Final **TOR**

UHC 2030 Working Group

Support to countries with fragile or challenging operational environment

Background

Work in this area was outlined in the IHP+ Strategic Directions 2016-17[1]:

- The diverse group of countries often referred to as fragile are typically not capable of handling fragmented external assistance on which many of them depend heavily. IHP+ principles of alignment and harmonisation are therefore particularly important for developing resilient health systems in these countries. With half of the fragile states (using the World Bank list) as members of IHP+, UHC2030 needs to consider how to tailor its role, approach and tools, while recognising their diversity.

- The individual countries face specific challenges, with many of them characterised by very low capacity, implying a more targeted approach rather than seeking to pursue all seven of the IHP behaviours and a comprehensive health strategy. This could include having more focused compacts and a JANS to look in depth at a limited number of areas key to improving service delivery. IHP+ will develop specific guidelines and approaches and possibly tools to fit fragile situations.

- In addition, in some countries government is largely dysfunctional or lacks interest in improving health, leaving an even more important role to communities and civil society. This poses a challenge to the traditional effective development cooperation approach, which tends to rely on a government to represent the country. IHP+ will develop approaches also for this context.

- Finally, IHP+ will document lessons learned on funding and coordination modalities that may be particularly well suited to the fragile context, including trust/pooled funding and joint project coordination units.

Subsequently further considerations have gone into this:

- Most important is the realisation that countries faced with fragile or challenging environments are not a homogenous group, on the contrary, they present very different issues and contexts. Any attempt to deal with the individual countries therefore has to take its point of departure in the concrete situation, the specific country context and often also regional issues.

- The importance of well-coordinated Health Systems Strengthening (HSS) also in the context of many of these countries has become an important issue to be taken forward by the transformed IHP+ partnership the International Health Partnership for UHC 2030 (UHC2030); this should include generating linkages between the coordination of humanitarian partners (HP) and development partners (DP) within health.

- WHO's HGF department has outlined a strategy to address some of the issues through its recent FIT (Foundation, Institutions, Transformation) strategy. This includes 6 foundational gaps[2] that

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[1] The 4 bullet points are the wording from the IHP+ Strategic Directions 2016-17

[2] 1) Financing: Invest in financial engineering to build a unified and transparent financial management system (FMS) and procurement procedures, ensuring secure and transparent financial flows and enhancing accountability. 2) Health workforce: Invest in pre-service education for the primary health care workforce, especially education pathways of six months to three years, with the parallel development of deployment and retention strategies in rural and remote areas. 3) Pharmaceuticals and medical products: Invest in supply chains and diagnostic facilities. 4) Health information: Invest in unified underlying health information systems, including surveillance. 5) Governance: invest in local health governance

need to be addressed in most of these countries[3]: Financing; Health Workforce; Pharmaceuticals & Medical Products; Health Information; Governance; & Service Delivery. The international community is proposed to support these critical investments in health system Foundations in terms of both "hardware" (substantial investments) and "software" (technical assistance). Investments in health system institutions may be required in parallel; this includes for example building health sector governance, in particular health management at subnational level supported by appropriate community engagement, as well as maintaining a policy dialogue to ensure coherence between development and humanitarian partners. Accordingly, a solid assessment of the foundational and institutional gaps is needed on a country per country basis to allow tailored coordinated responses.

- The World Bank has a Fragility, Conflict and Violence Group (department headed by a Senior Director)[4], which has worked on this area. Several publications dealing with approaches exist (see Background Documents).

- Many conflicts, emergencies and disasters are transnational by nature, which necessitates a broader regional perspective than the traditional one of the individual nation state. In addition, a purely national perspective can also hide important sub-national issues.

- The integration of health security and all hazard disaster risk management into health systems is increasingly seen as important to promote sustainability and efficiency of countries' preparedness efforts while also strengthening the wider health system. This includes specific challenges when government is unable or unwilling to invest in International Health Regulations (IHR) core capacities.

- Last but not least, the Grand Bargain launched at the 2016 Istanbul Humanitarian Summit in addition to promoting principles similar to those of effective development cooperation (EDC), also emphasizes the need for engagement between humanitarian and development actors (the humanitarian-development nexus). In this context it is important to realise that the shift from humanitarian to development assistance is rarely a linear continuum, but often a long period with complementary activities.

All these aspects are reflected in the TOR for this working group, and it is considered a high priority for UHC2030.

Objectives

Guidance for improved coordination of development and humanitarian partners and other agencies around resilient[5] health systems strengthening in countries characterised by fragility, conflict, emergencies and/or a challenging operational environment, developed and promoted.

Situation analysis and assessment as well as coordination of Development and Humanitarian Partners and support for health systems strengthening piloted in 2-3 countries with fragile or challenging environment.

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systems through district health management and people (citizens and community) engagement. 6) Service delivery: invest in basic infrastructure and equipment

[3] Meeting report "Building health systems foundations and strengthening institutions - a global approach for UHC 2030" - Consultation with Partners - 13 June 2016 - WHO Headquarters

[4] http://www.worldbank.org/en/topic/fragilityconflictviolence

[5] This can be defined as "the capacity of health actors, institutions, and populations to prepare for and effectively respond to crises; maintain core functions when a crisis hits; and, informed by lessons learned during the crisis, reorganise if conditions require it", Kruk et al 2015.

Scope of Work

- The Working Group will finalise the TOR, which will be approved by the IHP+ Core Team and submitted to the Steering Committee.

- Given the vast and diverse area of work, the Working Group will decide on a phasing of its work. One option would be to begin with addressing the collaboration in the group a) countries (see bullet points below).

- Develop guidelines and update tools for working on effective development cooperation in contexts which have low capacity, lack representative governments, conflict or other emergencies, or combinations thereof. This will include coordination around improving basic health service delivery as well as more long term HSS and issues related to all hazard emergency preparedness and IHR core capacities.

- The guidelines will have specific considerations and/or sections for at least three scenarios:

    a) **Low capacity**. Including harmonised approaches around strengthening sub-systems key to rapidly improving service delivery, particularly PHC, supported by district health management and community engagement.

    b) **Lack of meaningfully representative government**, i.e. government does not show signs of being interested in improving the health situation for the majority of its population or for groups within the population. This will include considerations of coordination around non-state actors, and longer term implications for re-establishment of government stewardship.

    c) **Conflict or emergencies**. Here the role of disaster and humanitarian relief and coordination of organisations related to it, in relation to longer term development perspectives including HSS, is central, particularly the interface between – and ultimately transition from - relief to development assistance. One important element is the role of WHO, as designated global lead agency to coordinate the health sector in humanitarian contexts, within OCHA (Office for the Coordination of Humanitarian Affairs) and Humanitarian Coordinators and Country Teams. There are important differences between conflict and natural disaster situations that may warrant treating them as separate scenarios, although there are often mix of different aspects.

    In many cases the situation in a given country would include elements of two or more of the elements described in a, b and c, as well as regional and sub-national issues.

- The guidelines would emphasise and provide guidance for an independent situation analysis (if possible commissioned by the government and its partners) as the foundation of any intervention. This situation analysis should include relevant regional and sub-national issues. Regarding service provision it should include all actors, e.g. government, development and humanitarian partners, private sector (both for and not for profit) and civil society.

- They would also provide guidance to coordinated support for adequate hardware and software investments to address key health systems gaps and include options for quick ways to improve

health service delivery and coverage. This would be part of the assessment of the country context and include the most important gaps impeding a scale up of basic service delivery.

- If found to be a useful approach, the working group will contribute to the development of a self-assessment tool of key health systems gaps[6] and institutional issues.

- The guidelines could provide examples, best practices, things to avoid or options to consider, but should not give blue-print guidance to the approach, given the diversity of country contexts.

- IHP+ tools and approaches to be updated would include: JANS Tool & Guidelines, Compact guidance, JAR guidance, guidance on Country Led Information & Accountability Platform, and Joint FM Assessment guidance.

- Provide suggestions on how to ensure sufficient links between Joint External Evaluation (JEE)[7] and broader HSS efforts, including proper coordination and prioritisation of investments in countries with fragile context or challenging operational environment.

- Consider whether the Working Group should provide guidance for humanitarian coordination and planning in fragile contexts with a view to facilitate the interface between humanitarian and development assistance; and if decided to do so develop and implement actions in this area.

- Consider whether to specifically address the issues pertaining to coordination around health services for refugees and displaced populations; and if decided to do so develop and implement actions in this area.

- Provide inputs to the broader UHC2030 advocacy work on specific areas of advocacy within the remit of this working group.

- Case studies and literature review to analyse experience and lessons learned from mechanisms for harmonising development cooperation in the above mentioned contexts, highlighting any good practices identified, including trust funds and other funding models, joint project coordination units, use of non-governmental partners including the private-for-profit sector, contracting models, improving local governance and accountability mechanisms, harmonised approaches around strengthening sub-systems key to improving short term PHC service delivery (eg essential packages of service) as well as longer term HSS, addressing regional issues, and coordination of relief and development efforts. These would ideally precede and feed into the development of guidelines. One criterion for the studies will be that it should be beneficial to developments in the country itself, not only serve a global or academic purpose.

- Facilitating, based on the approach developed, 2-3 countries (on a demand basis) for intensified joint action to improve DP and HP coordination (and the links between them) and strengthen the country health system, this would include addressing key health systems gaps.

Output

- Literature review document and case studies on coordination of support and HSS by second quarter 2017

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[6] As for example outlined in the WHO FIT strategy and 6 gaps approach where they are termed "foundational gaps"
[7] See: "Joint External Evaluation Tool – International Health Regulations"; WHO 2016

- Guidance, including good practices documented with some lessons from harmonised mechanisms, published by September 2017

- Adapted IHP+/UHC2030 tools developed and finalised, by mid-2017.

- Actions in 2-3 countries improving partner coordination and health systems strengthening, including identifying the key health systems gaps.

Members[8]

UHC2030 Core Team: Finn Schleimann, Senior Health Advisor, HGF, WHO; *providing the secretariat*.

DPs: Andre Griekspoor, Technical Officer, ERM, WHO ; Denis Porignon, Technical Officer, HGF, WHO; Dirk Horemans, Programme Officer, SDS, WHO; Anshu Banerjee, Director (Global Coordination), FWA, WHO; Tekabe Belay, Senior Economist, WB; Amelia Peltz, Senior Gender Advisor, Bureau of Global Health, USAID; Amy Kay, Senior Health Advisor, Middle East Bureau USAID; Satoko Horii, Senior Researcher, NIPH, Japan; Noriko Fujita, Director Division of Global Health Programs, National Center for Global Health and Medicine, Japan; Holger Thies, Advisor, GIZ; Olga Bornemisza, Technical Advisor, Health Systems, GFATM; Cornelius Oepen, International Aid Cooperation Officer, DEVCO, EC; Ian van Engelghem, Global Health Advisor, ECHO, EC; Judith Kallenberg, Head of Policy, GAVI; Montasser Kamal, Program Leader, International Development Research Centre, Canada; Taraneh Shojaei, Head of Global Health Policy Division
French Ministry of Foreign Affairs and International Development

Emergency/humanitarian agencies: Esperanza Martinez ICRC (TBC), Julie Hall, Director Health Care, IFRC; Mit Philips, Analysis & Advocacy Unit- Health Access Team, MSF (Observer)

Other organisations: Rachel Scott, Team Leader Conflict, Fragility & Resilience, OECD

Networks: Health Security Agenda (TBD); Kristina Yarrow, Director for Policy and Strategy Global Health (involved with EWEC & PMNCH), UNF; Egbert Sondorp, Senior Advisor Health Systems, KIT (representing the Health Systems Global Thematic Working Group on Fragile and Conflict Affected States[9]).

Countries with fragile or challenging environment: Abdul Qadir, General Director for Policy and Planning, Ministry of Public Health, Afghanistan; DRC (TBD); Benedict Harris, Asst. Minister, MoH Liberia; CAR (TBD); ….

CSOs/NGOs: Guy Aho Tete Benisan, Regional Coordinator, REPAOC; Kaosar Afsana, Director HNP, BRAC; Maarten Oranje, Expert on UHC, Cordaid; …….

Consultant(s): Enrico Pavignani, Public Health Consultant

The Working Group will decide on its chairing arrangements.

The members should include expertise on political science.

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[8] The membership will be open to all IHP+/UHC2030 signatories, the list supplied are of key members
[9] http://healthsystemsglobal.org/twg-group/8/Health-Systems-in-Fragile-and-Conflict-Affected-States/

Working modalities

Audio/Video Conference

Possibly one face-to-face meeting

Commissioning of literature review and case studies

Background Documents

Pavignani & Colombo: "Strategizing in distressed health contexts"; 2016 - chapter in "Strategizing national health in the 21st century: A handbook ", WHO forthcoming *(PDF will be shared)*

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T Lofti et al: "Coordinating the Provision of Health Services in Humanitarian Crises: a Systematic Review of Suggested Models"; PLoS 2016

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S Moon et al: "Post-Ebola reforms: ample analysis, inadequate action", BMJ 2017

S Haddad & E Svoboda: "What's the magic word? Humanitarian access and local organisations in Syria"; ODI HPG 2017

"Time to let go: remaking humanitarian action for the modern era"; ODI 2016: https://www.odi.org/publications/10381-time-let-go-remaking-humanitarian-action-modern-era

 "After the World Humanitarian Summit - Better Humanitarian-Development Cooperation for Sustainable Results on the Ground"; Center on International Cooperation, NYU 2016

"Humanitarian and Development Collaboration: An Emerging Road Map towards Successful Interventions"

World Humanitarian Summit: Transcending humanitarian-development divides - Changing People's Lives: From Delivering Aid to Ending Need; 2016

"States of Fragility 2016 - Understanding Violence"; OECD 2016

"States of Fragility 2016 – HIGHLIGHTS"; OECD 2016

"Aid instruments for peace- and state-building: Putting the New Deal into practice"; G7+ Secretariat 2016

Aid and Civil Protection Health - General Guidelines"". DG ECHO Thematic Policy Document n° 7; EC 2014

"How-to Note on Joint Recovery and Peacebuilding Assessments (RPBAs)"; EC, World Bank, The UN 2016

"An Assessment of external aid in the WHO Eastern Mediteranean Region"; HERA 2016 (not released yet by EMRO)

"World Bank Group Engagement in Situations of Fragility, Conflict, and Violence"; IEG 2016 - http://ieg.worldbankgroup.org/Data/Evaluation/files/fcv-full.pdf

 "World Bank Group assistance to Low-Income Fragile and Conflict-Affected States"; IEG 2013 - http://ieg.worldbankgroup.org/Data/Evaluation/files/fcs_eval.pdf

"Reference Material to the FM Manual – Guidance Note to Financial Management in Cases of Fragility, Capacity Constraints and Conflict"; World Bank 2013

N Bizhan: "Improving the Fragile States Budget Transparency: Lessons from AFGHANISTAN"; GEG Working Paper 117, Oxford University 2016

G Baudienville: "Public financial management reforms in fragile states: the case of Democratic Republic of the Congo"; ODI CAPE 2012

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E Coppin: "Measuring good pooled funds in fragile states"; ODI 2012

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Whittall J: "The 'new humanitarian aid landscape' Case study: MSF interaction with non-traditional and emerging aid actors in Syria 2013-14"; MSF 2014

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"Joint External Evaluation Tool – International Health Regulations"; WHO 2016

WHO Country Cooperation Strategy – Strategy 2016; WHO 2016

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