Measures to change the health system world

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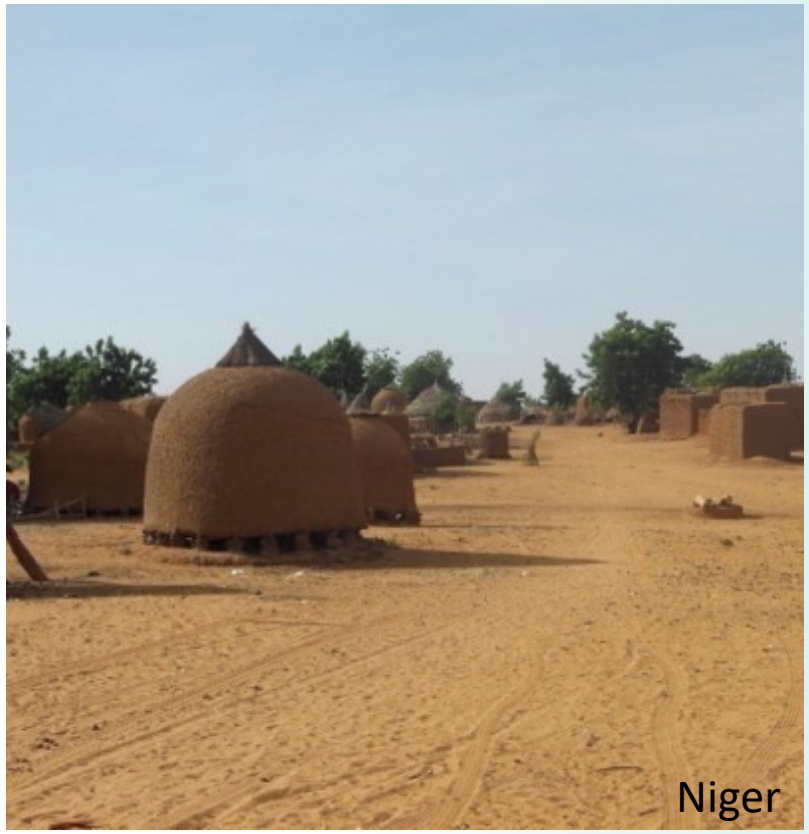

Health system resilience in fragile and conflict affected contexts remains a problem

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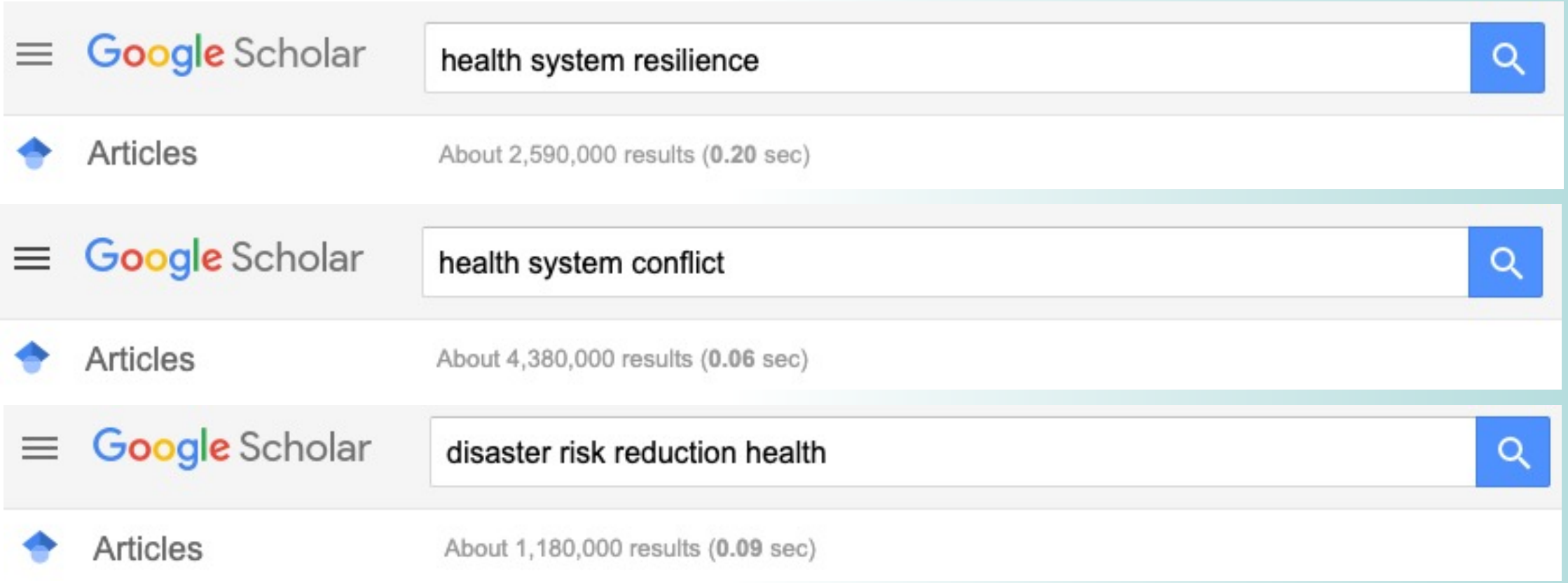
This is not because we lack the research on health system strengthening



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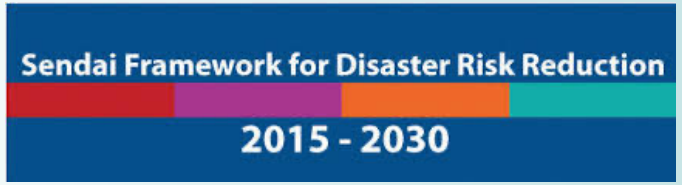
Better measures might improve the health system world

Measures are power.

Measures:

- Draw attention to and see different issues
- Give voice to different populations
- Create norms and shared standards of operating



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But we must change our current approach to health system resilience measure development

- **Researchers** strive for reliability and validity… and create complex measures divorced from response
- **Practitioners** want something useful and easy to use
- Knowledge of **those most at risk** are often ignored in measures… so are hidden from programming

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Improving health system resilience requires measures that are:

- ✓ Valid and reliable
- ✓ Representative, capturing voices of marginalized populations
- ✓ Systems orientation: parts =/= whole
- ✓ Useful, aligned with organizational missions and aims
- ✓ Easy to use, inexpensive, and intutitive (frugal measurement!)

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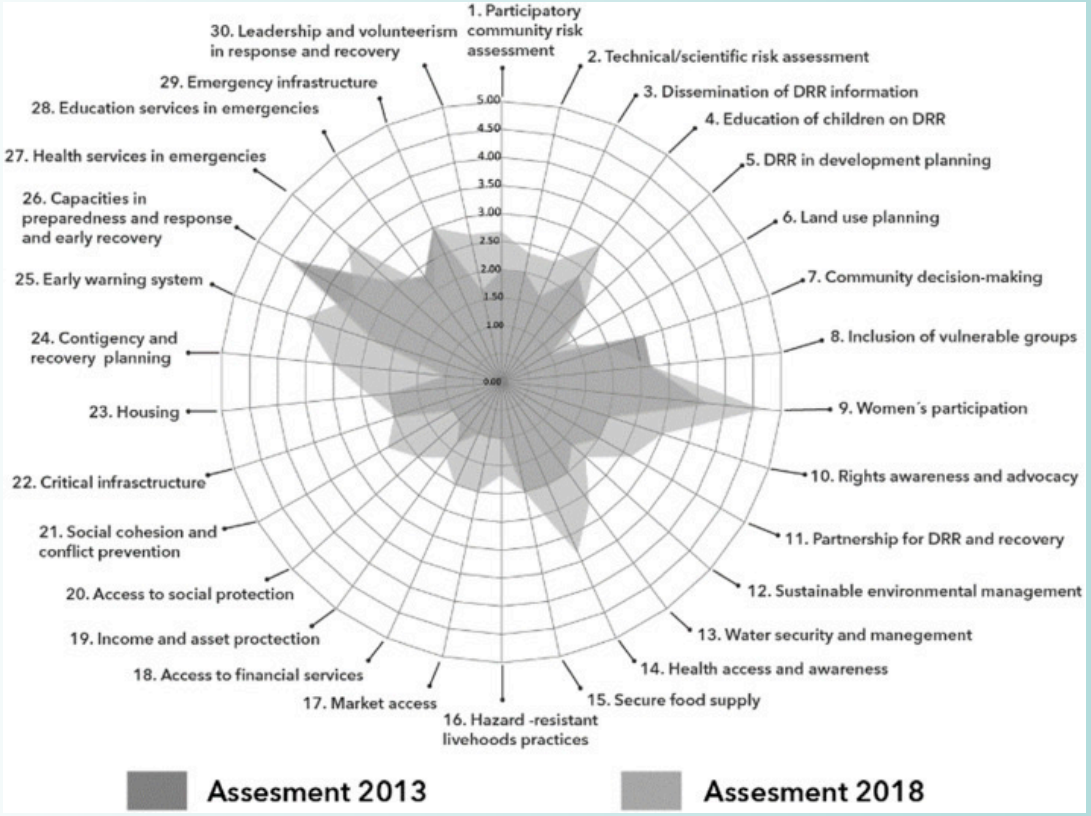
Example 1: the Analysis of the Resilience of Communities to Disaster toolkit

- Purpose: community resilience measurement
- The challenge:
  - Resilience very complex and multifaceted
  - Need to capture community voices
  - Need to track with policy
  - Need to guide programming

- Solution: ARC-D
  - Simple indicators that combine to capture community resilience
  - Aligned with Sendai Framework priorities
  - Useful programming tools (e.g. baseline/endline)
- Status: being used



ARC-D in Tegucigalpa

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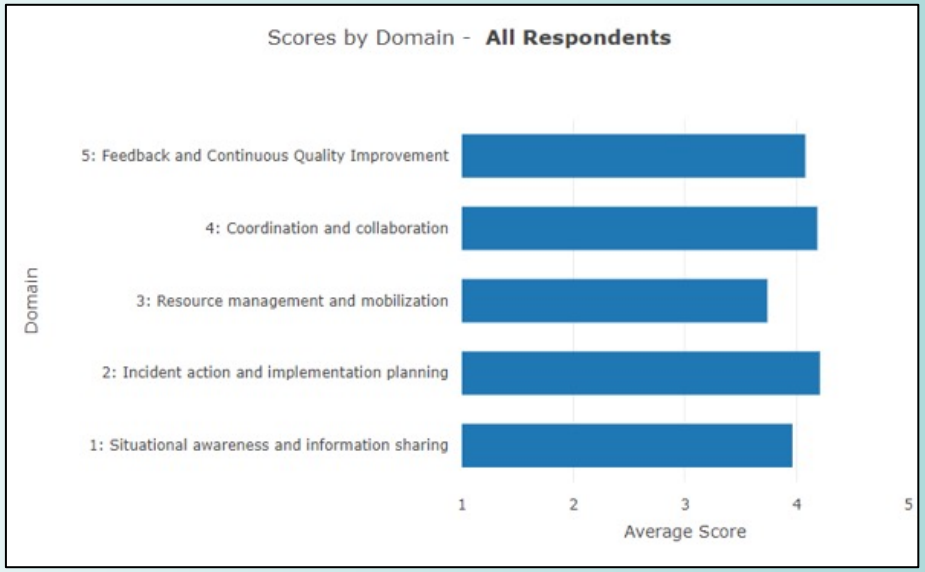
Example 2: incident management measures

- Purpose: health incident management measurement
- The challenge:
  - Overworked health department staff
  - Can’t get bogged down with time consuming measures while responding to crisis
  - Health incident management is ill defined and varied in scope
- Solution: set of measures and toolkit for organizations responding to health incidents
- Status: developed and being tested with health and emergency agencies



Incident management scores by domain

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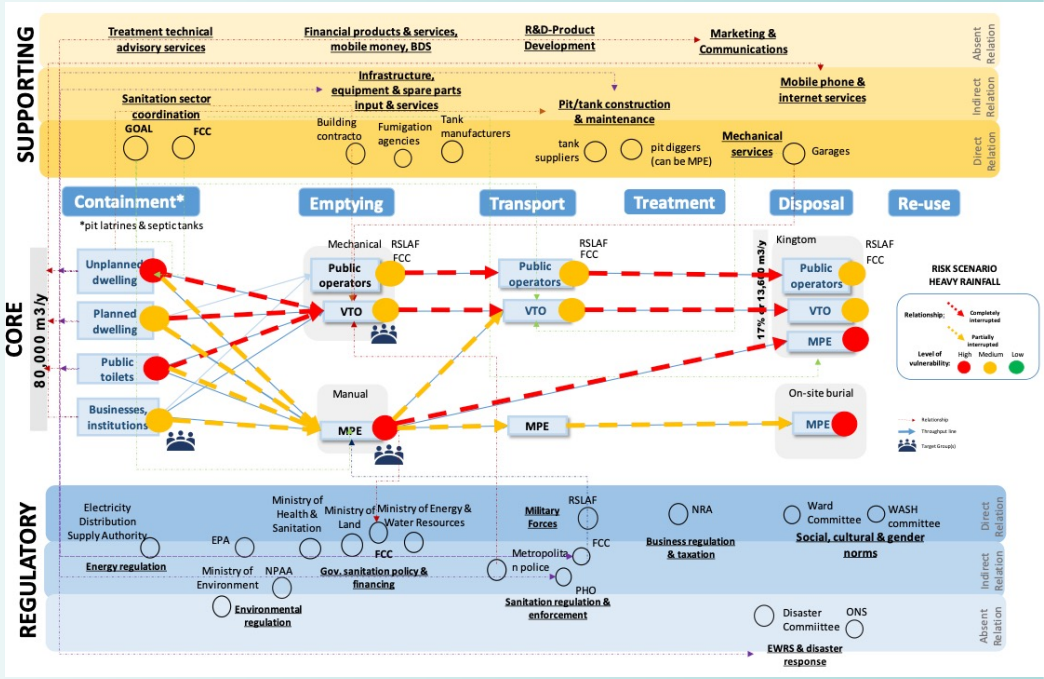
Example 3: Resilience for Systems

- Purpose: Systems-theoretic approach to measuring the resilience of systems
- The challenge
  - Typically we discuss resilience as complex but measure it as simple
  - Measures need to capture complexity in an easy to use manner
  - Need to account for the diverse mix of formal and informal stakeholders shaping systems
- Solution: R4S, a systems-theoretic approach to measuring health system resilience
- Status: developed, but being refined and documented



Fecal sludge management R4S in Freetown

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Lessons learned for measuring health system resilience

- Measures are political. What you measure matters. Who's considered an expert matters.
  - Measures make invisible visible
  - Measures can empower or disempower
- Developing the right measures requires coproduction between researchers, practitioners, community members
- There are tradeoffs between validity, reliability, utility, ease of use. Need to be explicit in design choices when developing measures
- Developing measures is a slow, iterative process
- Measures can change the world. They can further break or fix our health systems
- Approaches to measuring health system resilience in fragile and conflict settings is still nascent

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