Thematic Working Group on Health Systems in Fragile & Conflict-Affected States

Official and other relevant sessions at HSR2018

The **Thematic Working Group on Health Systems in Fragile and Conflict Affected States (TWG-FCAS)** is an active group of researchers, policy-makers, funders and implementers working on health policy and systems research in fragile and conflict affected settings, developing research priorities and methods, advocacy for funding, capacity building, and better use of research in policy.

This list includes official TWG-FCAS sessions plus other symposium events and sessions which are relevant for those interested in health systems in fragile and conflict affected settings. **NB please check the official symposium programme to confirm dates, times and venues.**

1. TWG-FCAS - Official TWG-led sessions:

TWG-FCAS Business Meeting (Monday October 8th 11.45-13.00. ACC Room 3A)

- Open to existing and prospective members of the TWG-FCAS, the meeting will (i) update and inform members on the work of the group from 2016-2018, and (ii) engage group members in the process of implementing the strategic plan for the TWG's ongoing and future work

Context, gender and sustainability in introducing and scaling up essential healthcare packages in fragile and conflict affected settings (Wednesday October 10th 16.00–17.30. ACC Hall 2E)

- The essential package of health services is a mechanism for expanding equitable coverage of primary health care and essential hospital services in countries recovering from conflict. This session explores the evidence base on such healthcare packages in different countries, and prioritizes areas for strengthening research. More information here.

2. Sessions relevant for fragile and conflict affected settings.

2a. Organized sessions, satellites and skills-building sessions:

Monday 8th October

Health financing in fragile and conflict affected settings: controversies and innovations (13:30 – 17:00 ACC Room 12 – Satellite session.)

> The number of people estimated to live in fragile contexts is projected to grow to 1.9 billion by 2030. This session will discuss challenges and opportunities to ensure access to prioritised health services with protection for the most vulnerable, in contexts where typical health systems strengthening approaches have failed. Further information here

How to work with researchers and policy makers to adapt global evidence to define national packages of health services in low-income and crisis-affected settings. (15:30 – 17:30 Exhibition Centre Room 17 – Skills building session)

> Designing, updating and implementing a national essential health benefits package is a critical component of health systems development. This session presents the cases of Afghanistan and Ethiopia, and highlights challenges and lessons for other settings. Further information here.

Tuesday 9th October

Using participatory visual methods to understand and support health systems with a focus on marginalized populations (08:00 – 12:00 Exhibition Centre Room 19 – Skills building session)

> Visual methods are an effective way to elicit and organize local knowledge, identify priorities for action and evaluate performance of health systems especially from perspective of marginalized populations. This session aims to build skills and stimulate discussion on using photo elicitation and photovoice. Further information here.

Contribution of community health to the sustainability & resilience of health systems in fragile settings (11:30 – 12:30 ACC Room 4A – Sub-session of all-day Satellite 08:00 – 17:00)

> Sub-session of Satellite – "No longer invisible – finally bridging healthcare social and societal engagement to build systems for health" (Save the Children and CORE Group). Includes presentation on the changing health care needs of communities and health systems responses in fragile settings. Further information here.

Investigating results-based financing as a tool for strategic purchasing; comparing the cases of Democratic Republic of Congo, Uganda and Zimbabwe (11:45 – 12:50. Sub-session of all-day satellite. Mersey Suite, Pullman Hotel, Kings Dock, Monarchs Quay)

> Presentation during Satellite session on "Pay for Performance (P4P), how, why, where and what?" Maria Bertone (Institute for Global Health and Development, Queen Margaret University, UK and the ReBUILD Consortium) Further information here.

Innovative research approaches: social network analysis for systems development – application to aid effectiveness in Uganda (13:00 – 17:00 Exhibition Centre Room 21 – Skills building session)

> Unlike the dominant health systems analytical methods that collect information about the agent or actor characteristics and behaviour, applied SNA is a useful tool to explore the interactions and links between agents. This session will introduce and create confidence in use of applied techniques of SNA in health systems research. Further information here.

Wednesday 10th October

Health system resilience in the Middle East: the experience of UNRWA and regional stakeholders (11:00 – 12.30 ACC Hall 2E Panel session)

> This panel profiles evidence on what constitutes 'health systems resilience' in practice, using examples of health systems in the Middle East, including UNRWA systems in Syria, Lebanon and Jordan, and country level systems in (Lebanon Ministry of Health) challenged by continual reform and regional crisis. Further information here.

Revisiting health systems to ensure Universal Health Coverage during humanitarian crises (11:00 – 12:30 ACC Room 1B – Participatory session)

> Conflict and forced displacement are complex and have complex consequences on health systems. Deliberate attacks on health infrastructure and personnel are increasing. There is need for newer concepts and mechanisms (e.g. systems thinking, culturally appropriate care, innovative financing mechanisms) to strengthen health systems to ensure Universal Health Coverage for nationals and displaced persons. Further information here.

Thursday 11ᵗʰ October

Leaving no one behind; how can evidence-based approaches support progress towards UHC and global health goals during conflict and protracted crises? (11:00 – 12:30 ACC Room 2L Participatory session)

> How do we ensure evidence-based approaches in protracted crises, incorporating a long-term view towards UHC, while providing immediate health needs? Aimed at those working in both humanitarian and development roles, this participatory session will collate experiences and insights, and develop recommendations for better evidence use for long-term, equitable health outcomes. Further details here.

2b. Individual Oral presentations:

Wednesday 10ᵗʰ October:

Health service delivery in fragile and conflict-affected settings: challenges and lessons. (11:00 – 12:30 ACC Room 11C – Lightning oral session)

> Fragile and conflict-affected settings lag behind more stable contexts in progress towards international health goals. Lessons learned from delivering services in these contexts are explored, including in areas of performance-based financing, disability, rehabilitation care, malnutrition treatment, mobile clinics and district-wide approaches to maternal and newborn health care. Further information here.

Building capacity in health systems research in post-Ebola Sierra Leone (Haja Wurie, Sierra Leone) (14:00-15:30 ACC Room 11A – Presentation during Oral session)

> Presentation in session on: Partnerships for research, capacity development and policy: challenges and opportunities.

Half a loaf is better than none: coverage, capacity and constraints of private sector health facilities in Somalia. (Rashid Zaman) (14:00-15:30 ACC Room 11C – Presentation during Oral session)

> Presentation in session on: Tapping into the private sector: private providers and private finance for the SDGs

Thursday 11ᵗʰ October

Health systems in post-conflict and fragile settings (11:00 – 12:30 ACC Room 11A – Oral presentation session)

> This session explores the challenges of health system development in fragile and post-conflict settings, addressing issues access to services, financial protection, and the transition from humanitarian crisis to health systems strengthening. Further information here.

Session: Health Justice for marginalized populations (16:00 – 17:30 ACC Room 3B – Presentations during Oral session)

- Health justice for all: the development of alternative health system capabilities in the conflict-affected context of Shan State, Myanmar.

- Mesoamerican Network of Migrants' Health: Improving the coordination between countries so as not to leave anyone behind.

Further information here.

Ethnic health systems strengthening in post-conflict ethnic regions of Northeastern Myanmar: a qualitative study. (11:00-12:30 ACC Room 3A – Oral Presentation)

Presentation in session: Systems thinking as a lens for analysing health and other sectors.

Understanding therapeutic geographies in the context of the Boko Haram insurgency: a systems dynamics analysis using group model building (11:00 – 12:30 ACC Room 11C – Oral Presentation)

Presentation in session: Methodological approaches to understanding complex realities

The synergic effect of integrating mental health support to the physical health promotion program among Syrian refugees and Jordanians in host communities. (14:00 – 15:30 ACC Room 11B – Oral Presentation)

Presentation in session: Integrating health services to better meet patient needs)

Scaling up community health: prioritization and costing of the community health service packages in Madagascar and South Sudan (16:00 – 17:30 ACC Room 11A Oral Presentation)

Presentation in session: Scaling up health systems interventions.

Acceptability, feasibility and effectiveness of low-literate community health workers delivering treatment to children with severe acute malnutrition in Aweil South County, South Sudan (16:00 – 17:30 ACC Room 11C Oral Presentation)

Presentation in session: Improving access to health services through community approaches.

Friday 12th October

Governing health systems response to emergencies: community connections and disconnections in managing Sierra Leone's Ebola crisis (09:00 – 10:30 ACC Room 3A Oral Presentation)

Presentation in session: Governance and accountability for strong community health systems.

A reproductive health voucher scheme can support the public health system and reach the most vulnerable in conflict setting: lessons from Yemen (09:00 – 10:30 ACC Room 4A Oral Presentation)

Presentation in session: Engaging the private sector in service delivery.

2c. Posters: Weds 10th, Thursday 11th & Friday 12th October. 12:30 – 14:00

You can locate the poster session/location using the poster number listed. More information here.

- **The cost of implementing universal health coverage in fragile states: study results from Afghanistan and Syria** [Poster 76]
- **Supporting community health workers in fragile settings: evidence from Sierra Leone, Liberia and Democratic Republic of Congo** [Poster 97]
- **Productivity of Community-Based Health Workers for Integrated Malaria and TB Services in Ethnic Areas of Myanmar: A time-motion study protocol** [Poster 98]
- **Effectiveness of strategies for implementing childhood vaccination programs in fragile countries** [Poster 99]
- **Purchasing Health Services from Ethnic Health Organizations: A new way to provide health coverage and peace to those forgotten in Myanmar's civil war** [Poster 100]
- **Healthcare provision under siege: Health care workers' strategies to cope with siege challenges in Syria – A qualitative study** [Poster 101]
- **Using a systems approach to improve newborn care at the community and facility level among displaced populations in South Sudan** [Poster 102]
- **Dying in the Margins: Palliative Care, Humanitarian Crises and the Intersection of Global and Local Health Systems** [Poster 103]
- **Tackling post-Ebola health recovery: strengthening health system capacity to ensure Ebola Survivors and other vulnerable groups have access to appropriate care** [Poster 104]
- **Family Planning During Ebola: Perspectives on access and provision in Sierra Leone** [Poster105]
- **Evaluating health systems resilience using real-world indicators from South Sudan (2011-2015)** [Poster 106]
- **Mobilizing health systems to protect rural households in conflict-affected states: lessons from a mixed methods impact evaluation in the Democratic Republic of Congo** [Poster 107]
- **Understanding the causes of under-five mortality in a humanitarian emergency using verbal autopsy: evidence from Internally Displaced Persons (IDP) camps in Afgooye Corridor, Mogadishu, Somalia** [Poster 108]
- **The political economy of results-based financing: examining the experience of the health system in Zimbabwe.** [Poster 182]
- **Challenges and approaches to strengthen Humanitarian Health Information Systems: Experiences from an MSF mission in the field.** [Poster 199]
- **What makes the public health system resilient? A set of indicators to guide multisectoral health system emergency/disaster management and risk reduction** [Poster 229]
- **Health systems that deliver for all during pandemics in the SDG era: Time-series analyses of primary healthcare delivery before and after Ebola in Liberia** [Poster 233]
- **Health systems and the humanitarian-development nexus in protracted displacement - Perspectives on the Rohingya refugee crisis in Bangladesh** [Poster 349]
- **A mixed-methods research on health services utilization of the elderly migrants in Shanghai, China** [Poster 350]
- **Are health systems inclusive of displaced health workers more likely to deliver for left behind refugee communities? The case of Syrian doctors in Lebanon** [Poster 352]
- **City life: A qualitative exploration of health service accessibility for Syrian refugees in urban Jordan** [poster 353]
- **The woes and aspirations of local health systems at national borders in East Africa: Stakeholders' reflections on experience serving cross border communities** [Poster 354]