



SCAN ME

PRINCIPLES AND PRACTICES OF HEALTH SYSTEMS STRENGTHENING IN FRAGILE SETTINGS: CONCEPTUAL REFLECTIONS AND OPERATIONAL PERSPECTIVES

Image: A doctor listens to a patient in a community health clinic in Danishmand, Afghanistan in 2010. DFID via Flickr CC BY-NC-ND 2.0 DEED

Background

Despite its importance, health system strengthening (HSS) remains an elusive concept – even more so in fragile and conflict-affected settings (FCAS), where HSS efforts are complicated by weak governance and fragmented response. This study aims to reflect on the principles and practices of HSS in FCAS, combining reflections, operational experiences, photos and stories from those involved in “doing” HSS, with a shift in focus on expanding the evidence base on the “how”. The ultimate aim is to influence NGOs and donors’ practices on HSS programming in FCAS to ensure strong and equitable health systems for all.

What we did

The starting point for the study is the acknowledgement of the importance of the views of the actors who are involved in ‘doing HSS’ at different levels and the study takes the experiential perspective of actors engaged in doing HSS at operational level. Alongside a series of ‘traditional’ key informant interviews with HSS experts at regional and global levels, we have carried out interviews adopting a **photo elicitation approach** (n=17, across 11 countries and 8 organisations – figure 1 below) with experts who are engaged directly in HSS programme implementation at country level, mostly in NGOs. Participants shared picture(s) that they saw related to HSS in FCAS, and the interview used those as a starting point. The visual material was later analysed and pictures and quotes are presented in photo panels.

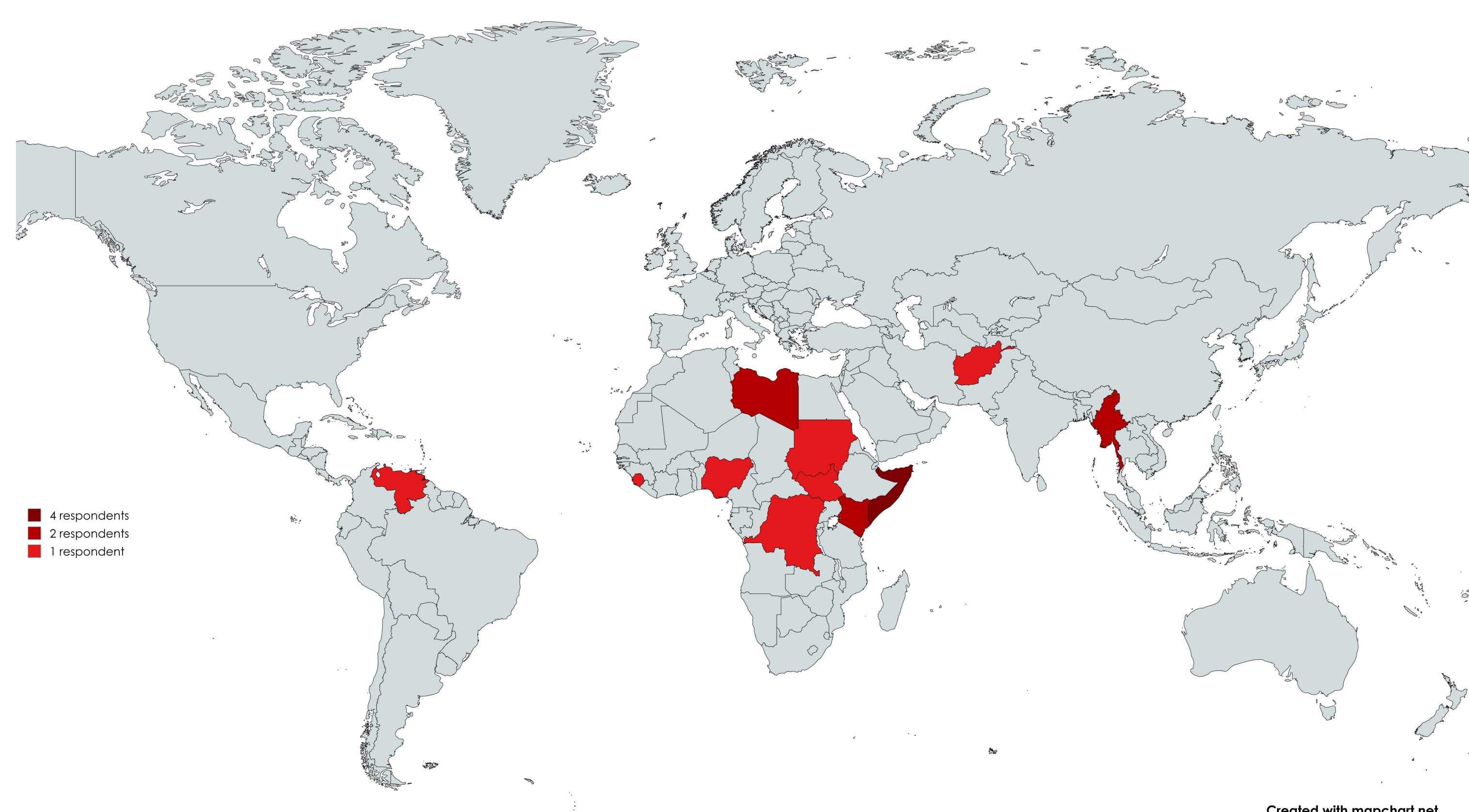


Fig 1. Overview of photo elicitation by country

What we have learned

Findings combine images and narratives from field actors in fragile settings with a focus on African countries (Somalia, DR Congo, Nigeria, South Sudan, Sudan, Libya, Kenya, and Sierra Leone). Key themes emerge (figure 2 below), which are covered in each of the panels. The findings stress not only the challenges of doing HSS in FCAS, for example in relation to fragility, insecurity and access, as well as in relation to lack of, or weak governance, and low sustainability of interventions, but also in terms of entry points and promising approaches. In the experiences and narratives of respondents, what works for HSS in FCAS includes: putting sustainability at the core of health interventions and allowing for longer timeframes for implementation; adopting approaches that go beyond the support to the health system but strengthen its more critical elements – for example, by providing pre-service training for staff (rather than in-service training); focusing on PHC and integrated approach to avoid verticalisation and fragmentation; shifting the focus from support to inputs and hardware elements, to strengthen the softer, intangible elements that ensure its resilience in the long term.

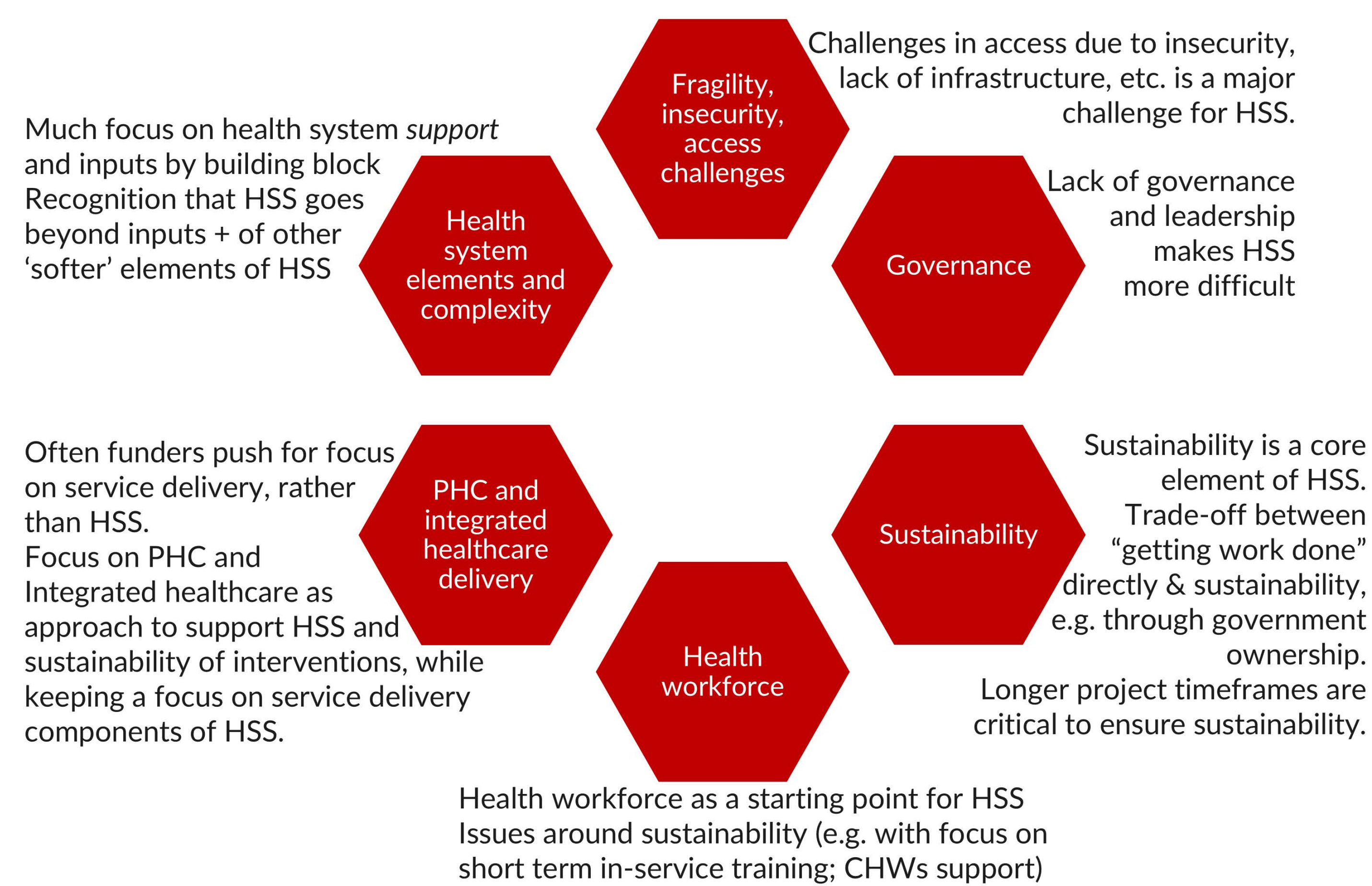


Fig 2. Key themes which emerged from the exercise

Conclusions

The study offers insights into important, often overlooked perspectives and operational experiences of implementing actors. Findings highlight challenges, entry points and promising approaches, and gaps in evidence or blind spots in policy and practice that have not been systematically discussed and even less so addressed. Shaping how HSS programmes are designed, implemented and evaluated, and HSS supported in FCAS in ways that reflect these experiences and lessons learned can contribute to ensure strong, equitable and resilient health systems for all.