

MOMENTUM

Integrated Health Resilience



February 2023

■ Meeting Report

NOT IF, BUT WHEN: ENHANCING INDIVIDUAL AND HEALTH SYSTEM RESILIENCE FOR BETTER FP/RH OUTCOMES IN FRAGILE SETTINGS

MOMENTUM Integrated Health Resilience, FP2030, and the Women's Refugee Commission hosted a side event at the International Conference on Family Planning (ICFP) in Pattaya, Thailand, on Monday, November 14, 2022. The meeting was attended by approximately 50 people representing ministries of health, donors, and implementing partners. This briefing note provides a summary of the event, including outcomes of group discussions focused on moving the global health community forward with health resilience and emergency preparedness for voluntary family planning and reproductive health.

OBJECTIVES

- To advance collective knowledge on the multi-dimensional relationship between family planning/ reproductive health (FP/RH), fragility, and resilience
- To deepen understanding of the approaches, lessons, and considerations in operationalizing FP/RH resilience strengthening, including preparedness, at individual, service delivery, and systems levels
- To initiate a joint multi-stakeholder action plan for the humanitarian-development-peace nexus to strengthen resilience and advance FP/RH goals

SUMMARY

Two presentations set the stage for the event by focusing on health resilience in fragile settings and the state of FP in humanitarian settings, including those with protracted crises. Fragility and crises affect both the availability of and access to FP services in addition to impacting demand, as some women may want to delay pregnancies during a crisis while others may want to become pregnant. Fostering resilient societies and systems is central to the success of FP efforts, and investments in FP are critical to efforts to reduce fragility and strengthen resilience.



Following these presentations was a panel discussion that explored priorities to strengthen health resilience at the policy, health systems, and individual/community/household levels. At the policy level, panelists discussed investing in strong preparedness strategies and breaking down siloes between humanitarian and development actors as being key priorities to strengthen resilience. At the health systems level, panelists called for a broader look at global health systems—rather than national health systems—because “fragility knows no boundaries.” At the individual, household, and community levels, panelists emphasized the need to support self-care, including: ensuring that individuals have accurate information and access to products; laying groundwork to train and resourced providers, including community health workers, to support self-care; and enacting supportive national policies and strategies.

Finally, building resilience requires: 1) a focus on youth as a diverse group that is both highly vulnerable and has much to contribute through co-creation and implementation of innovative strategies; and 2) a focus on addressing gender norms that impact family planning access. As FP2030 Youth Focal Point Mariama Abdou Gado said, "Young people and civil society are great at providing evidence for programming, adapting programs, and resource mobilization. They are already doing a lot without support and can achieve extraordinary things with the right resources."

OUTCOME OF GROUP DISCUSSIONS

Participants worked in groups to generate ideas and strategies for collective action by the FP/RH community to advance health resilience. The groups focused on 1) Policy and advocacy for health resilience; 2) Health resilience through health systems strengthening and at the health facility level; and 3) Health resilience at the community, household, and individual levels.

POLICY AND ADVOCACY

Group discussants noted that countries are increasingly recognizing and prioritizing emergency preparedness, response, and resilience for FP/RH, and observed that almost 68 percent of newly launched FP2030 commitments include elements of emergency preparedness and response, the Minimum Initial Services Package (MISP) for Sexual and Reproductive Health, and/or increasing access to and use of FP in humanitarian settings. FP2030 commitments need to be institutionalized into global, regional, and country policies, strategies, action plans, and accountability mechanisms.

Further, financing mechanisms need to be put in place and funding mobilized from different sources to facilitate policy execution, including from the domestic public and private sectors, and humanitarian and development multisectoral actors. Meaningful engagement of various stakeholders and formation of partnerships are fundamental to implement, sustain, monitor, and account for the policy commitments over time. Advocacy and accountability efforts involving civil society and youth organizations, the media, and regional and global institutions that operate in the humanitarian-development nexus, among other key actors engaged in sectors most affected by fragile conditions, are instrumental to foster a robust multisectoral policy process. Also, it is essential to have sound evidence to both strengthen the rationale for resilience and to establish proven practices to facilitate effective service delivery and programming in order to advance resilience at individual, household, community, and national levels. Specifically, group discussants recommended the following:

- Advance country commitments into policies to include preparedness and resilience strengthening as part of FP/RH programming, including inclusion in costed implementation planning processes and other strategic plans.
- Identify strategic and mutually reinforcing opportunities within existing policies and plans to integrate sexual and reproductive health and rights (SRHR); for instance: global frameworks and national disaster preparedness and response plans (NDPRP); regional economic commitments (RECS); and intergovernmental coordination mechanisms; and inclusion of the full range of contraceptives and other commodities needed for MISP implementation in national Essential Medicines Lists to facilitate availability in both stable times and crises.
- Design and implement advocacy strategies that meaningfully engage actors and marginalized and underserved groups most affected by fragility in the frontline of local advocacy. These include civil society organization (CSOs), youth-led organizations, organizations of people with disabilities, and women-led organizations, among others, as well as strategic partners, networks, and coalitions, such as the media and regional bodies.
- Develop sound, evidence-based advocacy messages to garner political, financial, human, and social capital for resilience efforts, including messages tailored to multisectoral issues that matter to different country contexts, including potential and real return on investment.
- Generate and share evidence on several priority knowledge gaps including:
 - impact of shocks and stresses on access, demand, and use of FP
 - impact of economic shocks on payment capacity of individuals to access SRH
 - feasible and effective interventions for resilience strengthening
 - impact of resilience strengthening on FP/RH and fragility outcomes
- Elevate thought leadership on resilience and FP/RH, including by:
 - Securing global technical review and validation of the available evidence on resilience and FP/RH
 - Revising High Impact Practice (HIPs) briefs, where necessary and appropriate, to include interventions to the improve resilience attributes of HIPs.
- Promote dialogue on preparedness and resilience and engage experts in these areas in existing SRH technical working groups and multisectoral technical working groups. Dialogue on preparedness and resilience needs to engage humanitarian and development actors operating in the nexus.
- Make the case that preparedness and resilience should be part of any FP-related work, hence funding should be available through any stream; these would fit particularly well under development programs. Mobilize funding from a variety of humanitarian and development funders to implement preparedness and resilience strengthening interventions, including for MISP readiness assessments and MISP implementation plans. Generate funding initiatives that bring together humanitarian and development stakeholders to leverage their respective expertise.
- Expand governance and coordination of emergency preparedness beyond MISP implementation to support continuity of operations across different service delivery channels and networks of partners, including the private sector and non-traditional partners.

HEALTH SYSTEMS STRENGTHENING AND SERVICE DELIVERY

The group that discussed health system strengthening and service delivery identified a variety of ways to increase resilience through a focus on continuity of care in fragile settings (before, during, and after shocks), strengthening quality of care, and developing alternative service models.

- Advocate for increased governmental financial commitments to the health sector, including human resources, as well as pooled funding for preparedness, similar to current response funding mechanisms.
- Strengthen government buy in for emergency preparedness and resilience through government commitments, coordination, and capacity building at both the central level for strategy planning and the facility/service provider level.
- Strengthen partnerships and communications channels between public, private, and non-traditional actors to improve coordinated, multi-sectoral response (establish or support existing coordination mechanisms).
- Strengthen capacity for SRH emergency preparedness and response across the health workforce, including through dedicated MISP training, and inclusion of the MISP in pre- and in-service training.
- Strengthen supply chain preparedness through pre-identifying multiple supply sources and prepositioning supplies (buffer stock) for essential medical and pharmaceutical products when strategic.
- Strengthen quality of care and capacity building of facility- and community-based providers.
- Ensure continuity of care through facility- and/or community-based providers, including through contingency plans for mobile and outreach clinics, to ensure continued service delivery when static facilities are disrupted, and through intentional redundancy of services, as a resilience strategy.
- Promote social accountability through facility-community linkages.
- Support health information systems and use of data for decision-making.

INDIVIDUAL, HOUSEHOLD, AND COMMUNITY

Two groups discussed ways to strengthen resilience for households and communities. Two main strategies are: 1) to strengthen social capital and community, household, and individual preparedness is through inclusive capacity and risk assessments and preparedness planning (involving youth, people with disabilities, older people, LGBTQI+ populations, and other diverse community groups); and 2) to strengthen community systems (and awareness of these systems) to increase service delivery redundancy and ensure access to alternative service delivery points during health facility disruptions.

- Directly fund adolescent, youth, and other community groups to design and lead programming through preparedness, response, and recovery, and promote youth leadership in resilience strengthening efforts at local, national, and global levels.
- Ensure that community-led activities in preparedness, response, and recovery are inclusive of adolescents and youth, people with disabilities, older people, and LGBTQI+ people, and engage women-led organizations, faith-based organizations, and other non-traditional actors.
- Advocate for, design, and implement programming focused on strengthening social capital through diverse groups and networks to enable communities and individuals to identify risks and prepare for and respond to shocks and stresses.
- Ensure that district- or community-level preparedness plans for health include SRH/FP.
- Expand access to self-care, including for a range of SRH services and methods.
- Increase access to integrated, comprehensive FP/RH information and services, and generate demand through social behavior change (SBC) and gender-transformative interventions.

NEXT STEPS

Based on the high level of enthusiasm for discussing how to advance FP/RH resilience, participants considered how to build momentum on the ideas generated at the side event. Participants considered which organization or group could convene a broad group of stakeholders to develop a prioritized action plan. Participants wanted to ensure robust participation by development actors, in addition to humanitarian partners that respond to shocks, but may not be well positioned to advance preparedness and resilience in fragile settings. As a next step, in recognition that few groups are addressing FP/RH resilience, the brainstorm results will be shared with the Inter-Agency Working Group on RH in Crises (IAWG) Sub-Working Group on Emergency Preparedness and Resilience to see if the membership wants to increase its focus on resilience and actively recruit more development actors at global, regional, and national levels.

Building on the presentation made by Christine Lasway and conversations held during the side event, MOMENTUM Integrated Health Resilience plans to produce two briefs on the topics of Family Planning and Fragility and Family Planning and Resilience. FP2030 plans to develop an advocacy agenda on emergency preparedness and response, which will include resilience messaging strategies. As co-chairs of the IAWG Emergency Preparedness and Resilience Sub-Working Group, WRC and MOMENTUM Integrated Health Resilience will share the side event recommendations with the members, actively recruit new members that are interested in advancing FP/RH resilience and explore partnerships with other groups that can advance this agenda. We will consider proposing FP resilience as a theme or track for ICFP 2024.

PARTICIPANTS

This list includes participants who signed the Participant Sign Up sheet at the side event. We apologize for any names that are not included.

Name	Organization	Location
Alhassane Oumarou	Pathfinder	Niger
Angelo Kihaga	MOMENTUM Integrated Health Resilience	Tanzania
Assoumane Guero Issoufou	MOMENTUM Integrated Health Resilience	Niger
Augustin Zongo	MOMENTUM Integrated Health Resilience	Burkina Faso
Betty Akullo	WORUDET	Uganda
Brenda Akot	WORUDET	Uganda
Carolyn O'Brien	Christian Connections for International Health, MCGL	USA
Chaus Emmanuel	MOMENTUM Integrated Health Resilience	Tanzania
Chonghee Hwang	FP2030	USA
Christine Lasway	MOMENTUM Integrated Health Resilience	USA
Christopher Lindahl	MOMENTUM Integrated Health Resilience	USA
Demba Traore	MOMENTUM Integrated Health Resilience	Mali
Eric Ramirez-Ferrero	MOMENTUM Integrated Health Resilience	USA
Erica Mills	MOMENTUM Integrated Health Resilience	USA
Eva Lathrop	PSI/MPHD	USA
George Manga	MOMENTUM Integrated Health Resilience	South Sudan
Hadiza Kadri	Evidence for Sustainable Development Systems in Africa	Niger
Harou Issoufa	Ministry of Health	Niger
Harouna Zakou	Pathfinder	Niger
Jackeline Guillen	MOMENTUM Integrated Health Resilience	USA
Jimmy Yuga	USAID	South Sudan

Laura Elisama	MOMENTUM Integrated Health Resilience	South Sudan
Lilian Kiapi	IRC	UK
Lily Jacobi	WRC	USA
Lorelei Goodyear	MOMENTUM Integrated Health Resilience	USA
Lou Eluzai	MOMENTUM Integrated Health Resilience	South Sudan
Maia Johnstone	PRB/MKA	USA
Mande Limbu	FP2030	USA
Maria Dieter	PRB/MKA	USA
Mariama Abdou Gado	FP2030 Youth Focal Point, President of Young Ambassadors for Reproductive Health and Family Planning in Niger	Niger
Marta Pirzadeh	Pathfinder	USA
Matthias Brucker	Faith to Action Network	Uganda
Melinda Pavin	MOMENTUM Integrated Health Resilience	USA
Nadia Olson	MOMENTUM Integrated Health Resilience	USA
Nesrine Talbi	FP2030	France
Safiatou Boubacar	Young Leaders Committee	Niger
Samy Luketa	IRC	Chad
Sara Casey	RAISE Initiative, Columbia University	USA
Sarah Knaster	IAWG	USA
Sarah Rich	WRC	USA
Tomoko Kurokawa	UNFPA	Thailand
Yvette Ribaira	MOMENTUM Integrated Health Resilience	Madagascar
Zoe Mowl	MOMENTUM Integrated Health Resilience	USA

Meeting Agenda



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Monday, November 14 | 9:00-12:00 (followed by lunch)

Heritage Pattaya Beach Resort

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AGENDA

09:00 –09:20 **Sign-in, Refreshments, and Networking**

09:20 – 09:35 **Welcome and Opening Remarks**

ERIC RAMIREZ-FERRERO
*MOMENTUM Integrated
Health Resilience*
JIMMY YUGA
USAID South Sudan

09:35 – 10:10 **Health Resilience Overview and Summary of Family
Planning in Fragile Settings**

CHRISTINE LASWAY
*MOMENTUM Integrated Health
Resilience*
SARA CASEY, DRPH
Columbia University



10:10 – 11:00

Panel Discussion

- Nesrine Talbi, FP2030
- Tomoko Kurokawa, UNFPA
- Lou Eluzai, MOMENTUM Integrated Health Resilience
- Mariama Abdou Gado, FP2030 Youth Focal Point

MODERATOR:

SARAH RICH

Women's Refugee Commission

11:00 – 12:00

Group Discussion

Identifying objectives and corresponding activities to enhance health resilience

LORELEI GOODYEAR

MOMENTUM Integrated Health Resilience

LILY JACOBI

Women's Refugee Commission

12:00 – 12:10

Wrap-Up/Closing

MARIAMA ABDOU GADO

FP2030 Youth Focal Point

12:10– 01:00

Lunch
