Health programming in fragile context – know your access barriers!

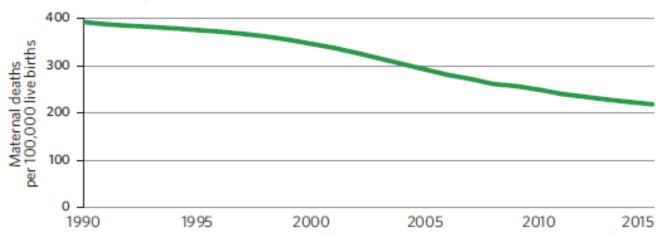


Conference Health in fragile context 24 August 2016 Thomas Gass

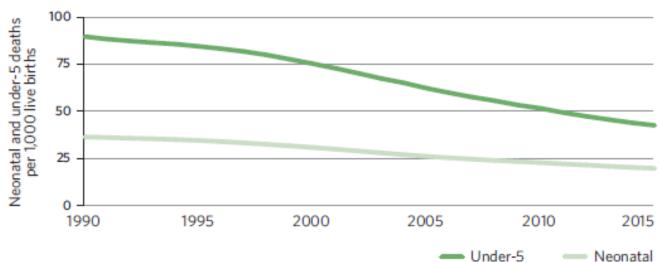


MDG achievements and limitations

Maternal mortality ratio worldwide, 1990-2015



Neonatal and under-5 mortality rates worldwide, 1990-2015

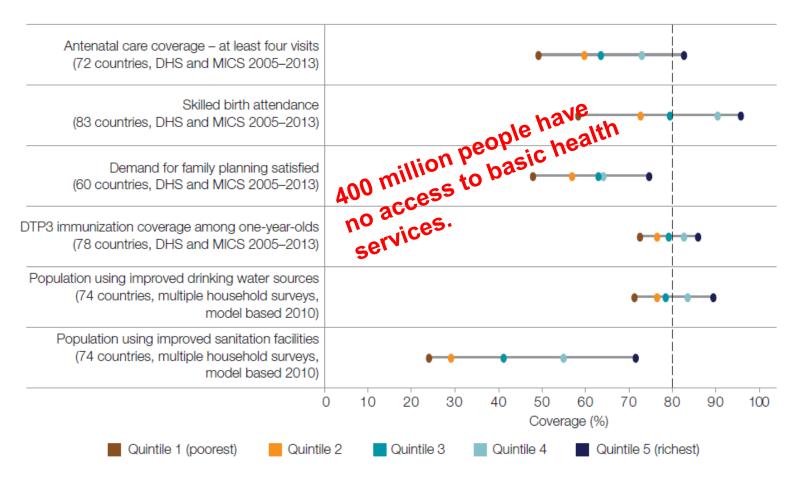


Source: UN: SDG report 2016

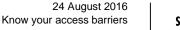


Inequities in service coverage

Figure 2.4. Median coverage of selected interventions by wealth quintile, in low- and middle-income countries



Source: WHO/World Bank: Tracking Universal Health Coverage. First Global Monitoring Report





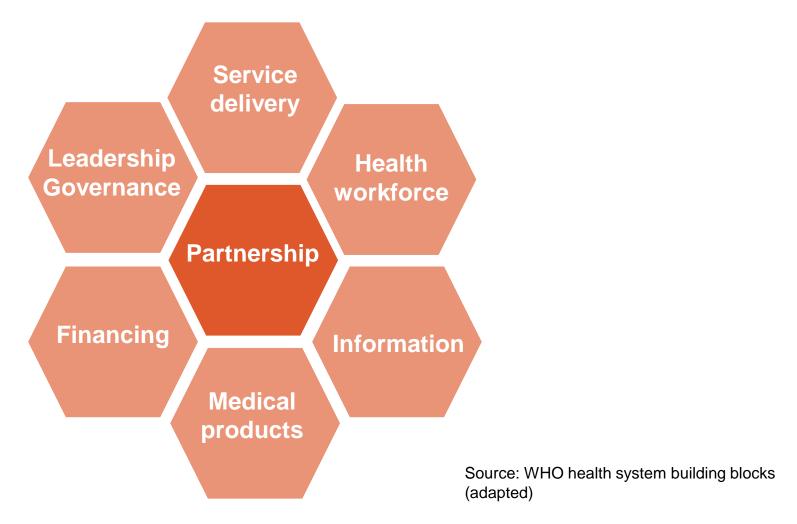
Vulnerability in fragile settings



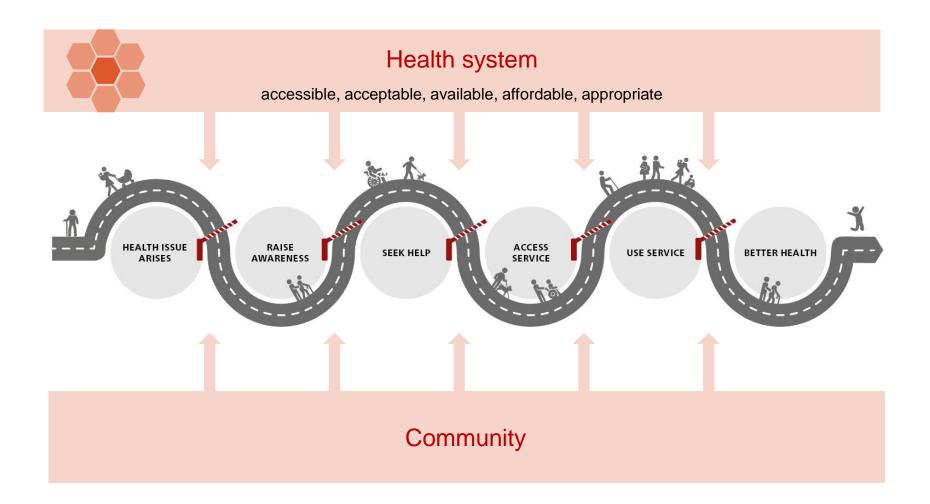




The absence of resilient health systems



SRC framework on access to health



SRC access study



Health programming in fragile context: Conclusions

- 1. Know your local health access barriers
- 2. Build resilient health systems, do not undermine local health systems
- 3. Include emergency preparedness and response in local health systems
- 4. Advocate for free access to basic health services at point of delivery
- 5. Ensure financial protection for universal health coverage
- 6. Invest in community health workforce
- 7. Strengthen local partner organisations
- 8. Lobby for increased health expenditure as a percentage of GDP
- 9. Monitor equity in SDG progress

Thank you for your attention!

Contributions from Verena Wieland and Monika Christofori



Conference Health in fragile context 24 August 2016 Thomas Gass

