

Rebuilding Health Systems and Providing Health Services in Fragile States: Executive Summary

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Abstract

The international community has compelling humanitarian, political, security, and economic reasons to become engaged in fragile states. Health is an entry point for engagement because people living in fragile states are disproportionately affected by major health problems, and improvements in health services help strengthen civil society and restore legitimacy to governments. Effective engagement with fragile states depends on donor coordination and an understanding of health system challenges to inform the design of health programs and selection of interventions. Planning requires considering allocation (what health services are to be delivered), production (how the services will be organized), distribution (who will receive them), and financing.

The criteria for selecting interventions to expand access to health services are their impact on major health problems, effectiveness, the possibility of scale-up, equity, and sustainability. There are various options for donor financing and models of engagement with fragile states, but this support should always combine short-term relief with longer-term development. Stakeholders should aim not only to save lives and protect health but also use their commitment over the long run to shore up nations' ability to deliver good-quality services to their citizens.

Introduction

Over the past few years, fragile states have come to the forefront of the concerns of bilateral and multilateral development agencies. The result has been an increase in resources, attempts to target the use of resources better, and efforts to deal with the consequences of lack of coordination or long-term commitment to the process needed to “fix” fragile states. The health of states, their people, and their health systems depends in large part on meeting urgent health needs, carrying out quick-impact and medium-term responses, and addressing the longer-term development of health systems.

Section I: Characteristics of Fragile States and the Importance of Rebuilding Health Services

This overview gives definitions of fragility, describes typologies used to analyze fragile states, and defines the six components of state functioning, while considering the limitations of any rigid framework for classifying countries because of their complexity and unique context.

What is a fragile state? Although there are many descriptions of fragile states, the two criteria on which they are judged are *legitimacy*—government will and capacity to provide core services and basic security—and *effectiveness* in providing services and security. Legitimacy is the determination and ability of the government to work in the interest of the public and demonstrate fairness to all groups. Effectiveness means the ability of government to maintain security and order and provide public goods and services to citizens. These elements are interrelated because

the lack of capacity or willingness of governments to respond to people's basic needs—food, water, shelter, sanitation, health, and security—means that people feel betrayed by the government's ineffectiveness and inability to maintain order and provide for their needs.

The forms of state fragility in one typology are (1) deteriorating state, (2) collapsed state, and (3) state recovering from conflict. Some analysts further segment the third category into postconflict and early recovery stages, yielding four possible conditions of fragile states: deterioration, arrested development, postconflict, and early recovery. Conflict is not a requirement for fragility; rather some countries are fragile states simply because they have been stagnant or chronic underperformers politically, economically, and socially.

The components of fragility in health systems. Focusing on the elements of government that apply to the health sector, the six basic structural components of a state are:

- stewardship;
- accountability;
- delivery of essential services;
- resource management (human and financial resources, facilities and drugs, supplies, and commodities);
- financing;
- security.

Although states vary in regard to these components, they can usually be analyzed according to their current condition and the direction in which they are moving (i.e., toward greater or reduced fragility). Classifying a country in light of both legitimacy and effectiveness is more useful than looking at a single dimension. For example, it is possible for a national government to have limited legitimacy due to political events yet continue to be reasonably effective in delivering essential services. Another country might exhibit some elements of a collapsed state with regard to accountability, resource management, and financing but show positive signs in delivering services and exercising stewardship.

The importance of fragile states to the international community. The international community has legitimate political, security, and economic reasons to become engaged with fragile states. Fragile states represent instability that can spread to pose threats throughout a region, destabilizing neighboring countries. Fragile states can be a source of mass migration of people. Internationally, there is also concern that fragile states can threaten global security by becoming incubators for international terrorism and crime. Fragile states may be a drag on the global economy, so there is interest in increasing global health and productivity by helping fragile states.

The international community also has concerns about fragile states because of the ability of diseases to quickly spread internationally. Fragile states are home to many outbreaks of these diseases and pose challenges to effectively addressing them. Diseases of international interest include polio, SARS, avian influenza, and Ebola.

Health is an essential part of assisting fragile states. The burden of disease and the mortality levels experienced by the populations of fragile states are extraordinarily high:

- More than a third of maternal deaths worldwide occur in a fragile state.
- Half of the children who die before age five live in a fragile state.
- A third of the people in fragile states are malnourished.
- A third of people living with AIDS are citizens of fragile states.
- Malaria death rates are 13 times greater in fragile states than in other developing countries.

The high disease and mortality rates in these states are in themselves causes of fragility. But the state's ineffectiveness in delivering social services is also a cause of poor health indicators. The collapse of the health system in these countries makes it easier for disease and epidemics to spread, meaning that states cannot recover without outside assistance.

We should be involved in providing health services in fragile states because of the humanitarian imperative to act in the face of crises that result in high rates of disease and death and destruction of food sources, people's homes, and other basic survival needs. Health service delivery is also a good entry point for addressing the causes of fragility because health services can lead to involvement with both the government and civil society. Engagement of entities such as NGOs plays a significant role in expanding access to basic health services. At the same time, engaging civil society can strengthen the government and help move it toward reform in other areas. Thus assistance in health can serve as a platform for initiating longer-term development activities.

Section II: Health Service Delivery and Health System Development in Fragile States

While disease outbreaks or high mortality rates must be the short-term focus in many fragile states, it is imperative to start planning at the same time for the transition to longer-term development of the health system. This dual focus requires addressing the elements of a dysfunctional health system and how it can be rebuilt while dealing with immediate health priorities.

Deficiencies of the health system. Typically, in fragile states the health system lacks:

- infrastructure (facilities, human resources, equipment and supplies, medicines);
- coordination, oversight, and monitoring by the government;
- equity in the provision of health services: Few public health services exist for the poor and in rural areas;
- systems for establishing and implementing health policies;
- information for planning and management;
- functional management systems for budgeting, tracking expenditures, assessing workloads, tracking the availability of human resources, or carrying out disease surveillance;
- management capacity: There is a shortage of skilled managers.

In determining what interventions and assistance can be provided to the fragile state, the real challenge is the requirement to address these interlinked problems concurrently.

Stages of development. To make the transition from relief to development, countries must move through a number of stages: relief, rehabilitation, reconstruction, and development. These stages do not follow a linear progression, however, in which one stage needs to be finished before the next can start.

For instance, Afghanistan experienced a prolonged state of political emergency, aggravated by natural disasters such as earthquakes, floods, and the drought of 2002. Areas that enjoyed relative stability after the departure of the Taliban required rehabilitation and longer-term planning, but in areas characterized by war and insecurity, only emergency relief services were initially feasible. Therefore the Ministry of Public Health (MOPH) had to provide relief services to address the emergency health situation, but it also had to plan for the future, which included rebuilding the national health system. The MOPH requested technical assistance and support from the international community to move beyond relief to rehabilitation and ultimately to the redevelopment of the country's health system.

Priority interventions. There are 10 priorities for assisting the health ministries of fragile states:

- Address urgent health needs.
- Gather information.
- Create a package of basic health services.
- Develop policies, strategies, and plans.
- Develop human resources for health.
- Ensure a regular supply of essential drugs.
- Finance services adequately.
- Redevelop and reform the health sector.
- Rehabilitate or reconstruct health facilities.
- Coordinate donors.

Section III: Health System Development in Fragile States: Challenges and Lessons

Donors often have difficulty handling the transition from emergency to development. A few principles can help. Because health is part of a larger picture, donor actions with ministries of health should not make drastic changes with political implications. Instead, donors should restore, repair, and build on the health system elements that worked well prior to fragility. Donors also need to develop flexible aid instruments that can deal with humanitarian crisis and development simultaneously. Furthermore, the lack of absorptive capacity in most fragile states to effectively manage the flow of aid makes it important for donors not only to address the “quick impact” issues but also to build the capacity of the government by providing technical assistance and helping develop a policy process. Finally, the alignment and coordination of multiple donors assisting a fragile state is critical.

Principles of effective engagement in fragile states. To develop an effective health system that is sustainable and can deal with the challenges it will face over time, donors and those who provide technical assistance should take a strategic approach of which the goal is to have a positive impact on the lives of those in need by:

- starting with a **package of basic health services** and expanding it over time;
- building the **capacity** of public and private service providers;
- strengthening **government management of the health sector**;
- considering **sustainability** in the light of state fragility;
- promoting **transparency and accountability for results**;
- provide **long-term expert presence** on the ground;
- making a **commitment** to long-term financing and building in **flexibility in financing** from relief to the transition to development;

- promoting **system development**;
- collecting **information for decision-making** and conducting regular **performance monitoring**.

SECTION IV: Challenges of Health Service Delivery in Fragile States

The rapid roll-out of affordable, accessible, and high-quality health services can have a major impact in demonstrating some of the dividends of peace, stability, and good governance which, in turn, contribute to the legitimacy of government. Providing incentives for equitable provision of health care can influence government policy and behavior, resulting in more attention to equity issues. Technical assistance and capacity building can help lay the foundation for a functional health care system and the management capacities required to sustain this element of state responsibility over the long term.

Challenges for providing health services. A model for provision of health services in developing countries from the World Bank *World Development Report* of 2004 shows three key actors: the state's policymakers, the health service providers, and the population or clients. The population or clients are both the recipients of services from the providers and the constituents of the government policymakers. The policymakers establish the structure of the health sector, which will either provide services directly to the population or have a mix of public and private providers deliver the services. The amount of financial resources available for providing services is not as critical as the way in which the health service delivery system is organized. Whatever mechanism is chosen, the state's stewardship role requires that it serve as overseer and regulator of the health sector, even if the public sector provides all health services.

When one or more of the linkages among these actors is broken, there is a problem in service delivery. In such instances, there will be few control mechanisms, meaning that health care providers may not be responsive to clients. To compound this problem, in fragile states the number of health care providers is frequently insufficient.

Challenges for structuring the health system. Four principal questions must be asked about service provision, whether with the short-term goal of responding to a humanitarian crisis or the long-term objective of re-establishing or developing a functional health system:

- **Allocation:** What health services are to be delivered?
- **Production:** How are the health services to be organized and produced?
- **Distribution:** Who will receive the services?
- **Financing:** Who will pay for the services and how will providers be paid?

The answers to these questions will determine whether the health system will focus on curative or preventive services; whether there is equity in the health system; whether services reach rural areas or only the urban population; and who will bear the cost of the health system as well as the payment incentives that influence how providers deliver services. Over time the responses may change as the state shifts from dealing with the humanitarian crisis to developing a functioning and sustainable health system.

Prioritizing health services to be provided. Countries must develop criteria for selecting the interventions and health services that are to be provided to the population. These criteria will

help (1) establish priorities among competing demands, (2) ensure that policy decisions are consistent with national health objectives, and (3) make sure priorities are maintained. The primary concern in determining priorities and the content of health programs is whether the services proposed will address major health problems. In deciding whether a public health intervention will succeed in having a positive impact on the health status of a population, governments and donors can apply five criteria: impact, effectiveness, scaling up, sustainability, and equity.

- **Impact:** Do the services proposed have an impact on the major health problems?
- **Effectiveness:** Does the intervention have proven effectiveness?
- **Scaling up:** Can this intervention be implemented on a large (national) scale?
- **Equity:** Will access to and benefits from the intervention be fair to all?
- **Sustainability:** Is the intervention affordable in the long term?

Financing health services. Options for donor financing of health services, which have different advantages and disadvantages and can be used in combination, include:

- **general budgetary support earmarked for the health sector:** Donors have been most willing to use this mechanism when there is a trust fund operated jointly by a multilateral agency and the government's finance ministry;
- **sector-wide approaches (SWAps):** SWAps are a mechanism for harmonizing donors while pursuing alignment with the government's priorities. These approaches are meant to facilitate strong government ownership and leadership of the health sector by transferring decision-making to the developing country. One difficulty in using SWAps in fragile states can be the weakness of the government in managing such coordination;
- **contracting:** In a number of fragile states, contracting with NGOs is being used as a mechanism for providing health services to large populations. Contracting can be used to expand health services quickly. A disadvantage is that it may bypass government mechanisms as donors provide contracts or grants directly to NGOs.
- **global health partnerships (GHPs):** GHPs can be helpful to fragile states for "plugging gaps," such as restarting a national tuberculosis program with a grant from the Global Fund against AIDS, Tuberculosis and Malaria. Potential disadvantages are that such programs may not be integrated into basic health services, not be sustainable, or not provide support for health system development. Advantages of GHPs include avoiding duplication of investments and activities, producing economies of scale, pooling resources to make it possible to carry out higher-risk activities than any partner would undertake alone, sharing knowledge to improve the effectiveness of activities, and building a common "brand" that gains legitimacy and support.

Section V: Essential Principles for Health Sector Interventions in Fragile States

The precursors to action in fragile states are to recognize that each state is unique; what has worked in one place cannot necessarily be applied in new situations. The characteristics of fragile states can be used as a starting point for analysis: it is useful to consider states as occupying points along a continuum for each element of fragility and to remember that states may move in and out of fragility. Consider health in the context of the bigger picture, which includes re-establishing the rule of law in some settings and meeting other basic needs (such as food, water, shelter, sanitation, and security). Health care has a vital role to play in demonstrating progress and communicating that progress to the public. Confidence grows as promises are fulfilled and

services are extended to more locales. Thus health care is an important element that states can use to show that they can be effective in delivering services and to establish their legitimacy.

Phasing in interventions. Saving lives must be the first priority. So interventions must be sequenced to begin by addressing the most easily preventable deaths and diseases. In a humanitarian emergency, there is often no clear transition from crisis to development. Rather, relief work and development need to take place simultaneously. The three phases of action, with specific interventions and timing for donors and host governments to consider, are:

Urgent Health Needs (1–6 months)

- immunizations
- essential drugs and vaccines
- disease prevention, care, and treatment
- humanitarian assistance and care for internally displaced persons and refugees

Quick-Impact and Medium-Term Responses (6–18 months)

- Improve pharmaceutical management and supply.
- Expand services and maintain existing services.
- Create and renovate infrastructure.
- Promote community participation.
- Develop health sector policies and regulations.

Longer-Term Development Responses (18 months–5 years)

- Increase access to equitable basic health services.
- Engage civil society in meeting the health needs of the population, especially for specific diseases, such as HIV & AIDS.
- Provide technical assistance to the Ministry of Health to build its capacity and develop a policy framework for the health sector.
- Develop the government's capacity to make intermediate and long-term plans.
- Develop human resources for health by working with training institutions and on testing and certification systems.
- Develop hospital boards and local health committees to empower local communities.
- Help develop sentinel surveillance and response systems to monitor diseases.
- Address prevention and control of diseases such as TB, AIDS, and malaria.
- Develop the capacity of private-sector providers to meet health service needs while simultaneously strengthening the government's capacity to regulate the private sector.
- Address issues related to the long-term sustainability of health services.

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