

HEALTH SYSTEMS STRENGTHENING IN FRAGILE STATES

Picturing the views of international NGOs



2025

Strengthening health systems in fragile and conflict-affected settings is a complex process. The photos and quotes in this book were gathered as part of a photo elicitation exercise, which was used, along with more traditional research methods, to capture the views of practitioners from international non-governmental organisations (NGOs) working at the intersection between humanitarian and recovery phases. They illustrate the challenges in this work and the tension between humanitarianism and system building. They also show us how programming for health systems strengthening could be more harmonious.

- 
- 5 SECTION 1
Sustainability
 - 11 SECTION 2
Health workforce
 - 15 SECTION 3
Supporting the elements of the health system and its complexity
 - 21 SECTION 4
Fragility, insecurity and challenges with access
 - 25 SECTION 5
Primary health care and integrated healthcare delivery
 - 29 SECTION 6
Governance



SECTION 1

Sustainability

Sustainability is a core element of strengthening health systems. However, in fragile settings, there is often a trade-off between “getting work done” and the longer-term process of working through the government. These longer timeframes are crucial for sustainability.



Somalia

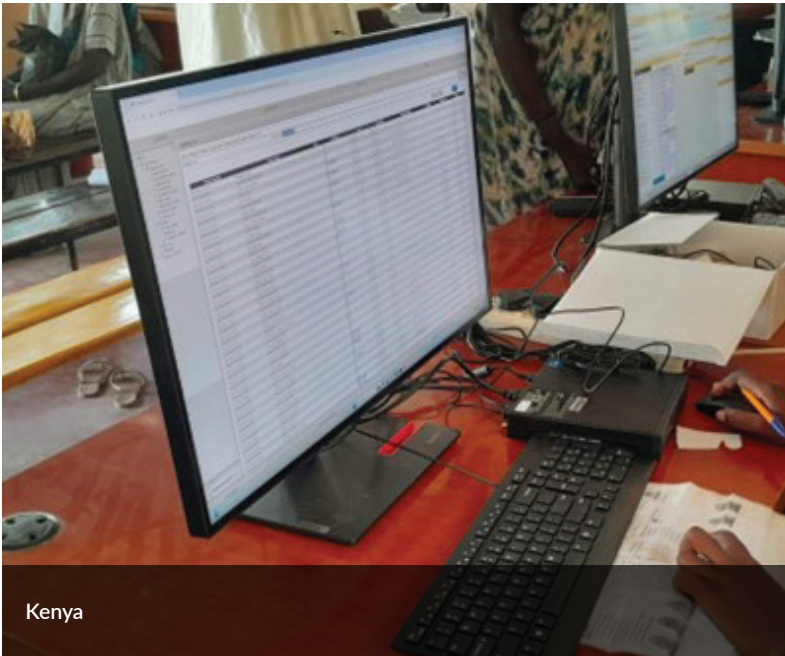
A NEW SOURCE OF STRENGTH

“This is the solar panel installation at Burdhubo Health Centre in the Gedo region of Somalia. The photo represents a turning point in strengthening the health system in a fragile setting.

It illustrates resilience and the importance of sustainable energy solutions in areas with scarce essential services like electricity [...] But the sustainability of the infrastructure investment depends on leadership and governance. There is a need to partner with the government and local authorities to build support systems to sustain infrastructure.”

BUILDING SUSTAINABLE HEALTH SYSTEMS IN FRAGILE SETTINGS

“The image tells the story of how strengthening health systems in fragile settings needs to have a multi-pillar approach and also shows that sustainability requires the inclusion of multiple pillars to achieve stability and optimal welfare of the refugees in this setting and their host communities. Health system strengthening in fragile settings involves managing limited resources while still focusing on sustainability and proactive planning.”



Kenya



Sierra Leone

BALANCING ACCESS AND SUSTAINABILITY IN SIERRA LEONE'S HEALTH SYSTEM

"This (*below and bottom left*) is a functional ambulance somewhere in the south of Sierra Leone and a dysfunctional Land Rover at the District Health Management Team in Bo. The ambulance reminds us that access is essential, ambulances allow referral. But there is also another point to be made about the sustainability of the support provided. Resources and equipment come in but what about maintenance and replacement plans? This is health system strengthening: having the systems in place to maintain the investment made, avoid wasting resources."



Sierra Leone



SECTION 2

Health workforce

The health workforce can be a starting point for health systems strengthening. This can include pre-service training, in-service training and support to community health workers. But interventions need to go beyond health system support and focus on strengthening the systems to manage health workers.



Kenya

STRENGTHENING COMMUNITY HEALTH SYSTEMS IN KAKUMA REFUGEE CAMP

“The International Rescue Committee Kenya is the lead health partner in Kakuma refugee camp and runs seven health facilities of different levels registered under the Ministry of Health. The health and nutrition programme offers integrated primary health care services, serving both refugees and surrounding host communities. Collaborating closely with the Turkana County government and Community Health Promoters (CHPs), the International Rescue Committee implements preventive and promotive healthcare through behavioral change projects. Capacity strengthening of community health promoters in Kakuma is imperative to enhance preventive and promotive health care at the community level.”



Afghanistan

WOMEN AT THE HEART OF HEALTH SYSTEM STRENGTHENING

“If you improve workforce for midwives, nurses, lab technicians and pharmacy technicians, it is a long-life sustainability. Part of health system strengthening is also to increase female engagement. The only avenue for women to work is in the health sector, as women are not allowed by de facto government to work in any other sectors. It is important to train such women health workers to service in different functions (communities, urban and peri urban, rural, based in family health houses). Improving linkages between health centers and family health houses, and training Community Health Workers to complement other cadres and it is the medium-term solution is the best model in the current circumstances.”



Sierra Leone

LAYERS OF A HEALTH SYSTEM

“The picture shows two cadres of health workers working together. It shows the different levels of capacity and skills that are needed to manage a health system. You can also see the paint coming off, which is a reminder that, as much as we want to talk about health systems strengthening, there are still the basics which needs to be addressed.”



Myanmar

A HEALTH SYSTEM BORN OF RESISTANCE

“The background to this picture is the situation in Myanmar and in the Karen ethnic areas. The Karen people started the revolution against the government immediately after independence. They started their own health system. But one issue has always been the lack of resources so there has been a reliance on international aid. During the democratic phase in Myanmar, there were efforts to create career pathways for the informal cadres that were not officially recognised but had been operating for a long time in ethnic border areas, and to align them to the government policies and frameworks. However, after the 2021 coup all that went down the drain.”



SECTION 3

Supporting the elements of the health system and its complexity

A great deal of health systems support is organised around the WHO building blocks - service delivery, health workforce, health information systems, medical products, vaccines and technologies and financing. But health systems strengthening goes beyond this and also includes softer elements such as relations and power dynamics, trust and legitimacy and ownership.



Sierra Leone

THREADS OF THE SYSTEM

“The picture shows a bright and welcoming health centre ward, each bed dressed in colourful lappas. It’s a small but powerful image — a reminder that a strong health system is woven from many different threads. Capacity, sustainability, and community all have their place, just like the varied patterns of fabric. Together, they create something resilient, functional, and full of life.

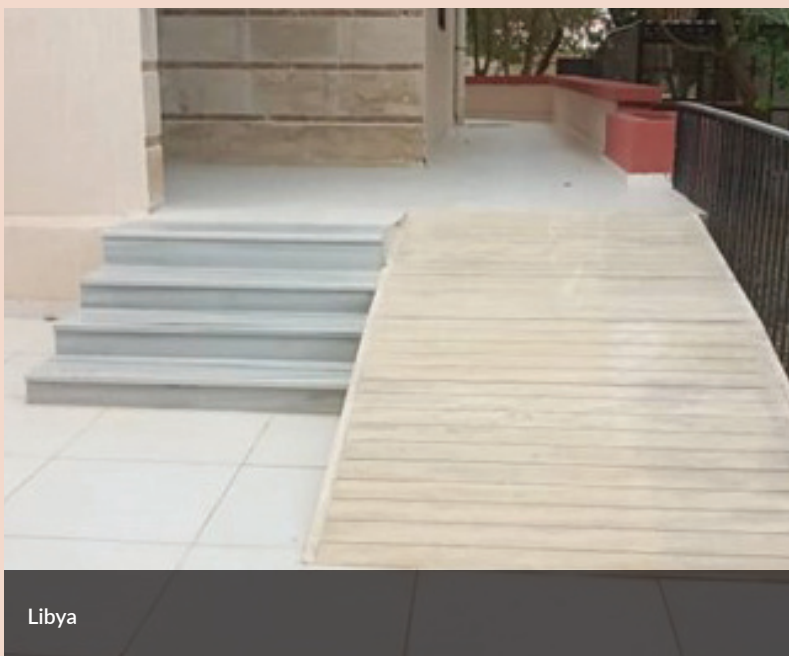
Each colour and texture in the ward tells a story of people working with what they have — adapting, creating, and caring. It reflects the spirit of innovation that keeps health systems alive even when resources are stretched, proving that resilience often begins with resourcefulness.”



STRENGTHENING HEALTH SYSTEMS THROUGH EVERYDAY INFRASTRUCTURE

“These pictures show the waste management infrastructure in a health centre in Blue Nile region. A good waste management and infrastructure is a sign of a system working well, it is a system in the system. When waste management is good, it can be a starting point for improving quality of care. Even in an emergency we should have a systems perspective and integrate elements of health systems strengthening.”

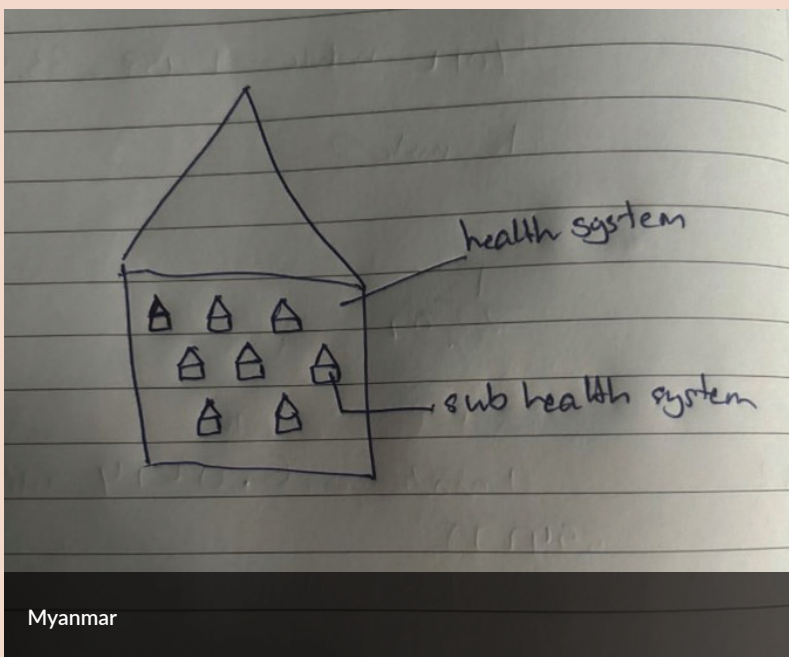




Libya

OPENING DOORS TO INCLUSIVE HEALTHCARE

"This is a well-designed ramp leading up to the entrance of a diabetic center. It was built to ensure that everyone, regardless of mobility challenges, can access the diabetic center with ease and dignity. We chose this picture as it represents the efforts that were done to make healthcare accessible to everyone in Libya, including people with disabilities, with a commitment to inclusivity. Overall, the ramp symbolizes progress and hope, illustrating how even small changes can significantly impact the health and well-being of a community, especially in challenging environments."



Myanmar

CONNECTING HEALTH SYSTEMS IN TIMES OF UNCERTAINTY

"We try to integrate health systems strengthening and organisational development for the Ethnic Health Organisations in everything that we do. We match the project intervention with the strengthening of the system. Since after the coup, it is much more difficult to coordinate and to do meaningful strengthening and health system fragmentation has further increased."



SECTION 4

Fragility, insecurity and challenges with access

In fragile and conflict-affected settings, insecurity and lack of infrastructure can be a huge impediment to health systems strengthening. Despite this, some basic elements of the health system can be supported.

REACHING THE LAST MILE AGAINST ALL ODDS

“Last Mile Distribution of medical supplies and drugs has been very difficult due to inaccessible roads. Flooding is a common phenomenon between May and October in most parts of South Sudan. This cuts off most parts of the counties from accessing health facilities with ease. The health system in South Sudan has been compromised by the series of crises that the country had faced. The Health Pooled Fund had the big credit to stabilize the funding and provide constant support throughout the crises. This allowed efforts for capacity building and also supply delivery. Despite the many challenges, the supplies were still reaching the facilities and systems for their management were in place.”



South Sudan

RESILIENCE IN THE MOST REMOTE PLACES

“To access this district which is located 180km from Bukavu, it took more than eight hours because of the terrible state of the road. Despite the challenges, some health districts kept working. Even if they lack essential resources, they still manage to provide some basic services. Also the communities are keen to support the district and health service provision for example by building roads and building for the facilities, despite the isolation and the lack of government support.”



DR Congo



SECTION 5

Primary health care and integrated healthcare delivery

Often funders push for focus on service delivery, rather than strengthening the whole system. If this is the case, a focus on Primary Health Care and integrated services can support the sustainability of interventions.

A NEW BEGINNING FOR PRIMARY HEALTH CARE

“Libya is affected by conflict and political divisions. The health system is very weak especially at primary health care level and the war had made worse. Now a primary health care institute has been established it is a slow development but very important towards health system strengthening, it needs to start with advocacy and developing capacity and understanding.”





Venezuela

STRENGTH BEGINS IN THE COMMUNITY

“When you look at the triangle of healthcare, you can see the base and the biggest part is the community-based healthcare services that focus on prevention and promotion of health, and above that we have the rest of the services in the health structure. It is not only about the physical structures but also about human resources, supplies as well as the knowledge at community level. That’s the base and the most important part of the triangle.”



Somalia

BRINGING SYSTEMS TOGETHER FOR BETTER HEALTH

“The different donors are doing vertical programmes. Imagine we put them together and do one comprehensive programme? It could really benefit the Somalian population. It’s about service delivery, innovation of technology, patient centered approach, accessibility. Some difficult questions that are being asked about sustainability – the answer is integration.”



SECTION 6

Governance

A lack of governance and leadership makes health systems strengthening more difficult in fragile and conflict-affected settings. Often, governments are weak, absent or illegitimate. In such contexts, working with, and empowering, local health authorities and non-state actors is essential for health systems strengthening.



Somalia

COMMUNITY VOICES IN ACTION

“Community engagement meetings bring people together to talk, question, and share their experiences of health care. They create space for honest conversation — where community members can express what’s working, what’s missing, and what needs to change. These meetings turn feedback into action, helping shape services that reflect the real needs of the people they serve.

Over time, these dialogues have also made the government’s presence in health leadership more visible and trusted. In fragile settings, that visibility matters — it signals accountability, cooperation, and a shared commitment to making health systems stronger from the ground up.”



Somalia

LAYING THE GROUNDWORK FOR FUTURE TRANSITIONS

"We are trying to build capacity at all levels in case the transition [to Government ownership] has to happen, but the Somali government is very politically fragmented, for any activities there is the need for a lot of negotiations, to sit with them at different levels and multiple times, to bring all to the table. Given this context, I do not think it is feasible to think about a transition to government soon."



Afghanistan

BRIDGING COMMUNITY NEEDS AND GOVERNMENT GOAL

"Sometimes it can be challenging to navigate between varying priorities between communities and the government. For example, the priority of communities is access to basic and quality healthcare at proximity through health workers that reach the remotest areas, whilst that of the government is building the health infrastructures."

COMMUNITIES HOLDING HEALTH SYSTEMS ACCOUNTABLE

“Community scorecard exercise to monitor and evaluate the service delivery of the health care sector in Kenya to help influence the quality, efficiency and accountability to the healthcare services that are provided at different health facilities.”



Kenya



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