

Roundtable on health systems strengthening in fragile settings

12 February 2015, 10h – 16.15h
Institute of Tropical Medicine, Nationalestraat 155, 2000 Antwerp
(Room C, main building)

Organized jointly by the Belgian Ministry of Development Cooperation, the Institute of Tropical Medicine, Antwerp, Belgium and the Be-cause health Platform



Background

The Belgian Ministry of Development Cooperation published its strategy note on situations of fragility in June 2014, accompanied by a toolbox to assist in analysis of fragile situations. The focus on fragile settings was re-affirmed by Minister of Development Cooperation Alexander De Croo in the policy declaration of November 25, 2014.

During recent years, a number of international organisations, multilateral agencies and funds, and bilateral aid actors issued sets of guiding principles and recommendations for interventions in fragile states. OECD-DAC set the norm in 2007 with the Principles for Good Engagement in Fragile Situations and the New Deal in 2011. In 2012, GAVI issued an organisational policy introducing a country-tailored approach that called for more flexibility for the delivery of programmes during emergencies. In June 2014, the Board of the Global Fund introduced the concept of “challenging operational environments”, expected to be mainstreamed in the Secretariat’s operations. Bilateral actors such as Danida and DFID, and regional players such as the EU and the African Development Bank, increasingly focus on “situations of fragility” or on “fragility as a condition, and not a category of countries” and strive for coherence between development, humanitarian and defence approaches. In the Netherlands, the Inspection Service for Development Cooperation evaluated the impact of Dutch interventions in fragile states in 2013.

Despite the current attention of donors to fragile settings, a number of questions remain, among which the most important one may be *how actors can translate these guiding principles and policy recommendations in health system strengthening interventions* and how the variety of actors currently involved in interventions in fragile settings can *work together to further operationalize these recommendations and effectively learn from experience*. This question has become all the more urgent in the face of the current Ebola outbreak, and the breakdown in health systems it has brought to the surface in the West-African countries affected by the epidemic.

In order to assess how actors could collaborate to operationalize international guiding principles on interventions in fragile states in health system strengthening interventions, and initiate mutual learning, the Ministry of Development Cooperation, the Institute of Tropical Medicine and Be-cause Health Platform, organise a Roundtable for **policy-makers, Belgian and international NGOs & humanitarian actors, multilateral and bilateral actors, and researchers** from a variety of disciplines working on health in fragile settings.

Objectives

The objectives of this **Roundtable** are:

- (1) to **exchange** on past experiences of HSS interventions in fragile settings
- (2) to initiate **mutual learning** between a range of development, humanitarian, bilateral, multilateral actors involved in health care delivery in challenging operational environments
- (3) to assess how actors can **collaborate to operationalize** guiding principles on engagement in fragile settings in strengthening the health system and to improve health care delivery

Outcomes

- (1) A guiding document with policy recommendations and operational principles for health systems strengthening interventions in fragile settings
- (2) A consensus on how to organise an effective Community of Practice to exchange learning on health systems strengthening interventions in fragile settings

Programme

After an **introduction** by the organizers and a **situation analysis** by resource persons in the morning, participants actively exchange experiences, challenges and opportunities in implementing health policies and programmes in fragile states during a **roundtable** in the afternoon, guided by a moderator.

9:30	Registration & coffee
10:00-10:20	Welcome & Opening statements Bruno Gryseels (Director, ITM) Yves Dricot (Director Thematic Expertise, Ministry of Development Cooperation)
10:20-10:40	Fragility and/of health systems: what are the stakes in the current changing aid landscape? Possibilities for a common research & knowledge sharing agenda Sara Van Belle (Post-doc researcher, Health Policy Unit, ITM)
10:40 – 11:00	“Stressors are information” (N.N. Taleb) – A resilience-oriented exploration of under-governed (and recurrently distressed) health care arenas Enrico Pavignani (independent consultant)
11:00– 11:20	Configurations complexes de fragilité : analyse comparative des systèmes de santé locaux en RDC- Maniema, Equateur, Katanga Nord et Kinshasa Didier Chuy Kalombola, Ernest Lualuali Ibongu, Maria Masako Iraguha, Gildas Mizele Mamengi (MSc PH, ITM) (<i>in French, with summaries in English</i>)
11:20 – 11:40	Fragile settings: can we move beyond the binary logic? Karel Gyselinck (Senior Health Expert, Belgian Technical Cooperation)
11:40 – 12:00	Discussion Moderation: Kristof De Coster (Researcher, Health Policy Unit)
12:00 – 13:00	Lunch
13:00 – 15:00	Roundtable Moderation: Gorik Ooms (Acting Head of Unit, Health Policy Unit) & Remco Vandepas (Researcher, Health Policy Unit)
15:00-15:15	Coffee break and networking
15:15- 15:30	Discussion on the way forward Moderation: Gorik Ooms & Remco Vandepas
15:30-16:00	Lessons learned for Health Systems Strengthening for the Ebola Outbreak & The post-crisis Zimbabwe innovative financing mechanism for the health sector – a practical approach to implementing the New Deal for Engagement in Fragile States Peter Salama, Unicef Global Emergency Coordinator for Ebola, Unicef HQ (videoconference)
16:00 – 16:15	Conclusion

Speakers' bios

Enrico Pavignani worked in Mozambique from 1980 until 2002, first as a district doctor, then as a trainer of mid-level health workers, and subsequently as a planner and policy analyst posted at the Ministry of Health. He has studied the health systems of Angola, Tanzania, Afghanistan, Sudan, DR Congo, Somalia, Liberia and Palestine. He holds an MSc in Public Health from the LSHTM. His main interests are planning and evaluation of health services, human resource development, PHC provision, management of external aid, analysis of war-torn healthcare arenas and post-conflict reconstruction.

Karel Gyselinck worked in Zambia as a district medical officer from 1991 until 1996. Thereafter, he was active as the medical advisor at Memisa Belgium. In 2006 he joined BTC where he is working in the public health team. Since 2010, he has also the president of Because Health, the Belgian platform of Health NGOs.

Didier Chuy Kalombola is médecin chef de staff of Nyunzu General Hospital, DRC.

Ernest Lualuali Ibongu is the director of the national medical urgency pool at MSF-OCB Kinshasa, DRC.

Maria Masako Iraguha is the director of Kabinda Hospital, DRC.

Gildas Mizele Mamengi is expert-director of primary health care, Ministry of Public Health, Kinshasa, DRC.

Peter Salama was appointed UNICEF's Global Emergency Coordinator for Ebola in October 2014. Prior to taking up this post, Dr. Salama was UNICEF's Representative in Ethiopia, a position he took up in August 2012. Before then, he was UNICEF Representative in Zimbabwe, Chief of Global Health in UNICEF New York and Principal Advisor HIV/AIDS, on secondment to the Africa Bureau of USAID Washington. Before joining UNICEF in 2002, Dr. Salama worked as a visiting scientist for the Centers for Disease Control and Prevention and for Doctors Without Borders and Concern Worldwide. He previously held a visiting professorship in nutrition at Tufts University, is a former Fulbright and Harness Fellow in Public Policy, and maintains a strong research interest in maternal and child survival. Dr. Salama is a physician and epidemiologist by training. He holds a medical degree from the University of Melbourne, a Masters of Public Health from Harvard University, and completed the Epidemic Intelligence Service (EIS) fellowship at CDC Atlanta.

Registration & info

Kindly register at <http://goo.gl/forms/dtnjuA8MR2>

More info: Sara Van Belle, Health Policy Unit, Institute of Tropical Medicine, Antwerp, Belgium.
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Location

Institute of Tropical Medicine, Nationalestraat 155, 2000 Antwerp

How to reach us?

By car

Via Antwerp ringway: take exit 5a – Antwerpen Centrum

(Free parking possibilities at a walking distance – Vlaamse Kaai, 2000 Antwerp)

Public transportation in Antwerp

- From [Antwerp Central Station](#)
Subway n° 9 or 15 - stop Groenplaats - take exit Nationalestraat - follow Nationalestraat for 1 km
- From [Berchem Train Station](#)
Tram n° 4 (direction: Lambermontplaats)- stop Volksstraat - institute is 50 m further

Additional information

- More information on trams and buses: [De Lijn](#)