Multi-Disciplinary Evidence on Coordination and Health Systems Strengthening (HSS) in Countries under Stress

A LITERATURE REVIEW AND SOME REFLECTIONS ON THE FINDINGS

‘UHC-Day”: Round table on Universal Health Coverage in Fragile Contexts
12 December 2017 | Brussels, Belgium
“Development of guidance for improved coordination of development and humanitarian partners around resilient health systems strengthening in fragile countries”

“What does the literature evidence tell us about what works in health systems strengthening and actor coordination in countries with fragile environments? How? Why?”
Objectives of the Report

Multi-Disciplinary Evidence on Coordination and Health Systems Strengthening (HSS) in Countries under Stress: A literature review and some reflections on the findings

UNDERSTAND

▪ Drivers of health systems strengthening interventions in fragile or challenging operational environments
▪ Mechanisms driving government stewardship, engagement with non-state-actors and accountability

EXPLORE

▪ Humanitarian actor coordination and modes of operation
▪ Configuration and coordination between actors
▪ Modes of operation in the transition phase from relief to development
Methodology

3 PHASES

1. Systematic / Realist-inspired Review (peer-reviewed)
2. Scoping Review (purposefully-selected)
3. Overall Analysis and Reflections

Additional Articles (panel + ITM team)

UHC 2030 Working Group Meeting
Types of Interventions

FINDINGS OF THE STUDY

- Rapid Health Service Delivery
- Health Systems Strengthening
- Actor Coordination
Types of Interventions

FINDINGS OF THE STUDY

Phase I: Systematic Review

- Health Systems Strengthening: 48%
- Rapid Health Service Delivery: 41%
- Actor Coordination: 1%

- Others: 10%

(n = 105 studies)

Phase II: Scoping Review

- Health Systems Strengthening: 57%
- Rapid Health Service Delivery: 20%
- Actor Coordination: 13%

- Others: 10%

(n = 99 studies)
FINDINGS OF THE STUDY: TYPES OF INTERVENTIONS

Some recurring interventions:

- Basic Package of Essential Health Services
- Contracting out to NGOs
- Strengthening community-based health workers
Health Systems Strengthening

FINDINGS OF THE STUDY: TYPES OF INTERVENTIONS

VARIOUS HSS INTERVENTIONS

- Governance
- Financing
- Human Resources
- Health Service Delivery
- Information Systems
- Medical Products & Technologies

“These different health systems elements complement each other and needs are highly context dependent”
### Health Systems Strengthening

**Examples of HSS Interventions**

<table>
<thead>
<tr>
<th>International Actors, GHIs, Vertical Programs</th>
<th>Financing</th>
<th>Human Resources</th>
<th>Governance</th>
<th>Health Service Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash-based support</td>
<td>Fee-exemption policies</td>
<td>Strengthening workforce performance</td>
<td>Community scorecards</td>
<td>Basic package of health services</td>
</tr>
<tr>
<td>Emergency funds</td>
<td>Performance-based financing</td>
<td>Equitable HRH distribution</td>
<td>District-level management &amp; planning</td>
<td>Operational tools</td>
</tr>
<tr>
<td>Vertical programs</td>
<td>Multi-donor trust funds</td>
<td>Training of CHWs</td>
<td></td>
<td>Health facility assessment</td>
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</tbody>
</table>

- “Government leadership is crucial”
- “Be mindful of system-wide effects and health system preparation”
- “Capacity building at mid-level”
- “Issues of legitimacy of actors and interventions”
- “Gaps in monitoring and evaluation (ie HMIS)”
Actor Coordination

FINDINGS OF THE STUDY: TYPES OF INTERVENTIONS

EXAMPLES OF ACTOR COORDINATION INTERVENTIONS

- Sector Wide Approach (SWAP)
- Sector Wide Management (SWIM)
- Inter-Sectoral Partnerships
- Pooled Funds
- Poverty Reduction Strategy Papers (PRSPs)
- Global Health Partnerships
- Advocacy Coalitions
- Transitional Programming

- Health Clusters
- Financing Mechanisms (e.g. contracting)
- Programme Grant Agreements
- UN Development Assistance Frameworks
- Country Programs/Instruments
- Inter-Agency Consultations and Coordination Committee, Bilateral Meetings
Actor Coordination

FINDINGS OF THE STUDY: TYPES OF INTERVENTIONS

Variety of service delivery models, decision-making and funding dispersion

Informal power structures

Diversified supporting bodies

Lack of information-sharing between actors

Inadequate linkage humanitarian and development aid streams

“One sees a lack of alignment and coordination between government, donors, and humanitarian and development actors.”
Contextual Factors

- Level of Government Engagement
- Geography
- Regional Dynamics
- Type of Fragility
- Sociocultural and Political Factors
- Gender Issues
- Spontaneous Developments
Governance Issues by Theme
(Phase II)

Level of Government Engagement

- Lack of Capacity
- Fragmentation
- Issues of Legitimacy
- Local Political Context
Weak evidence in published public health literature due to:
1) limited research capacity
2) challenges relating to insecurity
3) low prioritisation of research

Understandable lack of solid evidence, given subject and context
“Unfortunately, the circumstances that make information collection so important are precisely those that make it extremely difficult to do.”

Gaps

Legitimacy and Accountability

Local Perspective

[Humanitarian] Health System Challenges
Local Perspective

- People’s voice
- Local Organizations
- Institutional interest
Local Perspective

“Local partners treated not as true partners but as sub-contractors”

“Illiteracy” on demand side: Lack of capacity to grasp local ideas?

Fear of participation: Why would opinions be volunteered?

Opportunistic reasons: Publication bias?
Legitimacy and Accountability

Issue of growing importance:

- Upward & downward accountability
- Expulsion, sustainability and equity are global issues
- In a multipolar world, values are contested
Legitimacy and Accountability

- Receiving government
- Private sector
- Donor government
- UN bodies
- NGOs
- CSOs
- Diaspora
Accountability is not going to be improved through more ‘tweaking’ with technical or procedural fixes. It requires a change in mind-set to acknowledge that each and every person affected by and engaged in humanitarian crises has different roles and responsibilities to play, and that they need to be accountable to one another as well as to the collective goals.

Legitimacy and Accountability

1) of all actors and their intentions?
2) of New Actors?
3) of Coordination Mechanisms?
4) of Global Politics?
5) of Universal Values?
Some of the challenges in the [Humanitarian] Health System

- Cross-boarder/regional
- Security-Development nexus
- How to relate to new actors
- Emergency-Development nexus
- How to relate to other sectors
The nexus between counter terrorism, development and Agenda 2030 brings together CdM Members and decision makers from the EU and the UN.

September 14, 2017

Former Presidents and Prime Ministers Joyce Banda (Malawi), Hamadi Jebali (Tunisia), Olusegun Obasanjo (Nigeria) Mary Robinson (Ireland) and Danilo Turk (Slovenia) will engage next Tuesday 19th of September in New York in a debate about the critical nexus between security and development, with high level intergovernmental policy makers from both the European Union and United Nations.

- After 9/11, security became priority (funds follow)
- The military is part of humanitarian agenda
- Aid = politics
- Motives are seen as suspicious
- Governmental inclusion more problematic
There are lots of recommendations to improve LRRD
How to move forward?

Wider Perspective

Tailored Response | Knowledge Management
CONFIRMED IN ALL MODELLING:
DIFFERENT SETTINGS, DIFFERENT RESPONSES

<table>
<thead>
<tr>
<th>High-intensity Conflict Settings</th>
<th>Low Intensity Conflict Settings</th>
<th>Post Conflict Settings</th>
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<tbody>
<tr>
<td>Lack of basic infrastructure</td>
<td>Funding scarcity</td>
<td>INGOs and competition are overwhelmed</td>
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<tr>
<td>Logistics</td>
<td>Differing priorities state vs INGOs</td>
<td>Culturally inappropriate programs</td>
</tr>
<tr>
<td>Lack of access</td>
<td>Unsustainability of programs</td>
<td>No exit program</td>
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<tr>
<td>Too few aid organisations in area - those which are there feel overburdened</td>
<td>Overstretching of INGO portfolios to get funding</td>
<td>Lack of basic infrastructure</td>
</tr>
<tr>
<td>High population movements</td>
<td>Low capacity local actors and high rotation of international staff</td>
<td>Political sensitivities below surface that cannot be openly considered ‘conflict’ or reported about</td>
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</table>
"The notion of collective outcomes has been placed at the centre of the commitment to implement the New Way of Working." (WHS, 2016)
Guidance for practitioners?

"joint sense-making"

New approaches / practices:
- Problem-driven iterative adaptation
- Capability traps
- Applying complexity thinking
- Collaborative intelligence
How to move forward?

The Nature of Evidence, Data & Research

**EVIDENCE**
- Strengthen the quality of evidence
- Not always ‘scientific evidence’

**DATA**
- Better use of IT in research and service delivery
- Utilizing social media

**RESEARCH**
- Apply apt research designs and evaluation methods
- Utilize action research
Using Data and Evidence 
IN HUMANITARIAN ACTION
Conclusions

**WHAT TO ADDRESS**

- Legitimacy and Accountability
- Local Perspective
- [Humanitarian] Health System Challenges

**HOW TO DO IT**

- New methods of evaluation
- IT revolution in the aid industry