Building health systems resilience in fragile states emerging from conflict or other forms of severe disruption

Report of a session organised by the Thematic Working Group on Health Systems in Fragile and Conflict Affected States

4th Global Symposium on Health Systems Research

16 November 2016

Introduction:

This report outlines the proceedings and discussions at a session on ***Building health systems resilience in fragile states emerging from conflict or other forms of severe disruption*** which was organised by the Thematic Working Group on Health Systems in Fragile and Conflict-affected States (TWG-FCAS) at the 4th Global Symposium on Health Systems Research.

As well as presenting and discussing experiences and learning from two case studies, participants explored broader questions around potential strategies and likely barriers to achieve greater health systems resilience in the medium term, and identified relevant research questions that would lead to better evidence to support appropriate strategies. The session also helped to identify the next steps for the (TWG-FCAS) to take forward the use of the concept of resilient health systems in FCAS, and appropriate research activities.

Background:

The goal of resilient health systems is to be able to withstand shocks. This is particularly challenging for states emerging from conflict or severe disruption. The TWG-FCAS planned this organised session at the 4th Global Symposium on Health Systems Research to explore the concept of resilience in these contexts through cases studies from West Africa and South Sudan, and to determine lessons which the TWG-FCAS could take forward.

While all states are endeavouring to build resilient health systems, this is particularly challenging for states with highly disrupted health systems due to massive shocks; for instance states emerging from conflict or other forms of devastating disruption, like the recent Ebola outbreak in West Africa. Given the diverse contexts of fragile and conflict affected states, prescriptions for building resilience are inappropriate. However, the use of case studies can be informative. The overall aim of this session was to examine the challenges in building resilient health systems in the context of such states and what strategies might be possible based on two case studies.

Session presentations:

Tim Martineau opened the session with an overview of the TWG-FCAS, its objectives and activities, before Suzanne Fustukian gave the first presentation, on ***Features of resilient health systems in the context of states emerging from conflict or severe disruption***.

Two case studies were then presented:

- ***South Sudan' transition from humanitarian assistance phase to health systems rebuilding phase***, was presented by Ann Canavan
- ***The experience of the health system responses in the aftermath of the Ebola virus crisis in Sierra Leone and Liberia*** was presented by Lara Ho.

The full presentations are available as a combined document via the TWG-FCAS web-page:

[http://healthsystemsglobal.org/upload/resource/FCAS_TWG_panel_complete_slide_set_16Nov16.pdf]

Group discussions:

Following the presentations, participants split into several groups, to discuss strategies and likely barriers to achieve greater health systems resilience in similar fragile settings. This was done through three guiding questions:

1. What would be a useful working definition for "resilient health systems" in the context of states emerging from conflict/severe disruption? *How should the TWG take work on developing this definition forward?*
2. What are the potential approaches to achieve greater health systems resilience in the context of states emerging from conflict/severe disruption in the medium term? *What work should the TWG do to refine the strategies and barriers for wider dissemination?*
3. What are the key relevant areas in the TWG's research needs assessment, and what further research questions should be added? *How can the TWG takes this forward?*

A record of these discussions was taken by a note-taker in each group, and these were shared after the meeting with the organisers. A collated summary of the points agreed by group members is given below.

1. What is a useful working definition for "resilient health systems" in the context of states emerging from conflict/severe disruption?

Participants suggested more effort was needed to understand and apply the concept of resilience to health systems in FCAS, particularly its operationalisation. Participants asked, for example, in what way resilience differs from taking a longer term, more sustainable approach to strengthening health systems. They conceded that when systems deteriorate, particularly in the absence of strong central coordination, local level organisations become more responsible and the degree of their capacity to cope under duress becomes important.

The participants also highlighted that resilience may be found or needed in different parts of the system – possibly as a whole, but also in specific components, functions or properties of health systems. At the local level, the importance of community resilience is key. A colleague from World Vision highlighted the key role that community health promoters play in health care during major crises, arguing that they are the ones that stay when expatriate or professional staff leave. Hence their resilience is particularly crucial and their capacity to cope needs strengthening as well.

While the different disciplinary definitions emphasising adaptation and recovery from shocks were appreciated, they recommended that a composite definition relevant to FCAS be used to construct a conceptual framework for use in FCAS health systems. In this, the difference between everyday resilience and resilience in FCAS could be better developed as FCAS often experience 'constant disturbance'. One proposal for such a framework was to consider resilience as a nested, interactive, multi-scalar process that requires development at different levels. The contribution and role of different actors – health workers, ministry and donor policy-makers, NGOs – needs to be better understood.

2. What are the potential approaches to achieve greater health system resilience in FCAS?

Achieving resilience depends obviously depends on how it is defined. Is it:

→ "Anticipating shocks?"

→ "Moving forward?"

→ "Sustainable?"

→ "Responding to needs?"

→ "Responding to shocks?"

Several participants advocated that, rather than rebuilding on the basis of vertical programmes and approaches, ensuring that health systems were integrated would strengthen resilience. A commitment to developing emergency preparedness across the system would also offer opportunities for resilience building.

From a different perspective, some examples were given highlighting the potential that tapping into existing mechanisms and approaches in the society might reflect a more resilient approach - e.g. a colleague suggested that Somalia's current unsustainable health system was due to failure of accounting for and tapping into existing resources, that establishing new mechanisms might be unsustainable, so it is important to consider whether (pre)existing structures could be strengthened.

Several participants advocated that better coordination of NGOs by Ministries of Health would contribute to sustainable rebuilding, but that often the MoH lacked funding or leverage over NGOs to ensure this happened. This meant that in some cases, the INGOs or the UN become the existing systems, especially in chronically fragile situations, because funds also tend to sustain such systems. This has led to fragmented systems and duplicated efforts. However, complementarity between humanitarian needs and longer term development and state building often necessitates trade-offs between these groups. This was considered particularly the case at district/local levels where only a few local people were found to participate in service provision or policy. In this situation, neither capacity nor resilience was being built. Part of the problem perceived was a lack of policy dialogue among donors about this issue.

Finally, the group highlighted that trust building at every level was required. As part of building trust, communities should be seen as agents of change - building community capacity and linking them to national systems and co-ordination systems.

3. How can members of the TWG-FCAS build on the recent research needs assessment? How can the TWG-FCAS engage researchers in countries affected by conflict and crisis?

The members recognised that a range of research is ongoing in many countries and asked how can we take account of it? Mindful of the research needs assessment, it was suggested that the TWG could take the following actions.

- Undertake review of ongoing research, possibly a scoping or a systematic review, possibly based on two or three themes.
- Identify who is doing what: national and international actors; TWG could put out a call to ask who is doing what. Potentially ask students for assistance.
- Reach out to more stakeholders to document resilience at different levels and share case studies and examples of resilience
- Become a Community of Practice:

    - Act as a clearing house – what people are doing and learning.
    - Knowledge management and sharing well – leads to more research questions.
    - Select and filter and package for wider learning inside/outside of group – policymakers/practitioners.
    - Research agenda-setting with policy-makers
- Involve other sectors in the change process: Ministries, NGOs, Individuals

4. Next steps:

The suggestions and recommendations from the group discussions will be shared as appropriate with TWG-FCAS members and other stakeholders who are working on health systems in settings of conflict, crisis and disruption, and will be considered by the Steering Committee of the TWG-FCAS as it plans its future activities.