



## FRAGILE STATES: boosting community systems for an effective health response

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## SUMMARY REPORT

### Side event of the 67<sup>th</sup> World Health Assembly – 19 May 2014

Co-hosted by the Islamic Republic of Afghanistan, the International HIV / AIDS Alliance (Alliance) and the International Federation of Red Cross and Red Crescent Societies (IFRC).

Dr Matthias Schmale, Under Secretary General of the IFRC moderated the event:

#### Panellists

- H.E Dr Suraya Dalil, [Minister of Public Health of the Islamic Republic of Afghanistan](#)
- Dr Ahmed Mohamed Hassan, President, [Somali Red Crescent Society](#)
- Dr Mark Dybul, Executive Director, [The Global Fund to Fight AIDS, Tuberculosis & Malaria](#)
- Dr Toomas Palu, Sector Manager, Health Nutrition and Population, East Asia and the Pacific, [World Bank](#)
- Dr Alvaro Bermejo, Executive Director, [International HIV/AIDS Alliance](#)

Photos from the event are available [here](#).

#### Discussion summary highlights

- Fragile states are all very different and need to be approached on an individual basis.
- In fragile states where health professionals are particularly scarce, harnessing community resources and strengthening community involvement in health service delivery is vital. Sustainable delivery of basic health services depends upon the local organizations' capacity and support to the community health workforce providing services when others have left the area.
- When looking at how to achieve health outcomes, the focus needs to be wider than simply health services.
- In order to achieve the goal of Universal Health Coverage, we need specific targets underpinning it, including in relation to equity.
- International solidarity and engagement at country level remain key to ensuring countries evolve into resilient states.

#### What are the key lessons learnt from the successes in providing sustainable healthcare in Afghanistan and Somalia?

*H.E. Dr Dalia and Dr Hassan*

- It is important to define at the outset what healthcare will be provided by the government. Defining the package of services is essential to build a functional system, including the community level services,

- Contracting external organisations to deliver healthcare, although a difficult decision to make, can have huge benefits.
- Given the Government's limited capacity in delivering healthcare, local organizations, like the Somali Red Crescent Society, can contribute tremendously in filling gaps in the public health system. Somali Red Crescent for example has an extensive network of mother and child health/out-patient clinics and community-based activities.
- Integral to any community level response is the need to keep the local organization united.
- When faced with pressures from militant and other destabilizing groups, it is important to deal with such pressures sensitively and find pragmatic solutions. Our strength lies in our volunteer network, our community-based expertise and our independence and neutrality. We are therefore a trusted partner and a respected organization.

### ***What can be learnt from the AIDS response?***

*Dr Bermejo*

- A key factor in building momentum in the HIV/AIDS response was the reporting and accountability framework introduced in 2001, which allowed civil society to keep government accountable. It is essential that the UN continues to provide such a framework, in order to enable countries to report back.
- Focussing on easy to reach populations looks good in reports but does not turn the problem around. Clear targets need to be introduced which ensure that excluded populations form part of the response. Equity therefore needs to be a fundamental part of these targets as unless equity is built in, the targets will be achieved but the goal will be missed.
- Building an architecture to go with the response and, in particular, ensuring the inclusion of mechanisms enabling those excluded from society to participate in the process, is fundamental to the success of the post 2015 framework.

### ***What lessons have been learnt from investment in fragile states?***

*Dr Palu*

- Progress in fragile states is important to eliminate poverty.
- There are numerous different ways in which investment can be used to engage with and benefit vulnerable communities, from direct funding to working with governments or civil society.
- The challenge, when contracting with governments is ensuring that they continue to fund projects once external investment has come to an end.

### ***Should a specific approach be adopted for fragile states?***

*Dr Dybul*

- Fragile states are all very different and have different reasons for fragility.
- Lumping fragile states together is not helpful and we should look at countries not categories.
- The more we drill down into development, the more refined and specific we need to be and tailor our responses to fragile situations where no structure exists at all and consequently external support is essential.
- In order to move along the path towards self-sufficiency countries need leadership and a functioning government.
- We should also be careful not to set the same standards for fragile states as for lower and middle income countries. Countries where we have no structure cannot have the same standards as others.

### ***How does the fight for a specific disease fit into the wider approach?***

*Dr Dybul*

- It is not as simple as focusing on the needs of people and automatically achieving high standards of health. UHC needs goals underpinning it otherwise we will not get healthy people.
- We have to look at what a specific country needs and how different organisations support different countries in different situations, in order to progress.

- It is important to put all the pieces together, in order to advance. For example, if you take a girl, her health and education will determine her position in society and will allow her, as a woman, to be free and have opportunities.
- We also need to look at how we can build partnerships.

### ***Is the time for a single issue organisation over?***

*Dr Bermejo*

- The world does not need too many more organisations focused on universal health.
- If people focus on general health they tend to aim for 80% coverage for people who are easy to access, which is not the answer.
- We understand the need for a Universal Health Coverage goal but underpinning this should be specific targets related to HIV.
- We need to design strategies to address the needs of excluded and criminalized groups and look at issues through different lenses, such as the HIV lens and the human rights lens, as it is difficult to integrate everything under the same umbrella.

### **What structures has Afghanistan put in place to deal with the emergencies it faces as a fragile state?**

*Dr Dalil*

- There is not one specific definition of a fragile state and, given that the actual realities on the ground are very different for each country, fragile in one country has a different meaning to fragile in another.
- Afghanistan has implemented three structures to help with emergencies: health workers, volunteers of the Afghanistan Red Cross Society and a national solidarity programme. Afghanistan's 29,000 health workers have been trained to diagnose illnesses and administer antibiotics. The Red Cross volunteers play a vital role both in relation to community programmes and in ensuring communities are reached in emergency responses and the solidarity programme provides a structure for communities to execute projects such as building bridges.
- The essential role of each of these parties was demonstrated by the involvement of all three of these groups in the response to the recent mudslide in Afghanistan.

### **How do international actors avoid substituting local capacities?**

*Dr Palu*

- In Cambodia, one of the key issues which the government faced when trying to move the country from a fragile to a self-sufficient state was that capacity had not been built while it was a fragile state. This was due to the fact that contracting had been managed centrally, rather than at community level, and because the funding structure had not incentivised NGOs to build capacity.
- Evolving health system layers is therefore essential to ensure sustainability. Helping to build local capacity also needs to be incentivised.

*Dr Bermejo*

- Capacity building in fragile states such as Cambodia is, however, possible, as demonstrated by organisations such as Khana, which is the largest NGO in health and HIV in Cambodia. Khana's success is due to the strong civil society which has been built up in Cambodia. Indeed, nation building is not just about state building but about building an active civil society.
- In addition, Universal Health Coverage needs to be tangible and there need to be measurable indicators or outcomes to determine progress.

### **Does the global development agenda post 2015 matter?**

- The Somali Red Crescent Society delivers an essential package of health services in all the 19 regions of the country through its integrated healthcare programme. The MDGs and related discussions have guided our work and set our framework as an organization.

- What matters however is to define local priorities. The capacity of an organization to assess its impact and use key data to inform its programmes is key.
- In Somalia data management is a real issue. There has been no comprehensive household or population census carried out since the war. We rely on arbitrary data for programme planning.
- Owing to the emergency circumstances, the Somali Red Crescent Society was unable to carry out a baseline study or comprehensive evaluation of the integrated healthcare programme until late 2013.
- The result of the 2013 baseline study provides our organization with the basis to measure programme impact and service delivery of the clinics. The study also enables the Somali Red Crescent Society to identify differences that exist between health clinics across the country and move towards delivering consistent and high quality health services systematically.

#### ***What has been done in Afghanistan to ensure the sustainability of their healthcare?***

*Dr Dalil*

- It is essential that community health structures do not stand alone. Afghanistan therefore has 14,000 health posts. These health posts are the first level of contact with the community and Afghanistan's 29,000 community health workers are based around these posts.
- Additionally, Afghanistan has introduced a referral system which is connected to the health posts.
- In terms of the future, Afghanistan has developed a health care account in which all health expenditure has been documented. This account has enabled Afghanistan to develop an appropriate finance strategy.
- It is also important that health is not dealt with in isolation. When it comes to health outcomes, these are very much related to infrastructure, education, gender, water, sanitation, policies and legislation.

#### ***How do investors ensure the sustainability of programmes?***

*Dr Palu*

- One way to assist sustainability is to start discussions at the outset of the programme, about how to institutionalise programmes or how to link programmes to a formal health service.
- Programmes need to have a pragmatic approach with a specific goal in mind.
- When looking at how to achieve outcomes, the focus needs to be wider than health services.
- In respect of countries such as Somalia, a key reason for their success appears to be the fact that they had to develop institutions and priorities at a local level as they did not have access to international organisations.

#### ***Do international organisations interfere with sustainability?***

*Dr Bermejo*

- One of the biggest drawbacks in the development establishment is the framing of sustainability as a national issue. If HIV had been defined in this way then we would still be waiting for the first person to receive ARVs as no assistance would have arrived at national level.
- We need both international solidarity and engagement at country level.
- The economic crisis is being used as an excuse to revert back to old models of sustainability and we need to fight this.

#### ***Key messages from this discussion:***

**Dr Palu:** Maintaining an ongoing relationship with civil society partners is key to ensuring that governments integrate NGOs into the service and delivery of healthcare.

**Dr Bermejo:** We will not achieve the MDGs without having an impact on fragile states. Partnership is key and the partnership between the IFRC and the Alliance is an opportunity to bring strengths and perspectives to help build local capacity.

**Dr Dalil:** We need at the global, governmental, national and civil society level to improve our understanding, harmony and appreciation and work towards a peaceful world for all. Community systems means to achieve this.

**Dr Ahmed:** Local organizations and community health workers, including volunteers, represent a sustainable and critical resource in delivering healthcare services in fragile states.

**Mathias Schmale:** It is important not to theorise about healthcare but be pragmatic and solution focused.