Health in fragile contexts

Aug 24, 2016 / SDC, Freiburgstrasse 130, 3003 Bern

A conference organised by MMS, SDC and the Swiss Red Cross

Key questions of the conference

1. Can health programmes have a positive influence on key drivers of fragility and make a contribution to reduce fragility?

2. What are the roles and potential complementarities of the different actors: CSO, NGOs, government, development 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.

Panel discussion

Do no harm or do good?

How do we ensure good health in fragile contexts?
What are the roles and requirements of health programmes in mitigating fragility?

Fragility is characterized by

the accumulation and combination of **risks** ….

… combined with insufficient capacity by the state, system, and/or communities to manage it, absorb it, or mitigate its consequences.

Five dimensions for identifying and measuring fragility:

- Economic
- Environmental
- Political
- Security
- Societal

(OECD States of Fragility report 2016)

Some key issues and dynamics driving fragility

Government

- **Weak governance structure** and inability to provide security, a positive political and legal environment for development and to cope with negative events
- Lack of effective mechanisms to ensure **inclusive participation** and **equitable distribution** and service delivery
- High **dependency** as a result of long term humanitarian relief assistance and externally imposed programmes

Community

- Erosion of **social cohesion**
- Weakened (traditional) **conflict resolution mechanism** - inadequate to deal with the current realities and dynamics
- Heavily armed society – high **insecurity**
- Disruption of family structure due to displacement, migration etc.
- Unaddressed **traumas** – mistrust and loss of positive drive to life

Main findings and conclusions (1)

⇨ Fundamental change processes take place at local level

Therefore: Community based health programmes **can contribute** to mitigate key drivers of fragility (***do good***) with regard to:

- Equity
- Social cohesion and self reliance/resilience
- Ownership of processes at local level
- Strengthening of local organisations
- Linking national processes to local level
- Accountability and legitimacy of (health) authorities at local level

And in order to improve **services** and **access**:

- Consider community as part of the health system and
- understand impact of fragility/conflicts on the community

Main findings and conclusions (1)

However, such processes are

- not sustainable if remain at community level:
  need for scaling-up and alignment

- not sufficient for state- or peacebuilding:
  change processes go beyond sphere of influence of health programmes
  political dimension cannot to be resolved with a technical approach

Quality matters

- Not (only) what we do is important but how we do it

- Trust arrives on foot and leaves on horseback: do no harm

Main findings and conclusions (2)

⇨ In fluid contexts roles become equally fluid

- Variety of actors: careful actors-mapping and analysis
- Re-think your assumptions
- No blueprint approaches
- High unpredictability

Main findings and conclusions (3)

⇨ Think differently and stay engaged

- Prepare new models for linking humanitarian aid and development cooperation
- Staying engaged with a flexible long-term commitment
- Community approach: more than ever – but don’t forget the state
- Importance of locally anchored partner organisations
- How do you deal with risks and security?
- Advocacy and awareness-raising: donors, politicians and the general public

Documentation

Health in Fragile Contexts: Programme

PDF

MMS Programme of the conference as pdf

Download (d | 211.2 KB| PDF document)

Videos

Do no harm or do Good? How do we ensure good health in fragile contexts?

Panel discussion with Julie Lyn Hall, IFRC, Rachel Slater, SLRC, Bernadette Peterhans, Swiss TPH, André Huber, SDC

Q&A

Afternoon panel: "Do no harm or do good"
Questions from the audiance

Health in fragile contexts

Programme

Documentation