IMPACT CASE STUDY

elrha

Increasing health system resilience during the Syria crisis

There is little evidence on the resilience of health systems in humanitarian crisis response. The study 'Systems resilience in UNRWA health provision to Palestine refugees displaced by Syria crisis', in partnership between Queen Margaret University, Edinburgh, UK, and United Nations Relief and Works Agency for Palestine Refugees (UNRWA) Health between 2016 and 2019, sought to address this evidence gap.

The study revealed the challenges to UNRWA health systems in the face of disruptions caused by the Syrian crisis and resulting displacement of Palestinian refugees living in Syria. While the study found the UNRWA health systems in Lebanon, Jordan and Syria to have been broadly resilient over the course of the Syrian crisis, the findings enabled UNRWA to identify capacities relevant to further strengthening resilience and to develop provision accordingly. The research informed a follow-on study with UNRWA focused on resilience in response to COVID-19 in Gaza and Lebanon. The team at Queen Margaret University has since been commissioned to provide similar support to the World Health Organization (WHO). Learning from this study has influenced an international research consortium that examines systems resilience across Sierra Leone, Nepal, Myanmar and Lebanon.

Title: Systems Resilience in UNRWA Health Provision to Palestine Refugees Displaced by Syria Crisis

Location: Jordan, Lebanon, Syria

Study type: System dynamics analysis

IMPACTS

- Increased understanding at UNRWA of key factors in resilience, including importance of staff mental wellbeing, leading to changes in policies and practices
- Validated and bolstered the core 'resilience' framework used in research and demonstrated applicability in new context
- Following on from the study, the team at Queen Margaret University were commissioned to support WHO to understand the resilience of their systems.

RESEARCH IMPACT LEARNING

- Value of research methods which actively engage staff in co-production of knowledge
- Alignment with operational and strategic priorities increases uptake and value of research

BACKGROUND

Resilient and sustainable health systems – which continue to offer services and develop in response to risks and challenges – are crucial for effective humanitarian responses. However, there is limited empirical evidence on just how resilient health systems are, and how they can cope with and prepare for crises.

UNRWA is mandated with the care of over five million Palestinian refugees in Syria, Lebanon, Jordan, the West Bank and Gaza, providing education, healthcare, relief and social services. As with any organisation operating in humanitarian contexts, UNRWA is exposed to threats that pose a risk to their systems. UNRWA was interested in understanding from its response to crises what strategies strengthened institutional resilience to such threats.

THE STUDY

The study is situated within a research agenda aimed at strengthening resilience of health systems in crises by identifying threats and defining mitigation strategies. The study focused on the impact of the displacement of Palestinian refugees registered in Syria on UNRWA health systems in Lebanon, Jordan and Syria.

Data was gathered using a system dynamic methodology (a modelling technique used in social sciences to frame, understand, and discuss complex issues and problems) and key informant interviews with UNRWA stakeholders in all three countries. This helped the study team understand the basic structure of the UNWRA health system, including how it functions and responds during times of adversity. Based on this analysis, the team confirmed key resilience capacities that help systems navigate challenges in response to shocks and stressors:

- **Absorption:** systems are able to address needs with available resources and structures;
- **Adaptation:** adjusting how resources are used and changing structures in the short term;
- **Transformation:** creating new systems of operation to meet the needs of populations.

Using the data collected, scenario-based models were developed to explore three areas: utilisation of UNRWA clinics, reproductive health, and service delivery for patients with diabetes. Using these models, UNRWA health managers and policymakers were able to experiment with adjusting parameters and examining alternative management strategies to improve how their health systems meet population needs.

FINDINGS

The study found that UNRWA health systems have been broadly resilient over the course of the Syrian crisis. Access to healthcare services by Palestinian refugees has been maintained, and quality of care has been delivered. The health systems can absorb shocks, such as an increasing demand, and quickly adapt responses as needed. The introduction of mental health and psychosocial wellbeing services is an example of where a healthcare service has been adapted to meet changing needs.

The study found that the commitment of UNRWA staff – most of whom are Palestinian refugees themselves – and the responsiveness of the health managers and field office staff in each country are crucial aspects of this resilience and adaptability. This finding influenced concrete actions UNRWA subsequently took in relation to its staff. Also critical for resilience was robust collaboration with external agencies (eg, United Nations High Commissioner for Refugees) and internal UNRWA branches (eg, Relief and Social Services).

In subsequent response to COVID-19, for example, UNRWA had already learned how to build on these robust collaborations in order to continue services for chronically ill persons during lockdowns (eg, in Gaza and Lebanon).

"Findings of this study have significantly impacted our operations by providing valuable insights into enhancing the resilience of our health system for the millions of Palestine refugees who rely on us for essential healthcare services. This research-based approach has enabled us to engage with communities effectively, understand their needs, and tailor our services accordingly"
— Dr Akihiro Seita, UNRWA Director of Health.

Health staff wearing full personal protective equipment to protect themselves and others from the transmission of COVID-19 virus, at Beit Hanoun Health Centre, Gaza. Credit: UNRWA/Dr Nisreen Halabi

COMMUNICATIONS AND ENGAGEMENT

The study was a close and equitable collaboration, co-led by UNRWA's Director of Health and the academic Principal Investigator. Dialogue between study partners was crucial to the study's success, helping to strengthen the relevance, quality and uptake of findings. Monthly operational meetings took place between Queen Margaret University and UNRWA.

A wide range of UNRWA staff were engaged in the system dynamic methodology to build trust, gather local and contextual data, and get feedback on the process. Informal and honest conversations between the team at Queen Margaret University and UNRWA field directors provided space for immediate reflection and feedback on emerging results.

"Everyone [at UNRWA] wanted to participate and develop solutions to mitigate the impact of the crisis" – Zeina Jamal, Doctoral Student, Queen Margaret University

Stakeholder mapping, including power dynamics and local contexts, informed the overall engagement approach. Unspoken local hierarchies needed to be navigated; for example, some Lebanese team members decided not to directly engage with Jordanian stakeholders, instead employing a Jordanian researcher.

Dissemination of the study's findings was both within UNRWA (led by the Director of Health, mostly targeting field directors) and through high-level global health forums such as the World Health Assembly in 2017 and the Health Systems Global Symposium in 2018. UNRWA field directors, with broader advocacy and influence objectives, provided inputs that were crucial to shaping the communications approach for the study. Briefing notes were released to summarise the study's key findings in each setting.

In addition to peer-review journal papers, findings from the study informed two book chapters elaborating on the role of system dynamic analysis of health system resilience. The study was also used to demonstrate the value of UNRWA's work in a correspondence piece written for the *Lancet* by the study's authors and others. This modelled the likely impacts of reducing funding on health outcomes and mortality rates, providing rationale and evidence to support advocacy for continued funding.

UPTAKE AND IMPACT

The study has helped a wide range of staff at UNRWA to understand more about resilience and the resilience of UNRWA health systems, and senior managers to recognise staff as a key contributing factor. Assessments against key resilience capacities and the use of scenario-based systems models supported UNRWA to make three key improvements.

Firstly, mental health and psychosocial support was identified as an important aspect of resilience, and subsequently over 200 staff across UNRWA have received training in it. This has meant staff are now able to provide better quality care to refugees, as well as being better equipped to look after their own mental health.

Secondly, UNRWA now offers health staff in Syria, Lebanon, Jordan, the West Bank and Gaza 'above and beyond the call of duty' certificates and two days' additional paid leave, in recognition of the importance of the commitment and passion of staff to the agency's resilience.

Thirdly, a new, flexible hiring protocol has been launched, in response to understanding more about the linkages between staff training, human resource capacity and employment protocols, as revealed by the study.

By using capacities of resilience as a framework to guide their research, the study team has validated them, bolstered their value, and demonstrated their use in a new context. Conceptual and empirical debates on the resilience of organisations have been advanced with insights from this study. The study was cited in a paper published by the UK's Foreign, Commonwealth and Development Office in 2020, which outlined key principles for promoting resilient health systems in the context of COVID-19. The research also informed a new 'responsive' study led by the same partners and supported by R2HC that focused on how UNRWA could be resilient specifically in response to COVID-19 in Gaza and Lebanon.

Following on from the study, the team at Queen Margaret University were commissioned to support the WHO to understand the resilience of their systems. Using similar methodology to the UNRWA study, the team appraised the performance of the WHO-supported Integrated Network in Northwest Syria, which provides health services to displaced and host populations.

Learning from the study has also conceptually informed the ReBUILD for Resilience programme, an international research consortium funded by the UK government, in which key partners from this project are also participating. ReBUILD examines systems resilience across Sierra Leone, Nepal, Myanmar and Lebanon, utilising the 'Absorption/Adaptation/Transformation' resilience framework.

RESEARCH IMPACT LEARNING

VALUE OF RESEARCH METHODS WHICH ACTIVELY ENGAGE STAFF IN CO-PRODUCTION OF KNOWLEDGE

Methodologies that facilitate the active engagement of humanitarian staff in the development of research and interpretation of results improve the operational and policy relevance of research and can lead to a greater motivation of staff to engage in and use the findings in their own work.

ALIGNMENT OF RESEARCH WITH OPERATIONAL AND STRATEGIC PRIORITIES

Complementarity of research with wider operational and strategic priorities enables humanitarian organisations to prioritise engagement with research and assists with effective communication of research results throughout the organisation.

PARTNERS

Queen Margaret University; Faculty of Health Sciences, American University of Beirut; UNRWA Health

ABOUT ELRHA

Elrha is a global organisation that finds solutions to complex humanitarian problems through research and innovation. This study was funded by Elrha's Research for Health in Humanitarian Crises (R2HC) Programme which aims to improve health outcomes by strengthening the evidence base for public health interventions in humanitarian crises.

R2HC is funded by the UK Foreign Commonwealth and Development Office (FCDO), Wellcome, and the Department of Health and Social Care (DHSC) through the National Institute of Health Research (NIHR).

R2HC captures detailed case studies through a process that triangulates and validates evidence on uptake and impact. The case study methodology and full version of this summary case study including references are available on request.

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