CIVIL SOCIETY
PLATFORM
FOR PEACEBUILDING
AND STATEBUILDING

HEALTH, PEACE & SECURITY
CSPPS BRIEFING PAPER

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ABOUT CSPPS

The Civil Society Platform for Peacebuilding and Statebuilding (CSPPS) is a global network of civil society organisations supporting peacebuilding and conflict prevention efforts in fragile and conflict-affected settings. CSPPS brings together a diverse representation of civil society globally from countries affected by fragility, conflict and violence, and international civil society organisations working on the issues of peacebuilding, statebuilding, conflict prevention and development. CSPPS supports in-country interventions to amplify the voice of civil society in political dialogues and relevant policy processes.

At the global level, CSPPS represents civil society in the International Dialogue on Peacebuilding and Statebuilding (IDPS), a unique strategic tripartite partnership for political dialogue gathering civil society actors, governments from the g7+ group of countries, and donors represented by the International Network on Conflict and Fragility (INCAF).
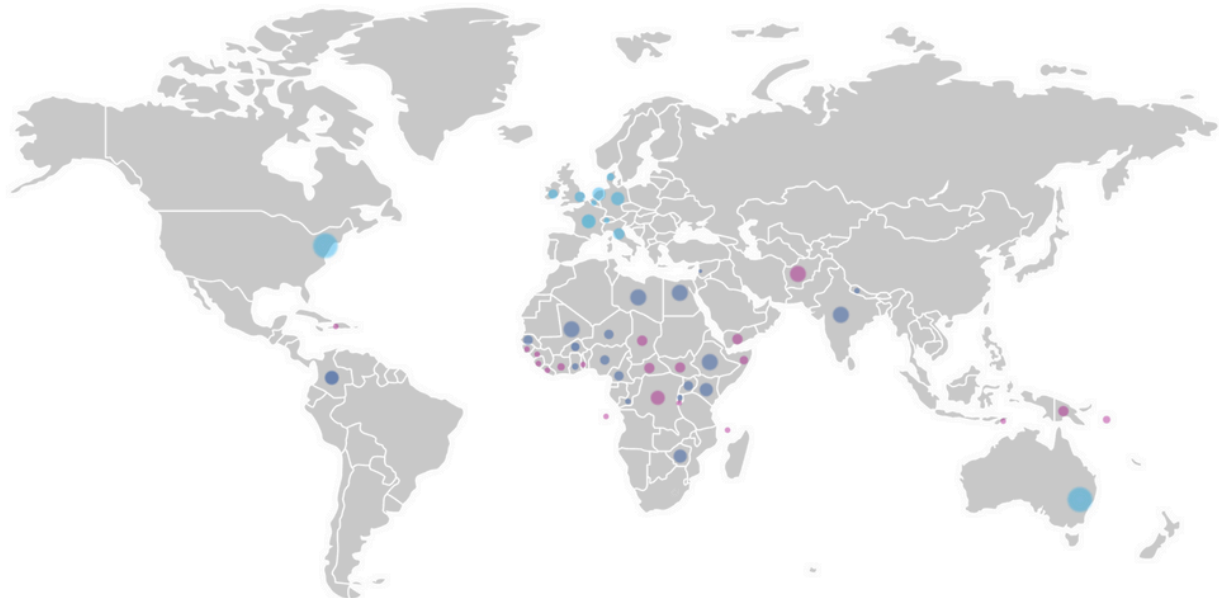
ABOUT THE CSPPS BRIEFING PAPERS

As part of a grant from the German Ministry for Economic Cooperation and Development (BMZ), CSPPS is developing a series of briefing papers on various themes interlinked with peacebuilding and conflict prevention. These include Gender Equality, Climate Change, Migration and Forced Displacement, Digitalisation, Health and the persistent consequences of COVID-19, Food Security and Poverty, in addition to Youth, Peace & Security, Civic Space, and Inclusion. The briefing papers are written in collaboration and based on consultations led by the secretariat with the CSPPS membership.

On this basis, the briefing papers aim to give a general introduction to how peacebuilding and conflict prevention are interconnected and interlinked with the various themes aforementioned. Most importantly, they present, illustrate and highlight the multifaceted and diverse work of various CSPPS members, their expertise and insights on how these interlinkages play out in practice.

ABOUT THE HEALTH, PEACE AND SECURITY BRIEFING PAPER
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This briefing paper explores how the Civil Society Platform for Peacebuilding and Statebuilding (CSPPS) understands the interconnected impacts of instability and fragility on the health sector. It is structured in three parts.The first section defines the nexus between health, peace, and security, examining the challenges faced by the health sector in fragile contexts and highlighting its role in fostering social cohesion, trust, and stability. The second section delves into the practical ways health is affected by climate change, gender dynamics, and often-overlooked mental health consequences of conflict. The final section outlines CSPPS's engagement in the health-peace-security nexus and includes testimony from one of the Platform's members, offering a grounded perspective on this intersection.

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1. UNDERSTANDING THE INTERLINKAGES BETWEEN HEALTH, PEACE AND SECURITY

a. Defining the Nexus between Health, Peace and Security

Conflict and instability have a direct and damaging impact on a country's health system. This is largely because instability undermines health infrastructure and often results in the displacement of healthcare professionals, among other disruptions. As a result, weakened health systems both reflect and reinforce broader instability. Conversely, strengthening health systems not only improves public health but also reduces the likelihood of future conflict. As the United Nations Development Programme (UNDP) has emphasized, building resilient health systems is not only a development objective but also a crucial strategy for preventing conflict.[1]

When we talk about the interconnections between Health, Peace and Security, health must be understood as more than just the absence of disease; it also encompasses equitable access to quality healthcare, the strength and responsiveness of health systems, and the promotion of mental and psychological well-being. These elements are especially vital in conflict-affected regions, where the capacity to cope with adversity and recover from both physical and emotional trauma becomes difficult. Furthermore, for the past few decades, there has been a notable increase in health being assimilated with the notion of[3] "security".[2] This trend reflects a broader shift in both policy discourse and media narratives, where a range of health issues are increasingly framed as security threats. Infectious diseases have taken centre stage in these discussions, with health outbreaks such as HIV/AIDS, H1N1 influenza, polio, Ebola, Zika, and most recently, COVID-19, all portrayed as significant threats to international peace and stability. A core part of the concern around infectious diseases comes from recognition that severe outbreaks can disrupt global supply chains and economies, even in regions not directly affected by the disease.

Moreover, within this intersection, safeguarding populations from health threats is a central pillar of stability. This includes addressing pandemics, preventing and managing disease outbreaks related to conflict, and strengthening fragile or collapsing health systems. In such contexts, integrating health into peace and security agendas is essential for both immediate humanitarian response and sustainable development. Within this nexus, peace plays a central role as it provides the necessary conditions for stable health infrastructure, uninterrupted care delivery, and long-term health development. Conversely, good health services support peacebuilding by enhancing social cohesion, enabling productive livelihoods, and reducing inequalities that can fuel conflict.

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1. UNDP, Strengthening Centres of Government in Fragile and Conflict-Affected Settings
2. David McCoy, Stephen Roberts, Salma Daoudi, Jonathan Kennedy, "Global health security and the health-security nexus: principles, politics and praxis"

Simultaneously, growing fears around terrorism catalysed collaboration between health and security sectors, particularly in efforts to increase the capacity of health systems to respond to sudden, unpredictable, or deliberate public health emergencies; such as the 1995 sarin gas attack on the Tokyo subway which solidified the importance of health protection capabilities as a national security measure in the minds of politicians and public.[3]

The interconnected and transnational nature of such threats has elevated health protection to a strategic priority for international organisations. A notable milestone came in 2004, when a UN High-Level Panel on Threats, Challenges and Change treated both bioterrorism and naturally occurring outbreaks as comparable security concerns, calling for strengthened global health protection measures.[4]

The COVID-19 pandemic marked a critical juncture in the evolution of the health-security nexus. To justify containment measures, many governments adopted martial language, framing the virus as a high-level national and global threat. This often came with sweeping surveillance and movement restrictions, some of which were undemocratic or perceived as governmental overreach.

In settings such as in central Mali, integrating health and conflict resolution initiatives, such as "peace corridors" for vaccination, has demonstrated tangible peace returns. These included reduced violence, improved trust, and inclusive engagement mechanisms around shared health goals. Such models suggest health interventions can be explicitly leveraged as entry points for dialogue and confidence-building.

The Emerging Challenges Faced by the Global Health Sector

Whilst the previous parts have described the pivotal impact of health in maintaining peace and stability, the current political landscape triggers a worrying future for the health sector. After the second Trump administration began in the United States, he initiated several actions that experts warn can potentially severely impact global public health. On the very day he was inaugurated for a second time, Trump began the process of withdrawing the U.S. from the World Health Organisation (WHO), a move that went beyond symbolism, given the role of the U.S. as one of WHO's primary financial contributors.

Furthermore, the Trump administration implemented deep cuts to U.S. funding for global health initiatives, including those supported by USAID. Historically, the U.S. had been a leading provider of humanitarian assistance, contributing approximately 12$ billion to global health efforts in 2024. However, in January 2025, the administration moved to effectively dismantle USAID by ending the vast majority of its funding, laying off most of its staff, and transferring its remaining responsibilities to the State Department. Health experts warn that such sweeping reductions in foreign aid could lead to devastating outcomes over the next decade. Projections suggest that these cuts could result in hundreds of thousands of deaths from preventable diseases like HIV/AIDS and malaria. Despite warnings from senior USAID officials, mentioned that eliminating the agency's programmes could lead to 166,000 malaria deaths, 200,000 polio-related cases of paralysis in children, a 30% rise in tuberculosis cases, and over a million untreated cases of severe child malnutrition, the Trump administration went ahead with cancelling 83% of USAID's programs.[5] This reduction in budget may therefore lead to global public health consequences, creating instability and fragilising global health.

3. Sunsan Wright, " Terrorists and biological weapons"
4. David McCoy, Stephen Roberts, Salma Daoudi, Jonathan Kennedy, "Global health security and the health-security nexus: principles, politics and praxis"
5. Dean M. Harris, J.D, Effects of Trump 2.0 on Global Public Health

b. Health Inequities and Social Cohesion

Taking into consideration what has been mentioned above, it becomes clear how health systems are governed and the effects it has on stability. Health is not only a service but also a reflection of inclusion, trust, and fairness in society. When health systems fail to equitably serve all populations, they risk reinforcing the divides that drive conflict. The following section explores how health inequities and poor governance can act as root causes of unrest, and why promoting health equity must be seen as both a peacebuilding and conflict prevention strategy.

Health inequities and poor governance of health systems can serve as root causes or accelerants of conflict. When populations perceive discrimination in access to care or when basic health needs are unmet, grievances may deepen social divisions and erode trust in state institutions, representing a key ingredient for political unrest or violent extremism. Disparities in access to health services are not just technical challenges; they are deeply politically and socially rooted. When certain groups, whether by geography, ethnicity, gender, or status, are consistently underserved, the result is often a sense of exclusion that feeds into wider grievances. Health equity, therefore, should be viewed not only as a moral imperative but also as a practical peacebuilding strategy. Inclusive design of health services, deliberate outreach to marginalised populations, and genuine community engagement in health planning can help repair fractured relationships and promote social cohesion in fragile contexts. Health equity contributes directly to social cohesion, which is essential for long-term peace.[6]

The Role of Health Systems in Rebuilding Trust and Stability

Health systems in fragile and conflict-affected settings often serve dual functions: addressing urgent health needs while reinforcing the social contract. Where formal institutions are weakened, accessible and inclusive healthcare can help rebuild trust and legitimacy. The presence of a functioning health facility, even a modest one, can offer more than medical care. It becomes a symbol of continuity and stability in environments where most systems have broken down. Health workers, especially those from the affected communities, can act as bridges between divided populations, creating spaces for cooperation and reducing tensions.

When individuals and communities enjoy good physical and mental health, they are better equipped to participate in social, economic, and civic life. In this way, good health contributes to individual and collective resilience, creating conditions for peace to take place and endure in time. By contrast, poor health can exacerbate inequality, fuel discontent, and deepen societal divisions, potentially becoming both a cause and a consequence of conflict.

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6. The Lancet, The Lancet Commission on peaceful societies through health equity and gender equality

Reflections from our member Fundación LATIR in Colombia

"At Fundación LATIR in Colombia, we recognise that inequities in access to healthcare are both a reflection and a driver of the structural gaps affecting rural and peripheral communities in Colombia. The lack of comprehensive access to physical, mental, and psychosocial health services limits life opportunities, deepens the exclusion of historically marginalised populations, and undermines institutional trust, thereby weakening social cohesion.

Through our interventions, we have seen that when children, adolescents, and youth have access to safe, emotionally nurturing, and culturally relevant environments, not only do their individual capacities improve, but a virtuous cycle of participation, mutual care, and belonging is activated, which strengthens the social fabric.

Promoting equitable access to health—especially from a psychosocial and educational perspective—is a firm commitment to sustainable peace. Investing in community mental health, reinforcing support networks, and coordinating with local protection and health systems helps create ecosystems of care where human dignity becomes the starting point for social transformation."

c. Health Security and Pandemic & Epidemic Preparedness

The growing recognition of health as a security issue has prompted a shift in how the global community approaches disease outbreaks, considering them no longer as isolated health emergencies but as multi-dimensional crises with political, social, and economic consequences. As the Ebola epidemic and the COVID-19 pandemic have shown, the absence of strong, inclusive, and trusted health systems can quickly destabilise societies. Moving forward, it is essential not only to respond to outbreaks but to prepare proactively by embedding health crisis readiness within broader peacebuilding and statebuilding efforts. The following section outlines the necessary steps to build resilient systems that can withstand future shocks while fostering trust, inclusion, and long-term stability.

Importantly, health interventions can serve as entry points for peacebuilding. In some fragile or divided societies, collaborative health initiatives such as vaccination campaigns, maternal health programmes, or COVID-19 response efforts have brought together conflicting communities and built confidence in neutral, shared institutions. The concept of "Health as a Bridge for Peace," championed by the WHO and implemented in various conflict zones, demonstrates how inclusive, needs-based health delivery can promote dialogue, build social cohesion, and support post-conflict recovery.[7]

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7. Griekspoor, Andre et al, Health and peace: an opportunity to join forces

Necessary Steps to Prepare for Future Disease Outbreaks

The Ebola outbreak exposed significant weaknesses in health systems and broader governance structures across West African nations, highlighting the fragility of their institutions. Although the New Deal was designed to reform how aid is delivered to fragile and conflict-affected states, the crisis revealed a lack of preparedness and systemic vulnerabilities. In response, the 2030 agenda for Sustainable Development was created which gave room for a stronger focus on the Sustainable Development Goals (SDGs), namely SDG16 which focuses on Peace, Justice, and Strong Institutions. In this regard, Civil Society Organisations (CSOs) called for a renewed focus on inclusive national recovery and prevention strategies. The outbreak underscored the critical need for effective, resilient institutions to manage crises and support sustainable development, particularly in key areas such as security, governance, justice, economic development, and basic services. Building trust and strengthening relationships between governments and citizens, along with establishing practical mechanisms for collaboration, are essential. National ownership of the New Deal must be reinforced, with a strong commitment to its implementation.[8]

To effectively prepare for future disease outbreaks, it is essential to adopt a comprehensive and inclusive approach that strengthens national systems and promotes local ownership of crisis response efforts, both of which are critical for preventing social unrest, mitigating the risk of conflict, and enhancing national and regional security.[9]

First and foremost, countries must prioritise the development of inclusive national recovery strategies. This involves strengthening and where needed (re-)building national capacity at both governmental and civil society levels, to ensure country ownership of crisis preparedness and response. Crisis prevention and response must be fully integrated into broader national development, peacebuilding, and statebuilding frameworks. There is also a need for early investment in robust service delivery systems and institutions that are capable of responding effectively in times of crisis. Fragile and conflict-affected countries should align their efforts with the New Deal principles and the peacebuilding and statebuilding Goal (PSG) agreed upon thereunder, and where accountable and fair service delivery is included as a pivotal component of providing effective crisis response. Furthermore, access to free healthcare during epidemics and pandemics must be guaranteed to encourage timely medical care-seeking behaviour. Quick and flexible financing mechanisms should also be in place to ensure an agile response when emergencies arise.

Building trust and strong relations between governments and societies is another critical pillar. This can be achieved through regular fragility assessments, in collaboration with stakeholders, to identify and address sources of conflict and fragility. Inclusive politics and meaningful participation in decision-making should be considered, particularly in crisis contexts. Governments should actively promote dialogue with civil society to strengthen mutual understanding and define collaborative roles. Effective communication and coordination mechanisms should be institutionalised to enhance civil society's participation in governance and ensure their voices inform key decisions.

Lastly, communities must be placed at the centre of all crisis response planning and implementation efforts from the outset. Community representatives, which include local civil society organisations, traditional institutions, and local coordination structures that should be meaningfully engaged in the design and rollout of preparedness and response strategies. Mechanisms must be established to link community-level initiatives with national plans and programs. Importantly, all planning and intervention efforts must be conflict-sensitive to ensure they support rather than destabilise fragile environments.[10]

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8. CSPPS, Tackling and Preventing Ebola while Building Peace and Societal Resilience
9. CSPPS, Tackling and Preventing Ebola while Building Peace and Societal Resilience
10. CSPPS, Tackling and Preventing Ebola while Building Peace and Societal Resilience

d. Impact of Conflict on Health Systems

While health can serve as a pathway to peace, the inverse is equally true: conflict can devastate health systems and undermine the foundations of public health. In fragile and conflict-affected settings, violence not only destroys physical infrastructure but also disrupts supply chains, impacts the healthcare workforce, and fractures the trust that communities place in health services. These consequences ripple far beyond the immediate battlefield, affecting maternal and child health, the management of chronic conditions, and the control of infectious diseases. The following section explores how conflict systematically dismantles health systems, deepens health inequities, and jeopardises both individual well-being and societal resilience, which highlights the urgent need for integrated, conflict-sensitive health responses.

Conflict Cripples Health Systems and Overwhelms Remaining Facilities

Conflicts significantly impact health infrastructures, supply chains and workforce capacity, often leading to the closure or reduced capacity of numerous health centers that get damaged, looted or abandoned. The supply routes also get disrupted which limits access to healthcare for a large portion of the population. Moreover, conflicts result in the departure or displacement of health professionals from conflict zones, further exacerbating the situation, resulting in additional facility shutdowns or service reductions. Consequently, remaining health centres become overburdened, struggling to meet the needs of both their usual patient populations and the influx of internally displaced persons (IDPs).

Decrease in trust of the health system

The less visible consequence of conflict is the decrease in health-seeking behaviour. Communities affected by conflicts and the crumbling of health infrastructures may lose faith in health services when delays or mismanagement occur, particularly in emergency or maternal care. In some settings, informal adaptations, such as community transport networks or shared mobile units, can emerge to fill gaps, but these rarely compensate for systemic breakdowns. There is thus a need to strengthen local contingency planning and referral protocols to make a meaningful difference in such settings.

Conflict leads to an increase in diseases

The damage to health infrastructures leads to an increase in mortality from preventable diseases, reduced maternal and child health outcomes, and the spread of communicable diseases due to overcrowding and lack of sanitation, such as in refugee and IDP camps. Moreover, in conflict situations, disease monitoring and prevention policies and strategies are also disrupted. Poor health infrastructure poses the problem of the destruction or preservation of human capital, which is the basis of the resilience, reconstruction, and development of countries. This is why health care in conflict situations must give importance to psychological support for the sick and victims of violence.

As mentioned by our member organisation in Denmark, Council for International Conflict Resolution (RIKO). In conflict situations, disease monitoring and prevention policies and strategies are also disrupted, such as the inability of mothers to go to health centers to follow their children's vaccination schedules, the abandonment of those with chronic diseases (hypertension, heart disease, asthma, arthritis, bronchitis, chronic obstructive pulmonary disease, diabetes, tonsillitis, cancer, ulcers, strokes) and the resurgence of communicable diseases (influenza, measles, whooping cough, tuberculosis, coronavirus diseases, sexually transmitted infections or HIV/AIDS), vector-borne diseases (malaria, yellow fever, dengue fever, chikungunya, trypanosomiasis, leishmaniasis), and other infectious diseases. Other victims of conflicts are people with disabilities.

1. UNDP, Strengthening Centres of Government in Fragile and Conflict-Affected Settings
2. David McCoy, Stephen Roberts, Salma Daoudi, Jonathan Kennedy, "Global health security and the health-security nexus: principles, politics and praxis"

Community-Led Health as a Foundation for Peace

In addition to technological interventions, community-driven health programming plays a vital role in fostering social cohesion. Frameworks such as Asset-Based Community Development (ABCD) focus on local capacities rather than deficiencies, encouraging shared ownership and reducing dependency on external actors.

In FCAS, ABCD-aligned health strategies:
- Engage local health workers, traditional healers, and community leaders as peacebuilders.
- Co-design services with communities to ensure cultural legitimacy and equity.
- Establish inclusive health committees to build trust and serve as platforms for local dialogue.

By embedding health systems within the social fabric, these approaches promote stability and prevent marginalisation, which are key drivers of violence and unrest.

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Community-Led Health as a Foundation for Peace

II. INTEGRATED APPROACHES ON THE HEALTH, PEACE AND SECURITY NEXUS

a. Climate, Health, and Security

As the climate crisis accelerates, its implications for human health and global security become increasingly urgent. Climate change is no longer a distant environmental concern, but it is a present-day public health emergency with far-reaching effects. From intensifying extreme weather events to shifting patterns of disease and deepening food insecurity, climate change undermines the conditions necessary for healthy, stable, and peaceful societies. Fragile and conflict-affected regions are particularly vulnerable, as climate impacts intersect with existing inequalities, weak governance, and strained health systems. The following section examines the multiple ways climate change endangers human health, weakens healthcare infrastructures, and challenges efforts to build lasting peace, whilst also reflecting on the health sector's own environmental footprint.

Health Impacts from Extreme Weather Events

Climate change is impacting human health in numerous ways. One of the most immediate and visible effects is the rise in illnesses and deaths resulting from extreme weather events. Shifts in climate conditions are also altering the spread of infectious diseases. Moreover, heatwaves, storms, and floods are becoming more frequent and intense, placing increasing stress on populations and health services. Beyond physical illness, climate change disrupts food systems by affecting agricultural production, reducing food availability, and increasing prices, which can lead to malnutrition and food insecurity. Climate change also undermines many of the social determinants necessary for good health. Livelihoods, social equality, access to healthcare, and community support systems are all negatively impacted. These effects are not felt equally—women, children, the elderly, ethnic minorities, low-income populations, migrants, displaced persons, and people with existing health conditions are disproportionately affected. In addition to affecting individuals, climate hazards weaken the performance of health systems. Interruptions in electricity and water supplies, structural damage to healthcare infrastructure, and breakdowns in drug and equipment supply chains make it more difficult for health systems to respond to growing needs.

b. Gender Dimensions in the Health, Peace, and Security nexus

In conflict-affected settings, the breakdown of law and order, along with the erosion of social norms, significantly increases women's vulnerability to sexual and gender-based violence (SGBV). This violence is not only perpetrated by armed groups but also by individuals within women's own families and communities. Moreover, women's reproductive role further exposes them to heightened health risks, creating a greater dependence on healthcare services that become even more urgent during times of violent conflict. Research consistently shows that these conditions lead to rising rates of unsafe abortions and maternal mortality during periods of intense violence.

However, national health systems are often ill-equipped to meet these growing demands due to conflict-related disruptions. These include the displacement of healthcare workers, loss of funding, supply chain breakdowns, and damage to health infrastructure. Consequently, access to sexual and reproductive health services becomes extremely limited, particularly for women and adolescent girls. Even where services do exist, economic hardship, insecurity, poor transportation infrastructure, and cultural restrictions on women's mobility often prevent access to care.[11]

11. Valerie Percival, Esther Richards ,Tammy MacLean and Sally Theobald, Health systems and gender in post-conflict contexts: building back better?

The intersection of gender, health, peace, and security is critical to understanding both the risks and opportunities present in fragile and conflict-affected settings. Women and girls often face disproportionate health and protection risks during crises, including sexual and gender-based violence, lack of access to reproductive health services, and exclusion from decision-making processes. At the same time, women play indispensable roles in sustaining health systems, mediating community conflict, and leading local peace initiatives. Addressing gender inequalities is therefore not only a matter of justice, but a strategic imperative for advancing peace and health security.

Health Impacts of Conflict on Women and Girls

Armed conflict and state fragility tend to amplify existing gender disparities in health. Women and girls are often disproportionately affected by:
- Sexual and Gender-Based Violence (SGBV): Conflict-related sexual violence is a widespread tactic of war. The WHO estimates that in some conflict-affected settings, over 70% of women experience SGBV (WHO, 2021)
- Barriers to Reproductive and Maternal Health: Access to antenatal care, safe childbirth, and contraception declines sharply during conflict. According to UNFPA, 60% of preventable maternal deaths occur in crisis settings.

Women's Role in Health Systems and Peacebuilding

Despite the risks, women are often frontline actors in both healthcare and peacebuilding:
- Community Health Workers: Women constitute the majority of frontline health workers in many fragile contexts, providing essential services, especially in maternal and child health.
- Peacebuilders and Mediators: Evidence from the UN Women, Peace and Security agenda shows that peace processes are more durable and inclusive when women participate. Health interventions that engage women as planners, decision-makers, and implementers can double as peacebuilding tools.
- Protection Networks: In areas affected by both violence and public health emergencies, women's groups often provide early warning, psychosocial support, and mediation services, reinforcing both security and health outcomes.

c. Mental Health & Psychosocial Support Network (MHPSS) and Peacebuilding in Post-Conflict settings

Beyond physical illness, there are many factors that need to be taken into account to explain the rise of mental health issues, including anxiety, depression, and stress-related disorders.

Mental health and psychosocial support (MHPSS) continues to be one of the most under-resourced and overlooked elements of post-conflict recovery. As the WHO notes, in conflict-affected areas, up to 22% of the population suffers from mental health disorders such as depression, anxiety, or post-traumatic stress disorder.[12] Providing support for trauma is essential, as individuals and communities often carry the invisible scars of violence, displacement, and loss. Conflict also fractures the social fabric of communities, eroding trust, a sense of belonging, and meaningful connections. In the aftermath, people may direct blame toward innocent individuals in an attempt to make sense of their trauma and loss. If these wounds are left unaddressed, they can fuel ongoing cycles of trauma, resentment, and revenge.

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12. WHO, Building Back Better

A wide range of activities are recommended to provide MHPSS support during emergencies. These include community-based self-help initiatives, effective communication strategies, psychological first aid, and access to clinical mental health care. Integrating MHPSS into emergency preparedness and disaster risk reduction plans is crucial to minimising the psychological and social impacts of crises. Importantly, emergencies can also serve as pivotal moments for countries to strengthen their mental health systems by leveraging increased international aid and attention to build more resilient, sustainable care infrastructure for the future.[13]

In many post-conflict contexts, community-based approaches to MHPSS have proven effective, especially when integrated with safe spaces, livelihood opportunities, and peer support groups. Healing and reconciliation are not abstract goals; they are processes rooted in daily interactions. MHPSS can offer a structured pathway toward those ends.

Restorative Pathways: Reimagining Health Referrals as Tools for Healing and Social Repair

Health facilities are more than clinical spaces, they are communal touchpoints deeply embedded in the social fabric of communities. In fragile and post-conflict settings, where trust may be fractured and trauma widespread, health systems have the potential to do more than deliver services, they can foster reconciliation and healing. By integrating restorative justice elements, such as facilitated disclosure and reconciliation circles into primary health care, especially maternal and psychosocial services, it is possible to address harm, build understanding, and promote locally rooted conflict resolution. This innovative approach weaves together service delivery and social healing.

In many of these settings, referral networks form the backbone of maternal health and psychosocial care. Yet, too often, these systems focus narrowly on clinical handovers, overlooking the relational and emotional dimensions of care. This is especially problematic in contexts where interpersonal harm, stigma, or broken trust are part of the care-seeking journey. Restorative practices offer a powerful way to bridge that gap.

Restorative health referrals go beyond simply connecting a patient from one service to another. They aim to build care systems that acknowledge harm, create space for honest expression, and foster healing within families and communities. When applied thoughtfully to maternal health and psychosocial support, this model can be deeply transformative.

> Following the genocide, Rwanda's court system was overwhelmed—it would have taken over a century to process all the cases. To address this, Rwandans turned to a traditional form of community justice: the gacaca courts. Named after the Kinyarwanda word for "grass," these courts focused on lower-level offenders who showed remorse. Community members gathered to hear the offender admit their crimes, listen to victims' testimonies, and collectively decide on a fair punishment. This restorative approach allowed communities to begin healing.
> Some Rwandans went even further, creating "reconciliation villages" where perpetrators and survivors lived side by side. After speaking and acknowledging the past, they built homes next to each other and shared a communal well symbolising a shared future.[14]
>
> If there is no attention for reconciliation, healing and recognition of damage of what was inflicted on people by perpetrators, it will remain an open wound. If unaddressed, conflict will arise again.

13. WHO, Building Back Better
14. Kay Wilson, Restorative Justice in Rwanda.

SAFE SPACE FOR DISCLOSURE

Before referrals are made, frontline health workers can be equipped with basic restorative dialogue skills such as active listening, validation, and non-judgmental communication. Creating safe, designated spaces within health facilities (e.g., listening rooms or peer-led support groups) allows survivors of trauma, domestic violence, or family conflict to share their experiences at their own pace, and on their own terms.

COMMUNITY-BASED MEDIATION NETOWORKS

Referrals can extend beyond formal health services to include trusted community mediators such as midwives, lay counselors, or trained women leaders who can facilitate dialogue in families where harm has occurred (e.g., emotional abuse, forced marriage). While it is not a replacement for formal justice systems, these mediators provide culturally relevant pathways to rebuild trust and restore dignity.

RESTORATIVE CIRCLES FOR POSTNATAL AND PSYCHOSOCIAL SUPPORT

Structured peer-support models like restorative circles or healing dialogues can be adapted for new mothers experiencing social isolation or psychological distress. Facilitated and voluntary, these circles provide a space for shared storytelling, mutual support, and emotional recovery. Embedding these within referral pathways especially after psychosocial screenings turns a linear referral process into a more responsive, holistic support ecosystem.

FEEDBACK-INFORMED CASE MANAGEMENT

Effective referral systems must include feedback loops that center the voices of those in need. Beyond clinical outcomes, women should be asked: Did you feel safe? Have you heard? Was your story respected? Incorporating this qualitative feedback ensures the referral process is not just procedural, but deeply relational, helping providers understand where trust is built or broken.

Importantly, all of these restorative practices must be non-coercive, survivor-led, and culturally grounded. They are not tools to force reconciliation where harm is ongoing, nor substitutes for accountability mechanisms. But when used ethically and with care, they offer healing pathways that traditional clinical referrals alone cannot provide. In settings where formal justice systems are weak or inaccessible, embedding restorative approaches within health systems can enhance service quality while advancing peacebuilding. By repairing relationships, restoring dignity, and strengthening community-led support networks, health systems can become spaces not just for treatment—but for transformation.

III. HOW DOES CSPPS ENGAGE IN THE HEALTH, PEACE AND SECURITY NEXUS?

▶ NETWORKING

As a global network of civil society actors committed to advancing peacebuilding, conflict prevention, and statebuilding, networking lies at the heart of CSPPS's mission. The platform brings together a diverse membership of grassroots and national-level civil society organisations, many of which operate in fragile and conflict-affected contexts where the intersection of health, peace, and security is critically relevant.

CSPPS recognises the link between public health and societal stability. As such, it actively collaborates with a range of international organisations, governments, and civil society partners to promote the integration of health considerations into peacebuilding agendas. This collaborative approach has enabled CSPPS to foster a broad coalition that supports health mainstreaming in peacebuilding strategies, especially in regions where weak health systems exacerbate social tensions and undermine resilience.

Through its expansive network, CSPPS facilitates strategic engagement in high-level forums, working groups, and international events that explore the health-peace nexus. This not only ensures that civil society voices are included in global policymaking but also enables knowledge exchange and coordinated action across sectors. CSPPS members contribute technical expertise grounded in local realities, advocate for inclusive and people-centred policies, and participate in peer-to-peer learning, capacity strengthening initiatives, and shared advocacy campaigns. These networking efforts enhance collective resilience, promote holistic development, and foster trust across communities.

▶ AMPLIFYING

CSPPS plays a vital role in amplifying the lived experiences, insights, and innovations of its members, particularly those operating at the intersection of health, peace, and security. Through various storytelling and communication platforms, the network highlights how health challenges impact peacebuilding efforts while showcasing community-driven responses that build resilience and social cohesion.

Key initiatives include:

- Member Stories Initiative: This platform shares personal narratives and local experiences from CSPPS members. A strong emphasis is placed on mental health and psychosocial well-being, especially in post-conflict recovery and pandemic response efforts. These stories humanise the data and illustrate how emotional and psychological health is vital to sustained peace.
- SDG16+ Storytelling Initiative: CSPPS contributes to this initiative with a particular focus on the interlinkages between SDG 16 (peace, justice and strong institutions) and SDG 3 (good health and well-being). A notable example includes the collaboration with the World Health Organisation (WHO) in developing presentations and dialogues that highlight the cross-cutting relevance of health in fostering inclusive and peaceful societies.

- Health Crisis Reporting (Ebola and COVID-19): During health emergencies such as the Ebola outbreak and the COVID-19 pandemic, CSPPS gathered and published reports from its members on the ground. These reports examined the socio-political and security dimensions of health crises, such as increased state fragility, social unrest, and the erosion of public trust in institutions. They also provided concrete policy recommendations on how these health crises could benefit from more holistic, integrated, inclusive and conflict sensitive responses, bringing in other societal factors that could contribute to finding innovative and forward looking responses.
- Peace Corner Podcast: In its 2020 edition, the podcast spotlighted how COVID-19 and related public health measures influenced dynamics of peace and security. Episodes addressed challenges such as restricted civic space, increased gender-based violence, and the strain on mental health all through the lens of CSPPS members and partners.

Through these initiatives, CSPPS not only raises awareness of the critical links between health, peace, and security but also ensures that community voices and experiences are heard in global policy dialogues. By amplifying these perspectives, the platform strengthens advocacy for integrated approaches that place people at the centre of both health and peacebuilding policies.

▶ LOBBY & ADVOCACY

Through its collaboration with BMZ, CSPPS supports advocacy that connects development cooperation with peacebuilding, human security, and health system strengthening. CSPPS advocates for international donors like BMZ to consider the broader importance of functioning health systems and crisis response on social cohesion and conflict dynamics, especially in fragile contexts.

As the civil society pillar of the IDPS, CSPPS plays a unique role in shaping the international agenda on peacebuilding, including the integration of health-related concerns .CSPPS uses this platform to advocate for inclusive, responsive, and participatory governance highlighting the role of accessible and equitable healthcare as foundational to building a functioning social contract and sustainable peace.

Under this strategic partnership programme, CSPPS contributes to joint advocacy and knowledge production that explores intersections of peace, security, and development Notably, Cordaid's Feminist Peacebuilding Policy Brief developed under the programme provides a critical lens on how health and gender intersect with peace and security. The brief underscores the importance of feminist approaches that prioritise mental health , community care structures, and women's health rights in post-conflict reconstruction and peacebuilding efforts.

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V. EXAMPLES OF OUR WORK

CSPPS advocacy activities and efforts to amplify the voice and agency of civil society involve promoting and highlighting the work of its membership. In this section, we put forward the work of some of our members who drive progress in the Health, Peace and Security nexus.

▶ Afghans for Progressive Thinking (APT), Aghanistan

APT's Mental Health Program contributes to peacebuilding by helping young Afghan women heal from the psychological wounds of conflict and oppression. By providing mental health support, we aim to foster resilience, restore hope, and empower girls and young women to engage in dialogue and advocacy.

Through digital platforms, APT creates safe spaces where young women can connect, share their experiences, and support one another, strengthening their sense of belonging. Storytelling initiatives allow them to express their challenges and advocate for change, encouraging empathy and understanding across different communities. In doing so, our approach to mental health not only supports individual healing but also fosters collective peace and stability in Afghanistan.

▶ Cordaid, Netherlands

In several countries, Cordaid has played a vital role in ensuring the continued delivery of health services during periods of active conflict. This has been achieved through the implementation of Health System Strengthening (HSS) programs, with a particular emphasis on the Performance-Based Financing (PBF) approach. For example, Cordaid has applied this model in the Central African Republic in the past and is currently doing so in Ethiopia.

The effective application of PBF in fragile settings requires a careful assessment of the specific context and a tailor-made approach to provide the most appropriate support. Fragility can manifest in various ways, sometimes visibly, such as through mass displacement, and other times more subtly, for instance when extreme poverty renders basic services inaccessible to large segments of the population. These fragile environments are invariably complex, often arising from a combination of structural weaknesses, dysfunctional institutions, and the actions of diverse actors. A common consequence is the breakdown in the provision of essential health services, making external support both urgent and indispensable.[15]

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15. Cordaid, Feminist Perspectives on Socio-Economic Post-Conflict Recovery and Peacebuilding

Fondation IDEO (Institut de Développement Organisationnel et Personnel), Haiti

Today, Haiti is confronted with problems related to gang proliferation, a phenomenon exacerbating violence, insecurity and poverty in its society.In this regard, the activities of Foundation IDEO, focused on mental health, psycho trauma, organisational development and peacebuilding issues, are significant in the context of Haiti. On one hand, IDEO mission is to help people to cultivate deep-rooted values, and realise their full potential and reach a high level of self-fulfilment in every aspect of their lives. On the other hand, they aim to contribute to a change of their mentality and the establishment of a peace climate in Haiti, through supporting Haitian on mental health issues, specifically marginalised groups. Their work is divided through four axes : 1) personal development ; 2) access to psychological resources ; 3) access to organisational development ; 4) and peacebuilding and conflict prevention through peace education activities.

Youth Partnership for Peace and Development (YPPD), Sierra Leone

Youth Partnership for Peace and Development (YPPD) leveraged the VO!CE360 platform, with support from the Legal Empowerment Fund, for its grassroots justice and accountability work in Sierra Leone. This innovative and digital technology allows communities to give real-time feedback on service delivery, report a violation of rights or raise issues around local governance and access to justice, particularly in rural and marginalised contexts. VO!CE360 is a web-based and mobile-enabled platform that collects community feedback, voice messages, and short message service (SMS) reporting. YPPD collects this data to understand trends related to access to legal aid, police response, land and property disputes, and social protection cases. Every community has community monitors, including young paralegals and volunteers, who support residents by gathering feedback and aggregating it, which is then analysed through VO!CE360 dashboard. Unique feature of VO!CE360 is its ability to connect the voice of the community to duty-bearers and civic actors. Reports are discussed in local interface dialogues in every quarter with local justice actors and civil society partners, whereby specific issues raised on the platform are discussed and acted upon jointly. One example is a cluster of complaints related to community-level health response, in a particular chiefdom, in relation to reports of domestic violence, which resulted in a scheduled community-provider meeting where the situation was discussed and better case referral for victims. There remain challenges like the affordability of smartphones and accessibility of the internet, particularly in remote areas. However, VO!CE360 has shown that it can be a tool in shifting community members from passive community receptors to active citizens and rights holders, leveraging technology in real terms to advocate for justice and accountability.

VI. SDG16 + EXPLORING INTERLINKAGES

Following a foundational exploration of the Health-Peace-Security nexus, CSPPS recognises the need to broaden the lens and investigate how SDG 16 (Peace, Justice and Strong Institutions) intersects with other key Sustainable Development Goals (SDGs). SDG16+ is not a standalone objective, it is inherently interconnected with the wider 2030 Agenda and particularly relevant in fragile and conflict-affected contexts. Peace, justice, and inclusive governance are both prerequisites for, and outcomes of, progress in areas such as education, gender equality, climate action, and migration.

Understanding and acting on these interlinkages is critical for building holistic, resilient, and people-centered strategies that respond to the complex challenges faced by communities around the world. Below are key areas of intersection CSPPS is actively exploring and advocating for through its programming, partnerships, and member engagement:

▶ *Education (SDG 4) and Peacebuilding*

Education is a powerful tool for peace. It promotes tolerance, critical thinking, and civic engagement elements that are essential for breaking cycles of violence and marginalization. Conversely, the absence of quality education particularly in conflict-affected or displaced communities can deepen inequality and fuel grievances.

CSPPS members engage in education initiatives that support peace education, civic education, and inclusive school governance. These initiatives aim to:

- Empower youth as agents of peace and accountability.
- Address trauma and promote psychosocial well-being through school-based interventions.
- Foster inclusive curricula that reflect local cultures, histories, and peace narratives.

CSPPS also advocates for increased investment in education in emergencies and calls for the protection of education systems and personnel in conflict zones—recognising their foundational role in rebuilding societies.

▶ *Migration and Displacement (SDG 10)*

Forced migration, whether due to conflict, climate impacts, or governance failures, is both a cause and consequence of fragile peace. CSPPS views migration and displacement not only as humanitarian issues but also as challenges of governance, justice, and equity all central to SDG16.

Through its work with displaced communities and returnees, CSPPS members emphasise:

- Inclusion of displaced populations in peace dialogues and governance processes.
- Addressing root causes of displacement such as conflict, marginalisation, and environmental degradation.

Moreover, CSPPS promotes social cohesion with displaced communities through dialogue, participatory planning, and local mediation efforts.

▶ *Climate Change and Environmental Security (SDG 13)*

Climate change is increasingly recognised as a threat multiplier in fragile and conflict-prone regions. Rising temperatures, resource scarcity, and environmental degradation can exacerbate existing tensions, displace communities, and overwhelm weak institutions.

CSPPS members are working on the front lines of climate-fragility risks, particularly in regions where environmental stress intersects with socio-political instability. Activities include:

- Promoting local environmental governance and resource-sharing mechanisms.
- Supporting community-based resilience strategies, including climate-smart agriculture and disaster preparedness.
- Advocating for climate justice frameworks that center the rights of Indigenous peoples, women, and marginalised communities.

CSPPS is increasingly involved in international discussions that explore the climate-peace nexus, ensuring that civil society perspectives from fragile states inform global climate finance and adaptation strategies.

As the global community approaches the midpoint of the 2030 Agenda, it is more critical than ever to recognise that there can be no sustainable development without peace and no peace without sustainable development. CSPPS continues to advocate for this integrated vision, ensuring that the voices of civil society and those most affected by conflict are heard and respected at every level.

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