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Health needs in conflict

In conflict affected states, nutritional programmes, vaccination campaigns, and water and sanitation projects are essential. Additionally, there is a changing burden of disease in conflict settings along with an increasing recognition of the burden of non-communicable diseases. These require a long-term health systems response, rather than a short-term emergency one.

For instance, in Syria, aside from direct conflict-related deaths, which accounted for nearly 44% of deaths in 2012 – the most recent year for which data is available - the list of the top 10 causes of death is dominated by non-communicable diseases (NCDs), including cardiovascular diseases (which account for nearly a quarter of the deaths), cancers and kidney diseases (WHO, 2012). A case in point is a recent story of a Syrian boy who has been granted emergency medical admission to Switzerland (Shubert *et al*., 2016). Alyaman Daar is six, and has muscular dystrophy. This is a genetic disorder, characterised by muscle wasting – there are different types – some of which do not shorten life – but Alyaman will die soon. There is no cure, but there are medicines and therapies that can manage the illness and prolong life. Before being granted entrance to Switzerland, he and his family had been stuck at a camp near the Greek-Macedonian border, having left Syria because they could no longer receive care there.

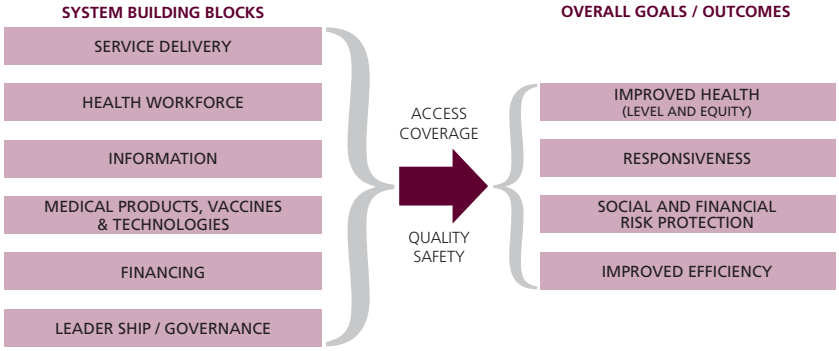
Just because there is a war, this does not mean people do not need treatment for genetic disorders, or that people do not need insulin to manage diabetes. Many people in emergencies have complex health conditions and care needs that are difficult to manage in a peaceful setting, let alone one of protracted conflict. Local health systems therefore need to adapt to crisis situations.

How to build a resilient health system?

Building a resilient health system that can address complex needs can seem overwhelming. In 2007, the World Health Organization (WHO) introduced the concept of health system building blocks, which provides a framework for breaking down the health system into constituent parts (see fig. 1) (WHO, 2007). This allows one to identify individual aspects and points to intervene, making a daunting task more manageable.

According to the WHO, a health system is "all people, institutions, resources and activities whose primary purpose is to promote, or maintain health". A good health system aims to be responsive towards the needs of staff, patients and changing needs. It should also protect users from catastrophic risks associated with treatment, and be efficient and equitable, with regard to access to treatment, services and outcomes.

Figure 1. The WHO Health system framework



Source: World Health Organization, 2007

With these goals in mind, a health system consists of six building blocks: The first, leadership and governance consists of oversight over the whole system and taking strategic decisions. The others are financing, health workforce, medical products, vaccines and technologies, and information, the latter of which includes building and maintaining good surveillance systems. Finally, these five building blocks serve to carry out the raison d'être of the health system: delivering health services. A resilient health system is one that is able to absorb shocks, adapt and continue regular service provision; although in times of crises, certain services may be reduced, a resilient health system limits these effects (Kruk *et al.*, 2015).

Health systems in crisis

Conceptual frameworks are useful in visualising and analysing key aspects, but translating and applying them to real life problems may prove challenging. How can a broken health system be rebuilt to fulfil its mandate? How can we discuss stewardship and governance in countries that are unable to fulfil any basic functions? We can begin by tackling a few aspects of the building blocks.

People and patients should be at the heart of every health system in order to attain one of its goals of "responsiveness". "Responsiveness" engenders trust in the health system. For instance, during the Ebola outbreak in parts of rural Guinea, rumours gained traction that the disease was spread by health workers, Westerners and the health systems. Although this mistrust centred on Ebola, it is also within a wider context of a long history of poor health service delivery and low funding for the health sector – as well as a long history of extractive industry exploitation by multinational companies (Foghammar & Irwin, 2015). This mistrust turned violent; in September 2014, eight members of an Ebola response team were killed by an armed crowd in south-eastern Guinea.

Building trust between management, the workforce and the community is also fundamental. A simple management strategy of ensuring the continuation of staff payments during crises is important. More challenging, however, is ensuring the safety of health workers. In a recent report from the WHO, between January 2014 and December 2015, there were 594 reported attacks on health care workers and infrastructure, resulting in 959 deaths and 1561 injuries in 19 countries with emergencies (WHO, 2016).

Finally, international donors and non-governmental organisations may also have a role to play. For example, it is all too common in post-conflict settings for international organisations to 'poach' the best performing staff, thus taking them out of the public sector. These actors also can contribute to stewardship and governance by ensuring appropriate services and supporting a transition from short-term humanitarian assistance to long-term development and health systems support and strengthening as a government re-builds itself.

Conclusions

Health systems take years to build and moments to destroy. Building a resilient health system to withstand crises is challenging. However, using the building blocks provides us with a road map to identify and strengthen individual parts, whilst still keeping oversight over the whole system. In practice, the goal of a health system in crisis is to balance between emergency relief aid, while continuing to address NCDs and other complex care needs, with the overall goal of improving health and wellbeing.

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