Negotiating Health in Fragile States: An African Perspective

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Presentation outline

- Why focus on health in fragile states in Africa?
- Critical points of interventions for the health sector
- The role for global health diplomacy in the context of fragility
- Challenges to negotiating health in fragile states
- Conclusions

Why focus on health in fragile states in Africa?

- 52% of countries classified as fragile are based in sub-Saharan Africa

- Most fragile states have growing levels of extreme poverty

- The poor and vulnerable populations bear the consequences of war

- Basic access to health services (even in countries considered stable) is constrained

Four typologies of fragility..

- Prolonged crisis or impasse

- Post-conflict or political transition

- Gradual improvement

- Deteriorating governance

*Notable that agencies have different categorization of fragility

*Countries move in and out of fragility depending on the classification adopted and the prevailing conditions at the point of classification

Mixed fortunes reported in the achievement of MDGs in 2010

Remarkable improvements in health goals

- Malaria control, HIV control and measles immunization, for example - have cut child deaths from 12.5 million in 1990 to 8.8 million in 2008.

- Between 2003 and 2008, the number of people receiving antiretroviral therapy increased tenfold - from 400,000 to 4 million - corresponding to 42% of the 8.8 million people who needed treatment for HIV

Mixed fortunes with MDGs (cont)

Deterioration or stagnation in other indicators

- 42 million people have been displaced by conflict or persecution, 4/5 in developing countries

- About 25% of children aged five years are underweight, mainly due to lack of food and inadequate access to quality food, inadequate access to safe water, sanitation and health services, and poor care and feeding practices

- An estimated 1.4 billion people were still living in extreme poverty in 2005

Critical points of interventions for the health sector

Health as an entry point......

- Negotiating health in fragile states should be based on the building blocks for health system development

- Requires a whole-of-approach to health – bringing different policy-makers in security, economics, public health, trade, agriculture around the table

- It requires building capacities and encouraging local initiatives while taking context into consideration

- Health service delivery is a measure of reassurance for people that the public systems are functional

Stewardship

- Leadership for health should be nurtured in the public sector although context sometimes defines alternative service delivery mechanisms

- Parliamentary systems could be strengthen due to their vital role of peace-building, ensuring representation, social accountability, gender mainstreaming, etc

- Private-public partnerships should be nurtured but with delineated timeframes for handover to public leadership

Human resources

- Institutional strengthening of ministries of health is critical to service delivery and provides opportunities for other services (e.g. village health committees could be used to discuss peace)
- Provide training and technical assistance, as well as policy advice for short and long-term goals
- Address brain drain as a health systems problem
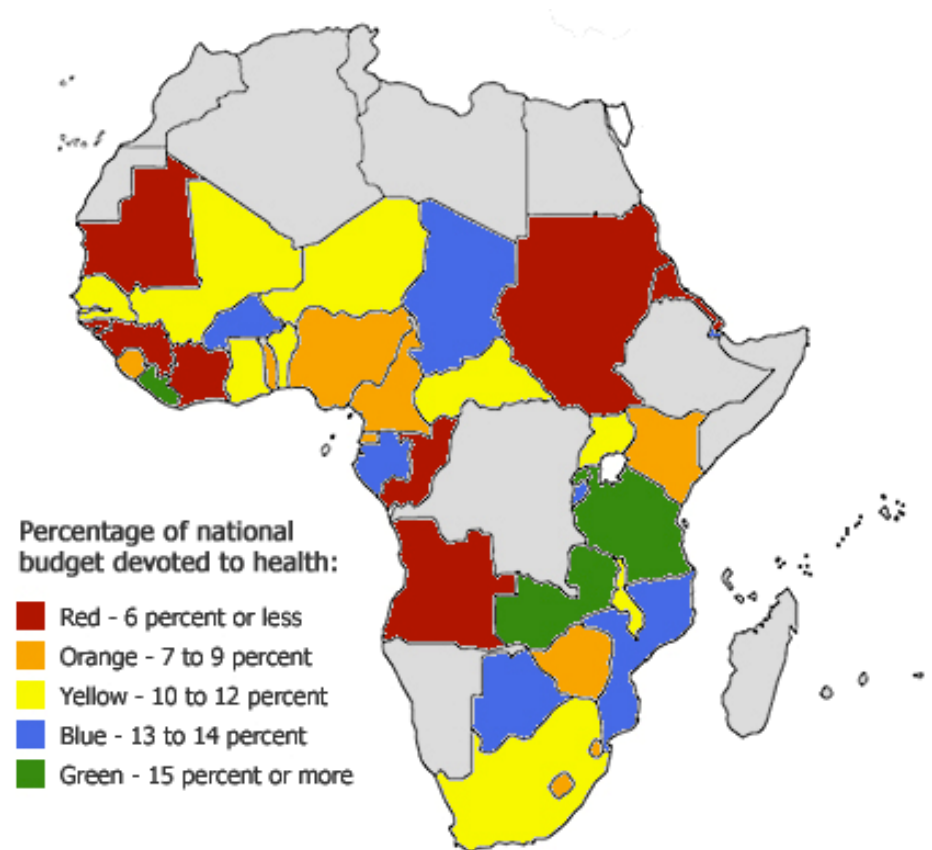
Health facilities

- Conflict and war lead to limited investment and/or destruction of health facilities

- There are circumstances that necessitate the provision of outreach services and creation of a "islands of dependability" but this should not be done at the expense of rebuilding facilities if feasible

- Regional in-country disparities should be understood and addressed: nearly 90% of Malawi's population is rural but >95% of clinical officers are based in urban facilities and 47% of nurses at tertiary care facilities

Equipment and drugs

- Global action is necessary for financing equipment and drugs for poor countries (negotiate for subsidies and concessions for poor states)

- Global Fund for HIV/AIDS, TB and Malaria is an example of a fund that has performed well in fragile states

- Attention should be paid to non-communicable diseases: although these diseases are rising in prominence in low and middle-income countries treatment is expensive and relies on out-of-pocket payments

Financing health

- Few countries in the region are able to finance the health sector

- Only 5 countries meet the Abuja agreement of 15% budgetary allocations

- Dependency on development funds is unsustainable

Percentage of national budget devoted to health:

- Red – 6 percent or less
- Orange – 7 to 9 percent
- Yellow – 10 to 12 percent
- Blue – 13 to 14 percent
- Green – 15 percent or more

Management systems

- International action should support and strengthen government procedures, demonstrate willingness to build local capacity

- Effort should be directed at building the management capacities – flying in expatriates is unsustainable while hiring locals at high salaries distorts the local market

- Strengthening disease surveillance, research and hospital management information systems – access to reliable data to aid planning is a key challenge

Role for global health diplomacy in the context of fragility

Role for global health diplomacy in the context of fragility

- Support the institutionalization of the consensus around the Principles for good International Engagement in Fragile States (agreed upon in 2005) – this could involve developing instruments to train and monitor the adherence of international partners

- Advocate for donors to make long-term commitments despite the perceived risks of investment in fragile states

- Ensure a focus on the poor and vulnerable at the global level through discussions on the various aspects of global action that affect health: climate change, food insecurity
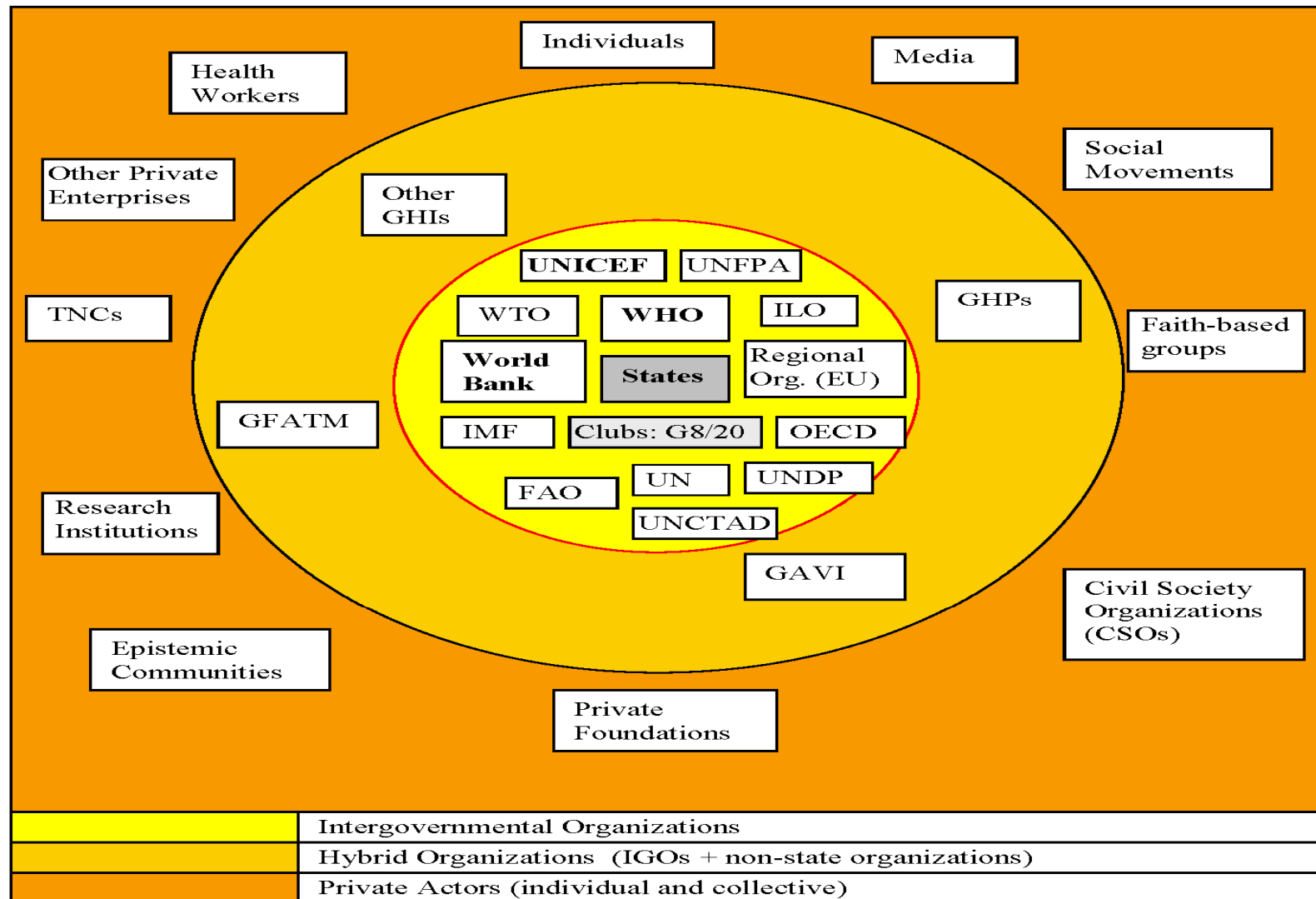
Role for GHD (cont)

- Support the generation and use of evidence for policy making – surveillance and research capacities are weak in most fragile states

- Strengthen the role of regional bodies: including the AU, SADC, ECOWAS, EAC, COMESA, among others: they have peace-keeping and coordinating mandates that can be utilized to drive health agendas

- The negotiation capacities of these institutions may need to be strengthened especially on the interface between health and development

Role for GHD (cont)

- Design instruments for monitoring the agreed upon coordinated and harmonized mechanisms among international actors

- Build the capacity of African countries to meaningfully engage at the global level: the delegations tend to be small and ill-equipped to negotiate at the international levels

- Invest in community voices: this is key because of their importance in health delivery and their potential to hold governments accountable

Bring different partners together- go beyond health and foreign policy

Individuals	Media
Health Workers	Social Movements
Other Private Enterprises	Other GHIs
	UNICEF UNFPA
TNCs	WTO WHO ILO	GHPs
	World Bank States Regional Org. (EU)	Faith-based groups
GFATM	IMF Clubs: G8/20 OECD
Research Institutions	FAO UN UNDP	
	UNCTAD
Epistemic Communities	GAVI	Civil Society Organizations (CSOs)
	Private Foundations

	Intergovernmental Organizations
	Hybrid Organizations (IGOs + non-state organizations)
	Private Actors (individual and collective)

Challenges

- Multiple determinants of health requires practitioners in the health sector to bring on board multiple actors including other government ministries (e.g. security, agriculture, trade, etc), private sector, non-state actors, communities – does the health ministry have convening powers and the know-how to do this?

- The unpredictability of events in fragile states requires flexibility on all parties – both international and local actors which impacts on developing long-term plans

- Willingness or inability of different partners to adhere to common principles – who has the mandate?

Challenges (cont)

- Balancing expectations among different players could be a major challenge

- Ensuring that GHD does not cause additional tensions between donors and host nations

- How to maintain non-partisan support of policy makers on global health issues over the long-term

- Finally: how do we ensure that GHD remains focused on the needs of the poor and vulnerable globally? It is critical to bring civil society organizations on board in the donor and host countries

Conclusion

- Fragile states present a key challenge to achieving global health goals providing a key role for global health diplomacy

- Practitioners in GHD need to define their role, develop instruments and work with international actors to implement common approaches to health and development more generally in fragile states

- It is important to go beyond the health sector and engage with others: environment, agriculture, trade, security, education, etc