

Fragile and Conflict Affected States TWG organised session proposal

- **Title:** Building health system resilience in fragile states emerging from conflict or other forms of severe disruption (16 words)
- **Session type:** participatory session
- **Thematic area and field-building dimension:** Enhancing health system resilience: absorbing shocks and sustaining gains in every setting
- **Abstracts in every theme may address any of the Symposium's traditional HPSR field building dimensions; please choose the field building dimension that best suits your abstract:**
- Cutting edge or learning communities and knowledge translation
- **The session organiser's contact details** Tim Martineau tim.martineau@lstm.ac.uk
+44 151 705 3194

Session team:

- Chair/facilitator: Mr Tim Martineau, Liverpool School of Tropical Medicine
- Presenter 1: Dr Suzanne Fustukian, Queen Margaret University Edinburgh
- Presenter 2: Dr Ann Canavan, International Medical Corps
- Presenter 3: Dr Lara Ho, International Rescue Committee
- Discussant 1: Dr Alexander Dimiti, Ministry of Health, South Sudan
- Discussant 2: Dr SAS Kargbo, Ministry of Health and Sanitation, Sierra Leone

- **Overview**

The goal of resilient health systems is to be able to withstand shocks. This is particularly challenging for states emerging from conflict/severe disruption. This session uses case studies from West Africa and South Sudan to explore the concept of resilience in such contexts and what lessons we can take forward.

- **Summary of the session content**

This session is designed to support the following objective of the TWG on Fragile and Conflict Affected States (FCAS): "Create or identify new knowledge through multi-disciplinary research on strengthening health systems in FCAS". While all states are endeavouring to build resilient health systems, this is particularly challenging for states with highly disrupted health systems due to massive shocks; for instance states emerging from conflict or other forms of devastating disruption, like the recent ebola outbreak in West Africa. Given the diverse contexts of fragile and conflict affected states, prescriptions for building resilience are inappropriate. However, the use of case studies will be informative. The overall aim of this session is to examine the challenges in building resilient health systems in the context of such states and what strategies might be possible based on two case studies: South Sudan's transition from humanitarian assistance phase to health systems rebuilding phase, and the experience of the health system responses in the aftermath of the Ebola virus crisis in Sierra Leone and Liberia.

The first objective is to explore a realistic set of features for a resilient health system in the context of such states, particularly as they may be depleted of human resources, lack effective information systems and have weak and possibly highly politicised governance systems.

Based on the provisional list of features of resilience identified from the two case studies presented, the second objective is to explore the potential strategies and likely barriers to achieve greater health systems resilience in the medium term and to identify the relevant research questions that would lead to better evidence to support appropriate strategies.

The third objective, based on these discussions, is to identify the next broad steps for the TWG to take forward the use of the concept of resilient health systems in FCAS and appropriate research activities.

The main target audience for this session is the growing number of health systems' researchers who recognise the importance of strengthening health systems in fragile and conflict affected states. Additional target groups are policy-makers and donors operating in these contexts. A fourth group who are important are humanitarian actors/NGOs.

This session is in line with the thematic area, but particularly significant as 15% of the world's population live in fragile and conflict states; and donors are shifting their funding to these states; and yet this remains a neglected area of health systems research.

- **Summary of the planned session process**

With 400+ TWG members, we expect good physical attendance, but to engage other members of the TWG we plan to use webinar technology during the participatory session.

Introduction: This 90-minute session starts with a brief introduction by the Chair on the TWG's work, our current products on research needs and the contribution of this session to the work of the group (7 mins).

Presentations: these will act as a catalyst for the group discussions and will include time for brief questions for clarification:

1. Features of resilient health systems in the context of states emerging from conflict/severe disruption (7 Mins)
2. Case study 1: South Sudan' transition from humanitarian assistance phase to health systems rebuilding phase (10 Mins)
3. Case study 2: experience of the health system responses in the aftermath of the Ebola virus crisis in Sierra Leone and Liberia (10 Mins)
4. Reflection by a policy-maker from a state emerging from conflict/severe disruption (8 Mins each)

Group work facilitated by the Chair: Participants will then be asked to work in groups to consider the following questions in the light of the preceding presentations:

1. What would be a useful working definition for "resilient health systems" in the context of states emerging from conflict/severe disruption? How should the TWG take work on developing this definition forward?
2. What are the potential strategies and likely barriers to achieve greater health systems resilience in the medium term? What work should the TWG do to refine the strategies and barriers for wider dissemination?
3. What are the key relevant areas in the TWG's research needs assessment, and what further research questions should be added?

Rapporteurs will record the details of discussions for later dissemination. Groups will either be arranged using cabaret-style seating from the beginning of the session, or will move individual chairs to form groups. The online group(s) will use the "chat" function in the webinar and be facilitated by several assistants. (30 mins)

Feedback on next steps: The chair will invite brief reports from each group and will propose the next steps to be taken by the TWG to further develop the group's work on building health system resilience in fragile states emerging from conflict or other forms of severe disruption. (10 Mins) This will be discussed at the TWG's business meeting if later than the session. A summary of the session including group reports will be posted on the TWG's webpage.

Updated 18 May 2016