

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

Summary Meeting Report

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Executive summary

The first face-to-face meeting of the UHC2030 technical Working Group (WG) on support to countries with fragile or challenging operating environments took place on 8th and 9th November in Geneva, with objectives to update the ToRs and define deliverables for 2018-19. Participants confirmed the need for and their commitment to engage in the WG, filling a void as the only such group focusing on health system strengthening in fragile contexts with a broad mix of mostly operational stakeholders from both development and humanitarian communities. The meeting revitalised the WG and provided strategic direction, without reaching firm conclusions on the detail of deliverables.

The mix of participants had diverse interests and perspectives which made for a challenging but interesting meeting. The agenda initially opened up the discussion to define the added value of the WG in a crowded landscape, and to brainstorm on issues that might be addressed by the WG. On the second day, we sought to focus and get depth on selected priorities, to inform the updated ToRs and workplan. Due to various limitations, the group work to define potential deliverables produced thoughtful but incomplete proposals, which will need to be further refined.

It was agreed that the WG would:

- Mainstream specific considerations for fragile, vulnerable and conflict-affected settings across the technical health systems work of UHC2030 by supporting the participation of experts in WGs and related health system initiatives.

- Undertake thematic deep-dives on priority issues, with a central focus on field work, by convening experts, synthesising the evidence and facilitating peer exchange to provide real-time support to health system problems. This would include focused work on how to strengthen coordination of stakeholders across the development and humanitarian communities. Other topics for thematic deep-dives were explored, such as the payment of health workers in Yemen.
- Pursue ad hoc advocacy and events to raise the profile of health system strengthening in fragile settings and address political and institutional bottlenecks to progress.

Moving forwards, the WG agreed to establish a smaller strategic oversight group and to consider whether to retain Co-chairs. Time-bound task-oriented groups would be convened to pursue specific deliverables. The wider WG, along with other related initiatives (such as the CORE group and the Health Systems Global group), would be engaged more as a community of practice, to share information and disseminate outputs. Updated ToRs with a workplan will be developed and shared with the UHC2030 Steering Committee.

Background

The first face-to-face meeting of the UHC2030 technical Working Group (WG) on support to countries with fragile or challenging operating environments took place on 8th and 9th November in Geneva. The objectives of the meeting were to:

- Appraise the experience gained during the first year of work
- Draft revised ToRs identifying the clear added value of the WG
- Update the workplan of the WG
 - Reflect on the findings of the literature review to inform this process and identify feedback for ITM to take on board for the final iteration of their report
 - Agree on the scope, objectives, format, approach and timeline for the development of the guidance document, and any related deliverables required (e.g. case studies, tools)
 - Identify other potential deliverables
 - Explore ways of working
- Agree a process for finalising the updated ToRs and workplan

The outcomes of the meeting include this short summary meeting report, along with revised terms of reference (ToRs) for the group with an updated workplan for 2018-19.

Opening remarks

The Co-Chairs of the WG opened the meeting and outlined the objectives. The WG has now been active for about a year, and the original ToRs focused on two deliverables – guidance and country case studies. With the findings of the literature review and the first meeting that brings together the WG face-to-face, now provides a good opportunity to review the purpose and scope of work to ensure the maximum added value for the WG moving forwards.

Populating the landscape

This session provided brief updates from UHC2030 (presentation available [here](#)), and a range of relevant initiatives (mapping available [here](#)), with a view to better understanding the fit and added value of the WG within the wider landscape. Due to the multitude of initiatives, it is important to focus the scope of the WG and collaborate on concrete actions that complement other platforms.

Dr Abdul Qadir from the Ministry of Public Health, Afghanistan was connected by phone to address the meeting. He outlined the current health priorities in Afghanistan and noted the importance of the WG in facilitating learning from the similarities and differences across countries. Dr Mohamed Yusuf Ahmed made reflections from Somalia, noting the need to strengthen all stakeholders given the rise of the private sector in the absence

of a strong public sector. Dr Majdi Ashour commented that in Palestine the international community has had a role in creating a two-tiered health system whereby sanctions have weakened the public system for the poor, with the private system proliferating and driving catastrophic expenditures among wealthier households. He urged the group to stay close to what is happening on the ground. Together, these contributions highlight the need for contextualising external support.

Findings of the literature review

The ITM Antwerp research team presented the findings of the [literature review](#) (presentation available [here](#)). The impressive effort by ITM was acknowledged, with substantial inputs from the core group throughout the process.

Noting that the report is almost finalised, there is limited room for feedback at this stage. The ITM team was asked to make the difference between evidence and interpretation more explicit in the third report, separating the literature review findings from the proposed priority agendas for the working group. The report should give due credit to the limitations and weakness of the evidence, while the challenges of doing research in such contexts was clearly acknowledged. It was agreed that the literature review alone is not a sufficient basis for any kind of guidance, and it may be helpful to look beyond health at the experience of other sectors. Less emphasis should be placed on the transformational potential of big data in the report.

The discussion also involved reflections on the methodology and approach that go beyond what ITM can revise at this stage. There was concern that the review excluded literature in languages other than English and French, and particularly misses local languages and perspectives. It would have been useful for the review to assess the strengths and limitations of existing tools. It was noted that the literature on the humanitarian-development nexus involves more forward-looking guidelines than retrospective analyses of what has worked or hasn't and why. The discussion also included the importance of non-peer reviewed evidence that would be important to inform any sort of guidance, and the scarcity of longitudinal studies. The absence of documentation of failures was also noted. Doing things better will also require cultural changes within our organisations, and closer cooperation with local partners.

The review exposes the limited substantive evidence on health system strengthening in fragile settings. It also provided an important lesson that research cannot provide clear-cut answers to practitioners, but just inspire informed decisions. The review's proposals for "joint sense making" and more action-oriented research resonate for the group as we move forwards.

Revisiting our objectives

Andre Griekspoor, WHO Emergency Programme, presented on opportunities to strengthen the humanitarian-development-peace nexus (presentation available [here](#)).

Discussions happened at the tables then in plenary. The group agreed that revised ToRs should be for a 2 year period, which is consistent with the planning cycle for UHC2030, and the need to consider a more horizontal way of working, facilitating exchange, rather than the vertical approach to top down guidance. The added value of the group comes from its diversity of partners and resulting collective expertise. It was felt that the group should remain operational and flexible, focusing on challenges and priorities from the field. The audience would primarily be the UHC2030 partners, with wider implications for the health sector actors at field level.

Tim Martineau, representing ReBUILD Consortium, made the following summary remarks: It would be helpful to define the overall aim and objectives to focus our deliverables, and a theory of change for communicating with others. Further efforts are needed to bring in country voices, with clarity on what the "offer" of the WG is to attract stakeholders to engage, while being realistic about what we can achieve. The WG will focus more on

facilitation than doing, enabling information exchange between partners and contexts. Advocacy will be important to shift expectations and ways of doing business, and we should leverage existing groups as appropriate, including the advocacy and knowledge sharing expertise within UHC2030, and the Health Systems Global working group for consultations etc. A longer timeframe may be necessary to affect change in how partners operate.

Identifying themes and knowledge gaps

Enrico Pavignani presented 4 knowledge gaps (pharmaceuticals, trans-border healthcare, slum healthcare, capacity development in turbulent healthcare settings – handouts available [here](#)), Andre Griekspoor outlined potential themes for guidance (available [here](#)), some of which emerge from the literature review. Participants brainstormed at their tables and then there was a discussion in plenary. The Co-Chairs clustered the topics that emerged into themes to help focus the discussion on day two, which is available [here](#).

As the discussion progressed, consensus was reached that ‘guidance’ should be offered in alternative ways to conventional handbooks, that ensures adequate consideration of context specificity and more real-time engagement.

Objectives for day 2

Following the opening up on day 1, with space for the participants to brainstorm and broaden our considerations, the objective for day 2 was to focus in on specific priorities and discuss how to approach these. Amelia Peltz, USAID and Co-Chair, summarised two proposed tracks of work:

- Mainstreaming specific considerations for fragile, vulnerable and conflict-affected settings across the technical work of UHC2030 WGs and related health system initiatives
- Thematic deep-dives on priority issues, with a central focus on field work

The participants agreed with this broad approach.

Opening remarks from WHO: Peter Salama and Agnes Soucat

Dr Peter Salama, Executive Director of the WHO Health Emergencies Programme made a motivational speech about the importance of this agenda. He said the stars are aligned to reframe the urgent agenda of health systems in fragile, conflict affected and vulnerable contexts, with much of the money and policy apparatus now there. We also have the key principles of one plan, aligning behind country systems, being context specific, and staying the course. We need to do no harm, which includes not setting up systems that make things more difficult for people on the ground. When asked what this WG should do, he responded with no more global guidance, we need expert support to countries in real time on real issues, for instance how do we pay health workers in Yemen who haven’t received their salaries for over a year. Using the intellectual powers in the WG and beyond, we should learn and document, building the knowledge base.

The presentation by Dr Agnes Soucat, Director of Health System Governance and Financing at WHO, is available [here](#). She acknowledged the fundamental failure of Busan principles in extremely vulnerable countries by putting government in the driving seat. We need to align behind one programme, and agree how we will all go about strengthening the health system collectively, with a deliberate strategy rather than ad hoc siloed projects.

The discussion highlighted the dysfunctional nature of global health funding for fragile contexts, whereby Libya doesn’t qualify for assistance and Nigeria has graduated from Gavi support despite numerous outbreaks of disease.

Prioritising themes and defining deliverables

Priority topics should be concrete, concise, contested and “sexy” – or of shared interest. In plenary, the group identified priority themes for focused discussion. Each group was asked to identify their objective, deliverables

and timelines, and who needs to be involved. The slides from the group work are in the meeting presentation, available [here](#). It should be noted that due to limitations of the group work, the proposals below should be considered as initial drafts to be further developed and refined.

Operational ways of working

This group proposed a good practice report, showcasing out of the box approaches to overcome operational challenges in fragile settings. This would advance learning across contexts, and the main audience would be practitioners. Questions remain about how to determine and identify what are good practices, quality control measures for the methodological rigour of case studies, dissemination tactics that would reach different stakeholders, the format of the product that would allow for continual updates, and the cost implications of this work. One participant proposed that a situation room approach could be pursued, bringing together the key stakeholders and experts/experiences to explore potential solutions.

Coordination and partnerships

This group proposed an approach to try to strengthen coordination as per the humanitarian-development-peace nexus. This would involve a periodic systematic exercise to review whether existing coordination mechanisms are fit for purpose, and exploring how coordination mechanisms should adapt and evolve in various scenarios, with an emphasis on linking humanitarian and development coordination efforts. A recent joint humanitarian and development mission in Sudan was given as an example of better efforts to bridge the divide. Such a review of the coordination architecture could systematically look at questions about who we are coordinating and at what level, what role for national governments, what about areas not under government control, what capacities would be needed, and how to safeguard equity, coordination at national or sub-national levels and trans-border situations. An analysis of approaches tried to date might be helpful to inform this process, while acknowledging the context specificity of any solutions considered. The UHC2030 WG could provide a facilitation function with expertise and enabling peer exchange. Such reviews and adaptations could happen without external involvement, and the WG could also advocate for this to be done, and provide guidance for the process to do this. In addition, national Compacts should reflect this sentiment. It would be important to link with the Global Health Cluster on this, and there may be a potential role for the [Governance Collaborative](#). When doing such a review of the coordination architecture, there is an opportunity to identify the key policy and operational challenges faced by partners in a given context, which could be - in real time on real issues – the focus of a thematic deep-dive.

The group also proposed an approach to partnerships, , but this was not the focus of the presentation or discussion. The proposed coordination reviews are part of the humanitarian toolkits, and being implemented in some contexts, but the focus is traditionally only on the humanitarian coordination structures. This WG could foster collaboration across the humanitarian and development coordination mechanisms for a collective review, which could also consider the role of the government.

How to pay healthcare workers

This group explored a deep dive thematic area of work on how to pay healthcare workers in fragile settings. This was identified as a common and concrete problem, whereby donors tend to only pay per diems, not salaries, which distorts health worker incentives and service delivery, and exacerbates financial barriers to access as fees are charged to generate revenue in the absence of adequate salaries. They proposed a process starting with situational analysis to identify the challenges and needs, and a review of country experiences on this agenda. They would then convene an expert meeting to identify potential solutions, drawing on the evidence. These would be modelled to elaborate on the risks and benefits of such approaches, and disseminated along with clear common principles through UHC2030. Focused support by partners within the WG could be provided to specific contexts on request. This was identified as a current challenge in Yemen.

The group also brainstormed on potential priority themes for Syria, including how to build community health systems, how to achieve UHC for IDPs, refugees and migrants, effective approaches to financing health systems in fragile contexts, how to deliver health care with non-state armed groups. The same approach as identified for healthcare worker payment could be applied to any of these problems.

Service delivery

This group focused on how to get a basic package of services to the majority of the population, strengthening the building blocks of the health system to facilitate this, while ensuring services are delivered in the short term. The approach proposed was based on the reality of fragmentation at country level and the absence of policy dialogues. The following options to address this were identified: Advocating to bring the main stakeholders (including donors and agencies) around the table to commit to funding and operationalising a very basic package, while initiating longer-term policy dialogues; developing policy briefs on strengthening health system building blocks in fragile settings which are disseminated at country level; pooling technical assistance; and convening global ‘situation rooms’ on country-specific challenges, similar to the model that the Global Fund uses, bringing together the country and global focal points on the agenda to identify potential solutions. The discussion acknowledged the substantial capacities needed by the Core Team to run situation rooms, or a TA pool. Pros and cons of having these dialogues at global level were raised, while they may be perceived as internationally driven, there could be potential to unlock political institutional blockages. It would be important for these upstream conversations or processes to include country perspectives, and interact with local coordination efforts. The proposed policy briefs would be helpful to global health initiatives in crafting their own agency guidance. While guidelines are helpful, they won’t necessarily change actors’ behaviour, and this remains a challenge.

Outreach

This group discussed establishing health system strengthening outreach teams, within the WG, which could provide technical assistance to countries/contexts on request. A bottleneck analysis of health system problems could help to identify priority themes for outreach teams. There was not much discussion on this proposal but a caution of potential unintended consequences from an externally driven approach.

As experiences are documented and evidence generated, there will need to be a better way to manage materials. Tim Martineau mentioned that Health Systems Global is developing a repository with ELDIS at IDS, which may be of use to this WG moving forwards.

Ways of working

There was a plenary discussion on the existing ways of working, what works well, what could be improved, and how we want to work together moving forwards. Participants felt there was a value to the group and it should continue, seeking to change perspectives and influence behaviours. The mix of stakeholders involved was valued, including country governments, multilateral and bilateral agencies, operational partners, civil society, academia and independent experts, with a combination of institutional and expertise representation which should be maintained. Due to the turnover of staff and unstable membership in the group, all WG members should commit to doing a handover internally to allow for more continuous engagement and progress to be made. Involving health workers from the frontline was also proposed. Light criteria for participation should be included in the ToRs. We should use existing meetings and events as opportunities to convene in person. It will be important to feed into the UHC2030 Reference Group and Steering Committee, and to link with and cross-fertilise other WGs and technical networks as appropriate, including the Civil Society Engagement Mechanism. A new title for the group should be considered.

There was broad agreement for a **core group** of 10–15 partners who would engage more regularly on the strategic direction and oversight of the workplan, and a limited number of time-bound **task teams** focused on specific deliverables, with technical experts engaged as necessary. The overall WG could transition over time to

more of a **community of practice** to keep partners informed, with **webinars** to present outcomes of the work, and opportunities for **peer exchange** within the group. **Country engagement** in the strategic discussions and implementation of deliverables will be important. It would also be good to have the International Committee of the Red Cross in the WG. We should explore a better communications platform for the WG, instead of relying on email and teleconferences. A low bandwidth option will need to be explored in order to have reliable communications with practitioners and WG members working in contexts with limited IT capacities.

Next steps

The Co-Chairs outlined the following next steps, then closed the meeting:

- Outreach to missing WG members / countries
- Meeting outputs to be drafted and circulated for red lines: draft TOR, summary meeting report
- Update to Steering Committee: Q1 2018
- Begin implementation on deliverables
- Review membership of the WG and identify the Core Group (and potentially Co-Chairs with the requisite expertise and institutional commitment)

Annex 1: Agenda

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

8-9 November 2017

Mövenpick Hotel, 20 route de Pré-Bois, 1215 Geneva, Switzerland

Draft Agenda

The **objectives** of this meeting are to:

- Draft revised ToRs identifying the clear added value of the Working Group
- Update the workplan of the Working Group
 - Reflect on the findings of the literature review to inform this process and identify feedback for ITM to take on board for the final iteration of their report
 - Agree on the scope, objectives, format, approach and timeline for the development of the guidance document, and any related deliverables required (e.g. case studies, tools)
 - Identify other potential deliverables
 - Explore ways of working
- Agree a process for finalising the updated ToRs and workplan

The **outcomes** of this meeting will be draft revised ToRs and an updated draft workplan for 2018-19. A short summary meeting report will be produced, synthesising the main areas of agreement, outstanding issues, and priority actions.

Organising team:

- Working Group Co-chairs: Amelia Peltz, Kaosar Afsana
- Overall facilitator: Godelieve van Heteren
- Meeting organisers: Kaosar Afsana, Lara Brearley, Andre Griekspoor, Enrico Pavignani, Amelia Peltz, Egbert Sondorp, Godelieve van Heteren
- Meeting logistics: Victoria Reyes-Pascual
- Note takers: Button Ricarte, Clara Affun-Adegbulu

Day 1: 8th November		
Time	Session	Session outcome
08.30-09.00	Registration & welcome refreshments	
09.00-12.30	Welcome & updates: Who is doing what?	
09.00-09.15	Welcome & opening remarks	Agreed meeting objectives
09.15-10.30	Populating the landscape; where are the gaps?	Clarity on the current status & priorities of UHC2030 & other relevant initiatives, to inform the fit & added value of our WG
10.30-11.00	Refreshments	
11.00-12.30	What do we know & what don't we know?	
11.00-12.30	Findings of the literature review	Clarity on the findings of the literature review & feedback to ITM for the final iteration
12.30-13.30	Lunch	
13.30-17.30	What does this mean for the Working Group?	
13.30-15.00	Revisiting our objectives	Clarity on our added value & refined ToRs for WG
15.00-15.30	Refreshments	
15.30-17.30	Identifying themes for guidance & critical knowledge gaps, informed by the literature review	Mapping of key themes to be included in any guidance & critical knowledge gaps
17.30-18.30	Welcome reception	
Day 2: 9th November		
Time	Session	Session outcome
09.00-09.15	Welcome remarks from WHO	
09.15-12.30	Focusing in: selecting priorities for the WG	
09.15-09.30	Summary from day 1 & focus for day 2	Clarity on outcomes expected from the day
09.30-11.00	Prioritising themes & gaps for the Working Group	Agreed priorities, amended ToRs
11.00-11.30	Refreshments available	
11.30-12.30	Defining deliverables (guidance, focused country work, research, advocacy etc.)	Agreed deliverables/activities
12.30-13.30	Lunch	
13.30-17.00	Implementation: how & who?	
13.30-16.00	Revisiting the guidance – objectives, scope, format & approach	Agreed approach for the guidance
15.00-15.30	Refreshments available	
16.00-17.00	Revisiting the membership of the group & ways of working	Potential members identified & agreed ways of working
17.00-17.30	Next steps & close of meeting	
		Agreed next steps