



# Coordination for health system resilience – what, why and how?

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# Key messages

Effective coordination between stakeholders is essential for health system resilience. ReBUILD studies find that efforts to support coordination should consider the following:

- Coordination is needed across relevant government sectors, between national and subnational governments, and with actors outside government such as NGOs, community organisations and development partners.
- Coordination structures need to meet regularly, before and after shocks, providing platforms for discussion that extend beyond emergency response to recovery and preparedness.
- Building on existing coordination fora can use their established strengths and systems to enable more rapid, efficient and effective coordination for emergency response.
- Coordination mechanisms, teams and organisations need clear roles to avoid overlap and ensure ownership and responsibility for action. Focal individuals or units can support responsibility and capacity for coordination within organisations. To convene stakeholders and drive action, coordination mechanisms and focal points need sufficient authority.
- Organisations need adequate capacity, including knowledge and skills, staff and other resources, with interdisciplinary expertise to facilitate conversations across sectors.
- Adequate skills depend on staffing mechanisms and retention as well as training, including systems for surge capacity.
- Donors can support capacity, but this needs careful design to ensure ownership and sustainability.
- Support for organisational learning following emergencies can build capacity and motivation for coordination.
- High-level political leadership can help to drive engagement and accountability for action across sectors, mitigating the rivalries and incentives that can hinder coordination. Political leadership needs to be balanced with technical expertise for evidence-based decision making. Regular communication and reporting across government levels can promote leadership and accountability.
- Informal relationships and specific entry points for practical collaboration can provide a basis for initial coordination.

## Background

Coordination between stakeholders is widely emphasised in frameworks on health systems resilience and emergency management (1–3). The ReBUILD for Resilience research framework also highlights the importance of coordination and partnership (4). In particular, it suggests that collaborative networks can support the availability of resources and information, monitoring systems, and the comprehensiveness, inclusivity and equity of resilience strategies. This brief draws on country experience with COVID-19, health system resilience to climate change, including climate-related shocks, such as drought and floods, and other emergencies to highlight lessons for strengthening coordination. It considers coordination across government sectors, between national and local government, and between government and other health system stakeholders, such as development partners and NGOs. Coordination across all these axes is important for health system resilience and emergency management (see Table 1).

## Methods

This brief summarises lessons from two ReBUILD syntheses. They looked at:

- 1) coordination for climate-resilient health systems in Bangladesh, Nepal and Pakistan using research conducted through ReBUILD or by OPM (5), and
- 2) coordination for wider emergencies that used OPM research about the COVID-19 response in Ethiopia, Kenya, Rwanda, Sierra Leone, South Africa, South Sudan, Uganda, Bangladesh, India, and Pakistan, and about drought, floods or other shocks in Kenya, Nepal and Pakistan (6).

The two syntheses highlighted similar issues about the importance of functional coordination structures, adequate capacity, and supportive political dynamics.

Figure 1: The study countries included in this brief



Air pollution in New Delhi, India

Table 1: Dimensions of coordination for health system resilience

What and who?	Why?	Examples
<b>Across government sectors</b> Health - Environment and climate change, disaster management, transport and infrastructure, water and sanitation, agriculture, finance, others	<ul style="list-style-type: none"> <li>• Social determinants of health affected by shocks (e.g. water, food security)</li> <li>• Other sectors required for health system functioning (e.g. infrastructure, water, finance)</li> <li>• Coordinated action on shared responsibilities (e.g. across health and disaster management)</li> </ul>	<p><b>Nepal:</b> ministries leading on climate change and health collaborated to include health in National Adaptation Plans for climate change and to share data for early warning and surveillance. However, inconsistent operational coordination between agencies leading on climate change, health and disasters led to gaps in climate resilience planning and response.</p> <p><b>Ethiopia:</b> national Emergency Coordination Centre supported multi-sector action on COVID-19, including non-pharmaceutical interventions. However, gaps in wider cross-sector coordination led to delays, duplication and gaps in the response, e.g. insufficient links between water and sanitation, infection prevention and control, and case management.</p>
<b>Across government levels</b> Federal and subnational government: regions / provinces, districts, local administrations	<ul style="list-style-type: none"> <li>• Decentralisation and subnational responsibilities for planning and implementation</li> <li>• Subnational engagement and alignment needed to ensure national policies are relevant and implemented</li> <li>• Align national and subnational responsibilities and activities to avoid duplication</li> </ul>	<p><b>Pakistan:</b> structural issues related to devolution hindered coordination between province and federal levels for health systems climate resilience, with ambiguous responsibilities and often limited subnational input to national climate policy. Involvement of provincial health directors in the 2023 Framework of Action on Climate Resilient Health Systems provided a basis for enhanced coordination.</p> <p><b>Nepal:</b> subnational governments are responsible for local planning and implementation of adaptation measures, but lack of guidelines or training from federal authorities limited implementation and coordination of subnational stakeholders.</p>
<b>Between government and other stakeholders</b> NGOs and civil society, international donors, research institutes, private sector, religious leaders, local leaders and communities	<ul style="list-style-type: none"> <li>• Other stakeholders contribute to health system resilience through funding, expertise and implementation</li> <li>• Draw on wider expertise beyond government, mobilise resources, enable the role of other stakeholders and coordinate action</li> </ul>	<p><b>Ethiopia, Sierra Leone, Uganda and Kerala:</b> community leaders or civil society groups supported the COVID-19 response through activities, e.g. raising awareness, surveillance, and organising volunteers for community kitchens or to maintain hospital equipment, building trust between citizens and government.</p> <p><b>Rwanda and Ethiopia:</b> strong national coordination with partners during COVID-19 helped clarify the division of roles, mobilisation and alignment of resources, and evidence sharing.</p> <p><b>Kenya and South Africa:</b> coordination gaps reduced the value of partner support, with duplication and missed opportunities for pooled resources.</p> <p><b>Nepal:</b> coordinated action between the government and development agencies for post-earthquake reconstruction was hampered by insufficient coordination within each group. Numerous government bodies, officials and development agencies worked on diverse issues through different funding streams.</p>



# Key determinants of effective coordination

## Functional coordination platforms

**A basic requirement for effective coordination is the availability of platforms where different actors can discuss activities and share information.**

During the COVID-19 pandemic, several countries established coordination structures that brought together different ministries. In Ethiopia, Rwanda and South Sudan, structures such as technical working groups or interagency committees enabled regular meetings between government and partners to share information, plan activities, clarify roles and avoid duplication. In contrast, South Africa lacked a clear or consistent forum for coordination between government and development agencies on COVID-19 vaccine rollout, and insufficient sharing of information and joint planning brought duplication in roles, confusion on tools, missed opportunities for pooled resources, and additional pressure on government staff time due to multiple bilateral meetings.

**These platforms are also needed at subnational level, to support local planning and implementation.** During COVID-19, regional emergency operations centres in Ethiopia and ‘intersectoral convergence meetings’ at district and block levels in Kerala, India provided a platform to share information, secure technical and financial support, and coordinate resources and activities, enhancing the speed and effectiveness of activities such as risk assessment and community awareness campaigns. In Kenya, County Steering Groups and Disaster Management Committees bring together different subnational government ministries and officials and development agencies. By improving coordination and stakeholder engagement, these structures have helped to share early warnings and other information, clarifying roles and supporting a faster response to the 2019 drought than seen in previous years.

To be effective, **coordination structures need to function regularly, including before and after disasters.** In Nepal and Pakistan, some coordination platforms on climate change meet too rarely to enable aligned planning. Key coordination structures also tend to be active primarily during emergencies, with less coordination for preparedness and ongoing planning for resilience. The lack of a permanent, ongoing structure delays the response and limits recovery capacity and learning. This type of ad hoc coordination also hinders organisational capacity and timely action.

In Ethiopia, task forces and committee meetings within lead agencies for disaster management tend to be called only when an emergency arises or appears likely. Focal points are assigned at this stage and return to usual duties when the emergency ends. Experience from Nepal points to the importance of integrating and institutionalising coordination within organisational processes, aligned with roles and responsibilities, to support continued functionality.

**Coordination structures need clear roles and responsibilities** to avoid duplication and to ensure all aspects of preparedness and response are covered. Several countries have multiple coordination bodies related to climate change or emergency management, with overlapping mandates and insufficient clarity on respective roles. For example, Bangladesh has several coordination mechanisms related to climate change and resilience, but ambiguous remits have hindered transparent coordination and created confusion regarding responsibilities. Coordinated action also requires clear roles for individual organisations. In Pakistan and Nepal, the ministries of health and environment or climate, and the disaster management authority, all hold partial mandates for climate resilient health systems, and their roles are not consistently or clearly defined. The split of responsibilities between federal and subnational levels, and between subnational organisations, is also ambiguous. This leads to gaps in ownership and responsibility for action, and to overlapping initiatives.

**Structures or organisations responsible for coordination also need sufficient authority to convene different actors and ensure implementation of agreed plans.** Positioning coordination directly under the president or prime minister (rather than in a ministry) can support this authority. In Ethiopia, the National Disaster Risk Management Commission (NDRMC) was initially an autonomous body under the Office of the Prime Minister, but moved to within a line ministry. This reduced the Commission’s status, hindering its ability to coordinate action across ministries and development partners, and reducing its access to subnational early warning data.

**Reorienting routine coordination structures to support shock response can be more efficient than creating new structures.** Well-functioning routine structures bring established systems and capacity, roles, relationships and ways of working.

In Ethiopia, routine donor coordination fora and immunisation programme committees provided platforms for COVID-19 coordination. This enabled faster action, as there were established ways of working and the organisations involved had known focus areas and roles. In contrast, new structures created to coordinate some aspects of the response were weaker and needed additional support. Creating new structures also brings risks of overlap with existing bodies, so particular care is needed to clarify roles. In South Africa, a new Ministerial Advisory Committee was created for the COVID-19 response, and uncertainty about its role in relation to the routine National Advisory Group on Immunisation hindered coordination and stakeholder engagement. Similarly, emergency response in Nepal has involved established routine coordination structures such as Health Emergency Operation Centres, but also new platforms created for specific emergencies, such as the national COVID-19 Crisis Management Committee led by the Prime Minister. These crisis response platforms sometimes had more power and resources, undermining the functionality and effectiveness of the routine system.

**Engagement of different ministries and departments is helped by units or focal points with designated responsibility to lead or participate in coordination.** In Pakistan, an absence of federal units and focal persons for health system climate resilience left gaps in ownership and capacity for action that hindered coordination. A climate change and health unit was recently created in the health ministry, and focal points were identified within health ministry departments and the climate change ministry. This has helped to improve coordination and engagement in cross-ministry discussions. Experience in Bangladesh shows the importance of clear roles, authority and capacity if focal points and units are to be effective. Climate Change Cells or Focal Points were established in line ministries, and the health ministry had a Climate Change and Health Promotion Unit, but limited authority, time and resources hindered its ability to promote or coordinate action.

Distributing face masks in Bangladesh during COVID-19





## Adequate capacities

**Organisations tasked with leading or supporting coordination need adequate capacity, including sufficient skilled staff with interdisciplinary expertise.** In Nepal and Pakistan, collaboration for health system climate resilience has been hindered by insufficient training and skills in climate resilience among health sector stakeholders, which hinders their engagement with climate counterparts. Without interdisciplinary skills, sectors lack familiarity with each other's technical language and priorities. The importance of technical skills was also evident in coordination for the COVID-19 response. In Ethiopia, the availability of trained staff varied between regions and districts. Where trained staff were available, this helped early activation of the emergency operations centres that coordinated the response and supported communication across levels and development of coordination plans. Coordination was more challenging in regions or districts with insufficient staffing and experience. Alongside technical skills, experience from Nepal and elsewhere shows the importance of political skills to win support and cooperation from other staff and ministries.

**As well as technical training, strengthening capacity may require action to incentivise retention, support permanent staffing, and ensure adequate numbers of staff with systems for surge support.** In Nepal, the National Reconstruction Authority had insufficient human resource capacity because staff were temporary secondees from line ministries, reflecting the organisation's position as a new crisis-specific platform outside established emergency systems. Relying on secondees brought high turnover that affected institutional memory, reduced coherence and complementarity in skills, and meant the positions lacked rewarding career paths to attract high calibre staff. In Ethiopia, NDRMC capacity has been affected by experienced staff leaving and insufficient numbers of skilled personnel to provide technical support to line ministries, as well as a need to expand skills beyond drought to address additional shocks such as conflict and COVID-19. Multiple concurrent emergencies further strain staff capacity, for example, requiring simultaneous support for COVID-19, a desert locust plague, floods, and conflict-induced displacement. Experiences in Nepal and elsewhere also indicate the value of flexible institutional capacity, with a permanent core structure that can expand as needed for disaster response.

**Beyond skills, coordination also needs other resources, such as adequate infrastructure to enable information sharing and meeting attendance, and funding to host coordination meetings.** Resource constraints can be a particular challenge at subnational levels. In Ethiopia, phone outages and gaps in internet access and information technology hindered coordination and information sharing for the COVID-19 response in some regions. Where IT systems were stronger, this enabled regional information sharing and frequent virtual meetings across zones, which helped in areas such as identifying supply gaps and distribution needs. In South Sudan, unreliable internet access was compounded by disruption to road networks, which limited subregional attendance at physical meetings. Limited budgets and an expectation of workshop allowances also hinder coordination, for example, reducing opportunities for county organisations in Kenya to host emergency nutrition coordination meetings, and limiting workshops for development agency coordination with local government during the COVID-19 pandemic in South Sudan.

**Learning from previous shocks can support organisational knowledge of the importance of coordination and effective coordination approaches,** provided there is adequate time for reflection, retention and exchange of organisational learning, and leadership to act on learning. In Kerala, experience of a series of shocks made the government aware of the value of citizen engagement, and helped to develop mechanisms for convening other government departments and external stakeholders that supported coordination of the COVID-19 response. In Sierra Leone, experience from Ebola contributed to the swift activation of coordination structures and systems and to active involvement of traditional leaders and communities in the COVID-19 response.

**Development agencies can support capacity for coordination, for example, through training and communications infrastructure, but this support needs to be managed carefully for sustainability.**

In Ethiopia, development agency support to the NDRMC has often involved short-term technical assistance. This temporarily boosts capacity, but technical assistance staff sometimes lack personal investment in the NDRMC, and short-term posts hinder sustainable improvement and institutional learning. In Pakistan, donor-funded capacity building for province disaster management and health agencies has lacked sufficient ownership and continuity to build sustained capacity.

## Political dynamics

**Senior government leadership can support coordination by emphasising the importance of cross-sector working, ensuring high-level engagement in coordination bodies, promoting accountability for action across sectors, and setting clear direction for coordinated support.**

In Ethiopia, the National Ministerial Committee established for COVID-19 was accountable to the Prime Minister, the Minister of Health chaired the overall COVID-19 coordination group, and senior government officials provided close follow-up and support for activities. This high-level leadership supported cross-sector collaboration within government and coordination with development agencies and subnational levels. In Pakistan, climate resilient health systems previously lacked political support. For example, no minister or parliamentary group championed the National Climate Change Policy's health components, and low prioritisation within the health ministry reduced efforts to engage other sectors. Links between climate and health gained political salience following the 2022 floods and COP27 discussions on health, and growing political leadership has supported coordination between the climate and health sectors.

**Effective multi-sector coordination requires leadership at subnational levels and within different parts of government.** In Ethiopia, national policy designated lead institutions to implement disaster management for different hazards. However, a lack of ministerial leadership and commitment in sectors beyond health contributed to gaps in disaster management capacity and weaker participation in coordination fora, with irregular attendance and no accountability for agreed actions.

**High-level political or government leadership needs to be combined with sufficient technical input from within and outside government.** In South Sudan and Sierra Leone, some stakeholders were concerned that political leaders made decisions on the COVID-19 response with insufficient input from technical staff or partners with relevant expertise, leading to inappropriate strategy.

**Political tensions, rivalries, incentives and vested interests can all hinder effective coordination.** In Pakistan, provinces led by opposition parties sometimes resist federal initiatives, complicating aligned action. During the COVID-19 response, there was open disagreement between national and provincial governments on some provincial policies. Conflict between federal ministries has





also hindered coordinated action, for example, with inter-ministerial turf wars stalling use of adaptation funds following the 2022 floods. Elsewhere, competition between development agencies has also sometimes hindered coordinated working, leading to overlapping roles and agencies working outside their core expertise.

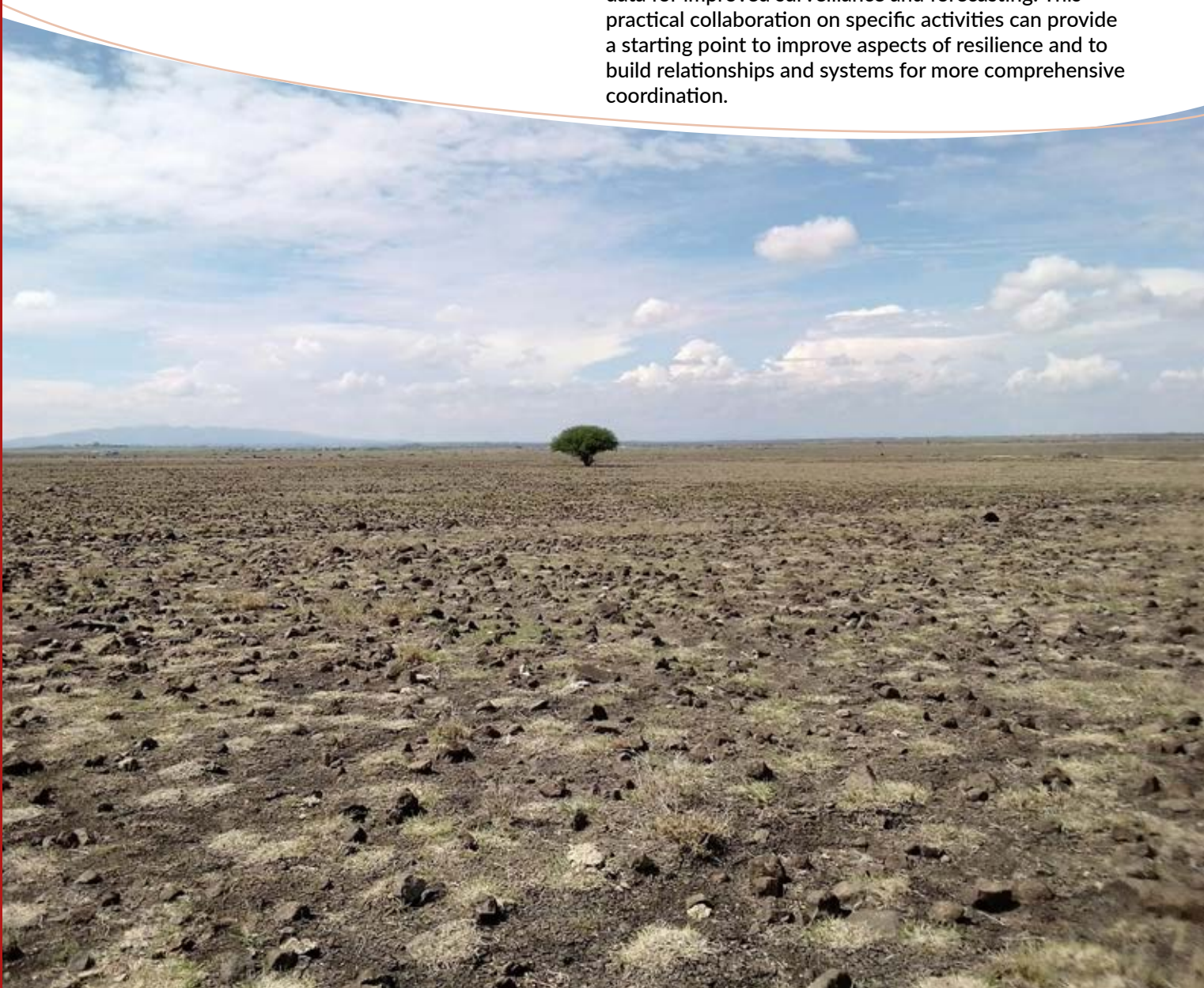
**Regular communication and reporting across sectors and levels can help to promote leadership and accountability.** This was seen during the COVID-19 vaccine rollout. In Ethiopia and South Africa, subnational governments were required to present daily or weekly to national meetings. In both countries, coordination through these meetings created accountability and helped to address weak leadership and promote effective engagement by subnational actors.

Drought in Kenya

## Informal relationships and practical entry points

**In the face of imperfect formal structures, capacity gaps or wider political tensions, pre-existing and informal relationships can provide a basis for coordination.** These relationships bring trust and a channel for communication to agree roles and joint plans. For example, in Rwanda, South Africa, South Sudan and Kerala, familiarity and existing relationships between organisations helped them to work together closely on the COVID-19 response, supporting information sharing, role agreement and problem solving even when formal structures were lacking.

**Coordination can also be supported by identifying feasible entry points for practical collaboration.** In Bangladesh, Nepal and Pakistan, effective formal coordination platforms for climate resilience are still developing, and capacity gaps and political dynamics complicate collaboration. However, there has been some collaboration between ministries, particularly steps to share climate, meteorological and disease data for improved surveillance and forecasting. This practical collaboration on specific activities can provide a starting point to improve aspects of resilience and to build relationships and systems for more comprehensive coordination.



## References

1. Thomas S, Sagan A, Larkin J, Cylus J, Figueras J, Karanikolos M. Strengthening health systems resilience: key concepts and strategies [Internet]. World Health Organization. Regional Office for Europe; 2020 [cited 2022 Mar 28]. 29 p. Available from: <https://apps.who.int/iris/handle/10665/332441>
2. WHO. Health Emergency and Disaster Risk Management Framework. Geneva: World Health Organization; 2019.
3. Kruk ME, Myers M, Varpilah ST, Dahn BT. What is a resilient health system? Lessons from Ebola. *The Lancet*. 2015 May 9;385(9980):1910–2.
4. Witter S, Raven J. ReBUILD for Resilience: resilience framework [Internet]. 2021. Available from: <https://www.rebuildconsortium.com/research-themes/resilience-framework-2/>
5. Gooding K, Baral S, Hayee M, Kadetz P, Rasheed S, Khan S, Shahid MS, Witter S, Strengthening coordination for climate resilient health systems: comparative experience from Bangladesh, Nepal and Pakistan. Under review. *Social Science and Medicine Health Systems*.
6. Gooding K, Bertone MP, Loffreda G, Witter S. How can we strengthen partnership and coordination for health system emergency preparedness and response? Findings from a synthesis of experience across countries facing shocks. *BMC Health Serv Res* [Internet]. 2022 Nov 29 [cited 2025 July 8];22(1). Available from: <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-08859-6>



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