

Health systems research in fragile and conflict affected states: *a qualitative study of associated challenges*



This brief presents results on the challenges of doing health systems research (HSR) in fragile and conflict affected states (FCAS). Opinions of people with knowledge of and/or direct experience in this area of research were consulted through a group discussion and an online survey between September and October 2014. These results were part of a larger study on health system research needs (Woodward et al 2016) in FCAS, which was guided by a group of 30 experts, including academics, policy makers, implementers and donors. Results indicate that there are many challenges in gaining support for, conducting, and utilising high-quality HSR in FCAS. There is a need for: *more sustainable support*, including increased funding of appropriate duration; *investment in capacity building* within FCAS to meet the challenges related to implementation of research in these complex environments; *relationship and trust building* among stakeholders involved in HSR, particularly between local and international researchers and between researchers and participants; and *innovative and flexible approaches* to research design and implementation in these insecure and rapidly changing contexts.

Background

Fragile and conflict-affected states (FCAS) lag behind more stable contexts in meeting international health goals, such as the Millennium Development Goals. Implementation of well-known health strategies and technologies proves even more difficult in FCAS than in other, equally poor but more stable countries. Typically, FCAS have weak institutional capacities, leading to weak health systems.

Researchers and donors find HSR in FCAS a growing area of interest. However, this area of research remains underdeveloped, partly because of its intrinsic challenges.

The literature provides some evidence about challenges in conducting FCAS in HSR.

However, these challenges are generally subjective, based on opinions and experiences of these papers' authors, and they are not specific to HSR. To our knowledge, this is the first qualitative study to specifically examine the challenges of conducting HSR in FCAS.

HSR, a complex and long-term endeavour even in stable contexts, entails sizeable challenges. A better understanding of the challenges involved in HSR in FCAS is essential in order to tackle them and to support and promote higher-quality research in such contexts.

Primary aim of this study was to develop a research agenda on HSR in FCAS. Secondary was to identify the challenges involved of doing HSR in these contexts. Results on the challenges are presented in this brief.

Methods

Results were part of a larger qualitative study on health system research needs (Woodward et al 2016) in FCAS. This study was led by the Thematic Working Group (TWG) on Health Systems in FCAS and was guided by a steering group (n=30). The aim was to consult a wide variety of participants with knowledge of and/or direct experience of HSR in FCAS.

Online survey

The online survey was open for two weeks (14-28 October 2014). Sixty-one of 501 contactable and eligible candidates (=12.2%) completed the survey. Fifty-nine percent were female and 41% were male, 43% worked in international implementation (e.g. international NGOs), 31% worked in academia (e.g. universities, research institutes), 16% worked in local implementation (e.g. government, local NGOs), and 10% worked in funding (e.g. donors). Participants were living in 28 different countries, including 15 FCAS (as defined by respondents).

Group discussion

A face-to-face group discussion was held during the Third Global Symposium on HSR in Cape Town on 30 September 2014. Eleven people (mix of female and male and profession backgrounds)

Results

Most survey respondents (92%) felt that the contexts of FCAS are different from contexts in states not considered fragile or conflict-affected. Of those ever involved in HSR in fragile and/or conflict affected states (45 of 61=75%), almost all (98%) experienced challenges in gaining support for, conducting, or utilising their research.

The challenges fall under three broad thematic areas and are summarised in the figure on the next page.

Lack of appropriate support

Survey and discussion participants articulate a lack of commitment to and support for HSR in FCAS. These are prerequisites to conducting and applying research.



Picture was taken during face to face group session at the Third Global Symposium on Health Systems Research in Cape Town, 30 September 2014

First, HSR in FCAS is often regarded as unimportant. One survey respondent working in the academic sector in the UK noted that it is difficult “to convince key stakeholders of the importance of doing health systems research” in FCAS, particularly in post-conflict situations.

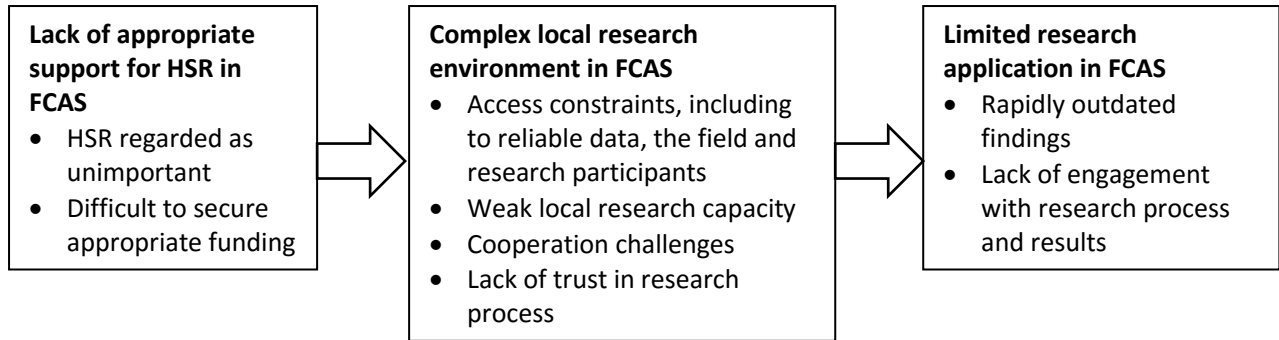
Second, it is challenging to secure appropriate funding for this area of research. A respondent working in international implementation in the Ukraine states that “short funding cycles do not allow for much meaningful research” and that such short funding cycles make it difficult to discern whether research application has a sustainable impact on the health system.

Besides limited support and commitment, factors critical to starting and maintaining the research process, the majority of challenges reported relate to the practicalities of conducting HSR in the complex contexts of FCAS. These are discussed on the next page.

Complex local research environment

Respondents identified four key factors that present unique, specific, and sizeable challenges to conducting HSR in FCAS: access constraints, weak local research capacity, coordination challenges, and lack of trust in the research process.

Almost all respondents mention access constraints as a significant challenge to conducting research in FCAS. These include access to reliable data, the field, and research participants.



Many respondents highlighted weak local research capacity in FCAS. Research capacity includes both the necessary staffing (numbers, skills, and knowledge) and the infrastructure - for instance, ethical review boards - required for conducting high-quality research.

Respondents identify cooperation as a key challenge to conducting HSR in FCAS. The main reason mentioned is that many different actors are commonly involved in health systems strengthening efforts in FCAS, including research. Language barriers, both literal and figurative, can make cooperation difficult. In the figurative sense, national researchers voiced a negative perception of the use of the word ‘fragile’ by international researchers.

A lack of trust in the research process also stymies cooperation. A survey respondent from Sudan working in academia identified “a lack of trust between the researchers, participants, and the local community” as one of the main challenges of conducting HSR in FCAS.



Final briefing of a team about to do a household survey, South Sudan 2007

Limited research application

Respondents noted that lessons from the HSR conducted in FCAS are not always applied optimally, often because the findings become rapidly outdated and because institutions do not engage substantially with the research process and its results.

Participants highlighted that contexts within FCAS, including their health systems, change rapidly. A respondent noted that, because contexts in FCAS change so rapidly, research findings become out-of-date quickly, which reinforces the reality that research must be “tailored to each specific situation”.

Respondents view the lack of substantial engagement with the research process and its results as key to poor uptake of HSR. A survey respondent working in Afghanistan explained that national governments were often reluctant “to engage in health research while other immediate issues, such as security and maintenance of power, are at hand”.

Some critical reflections

Broader issues of health systems research

Results from this study should be contextualised against the background of some broader issues affecting HSR in general and HSR in FCAS specifically:

- First, *HSR is a relatively young field that urgently requires development* in order to maximise its contribution to policy and practice. Developing the field is challenging because HSR includes a wide range of complex and interconnected issues and is conducted by researchers offering a multitude of diverse disciplinary perspectives. Thus, systematic progression of HSR will take intense effort and coordination across disciplines.

- Second, *the principles for engagement of aid in FCAS increasingly emphasise state building as the central objective*. As a result, HSR in FCAS may be critiqued primarily on its contribution to state building rather than on its contribution purely to health outcomes. For this reason, HSR may need to formulate its research more often *in relation to fragility*, not just being research that happens to be conducted in a fragile state.
- Finally, *the fragile states literature increasingly calls for highly contextualised, flexible approaches for aid in general and for health sector development in particular*. This focus demands a highly contextualised and specific evidence base, which may limit research generalisability.

Group differences

There were some notable group differences. For example, trust issues were raised four times as often by local implementers and almost three times as often by academics than by international implementers.

Limitations

The potential biases associated with our sampling methods (purposive snowball sampling) and response rate may limit the generalisability of our findings.

Future research

More research is needed on the facilitators of doing HSR in FCAS, especially qualitative studies using interviews.

Recommendations

This study shows that those conducting HSR in FCAS face many challenges in gaining support for, conducting, and applying high-quality research. There is a need for:

- *More sustainable support*, including increased funding of appropriate duration;
- *Investment in capacity building* within FCAS to meet the challenges related to implementation of research in these complex environments;
- *Relationship and trust building* among stakeholders involved in HSR, particularly between local and international researchers and between researchers and participants;
- *Innovative and flexible approaches to research design and implementation* in these insecure and rapidly changing contexts.

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References

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Thematic Working Group on Health Systems in Fragile and Conflict Affected States

Formed as a cooperation between the Health & Fragile States Network and the ReBUILD Consortium in September 2013, this working group of Health Systems Global aims to strengthen health systems research in fragile and conflict affected states. The group now has a membership of over 500 people.

For further information and to join the group:

Visit our website at <http://healthsystemsglobal.org/twg-group/8/Health-Systems-in-Fragile-and-Conflict-Affected-States/>

Join our LinkedIn group <https://www.linkedin.com/groups/6611870/profile>

