

# GOAL Research Brief

## **Health system governance in settings with conflict-affected populations: a systematic review**

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## Summary

Health system governance is vital to strengthening healthcare responses in settings with conflict-affected populations. We conducted a systematic review to examine the evidence on health system governance in settings with conflict-affected populations. Of the 6511 papers identified through database searches, 34 studies met eligibility criteria. We found few studies have a definition or theoretical framework for governance. Participation and coordination are key concepts of focus within analysis of governance frameworks. There is a need for more theoretically informed research on governance in settings with conflict-affected populations.

### Introduction

Armed conflicts have a major, long-term impact on health systems, creating a complex organisational landscape that involves many actors with different missions, mandates and agendas. Poorly coordinated and fragmented responses, services and systems, diversion of financing and expertise away from host governments, as well as an undermining of national strategic plans and the marginalisation of existing leadership structures may occur. While health system governance is recognised as essential for improving coordination, accountability, leadership and performance of healthcare responses globally, there has been no evidence synthesis on health system governance in settings with conflict-affected populations. This brief summarises the key findings of a systematic review which aimed to examine the existing evidence on health system governance in settings with conflict-affected populations globally.

### Methodology

We used a modified version of the Siddiqi et al. (2009) framework on health system governance to inform the conceptualisation of the review as well as data extraction and analysis. We searched six academic databases (Medline, Embase, PsycINFO, Global Health, Web of Science and Academic Search Complete). We also ran a search of Google Scholar and searched for grey literature using Google. Our population of interest was populations affected by armed conflict (as defined by the authors of papers), including refugees, asylum-seeking populations, IDPs and host populations as well as non-displaced entrapped populations. We did not use any date restrictions or restrictions related to the study country in our eligibility criteria. Health system governance needed to be directly or indirectly referenced in the paper, including mentioning principles related to health system governance.

## Results and conclusions

Out of 6511 initial citations retrieved from the database search, 34 articles were included in the review. In total, 12 studies focused on refugee/asylum-seeking populations, 2 focused on IDPs, 4 focused on a mix of refugees or IDPs with host populations, 5 focused on populations in post-conflict settings, 3 focused on non-displaced conflict-affected or entrapped populations and 8 focused on multiple populations.

This systematic review reveals a lack of substantive evidence on health system governance settings with conflict-affected populations. Even when it is mentioned, governance is rarely the primary focus of papers and lacks theoretical framing.

Despite some papers explicitly recognising the importance of governance of health responses in settings with conflict-affected populations, papers included in our review largely used implicit, indirect descriptions of governance principles and only tangentially explored the barriers to and facilitators of better governance. Few studies went further to deepen the analysis by exploring 'good governance'. Studies were classified according to content related to governance in the findings and discussion. Overall, 10 studies were classified by the research team as having 'very weak' content on governance and 20 studies were classified as 'moderate', while five studies were classified as 'good'. The lack of definitions for governance sometimes resulted in vague connections to governance principles.

In general, the most common facilitators of governance were collaboration between stakeholders, the use of bottom-up and community-based governance structures, inclusive policies and longer-term vision. The most described barriers were poor coordination, mistrust between stakeholders, the lack of a harmonised health response, a lack of clarity on the responsibilities of stakeholders, lack of financial support and problems with resource allocation and the dominance of donor influence.

## Implications

While frameworks such as Siddiqi et al.'s (2009) are helpful in framing governance principles, more work is needed to apply governance frameworks in settings with conflict-affected populations and explore new frameworks and models of governance that are specifically tailored to these settings. For example, in our review, the issue of coordination emerged as a dominant theme but was not included in Siddiqi et al.'s framework. There is a need for research on this topic to be further informed by theoretical and conceptual governance work from social, political and health sciences.

## Recommendations

- More studies are needed on health system governance in settings with conflict-affected populations. Such studies should clearly define and conceptualise governance, e.g., with greater reference to key governance principles and the quality of governance, and should include more in-depth analysis on what governance involves in a given setting.
- Future studies should explore the power dynamics between different actors, notably donors and humanitarian actors, recognising the strategic role donors play in health system governance, especially in relation to participation and coordination, transparency, accountability, and effectiveness and efficiency.
- Future studies should draw on contextual elements, including the political environment to understand further facilitators and barriers and identify best practices.
- Responding to the way coordination appears as a consistent barrier to health system governance within this review and prior to this review, we suggest there is a need to ensure that research findings on coordination and health system governance are fed back to humanitarian actors, government agencies and other entities involved in health governance to bridge the gap between research and practice.

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