World Health Organization
Somalia

Policy brief

Humanitarian-Development-Peace Nexus and its relevance to Somalia: collective action for better health outcome

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Redressing the disconnect between short-term relief and long-term development

The concept of humanitarian-development-peace nexus (HDPN), often called the triple nexus, suggests a framework for coherent, joined up planning and implementation of actions in the humanitarian, development and peacebuilding areas to have increased and mutually supportive effects. Recognizing the strong interrelationship between humanitarian, development and peace efforts, the world has increasingly emphasized the importance of working at the nexus where these three dimensions intersect. The concept links short-term relief with long-term developmental goals that have long limited the effectiveness of conflict response.

Though the ideas behind the HDPN approach are not new, at the 2016 World Humanitarian Summit (WHS) in Istanbul, the notions were put together under this name, and an initiative, a New Way of Working, was proposed which emphasized multisectoral collaboration over the long term to realize collective goals *(1)*. Another outcome of this landmark summit was the Grand Bargain, an agreement made by donors and humanitarian agencies to bridge the gaps between humanitarian response and long-term development *(1,2)*. The consensus among humanitarians and developers to collaborate to bridge gaps has grown with the realization that an estimated 70 to 80% of humanitarian programmes take place in protracted emergencies where short-term humanitarian aid is not suitable. The question remains how to operationalize HDPN in the context of protracted humanitarian crisis, especially in fragile and weak health system setting such as Somalia.

More recently, the concept of fragility and resilience have increasingly focused on localization meaning working with and upon the capacities, capabilities, processes, and practices already 'to hand' rather than the external provision of policies or programmes.

The underlying principle and foundational understanding of the triple nexus that sustainable development and peace cannot exist exclusively is explicitly laid out in *Transforming our world: The 2030 agenda for sustainable development*, an agenda put out by the United Nations (UN) in 2015 *(3)*. Given the challenge of achieving the Sustainable Development Goals (SDGs) in conflict-affected countries, the potential of this approach has taken on increased significance speaking of the two-way, mutually reinforcing relationship between development and peace and identifies humanitarian crises as setbacks to any potential gains.

Strategic positioning of World Health Organization (WHO) in the triple nexus

The WHO, as part of the UN System, mobilizes and generates much of its resources to provide humanitarian assistance for people in need. In addition, the organization plays a critical role to support SDG-3 – to ensure healthy lives and promote well-being for all at all ages *(4)*. As such, it is critical to find ways to bring better coherence between actions at three areas to have a greater impact at the country level to achieve universal health coverage by 2030.

For WHO the nexus means expanding universal health care (development) in fragile and conflict-affected settings (humanitarian) in a way that promotes and advocates for equitable access to essential health services, and contributes to addressing the root causes of tension and marginalization (peacebuilding) *(4)*.

The concept of health as a bridge for peace emerged in the 1980s as part of WHO's approach to the provision of post-conflict health assistance. The 1990s and early 2000s saw WHO's involvement in several initiatives that were intended to have an impact on both health and peace. The WHO Health as a Bridge for Peace (HBP) programme advocated for peace, ethics and human rights in specific contexts under the premise that health has the potential to transcend disputes between conflicting parties and may even foster social cohesion through cooperative action *(4,5)*.

Health and nutrition situation in Somalia falling behind

The health and social indicators in Somalia are falling behind many other neighbouring countries in sub-Sahran Africa and failing to meet SDG-3. There are many factors that contribute to these failings. State fragility and conflict are among the biggest challenges of Somalia to attain SDG-3. Though advances have been made in promoting peace and stability, Somalia's political landscape remains extremely challenging due to factors such as political divide, high levels of insecurity exacerbated by the continuing activities of non-state actors, limited capacity of state institutions and human resources, and high burden of poverty. In addition to the complex political environment, much of the recent, recurrent humanitarian needs have been linked to floods and droughts. As most Somalis depend on agriculture, forestry and fisheries, climate-related changes significantly affect their lives. Furthermore, as it has throughout the world, the COVID-19 pandemic has created unprecedented health, economic and social effects in the country. Prolonged civil unrest and violent conflict in some parts of the country continue to perpetuate insecurity and instability across the country. Out of almost 5.9 million people in need of life-saving or protection services, 2.9 million remain displaced without any hope of returning home *(6)*. The country has the highest rate of under-5 infant mortality, sixth highest rate of maternal mortality, and second highest rate of neonatal mortality in the world *(7)*. Malnutrition in Somalia has proven to be a generational issue for adolescent girls, as poor nutrition and subsequent poor health carries over from adolescence, through pregnancy, to the child. Poor environmental conditions, limited access to water and insufficient sanitation facilities drive increased levels of malnutrition and outbreaks across the country. Somalia continues to experience outbreaks of measles, diarrhoeal disease and vaccine-derived polio, as well as malaria. In addition, harsh conditions, violence and displacement increases psychological distress resulting in social and mental health problems in the population, especially IDPs. Currently, Somalia has the lowest levels of access to needed health services globally. Presented on a scale of 0 to 100, the universal health care service coverage index for Somalia is 25 which is the lowest value held by any country *(8)*. Many factors have contributed to the low functionality, accessibility and availability of the health system. In 2019, Somalia scored 16.6 out of 100 on the Health Emergency Preparedness Index, which measures a country's capacity to prevent, detect and respond to global health security threats *(9,10)*.

Operationalizing the triple nexus in Somalia's health sector

There are opportunities for transformative and integrative design to promote and advance health for all in Somalia. In line with the conceptual framework of the triple nexus (see Figure 1) and its potential value for achieving health-related goals of sustainable development, there can be health actions which pursue either a double or triple nexus. There can be actions which can contribute to outcomes related to all three concepts, humanitarian, development and peace, or actions that may contribute to measurable impact to two instead of three domains. However, in recognition of the mutually dependent relationship that exists between the elements, the actions should be nexus-sensitive; that is, they should actively take into account their potential effects on the other conceptual elements. For instance, a peace action may not seek to contribute to outcomes related to the other concepts, but it should be both humanitarian- and development-sensitive in the sense of doing no harm and not undermining those efforts. Therefore, nexus actions can be characterized as ones that contribute to the achievement of outcomes in two or three of the nexus areas while also being seen as mutually reinforcing.

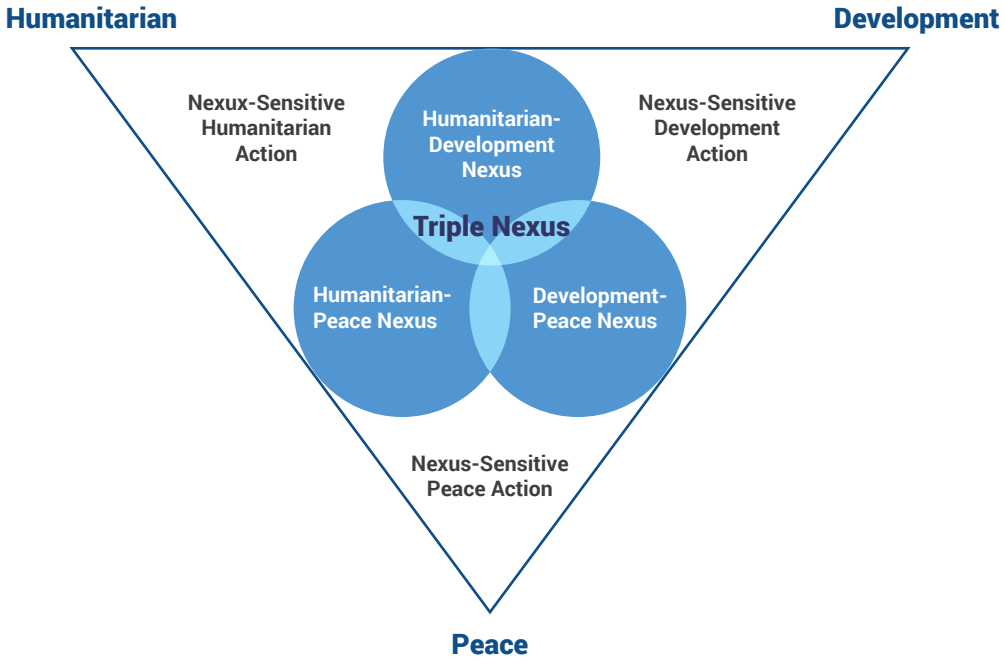

Fig.1. The triple nexus framework

Box 1. Mental health and peace

A youth and peacebuilding study conducted in 2018 by the UN and World Bank found that young Somalis wanted to actively participate in promoting sustainable peace. However, recurrent conflict, displacement and trauma reinforced their vulnerability and disenfranchisement, and lead to harmful and self-damaging practices that fuelled tension and drove conflict. With 70% of the population under the age of 30, the number of people in Somalia knowing conflict for most of their lives is stark. Given that much of the population are dealing with multi-layered psychosocial challenges which have never been addressed, the absence of mental health services is all the more serious. In this context, a project is currently being implemented by WHO in Somalia in partnership with IOM and UNICEF, with funding from UN Peacebuilding Foundation. The project aims to provide mental health services for Somali youth in conflict-prone displacement areas, enabling them to actively engage in promoting peacebuilding and social cohesion, rather than resorting to negative practices that contribute to conflict. For implementation of this project, WHO is working with Federal Ministry of Health and a local academic institution, Somalia National University, with the focus on sustainable partnership for a lasting impact in the project areas. For more details on the project, please view the WHO Somalia website:
http://www.emro.who.int/countries/somalia/index.html

Growing consensus to operationalize HDPN in Somalia: priorities for health sector

In the context of COVID-19, there is rising consensus that humanitarian interventions need to also contribute to long-term development. For example, the UN Sustainable Development Cooperation Framework (UNSDCF) for Somalia 2021-2025 *(11)* highlights the HDPN as one of its approaches to building partnerships and fulfilling the UN's commitment to supporting Somalia's National Development Plan-9. Additionally, in January 2020, a delegation from WHO visited Somalia to assess the current situation of primary health care, to provide recommendations for strengthening primary care and how to best move towards achieving universal health coverage.

The UNSDCF prioritizes a long-term vision in terms of development in Somalia, making sure to align its results framework with the 2030 Agenda for Sustainable Development. Due to Somalia's decades of recurrent humanitarian crises, several outputs under the strategic priorities of the UNSDCF (2021-2025) complement Somalia's Humanitarian Response Plan by focusing on the basic issues underlying humanitarian emergencies and make stronger the connection between quick fixes and long-term actions. In addition, the Framework (UNSDCF) specifically highlights the HDPN as one of its approaches to building partnerships and fulfilling its pledge to act as a support to Somalia in achieving their humanitarian, developmental and political goals. The federal government of Somalia has specifically emphasized the importance of the HDPN and highlighted in its National Development Plan 9, 2020-2024 that international humanitarian and peace relief efforts amid and following crises must be implemented with capacity building in mind in order for the assistance to have lasting effects *(12)*.

Additionally, WHO country office of Somalia conducted a study on operationalizing the humanitarian-development nexus for health and nutrition in December 2019. This report synthesized the HDPN approach that was taking place in Somalia and presented key recommendations for further operationalizing the nexus. The WHO country office is now shifting their humanitarian programming from short-term emergency response plans to a country cooperation strategy which has a longer-term financing window of five years (2021-2025). The inclusion of actions that contribute to collective outcome at the triple nexus is recognized as a declared goal of WHO's country cooperation strategy for Somalia. This integrated model of programming calls for integration, synergy, congruence and joined up programming with the government, other

UN agencies in the health sector as well as capacity strengthening. The country cooperation strategy of WHO country office of Somalia aligns with the 2030 Agenda for Sustainable Development, the SDGs and Somalia's Humanitarian Response Plan. Box 2 shows an example of health actions and interventions which can be considered for Somalia to advance the work of HDPN in the health sector in view of the growing consensus on linking the log-term development goals with short-term relief efforts.

Box 2. Examples of health services/interventions that can contribute to triple nexus (HDPN) in Somalia

Health actions/interventions that can contribute to outcomes related to all the three areas (Humanitarian-Development-Peace initiatives):

- Immunization services in inaccessible and hard-to-reach areas
- Organization of vaccination campaign (negotiating ceasefire)
- Humanitarian corridor for safe passage of health workers for vaccination campaign and other health services
- Mental health and psychosocial services
- Inclusion of health in unconditional or conditional cash transfer/cash voucher other or social safety net and support programme to meet demand side financing for health and non-health needs and as a complement to supply-side support for the delivery of essential health services
- Health services in newly liberated areas

Health actions/interventions that can contribute to outcomes related to at least two (Humanitarian-Development) of the three areas but are peace sensitive

- Essential package of health services building on primary health care in humanitarian settings for immediate assistance and transitioning to more long-term development need (to achieve universal health coverage)
- Mental health and psychosocial support services
- Services for non-communicable diseases
- Acute nutrition services for children, adolescents, pregnant and lactating women
- Micronutrient supplementation programme for children and vulnerable women
- Trauma care and mass casualty management
- Reproductive and sexual health interventions in humanitarian settings
- Scalability of medical oxygen at the point-of-care
- Community-based health care including innovative surveillance for epidemic diseases at the community level
- Interventions to address female genital mutilation
- WASH (water, sanitation and hygiene) interventions in health facilities
- Community outreach programmes/community health worker programmes
- Establishing early warning surveillance system for epidemic detection
- Actions to strengthen district health system

Bridging the divide: actions to redress the disconnect between humanitarian and development planning and programming

Though groundwork for the HDPN has begun in the health sector, there is a wide recognition that to advance the work of HDPN in Somalia's health sector, further work is needed. The UN New Way of Working framework *(13)* is predicated on four pillars: joined up analysis of acute and long-term needs; joint humanitarian and development partner planning with collective outcomes; joint leadership and coordination, building on opportunities and comparative advantage; and financing modalities to support collective outcomes. A thematic framework for applying these four pillars is presented in Figure 2.

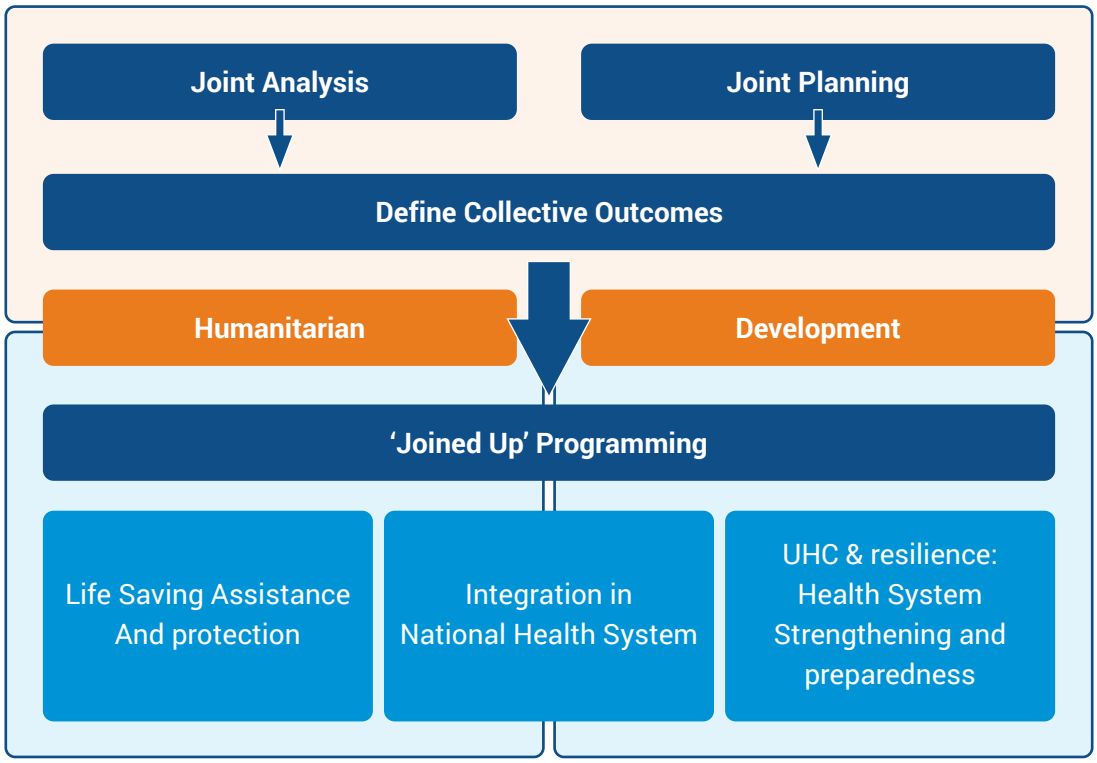

Fig. 2. Joining up the four pillars

Suggested actions to improve joint planning and collective outcome in the health sector

Strengthening existing health coordination mechanisms:

The existing fragmented and often non-functioning health sector coordination structure at both national and subnational levels need to be operationalized and strengthened to ensure better linkages, connectivity and harmonization of resource allocation between the humanitarian and development programmes. It is also important to mainstream conflict analysis and peacebuilding prioritization by making sure that health-related activities are more inclusive of and informed by peacebuilding activities in the country.

Joined up operational planning and assessment:

Comprehensive health system assessments (Service Availability and Readiness Assessment, HeRAMS, etc.) as opposed to fragmented assessment on availability of service delivery and needs can advance HDPN for health sector.

Defining development objectives and identifying collective outcomes:

Collective outcomes such as focusing on improving access to health care and quality service delivery can bridge the gap between immediate assistance and long-term sustainable development need.

Shifting towards multi-year strategic planning and funding:

Multi-year strategic planning will be critical to ensure that immediate assistance for humanitarian needs in any crisis synergistically contributes to advancing SDGs in the health sector as part of long-term development goals. Examples of such planning is to design a health service delivery model that improves access to care while building a resilient health system by empowering a district health management system for managing health security threats. This should be a part of cohesive and collaborative joint planning including having a centralized health sector wide resource tracking mechanism to gauge the appropriate short, medium and long-term predictable and flexible humanitarian and development financing/resources required for furthering HDPN efforts.

Bolster monitoring and evaluation mechanisms:

Regular monitoring for impact assessment against the collective outcomes will be necessary for further advancing knowledge on this and identifying best practices for collective outcome at the nexus between humanitarian-development and peace.

Unpacking the opportunities for improved health outcomes

It can be a challenging task for HDPN actors to come together to develop a shared, multi-year strategy in the midst of the ever-changing reality of the COVID-19 pandemic. However, the effects of COVID-19 will continue to impact vulnerable populations into the future, making it vital to have a sustainable strategy for response, recovery and resilience-building. In addition, the momentum, solidarity and achievements that COVID-19 has led to in bringing together humanitarian, development, and non-traditional health actors should be better sustained if HDPN actions are advanced in the health sector in Somalia for a collective action for improved health outcomes. After all, like how a good team produces superior results by working together than in silos, a choir sound the most harmonic when voices are aligned, humanitarian aid, developmental capacity building and peace-making work best when applied in unison.

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