

Analysis of the quality of care of local health systems in fragile settings: Insights from selected low- and middle-income countries

Djoki Bahati^{1,2}, Amal Alhamwi¹, Caroline Nwanosike¹, Chukwudi Agubosim¹, Houssynatou Sy^{1,3}, Prashanta Nath Bhowmik¹, and Vergil de Claro^{1,4}

¹ Institute of Tropical Medicine, Antwerp, Belgium; ² Medecins Sans Frontieres – Geneva Operational Center, Switzerland; ³ Artsen Zonder Vakantie, Mechelen, Belgium; ⁴ RTI International, Pasig, Philippines

Objective

To describe the state of the quality of care of local health systems in fragile and conflict-affected areas.

Methods

Data were synthesized from the individualized local health systems analysis conducted by the authors in 6 selected low- and middle-income countries based on direct observations and documents review. Study sites were defined as health systems affected by war, political violence or armed conflict and includes those in refugee settlements and non-camp settings.

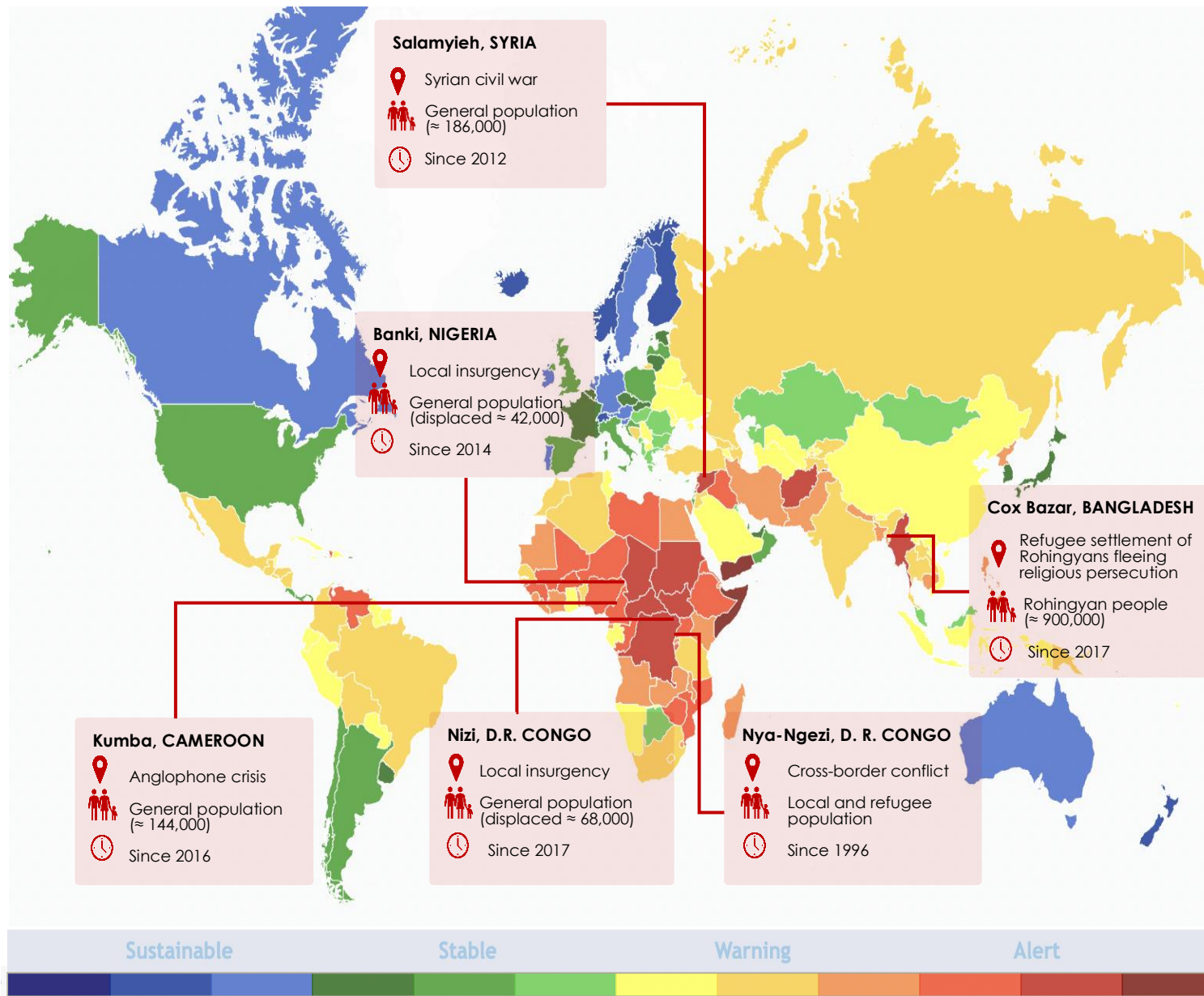
The High-Quality Health Systems Framework (Lancet Global Health Commission) was used to highlight gaps across 3 main domains: processes of care, quality impacts, and health systems foundation.



Key Findings

All study sites are continuing to experience protracted local conflict for 13 years on average that severely affects the access and provision of health care services to the population. Non-functioning facilities, ineffective referral systems, inadequate supplies of medicines and equipment, and a shortage of health workforce were the commonly cited barriers to quality of care.

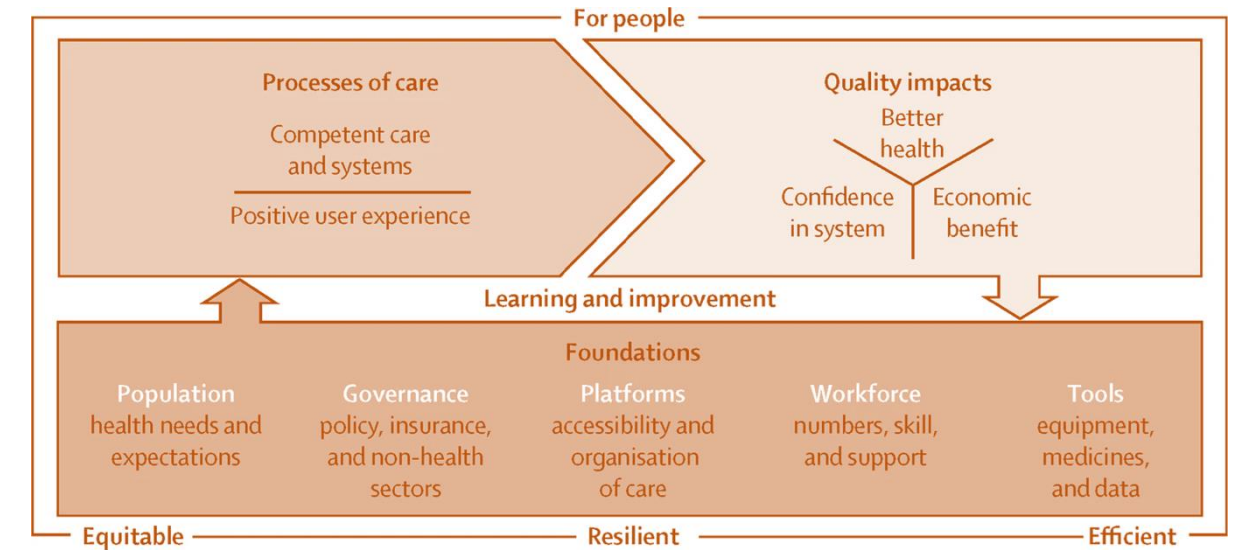
Key Characteristics of Study Sites



Source of map: <https://fragilestatesindex.org/>

* Kruk ME, Gage AD, Arsenault C, Jordan K, Leslie HH, Roder-DeWan S, Adeyi O, Barker P, Daelmans B, Doubova SV, English M. High-quality health systems in the Sustainable Development Goals era: time for a revolution. The Lancet global health. 2018 Nov 1;6(11):e11196-252.

High-Quality Health Systems Framework (Adapted from Kruk, et al., 2018)*



Quality of Care Assessment Result

Domain	Identified Gaps
Quality Impacts (health outcome, confidence in the system, economic benefit)	Health outcome data are not readily available; a significant decrease in disease prevention indicators during the conflict period compared to the pre-conflict era; care-seeking behavior declined with inadequate social protection
Processes of Care (competence, positive user experience)	Health care services are limited; shorter time for doctor-patient interaction; weak referral and coordination system and transport services is limited; out-of-pocket expense remains high
Health System Foundation (population, governance, access, workforce, information system and data use)	Fewer functional public health care providers, in some areas health infrastructure were destroyed; specialized care not usually available; weakened health sector stewardship and coordination of actors; dominant role of non-state and humanitarian actors; critical shortage of health workers with high attrition and poor staff motivation; high stockouts of essential medicines; community participation is hampered due to insecurity

Conclusion

Our analysis highlights serious gaps in all the domains of quality care that require prompt and systemic support from the government and external actors. It further suggests that while there is a need to focus on urgently needed care, determine the structural potential of existing facilities, and be opportunistic of the available partnerships during crisis settings, engaging the affected population and local health decision-makers is critical in identifying practical strategies and building back health systems capacity to meet their needs for uncompromised quality of care. Addressing these gaps will provide a sense of social security that will effectively support ongoing peace-building process.