"Stressors are information" (NN Taleb)

A resilience-oriented exploration of under-governed (and recurrently distressed) healthcare arenas

Enrico Pavignani, February 2015

A 'fringe' research programme

- **Healthcare provision has been studied in six severely under-governed and violent healthcare arenas, chosen for their diversity:**
  - ***Afghanistan***
  - ***The Central African Republic***
  - **The *Democratic Republic of Congo***
  - ***Haiti***
  - ***Palestine***
  - ***Somalia***
- **The extreme characteristics of the studied settings has imposed the adoption of an unconventional analytical lens, because**

  "..nothing is so easy to ignore as something that does not yield freely to understanding" (de Santillana and von Dechend, 1969)

A complexity-ispired analytical lens:

- An **arena** framework was adopted, which *"..focuses on multiple actors rather than on international agencies, analyses processes rather than projects, and premises the analysis on social negotiation rather than planned interventions"* (Hilhorst and Serrano, 2010).
- **Thus, the chosen healthcare arenas were explored as constellations of spontaneously-emerged local health systems,**

  ..internally very differentiated,

  ..with regional and sometimes global dimensions.
- **People, rather than territories, defined the mobile boundaries of such healthcare arenas.**
- **Conventional binary categories, such as private/public, foreign/domestic, formal/informal, qualified/unqualified, traditional/modern, legal/illegal, were recognised as inadequate or misleading.**
- **Attention was paid to unconventional health services, beyond those documented by health authorities and development agencies.**
- **Crucial insights were obtained outside the healthcare realm.**

Selected research findings:

- These wild healthcare arenas are pluralistic, cosmopolitan and often globalised, crowded with autonomous operators.
- Resource levels, service uptake, quality of care, management capacity, safety nets, support systems are often better than expected,

  …thanks to grassroots innovations blending traditional and modern, as well as local and international practices.
- Under the critical assumption that state withdrawal, context disruption and violence are permanent, many flaws affecting these healthcare arenas may be interpreted as actual strengths:

  ..redundant health services, diverse delivery models, dispersed decision-making centres, informal power structures, multiple funding sources, assorted support systems, traditional as well as institutional safety nets..

An introduction to the research programme can be found at: https://prezi.com/pf9sbtbn1xot/beyond-the-aid-horizon/.

Doubts about the country sample:

Are the research findings valid only for extreme situations, therefore not applicable to 'normal' poor countries?

Or rather,

..is this a very instructive country set, which unambiguously exposes certain patterns recognisable also elsewhere?

Moreover, are these countries the harbingers of the future for the marginalised global South?

The Ebola epidemic under way in West Africa seems to confirm certain insights offered by the research..

Indeed, the Ebola epidemic confirms, sharpens or expands certain research findings:

- The trans-border dimension of disease and health care, hence the inadequacy of 'national' health systems.
- Overcrowded slums as neglected, under-governed incubators of future shocks.
- The perception gap dividing the rulers from the ruled.
- The rigidity of the aid industry (and the vulnerabilities it induces in aid dependent healthcare arenas).
- The resilience of grassroots structures (as opposed to national and international health policies).
- The contributions of social sciences to the understanding of health problems.

Resilience and sustainability in the healthcare field: just buzzwords?

- Resilience and sustainability are continuously invoked as desirable properties of health systems.
- But no architecture has been empirically proposed for health systems to acquire such characteristics.
- Borrowing from the ecology fi
  - *"The concept of "susta constraints and mainte opportunities for contin*
  - *"Perhaps the essence of disorder"* (Fiksel, 2003).
  - Resilience may emerge sp ..or conversely be fostere
  - *"..distributed systems co of independent yet interactive elements may deliver better functionality with greater resilience"* (Fiksel, 2003)
  - Resilience is more than resistance. It implies *adaptation*, *evolution* and *learning*.

"The contrast between resistant and resilient systems is exemplified by China and India, both sophisticated civilizations that have flourished for centuries. Whereas China has tended to resist foreign influences and preserve homogeneity of language and religion, India has accepted and integrated foreign influences into a diverse tapestry of religious and cultural variants" (Fiksel, 2003).

Implications of the research findings (for donors and governments alike):

- **The recognition that in many settings disorder is permanent,**

  ..and recurrent shocks are to be expected,

  .. imposes the reconsideration of standard donor approaches,

  ..as well as of the models adopted by health authorities operating in hazardous environments.

- **Hence, a 'best-fit' approach should replace the pursuit of an elusive 'best practice'** (Ramalingam, Laric and Primrose,2014).

- **Instead of trying in vain to emulate the structures of their rich counterparts** (and fall into the capability trap described by Pritchett et al., 2013)**,**

  feeble states and their health authorities should stay alert, nimble, agile and responsive..

  ..and lead by superior knowledge and coherent behaviour, rather than through unenforceable administrative directives.

Umpacking some implications in the policy and planning realm :

- **The strategic shift to 'best-fit' entails a dramatically-enhanced intelligence of events, actors, agendas and trends,**

  …long timeframes,

  ..and associated networking and negotiation capacity.

- **The inherent unpredictability of the future should be recognised:**

  results-based programming should be abandoned in favour of an intelligence-based opportunism (with positive results – including the unexpected ones - rewarded afterwards).

- **If large disturbances occur frequently, the efficiency of a given health system should be assessed in the long run,**

  ..through its see-saw of 'normal' operations and disruptions. In fact,

  "..maintaining resilience incurs costs. It comes down to a trade-off between foregone short-term benefits of high efficiency under narrowly constrained circumstances and the long-term persistence of the existing regime with reduced costs of crisis management".
  (Anderies et al, 2006).

Can resilient health systems be disegned?

- **…or should resilience be left to emerge spontaneously, provided enough capacity and resources are ensured?**
- **If vulnerabilities are identified when exposed by stressors** (like Ebola)**,**

  ..a pragmatic starting point should be to address, or at least to reduce them.
- **Otherwise, no injection of additional resources will make health systems more robust.**
- **Health systems better equipped to withstand future shocks, particularly unpredictable ones, are likely to look quite different from the models presently pursued.**
- **Diversity, redundancy, experimentation and learning appear as the defining attributes of resilient health systems.**
- **The art of designing resilient health structures** (rather than planning activities and outputs) **must be learnt hands-on.**

A resilience-oriented research agenda?

- **The spontaneous internal diversification of vulnerable healthcare arenas might offer insights about different responses to disturbances.**
- **Additionally, the responses of different health systems to the same stressor** (like in the case of Ebola) **would provide indications about their strengths and weaknesses.**
- **Protracted observation over time is needed, as vulnerabilities and resilience evolve in response to interventions and contextual changes.**
- **Experimentation with different ways to address the identified vulnerabilities should be encouraged.**
- **Adapted, contextualised evaluation methods would be needed to assess the merits and costs of alternative structures and mechanisms, and of their behaviour under stress.**