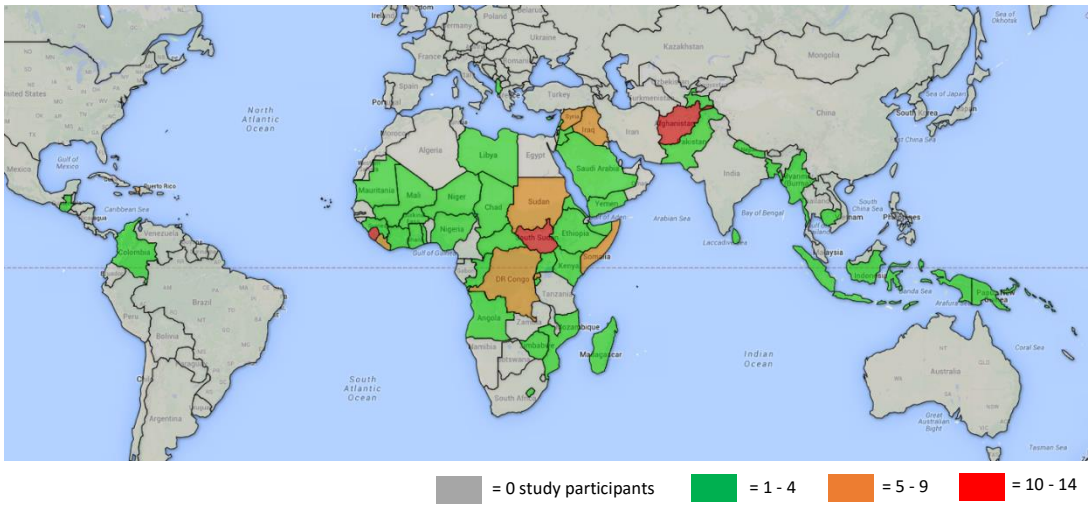
# Health systems research in fragile and conflict affected states:
## *a research agenda-setting exercise*




**This agenda-setting exercise aimed to provide guidance for those interested in knowing 'What areas of health systems research in fragile and conflict affected states (FCAS) require particular attention for further enquiry and investment?' Between August 2014 and September 2015 a scoping review and stakeholder consultation was done, using an online survey, face-to-face and online group sessions, webinar and feedback through LinkedIn. This resulted in a research agenda covering a broad range of topics related to transition & sustainability, resilience & fragility, equity & gender, accessibility, capacity building, actors & accountability, community, health care delivery, health workforce and health financing. This agenda is not an end in itself, but is a starting point for discussion on ways forward for health systems research in FCAS.**

### *Background*

Fragile and conflict-affected states lag behind in meeting international health goals. While progress can usually be achieved by implementation of well-known health strategies and technologies, in FCAS such strategies are difficult to implement because they often have weak health systems.

More and better health system research, alongside increased funding and implementation of programmes that aim to build sustainable health systems, can be expected to contribute to strengthening health systems, meeting development goals, and ultimately improving health outcomes.

Health systems research in FCAS is a growing area of interest for researchers and donors. However, this area of research remains relatively underdeveloped, which makes it important to have guidance about what research to focus on, and to make most efficient use of research funds.

To date, however, there has been no organised discussion or consensus-building on a global research agenda for health systems in FCAS. The aim of this study was to fill this gap.

**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**

## Methods

*Scoping review*

To provide background analysis for the consultation process, a scoping review was conducted (August - September 2014) with the aim of collating available published sources that identify research needs or priorities on health systems in FCAS. The review found nine studies that were sufficiently relevant for inclusion. Two identified research needs for humanitarian emergencies, while the others discuss health system research needs in post-conflict fragile states.

*Stakeholder consultation*

While a literature review is a helpful tool to identify research gaps, it is, in our opinion, insufficient for setting a *global consensus-based* research agenda. Moreover, when the research gap is so wide, as is the case in this area of research, it seems more crucial to answer the question *What are the research needs?* rather than *What are the research gaps?*

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

## Results

The table on the next page presents the outcome of the exercise: the "Agenda for Health Systems Research in Fragile and Conflict Affected States". The agenda contains a set of research topics which most stakeholders will recognize as important and valid but is by no means exhaustive. It should therefore be seen as a starting point for discussion, not an end in itself.

For these reasons, this study set out to consult a variety of stakeholders (not just academics but also international and local implementers, and donors) from different geographical areas (different continents and countries, including fragile- and conflict affected states) in order to move towards a global research agenda.

After the scoping review had been conducted, primary data was collected from August 2014 to September 2015. Data was collected using a mixture of methods: an online survey, two face-to-face group sessions, online group sessions, a webinar, and feedback via the HS-FCAS LinkedIn group[1].

Participants were living in 28 different countries, of which 15 self-defined FCAS. Although efforts were made to obtain a balanced sample in terms of demographic characteristics, 43% worked in international implementation (e.g. international NGOs) and 31% in academia (e.g. universities, research institutes) while only 16% worked in local implementation (e.g. government, local NGO) and 10% in funding (e.g. donors). The perspectives of local implementers and funders therefore are likely underrepresented.

Study participants also highlighted the need for specific types of research, including more policy analysis, implementation research and innovative and inclusive research approaches. The need for better quality and locally relevant research was highlighted.

This agenda-setting exercise itself contributed to the formation of a global community of policy-makers, practitioners and researchers with an interest in health systems in FCAS.

# Research Agenda for Health Systems Research in Fragile and Conflict Affected States

| Theme | Research needs | Examples of research questions* |
|---|---|---|
| **Transition & sustainability** | • Balance and sequence of emergency and systems strengthening<br>• Sustainability<br>• Reforming a post-conflict health system | • Do we need to do things differently in responding to immediate situations so that we are also supporting longer-term capacity and sustained improvements?<br>• Is there an optimal path to sustainability of health financing after a conflict or crisis? |
| **Resilience & fragility** | • Consensus on definition of 'resilience'<br>• Creating resilient health systems<br>• Relationship HSS and fragility | • How have countries survived shocks and conflicts? How can we build on these post-conflict?<br>• What are the different types of shocks and what do these imply for coping strategies?<br>• What are the components and contextual factors of successful examples of state-building? |
| **Equity & gender** | • Equity issues and fragility<br>• Relationship more inclusive health service delivery and reduction of tension<br>• Gender perspective and inclusion of marginalised 'voices' | • How to integrate health equity analyses in health systems research in FCAS?<br>• Does targeting health programmes for women and children, and employing more women in health programmes, help lessen conflict?<br>• What approaches help local people exercise their views? |
| **Accessibility** | • Conflict-related factors to healthcare access<br>• Referral systems and emergency care access | • What factors influence accessibility of public services in FCAS? Are these specific to health?<br>• How can providers best be resourced in order to build up a public health system?<br>• How can referral systems and emergency health care access be improved with limited road access and ambulance systems? |
| **Capacity building** | • Health system capacity building, particularly health workforce and leadership<br>• Capacity building of local researchers and information systems | • How to strengthen country leadership in understanding and implementing HSS?<br>• What is the role of e.g. diaspora, academics, politicians as future health leaders?<br>• How best to work through and support local people, organisations, and systems for research in insecure areas? |
| **Actors & accountability** | • Roles of various actors in states with weak governance<br>• Accountability mechanisms for national and local government and international actors | • How can private provision be regulated to promote health equity in FCAS?<br>• How can international actors be more effectively held accountable for their HSS activities? What are the consequences of the failure of accountability? |
| **Community** | • Community involvement and empowerment<br>• Community readiness to participate in HSS<br>• Roles of community-based providers | • What are the best approaches to bring community actors into full partnership with national health systems?<br>• What are the determinants of community readiness? How can the level of community readiness best be increased to best participate in HSS?<br>• What are successful and scalable models of community-based programming in post-conflict and fragile states? |
| **Healthcare delivery** | • Innovative approaches to service provision and best service delivery models<br>• Quality of care and impact of quality improvement on HSS | • What healthcare delivery models work best in fragile contexts? What kind of actors can best implement such models and deliver the best results?<br>• How can quality and performance of healthcare providers best be measured in fragile contexts? |
| **Health workforce** | • Human resources for health management<br>• Education and training of health workforce | • How to ensure that external support does not undermine the health managers & workforce in fragile situations?<br>• How best to develop cadres of staff within conflict/crisis contexts rather than waiting for the post-crisis period? |
| **Health financing** | • Best finance practices in relation to aid and the political economy of aid<br>• Results-based financing<br>• Universal health coverage | • How much donor aid is appropriate to instigate and maintain HSS while enabling country leadership?<br>• What are the specific opportunities and challenges of results-based financing in fragile contexts?<br>• How does a vision for universal health coverage influence subsequent health system performance? |

## *Reflections on the research agenda*

Some critical reflections on the research agenda and the consultative process are outlined here:

*Tailoring to specific context*

The research questions in the agenda should be regarded as examples that should be tailored to the specific context. Participants highlighted the need for health systems research to have local relevance. Research should therefore describe contextual factors and possibly include multiple countries as is also stressed by the Task Force Health Systems Research. Exploration of transferability and appropriateness to broaden the utility of research across varying contexts is needed.

*Differences among stakeholders*

Although the aim was to reach overall consensus on important research questions, it is interesting to note some differences between stakeholders:

- Academics and local implementers more often mentioned research needs related to capacity building (including health system, leadership, human resources for health, and research capacity building);
- Funders and local implementers mentioned 'actors' more often;
- Local and international implementers mentioned 'health financing' more often than academics and slightly more often than funders;
- Local implementers were the only ones to mention 'learning from stable settings';
- Local and international implementers mentioned disease-related research needs (like maternal health, mental health) far more often than academics and funders;
- Funders were more interested in 'health information'.
- Local implementers mentioned 'leadership' almost twice as often as academics and funders.

*No priority setting of research questions*

The agenda does not prioritise identified research needs. The nature of the health system building blocks is that they are closely inter-dependent. Prioritising one over the other therefore makes little sense – each needs to be functional for others to work.

*Overlap with other research agenda's*

This research agenda overlaps with health systems research agendas in low resource settings - for example in themes like health financing and human resources, equity, community, and accessibility. There is also overlap, although of different themes, with exercises that focused on humanitarian settings, such as the themes of transition and resilience, and on fragile or post-conflict states, such as roles of donors and incentives for health workers.

## *Way forward*

The TWG on HS-FCAS aims to use this agenda to promote health systems research in these contexts. This means:

- Assisting policy makers to commission research;
- Persuading funders to support this research agenda;
- Encouraging researchers, particularly those in FCAS, to develop proposals for funding and, if needed, to develop the appropriate research capacity. The TWG is currently in discussion with one funder to support this area of research and have provided the agenda to help shape the call.
- Maintain engagement with TWG members on a regular basis e.g. at the two-yearly Health Systems Research symposia to ensure that the agenda remains contemporary and to encourage its use to guide research planning.

## *Acknowledgements*

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## *Reference and further information:*

For further details of this research, see full paper:

Woodward A, Sondorp E, Witter S, Martineau T. Health systems research in fragile and conflict affected states: a research agenda-setting exercise. (2016) *Health Research Policy and Systems*: doi: 10.1186/s12961-016-0124-1

Or contact the TWG steering group via the website:
**http://healthsystemsglobal.org/twg-group/8/Health-Systems-in-Fragile-and-Conflict-Affected-States/**