

What makes a health system resilient?

A resilient health system is one that can effectively prepare for and respond to crisis and shock.

However, health systems, and the wider political and social context which underpins them, are by nature dynamic and complex. This research study, conducted in Syria, Lebanon and Jordan, found three capacities which can contribute to a health systems resilience:

- **Absorption:** addressing needs with available resources
- **Adaptation:** adjusting how resources are utilised and ensuring multiple pathways of action
- **Transformation:** creating fundamentally new services/systems of operation in response to shocks and stressors

Background

While it is known that a health system's resilience depends on its ability to absorb, adapt and transform in the face of shocks and strains, there is still little evidence on what contributes to health systems' resilience, and how health systems can cope with, and prepare to respond to, long term displacement or crisis.

The study was conducted to identify how the United Nations Relief and Works Agency for Palestine Refugees (UNRWA) has dealt with the long-term displacement of Palestinian refugees within Syria (PRS) and into Jordan and Lebanon.



© UNRWA 2016 Photo by Mohammad Magayda
Doctor Nabeel examines a child at Nuzha Health Center,
Amman

How the research was conducted

In order to understand the UNRWA health systems in Syria, Jordan and Lebanon, researchers reviewed UNRWA documentation, conducted interviews with healthcare providers and local stakeholders in each country and modelled the resilience strategies of UNRWA.

A total of 97 qualitative interviews were conducted with stakeholders between November 2016 and August 2017 in the three settings. Participants included health care and management professionals in primary UNRWA facilities and country level offices.

Following the initial interviews, UNRWA staff members participated in group model building workshops in each setting throughout 2017/2018.

These interviews and modelling exercises were then supplemented by documentary analysis of UNRWA reports and working papers from 2010 to 2017.

Key findings

- UNRWA health systems have proven resilient over the course of the Syrian crisis and maintained access to health care services as well as ensured delivery of quality care for Palestine refugees.
- Resilience is illustrated by the health system's ability to absorb shocks (e.g. an increased demand for services) and quickly adapt its response.
- To meet the needs of Palestine refugees and health care staff, the system has at times been transformed. For example, the introduction of mental health and psychosocial wellbeing services.
- Collaboration with external agencies (e.g. UNHCR) as well as internal UNRWA branches (Relief and Social Services) has been a critical component in providing care in hard to reach areas of Syria and in the new host countries of Lebanon and Jordan.
- The commitment of UNRWA staff – most of whom are Palestine refugees themselves – and the reflective and responsive leadership of health managers and field office staff in each country constitute the core bases of the organisation's resilience.

Implications for humanitarian practitioners and policymakers

Policymakers should view resilience as a property of complex and dynamic systems. A systems modelling approach, where stakeholders are actively engaged in discussing key pathways and elements of complex systems, can engage actors in identifying challenges and points for leverage. Such an approach can help build shared understanding of resilience in a specific context.

For humanitarian actors, 'Absorption, adaptation and transformation' is a simple framing method to reflect on alternative strategies to sustain service delivery. The following examples were specifically implemented by UNRWA-Syria:

- **Absorption-** anticipating population and resource needs, reflecting on circumstances, mobilising available human, financial and organizational resources effectively.
- **Adaptation-** coordinating to meet organisational goals, revising practices and distributing control.
- **Transformation-** creating a culture of resilience by having dedicated and inclusive leaders and staff capable of creating new services/systems

Recommendations for future research

This research has prompted deeper consideration of the factors that enable health systems to respond in a resilient manner to challenging circumstances. For example:

- Studies of services operating in particularly fragile contexts
- Those seeking to accommodate significant displaced populations within existing provision.



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Various Palestine refugees waiting for their appointments at Zarqa health center, Zarqa

About the study team

This study was conducted by a research partnership between the Faculty of Health Sciences, American University Beirut; the Institute for Global Health and Development, Queen Margaret University and UNRWA.

The Principal Investigator was Alastair Ager of Queen Margaret University.

Keywords

Health systems resilience; psychosocial support; displacement; refugees; humanitarian response; crisis; service delivery; human resources; policy; resilience

Articles and further reading

Project page on Elrha website linking to articles and further outputs:

<https://www.elrha.org/project/systems-resilience-unrwa-health-provision-palestine-refugees-displaced-syria-crisis/>



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