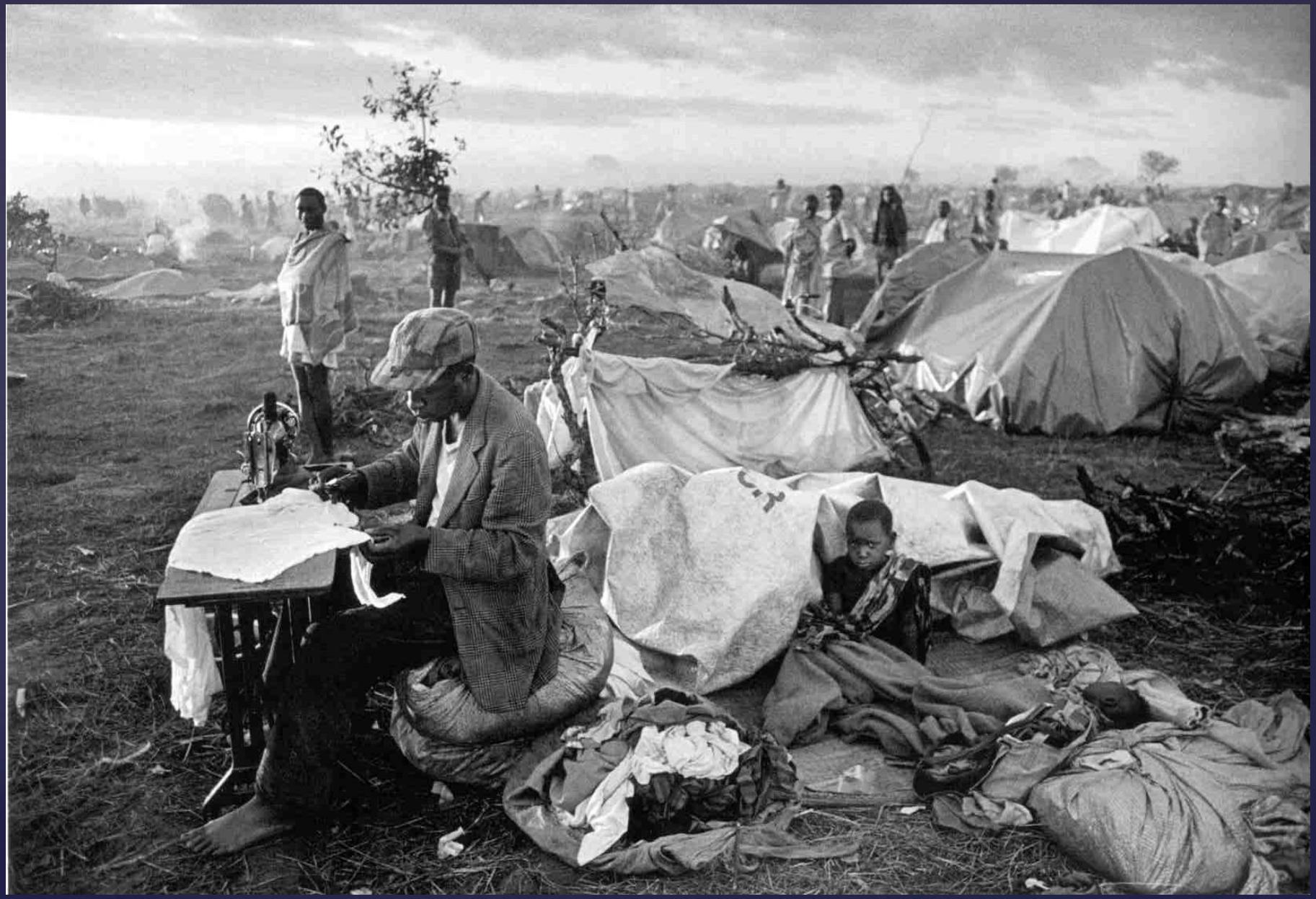
Health, Fragility & Resilience

Alastair Ager

Navigating Fragility, 5 October 2018

Queen Margaret University
INSTITUTE FOR GLOBAL HEALTH AND DEVELOPMENT



Trends in Use of Term 'Resilience' in Electronically Accessible Literature 1990, 2000 and 2010

Year of Publication	1990	2000	2010
Number of Publications Identified Using Term	1,766	10,499	39,041
Percentage of All Accessible Literature	0.0003	0.0010	0.0024

Ager, A. Resilience and child well-being: Public policy implications. *Journal of Child Psychology and Psychiatry 2013 Annual Review: Resilience and Child Development.*

RESILIENCE:

FROM CONCEPTUALIZATION TO EFFECTIVE INTERVENTION

Policy Brief for Humanitarian and Development Agencies[1]

Background

There is a growing interest in the framing of humanitarian and development activity with respect to the concept of resilience[2]. A number of funders and development agencies have formulated explicit policy frameworks for promoting a resilience-based approach to their work[3]. 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. 'foster[ing] 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'[2]

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?

"While a resilience framework usefully pulls us away from risk and deficits, it is not useful if we remain conceptually hazy, empirically light, and methodologically lame." [3]

[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.
[2] Panter-Brick & Leckman (2013) *JCPP*, 54(4):333-6; Ager (2013) *JCPP*, 54(4):488-500.
[3] e.g. DFID (2011) Defining Disaster Resilience: A DFID Approach Paper; UNICEF (2011). Fostering Resilience, Protecting Children: UNICEF in Humanitarian Action; USAID (2012) Building Resilience to Recurrent Crisis: USAID Policy and Program Guidance.

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 de/forestation). 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[4].

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.

*"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.resilienceresearch.org

"Afghans articulated a forceful, policy-relevant message: there is no health without mental health, no mental health without family unity, no family unity without work, dignity, and a functioning economy, and no functioning economy without good governance." Eggerman and Panter-Brick (2010) *Soc Sci Med*, 71(1):71-83.

"The complex processes of adaptation in the aftermath of disaster ...depend on many interactions at multiple levels of function....there appear to be fundamental adaptive systems that afford much of the capacity for resilience....[when] faced with disastrous situations"[4]

[4] Masten & Narayan (2012) *Ann Rev Psych*, 63:227–57.

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Health Systems Resilience: A Systems Analysis

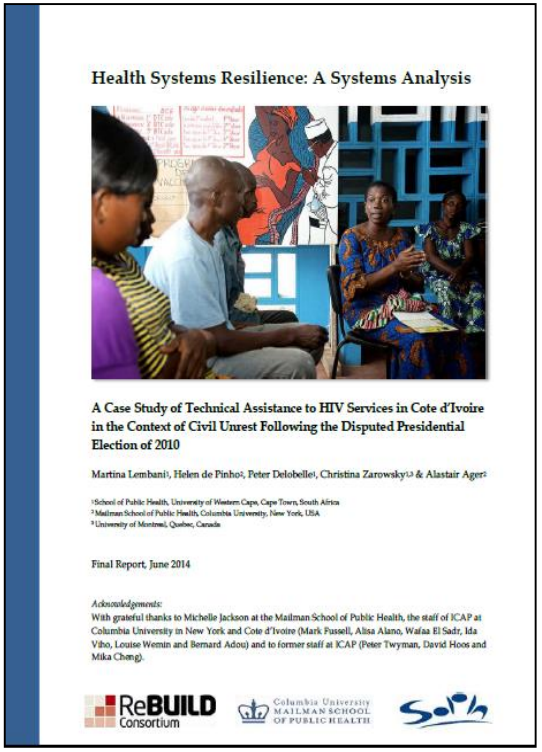
REPRODUCTIVE HEALTH matters

FEATURE

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 Afenyadu,[e] Fatima Adamu,[f] Cathy Green[g]

Resilient health systems
CASE STUDIES



Health Systems Resilience: A Systems Analysis

A Case Study of Technical Assistance to HIV Services in Cote d'Ivoire in the Context of Civil Unrest Following the Disputed Presidential Election of 2010

Martina Lembani[1], Helen de Pinho[2], Peter Delobelle[1], Christina Zarowsky[1,3] & Alastair Ager[2]

[1]School of Public Health, University of Western Cape, Cape Town, South Africa
[2]Mailman School of Public Health, Columbia University, New York, USA
[3]University of Montreal, Quebec, Canada

Final Report, June 2014

Acknowledgements:
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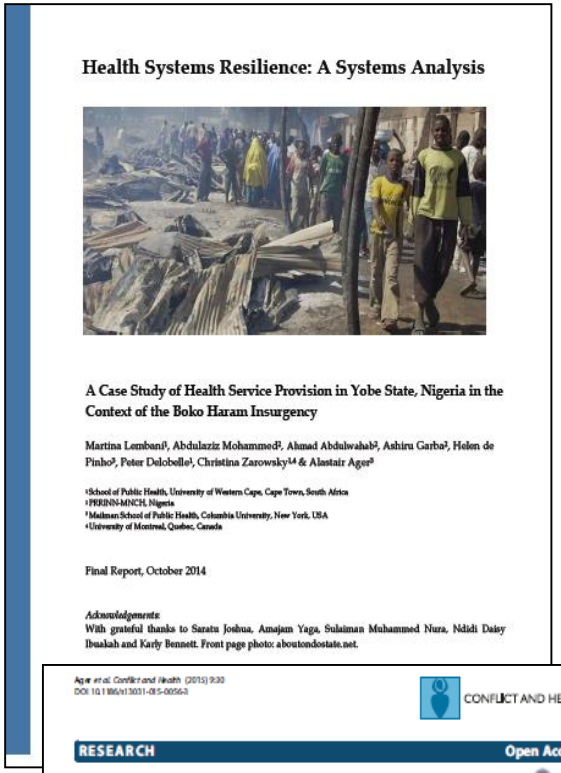
ReBUILD Consortium | Columbia University Mailman School of Public Health | SOAS



Health Systems Resilience: A Systems Analysis

A Case Study of Health Service Provision in Yobe State, Nigeria in the Context of the Boko Haram Insurgency

Martina Lembani[1], Abdulaziz Mohammed[2], Ahmad Abdulwahab[2], Ashiru Garba[2], Helen de Pinho[3], Peter Delobelle[1], Christina Zarowsky[1,4] & Alastair Ager[3]

[1]School of Public Health, University of Western Cape, Cape Town, South Africa
[2]PERINN-MNCH, Nigeria
[3]Mailman School of Public Health, Columbia University, New York, USA
[4]University of Montreal, Quebec, Canada

Final Report, October 2014

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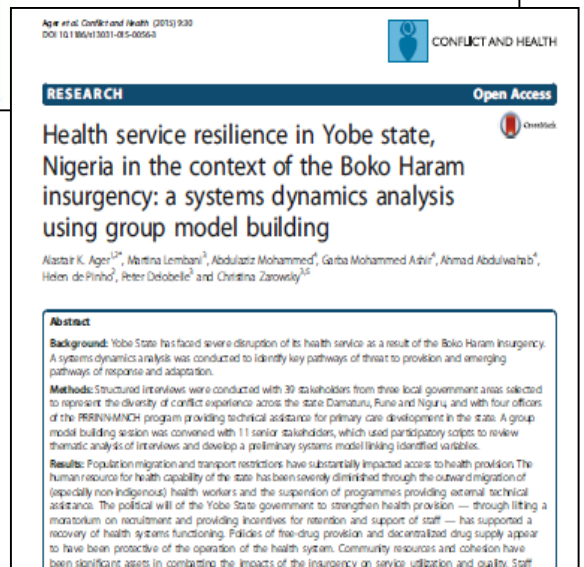
With grateful thanks to Saratu Joshua, Amajam Yaga, Sulaiman Muhammed Nura, Ndidi Daisy Ibualah and Karly Bennett. Front page photo: aboutondostate.net.



Ager et al. Conflict and Health (2015) 9:30
DOI: 10.1186/s13031-015-0056-3

CONFLICT AND HEALTH

RESEARCH Open Access

Health service resilience in Yobe state, Nigeria in the context of the Boko Haram insurgency: a systems dynamics analysis using group model building

Alastair K. Ager[1,2*], Martina Lembani[3], Abdulaziz Mohammed[4], Garba Mohammed Ashir[4], Ahmad Abdulwahab[4], Helen de Pinho[5], Peter Delobelle[3] and Christina Zarowsky[3,6]

Abstract

Background: Yobe State has faced severe disruption of its health service as a result of the Boko Haram insurgency. A systems dynamics analysis was conducted to identify key pathways of threat to provision and emerging pathways of response and adaptation.

Methods: Structured interviews were conducted with 39 stakeholders from three local government areas selected to represent the diversity of conflict experience across the state: Damaturu, Fune and Nguru, and with four officers of the PERINN-MNCH program providing technical assistance for primary care development in the state. A group model building session was convened with 11 senior stakeholders, which used participatory scripts to review thematic analysis of interviews and develop a preliminary systems model linking identified variables.

Results: Population migration and transport restrictions have substantially impacted access to health provision. The human resource for health capability of the state has been severely diminished through the outward migration of (especially non-indigenous) health workers and the suspension of programmes providing external technical assistance. The political will of the Yobe State government to strengthen health provision — through lifting a moratorium on recruitment and providing incentives for retention and support of staff — has supported a recovery of health systems functioning. Policies of free-drug provision and decentralized drug supply appear to have been protective of the operation of the health system. Community resources and cohesion have been significant assets in combatting the impacts of the insurgency on service utilization and quality. Staff

Health Systems Resilience: A Systems Analysis

A Case Study of Maternal Health Service Provision in OR Tambo District, Eastern Cape, in the Context of Chronic Poor Health Performance

Martina Lembani[1], Helen de Pinho[2], Peter Delobelle[1], Christina Zarowsky[1,3] Thubelihle Matholes & Alastair Ager[2,4]

[1]School of Public Health, University of Western Cape, Cape Town, South Africa
[2]Mailman Schools of Public Health, Columbia University, New York, USA
[3]University of Montreal, Quebec, Canada
[4]Institute for Global Health and Development, Queen Margaret University, Edinburgh, UK

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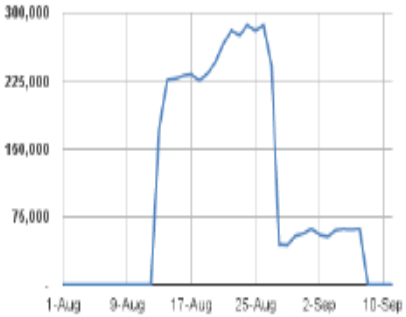
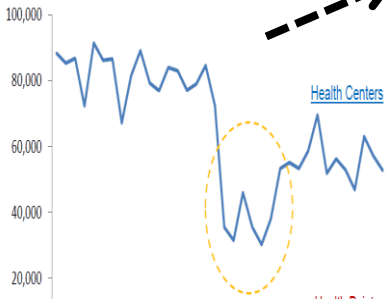
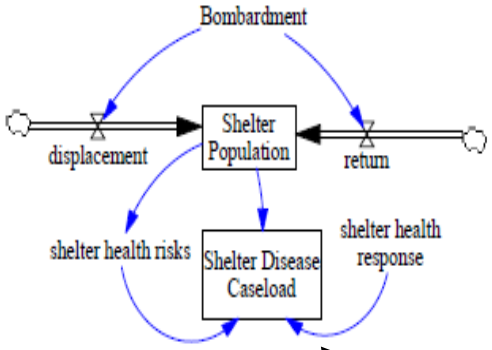
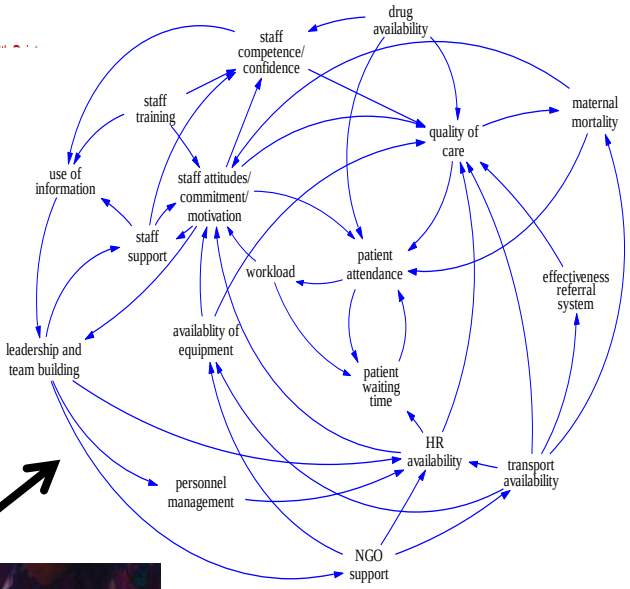
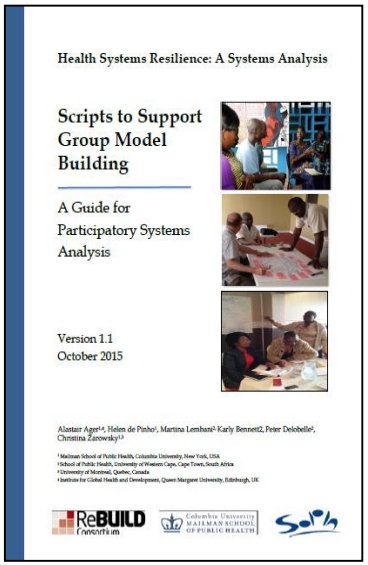
Resilient health systems
METHOD – GROUP MODEL BUILDING

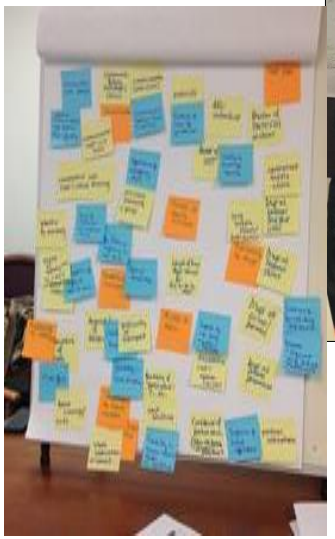












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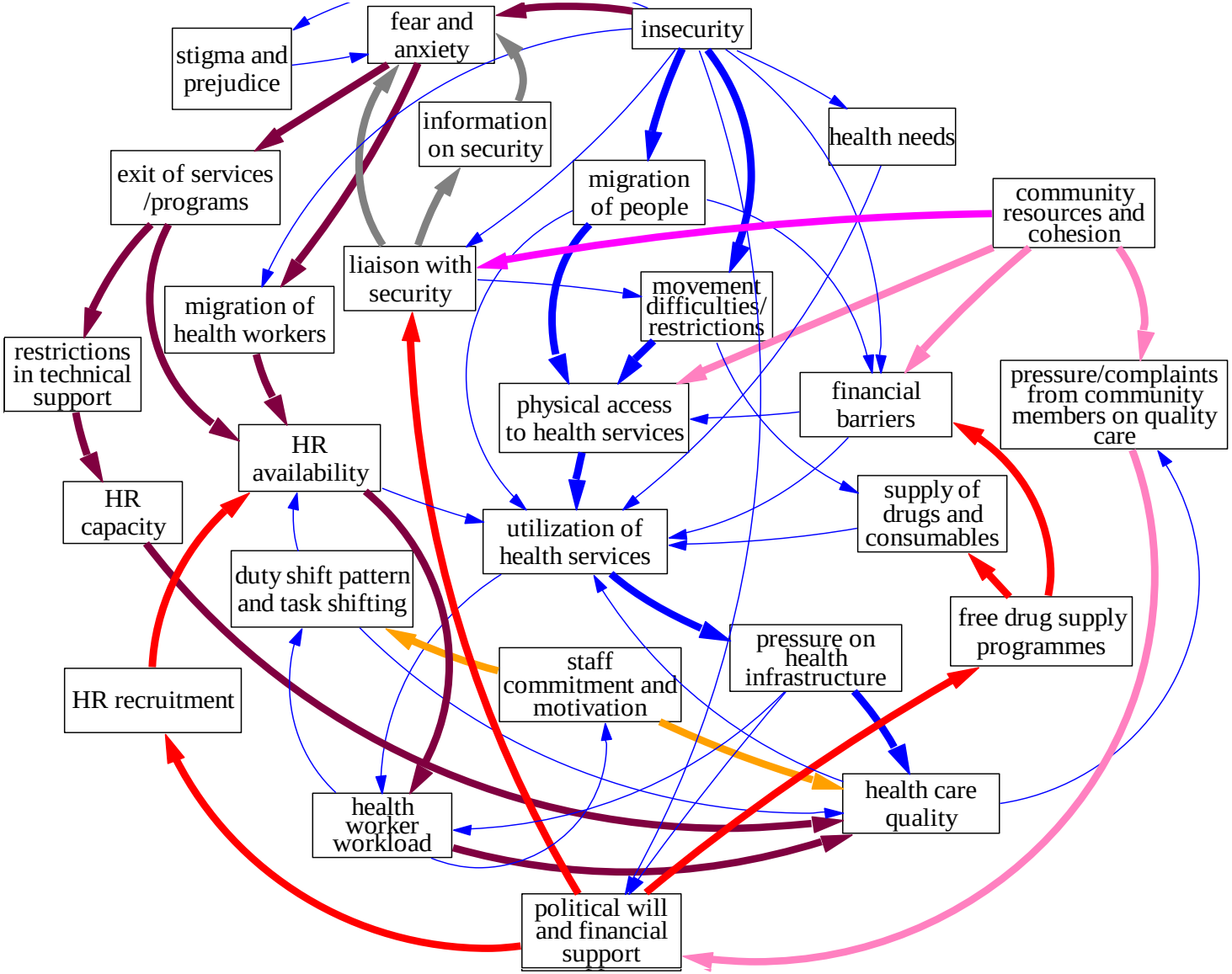
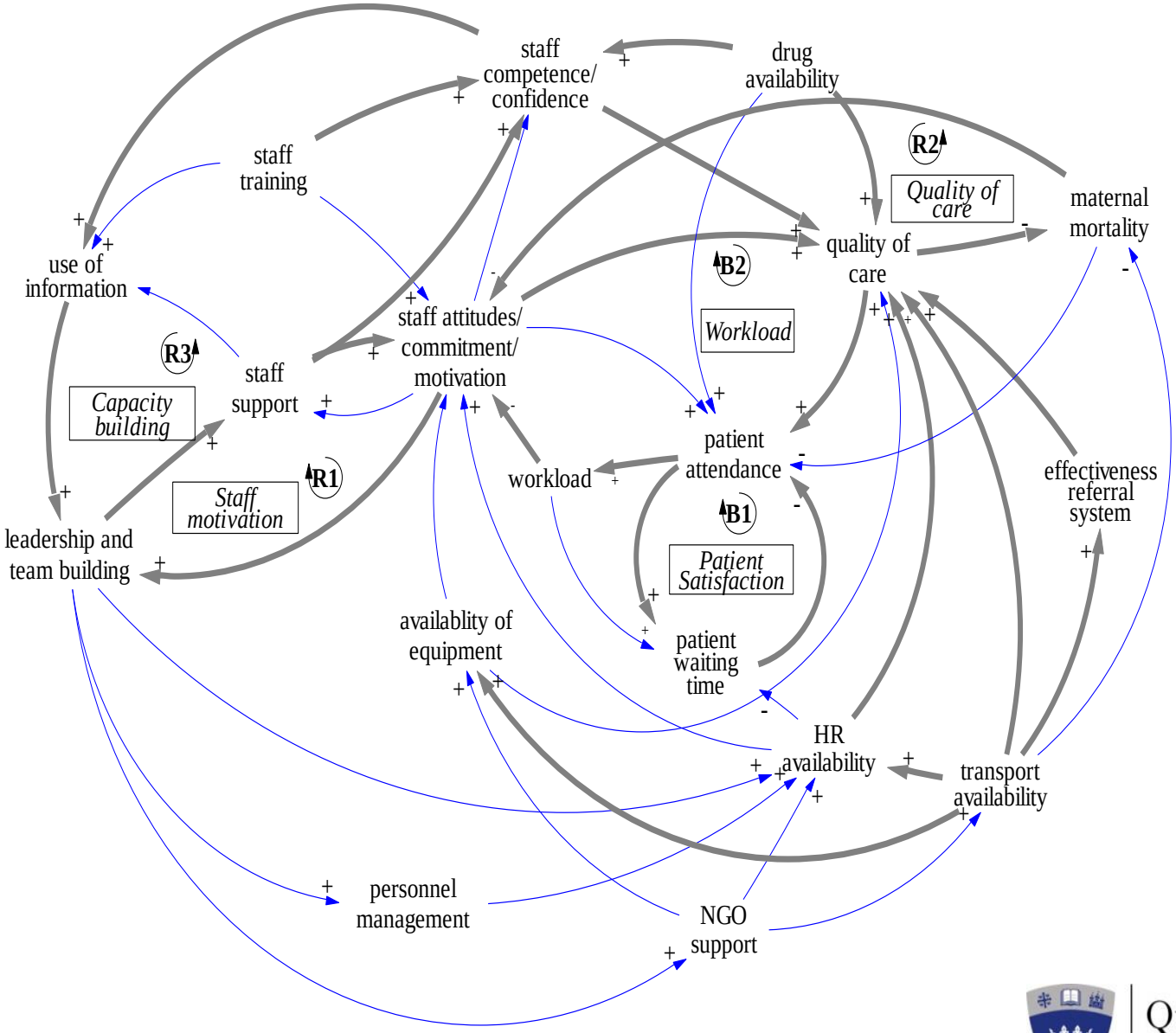
Yobe Case Study

Yobe Case Study



Eastern Cape Case Study

Eastern Cape Case Study



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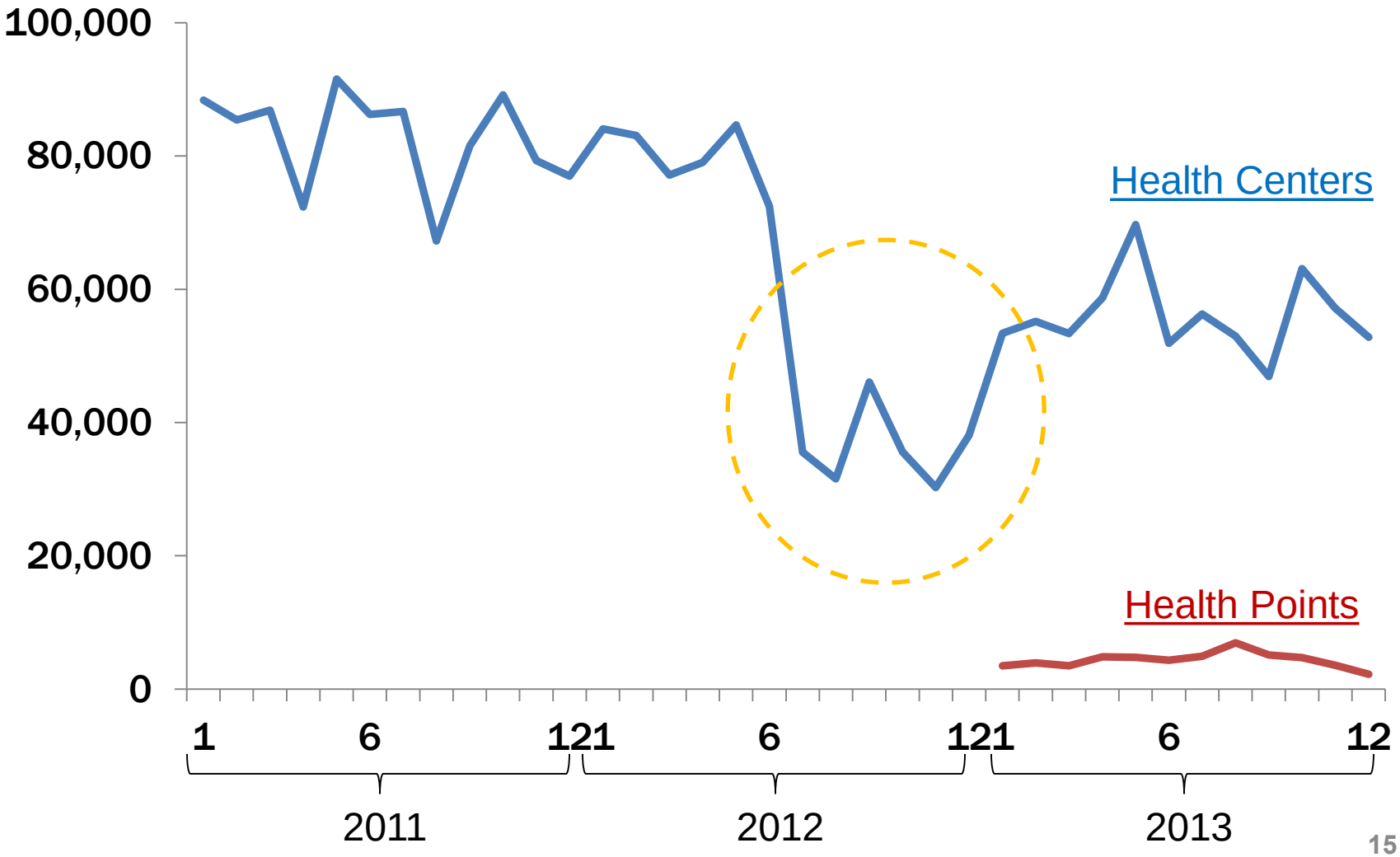
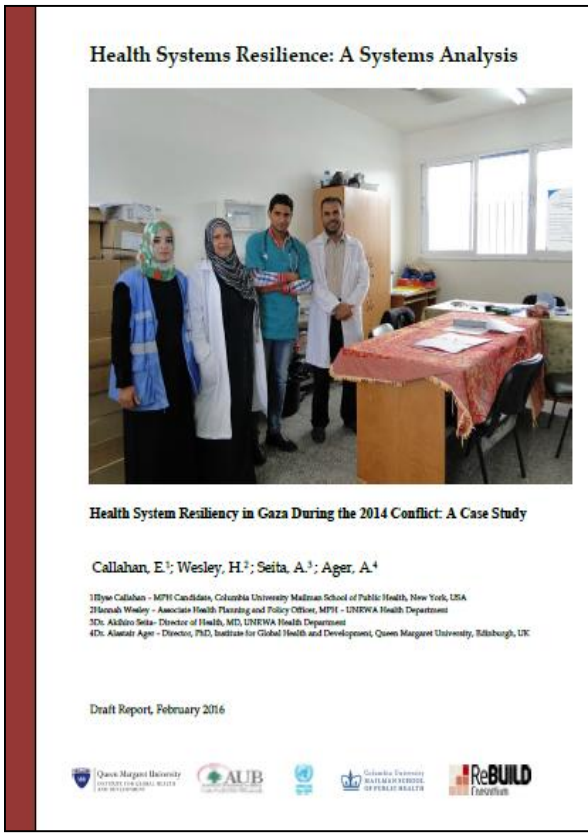
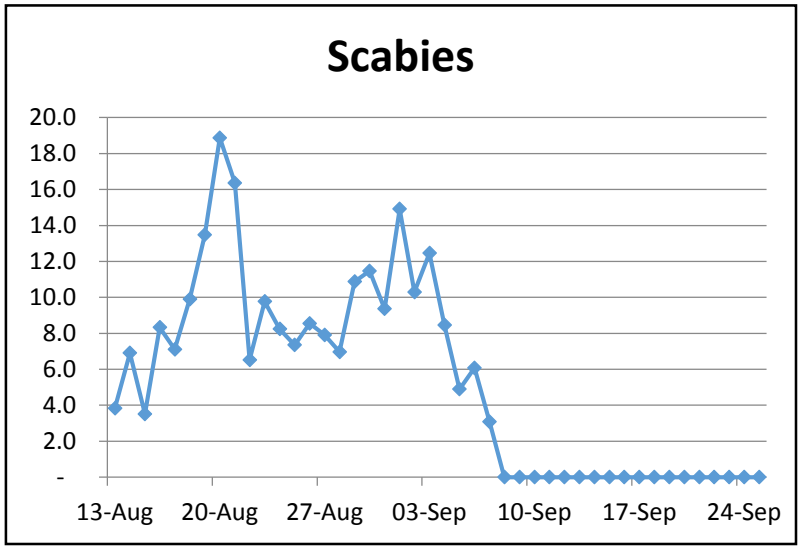
Access: Medical consultations at **UNRWA** health centers

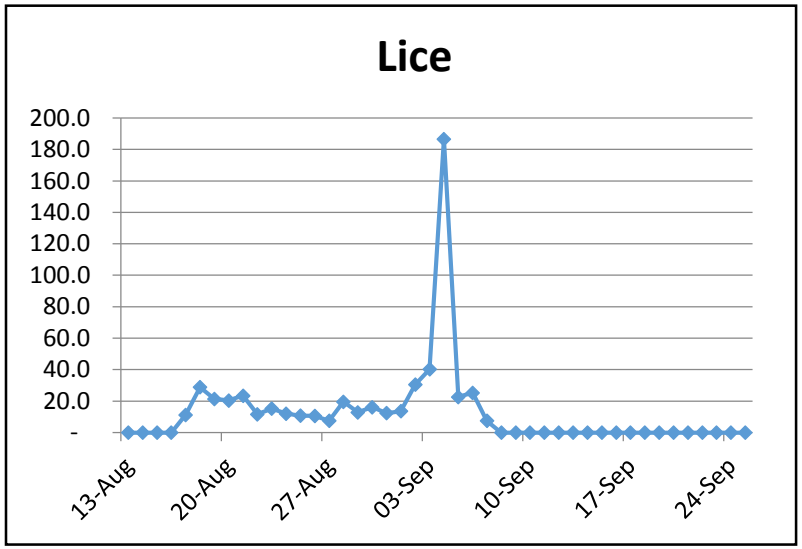


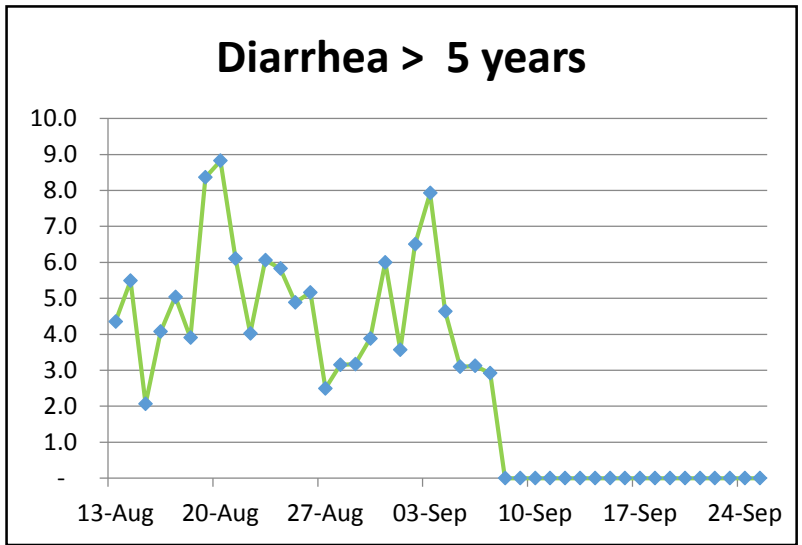
The UNRWA health system during the 50-day Gaza conflict of 2014: threats, response and sources of resilience

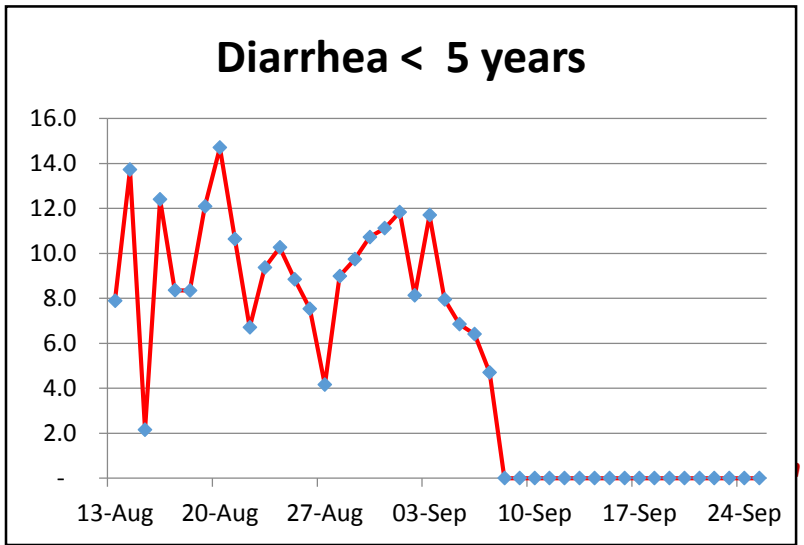


Emergency shelter reports:
Rate of infectious diseases per 10,000 people

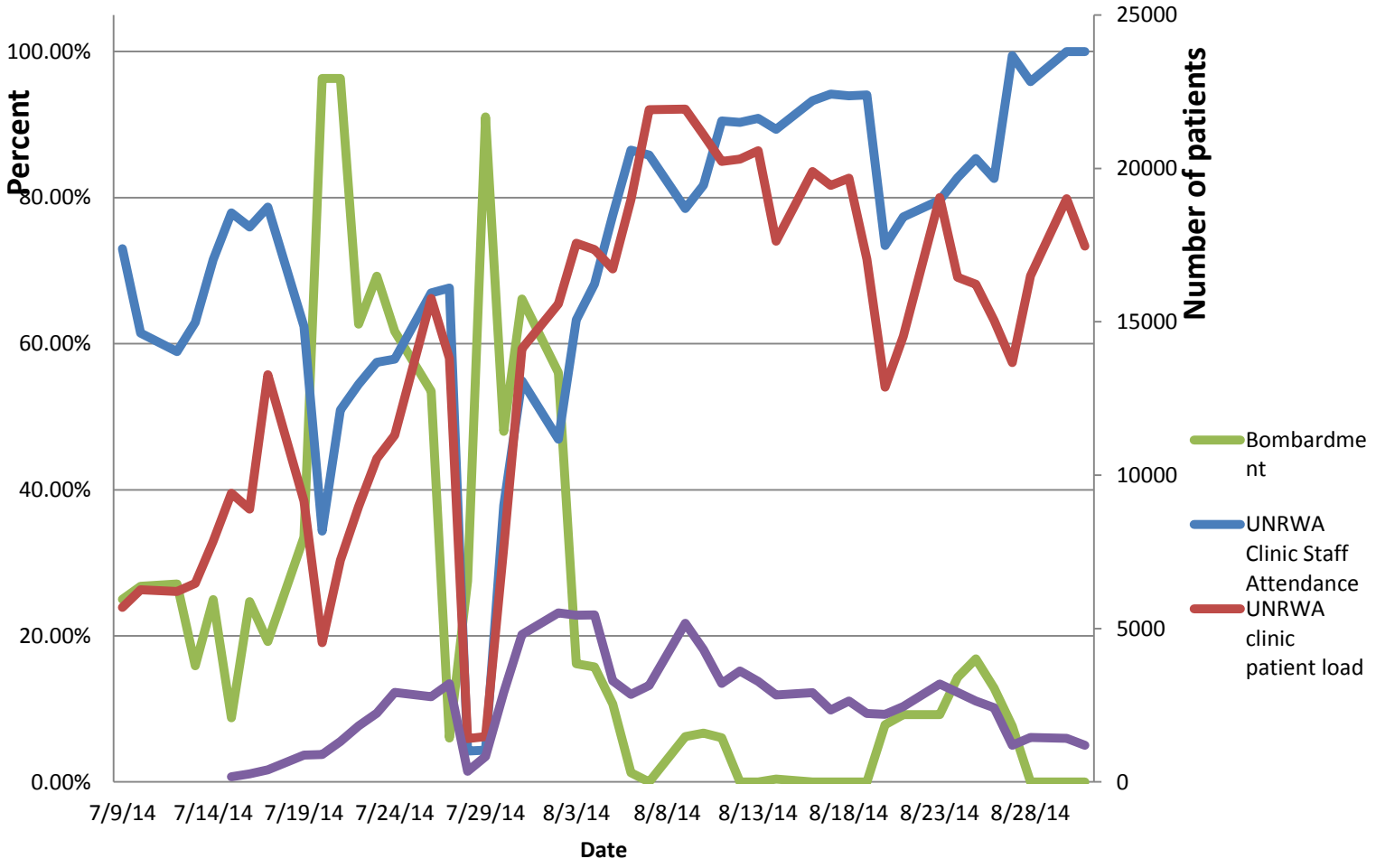


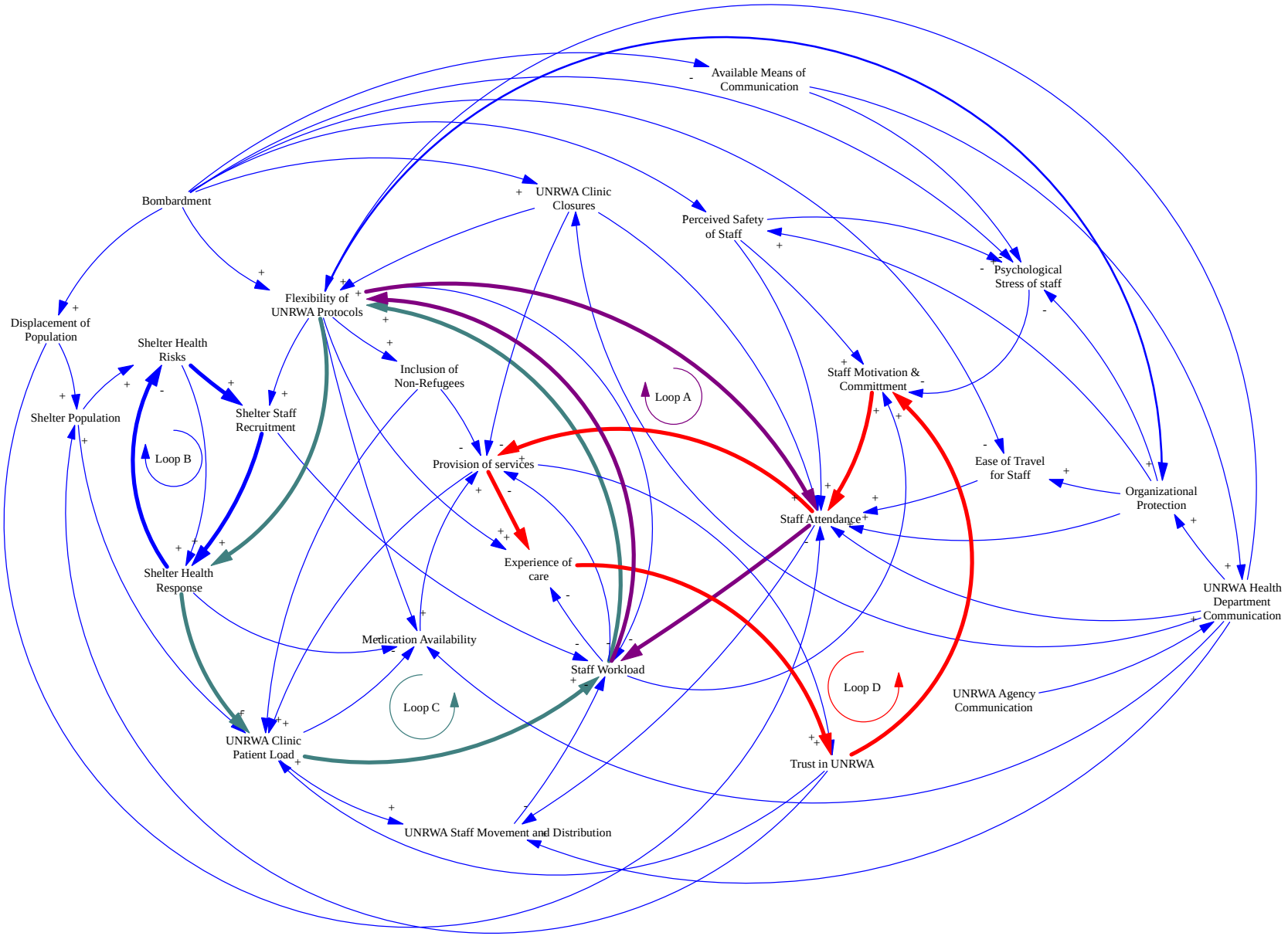




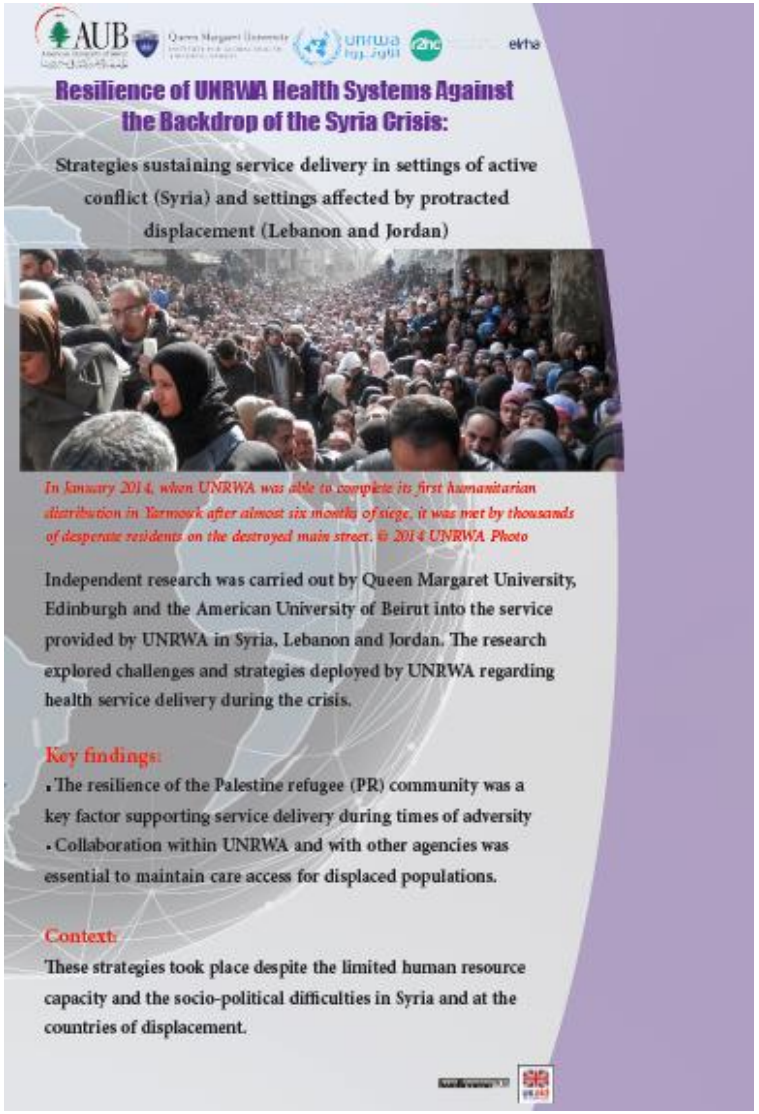


Reference diagram:
Staff and patient attendance during conflict

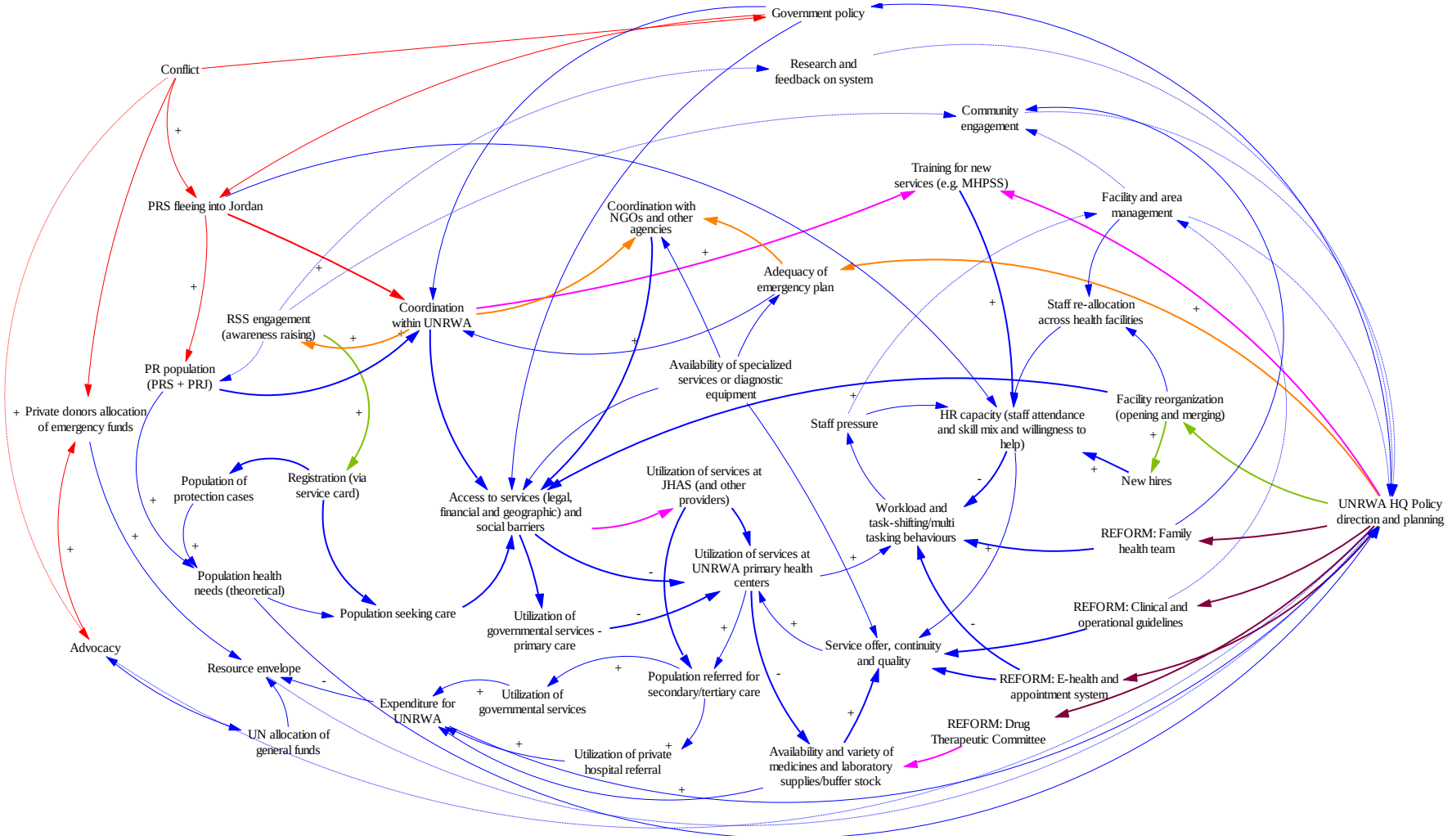



Bombardment
Available Means of Communication
UNRWA Clinic Closures
Perceived Safety of Staff
Psychological Stress of staff
Displacement of Population
Flexibility of UNRWA Protocols
Shelter Health Risks
Inclusion of Non-Refugees
Staff Motivation & Committment
Shelter Population
Shelter Staff Recruitment
Loop A
Loop B
Provision of services
Ease of Travel for Staff
Organizational Protection
Staff Attendance
Experience of care
Shelter Health Response
UNRWA Health Department Communication
Medication Availability
Staff Workload
Loop C
Loop D
UNRWA Agency Communication
UNRWA Clinic Patient Load
Trust in UNRWA
UNRWA Staff Movement and Distribution

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

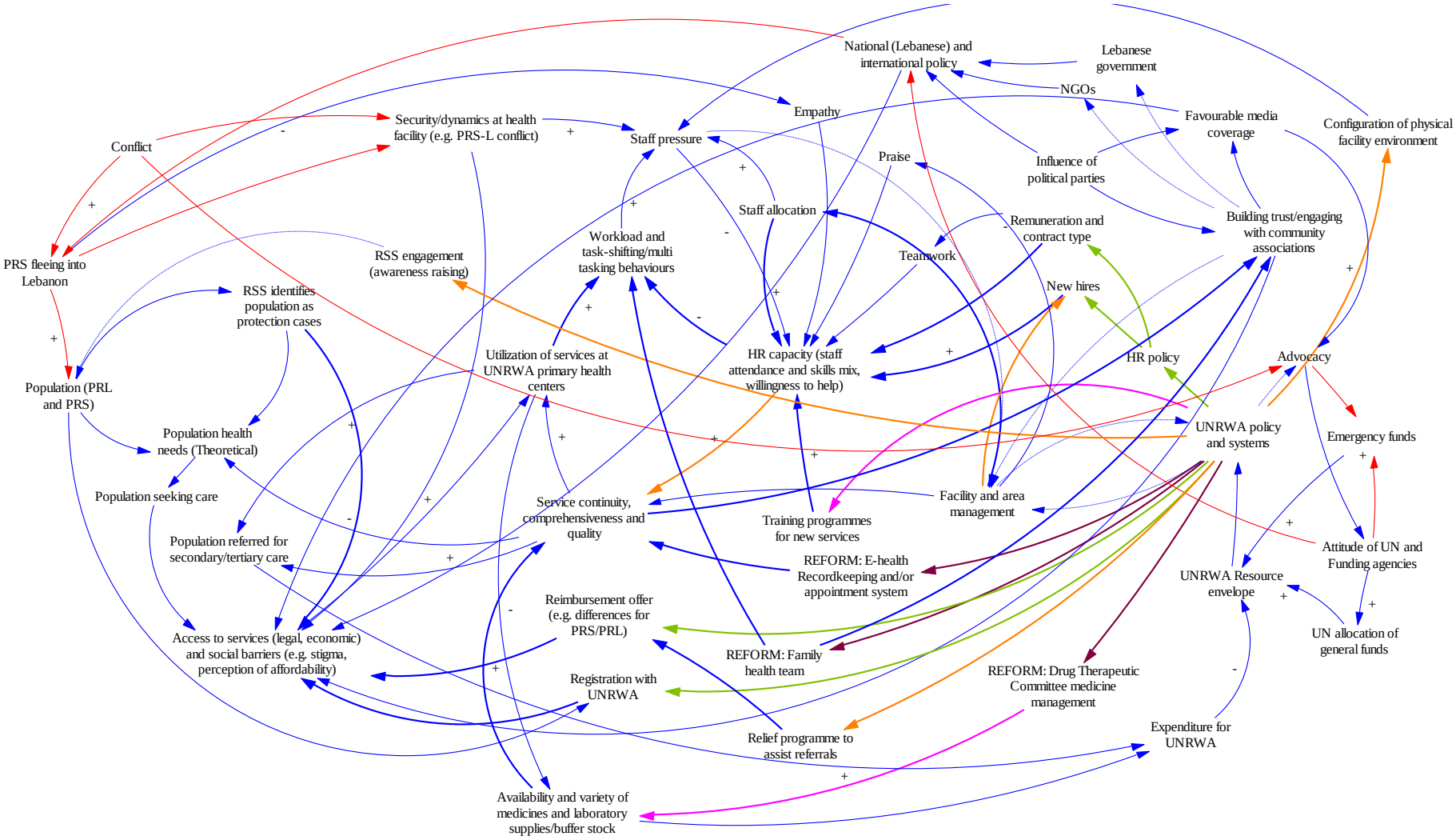


Complex overstretched systems - Jordan

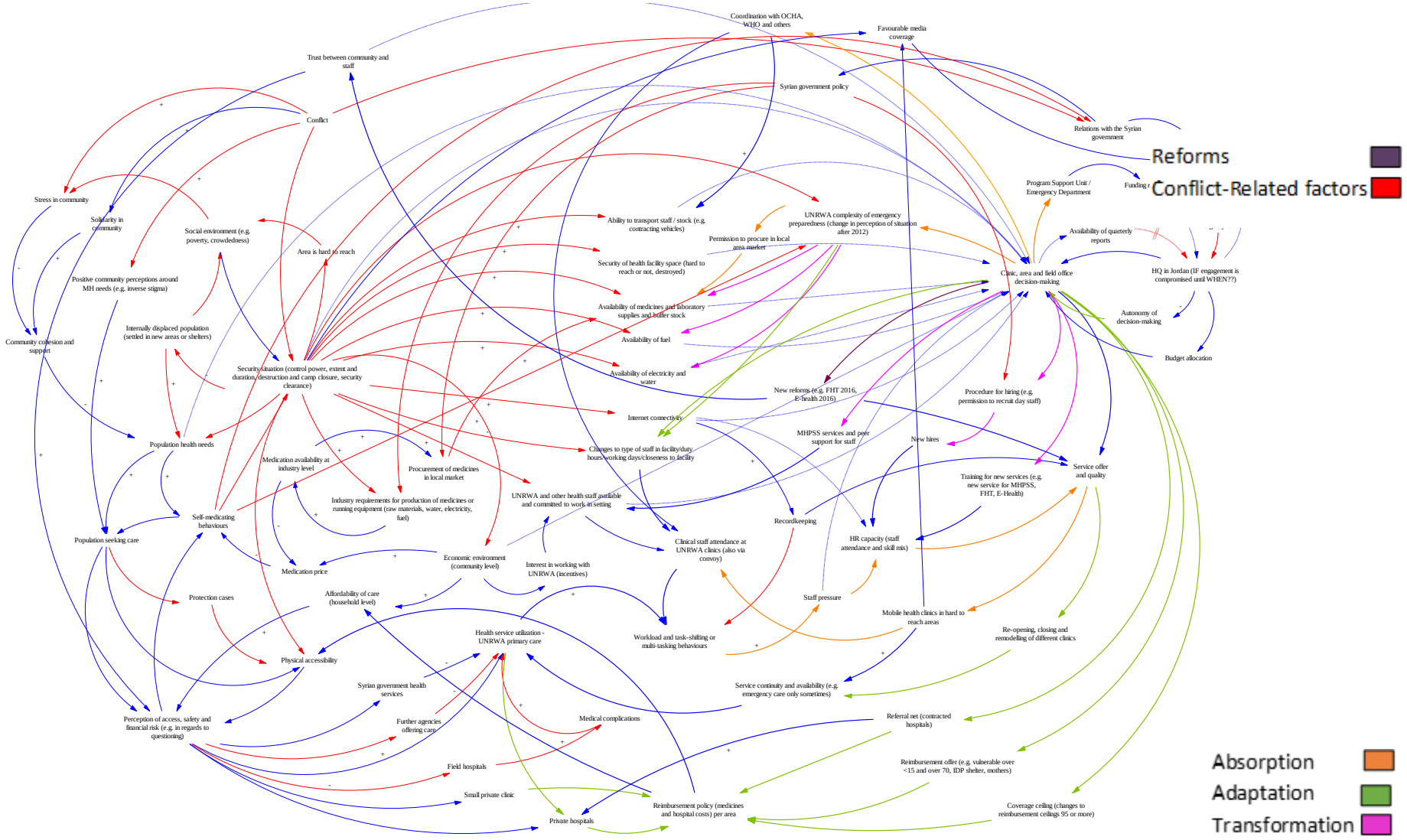


Absorptive capacities
Adaptive capacities
Transformative capacities
Reforms
Conflict-Related factors

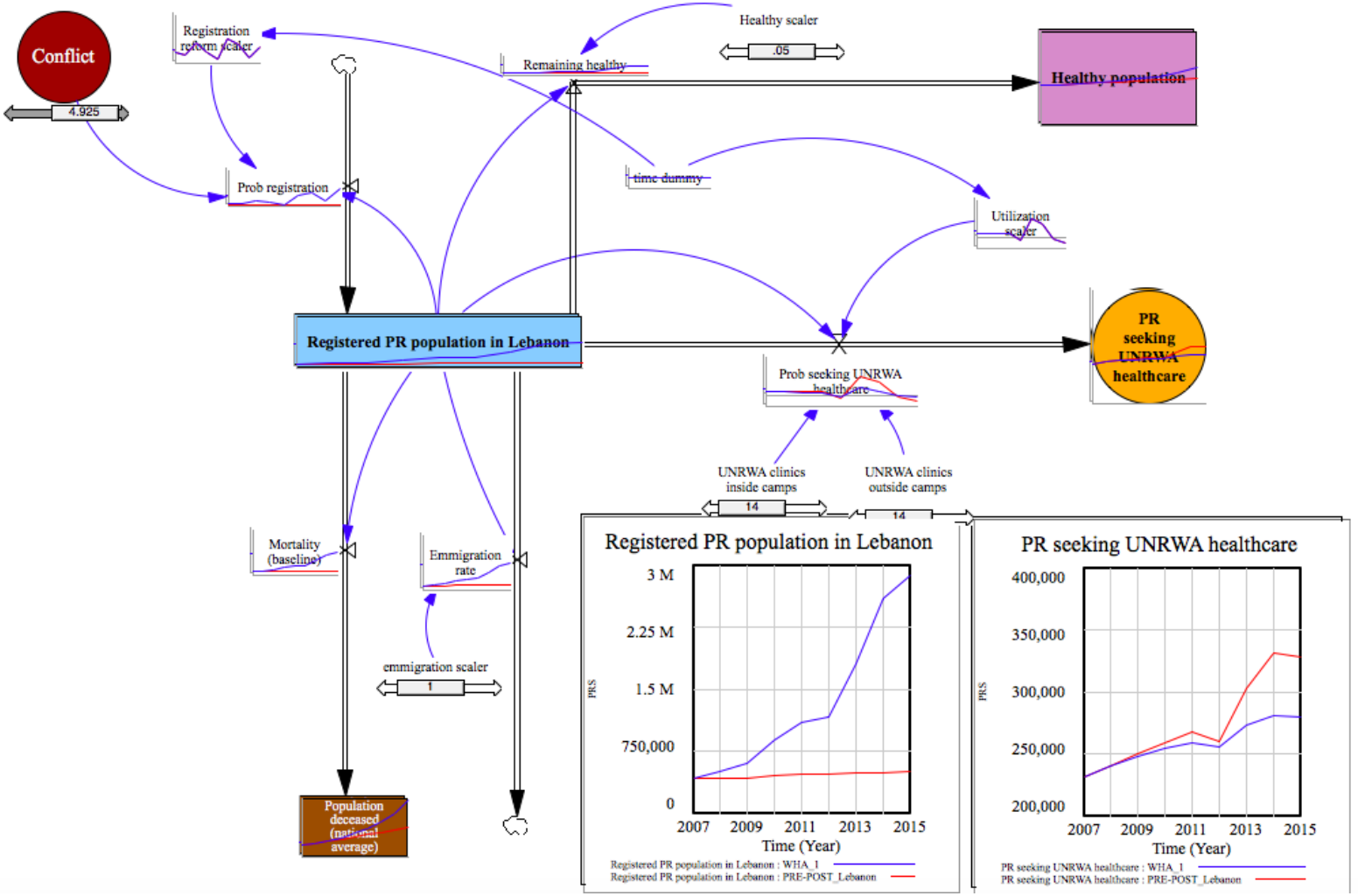
Complex overstretched systems - Lebanon



Complex overstretched systems - Syria



Absorption	• addressing population needs with available human, financial and organizational resources *e.g. Coordination within UNRWA*
Adaptation	• adjusting how system's resources operate without changing system structure *e.g. Expanding referral net (# of contracted hospitals) to enhance accessibility*
Transformation	• creating fundamentally new services/ systems of operation that did not exist prior to the shock/stressor *e.g. introducing new services such as MHPSS*


Conflict
4.925
Registration reform scaler
Remaining healthy
Healthy scaler
.05
Healthy population
Prob registration
time dummy
Utilization scaler
Registered PR population in Lebanon
PR seeking UNRWA healthcare
Prob seeking UNRWA healthcare
UNRWA clinics inside camps
14
UNRWA clinics outside camps
14
Mortality (baseline)
Emmigration rate
emmigration scaler
1
Population deceased (national average)
Registered PR population in Lebanon
3 M
2.25 M
1.5 M
750,000
0
PRS
2007
2009
2011
2013
2015
Time (Year)
Registered PR population in Lebanon : WHA_1
Registered PR population in Lebanon : PRE-POST_Lebanon
PR seeking UNRWA healthcare
400,000
350,000
300,000
250,000
200,000
PRS
2007
2009
2011
2013
2015
Time (Year)
PR seeking UNRWA healthcare : WHA_1
PR seeking UNRWA healthcare : PRE-POST_Lebanon

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

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