

**First Face-to-Face Meeting
of the UHC2030 Working Group on
Support to Countries with Fragile or
Challenging Operating Environments**

8th-9th November 2017

Geneva

POPULATING THE LANDSCAPE

Where are the gaps?

FINDINGS OF THE LITERATURE REVIEW

What do we know & what don't we know?

REVISITING OUR OBJECTIVES

Who are we & what is our added value (given the landscape)?

How do we need to refine our objectives?

How do we work with relevant initiatives?

Identifying Themes

1. Principals of Operating in Fragile/Conflict/Challenging Contexts
2. Complicated Contextual Factors
3. HSS Building Blocks
4. Service Delivery
5. Coordination, Politics, and Policy/Frameworks
6. Stakeholder Engagement
7. Ways of Working

Identifying Themes

Principals of Operating in Fragile/Conflict/Challenging Contexts

- Issues that require a different response in FS – need to redefine HS for this
- Aware that we become part of the system, we are not neutral and become part of the fragility dynamics
- Treat what is done as an investment – define by its expected returns
- Accountability – link with health information
- Human mobility
- Reinventing health system? Framework for HSS in FS? Or limited themes to address? Be concise – entry points
- What makes HS in FS specifics – e.g. timing dynamics of rapid change with protracted conflict
- Rights based approach to health services/ human rights – underpinning
- Need overarching theme on systems thinking, not just building blocks – approaches/mechanisms that make building blocks work together, interconnection between so that service delivery happens

Identifying Themes

Complicated Contextual Factors

- Operating in politically challenging contexts where human rights are violated; host governments do not respect human right to health

HSS Building Blocks

- Maintaining subnational health governance
- Adapting health strategy and planning
- Human resources for health – remove statement about external donors not paying salaries – can do this cleverly, paying for the services if not the salaries
- Funding mechanisms and financing of services
- Health information systems and analysis, surveillance

Identifying Themes

Service Delivery

- Demand side first – particular population needs, access issues for particular groups, adapt health services to suit those needs – context specific
- Use of new technologies
- Focusing on service delivery
- Reconstructing health infrastructure
- Pharmaceuticals

Identifying Themes

Coordination, Politics, and Policy/Frameworks

- Health politics
- Maintaining the policy dialogue
- Seeking connections between humanitarian & health development coordination platforms – ensure coordination is really happening
- Districts; Urban settings

Identifying Themes

Stakeholder Engagement

- Private sector
- Public private partnerships
- Traditional healthcare providers – what roles?
- Consideration of other sectors and non-health stakeholder involvement
- Engaging with national/local stakeholders and communities – people should be first

Identifying Themes

Ways of Working

- Performance based contracting of NGOs
- Use local social solidarity systems – practical analysis of conflict and politics
- Preparedness during development and systems during recovery
- Emergency preparedness, capacity to respond if there were a crisis
- Capacity building, leadership
- Political analysis and conflict analysis
- How to prioritise interventions, priority setting

FOCUSING

Selecting priorities for the WG

DEFINING DELIVERABLES

1. Ambassador roles (with focused country work)
2. Thematic deep dive(s) (with focused country work)
3. Wider advocacy

KEY QUESTIONS FOR GROUP WORK

- a. How would you define an objective on this work?
- b. What are the key deliverables and timelines?
- c. Who needs to be involved?

Questions	Priority: Good practice report
<p>How would you define an objective on this work?</p>	<p>Identify and disseminate ('out of the box') approaches to overcome common operational challenges in fragile settings --Produce a 'good practice report' --Learn lessons of what worked (and not worked) in real life 'fragile environments' – how obstacles could be overcome (building on lit review; Call for case studies; ? Interview key agencies; scope/boundaries to be determined)</p>
<p>What are the key deliverables and timelines?</p>	<p>Prepare a call (Nov17-Jan18) Prepare (electronic) report + disseminate; incorporate comment (Feb-Jun 2018) Analyse – consolidate (July-Oct18) Disseminate (TED talks, 'talking heads'; infographics; podcasts) (July-Dec 2018)</p>
<p>Who needs to be involved?</p>	<p>Selected WG members to provide oversight (4-5 people, including 'French' and Arabic skills, with some secretarial support) Commission people/institute to implement Production of summaries-talks-podcasts</p>

Questions	Priority: Coordination (5) and Partnerships (6)
<p>How would you define an objective on this work?</p>	<p>Fragility with regard to Health Systems can occur in various forms; country-wide, in certain regions within the country (pockets) and trans-boundary spilling over national borders.</p> <p>Coordination Comparing various mechanisms applied in different countries in order to define a practical more generalized way forward. Coordination should be done on-site, on the ground by analyzing and facilitating existing processes. Acknowledging that coordination mechanisms already exist, we need to analyze whether HCA are in place and ‘fit-for-purpose’, and then conduct a mapping exercise would allow us to think creatively.</p> <p>Partnerships We need to establish ways to connect non-government controlled areas (such as through NGOs) with those controlled by the government. Rethinking the way to operate in fragile contexts, we need to connect with development actors on the ground. In order to effectively connect with national / community structures, one way would be to establish and then consistently apply a contact policy.</p>
<p>What are the key deliverables and timelines?</p>	<p>Coordination Challenge identified: HCs need to be reminded to review (and then if needed revise) the Humanitarian Coordination Architecture (HCA). Other than facilitation and advocacy, we need to create a dynamic that periodically country mechanisms need to review the HCA in a systematic way.</p> <p>Partnerships Experience shows that existing in-country capacity is often quite low with regard to monitoring deliverables and timelines; hence particular support is required to support national leadership in coordinating and driving stakeholder engagement.</p>
<p>Who needs to be involved?</p>	<p>Coordination Being realistic is very important as e.g. conflicting parties within the same country are and will continue to refuse cooperating with each other. This requires brokerage capacity at both the UNCT and HCT levels. Existing humanitarian cluster coordination, government structures (national and sub-national) and stakeholders</p> <p>Partnerships All existing structures at national and decentralized (community) levels. Finding the right partners specialized in technical assistance to avoid duplication of efforts</p>

Questions	Priority: how to pay healthcare workers in fragile states?
How would you define an objective on this work?	To formulate possible scenarios to support evidence informed decisions
<p>What are the key deliverables and timelines?</p> <p>6 months until 5. 1.5 years for 6.</p>	<ol style="list-style-type: none"> 1. To analyse needs, internal and external causes and consequences of the situation in a fragile context (Situation analysis report) 2. To review experience from other countries (Evidence review) 3. To identify possible UHC solutions with national and international experts (expert meetings) 4. To model the potential short, mid and long term benefits or risks of these scenarios (strategy based on prioritised solutions) 5. To disseminate scenarios and mainstream common principles (short and right format) to national and international forums through UHC 2030 (e.g. presentations at in country, donors' meetings) 6. To monitor changes
Who needs to be involved?	A subgroup of the UHC 2030 TWG + links with other UHC 2030 TWG

Questions	Priority: how to rebuild the Syrian health system?
Questions	Priority: what is the capacity critical pathway for patients to get access to health services? How to build community health systems?
Questions	Priority: how to achieve UHC in fragile states for IDPs, refugees and migrants?
Questions	Priority: what is the most effective way of financing health systems in fragile states?
Questions	Priority: how to deliver healthcare with non state armed groups?

Questions	Priority: Service delivery through strengthened health systems
How would you define an objective on this work?	How do you get a basic package of services to a large proportion of the population? (doesn't apply to acute emergencies). Includes work to strengthen main functions of health system: health financing, HRH, supply chain, HMIS, etc. Also need to ensure services delivered in short-term. Can conceptualize short/medium/long-term approaches.
What are the key deliverables and timelines?	<ol style="list-style-type: none"> 1. Advocacy to bring the “6 main health investors/channels” at country desk officer level and WHO around the table to agree on a joint commitment to fund and operationalize a “very” Basic Package of Essential Health Services. Also advocacy for key actors to facilitate longer-term policy dialogues on the key building blocks to enable service delivery in long-run. 2. Policy briefs on the main building blocks, applied to fragile states to guide advocacy and action at the country level. 3. Possibly - convene ‘situation rooms’ for countries, bringing together key actors, to discuss key hss bottlenecks, and/or facilitate TA (TA pool?) -- but need to consider if UHC2030 has mandate and capacity to do this.
Who needs to be involved?	Depends on activity; likely to include all UHC2030 members/ constituencies. Main ‘channels’ of funding include: EC, GAVI, Global Fund, UNICEF, USAID, WBG (GFF).

Questions	Priority: Outreach
How would you define an objective on this work?	<ul style="list-style-type: none"> ▪ To identify bottlenecks and priorities in fragile systems ▪ To facilitate implementations of solutions
What ways of working, criteria?	<ul style="list-style-type: none"> ▪ Stakeholder mapping (ie opportunity overlaps with other working groups, good practices from other actors) ▪ Creating strategies and awareness to engage with formal and informal stakeholders (eg total market approach, how to work with private sector?) ▪ Coordination of activities and individuals part of the UHC2030 WG (eg project management and alignment)
Which groups to permeate?	<ul style="list-style-type: none"> ▪ UHC2030 working groups ▪ Non-state actors (e.g. private sector, trade organizations) ▪ Other influencers
Any other key considerations?	<p>Resources (human and financial)</p> <p>Scope of outreach HSS teams</p> <p>Accountability (ie monitoring and evaluation)</p>

MEMBERSHIP & WAYS OF WORKING

- New title for the group?
- Partnership of the willing - active involvement – who's in, who's missing? Criteria?
- Traditional WG, deliverable oriented sub-group, focal points for related networks/workstreams, with wider CoP...?

NEXT STEPS

- **Outreach** to missing WG members, countries?
- **Meeting outputs:** Draft ToRs and summary meeting report to participants & WG members: red lines
 - All documents/PPTs online
- **Update to Steering Committee** in December? Or interim call Q1 2018?
- **Membership?**
- **Don't wait to start implementing**

Thank you!

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