Sustainability of health systems in crisis-affected settings: lessons for practice

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Sustainability is a key concern in development, and an important consideration for health systems.[1] Yet the concept has questionable relevance in crisis-affected settings, where the highest priority for health systems is short-term protection of healthcare provision and health. This policy brief reviews key dimensions of sustainability and their relevance for crisis-affected settings, then presents lessons for encouraging sustainability in these settings.

Different dimensions of sustainability for health systems

There are three broad dimensions of sustainability in health systems: inputs, structure and environment. Indicators for all three dimensions are underdeveloped, and discussion often focuses narrowly on the first, and in particular on achieving sustainable financing.[2] This includes government commitment to spending on health and the expansion of risk pooling mechanisms that protect people from financial hardship. Yet financing is just one of several inputs that are important for health system sustainability. Human resources are also important and the health systems targets in Sustainable Development Goal 3 (SDG3) include one on workforce recruitment, training and retention.

A second dimension of sustainability considers the structure of health systems. A health system's design and the distribution of resources can determine how effectively the system uses inputs to meet short- and long-term health needs. For example greater emphasis on primary healthcare and public health programmes can alleviate future disease and associated resource burdens.[3,4] Similarly, the inclusion of spare capacity within health systems can mitigate the effects of crises and promote sustainability **(see accompanying brief on health systems resilience).**

A third dimension is the broader social and political environment.[5] Social factors are a key determinant of health needs,[6] and therefore of the resources required to meet those needs in a sustainable manner. Further, social and political support for effective and inclusive health systems can generate pressure to drive improvements in the first

Key messages

- Sustainability has many dimensions; while the sustainability of inputs, such as financing and human resources, may be hard to envisage during and shortly after crises, it is important to focus on supporting other dimensions at this point, such as structural changes which will promote longer term sustainability of the health system.

- Indicators for sustainability are generally under-developed; in crisis-affected settings, important elements to track include current and future resources, but also institutional and environmental factors such as growth in capacity to provide leadership, in technical skills, in organisational development of key bodies such as the Ministry of Health, in establishing trusting relationships within the system and with communities, and in developing social cohesion which permits the pooling of risks.

- These imply long term investments by development partners, without having 'hard' indicators of success (since most of these important indicators are intangible).

- External funding for the health system and sector may go up post-crisis – certainly, a linear decline in dependence is not automatic. If this is accompanied by increase in other dimensions of sustainability as outlined above, this can be a sign of success, as national absorptive capacity increases in the medium term. Longer term reductions in financial dependence can then be envisaged.

two dimensions, for example government commitment to spending on health and to equitable systems for health financing. There is a need for development of mechanisms to track institutional and environmental factors that are important for sustainability in crisis-affected settings.

How relevant are these dimensions at different stages of the crisis/post-crisis spectrum?

The concept of sustainability often has little traction during crises, where attention is typically focused on minimising immediate disruption to the health system.[7] Yet the nature of the response to a crisis can define the structure of the health system for decades to come. Health financing mechanisms and workforce policies that are supported during crises contribute to a path dependency that persists beyond the end of crises.[8, 9]

The latter stages of protracted crisis and the post-crisis recovery period are more amenable to discussions on sustainability in health systems, as part of wider planning for universal health coverage and resilience against future crises **(see accompanying briefs on universal health coverage and resilience).** Some commentators refer to a 'window of opportunity' for health systems reform due to the significant national and international political attention on the health system, and the availability of technical and financial assistance from development organisations.[7, 10] However the timing of that window may take several years as it depends on a range of factors including domestic political environment (see accompanying brief on political economy of health systems in crisis-affected settings **http://bit.ly/2rUPRH9**).[11]

What does evidence show on levels of dependence or sustainability of the health system during the crisis and post-crisis periods?

Health systems that display features of resilience may be able to protect health and healthcare during acute crises without compromising longer-term sustainability.[12] In Zimbabwe, resilience (in the form of flexibility in the application of workforce policies at the district level) helped to reduce migration of workers to other sectors and countries.[13] However in many settings, particularly those suffering a prolonged crisis, health systems are liable to become increasingly difficult to sustain over time. Disruption to financing and recruitment sets in motion events that lead to an ever-increasing burden of responsibility falling on communities and workers in ways that are unsustainable.[14] Healthcare users in Cambodia and Uganda described their descent into poverty due to healthcare fees,[15, 16] while workers in Zimbabwe described borrowing money to cope with falling salaries and workers in Sierra Leone rationed food when faced with higher costs.[17]

Support from external actors during and following crises increases health system inputs but may fail to encourage sustainability if the design and environment remain weak. When coordinated and well planned, international funding can protect users from healthcare costs,[8] and can support the recruitment, retention and training of health workers.[9] However, external support is prone to unpredictability; it is galvanised by events such as a political agreement, cessation of conflict or introduction of policy reforms, but may wane over longer periods in fragile environments. The nature of the crisis in Zimbabwe meant that external actors did not play a significant role in the health system until a political power-sharing agreement was reached several years into the crisis.[9] The large influx of international funds in some settings raises concerns for absorption by domestic authorities that may have limited ability to manage the demands of development organisations.[18, 19]

Pressure to achieve short-term health gains may lead humanitarian and development actors to support expensive contracting arrangements and disease programmes that bypass elements within government health systems. These may ultimately act as a basis for broader health system reforms, as documented in Rwanda's use of HIV programme systems to strengthen the health system more broadly,[20, 21] but can also undermine health systems sustainability by 'locking in' expensive or inefficient models for healthcare provision. A lack of local input and management during this period can mean that health officials have little incentive to take responsibility for future implementation of externally driven policies

Lessons for external players

Sequencing of the health systems response

The immediate concern during all crises is protecting health and healthcare provision. In many settings, mission-based, other non-governmental organisations and the private for-profit sector play key roles in healthcare provision during and after crises **(see accompanying brief on different types of provider during crises).** The short-term need is for a coherent approach among local, national and international actors to engage different sectors and provide equitable healthcare services. Yet it is also important at this stage to document, and if feasible prevent, emerging distortions taking place in the health system that will likely influence future sustainability.[14]

In conflicts and protracted crises, development of a framework to guide policies for rebuilding the health system is likely to be a crucial step for the latter stages of crisis and the immediate post-crisis period. In Kosovo the development of a policy framework was led by the World Health Organization and covered policies for health systems financing, infrastructure and pharmaceuticals.[22] Policies should be realistic and based on assessment of existing healthcare and

administrative capacity and funding levels that can be sustained in the longer-term. External actors can help to drive health system reform in this period,[23] however the domestic political environment is important for policy reform and rushed policy reform may be undermined by poor implementation.[11] In South Sudan, technical assistance for human resources planning during the immediate post-crisis period failed to influence policy due to lack of domestic capacity and ownership.[24]

Expectations

The achievement of sustainable and equitable financing systems for the health sector requires realistic, long-term strategies. In countries emerging from protracted crises, external support may need to increase over time as service provision expands.[9] Governments in Cambodia and Rwanda have made impressive progress in expanding coverage of healthcare in the aftermath of conflict, however both have relied heavily on international funding.[8, 20]

It is important for governments to resume responsibility for healthcare provision,[25] however this process takes time and significant investment in the management capacity of government institutions at national and sub-national levels.[26, 27] The length of time necessary can vary widely, for example from two years in Timor-Leste,[28] to almost 20 years in Cambodia.[9] Government responsibility for health system policy research and development requires similar investment **(see accompanying brief on health system research capacity)**.[24]

Frontline health workers in Ikotos, South Sudan.
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Policy coherence

Effective workforce planning is vital for achieving sustainability in post-crisis health systems and is often one of the key components of the recovery process. However, workforce planning is destabilised by outward flows of trained professionals between sectors and to other countries.[29] Development cooperation to increase staffing levels in the public and especially rural health system can be undermined by policies that attract skilled staff to other sub-sectors, like the migration of health professionals to the municipalities in Zimbabwe,[30] or that seek to encourage health professionals to migrate to high-income countries.[31]

Heavy investment in infrastructure may indicate visible progress in the health system and can be useful for increasing the legitimacy of the state in post-crisis settings **(see accompanying brief on state-building)**. However, without careful planning the new facilities may leave the government with substantial recurrent costs that increase dependency on international funding.[25] In some settings there has been a concerted effort by international organisations to avoid extending healthcare provision beyond what can be afforded by government in order to ensure longer-term sustainability. For example the recovery plan in Kosovo placed emphasis on using humanitarian funds to repair damaged and run-down infrastructure rather than constructing new facilities.[22]

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Health centre in Sierra Leone. Photo credit Maria Bertone.

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