

HEALTH SYSTEM STRENGTHENING IN EMERGENCIES AND HUMANITARIAN SETTINGS

BACKGROUND

A major ambition of the Sustainable Development Goals (SDGs) is to achieve better health and well-being for all. Target 3.8 addresses universal health care (UHC), which is essential to tackle the multiple health needs of populations and bring about the expected changes envisioned in the coming decades. However, the latest [estimates from the World Health Organization \(WHO\)](#) have determined that 50 per cent of the world's population does not have access to essential healthcare services, with 800 million people incurring 'catastrophic' health payments, and an estimated 100 million people falling into poverty as a result of out-of-pocket expenditure for health services in a year.¹

A household's access to health services can be limited by their distance to a facility, economic barriers, reduced availability of services, lack of awareness concerning healthcare needs, or scarcity of healthcare staff and medicines. In addition, there are socioeconomic factors, i.e., the social determinants of health that heavily influence health status, where underserved and vulnerable populations carry most of this compound burden. Inequalities in access to social and health services exist between nations and within countries, though they are most concentrated in low- and middle-income countries, particularly in Sub-Saharan Africa and South Asia.

In response to these challenges, the international community created the Universal Health Coverage 2030 (UHC2030) strategy to achieve quality, affordable and timely health services for all, [focusing on the following areas](#):²

- **Equity:** securing access for all, including the prevention of financial hardship through different health insurance schemes;
- **Quality:** ensuring that each patient receives timely, safe, effective and adequate service, avoiding complications and restoring health;
- **Responsiveness:** considering the patient's experience when seeking and accessing health care services;
- **Efficiency:** making wise use of available resources to ensure adequate healthcare; and
- **Resilience:** strengthening the capacity of health systems and their different actors to prepare and adequately respond to crises and adverse situations, such as disease outbreak, disaster and conflict.

Additional aspects of the UHC2030 strategy include the promotion of integrated services and networks; strengthening of primary health care; collaboration between national and international stakeholders; implementation of policies that support human resources for health through education and incentives to prevent migration; and support of alternative workforces such as community health care workers (CHWs)

and their inclusion in health programming; adequate referral systems; engagement and accountability from communities; proper infrastructure and equipment; strengthening of monitoring and evaluation (M&E) to assess health coverage gaps and promote actions to address them; use of technology such as telemedicine; and support of health governance and regulatory capacities.

HEALTH SYSTEM STRENGTHENING AND THE HUMANITARIAN-DEVELOPMENT NEXUS

One of the most important challenges to achieve the SDGs and UHC is the inclusion of vulnerable, displaced and impoverished communities, which comprise the bulk of the population in fragile and humanitarian settings. It is estimated that globally, nearly **25 per cent of children live in countries affected by conflict and disaster**,³ with **31 million children displaced from their homes, including 13 million children who are refugees**.⁴ Notably, the largest burden of maternal, neonatal and child mortality, as well as poverty due to catastrophic health payments, take place in **emergency settings**.⁵ Thus, the SDG's health outcomes will not be achieved unless UHC and health system strengthening (HSS) are a reality in emergency and fragile contexts.

In order to accomplish these goals, it is imperative to advance the agenda on development in humanitarian settings, known as the humanitarian-development nexus. The diverse organizational cultures, priorities, mandates, and financial approaches are among the different **challenges that must be acknowledged to bridge the nexus gap**.⁶ For example, programmes and donors that support a health response in a humanitarian setting

may often support vertical, short-term health needs without considering structural components. However, effective strategies do exist to harmonize approaches and various organizations' work, including setting up common outcomes, streamlining financial tools, strengthening monitoring and evaluation strategies, promoting continuous dialogue and coordination, investing in integrative approaches, and, when possible, working simultaneously and in a complementary manner. Also, for each actor involved, accountability by independent evaluation mechanisms is essential.

A New United Nations' approach to cholera in Haiti ⁷

The Haitian government has engaged with the United Nations, non-governmental organizations, development banks and civil society to not only tackle cholera outbreaks via the deployment of rapid response teams, and provision of treatment and water chlorination, but also to find a long-term solution that involves better and durable access to water and sanitation systems as well as to health care.

In 2016, interested partners created **The New Way of Working** strategy as a mechanism to bridge the gap between the development and humanitarian fields, foster cooperation, and ensure a joint and collaborative effort that progressively overcomes the existing challenges.⁸ This is a long-term agenda, for it is fundamental to introduce and/or reiterate this concept in both fields of work to change processes and mindsets. It will also leverage the comparative advantages of each actor to accomplish a complementary approach that builds on existing development and humanitarian capacities.





To achieve this goal, it is advised to implement a four-point strategy:

- Analysis to identify the problem and vulnerabilities, possible solutions, and the mechanisms of collaboration;
- Planning and programming to develop a well-structured and coherent joint action plan;
- Leadership and coordination where each stakeholder is assigned responsibilities based on their strengths and expertise;
- Financing, aiming at exploring and developing strategies that rely on a diversified approach (e.g. concessional loans, bonds, insurance), with sustainability as a key goal.

This effort requires the support and commitment from all involved actors, including donors, states, non-governmental organizations, the private sector, United Nations agencies and development organizations across different fields. It is also imperative to work on the reduction of risks and vulnerabilities in fragile contexts, as well as in collective and concrete objectives that are measurable in a multi-year time framework that allows a step-by-step approach to achieve the desired goal of integration.

Part of this process involves addressing structural and economic factors from the onset of any crisis, as well as in a non-crisis context that is vulnerable and fragile. It is also cardinal to foster local ownership of common outcomes and identify those at higher risk, which in protracted conflicts are largely composed by displaced populations. In addition, it is paramount to improve governance and capacity building of local institutions across different key areas, such as employment, housing, education and health care among others.

Despite the interest and willingness from stakeholders to advance the humanitarian-development nexus, there is a [knowledge-documentation gap and few examples with quantifiable results](#) of how to achieve this goal, as well as a limited number of individuals who have experience in both spheres of work.⁹ This situation underscores the need to support concrete initiatives that could pave the way and serve as a practical guide on how to develop and implement this approach, work on strategies to promote the exchange of experiences and knowledge among different partners, and incentivize donors to provide funding to initiatives with this dual goal. Among these strategies, implementation research (IR) plays an important role in identifying programmatic challenges and possible solutions, using this information to both optimize the development of projects as they happen, as well as to apply these lessons learned in the planning and development of related programmes elsewhere.

Also, an important feature of the humanitarian-development agenda is resilience/risk-informed programming, so that all countries, fragile ones especially, have the capacity to respond to and mitigate the impact of public health crises, such as the COVID-19 pandemic and other future emergencies. The [International Health Regulations](#)¹⁰ and the associated [evaluation tool](#) are resources that provide detailed descriptions on how to prevent, detect and respond to public health threats.¹¹

Finally, an additional key aspect of bridging the humanitarian-development gap is preventing dependency from external partners, technically and financially, that fuels power disparities and strips national and local governments from decision making and effective development. External support is most effective when fostering capacity building,

so when a fragile region faces a crisis or challenge, it is better equipped to respond independently. In a context without clear leadership or government, the supporting actors' approach is best at decentralized levels to create local capacity, involving communities and fostering civil accountability, which has the potential to outlive political instability.

THE COVID-19 CONTEXT

The COVID-19 pandemic has had a negative impact on many aspects of society, ranging from unemployment to the disruption of essential health services, threatening to unravel the hard-fought gains in health achieved during the last several decades. The pandemic has also underscored the importance of strong emergency preparedness and a timely and well-coordinated response to the direct and indirect effects of health emergencies and disease outbreaks.

To achieve these goals, however, it is critical that all countries, particularly those which are fragile and face humanitarian situations, keep working on health system strengthening. Strategies such as improving service delivery, health workforce, access to essential medicines, health information systems, financing, and governance [are key to foster resilient and strong healthcare systems](#).¹²

UNICEF is active in over 190 countries and regions around the world, working in more than 40 countries/geographical areas¹³ that are considered emergency and fragile contexts, with special emphasis on the most vulnerable regions such as Sub-Saharan Africa and South Asia.

UNICEF'S RESPONSE

The [UNICEF strategy to strengthen health systems](#) in humanitarian and fragile settings involves multi-sector interventions, with an important health component that prioritizes the provision of primary health care, with a focus on community and quality of care for maternal, neonatal and child health services.¹⁴ For a harmonized and effective approach, UNICEF's health response aligns with work around the supply chain procedures and systems; data and digital health; governance; implementation research; risk-informed programming; and institutional capacity. These efforts, along with the support of global partners, will continue to pave the way and ensure that all – vulnerable mothers and children in particular – have access to quality and timely health care without financial barriers.





- ¹ World Health Organization (WHO), 'World Bank and WHO: Half the world lacks access to essential health services, News release, The World Bank/WHO UHC Global Monitoring Report, Tokyo, 13 December 2017, <<https://www.who.int/news/item/13-12-2017-world-bank-and-who-half-the-world-lacks-access-to-essential-health-services-100-million-still-pushed-into-extreme-poverty-because-of-health-expenses>>, accessed 15 January, 2021.
- ² WHO, 'Healthy systems for universal health coverage – a joint vision for healthy lives', Geneva, WHO and International Bank for Reconstruction and Development /The World Bank; 2017.
- ³ United Nations Children's Fund (UNICEF), 'Health in emergencies', <<https://www.unicef.org/health/emergencies>>, accessed 15 January 2021.
- ⁴ UNICEF, 'UNICEF data: Child displacement', <<https://data.unicef.org/topic/child-migration-and-displacement/displacement/>>, accessed 15 January 2021.
- ⁵ WHO, 'Tracking universal health coverage: 2017 global monitoring report', WHO and International Bank for Reconstruction and Development/The World Bank, 2017.
- ⁶ Ozano, Kim and Tim Martineau, 'Responding to humanitarian crises in ways that strengthen longer-term health systems: What do we know?', Brief, 9 Rebuild Consortium, July 2018.
- ⁷ OCHA, "New Way of Working", OCHA Policy Development and Studies Branch, 2017.
- ⁸ United Nations Office for the Coordination of Humanitarian Affairs (OCHA), "New Way of Working", booklet, 2017.
- ⁹ Ozano, Kim and Tim Martineau, 'Responding to humanitarian crises in ways that strengthen longer-term health systems: What do we know?', Brief, 9 Rebuild Consortium, July 2018.
- ¹⁰ WHO, 'International Health Regulations, Third Edition (2005)', World Health Organization, Geneva, 2016.
- ¹¹ WHO, 'Joint External Evaluation Tool, second edition', World Health Organization, Geneva, 2018.
- ¹² WHO, 'MONITORING THE BUILDING BLOCKS OF HEALTH SYSTEMS: A HANDBOOK OF INDICATORS AND THEIR MEASUREMENT STRATEGIES', <https://www.who.int/healthinfo/systems/WHO_MBHSS_2010_full_web.pdf>, accessed 10 March 2021.
- ¹³ UNICEF, 'UNICEF Humanitarian Action for Children 2021', <<https://www.unicef.org/media/88416/file/HAC-2021-overview.pdf>>, accessed 15 January 2021.
- ¹⁴ UNICEF, 'Strengthening health systems', <www.unicef.org/health/strengthening-health-systems>, accessed 15 January 2021.

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