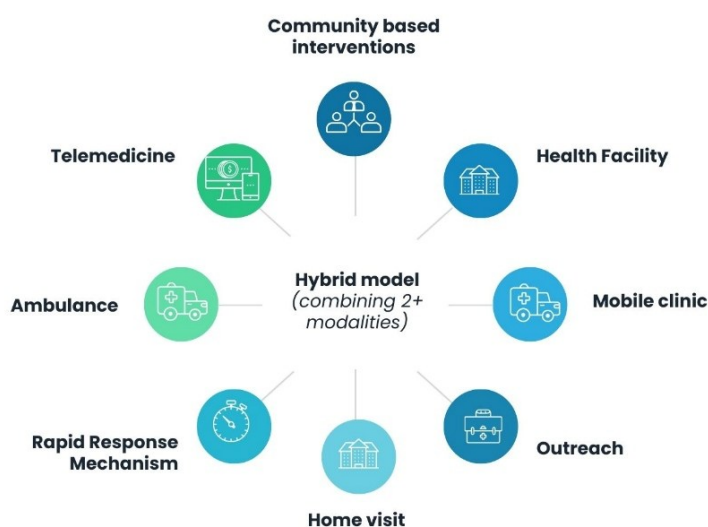


Primary health care delivery models in conflict-affected settings

Exploring primary health care (PHC) delivery models in conflict-affected regions of Cameroon and Nigeria, this study presents evidence-based strategies for improving access and quality of care in these fragile environments.

More research needed on integrated approaches and coordinated planning

In conflict-affected settings, health service delivery is compromised by deteriorated systems and access barriers. This research explores nine PHC delivery models used in Cameroon and Nigeria, highlighting the factors influencing their choice, and proposes a framework to improve PHC service delivery and quality in humanitarian contexts. The findings suggest there is value in further research exploring outcomes of integrated approaches to delivering comprehensive PHC.



Nine delivery models of primary health care (PHC) were identified in in conflict-affected regions of Cameroon and Nigeria.

Background

With 2 billion people living in conflict settings globally, access to healthcare for displaced populations is highly constrained. In the protracted crises of North West and South West Cameroon, 27% of health facilities are non-functional, and 26% in North East Nigeria are closed. Humanitarian organisations deploy various PHC models to deliver care, but evidence guiding their selection is sparse.

How the research was conducted

This mixed-methods study included a systematic review, cross-sectional survey of 160 humanitarian organisations, and qualitative interviews with 127 key informants in Cameroon and Nigeria conflict-affected areas. Two co-creation workshops were conducted to develop a framework for selecting and implementing PHC models in conflict settings.

Key findings

- Nine PHC delivery models were identified. The most common models include health facilities, community-based interventions, and mobile clinics, each with limitations.
- The choice of model is influenced by several factors including stakeholders, services, outer and inner organisational setting factors, coordination and assessment of advantages/disadvantages.
- There is significant clustering of service providers in geographic proximity, with national and community-based organisations playing a prominent role. However, humanitarian organisations reported challenges with service quality and maintaining standards, despite most providers having quality frameworks in place.
- The findings suggest there is value in further research exploring outcomes of integrated approaches to delivering comprehensive PHC, which can address unmet mental health and non-communicable disease (NCD) needs. Hybrid models of care (using two or more modalities) could be considered for service delivery in one geographical area, to expand service coverage and quality. The humanitarian reporting matrix could be improved, to reflect which models of care are used to deliver services in a geography, and enable coordinated planning to address identified gaps with complementary models of care.

Implications for humanitarian practitioners and policymakers

Humanitarian actors must adopt a coordinated, evidence-based approach to PHC service delivery in conflict-affected settings. This research highlights the importance of delivering services using hybrid models of care (a combination of two or more models) which can allow for a wide range of services to be offered and improve access to quality care. Evidence suggests the value of enhanced community involvement in service delivery and coordination. The study team developed a decision-making framework that can guide the selection of appropriate PHC models in complex environments like Cameroon and Nigeria, which will be presented in a forthcoming publication.

Recommendations for future research

Future implementation science studies should focus on field testing the practical application of framework for choice of model of care and quality toolkit in different conflict-affected regions to assess its effectiveness and scalability.

About the study team

The Principal Investigators of this study were Dr. Rosalind Parkes-Ratanshi (University of Cambridge) and Prof Tendongfor Nicholas (University of Buea). The Co-Investigators were Ngo Bibaa Lundi Anne Omam (University of Cambridge); Dr Zara Wudiri, (University of Maiduguri); Dr Metuge Alain, (Reach Out Cameroon) Mohammed Ngubdo Hassan (Herwa Community Development Initiative, (HERWACDI), Prof Kelli O’Laughlin (University of Washington), and Prof Tine Van Bortal (University of Cambridge).

Keywords

Primary health care, conflict-affected settings, humanitarian crisis, health models, Cameroon, Nigeria, quality of care

Articles and further reading

All articles can be found on the project page on the Elrha website here:
<https://www.elrha.org/project/phc-delivery-models-cameroon-nigeria/>



This research was funded by Elrha's Research for Health in Humanitarian Crises Programme (R2HC), which aims to improve health outcomes for people affected by crises by strengthening the evidence base for public health interventions. The programme is funded by the UK Foreign, Commonwealth and Development Office (FCDO), Wellcome, and the UK National Institute for Health Research (NIHR). Elrha has developed this Research Snapshot in consultation and partnership with University of Victoria's Research Partnerships and Knowledge Mobilization unit, on behalf of Research Impact Canada – Réseau Impact Recherche Canada network.

<http://www.elrha.org/programme/research-for-health-in-humanitarian-crises/>