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COVID-19 – A Game Changer in International Health Cooperation?

What can NGOs practically do to build resilience in their partner countries?

The role of Swiss NGOs in building resilient health systems

By Pauline Yongeun Grimm

Since the surge of the COVID-19 pandemic, there has been a renewed interest in building resilience in health systems as a way to deal with the current pandemic and to prepare for the next crisis. Based on a series of twenty interviews with Medicus Mundi Switzerland (MMS) member organisations, this article reviews positions and experiences of Swiss NGOs over the last years in dealing with health system shocks and refers to the role that NGOs can play in resilience building.



Devastation caused by the Cyclone Nargis in Myanmar. Photo: © Dr. Than Lwin

Re-emergence of ‘resilience’ in health systems in the context of prolific shocks

The COVID-19 pandemic has overshadowed much of our everyday lives. While the pandemic has inundated us with constant newsfeeds on the evolving nature of virus variants, vaccines and containment measures, the threat of extreme weather events, natural disasters, conflict, and economic recession remain. The United Nations Office for Disaster Risk Reductions (UNDRR) reported that there has been a two-fold increase in climate-related disasters in the past twenty years compared with the previous twenty years, with evidence of climate change increasing the frequency and intensity of extreme weather events in the future (IPCC, 2012). The International Rescue Committee (IRC) has released its 2021 Emergency Watchlist of humanitarian crises that are expected to deteriorate over the coming years, exacerbated by the triple threat of conflict, climate change and COVID-19 (International Rescue Committee, 2021).

Resilience, the capacity of systems and societies to absorb, adapt and transform when exposed to a shock, has long been a part of the disaster management lexicon. Since the 1960's, global disaster relief efforts have pointed to the importance of disaster preparedness and rehabilitation, shaping the concept that the affected populations could prepare for shocks, adjust, and learn from their experiences. In the Sendai Framework for Disaster Risk Reduction (2015-2030), the first agreement endorsed by the UN after Agenda 2030, resilience is highlighted as both a goal and a priority for action to reduce and prevent disaster risks across the world (UN, 2015). Since the surge of the COVID-19 pandemic, there has been a renewed interest in addressing resilience in health systems as a way to deal with the current pandemic and to prepare for the next crisis.



Rural Health Centre Monitoring Visit in Myanmar. Photo: © Dr. Than Lwin

Based on a series of twenty interviews with Medicus Mundi Switzerland (MMS) member organisations conducted in 2021, this article reviews positions and experiences of Swiss NGOs over the last years in dealing with health system shocks and refers to the role that NGOs can play in resilience building.

Complex nature of shocks

According to the responses of MMS member organisations, shocks experienced in their partner countries have increased in frequency and intensity over the years. Furthermore, these shocks exhibited unprecedented levels of complexity. The legacy of protracted political conflicts, the proliferation of climate change induced extreme weather events, and the emergence of new strains of viruses have exposed greater vulnerabilities in health systems particularly of low- and middle- income countries.

"We are confronted with increasing fragility in these (our partner) countries. We see situations which we believe are stable, but all of a sudden there are wars coming. Chad, northern Mozambique, Myanmar, Zimbabwe. This makes things really complicated." (MMS member 1)

"It comes from practice as well since we have some cases where the health infrastructure were impacted by conflict and climate change induced natural events. We have a long term presence in Bangladesh and this is clearly one of the most vulnerable countries" (MMS member 2)

The on-going COVID-19 pandemic undoubtedly poses a major shock, testing health systems around the world. One respondent warned that the COVID-19 pandemic has the risk of mirroring the Ebola crisis where all resources had been channelled into targeting a single epidemic rather than strengthening the overall health system. Meanwhile, the countries' capacities to test, track and contain further spread are severely challenged by the need to uphold its people's livelihoods.

"You remember the big shocks, like Ebola where all the funding went directly to support Ebola. That is something that always happens. COVID is an example now. When Ebola happened, everything in the region in West Africa went to cover Ebola." (MMS member 3)

Swiss NGOs' views on resilience

A number of Swiss NGOs saw resilience as an investment towards health system strengthening; health systems need to develop resilience through its on-going developments in order to continue delivering services both during times of crises and calm.

"Our highest goal is health system strengthening. That is very unsexy. But I must admit we look it less through the resilience lens. If you talk about shocks and resilience, the health system needs already to develop a resilience to these ongoing developments. Who are the additional health workers, where are the additional

facilities? So they need to address this. We (as an organisation) have decided what are our core areas for us and added value/impact. We don't look it through only through shocks, earthquakes, Ebola, war, etc, lens, but through the lens of also normal service delivery in a changing environment." (MMS member 1)



COVID-19: Philippines. Photo: © Eric Sales/ Asian Development Bank

Regarding practical investments towards resilience, organisations were at different stages. Whilst many admitted that proactive incorporation of resilience into their programmes have been a relatively new phenomenon, one organisation has already advanced in its pursuit to develop a resilience marker; a designated division has developed these resilience indicators applicable to all sector programmes.

"We look at resilience when it comes to the engagements with the communities. But we haven't looked at it from a purely health system resilience aspect. That's also anyway a fairly new perspective on health system." (MMS member 4)

How can Swiss NGOs contribute to resilience building?

The experiences and perspectives of Swiss NGOs illuminate insights on the role NGOs can play in resilience building. More NGOs are incorporating resilience into their mainstream health programming in order to ensure uninterrupted health service delivery in their partner

countries. In addition, as a bridge between communities and governments, NGOs can leverage their strategic position to provide necessary checks and balances, holding governments and stakeholders accountable for their responsibilities towards citizens.

Many NGOs echoed the importance of contributing to capacity building and training of frontline workers and believed this is the area they can truly make a difference. As shared by one participant, however, NGOs ought to be mindful of building capacity at different levels of the health ministry both central and peripheral. It is also critical to endorse good practices through liaising partnerships across geographic regions, taking into account the countries' unique contextual history.

“I think NGOs can change enormously the way they work and absolutely collaborate with the ministry of health to improve the capacity. There are gaps everywhere, from medical point of view, psychological. I think NGOs should really specialise on these and supporting ministry of health rather than vertical programmes. There could be better partnerships from North to South, also from South to South, to reinforce the human resources.” (MMS member 5)

Many Swiss NGOs are operating in countries with fragile and weak governance systems where resilience-building efforts are severely compromised as a result of decades of political and social conflicts. These contexts require humility and patience of NGOs to support platforms where different actors can collaborate based on trust and common grounds. A strong community and civil society network may facilitate a bottom-up momentum to buttress the local government with the existing norms and values that bind the society together. For example, one participant shared that in the context of failed or fragile states, strong community structures may fill vacuums created by the lack of state governance. Meanwhile, the solidarity of participating communities reinforced resilience and enabled communities to cooperate for a common good.

“Sometimes you could not work with the government, in the case of Taliban. Then, the development agency tries to build up the community structures and then strengthening them. They are still there and always there. Especially in times of crises they can easily be activated and there is a lot of solidarity and short decision-making structures and agile. This is a big factor when it comes to resilience of a community and of supporting the health system.” (MMS Member 4)

NGOs have the advantage of operating beyond political affiliations and can focus their investments on building the community's trust and meeting civil society needs. In times of crises, NGOs can move beyond resource mobilization and technical assistance towards

restoring the fabric of trust and legitimacy amongst community and civil society groups, which would jumpstart the momentum of resilience building in their partner countries.

Conclusion

The experiences and perspectives of the Swiss NGOs highlight the vital role they can play in building resilient health systems in their partner countries. Resilience building will not only prepare countries for future shocks, but also bridge the disparate health and development agenda in order to address the nexus between humanitarian aid and development cooperation.

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