ABSTRACTS

Working in Fragile Contexts and Building up Resilient Health Systems

Why Do Community Systems Matter?

Verena Wieland, Swiss Red Cross

Health in fragile Contexts: conclusions from the conference

In an increasing number of countries the implementation of health programmes is challenged by fragile contexts. At the same time, fragility of a state is considered as one of the main causes for malfunctioning health services. Emergency situations aggravate such situation and reveal the weaknesses of the system. These settings evoke not only questions on how to adapt to shaking working environment or on sustainability, but also whether health programmes could make a contribution to reduce fragility. In order to have a closer look to these multifaceted challenges the conference organized by MMS, Swiss Red Cross and Swiss Development Cooperation in August 2016 focused on three main questions:

1. Can health programmes have a positive influence on key drivers of fragility and make a contribution to reduce fragility? In which way and at what (community, district, state) level?

2. What are the roles and potential complementarities of the different actors: CSO, NGOs, government, development agencies (including UN/multilateral/global agencies)?

3. What are the specific challenges and conflicting priorities for health programmes at the interface of humanitarian aid and development cooperation in fragile contexts: e.g. fast and effective aid to beneficiaries vs system strengthening and community involvement; sustainability of service in case of planned or unplanned termination of a programme.

Three case studies on health programmes (South Sudan, Somalia and Ebola response in West Africa) provided the basis for the in-depth discussions in the working groups and the panel of experts. The presentation will highlight the main conclusions of the conference but also reveal the unresolved issues.

Richard Burzynski, UNAIDS

What Does the Evidence Say? We Are Stronger Together

The world can end AIDS as a public health threat by 2030. However, ending AIDS will require a Fast-Track approach over the next five years, followed by sustained action until 2030.
Leadership by governments is critical. They have the mandate to establish, guide and maintain comprehensive health systems that include public, private and community-based services.
In the HIV experience, community-based systems support the overall systems for health. They can be impactful, achieve scale, deliver quality services, reach populations not easily served - people left behind, are flexible and cost effective. Community responses can include: advocacy; service delivery; participation in decision-making, monitoring and reporting; participatory community-based research; and community financing. To end AIDS, we need to reduce HIV incidence and mortality. This requires that we strengthen and expand community responses, and find new ways to meaningfully involve affected populations in decision making on policy, implementation, and assessment. These increase the likelihood that national systems will develop in ways that are responsive to the needs of people seeking improved health and well-being.

Maximina Jokonya, Africaid, Zimbabwe

Leaving no one behind: reaching youth today

According to UNAIDS, 30% of all new HIV infections globally occur among young people, and 3.9 million young people are living with HIV in 2014. In addition, many adolescents and young people living with HIV have inadequate access to health and social support services and face considerable stigma discrimination, and violence.

For us to reach our target of ending AIDS by 2030, we must not leave anyone behind especially Key Affected Population which includes adolescents. Adolescent stage is critical as they are going through identity crisis, critical thinking, unstable emotions, puberty amongst many other things. Moreover, adolescents with HIV face unique challenges throughout the HIV care cascade, impacting on diagnosis, linkage and retention, adherence, mental health and sexual reproductive health and rights. There is need for services that are tailor made to meet their unique challenges at an individual level. Young people need to be involved at every stage from the community to the decision table. Peer led interventions have also proven to be effective in terms of supporting adolescents, be it adherence, retention in care and dialogue of SRHR issues. Also we need to remove barriers that are hindering us as young people to access services such as health care providers attitudes, long distances, user fees, lack of information, that way young people will be meaningfully involved and be able to embrace every intervention.

Zelaikha Anwari, Ministry of Public Health, Kabul, Afghanistan

Implementing people-centered health systems governance in 3 provinces and 11 districts of Afghanistan: a case study

Background- Previous studies show health system governance influences health system performance and health outcomes. However, there are few examples of how to implement and monitor good governing practices in fragile and conflict affected environments.

Case description- We piloted an intervention that placed a people-centered health systems governance approach in the hands of multi-stakeholder committees that govern provincial and district health systems. The study was conducted in three provinces and 11 districts in Afghanistan over a six-month period. This mixed-methods exploratory case study uses analysis of governance self-assessment scores, health management information system data on health system performance, and focus group discussions. The outcomes of interest are governance scores and health system performance indicators.
A conceptual model based on applying four effective governing practices: *cultivating accountability, engaging with stakeholders, setting a shared strategic direction, and stewarding resources responsibly is used.*

Discussion and evaluation- We found that health systems governance can be improved in fragile and conflict affected environments. Consistent application of the effective governing practices is a key to improving governance. Intervention was associated with a 20% increase in antenatal care visit rate in pilot provinces.

Conclusions- Our findings have implications for policy and practice within and beyond Afghanistan. Governance is central to making health systems responsive to the needs of people who access and provide services.

Manjo Basiru Isa, Fairmed/UNHCR, Cameroon

External Shocks to Health Systems: The added value of Community Participation and Inclusion towards resilience. The example of East-Cameroun

Background: The Republic of Central Africa (RCA) crisis led to the presence of 253 576 refugees in Eastern Cameroun. FAIRMED positions itself in the UNHCR-coordinated response with a post-crisis development initiative.

Purpose and objectives: To contribute to the resilience of the health system through empowerment of host and refugee communities; aiming at an improved health status resulting from better services that are more intensively utilized.

Methodology/Approach: The program focuses on strengthening the capacity of the community through capacity building of elected community health agents (CHA); on participation and empowerment of the community through formal co-management structures, overlooking acceptability of services, cost recovery mechanisms and deployment of resources. It also facilitates the organization of promotion and prevention actions.

Results: In total, 790 CHA's were elected and have been trained in management and animation techniques. In each health area, a health committee (COSA) and a management committee (COGE) are active (more than 80% of planned meetings take place). Utilization of health centers and assisted deliveries have increased considerably (up to a 300% increase), as is local financing, assuring long term sustainability of a better utilized health service.

Discussion and Comments: *Increased participation* using local institutional platforms and elected community representatives, resulted in *increased use* of better services and *increased auto-financing*. This is at odds with what can be observed in other crisis-hit areas, were community relations are disrupted and populations withdraw support from ill-functioning services. We think the inclusion and local governance are making the difference. Revitalizing community participation structures that guarantee true empowerment results in a more resilient health system.

Sofa Talk: Why do community systems matter?

Maya Nataraja, IAMANEH Switzerland

In 2012, Mali turned from a role model in terms of democracy to a state in crisis. Following the military putsch in the North, Mali experienced one of the worst political crises since its independence. However, signs of a growing alienation between the Malian civil society and the state had become visible long before: wide spread corruption, land conflicts and a prominent decentralization program that transferred duties to the communities without letting the necessary finances follow as well. Hence, fragility was long before the outbreak of the crisis in 2012 a relevant factor which sustainably hindered the development of the country and led to violent conflicts. This came along with an increasing mistrust within the population, the erosion of social cohesion, spread of arms and weapons, lack of security, and inadequate state services. Since the end of the 80ies, IAMANEH has been involved in the development and improvement of primary health care services at community level in the region of Mopti in the North of Mali. The intervention that focusses on sexual and reproductive health and rights is implemented in close collaboration with local NGOs, which are deeply anchored in the project zone and which are working in close cooperation with the population. A key element in the implementation is the inclusion of all population groups in all steps of the project (from its initiation and conception to the construction and the running of the health center and corresponding activities). At the same time, the project is aligned to the national health policy; the health center that was built is integrated in the state's reference system of the health district (national health system). This approach ensures a bottom-up ownership while at the same time confronting the state with its duty of providing basic health care services.

Nina Ndabihore, Swiss TPH Burundi

Burundi, a small landlocked country in the Great Lakes region of Africa located between the DRC, Rwanda and Tanzania, with a very dense population of eleven million people, has been facing a new period of instability since April 2015.
Because of this situation some its international partners decided to leave and stop their programmes, while others decided to stay, adapting the implementation of their programmes to the circumstances. This is the case of the SDC for instance.
We would like to analyze the impact of the instability on the management of international aid projects in the health sector, as well as how it is possible or not to strengthen community participation systems in order to mitigate this impact. Actual data from the health sector in Burundi will be used to illustrate the discussions, as well as stories about the challenges that health sector programmes have been facing and the ways that have been put in place to overcome the challenges.

Maarten Hofland and H. Van Mieghem, COMUNDO, Belgium

The distribution of HIV medication, also to pregnant women is one of the important tasks done in health centres. Although there are well performing centres as well, many have poor staffing levels, the management in those small facilities is inadequate and quality and motivation of staff is variable. Some of the small centres are run by a single nurse who caters for areas of 1600 square kilometres. Nurses often go on leave, are transferred or are following further training. On the other hand, these centres are also often neglected by the health directors in the districts, both financially and in terms of technical support.

This leaves a lot of these centres unattended, without medication and equipment, and has a huge impact on the health of the local population. Especially where access to medication is very important as it is in HIV/AIDS, this means that people are not followed up properly. Laboratory tests are not done regularly or not done at all. Even though Zambia is a politically stable country with economic growth, the state institutions remain fragile which has a huge impact on the final distribution from health worker to patient as well as other necessary medical and record keeping which are not done consistently.

National structures like ministries and other NGO who contribute to the HIV/AIDS care are aware of this, but little action is taken. Reports are often not produced or are phoney. There is a huge task for NGOs to go further down into the districts to stimulate, motivate and check on healthcare staff in order for them to give the necessary care. Also by on the job training people can learn much more instead of workshops that take place outside the facilities.