

Summary report on the

**Expert meeting on the
guide for implementing
the humanitarian–
development–peace nexus
(HDPNx) for health**

WHO-EM/EHS/002/E

Cairo, Egypt
10–12 February 2020



REGIONAL OFFICE FOR THE

**World Health
Organization**

Eastern Mediterranean

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1. Introduction

A three-day expert consultation meeting to discuss a draft guide for implementing the humanitarian–development–peace nexus (HDPNx) for health was held by the WHO Regional Office for the Eastern Mediterranean on 10–12 February 2020 in Cairo, Egypt.

The objective of the meeting was to refine the draft guide based on contributions from participants. This required bringing key actors and stakeholders together to:

- exchange their knowledge and experiences of implementing the HDPNx for health, including challenges, lessons learned and pragmatic or creative solutions;
- discuss and review components of the guide, including objectives, guiding principles and elements that are important for the implementation of the HDPNx; and
- discuss how to operationalize the HDPNx approach for health, particularly with regards to: leveraging each actor’s comparative advantage and working within a multi-year timeframe; the key steps, activities and best practice recommendations for undertaking joint assessment, deciding on priority actions and collective outcomes, and coordinating, financing, implementing, and monitoring and evaluating activities; and the roles and responsibilities of different actors and stakeholders.

The meeting was attended by over 45 regional and international experts, including officials from sister United Nations (UN) agencies, representatives of humanitarian organizations, development partners and donors, academics from Lebanon, Netherlands, Qatar, United Kingdom and United States of America, and senior WHO staff from the Regional Office, WHO headquarters and country offices.

The meeting was opened by Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, who spoke about the emergency situations in the Eastern Mediterranean Region and their impact on the health and well-being of the Region's population. He emphasized the need for cooperation and collaboration, both within WHO and between WHO and its partners and other stakeholders, as well as the importance of implementing the HDPNx in the Region.

2. Summary of discussions

The first day of the meeting comprised presentations by WHO representatives and senior WHO staff on the background context, current situation and needs in eight countries experiencing emergencies in the Region, followed by a question and answer session. The second day started with presentations by partner organizations on non-health sector HDPNx initiatives from the Region and beyond, and continued with plenary discussions on the different components of the guide that carried on into day three. The last session of the meeting was dedicated to discussing the way forward and how to support countries in implementing the HDPNx for health. The key points raised during the meeting are summarized below.

The importance was highlighted of beginning HDPNx implementation with a context analysis to provide information on areas such as the pre-conflict situation of the country or area, the political context, governance and government buy-in. For instance, context analyses would show fundamentally different pre-conflict situations in Somalia and Yemen compared with Iraq and the Syrian Arab Republic, demonstrate how this has influenced the impact of conflict on the different health systems in each of these countries, and identify how this might affect the success and feasibility of certain interventions. This information will therefore be

useful in shaping the design, planning and programming of any HDPNx initiatives.

Different regions or parts of the same country may be experiencing different types or levels of emergency. It is therefore important to adopt a context-specific approach, even at the local level, which may require a local context analysis. In some cases, it is important to work with subnational rather than central systems and institutions, to increase the chances of success. This may include working with subnational government or creating subnational nexus coordination mechanisms.

It is important to find ways of implementing the nexus in areas which are not conducive to it, for instance in places where the government is not internationally recognized, and only humanitarian funding is available. One way of doing this is to take a health systems approach to humanitarian work, and find entry points for action on the health system during humanitarian work

WHO and other organizations are undergoing a change in their roles and are becoming more operational. This has implications for their ability to deliver services, particularly in humanitarian contexts where they have no systems in place. It is also important to recognize that this may lead to increased competition with other organizations, which may undermine the HDPNx.

There is a need for more funding for the HDPNx. This can be done by advocating for investment in humanitarian contexts from development actors such as the World Bank. Recovery from conflict may take a generation or more to occur and waiting for stabilization before acting in such contexts may allow fragile systems and institutions to further deteriorate, which in itself can be a driver for conflict. Investing in such contexts, on the other hand, builds capacity which will promote

sustainability, and eventually contribute to the rebuilding of the country. Funding from traditional donors can be supplemented from new funding sources, such as the private sector.

It is important to undertake financial tracking to know who has what money and where it is going, which can be extremely helpful for understanding the various actors and stakeholders. This tracking should also capture non-traditional donors. The UN could take the lead role in this.

When it comes to conflict analysis, it is vital to start by agreeing on who should be responsible for it and how it is to be carried out. For instance, will it be done by each individual actor, jointly by all actors, or by a designated actor with the results adopted by all other actors and stakeholders? In some cases, the best solution might be to assign the lead role to specialist agencies. No matter how the conflict analysis is done, the different actors must ensure that the results are translated for health and inform all decisions.

Even though not conceptualized or labelled as such, many peacebuilding activities are already undertaken by different actors, through their activities or the way they carry out their activities, for example, in health worker recruitment or the provision of equitable access to health care. These activities can contribute to conflict prevention and peacebuilding by increasing social cohesion, rebuilding social connections, increasing the participation of women, youth and other under-represented groups in decision-making, empowering civil society and improving the citizen–state relationship. Recognizing the peace dividend of such activities, and conceptualizing them as such, may allow peacebuilding funds to be accessed for health. However, there is a need to be realistic and acknowledge that health workers cannot resolve conflicts by themselves.

3. Recommendations

To revise, improve and finalize the guide

1. Strengthen the section on nexus architecture by making allowances for the different contexts and different types of coordination mechanism in place.
2. Develop a framework or tool for a joint country assessment or one which can be used to consolidate the results of assessments by different actors. Address the issue of deciding who assessments should be done by and how they should be done, and emphasize the importance of assessment being an ongoing activity.
3. Develop a planning template that is broad and flexible enough to be used in joint planning or that can aggregate the results of multiple assessments for joint planning.
4. Strengthen the section on monitoring and evaluation by developing a monitoring and evaluation implementation plan that separates monitoring from evaluation, and where possible uses existing indicators.
5. Rethink and better define the roles and responsibilities of the different actors.
6. Support the guidance in the different parts of the guide with examples from the field.
7. Address the importance of data sensitivity and the politicization of data, and how this can impact on peace, in the section on conflict analysis.
8. Develop a plan for disseminating the guide among the different actors and stakeholders.
9. Monitor and evaluate the use of the guide on an ongoing basis and revise it based on the results.

To WHO and other partners involved in implementing the nexus

10. Always begin HDPNx implementation with a context analysis that includes an analysis of the political economy and power dynamics among the different actors and stakeholders, to find out who is involved with the different projects and how they relate to each other. The results of the context analysis should inform the development of the nexus plan and programme.
11. Link the Common Country Analysis and Humanitarian Needs Overview, and ensure the results are reflected in both the Humanitarian Response Plan and the UN Sustainable Development Framework, which should, where possible, be transformed into a common plan.
12. Contribute to building the capacity of national systems when carrying out nexus activities.
13. Link health assessment, planning and programming to a conflict analysis and addressing root causes. Conflict sensitivity should be integrated in all interventions and the peace dividends associated with each should be identified.
14. UN and non-UN bodies should engage in high-level interagency dialogue on the nexus, and all actors should engage in political and economic advocacy for support of the nexus process at the global level, perhaps through a resolution at the World Health Assembly. At the country level, actors should advocate for the prioritization of the HDPNx process.
15. Lessons from previous initiatives such as the New Deal, Health as a Bridge to Peace, and so on, should be reviewed and applied to the nexus.
16. Engage the community to be accountable, including through youth engagement.
17. Engage in and promote multisectoral action to improve the sustainability and effectiveness of interventions.

18. Find ways of bringing non-traditional donors onboard to improve funding for the nexus. This could include the private sector and other novel funding sources.
19. Ensure that the nexus also occurs for data, which means cooperating and collaboration on data-sharing and use.
20. Document all successes, whether big or small, as well as failures, and share lessons with other actors.
21. Agree on a few simple common objectives to facilitate joint assessment as a first step.



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