

Lessons learnt from (documented) health recovery processes

Selected remarks

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The transition environment

- **Variety of transition processes:**
 - Across countries
 - Within countries
 - Over time (worldwide and within the same country)
- Many are slow and complex processes, with unclear beginnings and unpredictable outcomes, which make sense only with hindsight.
- Hybrid situations (*no-humanitarian, no-development*) abound and persist.
- Political, economic and military concerns take always precedence over social ones.

Viewing transition processes through a complexity lens

Health systems in transition are *complex*. What are the properties of *Complex Adaptive Systems*?

- Complex systems are composed of many elements interacting dynamically across networks
- Components are linked by feedback loops
- Interactions may be non-linear
- Complex systems are far from equilibrium. They adapt and change
- System-wide properties *emerge*
- Components may be ignorant of the system as a whole.

Thus, a complex adaptive system is more than the sum of its parts...

"In India, ten blind men were asked to describe an elephant. Since each blind man was located at a different part of the animal's body, they produced ten different descriptions of the elephantine system. Each claimed to have a unique understanding of the system, and an argument ensued".



Ellencweig, 1992 from an old Indian story

Because of the complexity of health systems,
beware of sweeping generalisations...
and of confident predictions

Examples of sensible, frequently-stated, but flawed
generalisations / predictions:

- Protracted and severe conflict leads to a contraction of the health workforce.
- Service consumption is lower among conflict-affected populations.
- The health expenditure of impoverished, conflict-affected populations is low.
- Once public health services of good quality will be made available, they will be preferred to privately-provided ones.
- ...

**Completed and documented
health recovery processes:**

Uganda (1986-1995)

Mozambique (1990-1997)

Cambodia (1991-2000)

Kosovo (1999-2003)

Uganda (1986-1995)

In a nutshell:

The health sector embarked in the transition without an explicit recovery strategy.

Restoring the pre-war health system, without redefining its patterns, became by default the main recovery goal.

Lessons learnt:

- Once occurred, fundamental changes cannot be ignored or fully reversed. They must be steered in the desired direction.
- Entrenched distortions do not heal spontaneously. They have to be addressed pro-actively and in a long-term perspective.

Mozambique (1990-1997)

In a nutshell:

A realistic, knowledge-based, costed recovery strategy was formulated in wartime.

Endorsed by most agencies, it ensured coherence to disparate reconstruction initiatives.

Lessons learnt:

- It is never too early to start conceiving (and selling) a recovery strategy.
- As no single organization holds enough power to *control* developments, stakeholders should try to *inspire* them.
- Future recurrent funding levels are the starting point of the planning process.

Cambodia (1991-2000)

In a nutshell:

A rational, but uncosted recovery strategy was developed with external support.

The *Health Coverage Plan* was only partially implemented, because of (unplanned) capacity and resource constraints.

Lessons learnt:

- A rationalistic approach to recovery, which overlooks the political, economic, institutional and cultural context, is likely to run into serious difficulties.
- Without credible resource forecasts and cost estimates, policy discussions are devoid of content.
- *'In planning, there are intended and non-intended consequences. The intended consequences sometimes happen; the non-intended consequences always do'.*

Kosovo (1999-2003)

In a nutshell:

In response to the sudden unfolding of events, a radical, appealing 'big-bang' reform package was hastily formulated by concerned outsiders.

For a while, it provided order in a chaotic, fast-moving environment, and showed much promise.

But after a few years of progress, the reform process ran out of steam.

Lessons learnt:

- A rational, compelling health policy resulted in an *"organizational success and attitudinal failure"*.
- Long-suffering health systems are poor reformers. Their recovery must be gently, patiently, but firmly nursed.

Additional lessons learnt

- During a protracted crisis, systemic changes are guessed rather than measured. Some are overlooked, or mistaken. Crucial changes are understood only retrospectively.
- The search for quick fixes, magic bullets, perfect solutions is futile.
- Sector-wide and balanced strategies for health recovery are more beneficial than one-measure, or sub-sector approaches.
- Short-term solutions have the nasty propensity to evolve into long-term problems.
- As the resources made available for recovery will certainly fall short of existing needs, hard allocative choices are required.

Spotting opportunities in a crisis environment

- A serious crisis may provide the opportunity to successfully address systemic distortions.
- Adaptation (always) and innovation (sometimes) take place under stress.
- Successful responses to crisis may provide (micro) models for the design of strengthened health systems.
- Precious opportunities may exist, but go unnoticed and be forgotten.
- Recognising systemic opportunities as such is possible only through a careful study of the health system.
- Taking advantage of existing opportunities calls for operational and networking capacity, flexible funding and risk-taking.

Likely attributes of a successful (and complexity-aware) health recovery strategy

- Grounded in the intimate understanding of the main problems affecting the health sector, and...
- ...consistent with key developments outside the health field.
- Marrying insider with outsider knowledge / experience.
- Built on a realistic assessment of the resources and the capacity likely to become available.
- Thus, opportunistic, focusing on *"what can be usefully done, not on what should be done"*.
- Negotiated with and endorsed by key stakeholders.
- Consistently implemented over a long period.
- Continuously updated and adapted to the evolving context.