Health, Fragility & Resilience
Alastair Ager
Navigating Fragility, 5 October 2018
Trends in Use of Term ‘Resilience’ in Electronically Accessible Literature 1990, 2000 and 2010

<table>
<thead>
<tr>
<th>Year of Publication</th>
<th>1990</th>
<th>2000</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Publications Identified Using Term</td>
<td>1,766</td>
<td>10,499</td>
<td>39,041</td>
</tr>
<tr>
<td>Percentage of All Accessible Literature</td>
<td>0.0003</td>
<td>0.0010</td>
<td>0.0024</td>
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RESILIENCE:
FROM CONCEPTUALIZATION TO EFFECTIVE INTERVENTION

Policy Brief for Humanitarian and Development Agencies

Background
There is a growing interest in the framing of humanitarian and development activity with respect to the concept of resilience. A number of funders and development agencies have formulated explicit policy frameworks for promoting a resilience-based approach to their work. These identify a number of themes and principles for humanitarian and development assistance framed in terms of resilience.

Some of these reflect ideas familiar from previous formulations (e.g., ‘fostering host country ownership’ [USAID] or ‘building on local relations and new partnerships’ [DFID]). Other ideas, however, reflect a more distinctive approach to assistance, such as the conceptualization of ‘reaction to disturbance’ reflecting the potential of communities to not only recover from shocks but to ‘bounce back better’ [DFID].

Drawing from across a broad range of contexts, perspectives and disciplines, we propose a core definition as follows:

‘Resilience is the process of harnessing biological, psychosocial, structural, [environmental] and cultural resources to sustain wellbeing’.

Whether adopting this definition or some variant, many questions regarding resilience typically remain unanswered. Specifically, this policy brief seeks to address the following three questions:

- What is distinctive in a resilience-based approach?
- What are the practical implications for programming of such an approach?
- How can the impact of resilience-based approaches be evaluated?

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1 This Policy Brief was initially drafted for an IRC Strategic Planning meeting held on 6 May 2013. Comments are welcome to inform the revision of the document for planned wider circulation.
What is distinctive in a resilience-based approach?

Reflecting on research from a wide range of perspectives and contexts, a number of elements of an approach founded upon principles of resilience can be identified. In particular, work informed by the perspective of resilience may be characterized by:

**PRO-CAPACITIES EMPHASIS:** An emphasis on strengths, resources, and capacities rather than deficits.

While concepts of vulnerability and risk remain important, a resilience-based approach is marked by a significantly greater emphasis on strengths, resources and capacities. Interventions focus on the identification and promotion of these resources. Facilitating strategic access to resources – through processes such as navigation and negotiation – is a key element of a resilience approach.

**PREVENTIVE FOCUS:** Anticipation of actions that reduce the impact of adversity drawing upon principles inherent in a Disaster Risk Reduction (DRR) approach, analysis seeks to anticipate potential ‘shocks’ and develop though collective planning and action capacities that are particularly relevant to such threats. This focus on prevention or mitigation leads to better integration of ‘development’ with humanitarian relief.

**MULTI-LEVEL ANALYSIS:** Attention to multiple levels of influence ranging from the structural and cultural through to the community and the individual.

A resilience approach calls attention to the many ‘layers’ of resources relevant to recovery and development. While some actors may appropriately focus interventions on individual and household resources, and others address more structural or institutional factors, all levels represent relevant points of leverage and influence. As Eggerman and Panter-Brick have demonstrated (see right) this necessitates understanding physical, psychosocial, economic, and moral dimensions of resilience across cultures.

**SYSTEMS ORIENTATION:** Mapping influences within ecologically-nested systems.

Resilience-based approaches do more than list the wide range of factors influencing outcomes at multiple levels; they emphasize linkages and dynamic systems, where a change in one factor influences another. The systemic inter-relationship of factors is perhaps most clearly understood with respect to agricultural systems and the natural environment (in relation to water sources or deforestation). However, the shift in focus from identifying factors and levels of influence to a focus on understanding and modeling linkages within adaptive systems is crucial for any approach informed by resilience.

Work may not equally reflect all of these features. But some commitment to each of them is required if an approach is to truly reflect core principles of resilience, and not simply be a ‘rebadging’ of existing approaches.
What is distinctive in a resilience-based approach?

Reflecting on research from a wide range of perspectives and contexts, a number of elements of an approach based upon principles of resilience can be identified, in particular, work informed by the perspective of resilience may be characterized by:

PRO-CAPACITIES EMPHASIS: An emphasis on strengths, resources, and capacities rather than deficits

While concepts of vulnerability and risk remain important, a resilience-based approach is marked by a significantly greater emphasis on strengths, resources and capacities. Interventions focus on the identification and promotion of these resources, facilitating strategic access to resources – through processes such as navigation and negotiation – as a key element of a resilience approach.

PREVENTIVE FOCUS: Anticipation of actions that reduce the impact of adversity

Drawing upon principles inherent in a Disaster Risk Reduction (DRR) approach, analysis seeks to anticipate potential ‘triggers’ and develop through collective planning and actions capacities that are particularly relevant to such threats. This emphasis on prevention or mitigation leads to better integration of ‘development’ with humanitarian relief.

MULTI-LEVEL ANALYSIS: Attention to multiple levels of influence ranging from the structural and cultural through to the community and the individual

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SYSTEMS ORIENTATION: Mapping influences within ecologically-nested systems

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"In the context of exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways.” www.resilience-research.org

Health Systems Resilience: A Systems Analysis
Using community-based research to shape the design and delivery of maternal health services in Northern Nigeria

Henry V Doctor,^a Sally E. Findley,^b Alastair Ager,^c Giorgio Cometto,^d Godwin Y Alenyadu,^e Fatima Adamu,^f Cathy Green^g
Resilient health systems

CASE STUDIES
Resilient health systems

METHOD – GROUP MODEL BUILDING

Health Systems Resilience: A Systems Analysis

Scripts to Support Group Model Building

A Guide for Participatory System Analysis

Version 1.1
October 2013

Queen Margaret University
INSTITUTE FOR GLOBAL HEALTH AND DEVELOPMENT
Research for stronger health systems post conflict

Yobe Case Study
Yobe Case Study
Research for stronger health systems post conflict

Eastern Cape Case Study
Research for stronger health systems post conflict

- Availability of staff
- Staff support and competence/confidence
- Drug availability and effectiveness
- Referral system quality
- Use of information
- Availability of equipment
- Patient attendance
- Patient waiting time
- Staff attitudes/commitment/motivation
- Workload
- Staff training

Leadership and team building

- Personnel management
- NGO support
- Transport availability

Quality of care

- Maternal mortality
- Effectiveness of referral system
- Staff attitudes/workload
- Workload

- Use of information
- Staff support
- Staff training
- Staff competence/confidence

Capacity building

- Staff motivation

Eastern Cape Case Study
Access: Medical consultations at UNRWA health centers
The UNRWA health system during the 50-day Gaza conflict of 2014: threats, response and sources of resilience
Emergency shelter reports:
Rate of infectious diseases per 10,000 people

- **Scabies**
  - Graph showing the rate of scabies cases from 13-Aug to 24-Sep.
  - The rate fluctuates with a peak around 17-Sep.

- **Lice**
  - Graph showing the rate of lice cases from 13-Aug to 24-Sep.
  - The rate increases significantly around 24-Sep.

- **Diarrhea > 5 years**
  - Graph showing the rate of diarrheal cases for those over 5 years from 13-Aug to 24-Sep.
  - The rate is relatively stable with minor fluctuations.

- **Diarrhea < 5 years**
  - Graph showing the rate of diarrheal cases for those under 5 years from 13-Aug to 24-Sep.
  - The rate shows a peak around 10-Sep and decreases sharply afterward.
Reference diagram: 
Staff and patient attendance during conflict
Identifying ways to promote health systems resilience in contexts of chronic displacement through systems analysis of UNRWA provision to Palestine refugees displaced by the Syria crisis
Complex overstretched systems - Jordan

- Conflict
- PRS fleeing into Jordan
- Access to services (legal, financial and geographic) and social barriers
  + Utilization of services at UNRWA primary health centers
  + HR capacity (staff attendance and skill mix and willingness to help)
  + Training for new services (e.g. MHPSS)
- PR population (PRS + PRJ)
- HR capacity (staff attendance and skill mix and willingness to help)
- Facility reorganization (opening and merging)
- Service offer, continuity and quality
- Availability of specialized services or diagnostic equipment
- Staff re-allocation across health facilities
- New hires
- UNRWA HQ Policy direction and planning
- Reform: Family health team
- Reform: E-health and appointment system
- Reform: Drug Therapeutic Committee
- Reform: Clinical and operational guidelines
- Reform: Family health team
- Reform: E-health and appointment system
- Reform: Drug Therapeutic Committee
- Reform: Clinical and operational guidelines

Absorptive capacities
Adaptive capacities
Transformative capacities
Reforms
Conflict-Related factors
<table>
<thead>
<tr>
<th>Absorption</th>
<th>• addressing population needs with available human, financial and organizational resources <em>e.g.</em> Coordination within UNRWA</th>
</tr>
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<tbody>
<tr>
<td>Adaptation</td>
<td>• adjusting how system’s resources operate without changing system structure <em>e.g.</em> Expanding referral net (# of contracted hospitals) to enhance accessibility</td>
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<td>Transformation</td>
<td>• creating fundamentally new services/ systems of operation that did not exist prior to the shock/stressor <em>e.g.</em> introducing new services such as MHPSS</td>
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</table>
Resilient Individuals in Resilient Communities

Resilient Health Systems
• Health systems’ response to adversity
• Health systems’ capacities
• Engagement with community resources

Health systems provision in contexts of fragility
• Fragilities of health system
• Fragilities within communities
• Fragility in the relationship between health systems and communities