

Literature Review: Coordination and health systems strengthening (HSS) in countries under stress

Background

The International Health Partnership for UHC 2030 (UHC2030) has formed a “Working Group on Support to countries with fragile or challenging operational environment” (“the Working Group”). Part of the scope of work for this group is to carry out a literature review, and the Working Group decided to form a small sub-group¹ (“the sub group”) that would develop TOR for the literature review. The TOR would subsequently be approved by the full group, before the UHC2030 Core Team contracted consultants to carry it out. The Working Group also may undertake thematic or country studies depending on the need in terms of essential gaps in knowledge demonstrated by the literature review.

The Working Group’s main task will be to develop guidance for the approach to countries faced with a fragile or challenging operational environment (i.e. under stress); the literature review is seen as an important first step towards this. The guidelines will have specific considerations and/or sections for at least three scenarios²:

- a) Low capacity. Including harmonised approaches around strengthening sub-systems key to rapidly improving service delivery, particularly PHC, supported by district health management and community engagement.
- b) Lack of meaningfully representative government, i.e. government does not show signs of being interested in improving the health situation for the majority of its population or for groups within the population. This will include considerations of engagement with non-state actors, and longer term implications for re-establishment of government stewardship.
- c) Conflict or emergencies. Here the role of disaster and humanitarian relief and coordination of organisations related to it, in relation to longer term development perspectives including HSS, is central, particularly the interface between – and ultimately transition from - relief to development assistance. One important element is the role of WHO, as designated global lead agency to coordinate the health sector in humanitarian contexts, in the context of OCHA (Office for the Coordination of Humanitarian Affairs) and Humanitarian Coordinators and Country Teams. There are important differences between conflict and natural disaster situations that

¹ Finn Schleimann UHC2030 Core Team; Egbert Soondorp, KIT; Andres Griekspoor, WHO; & Enrico Pavignani, Independent; with Kristina Yarrow, UNF, also contributing.

² Text from the Working Group’s TOR

may warrant treating them as separate scenarios, although there are often mix of different aspects.

In many cases the situation in a given country would include elements of two or more of the elements described in a, b and c, as well as regional and sub-national issues.

While there is substantial literature in the field, some countries and areas are more studied than others, leaving possible gaps. Furthermore, a lot of the available literature is not peer-reviewed (grey literature), which could be biased by the organisation commissioning or writing it. Also, failures are probably understudied and/or underreported. Finally, the aid landscape is changing, posing daunting challenges to the aid industry, which is pushed out of its comfort zone, and the literature review should be alert to such changes, and to the innovations emerging in response.

The Working Group's draft TOR are annexed, it contains a very preliminary list of literature.

Objectives

Literature pertaining to health systems strengthening and health service delivery as well as coordination between different actors in countries under stress reviewed, with synthesis of lessons on coordination of partners and health systems interventions.

Essential knowledge gaps identified.

Scope of Work

The review will include but not necessarily be limited to:

1. The review will focus on two main areas: aid management (humanitarian and development) and health system interventions. Within these two broad categories it will look at contextual factors, and the interface between humanitarian and development partners, including transition from one to the other, or fluctuating between them in situations with stagnation or fall back (often repeated). Due attention will be given to private actors (NGOs, FBOs and private-for-profit), and their influence on the studied healthcare arenas. Regarding coordination issues the review will not be limited to health sector specific literature, and in addition to Anglophone literature it will include literature in at least French.
2. Issues of particular interest within the mentioned categories includes:
 - a. **Aid management:** coordination within humanitarian and within development partners as well as between the two groups; collaboration with MoH/government; non-traditional donors; role of GHIs, philanthropies, NGOs, & private sector; complementarity between and comparative advantage of different actors; applicability of the traditional (Paris, Busan) effective development cooperation agenda in such settings; models for channeling of resources such as trust funds, pooled funding (both central and at decentralised levels), cash transfer, PBF; implementation arrangements (e.g. joint PIUs; contracting); monitoring of assistance; trans-border assistance.
 - b. **Health systems interventions:** service delivery/essential packages; health systems strengthening and capacity building; interface/relation between short term relief

inputs and longer term systems strengthening, and the strengths and weaknesses associated with the two approaches; what aspects of HSS and service delivery interventions are most efficient and could be employed in fragile settings fostering resilient health system; central government, and decentralised structures (district health management, community engagement; NGO and private providers; using or by-passing government; accountability measures towards population. If found useful health systems interventions could be grouped according to WHO's building blocks.

3. Contextual factors: the type of fragility, stress or challenges (see the three groupings under background); geography; social, cultural and political factors; gender issues; regional dynamics; spontaneous developments shaping health interventions, and conditioning their outcomes
4. Interface/transition between different type of actors both in relation to aid management and health systems interventions, fitting external support to a transition process from violence to stability and progress (or the opposite).
5. With a view to being relevant for the decision making of officials in government, humanitarian and development agencies, NGOs as well as other actors it will be particularly important to provide as many answers to the following questions as possible:
 - a. What are the main bottlenecks for efficient health service delivery and health systems strengthening in different settings? This would include the issue of coordination between partners.
 - b. Which factors/issues are important to include in a situation analysis, as the foundation for decisions on coordination and implementation modalities as well as health sector interventions?
 - c. Which health sector interventions are most – and least - efficient in terms of immediate service delivery and/or as a precursor for building resilient health systems in different settings³?
 - d. Which health systems strengthening interventions are most – and least - feasible and durable under different settings?
 - e. Which actors are best suited to carry out the above identified interventions?
 - f. Which aid coordination mechanisms for development partners are most efficient in terms of improving HSS in different settings? This would include the extent traditional aid effectiveness modalities are applicable and/or effective in these settings.

³ See bullet 3

- g. Which modalities of coordination between humanitarian and development partners are most efficient in different settings?

6. The report will contain:

- a. Executive Summary
- b. Background and methodology
- c. Status of current coordination principles and systems within both humanitarian and development assistance as well as between the two set of actors.
- d. Description of what we know, and what we do not know, which would include:
 - Lessons learned including in relation to what works and proven successes (e.g. best practices) and to failures and things to avoid, depending on the specific situation/setting. The lessons learned would address the areas identified in 1-5 above.
 - Examples of conceptual tools enabling actors to understand events and to make informed decisions.
 - Identification of essential gaps that would need further study
- e. Full list of literature
- f. Annotated list of essential readings

Methodology & timing

Inception report on methodology discussed with the sub-group and finalized – Mid April

Draft literature list, peer reviewed as well as grey literature, list circulated to the Working Group for additional inputs - End April

Literature reviewed – end May

Draft report commented by Working Group – early June

Report finalized – Mid June

The report will be issued as an independent report by the consultants.

Outputs

Inception report on methodology

List of literature to be reviewed

Report (covering the elements specified under Scope of Work)

Annex

Final draft TOR

UHC 2030 Working Group

Support to countries with fragile or challenging operational environment

Background

Work in this area was outlined in the IHP+ Strategic Directions 2016-17⁴:

- The diverse group of countries often referred to as fragile are typically not capable of handling fragmented external assistance on which many of them depend heavily. IHP+ principles of alignment and harmonisation are therefore particularly important for developing resilient health systems in these countries. With half of the fragile states (using the World Bank list) as members of IHP+, UHC2030 needs to consider how to tailor its role, approach and tools, while recognising their diversity.
- The individual countries face specific challenges, with many of them characterised by very low capacity, implying a more targeted approach rather than seeking to pursue all seven of the IHP behaviours and a comprehensive health strategy. This could include having more focused compacts and a JANS to look in depth at a limited number of areas key to improving service delivery. IHP+ will develop specific guidelines and approaches and possibly tools to fit fragile situations.
- In addition, in some countries government is largely dysfunctional or lacks interest in improving health, leaving an even more important role to communities and civil society. This poses a challenge to the traditional effective development cooperation approach, which tends to rely on a government to represent the country. IHP+ will develop approaches also for this context.
- Finally, IHP+ will document lessons learned on funding and coordination modalities that may be particularly well suited to the fragile context, including trust/pooled funding and joint project coordination units.

Subsequently further considerations have gone into this:

- Most important is the realisation that countries faced with fragile or challenging environments are not a homogenous group, on the contrary, they present very different issues and contexts. Any attempt to deal with the individual countries therefore has to take its point of departure in the concrete situation, the specific country context and often also regional issues.
- The importance of well-coordinated Health Systems Strengthening (HSS) also in the context of many of these countries has become an important issue to be taken forward by the transformed IHP+ partnership the International Health Partnership for UHC 2030 (UHC2030); this should include generating linkages between the coordination of humanitarian partners (HP) and development partners (DP) within health.

⁴ The 4 bullet points are the wording from the IHP+ Strategic Directions 2016-17

- WHO's HGF department has outlined a strategy to address some of the issues through its recent FIT (Foundation, Institutions, Transformation) strategy. This includes 6 foundational gaps⁵ that need to be addressed in most of these countries⁶: Financing; Health Workforce; Pharmaceuticals & Medical Products; Health Information; Governance; & Service Delivery. The international community is proposed to support these critical investments in health system Foundations in terms of both "hardware" (substantial investments) and "software" (technical assistance). Investments in health system institutions may be required in parallel; this includes for example building health sector governance, in particular health management at subnational level supported by appropriate community engagement, as well as maintaining a policy dialogue to ensure coherence between development and humanitarian partners. Accordingly, a solid assessment of the foundational and institutional gaps is needed on a country per country basis to allow tailored coordinated responses.
- The World Bank has a Fragility, Conflict and Violence Group (department headed by a Senior Director)⁷, which has worked on this area. Several publications dealing with approaches exist (see Background Documents).
- Many conflicts, emergencies and disasters are transnational by nature, which necessitates a broader regional perspective than the traditional one of the individual nation state. In addition, a purely national perspective can also hide important sub-national issues.
- The integration of health security and all hazard disaster risk management into health systems is increasingly seen as important to promote sustainability and efficiency of countries' preparedness efforts while also strengthening the wider health system. This includes specific challenges when government is unable or unwilling to invest in International Health Regulations (IHR) core capacities.
- Last but not least, the Grand Bargain launched at the 2016 Istanbul Humanitarian Summit in addition to promoting principles similar to those of effective development cooperation (EDC), also emphasizes the need for engagement between humanitarian and development actors (the humanitarian-development nexus). In this context it is important to realise that the shift from humanitarian to development assistance is rarely a linear continuum, but often a long period with complementary activities.

All these aspects are reflected in the TOR for this working group, and it is considered a high priority for UHC2030.

Objectives

⁵ 1) Financing: Invest in financial engineering to build a unified and transparent financial management system (FMS) and procurement procedures, ensuring secure and transparent financial flows and enhancing accountability. 2) Health workforce: Invest in pre-service education for the primary health care workforce, especially education pathways of six months to three years, with the parallel development of deployment and retention strategies in rural and remote areas. 3) Pharmaceuticals and medical products: Invest in supply chains and diagnostic facilities. 4) Health information: Invest in unified underlying health information systems, including surveillance. 5) Governance: invest in local health governance systems through district health management and people (citizens and community) engagement. 6) Service delivery: invest in basic infrastructure and equipment

³ Meeting report "Building health systems foundations and strengthening institutions - a global approach for UHC 2030" - Consultation with Partners - 13 June 2016 - WHO Headquarters

⁷ <http://www.worldbank.org/en/topic/fragilityconflictviolence>

Guidance for improved coordination of development and humanitarian partners and other agencies around resilient⁸ health systems strengthening in countries characterised by fragility, conflict, emergencies and/or a challenging operational environment, developed and promoted.

Situation analysis and assessment as well as coordination of Development and Humanitarian Partners and support for health systems strengthening piloted in 2-3 countries with fragile or challenging environment.

Scope of Work

- The Working Group will finalise the TOR, which will be approved by the IHP+ Core Team and submitted to the Steering Committee.
- Given the vast and diverse area of work, the Working Group will decide on a phasing of its work. One option would be to begin with addressing the collaboration in the group a) countries (see bullet points below).
- Develop guidelines and update tools for working on effective development cooperation in contexts which have low capacity, lack representative governments, conflict or other emergencies, or combinations thereof. This will include coordination around improving basic health service delivery as well as more long term HSS and issues related to all hazard emergency preparedness and IHR core capacities.
- The guidelines will have specific considerations and/or sections for at least three scenarios:
 - a) **Low capacity.** Including harmonised approaches around strengthening sub-systems key to rapidly improving service delivery, particularly PHC, supported by district health management and community engagement.
 - b) **Lack of meaningfully representative government**, i.e. government does not show signs of being interested in improving the health situation for the majority of its population or for groups within the population. This will include considerations of coordination around non-state actors, and longer term implications for re-establishment of government stewardship.
 - c) **Conflict or emergencies.** Here the role of disaster and humanitarian relief and coordination of organisations related to it, in relation to longer term development perspectives including HSS, is central, particularly the interface between – and ultimately transition from - relief to development assistance. One important element is the role of WHO, as designated global lead agency to coordinate the health sector in humanitarian contexts, within OCHA (Office for the Coordination of Humanitarian Affairs) and Humanitarian Coordinators and Country Teams. There are important differences

⁸ This can be defined as “the capacity of health actors, institutions, and populations to prepare for and effectively respond to crises; maintain core functions when a crisis hits; and, informed by lessons learned during the crisis, reorganise if conditions require it”, Kruk et al 2015.

between conflict and natural disaster situations that may warrant treating them as separate scenarios, although there are often mix of different aspects.

In many cases the situation in a given country would include elements of two or more of the elements described in a, b and c, as well as regional and sub-national issues.

- The guidelines would emphasise and provide guidance for an independent situation analysis (if possible commissioned by the government and its partners) as the foundation of any intervention. This situation analysis should include relevant regional and sub-national issues. Regarding service provision it should include all actors, e.g. government, development and humanitarian partners, private sector (both for and not for profit) and civil society.
- They would also provide guidance to coordinated support for adequate hardware and software investments to address key health systems gaps and include options for quick ways to improve health service delivery and coverage. This would be part of the assessment of the country context and include the most important gaps impeding a scale up of basic service delivery.
- If found to be a useful approach, the working group will contribute to the development of a self-assessment tool of key health systems gaps⁹ and institutional issues.
- The guidelines could provide examples, best practices, things to avoid or options to consider, but should not give blue-print guidance to the approach, given the diversity of country contexts.
- IHP+ tools and approaches to be updated would include: JANS Tool & Guidelines, Compact guidance, JAR guidance, guidance on Country Led Information & Accountability Platform, and Joint FM Assessment guidance.
- Provide suggestions on how to ensure sufficient links between Joint External Evaluation (JEE)¹⁰ and broader HSS efforts, including proper coordination and prioritisation of investments in countries with fragile context or challenging operational environment.
- Consider whether the Working Group should provide guidance for humanitarian coordination and planning in fragile contexts with a view to facilitate the interface between humanitarian and development assistance; and if decided to do so develop and implement actions in this area.
- Consider whether to specifically address the issues pertaining to coordination around health services for refugees and displaced populations; and if decided to do so develop and implement actions in this area.
- Provide inputs to the broader UHC2030 advocacy work on specific areas of advocacy within the remit of this working group.
- Case studies and literature review to analyse experience and lessons learned from mechanisms for harmonising development cooperation in the above mentioned contexts, highlighting any good practices identified, including trust funds and other funding models, joint project coordination units, use of non-governmental partners including the private-for-profit sector,

⁹ As for example outlined in the WHO FIT strategy and 6 gaps approach where they are termed “foundational gaps”

¹⁰ See: “Joint External Evaluation Tool – International Health Regulations”; WHO 2016

contracting models, improving local governance and accountability mechanisms, harmonised approaches around strengthening sub-systems key to improving short term PHC service delivery (eg essential packages of service) as well as longer term HSS, addressing regional issues, and coordination of relief and development efforts. These would ideally precede and feed into the development of guidelines. One criterion for the studies will be that it should be beneficial to developments in the country itself, not only serve a global or academic purpose.

- Facilitating, based on the approach developed, 2-3 countries (on a demand basis) for intensified joint action to improve DP and HP coordination (and the links between them) and strengthen the country health system, this would include addressing key health systems gaps.

Output

- Literature review document and case studies on coordination of support and HSS by second quarter 2017
- Guidance, including good practices documented with some lessons from harmonised mechanisms, published by September 2017
- Adapted IHP+/UHC2030 tools developed and finalised, by mid-2017.
- Actions in 2-3 countries improving partner coordination and health systems strengthening, including identifying the key health systems gaps.

Members¹¹

UHC2030 Core Team: Finn Schleimann, Senior Health Advisor, HGF, WHO; *providing the secretariat*.

DPs: Andre Griekspoor, Technical Officer, ERM, WHO ; Denis Porignon, Technical Officer, HGF, WHO; Dirk Horemans, Programme Officer, SDS, WHO; Anshu Banerjee, Director (Global Coordination), FWA, WHO; Tekabe Belay, Senior Economist, WB; Amelia Peltz, Senior Gender Advisor, Bureau of Global Health, USAID; Amy Kay, Senior Health Advisor, Middle East Bureau USAID; Satoko Horii, Senior Researcher, NIPH, Japan; Noriko Fujita, Director Division of Global Health Programs, National Center for Global Health and Medicine, Japan; Holger Thies, Advisor, GIZ; Olga Bornemisza, Technical Advisor, Health Systems, GFATM; Cornelius Oepen, International Aid Cooperation Officer, DEVCO, EC; Ian van Engelghem, Global Health Advisor, ECHO, EC; Judith Kallenberg, Head of Policy, GAVI; Montasser Kamal, Program Leader, International Development Research Centre, Canada; Taraneh Shojaei, Head of Global Health Policy Division
French Ministry of Foreign Affairs and International Development

Emergency/humanitarian agencies: Esperanza Martinez ICRC (TBC), Julie Hall, Director Health Care, IFRC; Mit Philips, Analysis & Advocacy Unit- Health Access Team, MSF (Observer)

Other organisations: Rachel Scott, Team Leader Conflict, Fragility & Resilience, OECD

¹¹ The membership will be open to all IHP+/UHC2030 signatories, the list supplied are of key members

Networks: Health Security Agenda (TBD); Kristina Yarrow, Director for Policy and Strategy Global Health (involved with EWEC & PMNCH), UNF; Egbert Sondorp, Senior Advisor Health Systems, KIT (representing the Health Systems Global Thematic Working Group on Fragile and Conflict Affected States¹²).

Countries with fragile or challenging environment: Abdul Qadir, General Director for Policy and Planning, Ministry of Public Health, Afghanistan; DRC (TBD); Benedict Harris, Asst. Minister, MoH Liberia; CAR (TBD);

CSOs/NGOs: Guy Aho Tete Benisan, Regional Coordinator, REPAOC; Kaosar Afsana, Director HNP, BRAC; Maarten Oranje, Expert on UHC, Cordaid;

Consultant(s): Enrico Pavignani, Public Health Consultant

The Working Group will decide on its chairing arrangements.

The members should include expertise on political science.

Working modalities

Audio/Video Conference

Possibly one face-to-face meeting

Commissioning of literature review and case studies

Background Documents

Pavignani & Colombo: "Strategizing in distressed health contexts"; 2016 - chapter in "Strategizing national health in the 21st century: A handbook", WHO forthcoming (*PDF will be shared*)

"A new deal for engagement in fragile states" IDPS 2011(?)

Hearn S: "Independent Review of New Deal for Engagement in Fragile States", NYU-CIC 2016:
http://cic.nyu.edu/sites/default/files/new_deal_engagement_hearn_apr14_final.pdf

"The Abu Dhabi Declaration on Upholding health and wellbeing for women, newborns, children and adolescents in humanitarian and fragile settings"; EWEC 2015:
http://www.everywomaneverychild.org/images/The_Abu_Dhabi_Declaration_Feb_2015_7.pdf

C Huang et al: "The Humanitarian-Development Divide: Addressing the "New Normal" of Protracted Displacement", CGD 2016: <http://www.cgdev.org/blog/humanitarian-development-divide-addressing-new-normal-protracted-displacement>

"PLANNING FROM THE FUTURE: Is the Humanitarian System Fit for Purpose?"; HPG, Feinstein International Center & King's College 2017

¹² <http://healthsystemsglobal.org/twg-group/8/Health-Systems-in-Fragile-and-Conflict-Affected-States/>

“Financing for Development: Addressing the Humanitarian – Development Divide”; OCHA, WFP, UNDP, IOM, UNHCR, UNICEF, UNHABITAT, WHO & IFRC 2015: <https://undg.org/wp-content/uploads/2015/07/Inter-Agency-Paper-on-Financing-for-Development-Final1.pdf>

“Bridging the humanitarian-development divide”; ACF International, Sustainable Solutions Network & NRC 2016 (?): <http://unsdsn.org/wp-content/uploads/2016/05/WHS-background-paper.pdf>

K Blanchet & B Rogers et al: “An evidence review of research on health interventions in humanitarian crises”; LSTMH, Harvard School of Public Health & ODI 2013

P Hill et al: “The “empty void” is a crowded space: health service provision at the margins of fragile and conflict affected states”; Conflict & Health 2014

J Raven et al: “Meeting Report: Fragile and conflict affected states: report from the Consultation on Collaboration for Applied Health Research and Delivery”; Conflict & Health 2014

M Kruk et al: “What is a resilient health system? Lessons from Ebola”; Lancet 2015

S Moon et al: “Post-Ebola reforms: ample analysis, inadequate action”, BMJ 2017

S Haddad & E Svoboda: “What’s the magic word? Humanitarian access and local organisations in Syria”; ODI HPG 2017

“Time to let go: remaking humanitarian action for the modern era”; ODI 2016: <https://www.odi.org/publications/10381-time-let-go-remaking-humanitarian-action-modern-era>

“After the World Humanitarian Summit - Better Humanitarian-Development Cooperation for Sustainable Results on the Ground”; Center on International Cooperation, NYU 2016

“Humanitarian and Development Collaboration: An Emerging Road Map towards Successful Interventions”

World Humanitarian Summit: Transcending humanitarian-development divides - Changing People’s Lives: From Delivering Aid to Ending Need; 2016

“States of Fragility 2016 - Understanding Violence”; OECD 2016

“States of Fragility 2016 – HIGHLIGHTS”; OECD 2016

“Aid instruments for peace- and state-building: Putting the New Deal into practice”; G7+ Secretariat 2016

Aid and Civil Protection Health - General Guidelines”. DG ECHO Thematic Policy Document n° 7; EC 2014

“How-to Note on Joint Recovery and Peacebuilding Assessments (RPBAs)”; EC, World Bank, The UN 2016

“An Assessment of external aid in the WHO Eastern Mediterranean Region”; HERA 2016 (*not released yet by EMRO*)

“World Bank Group Engagement in Situations of Fragility, Conflict, and Violence”; IEG 2016 - <http://ieg.worldbankgroup.org/Data/Evaluation/files/fcv-full.pdf>

“World Bank Group assistance to Low-Income Fragile and Conflict-Affected States”; IEG 2013 - http://ieg.worldbankgroup.org/Data/Evaluation/files/fcs_eval.pdf

“Reference Material to the FM Manual – Guidance Note to Financial Management in Cases of Fragility, Capacity Constraints and Conflict”; World Bank 2013

N Bizhan: “Improving the Fragile States Budget Transparency: Lessons from AFGHANISTAN”; GEG Working Paper 117, Oxford University 2016

G Baudienville: “Public financial management reforms in fragile states: the case of Democratic Republic of the Congo”; ODI CAPE 2012

S Cummins et al: “Pooled Funding to Support Service Delivery - Lessons of Experience from Fragile and Conflict-Affected States”; 2013

E Coppin: “Measuring good pooled funds in fragile states”; ODI 2012

J Eldon et al: “External Evaluation of Health Sector Pool Fund Liberia”; HLSP 2012

J Hughes et al: “Innovative Financing in Early Recovery: The Liberia Health Sector Pool Fund”; CGD 2012

“World Development Report 2011: Conflict, Security, and Development”; World Bank 2011 - http://siteresources.worldbank.org/INTWDRS/Resources/WDR2011_Full_Text.pdf

“Operational Approaches and Financing in Fragile States”; World Bank 2007

“The Thematic Review of the Global Fund in Fragile States”; Euro Health Group 2014

Witter & Pavignani: “Review of Global Fund Investments in Resilient and Sustainable Systems for Health in Challenging Operating Environments”; under preparation

“Gavi’s approach in Fragile Settings and Emergencies - Technical Expert Committee (TEC) meeting 23 August 2016”; Gavi Secretariat, 2016

Howe K: “No End in Sight: A Case Study of Humanitarian Action and the Syria Conflict” Planning from the Future – Component 2. The Contemporary Humanitarian Landscape: Malaise, Blockages and Game Changers; Kings College, Feinstein International Center & HPG 2016.

Whittall J: “The ‘new humanitarian aid landscape’ Case study: MSF interaction with non-traditional and emerging aid actors in Syria 2013-14”; MSF 2014

T Mowjee et al: “Coherence in Conflict: Bringing humanitarian and development aid streams together”; Danida 2015

“Good development support in fragile, at-risk and crisis affected contexts”; OECD Development Policy Papers, 2016

“Public financial management reform in fragile states – Grounds for cautious optimism?”; ODI Briefing Paper 77 2012 - <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/7840.pdf>

Fritz, Hedger & Lopes: “Strengthening Public Financial Management in Postconflict Countries”; Economic Premise paper, World Bank 2011 - <http://siteresources.worldbank.org/INTPREMNET/Resources/EP54.pdf>

“Public financial management reforms in post-conflict countries – Synthesis Report”; World Bank 2012 - <http://documents.worldbank.org/curated/en/945231468340162289/pdf/699640WPOP1206070023BOPFM0Web0Final.pdf>

“Building Public Financial Management Capacity in Fragile and Conflict-Affected States – The Case of Liberia”; World Bank Group 2012 (?) - http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/Tools/Financial_Management_Assessment/Liberia%20paper%2012-4-13%20web.pdf

M Fordgam: “Making sense of disaster, gender and health”; undated PPP from GDN & Genderetc “Guidelines for Gender-based Violence Interventions in Humanitarian Settings”; IASC 2005

“Protection Gender Different Needs, Adapted Assistance - DG ECHO Thematic Policy Document n° 6”; Humanitarian Aid & Civil Protection, EC 2013

“Joint External Evaluation Tool – International Health Regulations”; WHO 2016

WHO Country Cooperation Strategy – Strategy 2016; WHO 2016

<http://www.eldis.org/go/topics/resource-guides/conflict-and-security#.WMkdwMmAlnU>

<https://rebuildconsortium.com/health-fragile-states/>

20/3 2017