1. **Maintaining the policy dialogue**: in some countries completely disrupted. Acknowledge challenges, purpose for maintaining
2. Seeking **connections between the coordination platforms** for health development partners and the humanitarian programming
3. The need to **maintain subnational health governance**: invest in the role of district health management
4. **Adapt health strategy and planning** to the fragile context: shorter timeframe, simpler, flexible and connected with humanitarian planning; don’t wait 5 years till the crisis is over to develop a first transitional health policy, but also don’t develop a health policy that reads as if there is no crisis.
5. Focus on **service delivery**, use the concept of an essential package of health services (but design one that is realistic), and adapt its content and delivery models to different contexts and capacities within the country
6. **Health infrastructure reconstruction**: inevitable political pressure to invest in higher levels of health care, opportunity to rationalise the network, effects on operational/running costs
7. **Human resources for health**: always shortages, maldistribution, no external donor willing to pay salaries, variations in incentive schemes
8. **Funding mechanisms and financing of services**: most funding not through government, creation of pooled funds that are not always efficient and that don’t represent a large proportion of the total funding, donors wanting to maintain direct control over their funds. Different provider payment mechanisms piloted by external partners, not evaluated
9. **Pharmaceuticals**: major (parallel) supply systems supported by humanitarian programs, unregulated private drug outlets, challenges of quality assurance with national production and procurement,
10. **Engagement with national/local stakeholders and communities**: often acknowledged and often neglected, no solution yet for meaningful engagement of such stakeholders in planning and monitoring of services
11. **Health information systems and analysis**: health information systems fragmented, poorly analysed, decisions made on shaky data