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Roles and Complementarities of the health actors in fragile contexts: lessons learnt from Somalia and DRC

Presentation by
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for the

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Presentation outline

Part 1: Health systems in fragile contexts – two case studies.

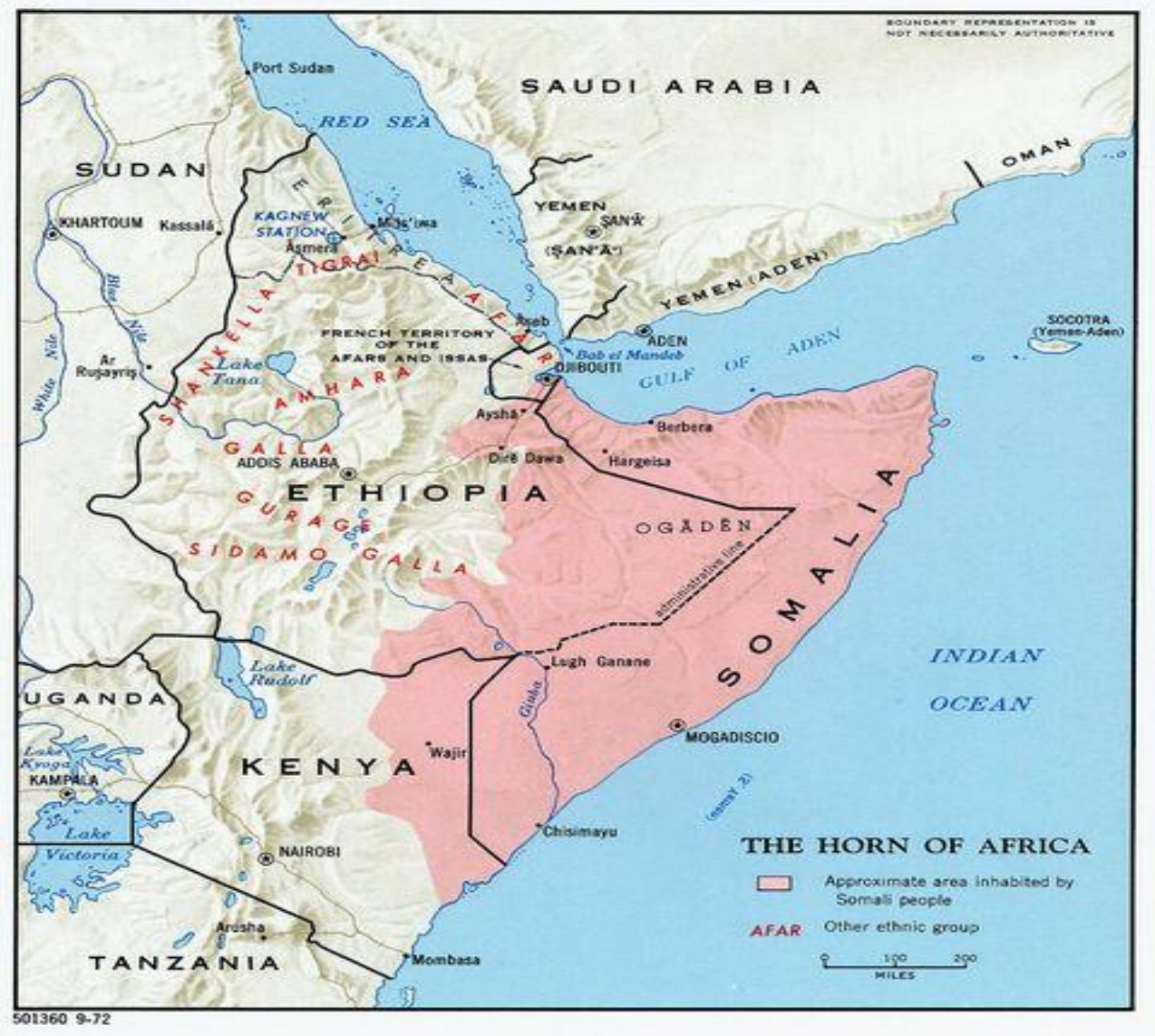
Part 2: The relevance of technical solutions to political problems.

Part 3: Lessons to be learnt on roles and complementarities.

Part 1. Health systems in fragile contexts – two case studies

CASE STUDY 1: Somalia

(SDC Horn of Africa)

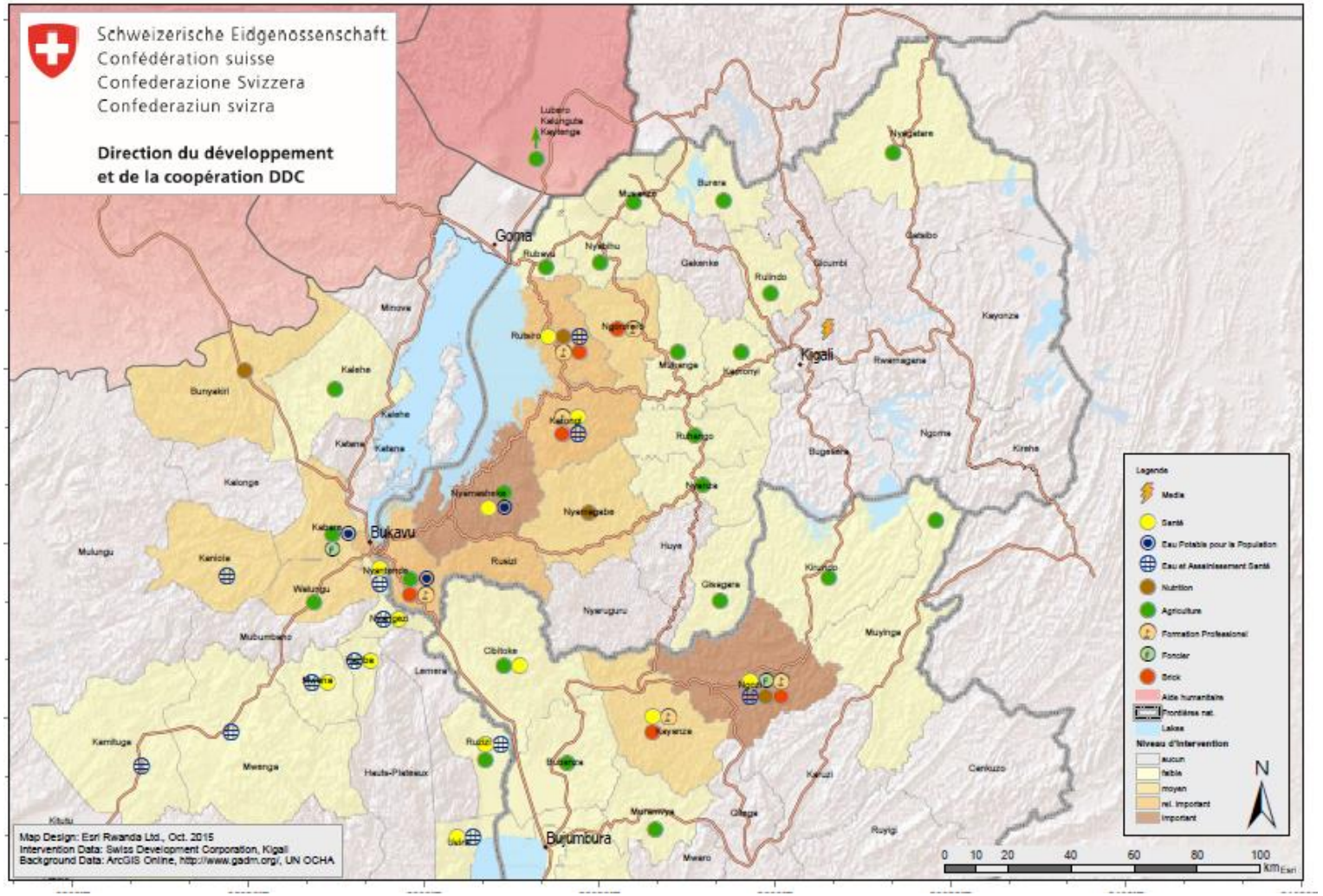


CSPM applied in Somalia: the reality

- Chaotic, but resilient and reasonably organized private health system
- Majority of health facilities operate through mixed financing
- Over-supply of poor quality PHC, access not the main problem
- Sector coordination challenged by fluid definition of State
- Low public investment in health

CASE STUDY 2: DRC

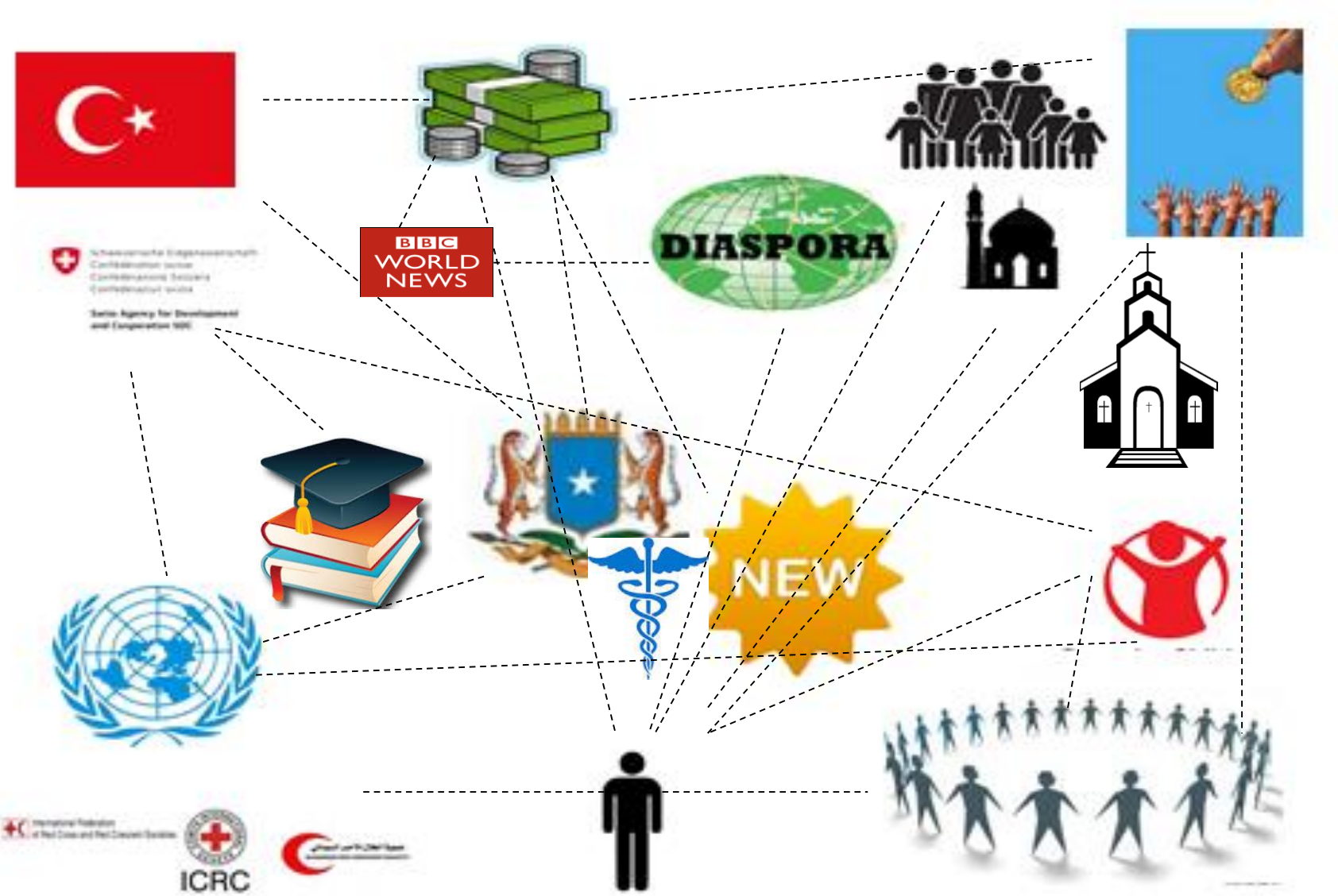
(SDC Great Lakes)



CSPM applied in DRC: the reality

- Parallel dynamics outweigh State control
- Out of pocket expenditures in health remains high
- People prefer private health care
- Poor quality of «mutuelles» does not enhance trust
- Church has strong local influence on health care provision

CSPM applied: the actors



Health programmes - assumptions

SOMALIA

- Public health system operates in a vacuum
- Lack of PHC is main cause of mortality and morbidity
- Coverage is a good proxy measure of access
- Coordination is a sign of peace- and State-building
- Public investments in health will be available

DRC

- Cost-sharing is sustainable
- Social protection measures replace out-of-pocket
- Legal framework guarantees implementation of rules
- Faith-based organisations focus on charity
- Public investments in health will be available

Challenges of fragility

What model for the health system?
Who selects and promotes the model?
Who runs the model?
Who bears the costs of health?
Who regulates and controls the health sector?
Who is benefiting from the *statu quo*?
Who makes it sustainable?

LEGITIMACY?

ACCOUNTABILITY?

Part 2. The relevance of technical solutions to political problems

Roles: legal and formal framework

- Globally:
- The New Deal guiding principles

Fragility assessments: **One Vision-One Plan** **Compact** **Use of PSGs to monitor progress** **Support of inclusive and ongoing political dialogue**	**Transparency at every level** **Risk that is shared and addressed** **Use of country systems** **Strengthening of capacities** **Timeliness of aid**

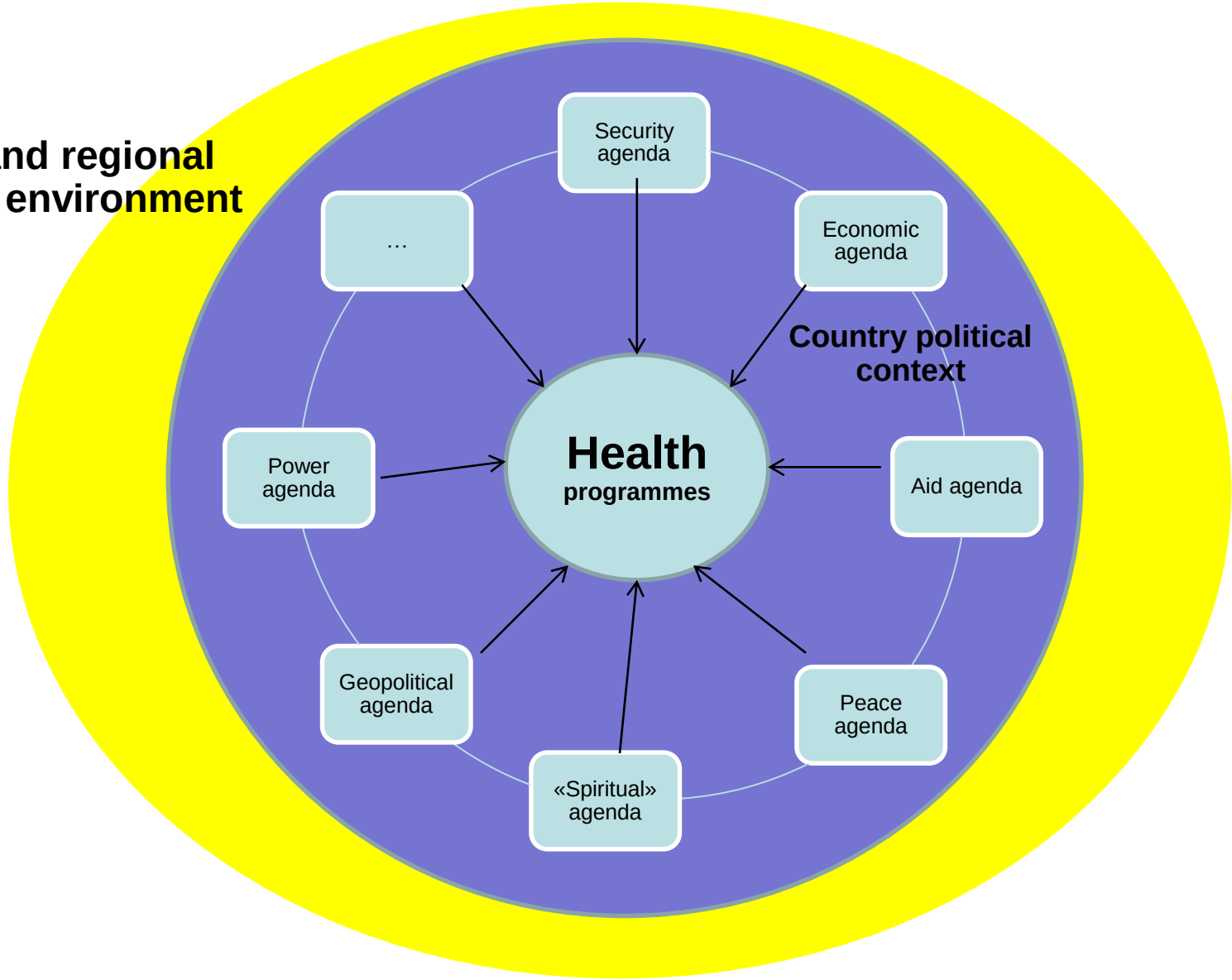
- OECD principles

- Context-related: MoUs, bilateral agreements, licenses, contracts

- Institution-related: strategies (SDC 2012), mandates

What influences health programmes?

Global and regional political environment



The «health discourse»

Health discourse	Conflicting issues
Equity	Strong power relations
Quality of care	Value for money
System building/fixing	*Statu quo*/local resilience mechanisms
Free access	Economic interests
Coordination/ harmonization	Individual interests
Sustainability	Survival of aid flow, mistrust

Do no harm?

The Role of SDC

«SDC strategy for engaging in fragile contexts: support exit from fragility by generating change»

- Identify «entry points» to exit fragility
- Focus on thematic policies that have an impact on fragility
- Support new approaches and different ways of collaboration
- Focus on conflict prevention, access to justice and coordination

Part 3: Lessons to be learnt on roles and complementarities.

TAKE HOME MESSAGES

- Health systems in fragile contexts follow unusual patterns ≠ dysfunctional or non existent
- Health systems are incubators of social cohesion and as such tend to be extremely resilient in chronic crises
- Preservation of the continuum of care turns the humanitarian/development dilemma into a non issue

SDC lessons to be learnt

In fluid contexts roles become equally fluid.

Roles and responsibilities are challenged.

Complementarities and synergies are influenced by political considerations

Role of traditional actors?
Rethinking impartiality?

THANK YOU!