

London School of Hygiene and Tropical Medicine

Conflict & Health Programme

Health Systems and Policy Research in
Fragile States

Mexico to Mali Meeting
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Definition of fragile states

- ◆ Fragile States – unwilling and incapable of providing basic services (DfID 2005)
- ◆ Different lists – DfID, WB, USAID
- ◆ 34 on latest WB list (bottom two quintiles of the CPIA index)
- ◆ All poor (in 2002, GNI per capita of \$865)

Table 4: FY07 List of Fragile States, Financing Status, Debt Relief and Grant Eligibility

	IDA Financing Status	MDRI/HIPC eligible?	Eligible for grants in FY07?
Severe			
Afghanistan	Post-Conflict	HIPC-eligible	100%
Central African Republic	Re-Engaging	HIPC pre-DP	100%
Comoros	PBA	HIPC pre-DP	100%
Cote d'Ivoire	Arrears	HIPC pre-DP	100%
Liberia	Arrears	HIPC pre-DP	100%
Myanmar	Arrears		-na-
Somalia	Arrears	HIPC pre-DP	-na-
Togo	Arrears	HIPC pre-DP	-na-
Zimbabwe	Arrears		-na-
Core			
Angola	Post-Conflict		50%
Burundi	Post-Conflict	HIPC DP	100%
Chad	PBA	HIPC DP	100%
Congo, Dem Rep	Post-Conflict	HIPC DP	100%
Congo, Rep	Post-Conflict	HIPC DP	100%
Eritrea	Post-Conflict	HIPC pre-DP	100%
Guinea	PBA	HIPC DP	100%
Guinea-Bissau	PBA	HIPC DP	100%
Haiti	Re-Engaging	HIPC DP	100%
Kosovo ¹	Special Provision		100%
Lao PDR	PBA		100%
Solomon Islands	PBA		100%
Sudan	Arrears	HIPC pre-DP	100%
Timor-Leste ¹	Post-Conflict		60%
Tonga	PBA		100%
Uzbekistan	PBA		0%





Marginal			
Cambodia	PBA		100%
Djibouti	PBA		100%
Gambia	PBA	HIPC DP	100%
Mauritania	PBA	HIPC CP	0%
Nigeria	PBA		0%
Papua New Guinea	PBA		0%
Sao Tome and Principe	PBA	HIPC CP	100%
Sierra Leone ¹	PBA	HIPC CP	100%
Vanuatu	PBA		0%

1) Kosovo receives special allocations from IDA because it is an UN administered territory, Timor-Leste's grant percentage was set during the IDA14 replenishment discussions and Sierra Leone received post conflict allocations until FY06. Notes: Marginal LICUS countries are identified for monitoring purposes only. (Also see http://www.worldbank.org/ieg/licus/licus06_map.html). DP stands for Decision Point and CP stands for Completion Point.

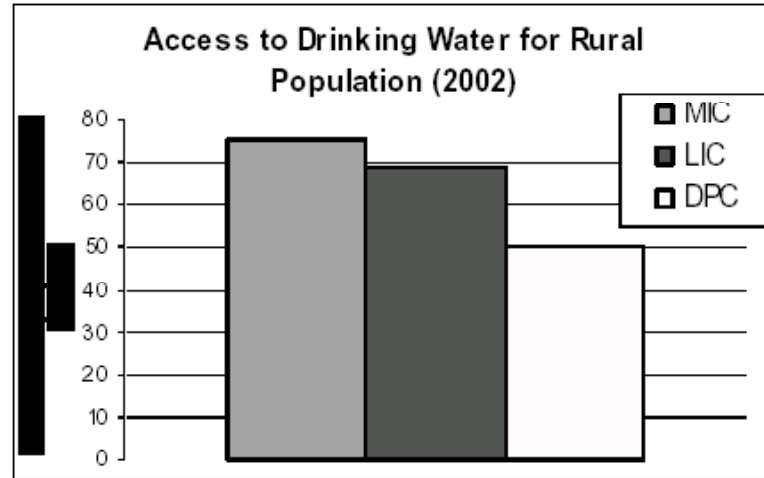
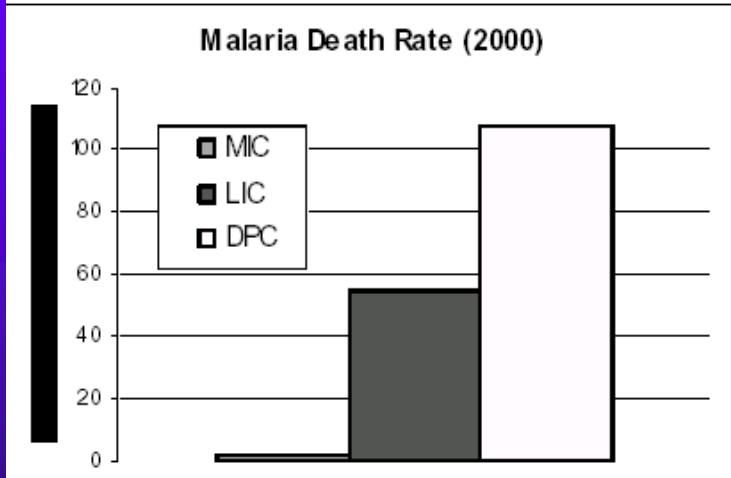
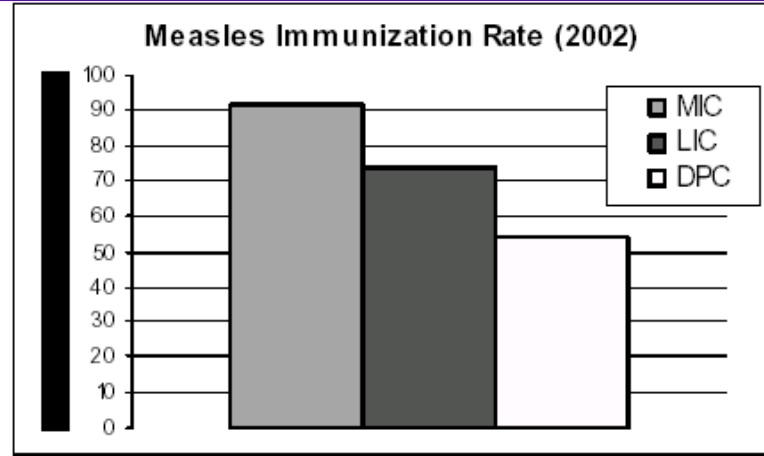
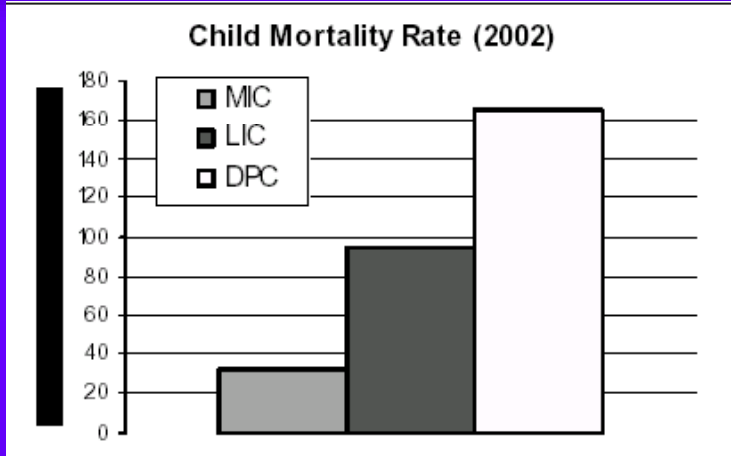
World Bank. 2007. *International Development Association 15. Operational Approaches and Financing in Fragile States*. Operational Policy and Country Services, and Resource Mobilization Department. 48pg.



Scale of Health Problems

- ◆ Severely off-track to meet the MDGS
- ◆ Using the 1999-2003 WB list of 46 countries:
- ◆ Home to about 15% of the world's population
 - contain a third of the world's poor
 - third of the world's maternal deaths
 - third of those living with HIV/AIDS.
 - Third are undernourished, twice as high as in other developing countries

Branchflower, 2004



Note: DPC = Difficult Partnership Countries



Neglected by Research Community

- ◆ Not on research agenda (for example Global Forum for health research 10/90; no foundations fund health systems research, let alone in fragile states)
- ◆ Very few papers produced – for eg. Systematic lit review on whether non-state providers improved access to quality health services, found 9 studies (out of 59) that described research done in fragile states, and 6 of these were in either Nigeria or Nepal.

Patouillard et al (2007)



Why Neglected?

- Same reasons as health systems research
- In addition:
 - Limited research culture amongst those working in fragile states (saving lives culture)
 - Very few research champions amongst donors/NGOs/UN
 - perception that health systems don't exist/ are too basic to be interesting
 - Poor security, no data, expensive to work in
 - lack of local academic partners
 - lack of funding



Why its important to do research in fragile states

- ◆ Can learn from health systems research done in LICs
- ◆ However, fragile states are quite different
 - Much more constrained in terms of governance, financial and human resources, and many have security concerns.
- ◆ Means that health actors engage differently (due to fiduciary risk and monitoring concerns)
- ◆ Also, use different service delivery mechs
 - national contracting of NGOs most obvious example.



Neglected Topics

1. Service delivery: leadership, basic packages (cost, equity), contracting-out (type, regulation, P4P, trust, impact on service delivery and health outcomes), removal of user fees, non-state actors (franchising, vouchers, training etc), human resources, vertical programs in contracting environment.
2. Management of aid: aid instruments, impact of volatile funding, harmonization and alignment
3. Role of the health sector in statebuilding: does it rebuild the social compact & build trust; what is impact of state-building agenda on health service delivery?

Need to get health systems research in fragile states onto the research agenda



- ◆ One role of the new Health and Fragile States Network set up post-HLF
- ◆ Research would influence policy-makers as small community which meets frequently