Multi-Disciplinary Evidence on Coordination and Health Systems Strengthening (HSS) in Countries under Stress

A LITERATURE REVIEW AND SOME REFLECTIONS ON THE FINDINGS

First Face-to-Face Meeting of the UHC2030 Working Group on Support to Countries with Fragile or Challenging Operating Environments
8-9 November 2017 | Geneva, Switzerland
Background

“Development of guidance for improved **coordination** of development and humanitarian partners around resilient **health systems strengthening** in fragile countries”

**Literature Review**

**Coordination & Health Systems Strengthening in Countries under Stress**

“What does the **literature evidence** tell us about what works in **health systems strengthening** and **actor coordination** in countries with fragile environments? How? Why?”
Objectives of the Report

Multi-Disciplinary Evidence on Coordination and Health Systems Strengthening (HSS) in Countries under Stress: A literature review and some reflections on the findings

UNDERSTAND

▪ Drivers of health systems strengthening interventions in fragile or challenging operational environments
▪ Mechanisms driving government stewardship, engagement with non-state-actors and accountability

EXPLORE

▪ Humanitarian actor coordination and modes of operation
▪ Configuration and coordination between actors
▪ Modes of operation in the transition phase from relief to development
Methodology

3 PHASES

1. Systematic / Realist-inspired Review (peer-reviewed)

2. Scoping Review (purposefully-selected)

3. Overall Analysis and Reflections

Additional Articles (panel + ITM team)

UHC 2030 Working Group Meeting
Types of Interventions

FINDINGS OF THE STUDY

- Rapid Health Service Delivery
- Health Systems Strengthening
- Actor Coordination
Types of Interventions

FINDINGS OF THE STUDY

Phase I: Systematic Review

- Health Systems Strengthening: 48%
- Rapid Health Service Delivery: 41%
- Actor Coordination: 1%

n = 105 studies

Phase II: Scoping Review

- Health Systems Strengthening: 57%
- Rapid Health Service Delivery: 20%
- Actor Coordination: 13%
- Others: 10%

n = 99 studies

Types of Interventions

n = 105 studies

n = 99 studies
Rapid Health Service Delivery

FINDINGS OF THE STUDY: TYPES OF INTERVENTIONS

Some recurring interventions:

- Basic Package of Essential Health Services
- Contracting out to NGOs
- Strengthening community-based health workers

Pertinent references:

- Health in humanitarian crises 1
- Evidence on public health interventions in humanitarian crises
- ReBUILD Consortium
- Research for stronger health systems during and after crisis
- Developing health system research capacity in crisis-affected settings: why and how?
Health Systems Strengthening

FINDINGS OF THE STUDY: TYPES OF INTERVENTIONS

VARIOUS HSS INTERVENTIONS

- Governance
- Financing
- Human Resources
- Health Service Delivery
- Information Systems
- Medical Products & Technologies

“These different health systems elements complement each other and needs are highly context dependent”
### Health Systems Strengthening

**Examples of HSS Interventions**

<table>
<thead>
<tr>
<th>International Actors, GHIs, Vertical Programs</th>
<th>Financing</th>
<th>Human Resources</th>
<th>Governance</th>
<th>Health Service Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash-based support</td>
<td>Fee-exemption policies</td>
<td>Strengthening workforce performance</td>
<td>Community scorecards</td>
<td>Basic package of health services</td>
</tr>
<tr>
<td>Emergency funds</td>
<td>Performance-based financing</td>
<td>Equitable HRH distribution</td>
<td>District-level management &amp; planning</td>
<td>Operational tools</td>
</tr>
<tr>
<td>Vertical programs</td>
<td>Multi-donor trust funds</td>
<td>Training of CHWs</td>
<td></td>
<td>Health facility assessment</td>
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</tbody>
</table>

"Government leadership is crucial"

"Be mindful of system-wide effects and health system preparation"

"Capacity building at mid-level"

"Issues of legitimacy of actors and interventions"

"Gaps in monitoring and evaluation (ie HMIS)"
Actor Coordination

FINDINGS OF THE STUDY: TYPES OF INTERVENTIONS

EXAMPLES OF ACTOR COORDINATION INTERVENTIONS

- Sector Wide Approach (SWAP)
- Sector Wide Management (SWIM)
- Inter-Sectoral Partnerships
- Pooled Funds
- Poverty Reduction Strategy Papers (PRSPs)
- Global Health Partnerships
- Advocacy Coalitions
- Transitional Programming

- Health Clusters
- Financing Mechanisms (e.g. contracting)
- Programme Grant Agreements
- UN Development Assistance Frameworks
- Country Programs/Instruments
- Inter-Agency Consultations and Coordination Committee, Bilateral Meetings
Variety of service delivery models, decision-making and funding dispersion

Informal power structures

Diversified supporting bodies

Lack of information-sharing between actors

Inadequate linkage humanitarian and development aid streams

“One sees a lack of alignment and coordination between government, donors, and humanitarian and development actors.”
Contextual Factors

<table>
<thead>
<tr>
<th>Level of Government Engagement</th>
<th>Sociocultural and Political Factors</th>
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</thead>
<tbody>
<tr>
<td>Geography</td>
<td>Gender Issues</td>
</tr>
<tr>
<td>Regional Dynamics</td>
<td>Spontaneous Developments</td>
</tr>
</tbody>
</table>
Level of Government Engagement

Governance Issues by Theme
(Phase II)

- Lack of Capacity
- Fragmentation
- Local Political Context
- Issues of Legitimacy of Government
Understanding lack of solid evidence, given subject and context,

Weak evidence in published public health literature due to:

1) limited research capacity
2) challenges relating to insecurity
3) low prioritisation of research

Understandable lack of solid evidence, given subject and context
“Unfortunately, the circumstances that make information collection so important are precisely those that make it extremely difficult to do.”

Legitimacy and Accountability

Local Perspective

[Humanitarian] Health System Challenges

Gaps
Local Perspective

People’s voice

Local Organizations

Institutional interest
Local Perspective

“Local partners treated not as true partners but as sub-contractors”

“Illiteracy” on demand side: Lack of capacity to grasp local ideas?

Fear of participation: Why would opinions be volunteered?

Opportunistic reasons: Publication bias?
Legitimacy and Accountability

**Issue of growing importance:**
- Upward & downward accountability
- Input & output Legitimacy
- Expulsion, sustainability and equity are global issues
- In a multipolar world, values are contested
Legitimacy and Accountability

- Diaspora
- Private sector
- CSOs
- Donor government
- NGOs
- UN bodies
- Receiving government
“Accountability is not going to be improved through more ‘tweaking’ with technical or procedural fixes. It requires a change in mind-set to acknowledge that each and every person affected by and engaged in humanitarian crises has different roles and responsibilities to play, and that they need to be accountable to one another as well as to the collective goals”

Legitimacy and Accountability

1) of all actors and their intentions?
2) of New Actors?
3) of Coordination Mechanisms?
4) of Global Politics?
5) of Conflicting Values?
Some of the challenges in the [Humanitarian] Health System

- Cross-boarder/regional
- Security-Development nexus
- How to relate to new actors
- Emergency-Development nexus
- How to relate to other sectors
Security-Development

After 9/11, security became priority (funds follow)

The military is part of humanitarian agenda

Aid = politics

Motives are seen as suspicious

Governmental inclusion more problematic

The nexus between counter terrorism, development and Agenda 2030 brings together CdM Members and decision makers from the EU and the UN

September 14, 2017

Former Presidents and Prime Ministers Joyce Banda (Malawi), Hamadi Jebali (Tunisia), Olusegun Obasanjo (Nigeria) Mary Robinson (Ireland) and Danilo Turk (Slovenia) will engage next Tuesday 18th of September in New York in a debate about the critical nexus between security and development, with high level intergovernmental policy makers from both the European Union and United Nations.

Security and Development: A Critical Nexus

September 19th
09:00 - 12:30h.
Hotel Westin Grand Central
There are lots of recommendations to improve LRRD
How to move forward?

Wider Perspective

Tailored Response | Knowledge Management
CONFIRMED IN ALL MODELLING: DIFFERENT SETTINGS, DIFFERENT RESPONSES

**High-intensity Conflict Settings**
- Lack of basic infrastructure
- Logistics
- Lack of access
- Too few aid organisations in area – those which are there feel overburdened
- High population movements

**Low Intensity Conflict Settings**
- Funding scarcity
- Differing priorities state vs INGOs
- Unsustainability of programs
- Overstretching of INGO portfolios to get funding
- Low capacity local actors and high rotation of international staff

**Post Conflict Settings**
- INGOs and competition are overwhelmed
- Culturally inappropriate programs
- No exit program
- Lack of basic infrastructure
- Political sensitivities below surface that cannot be openly considered ‘conflict’ or reported about

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“The notion of collective outcomes has been placed at the centre of the commitment to implement the New Way of Working.” (WHS, 2016)
Guidance for practitioners?

"joint sense-making"

New approaches / practices:
- Problem-driven iterative adaptation
- Capability traps
- Applying complexity thinking
- Collaborative intelligence
### How to move forward?

**The Nature of Evidence, Data & Research**

<table>
<thead>
<tr>
<th>EVIDENCE</th>
<th>DATA</th>
<th>RESEARCH</th>
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<tbody>
<tr>
<td>▪ Strengthen the quality of evidence</td>
<td>▪ Building data commons</td>
<td>▪ Apply apt research designs and evaluation methods</td>
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<tr>
<td>▪ Not always ‘scientific evidence’</td>
<td>▪ Data Mining &amp; Analytics</td>
<td>▪ Utilize action research</td>
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<td>▪ Utilizing social media</td>
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Conclusions

**WHAT TO ADDRESS**

- Legitimacy and Accountability
- Local Perspective
- [Humanitarian] Health System Challenges

**HOW TO DO IT**

- New methods of evaluation
- Data revolution in the aid industry
Food for Thought

1. What is our common ground?

2. What are the innovative or promising ways of working according to you?

3. How to engage with new actors?

4. How to collaborate on producing knowledge?

5. How do we align our agenda to the UHC 2030 Forum in Tokyo?