

# «Fit for PURPOSE» in disrupted health systems - recap

- Fragile/failed States, strong societies
  - Build on local dynamics, avoid importing «best practices»
- «Health environment» is not void
  - Engage with new partners or in new ways with old partners
- Development of health system is organic, not linear
  - Accommodate uncertainty, flexible planning, accept waste of resources, modest goals
- Shocks are the norm
  - Avoid humanitarian/development divide
- Strategy development and planning are political processes
  - Negotiate, re-define coordination and multisectoral work
- Chronic lack of resources for health
  - Tailor mixed health financing strategies, challenge aid industry

<b>Type</b>
<i>Politically-legitimate but technically-weak government, with a ministry of health willing to lead healthcare developments</i>
<i>Absent, disinterested or resource-less government leaving both policy formulation and healthcare provision to other actors</i>
<i>Stable / peaceful but poor and vulnerable country, with health authorities unable to play a leading role in the healthcare field (despite their legitimate mandate)</i>
<i>Recognised central government, formally in charge of the healthcare field, but with contested regions and opposed by powerful donors on political or human-rights grounds</i>
<i>Permanent turmoil, with contested government, competing power holders, unresolved conflicts</i>