Health System Strengthening in fragile settings: can we move beyond the binary logic?

Round table on health systems strengthening in fragile settings/states

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3 dimensions in round table title

- ‘Fragile’
  => Binary logic

- ‘States’ (settings)
  => Learning cycles & Societal development

- ‘Health System Strengthening’
  => Articulation between multiple actors
1. ‘Fragile’: beyond the binary logic
1.1 “To be fragile or not to be fragile, that’s the question”

- Notion of ‘fragile settings/states’ implies ‘non-fragile settings’, ‘non-fragile states’ (binary logic)

- Consequences for design ‘development aid’:
  - Humanitarian aid vs. structural development support
  - Vertical programs vs. institutional strengthening (gaps)
Charity

Vertical programs

Development

doiing it

enabling it
1.2 Reality is more complex: ‘Fifty shades of grey’

- Somalia, Syria, DRC, Benin, Greece, Rwanda, Kenya, India, Belgium, EU, Denmark: fragile states? Cut-off point?

- Or rather a continuum between ‘more and less fragile’?
### Conceptual Framework

**Stable government, economic development, public services functioning**
- **Context:** Stable government, economic development, public services functioning
  - **Social situation:** Relative harmony
  - **Sanitary situation:** Normal
  - **Health situation:** Normal
  - **Objective:** Sustainable integrated development
  - **Approach:** Development assistance, primary health care, participation of population & capacity building
  - **Intervention required:** Development assistance, primary health care, participation of population & capacity building.

**Unstable government, economic degradation & weak public services**
- **Context:** Unstable government, economic degradation & weak public services
  - **Social situation:** Pauperization, rural-urban migration & family splitting
  - **Sanitary situation:** Precarious
  - **Health situation:** Poor, rising malnutrition & rising mortality
  - **Objective:** Prevent social services from further degradation
  - **Approach:** Primary health care methods, certain substitution may be needed
  - **Intervention required:** Primary health care methods, development assistance, participation of population & capacity building.

**Chronic conflict, blocked situation**
- **Context:** Chronic conflict, blocked situation
  - **Social situation:** Many split families, little family support, little autonomy and poor perspectives for return
  - **Sanitary situation:** Chronic refugee camp with overcrowding, but good sanitary conditions
  - **Health situation:** No excess mortality, micronutrient deficiencies & depressed mood
  - **Objective:** Develop comprehensive health services, increase participation & encourage autonomy
  - **Approach:** Primary health care methods, certain substitution may be needed
  - **Intervention required:** Development assistance, primary health care, participation of population & capacity building.

**Acute 'classic' conflict between 2 parties. Relative maintenance of law and order**
- **Context:** Acute 'classic' conflict between 2 parties. Relative maintenance of law and order
  - **Social situation:** Families and households migrating together to stable area with overburdened social services
  - **Sanitary situation:** Overcrowding & water contaminated
  - **Health situation:** Health crisis with epidemics, resulting in excess mortality, no severe malnutrition
  - **Objective:** Prevent excess mortality, maintain social structures & reinforce social services
  - **Approach:** Emergency medical assistance, supporting existing services in close collaboration with local authorities
  - **Intervention required:** Primary health care methods, certain substitution may be needed.

**Acute exacerbation of chronic conflict, with total breakdown of government and public services**
- **Context:** Acute exacerbation of chronic conflict, with total breakdown of government and public services
  - **Social situation:** Total loss of livelihoods, breakdown of families and households, mass internal migration
  - **Sanitary situation:** Overcrowding, poor shelter, harsh weather & contaminated water
  - **Health situation:** Acute health crisis with severe epidemics among malnourished population, resulting in high excess mortality
  - **Objective:** Prevent excess mortality, create more healthy environment & allow reconstruction of households
  - **Approach:** Emergency medical assistance, managed and implemented by outside actors
  - **Intervention required:** Prevent excess mortality, create more healthy environment & allow reconstruction of households.
1.3 Condemned to be Dr. Jekyll & Mr. Hyde schizophrenics? Or common mindset valid in all settings?

- Health Rights
- Equity, efficacy & efficiency, autonomy, solidarity
- Articulated health services
- Transversal themes (SHRH, environment, gender)
- Long-term perspective, sustainability
- Adaptive strategies
1.4 Getting, in a given setting, most out of the structural potential

- Involving communities in activities & decisions
- Valorising local service providers (health facilities, food suppliers, …)
- Collaborating with (local) authorities
- Forging strategic partnerships & inter-sector collaboration

=> Conducive environment generating trust & commitment, oriented towards opportunities, flexible creative local solutions, and contributing to a longer-term dynamic of reconstruction (cf. Boboto, Memisa 2001)
2. ‘States’ (settings): societal development and learning cycles
2.1 What do we want?

Countries to develop harmoniously the three pillars of society in order to achieve greater well-being for the citizens they serve (public finality) = 1/fragility
Complementary roles of the 3 pillars in society

Government
- Assure social and militarily security
- Assure justice for all citizens
- Assure equity by redistribution of wealth
- Assure or control social sectors like health, education, transport – social goods
- Quality control

Civil society
- Counterforce for political authority at all levels
- Control democratic rules
- Organise initiatives of solidarity
- Provide feedback to the government on the results of policy implementation

Private sector
- Create wealth
- Create employment
- Create economic stability

Constraints:
- Corruption
- Little technical capacity
- Poverty
- Insecurity
- “Politisation”
- Short-term benefits
- Etc….
One objective, multiple entry points

Government
Civil society
Private sector

Bilateral development aid

Govern ment
Civil society
Private sector
Indirect Aid
2.2 What do we need?

In a perfect world… a learning cycle

- Normative and Regulating Role of the Government
- Rules and regulations for government services, laws, etc
- Implementing & Testing national policy at Operational level
- Feedback through administration, political parties, univ, civil society, democratic elections, media…
Learning = basic brain function (?)

- Evaluation
- Proposed Solution
- Problem Identified
- Application of the Solution
Learning = Development

- Learning cycle = management cycle: taking decisions, implementing decisions, monitoring and evaluating decisions in order to allow informed future decisions.

- Continuous learning and innovation may lead to change, and ultimately to development and reduced fragility of an organisation, a (sub)sector, a society....
7 Levels of organisational consciousness

1. SURVIVAL
   - PURSUIT OF PROFIT & SHAREHOLDER VALUE

2. RELATIONSHIP
   - RELATIONSHIPS THAT SUPPORT CORPORATE NEEDS
     - Good communication between employees, customers and suppliers. Manipulation. Blame.

3. SELF-ESTEEM
   - BEING THE BEST. BEST PRACTICE

4. TRANSFORMATION
   - CONTINUOUS RENEWAL
     - Learning and innovation. Organisational growth through employee participation.

5. INTERNAL COHESION
   - DEVELOPMENT OF CORPORATE COMMUNITY
     - Positive, creative corporate culture. Shared vision and values.

6. MAKING A DIFFERENCE
   - COLLABORATION WITH CUSTOMERS & THE LOCAL COMMUNITY
     - Strategic alliances. Employee fulfillment. Environmental stewardship.

7. SERVICE
   - SERVICE TO HUMANITY


2.2 What do we need?
In a perfect world... capacities needed for a democratic, endogenous development

_capacity to learn from field experience, to absorb criticism, to adjust to a changing environment_

Capacity to analyse, prioritise, formulate & communicate policies, strategies, guidelines, decisions

Normative and Regulating Role of the Government

Feedback through administration, political parties, uni, civil society, democratic elections, etc...

Implementing & Testing national Policy

Rules and regulations for government services, laws, etc

Capacity to apply national policies/ strategies/ guidelines and to adapt them to local conditions

Capacity to translate local experiences into constructive criticism & policy proposals
2.3 What do we see?

*In a ‘more fragile state/setting’*…

- ‘Fragile’ refers to the restricted **capacity of governments** to learn from actual field situations, transform learnings into policies and communicate these policies
  - Lack of skills (*individual level*)
  - Lack of communication lines & information flow (*institutional level*)
  - Authoritarian attitude and inability to listen (*political level*)

- ‘Fragile’ refers to the restricted **capacity of the operational level** to adapt policies to practice and to provide evidence-based feedback to the government
  - Lack of skills (*individual level*)
  - Lack of communication channels (*institutional level*)
  - Weak democratic culture (*political level*)
Learning cycle as an analytical framework (1)

- Analysis capacities + fragility (at each level, of interaction)
- Applicable to an organisation, a (sub)sector, a society
- Adaptable to each context: entry point cycle ~ opportunities
- Mapping actors, interventions and their complementary role
Information flow for effective democratic decisions for development

« Trickle-down » nor « capitalisation » are spontaneous processes

- Communication
- Flexibility & responsiveness to local needs & context
- Coaching implementation of policy into practice
- Public accountability
- ….

- Channels of communication (TWG, ….)
- Evidence-based documentation (reflective action & action-research)
- Vertical scaling-up
- Horizontal (peer to peer) scaling up
- ….
Donor support …in a perfect world: multiple entry points, one objective

Project and budget support are complementary interventions

- Feedback through administration, political parties, civil society, democratic elections, media etc
- Normative and Regulating Role of the Government
- Role and challenge of project support and institutional support at decentralised level
- Implementation & Testing National Policy at the Operational Level
- Rules and regulations for government services, laws, etc
- Role and challenge of budget support and Institutional support at central level

Project and budget support are complementary interventions.
Donor support … in reality: increased fragility

‘CLASSICAL’ PROJECTS & VERTICAL PROGRAMS:

- Fragmented resources et investments, high transaction costs
- Creating parallel structures, by-passing authority, gap-filling
- Non-alignment
- Insufficient coordination
- Draining the best personnel from government to projects
- Inequity between geographical areas
- Lack of flexibility
- Little ownership
- Short-term perspective …

BUDGET SUPPORT:

- Very often disconnected from field reality …
‘Project new style’ with Sector-wide Impact Objectives

“Service delivery” responding to immediate needs BUT focus on processes + results not on inputs

Local system functions better

Policy dialogue based on field experience (critical alignment) with the local partner in the ‘driving seat’

Project implementation

‘Lessons learned’ of local experiences

Increase local expertise and capacity ‘Emancipation’ of the operational level

Impact on national policy

Country-wide impact

Systems research
Capacity development

“Service delivery” responding to immediate needs BUT focus on processes + results not on inputs

Local system functions better

Policy dialogue based on field experience (critical alignment) with the local partner in the ‘driving seat’
Double Anchorage and Objectives of bilateral cooperation

- Policy Dialogue
  - Critical alignment

- Local partners supported by project TA

- Government Policy
  - Central Objectives

- Local Policy Implementation
  - Local Objectives

- Rationalised Policy and Capacity Building
- Local Capacity Building
3. ‘Health System strengthening’: articulation between multiple actors/levels
Improving interactions between actors, between levels, between sectors

Quality of interactions = 1 / Fragility
- Local Health Systems perspective (Dakar Decl., 2013):
  - pluralism (all contributors to ‘health’)
  - more decision making power at decentralised level

- Stewardship:
  - 5 functions at meso-level (Lucy Gilson, 2012): responding to local needs and circumstances, adaptation of policies to local context, management, coordination, supervision & training
  - public accountability
  - distributed stewardship

- SWAp & Intersectoral collaboration

Generating Trust
What did we learn today?

- Continuum in fragility – no binarly logic
- Learning cycle as a tool to work on fragility
- Importance of articulation between actors/levels/sectors