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)

doing it

enabling it



Charity



Vertical programs



Development

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'?



Range of non-development non-emergency situations



$\left \right $	Context	Stable government, economic development, public services functioning	Unstable government, economic degradation & weak public services	Chronic conflict, blocked situation	Acute 'classic' conflict between 2 parties. Relative maintenance of law and order	Acute exacerb ation of chronic conflict, with total breakdown of government and public services
	Social situation	Relative harmony	Pauperization, rural-urban migration & family splitting	Many split families, little family support, little autonomy and poor perspectives for return	Families and households migrating together to stable area with overburdened social services	Total loss of livelihoods, breakdown of families and households, mass internal migration
	Sanitary situation	Normal	Precarious	Chronic refugee camp with overcrowding, but good sanitary conditions	Overcrowding & water contaminated	Overcrowding, poor shelter, harsh weather & contaminated water
	Health situation	Normaf	Poor, rising malnutrition & rising mortality	No excess mortality, micronutrient deficiencies & depressed mood	Health crisis with epidemics, resulting in excess mortality, no severe ma Inutrition	Acute health crisis with severe epidemics among malnourished population, resulting in high excess mortality
	Objec tive	Sustainable integrated development	Prevent social services from further degradation	Develop comprehensive health services, increase participation & encourage autonomy	Prevent excess morta lity, maintain social structures & reinforce social services	Prevent excess mortality, create more healthy environment & allow reconstruction of households
	Approach	Develop ment assistance, primary health care, participation of population & capacity building	Primary health care methods, certain substitution may be needed	Primary health care methods, certain substitution may be needed	Emergency medical assistance, supporting existing services, in close collaboration with local authorities	Emergency medical assistance, managed and implemented by outside actors

Wim Van Damme et al. "Primary Health Care vs. emergency medical assistance: a conceptual framework"

1.3 Condemned to be Dr. Jekyll & Mr. Hyde schizophrenics? Or common mindset valid in all settings?

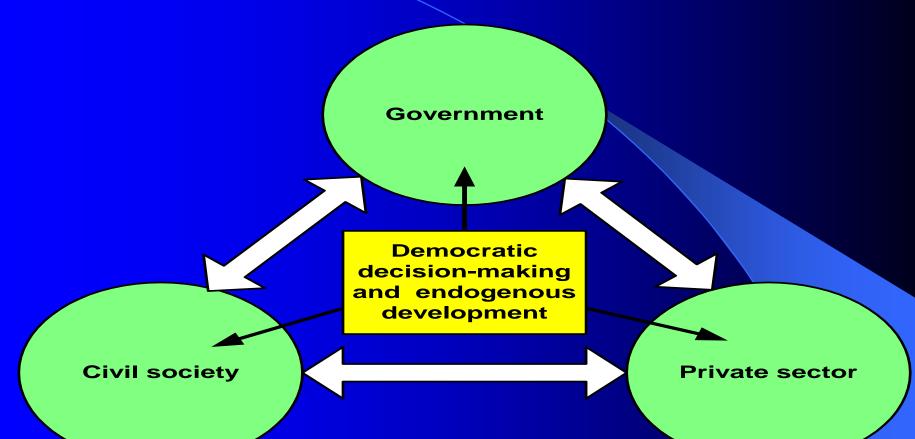
- Health Rights
- Equity, efficacy & efficiency, autonomy, solidarity
- Articulated health services
- Transversal themes (SHRH, environment, gender)
- Long-term perspective, sustainability
- Adaptive strategies

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

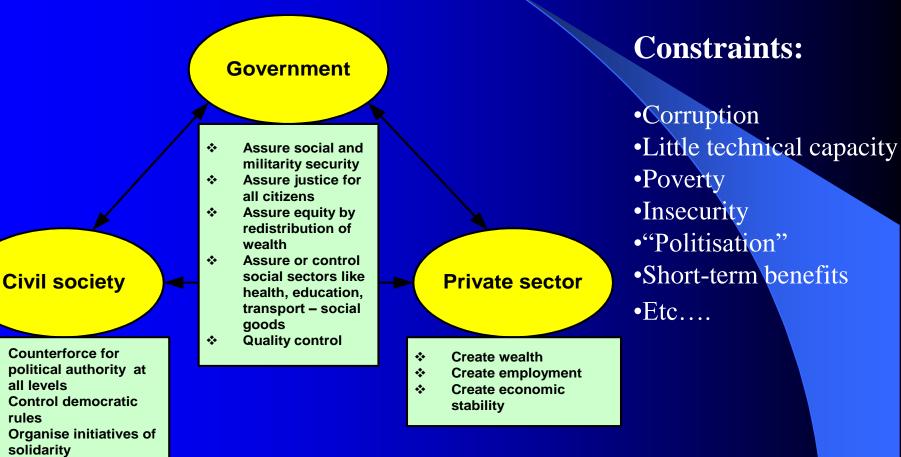
=> Conducive environment generating trust & commitment, oriented towards opportunities, flexible creative local solutions, and contributing to a longer-term dynamic of reconstruction (cf. Boboto, Memisa 2001) 2. 'States' (settings): societal development and learning cycles

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



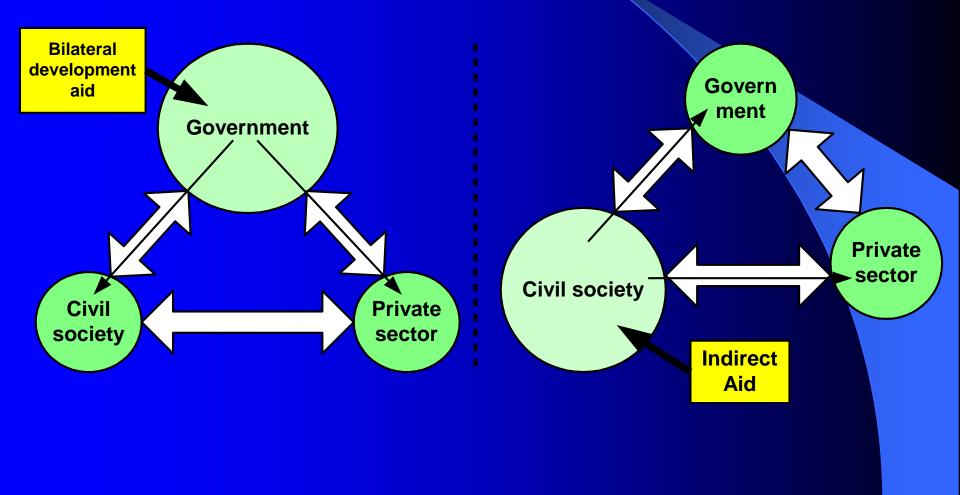
 Provide feedback to the government on the results of policy implementation

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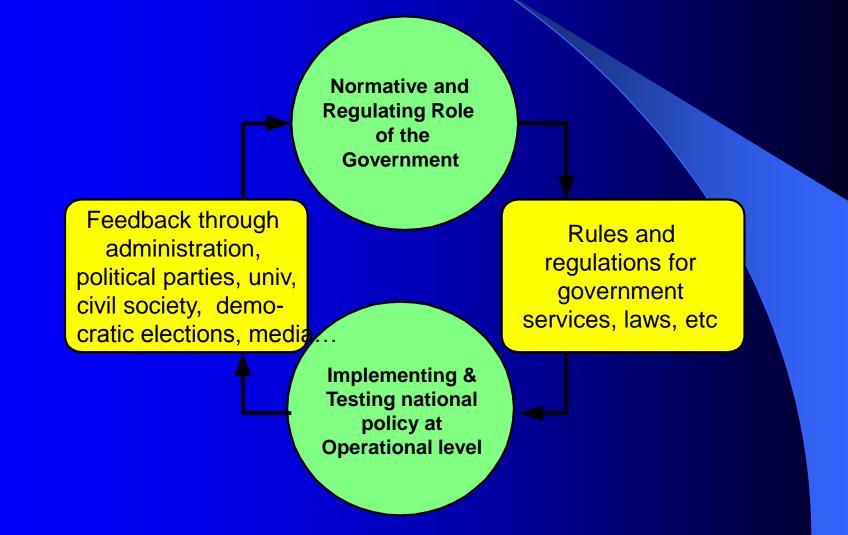
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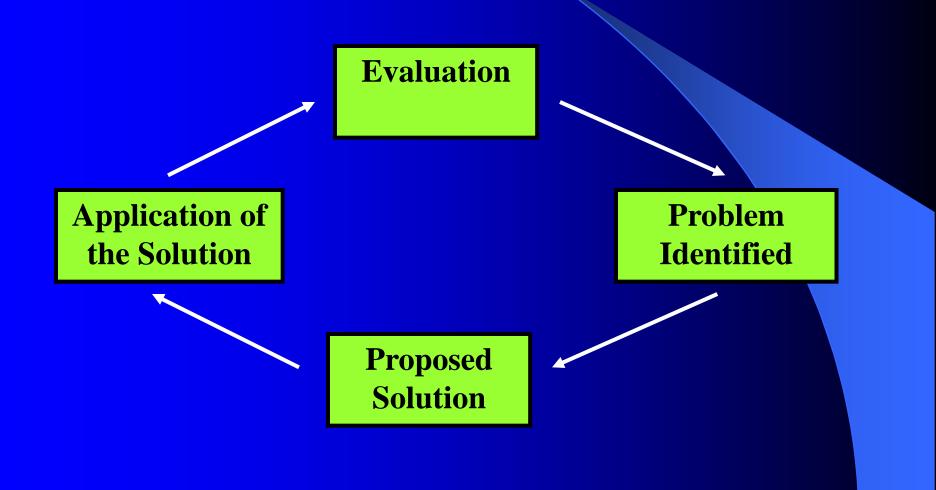
One objective, multiple entry points



2.2 What do we need? In a perfect world... a learning cycle



Learning = basic brain function (?)



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

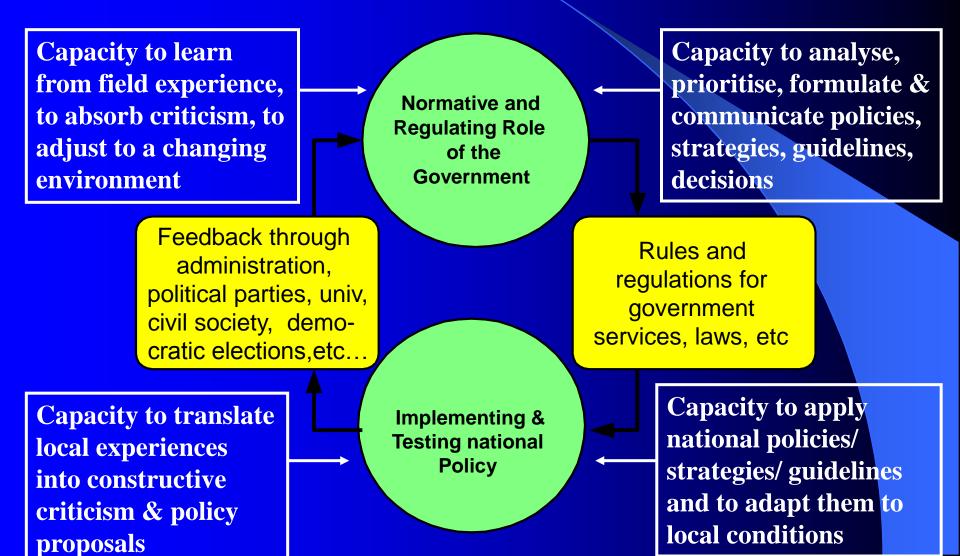
SERVICE	7	SERVICE TO HUMANITY Long-term perspective. Future generations. Ethics.
MAKING A DIFFERENCE	6	COLLABORATION WITH CUSTOMERS & THE LOCAL COMMUNITY Strategic alliances. Employee fulfillment. Environmental stewardship.
INTERNAL COHESION	5	DEVELOPMENT OF CORPORATE COMMUNITY Positive, creative corporate culture. Shared vision and values.
TRANSFORMATION	4	CONTINUOUS RENEWAL Learning and innovation. Organisational growth through employee participation.
SELF-ESTEEM	3	BEING THE BEST. BEST PRACTICE Productivity, efficiency, quality, systems and processes. Bureaucracy. Complacency.
RELATIONSHIP	2	ELATIONSHIPS THAT SUPPORT CORPORATE NEEDS food communication between employees, customers and suppliers. Manipulation. Blame.
SURVIVAL	1	PURSUIT OF PROFIT & SHAREHOLDER VALUE Financial soundness. Employee health and safety. Exploitation. Over-control.

Richard Barrett and Associates LLC. Corp Tools (UK) Ltd. Copyright 2001.

Barrett Richard (1998), Liberating the corporate soul. Building a visionary organisation.

2.2 What do we need?

In a perfect world...capacities needed for a democratic, endogenous development



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)

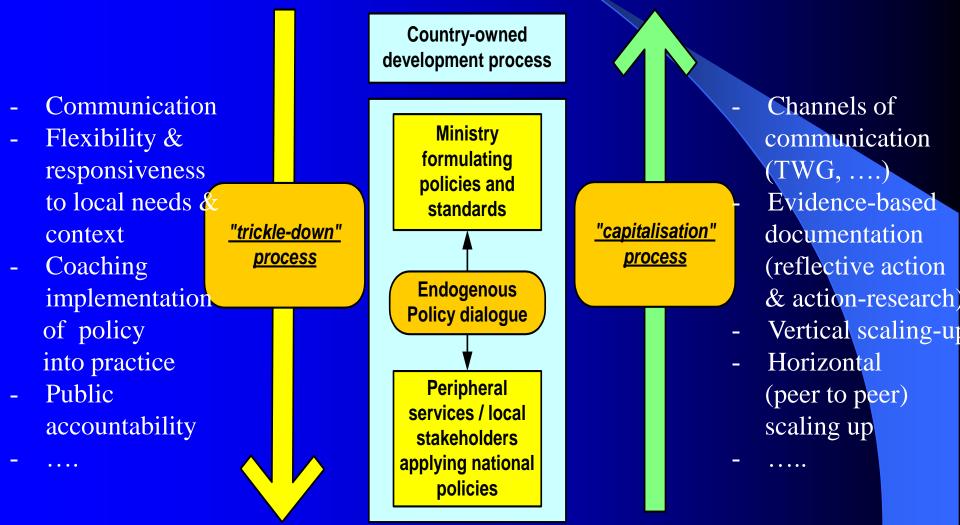
Applicable to an organisation, a (sub)sector, a society

Adaptable to each context: entry point cycle ~ opportunities

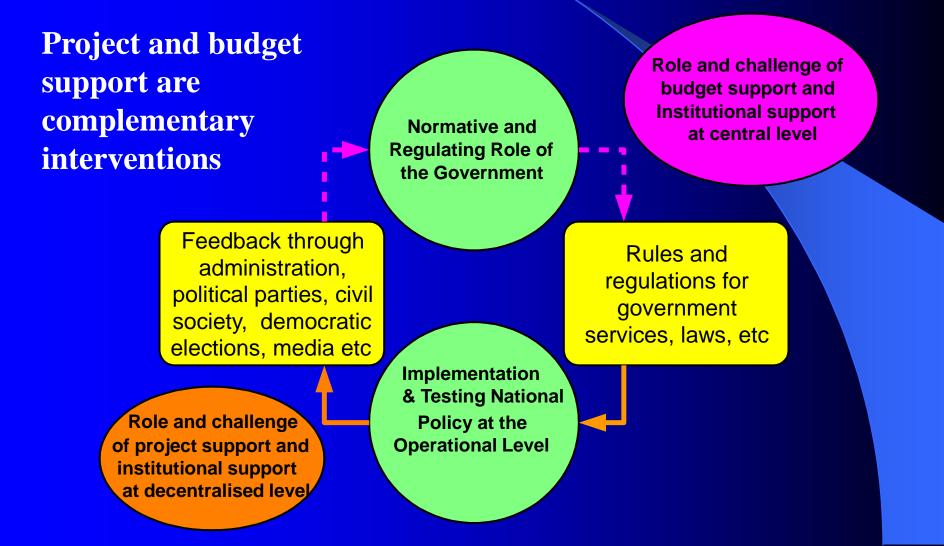
Mapping actors, interventions and their complementary role

Information flow for effective democratic decisions for development

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



Donor support ... in a perfect world : multiple entry points, one objective



Donor support ... in reality: increased fragility

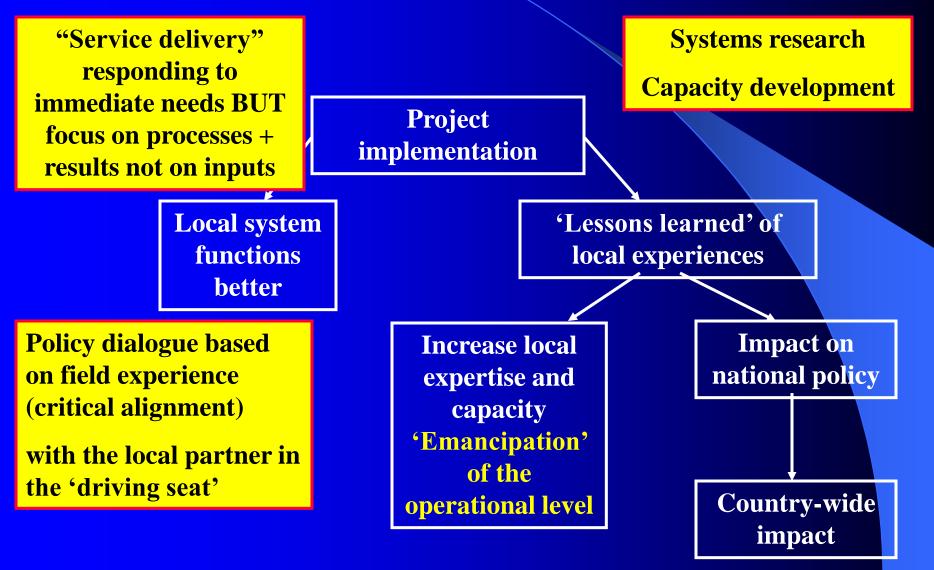
CLASSICAL' PROJECTS & VERTICAL PROGRAMS:

- 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 ...

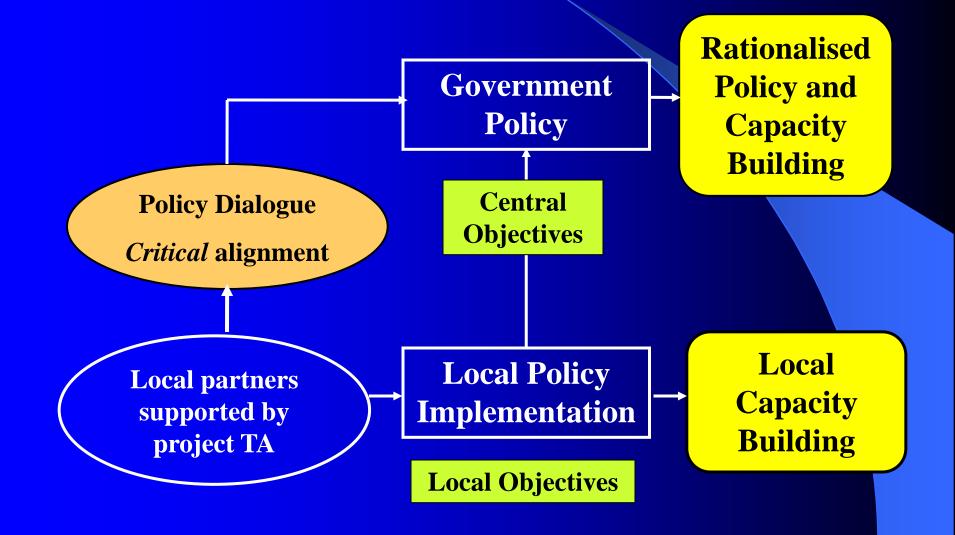
BUDGETSUPPORT:

• Very often disconnected from field reality ...

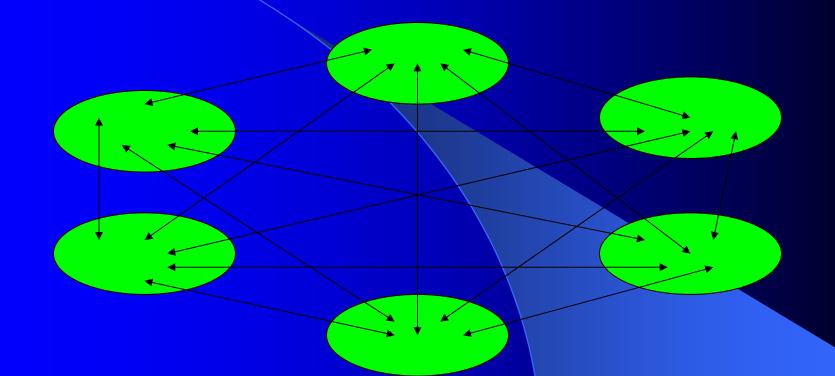
'Project new style' with Sector-wide Impact Objectives



Double Anchorage and Objectives of bilateral cooperation



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 Declar., 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

