Accelerator Discussion Frame

Accelerator 7. Innovative programming in fragile and vulnerable states and for disease outbreak responses

Why is an accelerator on Innovative programming in fragile and vulnerable states needed?

One of the major remaining global health inequities is the disparity between health indicators of those in stable countries versus those living in fragile and vulnerable setting. Over 1.6 billion people or 22% of the global population currently live in fragile settings where protracted crises combined with weak national capacity to deliver basic health services, present a significant challenge to global health. More than 50% of unmet SDGs needs for key target areas such as maternal and child mortality occur in 30 countries with fragile and vulnerable settings. In addition more than 80% of major epidemics occur in this same set of countries. If these disparities are not to grow, dedicated SDG3 acceleration plans will need to be developed tailored to the specific geopolitical context not just to meet needs, but to reduce risk and vulnerability. These plans, developed under the leadership of national authorities, will need to be inclusive of all potential partners, including private sector and civil society and will need to be accompanied by strengthened technical and operational presence of major humanitarian and development partners.

To address these challenges, stakeholders at the World Humanitarian Summit (WHS) identified the need to strengthen the humanitarian-development nexus and to overcome long-standing attitudinal, institutional, and funding obstacles. It is this notion of “collective outcomes” that has been placed at the centre of the commitment to the New Way of Working, summarized in the Commitment to Action signed by the Secretary-General and 8 UN Principals at the WHS, and endorsed by the World Bank and the International Organization for Migration (IOM). Transcending the humanitarian-development divide by working to collective outcomes was also widely supported by donors, NGOs, crisis-affected states, and others and received more commitments at the WHS than any other area. The New Way of Working frames the work of development and humanitarian actors, along with national and local counter-parts, in support of collective outcomes that reduce risk and vulnerability and serve as instalments toward the achievement of the SDGs.

In support of the above goal, WHO, UNICEF, WFP and the World Bank launched the DARES partnership in July 2017 in which the agencies committed themselves to Deliver Accelerated

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Results Effectively and Sustainably (DARES) in fragile and conflict-affected countries. The partners agreed on a set of principles to underpin our work in these environments, including supporting national systems, joint data analysis, multi-year, flexible, evidence-based programming and accountability through rapid, transparent communication and escalation. The partners agreed to leverage their comparative strengths, to improve efficiency, reduce competition and ensure faster scaling up of interventions. Building on and learning from operations in Yemen, the DARES approach is being rolled out in other fragile countries, including the Central African Republic, the Democratic Republic of the Congo and Libya.

The accelerator will help to:

- Strengthen the analysis of disrupted health systems, to inform evidence based priority setting in these contexts, strengthening strategic leadership and fostering coordination between all stakeholders, both development and humanitarian, in health and with other sectors
- Increase access to essential health services (including promotion, prevention, curative, rehabilitative and palliative care) with a focus on primary health care, measured with a UHC index Alignment, particularly among vulnerable groups, and women and girls in the poorest wealth quintile (to >70%)
- Increase the number of vulnerable people in fragile settings provided with essential health services (to ≥ 80%)
- Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

What principles should govern our approach to Innovative programming in fragile and vulnerable states to achieve SDG3?

- Support national systems. Work with national and sub-national authorities, to the extent possible, recognizing the political context, and collaborate with national and international partners to strengthen national systems and be proactive to prevent, prepare for and respond to deteriorating health situations.

- Implement multi-year, flexible programming. Take a proactive, longer term perspective on country engagement and avoid short-term planning and budget cycles.

- Ensure evidence-based programming. Programmes and interventions will be prioritized based on data, evidence and joint analysis, with a focus on the most vulnerable, including women and children.

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• **Maximise partnership.** Leverage the comparative advantages and relative strengths of partner agencies to improve efficiency and reduce overlap and optimize for scale, speed and flexibility, working collaboratively to conduct joint needs assessment, iterative planning and performance monitoring, ensuring there is collective decision making and risk management.

• **Be accountable.** Results will be communicated regularly and transparently.

• **Adhere to humanitarian principles.** Respect and adhere to the humanitarian principles of humanity, impartiality, neutrality and independence and target vulnerable populations with a view to leaving no one behind, in particular the needs of women and children. Continue to build on the growing recognition that humanitarian, development and peacebuilding efforts are complementary and need to reinforce each other.

**What do we need to accelerate innovative programming?**

The proposed actions for more systematic, yet innovative programming at country level to progress towards UHC in Fragility, conflict, and violence countries (FCVs) are detailed in the table below. These are sector-wide deliverables but WHO plays a key role in driving these processes and results.

<table>
<thead>
<tr>
<th>Programme area</th>
<th>Activities (indicative, non-exhaustive and context specific)</th>
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</table>
| **Joint Analysis** | Together with health authorities and partners (humanitarian and development) ensure analyses of – indicative, non-exhaustive:  
  • Context (including conflict, as appropriate)  
  • Public health risks  
  • Emergency/humanitarian needs  
  • Health systems and public health capacities including short term health system functionality and in-depth medium to longer term system assessments, health facility assessments (HeRAMS or SARA), mapping of health service delivery providers (government, private sector, NGOs, FBOs, …) |

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- Maps of health sector partners (humanitarian and development) with their operational, geographical and financial footprints and capacities
- Map of health sector coordination mechanisms Assess, establish and strengthen coordination mechanisms at national and subnational levels.

**Costed essential and/or minimum Packages of Health Services (PHS)**

Adapted to the morbidity and mortality patterns and current context, support the development and costing of agreed essential and/or minimum package of health services aligned as much as possible with a country’s existing services package and in line with the different contexts that often co-exist in the same country (stable, early recovery & humanitarian-focused geographies)

**PHS implementation plan**

Develop an accelerated PHS implementation plan – and supportive policies - that is linked to the National Health Policies Strategies and Plans and National Action Plan for Health Security and proposes service delivery mechanisms, including referral mechanisms that are adapted to the situation and area-based specificities (with built-in flexibility to changes). Considering:

- Service access and quality
- Health workforce (including pre-service training, in-service training, task-shifting, HR plan for underserved areas)
- Access to medicines, vaccines, and health products
- Finance (including pooling, purchasing, contracting)
- Health Information Systems
- Governance (including at decentralized levels) and particular attention to:

**Joint Coordination Platforms**

- Leverage partners capacities in service delivery of the PHS
- Ensure appropriate connections between humanitarian and development health coordination (e.g. IHP+, cluster, EOC) for joint prioritization and coordination of activities to avoid duplication and address needs/gaps
- Focus on alignment of assessments, joint analysis and joint operational planning, capitalizing on existing planning processes with annual planning milestones (health strategy in HRP and Health Sector Strategy/Operational Plan adapted to FCV context)

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Monitoring Framework

- Ensure strong coordination and collaboration with other sectors, e.g. WASH, nutrition, protection

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<tr>
<th>Monitoring Frame</th>
<th>Establish/strengthen a clear and comprehensive system for monitoring</th>
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<td>• Progressive expansion of access to and utilization of the PHS</td>
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<td></td>
<td>• Progressive improvement in the quality of services, allowing for course corrections and improvements when needed</td>
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Knowledge agenda

- Building on lessons learned from working in Fragile States, together with governments and partners, document and evaluate experiences and distil lessons to further refine WHO’s approaches to supporting UHC in FCV countries, inform cross-regional and global exchanges and joint learning.

What will we do differently to make this happen?

New, more transparent and flexible strategic partnerships must be formed to address some of the persistent challenges in fragile settings. The DARES collaboration, established in 2017 between the World Bank, UNICEF, WFP and WHO aims to deliver in fragile contexts with a stronger emphasis on prevention, through increasing national capacity to deliver essential services, to mount effective outbreak response, and leave no one behind. The concept of this collaboration, which is applicable to other key stakeholders, is to be more effective in joint, innovative, context specific planning and coordination, faster in joint response, more flexible, transparent, adaptable and stronger together by leveraging each other’s relative strengths and resources.

What difference will this accelerator make?

Engaging partners in joint, coherent yet innovative programming in fragile states will deliver better results through a more comprehensive and predictable operational capacity at the country level. This has been illustrated most recently in Yemen and DRC; innovative, flexible programming identifies and responds swiftly to the rapidly evolving needs of populations in FCVs. Enabling the power and organizational expertise and resources to be rapidly deployed in FCVs avoids fragmentation, and improves efficacy, efficiency and equity of interventions.

Framing questions for consultation

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The accelerator document describes how key agencies can support innovative programming and implementation, and lays out key actions and principles to improve health conditions for vulnerable populations in fragile settings. However to ensure success, ministries of health, with WHO and partners, must work closely together to increase access to at risk populations and identify and commit domestic resources to strengthen weak public health systems, including capacity building to prevent (infectious, chemical and natural disasters) detect (surveillance, risk assessment, laboratory diagnostics, supplies) and respond to emergencies (rapid public health response teams etc.)

Based on this, the broader consultation would seek input on the following questions:

- Do the accelerator actions address the key challenges faced in countries to improve the health conditions of vulnerable and at risk populations?
- What do countries see as the main ways in which global and regional partners can support them to increase resilience to health emergencies?
- What are some impactful changes that need to be made and who needs to be involved in each of the changes?

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