a politically volatile, yet largely non-bellicose environment, where tensions accumulate through institutional dysfunction and strained governance relationships instead of overt confrontation. Rather than emerging between clearly identifiable adversarial groups, these dynamics are embedded in everyday governance practices and interactions across the health system. Such conditions complicate how peace-relevant change is understood and supported through health programming. This contexts also raise two important analytical questions: **To what extent do existing health-for-peace frameworks capture dynamics within contexts where conflict is diffuse, institutional, and relational, rather than overtly adversarial? How does this impact the definition of what constitutes a peace outcome?**

These questions provide an entry point for examining the applicability of the WHO Health for Peace framework in Guinea-Bissau.

WHO Health for Peace Pathways: A Partial Fit

The WHO's *Health for Peace Handbook* provides a widely used framework for designing Health for Peace interventions through four distinct Pathways, each of which elucidates theories of change that seek to address different types of conflict dynamics. These range from strengthening citizen-state trust to facilitating reconciliation between adversarial groups or supporting high-level diplomatic engagements. Across many conflict-affected settings, the WHO's Pathways offer valuable guidance for those designing interventions and for those wanting to consciously link improvements in health systems with broader peacebuilding objectives.

Pathway 1 | Vertical Trust

Strengthening trust and legitimacy between citizens and the state through improved governance and service responsiveness

Pathway 2 | Horizontal Cooperation

Promoting collaboration and dialogue across communities or groups in tension

Pathway 3 | Reconciliation

Supporting rapprochement between adversarial actors through shared health initiatives

Pathway 4 | Health Diplomacy

Using health cooperation to support dialogue and negotiation across political or international divides

However, when applied to the Guinea-Bissau case, the framework reveals a critical limitation.

Pathway 1, which focuses on rebuilding citizen-state trust, is clearly relevant in a context marked by declining public confidence in governance institutions. Evidence from the case study suggests, however, that trust deficits relevant for systemic functions are not limited to the state-citizen interface alone. Key conflict dynamics – and peace outcomes relevant for the functioning of the health governance ecosystem – are also embedded within the governance system, shaping relationships among ministries, administrators, health workers, and other actors.

Importantly, the WHO Handbook already sets rigorous standards. Pathway 1, for instance, does not assume that improved service delivery automatically produces trust. Rather, it emphasises inclusive governance, participatory engagement, and accountability as the mechanisms through which trust is strengthened. Yet, trust is understood not as a downstream effect of services alone, but as the outcome of relational and procedural integrity within the governance system.

In politically volatile environments, however, where relational dysfunction is deeply embedded within governance institutions, even the basic pre-conditions required for such inclusive governance shifts cannot be taken for granted. Where trust deficits are reproduced both at the state-citizen interface and within the governance ecosystem itself, two interdependent dimensions of institutional fragility must be considered. These considerations are key precursors for materialising trust through Pathway 1's change theory.

At the same time, **Pathways 2, 3, and 4** presuppose identifiable adversaries or diplomatic arenas that are largely absent in this case. Those pathways also prescribe specific engagement mechanisms such as dialogue, rapprochement, and diplomacy. By contrast, Pathway 1 primarily describes a governance outcome centred on vertical trust, leaving the mechanisms and scaffolding required to reach that outcome largely implicit.

The Guinea-Bissau experience suggests that in such contexts an earlier layer of relational and procedural stabilisation may be required before trust-building dynamics can take hold.

A Complementary Fifth Pathway: Stabilising Governance from Within

The Guinea-Bissau experience points to a complementary programming logic suited to politically volatile yet non-bellicose environments. In such settings, peace-relevant change may emerge through efforts that stabilise the relational and procedural foundations of governance systems, enabling cooperation and coordination to persist despite broader institutional instability. These efforts extend beyond addressing internal sectoral frictions. In volatile governance environments, prolonged disruptions in essential public services can amplify grievances, erode institutional legitimacy, and create openings through which broader social tensions may be mobilised.

From this perspective, peace-responsive programming may operate preventively by introducing pre-stabilisers, or mechanisms that sustain communication, slow the accumulation of grievances, and reinforce cooperative interaction across the governance ecosystem. By strengthening everyday coordination, shared analysis, and constructive engagement among actors whose relationships shape the functioning of the health sector, such mechanisms help preserve relational continuity and institutional coherence. In this sense, the Fifth Pathway operates

through preventive stabilisation, reinforcing the conditions under which trust-building, reform, and negotiated solutions may become possible immediately or later.

Pathway 5 | Stabilising governance from within

1. **Preventive orientation:** Functions as a preventive logic in non-bellicose contexts, aiming to dampen the accumulation and politicisation of grievances, mitigating crisis cycle escalations.
2. **Conflict-bearing system lens:** Approaches health systems analytically as conflict-bearing sub-systems, where broader political tensions and power struggles become embedded in sectoral governance practices, filtering into professional relations and institutional coordination rather than expressed primarily through clearly identifiable adversaries.
3. **Stabilisation before resolution:** Prioritises relational and procedural stabilisation in the short term, over objectives seeking formal resolution, supporting technical objectives that constitute governance ‘scaffolding’ such as communication, shared expectations, and cooperation where negotiated settlements may not yet be plausible.
4. **Operation under volatility:** Operates amid political instability or institutional authority breakdown, fostering conditions for technical dialogue and cooperation to persist despite leadership turnover or governance paralysis.
5. **Legitimacy through non-adversarial influence:** Builds legitimacy through non-politically threatening forms of influence such as shared analysis and collective problem-solving, generating credible pressure from within the system without escalating confrontation.

Insights to Inform Practice

Conflict analysis in politically volatile but non-bellicose environments must move beyond visible disputes to examine how governance systems really function in practice. This includes identifying the relational and procedural interfaces where mistrust accumulates and cooperation routinely breaks down. Peace Responsive health programming may thus be better suited to identify and strengthen key scaffolding priorities, such as strengthening governance relationships that sustain the functionality of a system. In practice, this may involve supporting or developing dialogue platforms, coordination mechanisms, or joint problem-solving processes that stabilise communication and cooperation across the health governance ecosystem.

Insight 1: Recognising health governance as a conflict-bearing ecosystem is critical

In Guinea-Bissau, the conflict dynamics most consequential for health governance were seen to be reproduced within the everyday functioning of the health system itself. Their linkages to broader political tensions and institutional instability were also clear. While attention-grabbing, in politically volatile systems visible crises such as a strikes or negotiation impasses may reflect much deeper relational and institutional issues embedded in routine governance practices. These, on the surface, can be mistakenly viewed as sectoral demands or disputes, whereas they reflect a systemic demand for reform.

However, dynamics in which evidenced accumulates through everyday interactions among ministries, administrators, health workers, and citizens are often a central source gradually generating mistrust and defensive behaviours feeding the corrosion of cooperation with repercussions across the system. Over time, these patterns weaken both governance functionality and institutional credibility. The health sector herein operates as a conflict-bearing ecosystem, where relational and procedural dynamics shape how cooperation and functionality deteriorates or stabilises. Under such conditions, resolving the public labour dispute alone fails to produce sustained improvements in the sector's stability.

This perspective can help explain why conventional governance reforms alone and outcomes envisioned by WHO's Pathway 1 may initially struggle to gain traction. Aspirations for policy reform, service expansion, or technical capacity-building efforts often assume that internal governance relationships are sufficiently functional to produce, absorb, and integrate improvements. Yet, where relational dysfunction and unresolved grievances persist, such reforms may deliver limited results unless the underlying relationships and collaboration that sustain cooperation are stabilised.

Insight 2: Understanding stabilisation and prevention as peace relevant change is vital

Peace-relevant change generated through Health for Peace programming does not always appear as visible reforms, policy adoption, or institutional restructuring. In politically volatile contexts such as Guinea-Bissau, meaningful progress may be more likely to take the form of preventive stabilisation within the health governance ecosystem. Preventive stabilisation effects would include more modest objectives, albeit ones in line with higher tier aspirations, such as the (re)normalisation of dialogue, gestures or confidence building measures that improve predictability in institutional interactions, renewed legitimacy of stakeholder participation, or early behavioural shifts across key governance interfaces.

By contrast, conventional monitoring frameworks that privilege indicators tied to formal outputs (e.g. institutional policies produced and adopted or reforms implemented) may skew desirable early-stage results, whereby progress appears limited or even futile, even when the relational and procedural conditions necessary for governance stability are showing solid improvements.

In Guinea-Bissau, leadership turnover, institutional instability, and the absence of a functioning legislature constrained the likelihood of formal policy outcomes that were nonetheless listed within the project's framing and objectives. Despite their absence, project activities helped sustain communication channels, slow the accumulation of mistrust, and reinforce cooperative practices among essential health governance actors and strengthen the foundations needed for the development of reforms.

<p>Peace Responsive health programming should treat less visible stabilisation and prevention as meaningful indicators of progress, particularly in politically volatile environments. Monitoring frameworks should therefore complement conventional orientations and measures such as policy adoption or institutional reform with indicators that capture improvements in governance relationships, communication, and cooperation.</p> <p>Tracking these relational and procedural dynamics can help identify contextually relevant and preventive stabilisers, as changes that can have strategic impact, including the deceleration of grievance accumulation, alongside sustaining coordination among sector actors, which together reduce the likelihood that tensions escalate into broader governance breakdowns.</p>	<p><i>Monitoring implications:</i> <i>Recognising preventative stabilisation</i></p> <ul style="list-style-type: none"> - Continuity of dialogue among key sector actors - Predictability and regularity of institutional interaction - Improved cooperation across governance interfaces - Early behavioural shifts in professional practice - Sustained communication channels during periods of political instability
<p>Peace Responsive monitoring frameworks may consider tracking indicators, which serves as measures that can help capture early relational and procedural shifts that signal preventive stabilisation within governance systems.</p>	

Insight 3: Designing for adaptation is essential in politically volatile contexts

Adaptive capacity should be treated as a core design feature of Health for Peace programming in politically volatile environments. Programme design should anticipate that institutional access, leadership continuity, and reform pathways are likely to shift or fluctuate during implementation.

In practice, this involves building flexibility into programme architecture, timelines, and budgets. It also means ensuring implementers have supported decision-making space to recalibrate engagement strategies. Synergies can also be found to complement diversions. Drawing upon existing relational capital across beyond formal political authorities proved to be useful, as was the project’s ability to sustain minimal but strategic convening support for coordination mechanisms, which enabled continued functioning during periods of institutional disruption.

Peace Responsive health programming operating in politically volatile environments must be adaptive by design. In Guinea-Bissau, repeated political disruptions such as ministerial turnover and the dissolution of the National Assembly limited sustained engagement with formal political leadership, while constraining the types of formal outcomes that could realistically emerge during the project’s timeframe.

Key gains therefore were seen to depend less on adherence to the original implementation pathway than on the ability to recalibrate engagement while preserving the intervention’s strategic intent. The emergence of the Equipa Mista illustrates this adaptive logic. Rather than waiting for institutional conditions to stabilise, the project shifted toward technically grounded engagement with ministerial focal points and sector actors primed to maintain operational relevance despite political disruptions.

Although some form of coordination mechanism had been envisioned by the project, the Equipa Mista itself and its key characteristics emerged through an adaptive recalibration at a moment when leadership instability threatened to stall ‘planned’ progress. By sustaining dialogue and coordination among relevant actors despite political uncertainty, the mechanism enabled the continuation of cooperation even when formal reform pathways were constrained.

In politically volatile contexts, the case demonstrates the importance of understanding adaptive capacity as a design principle or ‘designing for disruption’, rather than a mere implementation adjustment. This capacity allows Peace Responsive programming to sustain engagement and generate stabilising effects despite shifting political conditions.

Design Questions	Conventional Views	Cast Study Insight
Where does conflict operate?	Primarily in visible disputes and adversarial relationships, or as an ‘absence’ of trust at the state-citizen interface.	Often <i>within</i> governance systems themselves, through everyday relational and procedural dynamics.
What does peace <i>progress</i> look like?	Indicators may include policy change, institutional reform, or service delivery improvements.	Pre-stabilisers may include proxies or forms of cooperation, strengthened governance relationships, and prevention of further system deterioration.
What constitutes an <i>effective</i> approach?	Sustained change by advancing predefined reform pathways through formal institutional engagements.	Adaptive strategies that sustain the DNA of sustainability: communication, coordination, and cooperation under politically volatile conditions.

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