Fragile states are home to 15% of the world’s population but one-third of its poorest people, nearly half of child mortality, one-third of maternal deaths and one-third of undernourished children. Unless the international community finds more effective ways to deliver aid, strengthen health systems and improve health-service delivery in these countries, millions of children will continue to die and the health Millennium Development Goals (MDGs) will not be met.

What is a fragile state?

There is neither universal consensus on the definition of fragile states nor a definitive list. However, working definitions generally identify states that are unable or unwilling to fulfil the basic functions of statehood. Save the Children defines fragile states as those that are unable or unwilling to create the economic, social and political conditions in which the rights of children can be realised. Fragile states are characterised by political instability, corruption, poor governance, low acceptance of the rule of law, conflict, degraded infrastructure, migration of skilled workers, weak economic growth and extreme poverty. Fragile states also threaten global security – with conflict, organised crime, migration, human trafficking and epidemics frequently crossing borders.

The right to health

Everyone has the right to health and all governments – including those of fragile states – have signed at least one international human rights agreement that guarantees this right. The international community is also obliged to support countries in achieving health for all, a commitment reflected in the health MDGs. But, despite some progress, fragile states are least likely to achieve the goals.

The barriers to providing health services in fragile states are great. They include weak systems, poor infrastructure, lack of resources and trained staff, low staff morale, weak monitoring and evaluation systems, and an unregulated private sector. Barriers to access are also significant – insecurity, poor geographic access, exclusion of certain population groups, inability to pay for health care and lack of information.
The global response

Fragile states receive 43% less aid than their health and poverty indicators demand. In addition, governments in fragile states do not often prioritise the health sector in budget allocations. Even when aid is given to fragile states, it tends to be short-term, unpredictable, poorly sequenced and fails to reflect national priorities. Uncertainty over funding, for both government and non-state actors, significantly reduces their capacity to implement effective pro-poor health policies and strategies or strengthen health systems.

Health-sector funding is further complicated by disparate global and bilateral funding methods. There is a lack of coordination between donors and poor alignment of the policies and strategies of different agencies, donors and governments. Despite efforts to develop more effective ways of coordinating aid and improve its effectiveness, large gaps remain. Existing mechanisms often fail to take into account the lengthy transition from a humanitarian response to longer-term development and do not provide financial and programmatic ‘bridges’. In the health sector, this can mean that the gains achieved during the immediate post-conflict or post-emergency period – such as increased access to services and the training of health workers – can be lost.

Similarly, humanitarian organisations tend to focus on short-term needs and are sometimes reluctant to engage with the processes and institutions needed to build long-term sustainable solutions. Yet strengthening health systems – at local, district and national level – is crucial to effective service delivery, equitable health outcomes and sustainability. The experience of Save the Children and others demonstrates that the twin goals of humanitarian action and long-term system strengthening can be reconciled, even in challenging environments.

More recently, there has been a shift in thinking about the role of service provision as a contributor to the long-term process of state-building. The design, implementation and monitoring of health sector programmes must address inequity, promote participation and improve accountability and governance mechanisms. Also central to improved health governance, is the role of civil society - at all levels; it is crucial to both health systems strengthening and state-building efforts that they promote a locally-driven and owned reform agenda.

Child survival in fragile states

The high-impact, cost-effective interventions that can reduce child and maternal deaths are well-known but the health systems and services that would deliver them – particularly for poor, vulnerable and marginalised groups – are often at near or total collapse. As children in fragile states have the worst chance of survival, the link between fragility and maternal and child survival should be apparent. However, a recent report for The Global Campaign for the Health Millennium Development Goals failed to highlight the significant constraints of delivering maternal and child health services in fragile states and the challenges in mitigating further deteriorations in both health status and state fragility as a result of the global economic crisis.
Child survival in fragile states: the facts

- Fragile states account for 45% of all child deaths.
- The proportion of people living with HIV and AIDS is four times greater and the malaria mortality rate 13 times higher in fragile states than in other developing countries.
- More than 2 million children have died over the past decade as a direct result of armed conflict.\(^9\) During a typical five-year war, infant mortality increases by 13%.\(^10\)
- In sub-Saharan Africa, the number of undernourished people increased by 37 million between 1991 and 2002. More than 18 million of these were children, increasingly vulnerable to illness and death. Five war-torn countries accounted for 78% of the region’s increase.\(^11\)

Research and innovation for health in fragile states remains under-funded and neglected.\(^12\) While evidence from non-fragile states is useful, the specific challenges of fragile states require more targeted research and new research partnerships. Further research is needed on innovative approaches to health-service delivery and on the relationship between health-system strengthening and state-building. Greater efforts are also required to share lessons learned and good practice, including the Health and Fragile States Network.\(^13\)

What needs to improve?
Action to improve health in fragile states needs to strengthen systems and address the root causes of fragility.

1. **Address short-term needs and long-term sustainability**

Because fragility has multiple causes and manifestations, no single formula will fit all contexts. Governments, donors and partners need to invest in strategies that can be adapted to different levels of government engagement, institutional capacities and country contexts. Governments, donors and partners must address immediate priority needs; promote and implement cost-effective, high-impact interventions; and build and support health systems. Strategies must not overwhelm the existing capacity of state and non-state actors, should be incremental and build the capacity of local and national service providers.

Health-sector programmes should be designed and implemented in ways that improve accountability and governance, promote equity, reduce exclusion and marginalisation and encourage social cohesion. Institutional mechanisms must be transparent and responsive. And, crucially, civil society needs to be supported to engage effectively with the state, to be able to influence policies and institutions, monitor health outcomes and hold governments to account for their delivery of the right to health.
2. Increase volume and quality of health aid to fragile states
Donors must commit to increase long-term, predictable aid for health to fragile states. Funding mechanisms for this aid must be flexible and able to respond to different and changing contexts. Donor governments must uphold the commitments they have made to improving harmonisation and alignment of aid delivery, and address the disparities in aid allocated, the duplication of efforts and the neglect of fragile states. A number of fragile states are part of the International Health Partnership aid mechanism, which should be monitored to determine its impact on health outcomes, health-system strengthening and the broader state-building agenda.14

3. Greater links with maternal, newborn and child health
Much greater collaboration between stakeholders working on fragile states and those working on maternal, newborn and child survival is needed to implement appropriate and efficient strategies. The UK Department for International Development and the World Health Organization are key actors in both sectors and need to do more to draw the two together, improve collaboration and ensure the appropriate focus on fragile states.

4. Increased investment in research and innovative approaches
Increased financial investment in research and dissemination is required from donors and research institutions if successful solutions to the myriad of challenges to healthcare provision in fragile states are to be found. Sharing best practice and learning from different contexts is essential, and the health and Fragile States Network should be supported to continue this work.

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