PROVIDING HEALTH SERVICES IN FRAGILE STATES

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- Norwegian Agency for Development Co-operation (NORAD)
- United States Agency for International Development (USAID)
- World Bank
- World Health Organization

Preface

The work of the Fragile States Group under the Development Assistance Committee of the Organization for Economic Co-operation and Development (DAC) has sought to provide practical and relevant advice to donors and affected countries on how to improve service delivery in fragile states. This paper is a part of the effort to better understand past experiences and synthesize lessons that have been learned in order to draw some basic guidance and conclusions on health service delivery in fragile states. The lessons presented here are drawn from fragile state country case studies of the health sector developed by members of the Service Delivery Workstream Sub-Team for Health Services: Guatemala, Nepal and Côte d'Ivoire by BMZ/GTZ; Democratic Republic of Congo, southern Sudan and northern Uganda by USAID; and Lao People's Democratic Republic, Papua New Guinea and Kyrgyzstan by the High Level Forum on Millennium Development Goals. Another member of the sub-team, NORAD, contributed by synthesizing various frameworks, summaries and lessons.

This paper begins by considering general issues about fragile states. The subsequent two sections address why health is important in addressing the causes of fragility, and the health system needs of fragile states. Section 4 summarizes lessons about health system development and health service delivery in fragile states, while Section 5 presents some conclusions about what constitutes constructive engagement by donors in health service delivery.

1. Introduction

Over the past few years, fragile states have come to the forefront of the concerns of bilateral and multilateral agencies. The result has been an increase in resources, attempts for more targeted use of resources, and efforts to deal with the consequences of lack of coordination or long-term commitment to the process needed to "fix" fragile states.

1.1. What is a fragile state?

Although there are many descriptions of fragile states, the two components they have in common are *legitimacy*—government will and capacity to provide core services and basic security—and *effectiveness* in providing services and security. Legitimacy is the determination and ability of the government to work in the interest of the public and demonstrate fairness to all groups. Effectiveness means the ability of government to (1) maintain security and order and (2) provide public goods and services to citizens. These elements are interrelated in that the lack of capacity or willingness of governments to respond to the basic needs of people—food, water, shelter, sanitation, health, and security—means that people feel betrayed by the government's ineffectiveness and inability to maintain order and provide for their needs. In their eyes, the government lacks legitimacy. Many post-conflict countries demonstrate these conditions of fragility. Fragility can also occur, however, when there is stagnation or chronic underperformance, or it may signify a country's downward spiral from declining performance to collapse of government and civil society to conflict.

In fragile situations, the essential institutions that help ensure that people's basic needs are met and look after those in greatest need are paralyzed and nonfunctional. It has been noted by some that many countries, such as in Africa, have never had functional government and service delivery systems, so nonfunctional government and systems have been the norm. This failure to provide basic services frays the social fabric. As a result, the mechanisms of last resort in the community—which represent the capacity of local institutions and the community itself to respond to dire community and individual needs, such as in response to disease outbreaks and natural disasters—are no longer able to assist. Local capacity to deal with those situations depends on a modern state-level organization with access to adequate resources. Either those resources have never existed, they no longer exist, or violence and political instability have eroded the state's capacity to respond.

The DAC's typology for describing fragile states is: (1) deteriorating state, (2) collapsed state, and (3) state recovering from conflict. Some analysts further segment the third category into post-conflict and early recovery stages. The categories of fragile states are a useful starting point for analyzing countries to assist donors in knowing how to work within the unique context of each country. The categories reflect the fact that conflict is not a requirement for fragility. For example, some governments are unwilling or unable to provide basic services, as in the case of Zimbabwe or North Korea.

Summary: What Fragile States Lack

- **Legitimacy:** representative and accountable government
    - **Willingness** to govern
    - **Capability** or capacity for governing
- **Effectiveness** in delivering core functions of government
    - Ability to provide basic services and security

1.2. Why are fragile states important to the international community?

The international community is concerned about fragile states for several reasons, the first being the magnitude of the problem: almost 50 states are identified as fragile. Millions of people are generally affected because:

- 15% of the developing world's population reside in fragile states;
- one-third of the world's poor are found in fragile states;
- only a quarter of global aid is focused on fragile states.

This concern about fragile states is also a humanitarian one. Fragile states in particular are seeing human development decline rather than advance.

The international community has legitimate political, economic, and security reasons to become engaged with fragile states. Fragile states represent instability that can spread to pose threats throughout a region, destabilizing neighboring countries. Fragile states can be a source of mass migration of people across national boundaries. Internationally, there is also concern that fragile states can threaten global security by becoming incubators for international terrorism and crime. Fragile states may be a drag on the global economy, so there is the interest in increasing global wealth and productivity.

Furthermore, the international community is concerned about fragile states because of the ability of diseases to quickly spread internationally. Fragile states are home to many outbreaks of these diseases and pose challenges to effectively address them: the majority of Ebola cases in recent years have occurred in Sudan, northern Uganda, Democratic Republic of Congo, and Congo Brazzaville. There are certain diseases of international interest—because there are efforts to eradicate them (Guinea worm disease, polio), because they have global public health significance (SARS, avian influenza), or because they are virulent and without cure (Ebola, Marburg).

Summary: Why Fragile States Are of Concern to the International Community

- State collapse can threaten regional security and development.
- Fragile states are sources of mass outmigration.
- They may be repositories for international crime.
- They may breed terrorism.
- They affect the global economy.
- They are repositories of disease.

1.3. Why is health important to addressing fragile state concerns?

The political situation of fragile states can have a real impact on the health of a country's population. The burden of disease and the mortality levels experienced by the populations of fragile states are extraordinarily high:

- More than a third of maternal deaths worldwide occur in a fragile state.
- Half of the children who die before age five live in a fragile state.
- Death rates of more than 1 death per day per 10,000 population occur in fragile states.
- A third of the population of fragile states is malnourished.
- A third of people living with HIV/AIDS are citizens of fragile states.
- Malaria death rates are 13 times greater in fragile states than in other developing countries.

These high disease and mortality rates in these states are in many ways one of the causes of fragility. The ability to sustain life and health in fragile states is substantially below the minimum required. But the state's fragility—its lack of effectiveness in delivering essential services—also causes poor health. The collapse of the health system in these countries makes it easier for disease and epidemics to spread. As a result, the number of preventable deaths is much greater than it should be, and the burden of morbidity is so heavy that states cannot recover without outside assistance.

There are several reasons why donors should be involved in providing health services in fragile states. First, when a crisis that threatens the lives of many people looms, there is a humanitarian imperative to act to prevent the tragedy of needless suffering and death.

Second, health service delivery is a good way to become involved with a fragile state to address the political, economic, or social causes of fragility. Health service delivery can serve as an entry point for engagement with both the government and civil society. The engagement of entities such as NGOs, faith-based organizations, and global health partnerships plays a significant role in expanding access to basic health services. Provision of health services can be a means for improving government legitimacy by demonstrating that it is providing some basic services. Positive developments in health service delivery can give people hope about the future and serve as a basis to push the government for further reform in all areas—political, social, economic, and security. Thus assistance in health can serve as a platform for the initiation of longer-term development activities.

Finally, health service delivery may help prevent states from slipping into violence. Fragile states may not have experienced violence in the recent past, but they are still more susceptible to it than other countries because the root causes of fragility—from poverty to predatory political elites and weak civil society—prevail. Positive results in health service delivery can demonstrate the effectiveness of reform and provide the fledgling government more breathing space to pursue further reforms and betterment of people's lives.

Summary: Why Health Is Important to Address the Causes of Fragility

- Reduction of morbidity and mortality rates is a humanitarian imperative with positive effects that range from reduced spending on curative care to improved productivity.
- Health services can be an entry point for engagement with government and civil society.
- Health serves as one element of the “peace dividend” in post-conflict countries.
- Good health service delivery enables government to be effective and increase its legitimacy.
- Health services can help break the vicious cycle in which fragility causes poor health indicators and poor health can be a cause of fragility.

2. Health Service Delivery and Health System Development in Fragile States

The magnitude of the health problems faced by fragile states present an immense challenge to donors. For example:

- Fifteen percent of the developing world's population resides in fragile states.
- A third of the world's poor are found in fragile states.

While the disease outbreaks or high mortality rates of a humanitarian crisis will be the immediate short-term focus of donors in many fragile states, simultaneous planning for the transition to the longer-term development of the health system is imperative. The need to start to address the elements of a dysfunctional health system cannot be ignored.

2.1. What are the needs of a fragile state's health system?

The needs of health systems in fragile states are comprehensive. The deficiencies of the health system in fragile states can be characterized in a number of ways:

- **The health system lacks infrastructure.** There are insufficient facilities, human resources for health, equipment and supplies, and drugs.
- **The health delivery system is in disarray or dysfunctional.** Since the system lacks coordination or oversight, services are accessible primarily to urban populations.
- **The government is not providing health services.** For the most part, health services are provided by non-state providers but with no policy direction or monitoring by the government.
- **There is a lack of equity in provision of health services.** In the services that do exist, there is great inequity, especially for secondary and curative services. Few public health services exist for the poor.
- **There is no system for establishing policy.** The health system is like a ship without a rudder. There is no direction or course to follow. Providers of care have been free to undertake whatever services they desire and to provide nonstandardized training to health workers.
- **Implementation of policies is nonexistent.** The health system and government have been in disarray, so national policies have not been established to steer the health system. The policies that do exist are not followed since there is no oversight of the health sector or of the implementation of policies.
- **The health system operates without adequate information.** There may be no information at all. There is no information on which diseases are endemic, what kind of health facilities exist and how many there are, and where health workers are located.
- **Few functional management systems are in place.** Without systems, there is no basis for developing budgets, tracking expenditures, assessing current workloads, tracking the availability of human resources, or carrying out disease surveillance.
- **Management capacity is lacking.** There is a shortage of managers skilled in managing the health system, health facilities, and human resources for health.

Summary: What Fragile State Health Systems Lack

- **Infrastructure**: Health facilities and equipment in operable condition
- **Resources**: finances, trained staff, drugs, supplies
- **Functioning delivery system**
- **Coordinated provision** of health services
- **Equity** of access to health services
- **Policy-making** mechanisms
- **Implementation** and **regulation** of policies
- **Accountability**
- **Information** for planning and management
- **Management systems**
- **Capacity to manage**
    - the health system
    - health facilities
    - human resources for health

2.2. What are the priorities of donor interventions in fragile state health systems?

The exact path for governments and donors to follow to move out of a stagnated state or conflict situation will depend on the context—the type of situation faced by a state. The health system of these countries may need to be rehabilitated, but a more immediate need may be to respond to a dire health situation. The first priority is to extend services to an ever-increasing portion of the population to promote equity and address the most pressing health problems. Because local resources are inadequate or nonexistent to initiate the actions described in this section, donors should be ready to assist in providing resources and remaining engaged for the long term. Donors play a critical role in providing the resources needed to undertake these activities—technical assistance, financial support, initial support of recurrent costs, capital investments, and training of human resources.

Although it will be difficult to make rapid progress, the successful implementation of an agreed-on basic package of health services will greatly improve the health status of the population by increasing access to basic and essential health care at the community and district levels. Success, however, requires important prerequisites in the general environment—peace, security, and a stable government—as well as within the health sector: establishment of national health policies to govern the priorities of the health system, sufficient human resources, proper health system structures, adequate financing, effective management systems, and a functioning referral system for health services, as outlined below.

Addressing urgent disease situations and health needs. It is critical to respond to humanitarian crises and basic health needs to establish government legitimacy. Disease prevention, especially immunization, is a critical area in which to begin.

Gathering information. Because the true state of the health system and the resources available are not known, it is important to get even a “quick-and-dirty” assessment of health resources—facilities, equipment, human resources, and drugs and supplies. It is also important to assess the nature and extent of disease problems. For instance, it may be necessary to conduct studies, surveys, and assessments to gather information on maternal mortality, nutrition status, national mortality, and injuries. In the meantime, the lack of such information means that

planning decisions and prioritizing will take place using data or surveys that were usually completed many years before the start of the decline into fragility. Additional health data will be needed to determine service capacity and coverage, demographics and the epidemiology of populations, and governance of health facilities and programs at both the national and local levels.

Developing policies, strategies, and plans. The government will need to begin by prioritizing, developing its strategy so that donors may begin to align with it when they move from dealing with the humanitarian crisis to designing and redeveloping the health system. One of the key steps can be to establish a primary care–based system by defining a package of health services that will form the basis for extending services to the population. This basic package will also establish the vision that will determine the priorities that will guide the health sector for the future.

This task includes laying the foundations for the longer-term development of the health sector by developing policies that will guide how the health system will be managed and the roles that government, NGOs, and the private sector will play in providing services and drugs to the population.

Creating a basic package of health services. The cornerstone of the emergence of a functioning health system in a fragile state is the identification of a basic package of health services, because it addresses the most common health problems at all levels and focuses on priority interventions for reducing mortality and morbidity. Its rapid implementation country-wide is important not only for the health status of the population but as one of the elements of forming a stable civil society in the fragile state.

Developing human resources for health. Although managing the health system begins with managing human resources for health, several key tasks can appear overwhelming to a Ministry of Health. Managing human resources means having the right cadres of health workers in the correct numbers in the right places and having proper training and a basis for maintaining certification, all of which will help promote improved quality of care. In addition, the government will have to recognize and deal with health providers who stayed behind during the difficult years and whose training may not be adequate. Health providers may have received quite different forms and levels of training, and it is necessary to standardize the requirements of the system. Adequate numbers of managers for the health system and health facilities will also need to be developed.

Ensuring the regular supply of essential drugs. The leading causes of morbidity and mortality in fragile states can be prevented, treated, or at least alleviated with cost-effective essential drugs. So it is important that good-quality essential drugs be available, affordable, and used rationally. There can be measurable health improvements with greater access to and more rational use of drugs.

Financing services. What services should be funded? Initially, the services that will have the greatest impact on the most crucial health indicators should be funded. To promote equity and the government's legitimacy, it is also essential to deliver basic curative services, as well as public health preventive services, to a wide segment of the population. As work begins, the question of who will fund services after the crisis has passed must also be addressed. Knowing the length of funding and the reliability of the funding stream is critical for assessing and planning for sustainability.

Redeveloping the health sector. The Ministry of Health may need to be reorganized to fit the new circumstances and the future vision of the health sector. This reorganization may include decentralizing functions that were formerly centralized. Reorganization will also have to be addressed in the larger political context of the national government's plans for provinces or states and the degree of autonomy they will have, including their degree of control over financial and human resources.

Rehabilitating and reconstructing health facilities. Whether the upgrading of health facilities is required due to long periods of neglect in collapsed states or there is damage due to national disasters or war, health facilities will have to be rehabilitated or reconstructed. This is a form of aid that many donors are pleased to undertake. It is important that the government be proactive in determining whether facilities should be rebuilt or relocated to areas where there is greater need. This decision will have to be balanced with donors' preferences; for example, they may wish to build only in secure areas, which may have the least need for new facilities and services.

Coordinating donors. The need for donor alignment—using donor resources and activities to support the priorities of the host government—is enormous. Harmonization, to ensure that the interventions of donors are complementary rather than competing, will strengthen coordination among donors as they seek to leverage their resources. Attempts to align and harmonize donors provide an opportunity to strengthen relationships between bilateral and multilateral agencies.

Donors must find appropriate instruments that will allow them not simply to provide long-term support to the health sector but also to foster predictability in that support. In doing this, the donors will reduce the volatility of funding for the health sector, meeting the need that fragile states have for predictability.

In countries that are willing, the government's health ministry can establish mechanisms for coordinating work among donors. Alignment and coordination in states that are unwilling to cooperate and provide services to their population pose a challenge for donors. In these situations, non-state actors, such as WHO, may be called upon to undertake the coordination role on behalf of donors.

Summary: Priority Tasks for Donors Assisting Fragile State Health Ministries

- Address **urgent health needs**.
- Gather **information**.
- Develop **policies, strategies, and plans**.
- Create a **basic package of health services**.
- Develop **human resources** for health.
- Ensure a regular supply of **essential drugs**.
- **Finance** services adequately.
- **Redevelop** and **reform** the health sector.
- **Rehabilitate** or **reconstruct** health facilities.
- **Coordinate** donors.

3. Health System Development in Fragile States: Challenges and Lessons

3.1. The imperative of the urgent and transitioning to development

It is essential for the international community to take action when there is a humanitarian crisis looming. Action is less pressing when a country is gradually falling into fragility—deteriorating—rather than having a natural disaster or conflict "push" it into fragility. Once the crisis has begun to abate after intervention by the international community and government, there is the need to start moving to development activities. There is the shift in proportion of effort and resources, over time, from the humanitarian crisis to development. Much of the initial donor funding will aim to resolve the humanitarian crisis. As the country transitions from emergency to development, Collier and Hoeffler (2002) suggest that there will be a drop in resources after the initial early period of development. However, this transition to development can be difficult, as the Democratic Republic of the Congo has found.

3.2. Mechanisms for support

In fragile states, working directly through the government is very difficult due to lack of capacity, infrastructure, and systems. The lack of absorptive capacity to effectively manage the flow of aid makes it important for donors not only to address issues related to quick impact but also to build the capacity of the government by providing technical assistance and helping develop a policy process.

3.3. Health services and peace and stability outcomes

The role of providing health services has ramifications that go beyond satisfying the human need for such services. Providing social services and developing infrastructure (such as roads and electrification), is an important part of strengthening the state. The extension of basic services to greater proportions of the country demonstrates the value of the re-established government, strengthening its legitimacy as its effectiveness improves.

3.4. Re-starting public institutions via the private sector

Some analysts believe it is preferable to promote an "economic business model," in which a donor, in consultation with the government, uses the private sector—nonprofit, for-profit, or both—to provide most of the goods and services needed. The question is whether donors' use of the private sector strengthens the economy and the ability of the government to be effective in delivering services or weakens the government's legitimacy in the eyes of the public, which may see NGOs and private entities delivering services and not credit the government for coordinating the provision of those services. NGOs and the private sector provide substantial portions of the health services in developing countries, so it would be unusual not to expect the same in fragile states, where the government is unable to provide services. Financial incentives are used to engage NGOs and the private sector in providing services, scaling up existing services, improving quality, and expanding services in underserved areas. Use of the private sector also helps move the government into its role as steward and overseer of the health sector.

3.5. The roles of donors: Alignment and harmonization

Donors play many roles, and donor concerns about health may reflect international political concerns, resulting in large investments in the health sector. Donors may primarily seek to develop a health system for the country that will be effective, appropriate, and sustainable. Or donors may be involved in several sectors and see health in the broader context of assisting a country to improve security, stability, governance, and the economy.

Donors have a significant role to play in supporting the actual delivery of health services in fragile states. Their role is not limited to financial assistance but encompasses their ability to engage entities that will work with civil society, such as NGOs, faith-based organizations, global partnerships, and the private sector, to coordinate the resources and activities that will achieve the objectives of service delivery.

Donors also have a role to play in developing relationships and trust between the recipient country and the international community. For instance, one or two key donors may organize joint donor missions to engage other partners with the host government.

Striking a balance to satisfy both their short-term interests (humanitarian) and their long-term interests (political and developmental) presents donors with a challenge, and donors often have different mechanisms for dealing with these two elements. Hence, donors often have difficulty aligning the humanitarian and the development support and interventions that they can offer. Donors do not always smoothly shift their activities and attention as a fragile state moves from a crisis situation to longer-term development. Because donor assistance frequently comes from two separate funding streams, a predictable, long-term funding flow from donors to a fragile state can be anything but smooth.

Summary: Key Lessons for Donor Interventions in Fragile State Health Systems

- **Strategy**
  - Seek to **impact** the lives of those in need.
  - Build the **capacity** of government and non-state providers.
  - Promote **equity.**
  - Consider **sustainability** in the light of state fragility.
  - Recognize changes in the environment and adapt accordingly **(flexibility).**
  - Promote **transparency and accountability.**
- **Engagement**
  - Provide **long-term expert presence** on the ground.
  - Staff must have **experience** and a **wide range of technical skills.**
  - Staff need to be held **accountable.**
- **Financing**
  - Provide **reliability** by committing to long-term financing.
  - Ensure **flexibility** in financing from relief to transition to development.
  - Be willing to cover **recurrent costs.**
  - Address **equity** concerns are met before financing.
- **Implementation**
  - Start with **basic package of health services** and expand the range of services over time.
  - Promote **system development.**
  - Make **evidence-based decisions.**
  - **Monitor** performance.

4. Health Service Delivery in Fragile States: Challenges and Lessons

To make a real difference in fragile states, it is necessary to improve health service delivery. Improved health service delivery will have a significant effect on the lives of the poor and rural communities, and effective health service delivery will help create legitimacy for the state. However, the task is challenging, not only because of the environment in a fragile state but also because, as the Development Assistance Committee (DAC) of the OECD points out in "Service Delivery in Fragile States: Advancing Donor Practice (2005)," health service delivery must simultaneously contend with issues of politics, policy, and technical implementation.

4.1. Structuring provision of health services

Four key questions must be asked about service provision, whether with the short-term goal of responding to a humanitarian crisis or the long-term objective of re-establishing or developing a functional and effective health system. These questions are the same ones every developing country must ask in determining how to structure its health service delivery system. However, it is even more critical to answer all these questions in a fragile state to make sure that all elements are considered in establishing health services. The following box lists the four basic questions that have to be answered to determine what health services should be offered.

Summary: Key Issues in Providing Health Services for a Fragile State

- **Allocation**: What health services are to be delivered?
- **Production:** How are the health services to be organized and produced?
- **Distribution:** Who will receive the services?
- **Financing:** Who will pay for the services and how will providers be paid?

It is also useful to have some criteria donors can use to assess the benefits and impact of proposed service delivery interventions in fragile states. Resources are scarce and must be targeted effectively. The summary box presents criteria for evaluating health services.

Summary: Evaluating Health Services to Be Provided in Fragile States

- **Impact:** Do the health services address priority health problems?
- **Effectiveness:** Do the health services interventions have proven effectiveness?
- **Ability to be scaled up:** Can health services be implemented on a large scale?
- **Sustainability:** Are the health services affordable over the long term?
- **Equity:** Can the health services be implemented on an equitable basis? (access)

4.2. Options for health service provision

The types of health services to be provided in a fragile state depend on the current situation—relief or health development phase—and the type of fragile state. Table 1 summarizes some of the basic options that should be considered in making such choices.

Table 1: Options for Health Service Provision in Different Types of Fragile States				
	Humanitarian Crisis	**Type of Fragile State**		
		Declining/ Deteriorating	**Collapsed/Arrested Development**	**Post-conflict/ Recovering**
Services to be provided: **allocation**	Emergency response: epidemic control, essential public health services (e.g., immunization, malnutrition, MCH)	Basic health services	Basic health services	• Start with basic services • Expand to hospital-level care
How services are organized: **production**	International agencies and donors provide services	International agencies, non-state providers (NSPs), and NGOs	International agencies, NSPs, and NGOs	Government starts determining appropriate public-private mix
Who receives services: **distribution**	Vulnerable populations	As wide a population as possible	Initially the most vulnerable	Rural, underserved populations and the poor, to extend access and ensure equity
Paying for services: **financing**				
▪ Who pays	International community	International community	International community	• Paid by donors • Trust funds • Global partnerships • Consideration given to longer-term sustainability (fees)
▪ How providers are paid		• Contracting services • Fee for service in private sector	Contracting services	• Contracting services • Government provision • Private sector

4.3. Options for donor financing of health services

Donors and states must determine how to provide health services, but while the health of the citizens is a priority for virtually all fragile states, efforts to move toward this goal draw on common and limited resources from donors and are affected by the rules influencing donor activities. Commitment of resources and priorities for health must be balanced with other, equally compelling national priorities in the overall context of fragile state development. The challenge is to answer these questions in the broader context in which the fragile state is dealing with the goals of meeting immediate needs, security, reform, and capacity building. This section discusses some of the options for provision of health services (apart from government acting as a health service provider). Table 2 summarizes the primary advantages and disadvantages of different service provision methods.

General budget support. Donors may provide general budgetary support to the government. Donors may wish to do this to show support for the government and its ability to be accountable for donor funds. The use of this mechanism, however, is often difficult in fragile states because the systems and means for accountability are insufficient for donors to be willing to provide general budget support. Donors may wish to earmark such support for the health sector to try to maximize the impact of their resources on supporting the provision of health services. Donors may do this either by supporting the budget or by providing the funds for governments to contract with NGOs to provide the services. Donors have been most willing to use this mechanism when there is a trust fund established that is operated jointly by a multilateral agency and the government's finance ministry.

Sector-wide approaches. Sector-wide approaches (SWAps) are a mechanism to harmonize donors while pursuing alignment with the government's priorities. These approaches are meant to facilitate strong government ownership and leadership of the health sector by transferring decision-making to the developing country. While SWAps are not a service delivery mechanism, as a means for coordinating donors they may make it possible to extend health service delivery to large parts of a country. They may also be used for filling gaps through specific disease or immunization programs, as in East Timor. The case for SWAps in fragile states is strong because of the urgent need for action that coordinates donor resources rather than being duplicative or competing. One difficulty in using SWAps in fragile states can be the weakness of the government in managing such coordination. This is not the only challenge that these attempts to facilitate alignment and harmonization pose; there are significant challenges with the coordination of donors participating in the SWAp as well.

Contracting. In developing countries and a number of fragile states, contracting with international and national NGOs is being used as a mechanism for providing health services to large, targeted areas of the population. This approach is having a positive effect in extending access to people. Cambodia, Afghanistan, and Congo have used variations of contracts with NGOs. In Afghanistan, the use of contracting by three major donors has increased access to basic health services from 5% in 2002 to an estimated 77% in 2006. The advantage of contracting is in extending health services quickly. The disadvantage is that it may bypass government mechanisms as donors extend grants directly to NGOs. Without government oversight, there can be a backlash against NGOs.

Global health partnerships. A more recent development has been global health partnerships (GHPs). The McKinsey study discusses five advantages of GHPs, which:

- avoid duplication of investments and activities;
- produce economies of scale;
- pool resources to enable higher-risk activities than any partner would undertake alone;
- share knowledge and resources to improve effectiveness;
- create momentum and attract funding by building a common "brand" that gains legitimacy and support (McKinsey 2006).

GHPs are providing an increasing amount of critical resources to developing countries to address specific diseases or category problems. The GHPs have not been involved to a large extent in humanitarian crisis relief but have focused more on vertical interventions for specific diseases. One of the emerging concerns of GHPs is focusing on health system development to improve the effectiveness of their programs. These GHPs resources can be helpful to fragile states for "plugging gaps," such as helping with restarting a national tuberculosis program with a grant from GFATM. Often the focus of GHPs is public health interventions. Or there may be other issues in a dysfunctional health system that can be addressed, or a pilot can be started with funding from a foundation.

One potential disadvantage is that these programs may be vertical and not integrated properly into the provision of basic health services that the fragile state is starting up. There may also be some questions about sustainability over the long term. GHPs are now also examining their role with regard to fragile states. GHPs can help countries, and especially fragile states, address major public health problems, but the challenge is to make sure GHPs contribute to the overall development of the health system. Other advantages and potential pitfalls of GHPs are outlined in Table 2.

Table 2: Donor Options for Funding Health Services in Fragile States		
Options for Donor Funding of Health Service	**Advantages**	**Disadvantages**
General budget support	• Donor alignment with government priorities • Enhances donor-government accountability • Supports government • Aligns support with government priorities	• Potential for money being pulled away from health services to other government services • Not targeted toward those in greatest need • Dilutes donor attribution • Impact on improving health is diluted
SWAps: Pooled donor funding	• Donor alignment with government priorities • Harmonization among donors • Enhances donor-government accountability • Efficiencies—reduces transaction costs • Aligns budgeting with priorities	• Lack of government capacity to coordinate • Lost opportunities for broader impact on government financial, logistics, and service delivery systems • Dilutes donor attribution • Difficulty in getting all major donors to participate
Contracting with non-state providers and NGOs for service delivery	• Services extended quickly • Promotes government role of steward and overseer and regulator of health sector • Promotes a basic package of health services for delivery throughout the country • May be more cost efficient than government provision of health services • Leverage for monitoring NGOs' performance in extending access and providing quality care	• Potential for donors to bypass government in contracting with NGOs since contracting requires government capacities and systems to adequately manage contractors • Dependent upon NGOs being able to scale up their service provision capacity quickly • Cost and sustainability questions arise when main contractors are international NGOs or local private providers • NGOs contractual relationship with donor or government may compromise their perceived "honest broker" role • Issue of sustainability for the long term
Global health partnerships	• Widens coverage, especially of the poor, for provision of certain disease-specific services or prevention • Can fill gaps in service provision • Addresses imbalances in equity and access • Standardized approaches help promote faster implementation	• System, management, and sustainability issues similar to contracting with NGOs • Requires strong leadership and management capacity • Limited capacity for absorbing resources • Potential parallel or duplicative mechanisms • Disease-specific interventions may create nonintegrated intervention patterns • May not support capacity building throughout the health system • Requires a coordination mechanism within the Ministry of Health • Global mechanisms may not be flexible enough for fragile states

5. Conclusions for Donor Engagement in Health Service Delivery in Fragile States

This paper has sought to extract some of the key issues regarding fragile states and consider how those issues affect the introduction or restoration of effective health service delivery. The challenge of this analysis and information sharing by the Working Group on Health Service Delivery in Fragile States over these past months has been not to simply learn what works, but rather to try to understand the conditions that make certain interventions effective in some fragile states but not in others. This final section summarizes some of the key elements that have been recognized.

5.1. Health service delivery has an impact on state building

Donors and the international community seek to address the legitimacy and effectiveness of government in fragile states. Improvements in these areas require not only the provision of health services or education, but also a proper setting, which includes security, capacity building, and reform of the system as well as meeting immediate needs. Health service delivery has a role to play in meeting the bigger issue of addressing the causes of fragility. Health care interventions contribute to reduced mortality and progress from crisis to public health stability. Stabilization of a public health crisis is a good entry point and a necessary precondition for further work on political stabilization and economic recovery.

The rapid roll-out of affordable, accessible, and high-quality health services can also have a major impact in demonstrating some of the dividends of peace, stability, and good governance which, in turn, contribute to the legitimacy of government. Providing incentives for equitable provision of health care can influence government policy and behavior, resulting in more attention to equity issues in general. Health care interventions contribute to the establishment of a public health authority within the government, which is a key function and responsibility of any state. Finally, technical assistance and capacity building can help lay the foundation for a functional health care system and the management capacities required to sustain this element of state responsibility over the longer term. Each of these goals must be explicitly planned for, and in many situations there will be contradictions between different goals, so strategic choices have to be made.

5.2. Make saving lives a first priority

Often fragile states face a humanitarian crisis. When that occurs, donors' first and foremost priority must be to provide interventions that will save lives. Interventions must be sequenced to begin by stopping the most easily preventable deaths and diseases. Immunizations must be provided. There must be control of diseases and promotion of public health services. After the situation stabilizes, donors may work with the state to determine the package of basic health services that must be provided. Donors can assist the government by helping restore services as quickly as possible, thereby enhancing the legitimacy of the government.

After the immediate response to humanitarian crises comes the need to transition to development actions. Because health is part of a larger picture, donor actions with the Ministry of Health should not make drastic changes with political implications. Instead, donors should restore, repair, and build on the health system elements that worked well prior to fragility. It has often been found in post-conflict countries that the humanitarian crisis persists and there is not a clear transition from emergency to development. Rather relief and development need to take place at the same time. There is also a risk that as humanitarian assistance fades, there may be

a gap between the crisis and development phases if development has not already begun. To make this transition smoothly, donors need to develop more flexible aid instruments that can deal with humanitarian crisis and development simultaneously.

5.3. Demonstrate progress and communicate success

States seeking to re-establish legitimacy must take some initial steps to demonstrate that they are making attempts to address the health needs of the population. Clear progress must be made that is visible and demonstrates positive change to the public.

Health has a vital role to play in demonstrating progress and communicating that progress to the public. Confidence grows as promises are fulfilled, and services are extended to more locales as security is enhanced, resources become available, and the capacity to operate health facilities is expanded. Thus health is an important element that states can use to show that they can be effective in delivering services and to establish their legitimacy.

5.4. Establish the role of government as steward and regulator of the health sector

The government needs to work with other national and local authorities as well as with NGOs in re-establishing health services. It must clearly assume the role of steward rather than primary deliverer of health services. As steward, the government is responsible for preventing fragmentation of services and duplication, which would waste scarce resources. Practical planning includes short time horizons. The focus should be on achieving results that can be demonstrated and on collaboration between actors. Attempt to combine resources and use them to develop an entire menu of activities. Because there will be a proliferation of private-sector health services, the Ministry of Health must assume the role of monitor and regulator of all health services, not just those funded by the government or donors.

5.5. Follow principles for constructive engagement of donors in the health sector

The principles of constructive engagement by donors in fragile states include a series of actions and guidelines that may be used to direct the course of donors' involvement with the health sector. These actions include gathering information and analyzing it in a manner that supports good program design. Programs must be structured in a creative way that will both address the real issues and be adaptable in the face of changing circumstances. The funding of donors must be not only predictable but also flexible enough to deal with the transition from relief to development.

Monitoring is an essential part of donors' engagement because it promotes accountability for effective use of donor resources and provides information about progress and deficiencies in implementation. Monitoring should include a process for planning corrections of deficiencies and following up on those plans. The efforts of each donor need to be harmonized with those of other donors and checked for their alignment with the priorities of the government. Finally, donors must remain committed to the fragile state and building its health sector for the long term. These principles of good donor engagement in the health sector are summarized in the box below.

Summary: Principles of Good Donor Engagement in the Health Sector

- **Information gathering:** Obtaining critical information in a timely manner about needs and existing resources
- **Analysis:** Good analysis of the context and factors that affect service delivery
- **Planning:** Developing plans that are creative and flexible for the context.
- **Funding:** Creating new funding tools and streams to improve the transition from humanitarian to development funding and increase the predictability of funding.
- **Implementation:** Having experienced technical experts available for extended periods to assist the health ministry with the analysis of information, formulation of policies, design of systems, and means of implementation
- **Monitoring:** Reflecting on progress compared to plans, identifying needed changes, and maintaining accountability for achieving expected outcomes
- **Harmonization:** Good coordination with other donors to facilitate a common approach
- **Commitment**: Being devoted to long-term funding and support

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