

# Health Systems and Fragility in French-speaking Africa: Challenges and Prospects

## Concept note

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**Authors:** Joël Arthur Kiendrébéogo ([jkiendre@gmail.com](mailto:jkiendre@gmail.com))  
S. Pierre Yaméogo ([yampite@gmail.com](mailto:yampite@gmail.com))  
Matthieu Tchetché ([tchetchem@gmail.com](mailto:tchetchem@gmail.com))  
Léonard Ntakarutimana ([ntakarutimana69leonard@yahoo.fr](mailto:ntakarutimana69leonard@yahoo.fr))  
Oumar Ouattara ([oumar@oumarouattara.ml](mailto:oumar@oumarouattara.ml))  
Aloys Zongo ([zaloys03@yahoo.fr](mailto:zaloys03@yahoo.fr))  
Jean-Pierre Noterman ([jpnoterman@hotmail.com](mailto:jpnoterman@hotmail.com))  
Mohamed Ali Ag Ahmed ([mohamed-ali.ag-ahmed.1@ulaval.ca](mailto:mohamed-ali.ag-ahmed.1@ulaval.ca))  
Willem van de Put ([wvandeput@itg.be](mailto:wvandeput@itg.be))  
Sophie Witter ([sophiewitter@blueyonder.co.uk](mailto:sophiewitter@blueyonder.co.uk))  
Bruno Meessen ([bmeessen@thecollectivity.org](mailto:bmeessen@thecollectivity.org))

## Summary

*This concept note pursues the topic discussed during a workshop held at the Institute of Tropical Medicine, Antwerp, from 15 to 17 October 2018. Its purpose is to consolidate and reconfigure the support given to weakening health systems in countries of French-speaking Africa. We propose to do this through an original process which gives a central role to national experts; takes advantage of available scientific knowledge; is collaborative and leads to concrete action. It is designed to engage the support of international stakeholders.*

*We propose to launch this process in 2019 via an international conference. The responsibility will be in the hands of an organising committee consisting of relevant partners. The first step is to set up this organising committee.*

## 1. Diagnosis

In recent years, several French-speaking African countries have seen their overall situation deteriorate, due to a combination of internal and external ecological, demographic, political, economic and security factors<sup>1</sup>. These indicators also have an impact on the health system.

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<sup>1</sup> For a comparison of the level of governance among African countries see the latest report of the Mo Ibrahim Foundation. It confirms the progressive deterioration in several French-speaking countries in Africa (Mo Ibrahim Foundation 2018. Ibrahim Index of African Governance, Index Report, London).

At a [recent workshop](#) organised by several Communities of Practice at the Institute of Tropical Medicine in Antwerp, researchers and practitioners from Africa and Europe examined this disturbing development. They observed that in several French-speaking African countries, the development trajectory is now uncertain; in others, the risks of destabilisation have increased. For countries whose weaknesses are known, their analysis is that **this new reality** - close to what is labelled as "Fragile States" - **has not been systematically integrated by national and international actors involved in the development of health systems.**

The failure to recognise the symptoms is detrimental to effective collective action and to the achievement of sustainable development goals (SDGs). The new context suggests that the support given to these so-called "Fragile States" (part of the internal degradation stems from the failure of the state to fulfil its basic contract with its citizens), should possibly be strengthened, but more particularly that **its very nature should be reviewed.**

In reality, some actions would no longer be sustainable because of the high security risks faced by state staff and foreign aid workers. This situation requires new strategies that enable countries and their partners to fall back on robust solutions compatible with local capacities and built on systems that are able to withstand any future upheavals (concept of resilient health systems).<sup>2</sup>

## **2. The concept of 'Fragile State' and its applications**

The concept of "Fragile State" has been defined by the OECD (2008) as a situation where the state lacks the political commitment and / or capacity to provide its citizens with the basic services required to reduce poverty and insecurity, and promote development and human rights.<sup>3</sup> The conceptual clarification of the Fragile State has emerged from a collective diagnosis (donor countries, aid and development actors, regional economic unions, scientific community and countries concerned). They concluded that it would best to identify these countries by level of vulnerability and thus optimise the support provided to some of them.

In 2008, the second conference of the *Observatoire de l'Afrique* focused on "State Fragility in African countries". This conference aimed to give Africa the floor on this topic, explore relevant lines of thought to shed light on and challenge academics and policy makers on the Fragile State phenomenon. The conference reinstated the usefulness of this paradigm in the context of African governance. It also took a critical look at the type of interventionism and policy instruments developed to address the concept of "Fragile State"<sup>4</sup>.

Similarly, in 2013 in Dili (capital of East Timor), a major international conference marked a collective commitment specifically to Fragile States. Many donor countries and aid actors have since reoriented their resources, adapted their support, and revised their modes of intervention in these countries (e.g. the choices made by the Global Fund). Interesting

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<sup>2</sup> MP Kiery & Dovlo. 2015. Beyond Ebola: a new agenda for resilient health systems. *Lancet* 385, 9963, pp 91-92.

<sup>3</sup> Also read this [blog](#) on the website of the World Bank. Numerous experts prefer the less stigmatising 'fragile and conflict affected states or settings' (FCAS).

<sup>4</sup> [http://www.guillaumenaicse.com/wp-content/uploads/2014/12/Fragile\\_Statehood-French\\_version.pdf](http://www.guillaumenaicse.com/wp-content/uploads/2014/12/Fragile_Statehood-French_version.pdf)

developments have also taken place on the research side. DFID has, for example, encouraged and funded the establishment of a scientific consortium to study the challenges Fragile State face in developing their health systems (see [ReBUILD](#)).

In addition, a team from the Institute of Tropical Medicine in Antwerp recently completed a literature review for the UHC 2030 partnership (based at WHO Geneva). In particular, it became clear that for the health sector, **the fragility framework diagram was rarely applied to French-speaking Africa and even less so to the Sahel countries**. This observation was confirmed at the Antwerp workshop<sup>5</sup> by [Professor Sophie Witter](#), coordinator of the ReBUILD programme. It suggests that the reality of the Fragile State has not yet been sufficiently "taken in" by the actors in French-speaking Africa. At the same time, it entails a great risk that action will continue to be seen in the general frameworks of "development", that are potentially rendered obsolete by contextual changes. In addition, empirical studies (all published in English) focus almost exclusively on countries such as Sierra Leone, Afghanistan, Cambodia or Mozambique, which means there is a lack of relevant empirical analyses to guide action in countries such as those in the Sahel region or Central Africa.

### 3. Our proposal

We propose to launch a multi-stakeholder process for a period of between 18 and 36 months. The main objective is **to gain the support of the different actors involved in health systems strengthening (HSS) in countries with Fragile State prospects and faced with operational implications arising from an analysis constructed on this outlook**.

At the end of the process, we would like to achieve the following:

1. Important national and international actors are familiar with the Fragile State framework diagram, can apply it to their own reality and appreciate its relevance in defining their own action in the countries concerned.
2. Stakeholders begin to engage in an aligned review of their structures - they incorporate the outlines of the Fragile State framework diagram into their work plan.
3. The parties involved in the process know each other better and develop a greater willingness to work together, especially on issues requiring broader collaboration.
4. The relevant knowledge ecosystem for future action is consolidated through a stronger role for stakeholders in the countries concerned.

The process is built on several pillars.

1. It will only get broad support if **it involves all parties in an open, transparent, participatory, accountable and balanced way**.
2. It will be legitimate only if **it gives an important place to health system experts of the countries concerned** because of their practical and lay knowledge and their capacity to lead this type of strategic reflection on the future of their health system.

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<sup>5</sup> This workshop was held from October 15 to 17, 2018 on the theme: "Learning for UHC"

3. Its quality will only be guaranteed if **it values the scientific knowledge currently available**, especially knowledge of local political constraints (political sciences), health challenges and disease burden, strengthening of health systems and the issues of Fragile States.
4. At the appropriate stages it will be **multidisciplinary** and connect silos, parties which, today, ignored each other (e.g. environmental, safety, education specialists).
5. It will only have an impact if **the political authorities of the countries concerned recognise the legitimacy of the process, its relevance and the quality of its results**. This suggests their full participation and membership.
6. It will only have an impact if **the external partners (donors, agencies and international NGOs) recognise the results of the process and ensure / undertake to implement these results and recommendations that it will also produce for them**.
7. It will have a lasting impact only if its results are publicly communicated to the national civil societies of the countries concerned and if the implementation of **the action points is monitored by the actors of these civil societies**. Ideally these actors will have been involved from the very beginning of the process.

It is proposed that the process is set up around initiatives such as, for example, the action programme of the [Sahel Alliance](#). This could provide it with more resources and political legitimacy. If the process would turn into a policy, its starting point should primarily be research and **knowledge management**. This includes opening to potentially dynamic and certainly well-informed actors (e.g. researchers in political or environmental science). It should also build on what has been developed in recent years, particularly at the level of different Communities of Practice. Finally, a transformation of decision-making processes at country level should be promoted, taking scientific knowledge into account.

As the whole process is related to generating and sharing knowledge, it should be given flexible leeway, not constrained by more political or diplomatic dynamics of interaction. To ensure this, we propose:

- to entrust the general organisation to a joint steering committee;
- to entrust a substantial part of the implementation to national experts of the countries concerned, through different thematic communities of practice (possibly in collaboration with institutional partner structures).

#### **4. First activity: an international conference**

We could consider a whole series of collective projects on different relevant learning agendas. However, at the Antwerp workshop, we agreed that the priority was to organise an **international conference**.

Below, we set out the possible characteristics of the **format** of such a conference:

- it would fall within the objectives and principles identified under point 3;

- it would be supported by international agencies;
- it would take place in a French-speaking African country (first choice), in France, Belgium or Switzerland (second choice);
- it would be held in French;
- it would have an official status: invitations for the participation of a mixed national delegation would be sent to the Ministers of Health, possibly through the Ministries of Foreign Affairs;
- it would bring together national representatives, international agencies, practitioners, researchers and representatives of civil society;
- it would be held late 2019;
- in terms of organisation, a role would be given to the new entity that will soon take over the agenda and activities of Communities of Practice.

The first elements of content are listed below:

- The conference will be preceded by preparatory work by experts active in the invited countries; from a common grid (to be developed by a working group), they would document the situation in their country. This approach would make it possible to identify common challenges, but also specificities.
- The speakers will come from groups of researchers active in this domain for several years (e.g. [ReBUILD](#)).
- The conference will promote the sharing of experience on alternatives developed in situations of insecurity or lack of health resources.
- One of the exercises during the conference would be to initiate a more systematic approach to the issues related to fragility when prioritising public health activities. It will include a review of some flagship interventions (e.g. community health workers, free healthcare initiatives, universal health insurance, strategic purchasing) and an assessment of their potential in fragile state or areas.
- Agreement on dynamic mapping (*dashboard*) to monitor the evolution of specific indicators in the fragile countries and a follow-up on the corrective actions.

## 5. Participation

The conference needs an organising committee and we propose that several of the signatories of this concept note, and representatives of important partners get involved to ensure a successful outcome. This committee could later steer the process in its entirety.

The projects implemented under this process (in particular the development of the fragility framework diagram, and the country studies based on this model) will be collective and **open to application** (via the collaborative platform [Collectivity](#)) to respect the principle of transparent and general mobilisation.

To ensure the smooth preparation of the conference, a **preparatory meeting** should be held to broaden the circle of partners willing to support the organisation of the conference. The idea would be to have: a high representative of the French-speaking country willing to host the conference, the key multilateral agencies (In particular WAHO, WHO AFRO and Geneva, UNICEF, the Global Fund, GAVI, the World Bank and the Agence de la Francophonie), interested bilateral agencies (AFD, ENABEL, GIZ, Lux Dev, Canada, Switzerland...) and possible humanitarian actors (MSF, Doctors of the World, MEMISA, ALIMA...). Representatives from different Communities of Practice (e.g. CoP Santé Communautaire – Community Health) and networks (e.g. *HSG Technical Working Group on Health Systems in Fragile and Conflict Affected States*, *Health System Governance Collaborative*, *UHC 2030*, *UHC Accelerators...*) would also be invited.

A series of **webinars** to draw attention to the agenda of the conference could also be held.

## **6. Next steps**

This concept note is disseminated for further discussion (work in progress). During the second half of April, a conference call will be held with interested parties. A date and place for the preparatory meeting must be agreed. This teleconference could be preceded by bilateral discussions with members of the drafting group.