Health systems strengthening and resilience-building in fragile and conflict-affected settings: experiences and operational perspectives of international NGOs

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Key Messages

1. Health systems strengthening is essential to build resilience capacities and ensure sustainable improvements to health outcomes. However, health systems strengthening programming remains elusive and fraught with challenges – particularly in fragile and conflict-affected settings (FCAS), where health systems strengthening efforts are complicated by weak governance and fragmented responses.
2. The study offers practical insights into how principles of health systems strengthening (some of which are already known) and health systems resilience could be operationalised in practice at the intersection between humanitarian and recovery phases, and highlights open questions and blind spots that need further debate.
3. Humanitarian interventions should be planned and implemented in ways that contribute to long-term health systems strengthening, while meeting the immediate health needs of vulnerable populations. A Nexus approach (see box on page 4) in global health programming in FCAS should be embedded – though that still requires better operationalisation.
4. Health systems in FCAS are plural. In the absence of recognised governmental authorities, the role and contribution to health governance of local health authorities and non-state partners must be acknowledged and supported. Sustainability through real commitment to local ownership should be at the core of health interventions.
5. A focus on *intentional* health systems strengthening is needed through integrated, comprehensive approaches to health programming with a focus on Primary Health Care. Concrete action and new ideas (eg relying on regional bodies) for better coordination by external partners, and reducing turnover of expatriate staff will help increase institutional memory and trust between actors and reduce fragmentation.
6. Supportive structures and clear incentives for NGOs to "do health systems strengthening" are needed, entailing longer donor funding cycles and flexible space for iterative, adaptive, innovative, experimental approaches to health programming. A balance of risk-management in the trade-off between direct service delivery, health system support and visible outputs, and the strengthening of intangible elements of the health system should be found.
7. NGOs and development partners across the humanitarian-development spectrum should be supported to address existing knowledge gaps to better understand and work on health systems strengthening, including in areas beyond their traditional expertise.

Background

While health systems strengthening is a common term in global health and is acknowledged as essential to sustainable improvements to health outcomes, it remains conceptually and practically problematic. It is difficult to define and even more difficult to measure.

The proliferation of global health initiatives (GHIs) and direct country assistance in recent decades has increased the availability of funding and technical assistance to health systems. However, this has, on the whole, been delivered in a vertical, disease-focused way, further fragmenting and weakening health systems and encouraging donor dependency[1].

The study offers insights into health systems strengthening, grounded in the experiential perspectives of those engaged in health system programming.

FCAS present a further challenge for health systems strengthening. In these settings, responses that address immediate health needs while strengthening the health system in the long term are needed. These impact on recovery, development, and peace and state-building[2]. However, factors such as weak governance, the presence of non-state actors in service provision and siloed and fragmented external responses complicate the picture and possibly contribute to inefficient and inequitable health systems.

Aim of this study

Building on the 2022 Action for Global Health brief on HSS in FCAS which covers the "what to do" questions, this study explored the "how to do" questions for health systems strengthening programming in FCAS, at the intersection between humanitarian and recovery phases. The study does not aim to be a conceptual reflection or a comprehensive review of the existing evidence. Rather, it aims to gather the experiential and operational perspectives of practitioners who participated in the research, based on the acknowledgement of the importance of their views and richness of experiences.

Methods

- In-depth, semi-structured interviews (n=25) with donors, researchers and advisers, and of implementing organisations (such as NGOs) in regional or global offices.
- Interviews with experts engaged directly in health systems strengthening programme implementation at country level, mostly in NGOs (n=17) using a photo elicitation approach.
- Analysis of documents that were shared or mentioned during interviews to illustrate examples of health systems strengthening approaches.

This method has important limitations:

- Participants were selected purposefully, mostly from international humanitarian/service delivery-focused NGOs, likely leading to a biased sample.
- The study did not capture the perspective of governmental actors at central level, local governments or health authorities, and local civil society organisations (CSOs). Also, the perspectives of development-oriented implementing agencies were not included, as the focus is on NGOs operating at the intersection between humanitarian and recovery phases.

Definitions and distinctions

This study adopts the definition of health systems strengthening interventions provided by Witter et al [4,5], which considers key elements to include:

- **Scope:** Effects cut across building blocks in practice, if not in design, and tackle more than one disease.
- **Scale:** Has national reach and cuts across more than one system level.
- **Sustainability:** Effects are sustained over time and address systemic blockages.
- **Effects:** Impacts on outcomes, equity (including gender), financial risk protection, and responsiveness, though these impacts may occur after a time lag.

This definition is distinct from health system support[6] which focuses on filling gaps in health system building blocks to produce better short-term outcomes. Strengthening is about making the system function better in the long term.

Main findings

Fragility, insecurity and humanitarian priorities

- **Ensure that humanitarian interventions are planned and implemented to contribute to long-term health systems strengthening and resilience while meeting the immediate health needs of vulnerable populations.** At the least, this means implementing health system-supportive approaches that 'do not harm' the existing health system.
- **Embed a nexus approach in global health programming in FCAS.** However, it is acknowledged that there is a need for more sensitisation and understanding among all actors, as well as practical guidance on the operationalisation of the humanitarian–development–peace nexus. Further research, documentation and experience sharing on the operational aspects of the nexus to highlight what works and how is needed.

An image from the photo elicitation exercise representing fragility, security and access challenges. It was provided by Universite Catholique de Bukavu in DRC. To access this district, 180Km from Bukavu, took more than eight hours because of the state of the road. Despite the challenges, some health districts kept working. Despite lacking essential resources, they manage to provide basic services. Also, communities are keen to support the district and health service provision, eg by building roads and facilities, despite the isolation and the lack of government support.

Doing health systems strengthening in FCAS is hampered by the fragility and insecurity that characterises those contexts. There might be a question of whether health systems strengthening is a priority in these settings, especially when immediate life-saving activities are taking place. However, many respondents stressed the importance of including health systems strengthening from early on and across all stages of crisis and response to avoid harming what is left of the health system (eg setting up parallel structures) and to ensure that the humanitarian phase supports longer-term health systems strengthening. This is particularly relevant as crises are often cyclical or protracted and countries do not always transition from a humanitarian to a development phase in a linear manner.

The humanitarian–development–peace nexus was thought to be relevant to structure the discussion. However, there are gaps in knowledge and understanding of how to operationalise the nexus in the health sector in ways that consider health systems strengthening. Suggestions from respondents included focusing on health financing and transparency of information sharing of funding and activities.

The humanitarian–development–peace nexus

The humanitarian-development-peace nexus refers to an approach in which emergency and longer-term health reform efforts are connected, with a shared understanding of sustainability, vulnerability and resilience. It works to achieve collective outcomes that reduce need, risk and vulnerability over multiple years and promote peace.

Governance

- **Recognise health system plurality in FCAS,** especially in the absence of formal governmental authorities. **Support the role and the contribution to health governance of local health authorities and non-state partners,** including communities and civil society, faith-based organisations and the private sector. Development partners should adapt instruments to support close working with local authorities rather than by-passing them. Operational lessons on working with non-state actors can be learned from some GHI experiences.
- **Keep sustainability at the core of health interventions,** through commitment to local ownership at all stages and for all interventions, working through local partners (reflected in incentives and risks set for implementing agencies). An important and effective approach that emerged is that of promoting government leadership of activities and ensuring their visibility.

A lack of governance capacity among domestic actors is a key challenge in health systems strengthening in FCAS where governments are weak, absent, fractured and may lack internal and/or external legitimacy. This is at odds with the idea of health systems strengthening that assumes a single, national, central government and a public health system that can be strengthened. A related challenge is the relationship between governance in terms of the leadership and stewardship of governmental actors, and the sustainability of health systems strengthening interventions. If there is no government stewardship (no capacity, will or presence), how can local ownership be fostered?

Reflections on governance from this study conclude that:

- (Health) governance does not always coincide with, or require the presence of, a strong, central, recognised government. Respondents described successful experiences of working with local authorities where national governments were absent, contested or not recognised. Local authorities could be non-state entities/de facto authorities, ethnic governments, provincial or district authorities.
- Approaches to ensure ownership by local actors and alignment of interventions to local plans and strategy were also presented. The focus should be on “transitions” from external to domestic actors as essential processes, with a sense that these shifts cannot be sudden but should be gradual, well-prepared and initiated as soon as the health response starts.
- Increasing the visibility of governmental or local health authorities were thought to have the potential to increase legitimacy and improve governance and ownership in the longer term, particularly in contexts of reduced aid and rapid transition to domestic funding.

Aid architecture

- There is a need to focus on intentional health systems strengthening that prioritises **integrated, comprehensive approaches to health programming with a focus on Primary Health Care.** Experiences of health system fragmentation due to disease-specific funding or short-term, health system block-specific activities were recounted. Examples of positive approaches included shifting to complex, cross-cutting interventions (e.g., from in-service to pre-service training, or long-term, embedded learning approaches for local government).
- **Better coordination** by various external partners including humanitarian and development organisations and GHIs is needed. This call is not new but needs new practices to drive real change. Suggestions included empowering regional actors (eg Africa CDC) to coordinate, and reducing competition for visibility and funding between implementing agencies (and implementing agencies and government).
- Improved coordination also entails reflection on how to address the **turnover of expatriate staff** which damages institutional memory and trust between actors, creating further fragmentation.

This results in fragmentation, characterised by short-term funding and planning, with a focus on service delivery or disease-specific health system support, rather than the health system. In this environment, it can be difficult to "do health systems strengthening" and make it a real priority. In many instances, fiduciary risks and rules, and mistrust in government, are cited as reasons for bypassing the government and focusing on service delivery.

The situation can be frustrating for NGOs and implementing partners who aim to strengthen the health system broadly and sustainably. Many respondents stressed the need to go beyond a focus on service delivery and health system support to achieve real health systems strengthening. They also felt that, while health systems strengthening can happen in unexpected ways, efforts to support systems should be intentionally embedded into interventions and activities. Operational approaches to address health systems strengthening emerged from the study, including a focus on integration of health services and cross-cutting approaches to the health system building blocks.

Coordination was raised as an issue, particularly where crises are protracted or in the early recovery/developmental phase. Many NGOs highlighted that they have limited incentives to coordinate planning and activities with one another because of the lack of higher-level coordination and simultaneous competition for visibility and funding. This is particularly important as funding is volatile, unpredictable and decreasing. Coordination, joint prioritisation and pooled funding can increase efficiencies and support planning.

Turnover of expatriate staff was also cited as a problem. This affects institutional memory, trust between actors, and the capacity of organisations to make rapid, informed decisions, especially in politically complex contexts.

Risk management and support structures for NGOs

- Ensure health interventions have an embedded and intentional health systems strengthening focus, beyond health system support, by providing **supportive structures and clear incentives for NGOs to "do health systems strengthening"**, by supporting **longer funding cycles** in FCAS, allowing **flexible space for iterative, adaptive, innovative and experimental approaches to programming.**
- **Measure progress in health systems strengthening processes**, in addition to the numbers of health outcomes or outputs.
- Find the **right balance of risk management** in the trade-off between direct service delivery, health system support and visible outputs, and the strengthening of intangible elements of the health system by working through governments and other local partners. One suggestion proposed setting aside a proportion of budget for activities that could carry more programmatic risk and allow for innovative approaches, flexibility and longer-term experimentation within that envelope.

It was a recognised that NGOs (especially humanitarian ones) may not have a strategic, high-level view of health systems strengthening or the capacity to work on broad health governance issues. However, respondents agreed that NGOs should be empowered to contribute to health systems strengthening. Currently, NGOs are often reticent to allow increased ownership and visibility of governments or local health authorities, as it goes against their own interests and incentives, eg in relation to fundraising, and/or to meeting project targets. There is a sense that funders are focused on limiting risks and transferring risks to NGOs without transferring decision-making power in design, flexibility in implementation and long-term frameworks that are needed for health systems strengthening. Consequently, implementing organisations understandably focus on managing organisational risks, without attention to the broader risk of harm to the health system that could be caused by parallel approaches and limited experimentation.

Respondents suggested that promising practices include "problem-driven iterative adaptation" approaches that allow experimentation in context and foster a culture of learning within implementing organisations and local partners.

Knowledge agenda

- Support NGOs across the humanitarian-development spectrum to **better understand and work on health systems strengthening,** including in areas beyond their traditional expertise.
- Allocate funding for joint work between research institutions and NGOs for **learning about what works and why in health systems strengthening and resilience in FCAS** to build useful, actionable evidence.

Implementing organisations have various levels of conceptual knowledge about health systems strengthening. Some organisations have dedicated staff and resources to reflect on health systems and address broader issues of systems and institutions strengthening. Others are driven more pragmatically by service delivery or focus on funders' narrow definitions of "health system support" [7]. This calls for better engagement of implementing organisations across the humanitarian-development spectrum in the debates about definitions and measurement of health systems strengthening and "how to do health systems strengthening" programming effectively. Important elements of health systems strengthening, such as public finance management, public procurement systems, integrated health management information systems etc, are not vital to the work of implementing agencies with a service delivery focus. As a result, they were largely overlooked in the interviews. This may reflect a biased sample, but also the need to expand the operational knowledge and the traditional "comfort zone" of NGOs. A focus on strengthening (public) systems can play a central role in health systems strengthening to improve resource mobilisation, usage and sustainability.

The "golden age of global health" appears to have ended[8] with rapid changes to the global geopolitical and aid environment at the start of 2025. While the new landscape is uncertain, health systems strengthening in FCAS, with its complexity and dilemmas, risks becoming a redundant area of work. However, the goal of strengthening systems remains as necessary as ever.

An image from the photo elicitation representing the health workforce. It was provided by International Rescue Committee in Sierra Leone. It shows two cadres of health workers working together, illustrating the different levels of capacity and skills needed to manage a health system. The flaking paint reminds us that, as much as we want to talk about health systems strengthening, the basics still need to be addressed.

This brief is based on the paper by Maria Bertone[1], Jieun Lee[2], Ezinne Peters[3], Noemie Kouider[3] Sophie Witter[1] - Health systems strengthening and resilience-building in fragile and conflict-affected settings: experiences and operational perspectives of international NGOs.

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Front cover: An image from Libya provided by International Medical Corp for the photo elicitation exercise. It represents the challenges faced by primary health care (PHC) and integrated healthcare delivery. Libya's health system is very weak, especially at primary health care level, exacerbated by war and political divisions. The establishment of this PHC institute has been slow but very important for health systems strengthening, requiring advocacy, capacity development and understanding.