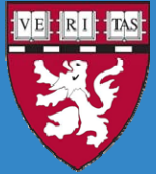




TOWARDS A COMPREHENSIVE RESPONSE TO HEALTH SYSTEM STRENGTHENING IN CRISIS-AFFECTED FRAGILE STATES



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PROJECT OVERVIEW

JALLC, Harvard Medical School and Harvard Humanitarian Initiative are cooperating on a long term project, the overall aim of which is to infer elements of a strategic framework for health system strengthening in crisis-affected fragile states. Such health system strengthening depends on an effective comprehensive response by all participating actors particularly among the actions of the humanitarian & development and security communities.

This Factsheet focuses on the findings of the first case study conducted in December 2011 in Haiti and which addressed four key themes:

- the impact of the earthquake and the cholera epidemic on Haiti's health system;
- security community participation in health system recovery and reconstruction;
- the information generating and sharing mechanisms that allowed the security community to best participate in health system strengthening;
- coordination mechanisms that facilitated or directed the security community's involvement.



2 years after the earthquake
Port au Prince downtown

HAITI CASE STUDY- MAIN FINDINGS

The earthquake in January 2010 killed more than 230,000 people, destroyed much infrastructure, and had a devastating effect on governmental functions including the UN peacekeeping mission, which fuelled concerns that the possible lack of security would impact the international relief response. Many nations deployed military assets as part of their first response. Foreign military (mainly the US) opened the airport which enabled deployment of international humanitarian assistance; furthermore, military capabilities cleared rubble, provided security escorts, shared satellite images to enable damage assessment, and were one of the largest tertiary care providers.



Civil-Military Cooperation: MINUSTHA and IOM registering internal displaced persons

In this case study, the team found that:

- In an overwhelming, chaotic, disaster situation the security community might be an appropriate contributor to strengthen some elements of the health system: securing the supply chain; contributing to the health service delivery in providing surge secondary and tertiary care to assist health organizations regain their pre-crisis levels of functioning; supporting local and international leadership by providing security to health stakeholders.
- Coordination among key actors from the humanitarian and security community in the health sector requires long-term relationship to ensure that: there is mutual understanding among the security and humanitarian communities such that coordination mechanisms are in place prior to crisis responses; interoperability exists between the different coordination mechanisms; threats to health systems are detected and responded to quickly; Host Nation governance over the responders is clarified and supported by all means.
- An efficient and pragmatic way for coordination among the humanitarian and security communities is to create, and for all actors to contribute to, a commonly shared health information picture which is essential for timely service delivery and early detection of health threats.





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MAIN FINDINGS (CONTINUED)



A market in downtown Port au Prince: defective sewers affected water security

- Weaknesses in other systems (e.g. security) may affect the health system, and efforts to address these weaknesses need to be considered alongside health system specific activities.
- The most prominent challenge that hampers a coherent and effective response by the security, humanitarian and the development communities is insufficient coordination mechanisms at national/international political level to enable a whole of government response.
- Current military initiatives to facilitate a comprehensive approach are not being fully supported by civilian actors either from the security or humanitarian and development communities. Consequently, other ways will be explored that members of all communities involved in crisis response could be better engaged in common policy, plans, and standing mechanisms for interaction.

PROJECT EXECUTION

This project will examine case studies in Haiti, Afghanistan, Libya and Kosovo. Each of these case studies was selected based on three criteria. First, each case a fragile state's health system was threatened by a human security crisis; second, in each case there was a global crisis response directed towards health system strengthening; and third, in each case a multinational military with a peace-keeping/building or stabilization mandate was present.



The final Cross Case Analysis of the cases will be published in Summer 2013.

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PROJECT FACT SHEET