Access to Quality Health Care in Fragile Settings:WHO Recommendations

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A considerable proportion of humanity is currently living in crisis conditions.
Over the past two decades, natural disasters as well as conflict situations resulted in millions of refugees and internally displaced, most of them living in “fragile settings”. The terms “fragile”, “conflict-affected” and “vulnerable settings” describe a range of situations, including humanitarian crises, protracted emergencies and armed conflicts. In such settings, maintaining access to quality health care presents significant challenges due to several factors including: disruption of routine health service organization and delivery systems, increased health needs, complex and unpredictable resourcing issues, and vulnerability to multiple public health crises.

Combined with weakened national health systems, these settings make it difficult to deliver basic health services where they are most needed and would make the biggest difference.

As a result, **countries that host fragile, conflict-affected and vulnerable settings also have high burden of disease and death: more than 70% of cases of epidemic-prone diseases, such as cholera, measles and meningitis; 60% of preventable maternal deaths; 53% of deaths in children under age 5; and 45% of infant deaths.** Moreover, poor-quality care accounts already for an estimated 15% of all deaths in low- and middle-income countries; this is likely to be worse in fragile, conflict-affected and vulnerable settings.

The tendency to compromise on quality of health care in crisis and fragile settings has been observed, often attributed to urgent action needed, and reduced resources. However most public health experts argue that promoting and maintaining high quality health care standards is perhaps even more important in these settings than in more stable settings, given the significant health needs of the populations involved and the urgency of the “do no harm” approach.

What does WHO recommend for quality care in Fragile settings?

Counterintuitively, spending on healthcare has been falling The following sets of recommendations are suggested within the overall Universal Health Coverage guidance:

1- To agree on service priorities and quality goals:
This entails aligning with existing health sector priorities to provide quality essential health services that address the public health risks and health needs of the population. This also necessitates identifying service priorities and health needs, and setting a small number of quality goals aligned with service priorities and quality challenges.In addition, it is critical to have a mapping and interaction of stakeholders,and to work towards shared language and understanding to support qualityaction planning and coordination.

2- Situational analysis – state of access to quality health care:
This will establish a baseline understanding of the availability, affordability, timeliness, pertinence, acceptability and overall quality of health services. It is critical to also review the current health information system assets and challenges. This assessment will also examine arrangements for governance and accountability including identification of the context-specific needs for better-quality services and challenges to delivering quality care including the presence of multiple providers and inconsistency of state oversight.

Recommended Interventions for Quality Improvement and Measurement

In fragile, conflict-affected and vulnerable settings, interventions can be organized around five areas: ensure access and basic infrastructure; shape the system environment; reduce harm or “do no harm”; improve clinical care; and engage patients, families and communities.

Improvement in quality starts by cataloguing and assessing existing quality indicators, reviewing illustrative indicator lists, and selecting a practical, contextualized indicator set to inform improvement efforts.

Partnership is a key element in quality standardization and improvement. In fact, working with the World Bank, UNICEF, the World Food Program and other partners, WHO supports Member States to deliver universal health coverage in those settings and ensure that vulnerable populations have access to quality basic health services, such as maternal and child health, immunization, nutrition, NCD and mental health, and HIV/sexually-transmitted diseases, among others.

Innovative approaches between health emergencies and regular health systems programs, as well as strong partnerships and coordination with health partners, and alignment with complementary operational frameworks such as the Deliver Accelerated Results Effectively and Sustainably may be solutions to significant challenges during emergencies.
Health security is a critical area of quality health care, with focus on the rapid detection and verification of potential health emergencies, essential to save lives. In fact, WHO manages a system of global event-based surveillance to detect all public health events and potential health emergencies, assess the level of risk and sounds the alarm to help protect populations from the consequences of outbreaks, disasters, conflict and other hazards.

Emergency Response Framework - WHO Responsibilities

- Support member states’ capacity and response.
- Manage WHO operations in response to emergencies from all hazards.
- Ensure that infectious events do not escalate into large outbreaks or pandemics.
- Coordinate the Health Sector partners’ support to the response.

WHO support for Quality care in Lebanon

Lebanon, has been intensely fragilized as a country with a protracted refugee crisis aggravated by severe socio-political and economic crisis, with recent flare up of outbreaks (cholera) and a devastating Beirut port explosion. WHO support in this complex context focused on ensuring continuum of care, especially to the most vulnerable population groups. Medication for acute, Chronic NCD and Mental Health conditions were secured at the level pf the PHC network, through global procurement mechanisms ensuring quality control on the procured medications. The central drugs warehouse was fully rehabilitated and automated to ensure transparency and good management of medications. This Logistics and Management System at the central warehouse was linked also to the National traceability 2D barcode system for pharmaceuticals (MEDITACK), that allows pharmaceutical market monitoring, and reduction of counterfeit medications. To close the loop of quality standards, protocols of clinical care at PHCs were developed for the 33 most common medical conditions, coupled with targeted training of health care providers, and patient charts audits.

WHO also ensured that the most vulnerable patients have secured access to hospital care for severe respiratory conditions as well as life saving and limb saving conditions. This was coupled with human resources support in 12 large public hospitals, intensive trainings on standards of ICU care, refresher trainings on Basic and Advanced life support and inhalation therapy.

In the middle of the Covid 19 pandemic crisis, WHO innovated a twinning project for transfer of knowledge and good practices for ICU care between private teaching University hospitals and 12 largest public hospitals; this twinning innovative approach is now replicated across the region.

Special support was provided to the Surveillance unit at the MOPH to ensure that Health security standards are applied. For that, WHO supported the maintenance and expansion of the Human resources capacity of the MOPH, with full automation of the Early Warning Alert and Response system (EWARS), introducing the Event Based surveillance, and capacity building for the response teams; this support was tested and further improved during the recent Cholera outbreak that the country witnessed.

In summary, WHO in Lebanon tried to adhere to the WHO Core Commitments in Emergencies, consisting of the following:

- Timely, independent and rigorous *risk assessment and situation analysis*, which should not preclude *early action*.
- Establishment of disease *surveillance*, early warning and *response systems*.
- Establishment of a clear *management structure* and coordination of an evidence-based health sector response.
- Promotion and monitoring of the application of *technical standards*.
- Provision of *technical expertise*, through *planning* and *strategy monitoring*, and up to date *information*.
- Evidence based and knowledge based *programming*.
- Strengthening the *humanitarian-development nexus*.

References:

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