

Article title: Resilience Without Foundation? Interrogating Health System Governance in Shaping Health System Resilience in Haiti – A Qualitative Study of Stakeholders’ Perceptions

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Supplementary file 2. Inductive Analysis and the Role of the Negative and Deviant Cases

2.a – Inductive analysis pathway

Illustrative verbatim summary	Governance inductive secondary codes	Governance principles	Governance dimensions	Weaknesses (dimension overlapping)
What kind of political and administrative agreement? It's about holding people accountable. It's about showing them that they have certain responsibilities towards the population first and foremost, and towards the authorities and the health sector interview with (S5) “the ministry was present and assumed responsibility, but the quality of leadership remained weak.” (S6) “good governance requires capable leadership and strong justice systems; waste, corruption and impunity undermine the health system.” (O5) “local teams stepped in with leadership and action while awaiting support, showing that effective plans can work. (S8)	1. Lack of operational planning: Unimplemented - unfunded plans 2. Resource-objective inadequacy 3. Project-dependent salaries 4. Community action -Local leadership 5. Weak coordination 6. Weak monitoring process	Strategic vision	Structural – organisational	Structural incoherence between planning and financing External financial influence disrupting organisational coherence (Organisational & structural / Politico-institutional)

“donor oversight primarily lies with planning and finance ministries, making coordination broader than the health sector alone.” (S8) “effective coordination requires real leadership, clear roles and preparedness; without these capacities, emergency response remains weak.” (S6) “initial deployments lacked monitoring; teams were sent out but follow-up was insufficient to ensure they reached intended locations.” (S2)				
“Weak governance leads to duplication and overlaps, even when resources are available.” (S2) “government stewardship is essential to avoid overlaps; coordination has been insufficient.” (S6) “multiple organisations repeated the same services without coordination; patients received duplicate care while other needs remained unmet.” (O5) “most actors provided identical services, creating dependency while other essential needs were left unaddressed.” (O7)	7. Insufficient leadership and poor coordination 8. Structural inefficiency 9. Duplication leads to unmet needs	Effectiveness & efficiency		Coordination gaps leads to waste and loss of motivation (Organisational & structural / Politico-institutional)
“NGOs choose their own interventions instead of following ministry priorities; without upstream coordination, a resilient health system cannot be built.” (O5) “lack of credible role models stems from poor appointments; without putting the right people in the right positions, governance cannot improve.” (S6) “accountability mechanisms are absent; promotions do not reflect performance, undermining fairness and motivation.” (S6)	10. Weak culture of accountability 11. Power asymmetry and accountability 12. Ineffective monitoring 13. Erosion of professional and social values Staff demotivation	Accountability		External power distorting institutional coherence through lack of leadership and citizen commitment (organisational and structural, with links to institutional/ethical and civic aspects)

“the ministry of health cannot act beyond its legal mandate or change its own organic law; its role is limited to raising concerns and engaging in advocacy” (S8) “motivated leadership and civic engagement are essential, but the ministry of health is constrained by its legal mandate and can only advocate for broader systemic change.” (S7; S8) “good governance requires capable leadership and strong justice systems; waste, corruption and impunity undermine the health system.” (O5) “effective governance requires coherent structures and appropriate legislation, followed by placing the right people in the right roles.” (S7)	14. Inoperative legal framework 15. Impunity 16. State deficiency and Power asymmetry 17. Ineffective monitoring mechanism 18. Trust erosion	Rule of law	Politico-institutional	Legal inconsistency weakening governance authority Institutional fragility undermining trust
“fund management is highly opaque; information arrives late, offering little visibility over how resources are used.” (S4) “the CIRH managed rehabilitation funds with little transparency; international resources were recorded but often bypassed national financial channels.” (S5) “health appears to have stronger accountability mechanisms than other ministries, where transparency is far weaker.” (S4)	19. Opaque emergency management 20. Lack of trust 21. Poor information access and transparency	Transparency		Information asymmetry affecting legitimacy
“The country offers nothing to health workers; when they are sent somewhere, the basic equipment they need is often missing.” (O2) “people often lack information, facilities are poorly equipped, and services are unreliable,	22. Unmet population needs 23. Population and providers limited satisfaction 24. Providers abandonment feeling	Reactivity		Information gap impairing adaptive capacity

forcing patients to travel farther for adequate care.” (O7) “We identify community needs, but resources are insufficient. An integrated service plan is needed to reach the whole population.” (O4) “authorities regularly supervise the centre and promise support, but no help has materialised; staff remain waiting.” (O1)	25. State lack of reactivity			Continuity of services compromised
“Fund management was opaque and information arrived late, leaving little visibility over how resources were used.” (S4) “positive practices exist but are poorly disseminated because findings are not widely shared.” (S7) “the interview is hoped to contribute to identifying solutions for the country’s challenges.” (O4) “the research setting is difficult, but the decision to continue despite expected challenges is recognised and encouraged.” (O5) “communication works internally and with partners, but governance constraints create difficulties and not everyone can withstand the pressure.” (S2)	26. Weak information network and knowledge dissemination 27. Unanticipated emergencies 28. Continuity of services compromised 29. Good internal communication Power asymmetry in interagency communication	Surveillance, information and communication		Power asymmetry in communication Delayed information relays
“decentralising responsibilities and strengthening departmental and communal autonomy are seen as essential for building a more resilient health system.” (S7) “No planning exists, and the centre is not involved; participants call for greater mutual support and participation in system activities.” (O7; O5; O4)	30. Limited participation in decision making Centralised and siloed decision-making 31. Decentralise the system down to community 32. Lack of resources at operational level	Participation and consensus-building	Ethical—citizen	Exclusion from decision processes Need to. Include the population Decentralisation yes but devolution too

“They often lack the resources required to take necessary measures.” (S8) actors overlook their role; a resilient health system requires joint action beyond the MSPP, as major decisions are political.” (OP5) “Decentralise responsibilities and strengthen departmental and communal autonomy to build a more resilient system.” (SP6) “Service organisation must involve communities; without their participation, providers cannot operate, as the population ultimately supports and protects them.” (S8)				(Ethical & citizen-oriented / Politico-institutional)
“Patients often receive partial treatment or services on credit; some return to pay, others do not, leaving providers reliant on fragile trust to keep services functioning.” (O1) “People without means need health insurance, but exemptions are limited because facilities must still pay staff; this remains a major challenge.” (O7) “Patients expect free care in public facilities, but weak supply systems force providers to charge for medicines and services that should not fall on patients.” (O1) “Solidarity and equity are essential; everyone, regardless of social status, should have access to adequate healthcare.” (O4) “Without local representation, no one defends affected communities, and data must come from local authorities rather than be fabricated.” (O6)	33. Limited access to care and services 34. Financial and geographical barriers 35. Population- providers trust relation 36. Compensatory informal arrangements 37. Population’s unmet expectations	Equity and inclusion		Resource distribution inequity
“We benefit from strong community trust, but volunteers are required to remain apolitical and not	38. Erosion of civic, professional, and social values	Values and Ethics		Value erosion affecting system coherence

promote political preferences during activities.” (S8; O6) “we had to distribute resources equally between opposing factions, showing how improvised arrangements are continually needed.” (S8) Leadership legitimacy requires conviction, competence and accountability, yet key office-holders lack commitment to the public good. (S3; O5; S7) Participants call for leaders who care for the country, uphold education and knowledge, and for credible processes of selection and sanction.” (S3; O5; S7) “The lack of role models and failure to appoint competent people to the right positions undermine governance.” (S7) “Leaders who should guarantee order are themselves linked to armed groups, raising serious concerns about the ethics of public leadership.” (S3) “Some partners avoid prevention but quickly finance funerals, revealing misaligned incentives. Stakeholders note that actors who benefit from system weakness have little interest in genuine system strengthening.” (S3) “apolitical staff to preserve institutional neutrality.” (O6)	39. Integrity, conviction 40. Institutions rely on neutrality -impartiality in unsecure context 41. Short-termism and crisis-driven intervention logics 42. Humanitarian aid-driven emergency ethos (“living from the ashes”) 43. Leaders’ ethics questioned			Short-termism undermining long-term coherence (Cross-dimensional – quid Sustainability)
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Source: Authors’ compilation

Note: Structural and organisational dimension of HSG: strategic vision, effectiveness and efficiency, and accountability.

Politico-institutional dimension: rule of law, transparency, reactivity, surveillance and information.

Ethical- citizen dimension: relational and axiological dimensions i.e. participation and consensus-building; equity and inclusion; ethics and core values of the health system and society.

Type	Case	Main Pattern	Key verbatim	Interpretation
Negative cases	1. HSR as an unfamiliar and evolving concept in Haiti	HSR framing	“I would not say it is resilient, but it has some characteristics. They are working on it... I remember attending a meeting where they spoke about the need to work as a network.” (O4) “here is a lot of effort still to be made.” (O6) - I am used to hearing this word, resilience, but I had no idea what it meant in relation to the health system.” (O4)	Specifies that resilience is a continuum rather than a binary state, describe lesson learning and updated plans
	2. Governance failure partly linked to resource constraints	Governance as precondition	“They are not all acting in bad faith. Some are, but not all. For some, the problem is the availability of resources and having them where they are needed. That is often the issue.” (S8) “there is a lot of effort still to be made ...and trust in the government, absent.”(O6) "when you live in a country where institutions do not function... we will never have a resilient health system"; "we will never have a resilient health system"(O5)	Specifies that governance failure is structural and related to resource allocation, and population trust not only actor intent
	3. State assumes coordination role, but coordination quality remains limited	Governance as precondition	“At least the Ministry of Health assumes this responsibility. Elsewhere clusters are led by external partners, but here the state tries to lead, even if it lacks the means. The issue is more about the quality.” (S6, O7, S2)	Specifies that state failure reflects institutional quality, not complete absence

	4. Accountability mechanisms exist but lack embedded practice	HSG dimensions	“All donors require non-objection. They have mechanisms to control.” (S5, S6)	Specifies that formal mechanisms are insufficient without supporting practices
	5. Leadership and coordination capacity gaps	HSG dimensions	“What needs improvement in coordination is real leadership, the capacity to oversee partners on the ground, define clear terms of reference, and bring people together around meetings that produce decisions and mechanisms for implementation.” (S6)	Specifies that coordination depends on leadership and operational clarity
Deviant cases	1. Hurricane Matthew 2016, Les Irois, zero deaths despite major destruction	HSR framing	“There was a community in Grand’Anse, Les Irois, almost completely destroyed, about 80 %. Yet there were zero deaths. Why? Because the community organised itself, there was leadership, people were informed, they knew what to do, and when evacuation was needed, they moved to the right places.” (S8)	Confirms that resilience emerges when governance dimensions align
	2. Fertile ground for teaching and learning	HSR Framing	“I think that Haiti is one of the countries that can... share with the rest of the world a great deal of experience in managing crises and responses in relation to the health system because we have, we have experience... And that is what also allows us to respond quite quickly because the country experiences crises, you know...” (S7)	Confirms that HSR is best understood through practices and experiences rather than a formal concept
	3. August 2021 earthquake rapid coordination	Governance as precondition	“Once the emergency operations centre was activated, everyone came on board, civil society, local and international NGOs, the United Nations.” (S8)	Confirms that participation and coordination are conditional to effective response

	4. Early coordinated response enabled by information flow	Governance as precondition	“Very early, teams of doctors and nurses were deployed because information came quickly from colleagues in the regions. Within three hours, teams were already on their way to the affected areas.” (S2)	Confirms that timely coordination and information enable action
	5. Cholera elimination plan achieved over ten years	Governance as precondition	“We set a ten-year plan to eliminate cholera. It does not happen often that you set a goal and reach it, but we did.” (S7)	Confirms that sustained coherence enables long-term resilience
	6. HUM, Mirebalais co-governance model	HSG dimensions	“The hospital was not simply handed over to the state. It is managed jointly with the government. Given corruption risks, this shared management was appropriate.” (O5)	Confirms that institutional design can support governance coherence
	7. UNGUS creation through crisis learning	HSG dimensions and HSR	“After repeated crises, it became necessary to establish a permanent national unit for managing health emergencies to monitor actions and continuously prepare the country.” (S7)	Confirms that crisis experience can build governance and resilience capacity
	8. COVID-19 local production and response	HSG dimensions	“The government invested heavily, mobilised local factories to produce masks, purchased them, and distributed them widely. Everyone used locally made masks. Community response was also recognised internationally.” (S7)	Confirms that coherence can occur episodically under political support for cross-sectoral action

2.b – Negative and deviant cases analytical contribution

Source: Authors' Compilation

HSR: Health system resilience; HSG: Health system governance

HUM Hôpital Universitaire de Mirebalais (English: Mirebalais University Hospital,)

UNGUS: Unité Nationale de Gestion des Urgences Sanitaires (English: National Unit of Health Emergencies Management)