



**Health care delivery challenges in fragile, Conflict, and Vulnerable (FCV) setting: A public health perspective**

<sup>1</sup>Prof. Dr. Aditi Aikat, MBBS (Gold Medallist), MD (Cal), MIPHA, W.H.O Fellow (Sydney University), FRMTS, TWG member Health challenges in FCV settings, HSG.

Professor, Community Medicine, JIMSH, Kolkata-700137

**Corresponding Author:** Prof. Dr. Aditi Aikat

**Citation this Article:** Prof. Dr. Aditi Aikat, “Health care delivery challenges in fragile, Conflict, and Vulnerable (FCV) setting: A public health perspective”, IJMSIR - February - 2024, Vol – 9, Issue - 1, P. No. 165 – 170.

**Type of Publication:** Original Research Article

**Conflicts of Interest:** Nil

**Abstract**

In fragile, conflict-affected and vulnerable settings, health care delivery is faced with challenges, affecting routine health service organization and delivery systems, escalated health needs, resourcing issues, and public health crises. Access is prioritized over quality healthcare in most circumstances with complex delivery network having multiple stakeholders.

To ensure the transition from chaos to peace, the eight essential elements of strategic action planning need to be effectively rolled out. Conflict resolution requires a change of perspective from working in the conflict to working on the conflict with an approach that is tailored to the conflict drivers unique to the setting concerned.

**Keywords:** Fragile, Conflict, and Vulnerable (FCV) Setting, Health Challenges, Public Health.

**Introduction**

In the recent years the globe has seen palpable effects of war in Ukraine, more so in the South Caucasus, while Armenia and Azerbaijan warring over the Nagorno-Karabakh enclave. Anti-regime protests have been on the rise, with a crisis brewing over the nuclear program. 2021 saw the military coup of Myanmar army on their civilian government, the deadly war in the

Ethiopia’s Tigray region, and devastation in Sudan and Gaza. The news headlines once vocal about these, have slowly calmed down, and public memory has erased off to give way to fresher news. But the truth remains that the calm that followed the warfare, were fragile in nature, with effects of conflict brewing within. Fragile, conflict-affected and vulnerable (FCV) settings happen to be a broad term that encompasses humanitarian crises, protracted emergencies (involving acutely vulnerable population, who are dependent on humanitarian assistance), and armed conflicts.<sup>4</sup> Fragility involves countries facing deep governance issues and institutional weaknesses, political instability that affect their development, while conflicts are categorised according to the definitions laid out by Council on Foreign Relations.<sup>5</sup> The World Bank mentions that 2 billion people live in such settings, and by 2030 nearly 50% of poor people worldwide will be living in such situations. 2019 records reveal, an estimated 131.7 million people globally need humanitarian aid, with 1 / 70 people facing a crisis situation.<sup>6</sup> The crises having a humanitarian response plan has a mean duration of nine years.<sup>7</sup> With the intent of providing critical country support, a dynamic list of FCV countries is maintained by W.H.O.

Nearly 60% maternal deaths that are preventable, 53% of u-5 children deaths, and 45% of neonatal deaths take place in fragile settings.<sup>8</sup> Given this scenario, it is imperative to understand the health care delivery challenges in these special settings having escalated needs yet insufficient quality health care. This narrative review studies the changing landscape of FCV settings against the curve of conflict and the various elements of strategic action planning and the role of health care in conflict prevention and peace building.

## Discussion

### The FCV landscape

Presently, threshold number of conflict related deaths determine the countries in active conflict. According to that directive, nearly thirty countries demonstrate chronic fragility. Incidentally, the global fragility landscape has changed considerably with the two-thirds of the world's poorest and the most marginalised people belonging to the FCV settings with majorly hailing from Low Income Countries and Low-Middle Income Countries.<sup>9</sup> Some of these conflicts are due to territorial dispute, like Russo-Ukraine war, Nagorno-Karabakh conflict, Kurdish-Turkish Conflict, Israeli-Palestine conflict, besides civil war like Afghanistan war, Syrian civil war, instability in Iraq, Yemeni civil war, Libyan civil war, South Sudanese civil war, and even interstate ones like US-Iran Conflict, etc.<sup>10</sup> Estimates indicate 60% of preventable maternal deaths, 53% of deaths in children aged under five years, and 45% of neonatal deaths take place in fragile settings where political conflict, displacement or natural disasters prevail.<sup>11</sup> What makes people fight, and what they fight over, are not new issues, but today's conflicts are happening in a more complex landscape. FCV challenges are becoming increasingly international – they cross borders and spread regionally and globally, leading to multidimensional crises. Fact remains, 1.8 billion in FCV

settings, 168 million people in need of humanitarian aid, 30 million children forcibly displaced by conflict, and in every 70 people around the world are in crisis. By 2030, up to two thirds of the world's extreme poor will live in countries with FCV.<sup>12</sup>

### Public Health challenges

Public health is governed by several domains and affected by multitude of factors like education, transport, agriculture & Food, Water & Sanitation, Social protection & jobs through Public-Private partnerships and international development partner initiatives.<sup>13</sup> Along with various crosscutting issues, like Human capital, gender, Climate change, procurement, etc. Interestingly FCV and displaced population emerge as one of the key issues that shapes the public health dynamics.<sup>14</sup>

FCV challenges are unique to its given context, complex, and calls for tailored approaches corresponding to their geography, history, and conflict drivers of each setting.<sup>15</sup> The world is overwhelmed about realising the sustainable development goals, but in an overdrive to attain these, the health challenges faced by people living in FCV settings are somehow undermined and glossed over in the process.<sup>16</sup> The question that looms large is whether we are going amiss of this very situation which is in need for action. Meeting the Sustainable Development Goals without tackling fragility, conflict, and violence seems very improbable.

In these FCV settings, one of the worst affected is the delivery of quality health services, with disruption of routine health service organization and delivery systems, while health needs, and demands are escalated.<sup>4</sup> Although according to UNHCR (United Nation High Commissioner for Refugees), millions of people received essential health care services, along with sexual and reproductive health services, mental health and psychosocial support services, treatment of severe acute

malnutrition (SAM) provided to thousands, it represents a sectional image.

The Health Challenges in FCV settings has different target populations having varied medical needs and clinical conditions, involving trauma and violence related injuries, non-communicable diseases, communicable diseases, mental health issues, malnutrition, interpersonal, sexual and gender based violence, palliative and end-of-life care.<sup>4</sup>

### The Curve of Conflict

To understand and address any conflict and its aftermath, it is imperative to understand the structure and ever-changing dynamics of conflict in general that transcends from violence to sustainable peace. Different school of thoughts visualises conflict differently that involves prevention, crisis management and eventual peace building as part of the curve of conflict, illustrating the evolution of conflict over time.

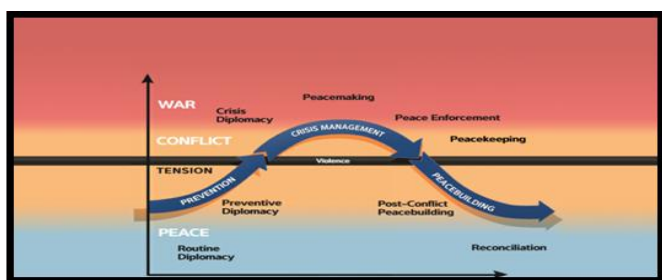


Fig.1: The Curve of Conflict: (Sourced from: curve of conflict; A concept introduced by and adapted from Michael S. Lund, who was a 2011-2012 USIP Senior Fellow. Accessed from: <https://www.usip.org/public-education-new/curve-conflict>)<sup>17</sup>

Conflict follows its own dynamic, and escalates and recedes over time. The curve of conflict visualizes this evolution over time and the inter-relationship of different phases of conflict. The curve, helps to identify the discrete stages of using peace-building tools for prevention, management, or resolution of conflict. In order to develop effective strategies for appropriate, and

timely interventions, a good understanding of this curve is essential. Although, this traditional conflict curve glosses over the fact that peace lovers are also biased in the way they perceive peace and that idea of peace is often interlinked with justice that may be violent in nature.<sup>18</sup>

### Quality of healthcare in FCV settings

Unfortunately, quality health care is not prioritised, the emphasis largely lying on the mere access to health care. The induction of quality component comes across as ad-hoc activity, mostly carried out by donors, NGOs, or Country specific interventions.<sup>19</sup> In the absence of standardised data on quality health care in the FCV settings, comparative analysis to identify the “best practices” to be incorporated is a difficult practice. However, an unmet need continues. A high burden of morbidity and mortality stems from lack of adequate infrastructural support, unfavourable physical and psychological components, and dearth of appropriate, timely healthcare that is safe, effective or reliable.<sup>20</sup>

### Strategic action planning for quality

WHO propounds eight non-sequential, interrelated essential action elements of strategic action planning for quality in fragile, conflict-affected and vulnerable setting. These are service priorities and quality goals, shared local understanding of quality, Stakeholder mapping and engagement, situational analysis: state of quality, Governance for quality, Health Information Systems and quality assessment, quality measurement, and interventions for quality improvement.<sup>21</sup>

### Service priorities and quality goals

Alignment with existing health care priorities to provide quality health services by identifying the public health needs and demand, and setting few quality goals in line with that.

**Shared local understanding of quality:** Shared understanding of high-priority health-care quality issues ensuring stakeholder engagement, making it locally contextual, and effective.

**Stakeholder mapping and engagement:** Collaborative effort by the stakeholders to ensure improved quality.

**Situational analysis – state of quality:** An effort to create a ground level understanding of the quality of health services.

**Governance for quality:** It is essential yet suboptimal owing to the multiple providers and inconsistent state oversight. Effective collaborative governance is need of the hour.

**Interventions for quality improvement:** Quality interventions involving access and basic infrastructure; system environment; harm reduction; improved clinical care; and patient, family, and community engagement is necessary.

**Health information systems and quality assessment:** Provision of data being critical to improve the health system, strengthening of health information system needs to be incorporated in the quality action plan.

**Quality measurement:** Optimum measurement of the quality priorities and challenges using indicators to keep a track of the activities in line with the goals and objectives.

### Health care delivery Network in FCV setting

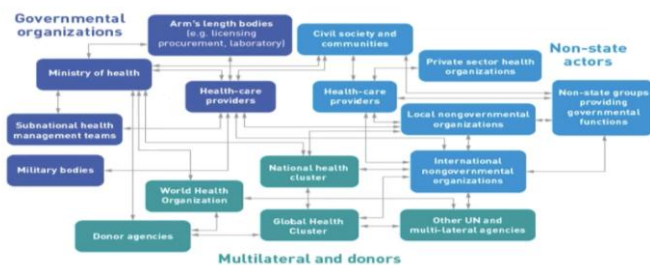


Fig. 2: Complex Health service Delivery Network involving multiple stakeholders (picture credit: Health-sector governance relationships in illustrative map of

fragile, conflict-affected and vulnerable settings; Quality of care in fragile, conflict-affected and vulnerable settings: taking action. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO).<sup>4</sup>

Health service delivery differs from stable settings compared to fragile, conflict-affected and vulnerable settings.<sup>22</sup> Multiple organizations provide health services through a complex delivery network. State health services, national and global health clusters, military organizations, local, and international NGOs, WHO, UN, other multilateral organisations, etc are some of the stakeholders, working at the different phases of response and recovery. An effective co-ordination is often lacking.<sup>4</sup>

Quality health care delivery requires optimally functioning, capable national and local health authorities, financial, technical and human resources, accessibility and displacement, adequate infrastructure and supply chains, public acceptability of the services; safe and secure access through humanitarian organizations, an estimation of the duration and intensity of the crisis, backed by a clear understanding of the political and economic context.<sup>4</sup> These multiple complex components make the delivery of quality health services in emergencies and fragile, conflict-affected and vulnerable settings a challenging task. What is unsettling though is that these actors are unable to develop a sustainable model of health care delivery and instead has been re-inventing the wheel time and again in a bid to create a novel approach to handle these sensitive scenarios.

### The Way Ahead

As it emerges from the past and present health care delivery challenges, that remain unaddressed to a great extent, the approach of ‘working in the conflict’ needs to move towards ‘Working on the conflict’ and make inroads for Peace responsive programming, using health

care as a potent tool that is neutral and apolitical.<sup>23</sup> Lack of equity, widening gap in quality health care, with poor integration in the holistic picture of global health care has been fuelling grievances and perception of injustice. Besides, given the climatic changes, global economic chaos, and rise in out migration and terrorism, the health care is getting increasingly challenging.

Capacity building or rebuilding, delivering vital basic services, supporting the private sector to foster economic opportunities, and attention to gender issues are the areas of engagement to achieve goals in health care delivery in FCV settings.

### Conclusion

Health can be a “PEACE BUILDING BRIDGE” in these FCV settings. The unique health care needs and lack of adequate support system, necessitates that we move forward with the ADAPT approach<sup>24</sup> involving earlier and better anticipation, dynamic response, advanced engagement with private sector, focussing on critical partnerships, and build strong teams to execute the quality action plans developed through a consensus with local stakeholders.

### Reference

1. Avdallani E; South Caucasus Turns Away From Russia Toward Middle East; Carnegie Endowment for International Peace; Accessed from: <https://carnegieendowment.org/politika/915862>.
2. Ambarkhane S; Valentine Gathia S; Over a Year Later, Myanmar’s Military Coup Threatens India’s National Security; Tuesday, United States Institute of Peace; May 10, 2022; Accessed from: <https://www.usip.org/publications/2022/05/over-a-year-later-myanmars-military-coup-threatens-indias-national-security>
3. Conflict in Ethiopia; the Center for Preventive Action; Updated December 19, 2023; Accessed from:

<https://www.cfr.org/global-conflict-tracker/conflict/conflict-ethiopia>

4. Quality of care in fragile, conflict-affected and vulnerable settings: taking action. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO. <https://creativecommons.org/licenses/by-nc-sa/3.0/igo/>
5. Conflicts to Watch in 2022; Preventive Priorities Survey Result; Center for Preventive Action; January 10, 2022; accessed from: <https://www.cfr.org/report/conflicts-watch-2022>
6. Fragility, Conflict & Violence; The World Bank; Fragility Forum; Apr 27, 2023; Accessed from: <https://www.worldbank.org/en/topic/fragilityconflictviolence/overview#4>
7. Humanitarian crises around the world are becoming longer and more complex; EU Science Hub; 20 November 2020; Accessed from: [https://joint-research-centre.ec.europa.eu/jrc-news-and-updates/humanitarian-crisis-around-world-are-becoming-longer-and-more-complex-2020-11-20\\_en](https://joint-research-centre.ec.europa.eu/jrc-news-and-updates/humanitarian-crisis-around-world-are-becoming-longer-and-more-complex-2020-11-20_en)
8. Classification of Fragile and Conflict-Affected Situations; Understanding Poverty; The World Bank; Accessed from: <https://www.worldbank.org/en/topic/fragilityconflictviolence/brief/harmonized-list-of-fragile-situations>
9. Overview: Fragility, Conflict & Violence; Understanding Poverty; The World Bank; Accessed from: <https://www.worldbank.org/en/topic/fragilityconflictviolence/overview>.
10. Koop A; Mapped: Where are the World’s Ongoing Conflicts Today ? Visual Capitalist; accessed from: <https://www.visualcapitalist.com/mapped-where-are-the-worlds-ongoing-conflicts-today/>
11. Syed, S. B., Leatherman, S., Neilson, M., Griekspoor, A., Horemans, D., Letaief, M., & Kelley,



- E. (2020). Improving quality of care in fragile, conflict-affected and vulnerable settings. *Bulletin of the World Health Organization*, 98(1), 2–2A.
12. Addressing Gender Inequalities in Countries Affected by Fragility, Conflict, and Violence; IEG; World Bank Group; Chapter 1; Accessed from: <https://ieg.worldbankgroup.org/evaluations/addressing-gender-inequalities-countries-affected-fragility-conflict-and-violence/chapter-1-introduction>
13. Tulchinsky, T. H., & Varavikova, E. A. (2014). Expanding the Concept of Public Health. *The New Public Health*, 43–90.
14. GhaidaDina A;Silva K; Educating the Forcibly Displaced: Key Challenges and Opportunities; Reference Paper for the 70th Anniversary of the 1951 Refugee Convention; World Bank March 2021; Accessed from: [https://www.unhcr.org/people-forced-to-flee-book/wp-content/uploads/sites/137/2021/10/Dina-Abu-Ghaida-and-Karishma-Silva\\_Educating-the-Forcibly-Displaced-Key-Challenges-and-Opportunities-1.pdf](https://www.unhcr.org/people-forced-to-flee-book/wp-content/uploads/sites/137/2021/10/Dina-Abu-Ghaida-and-Karishma-Silva_Educating-the-Forcibly-Displaced-Key-Challenges-and-Opportunities-1.pdf)
15. World Bank Group Strategy for Fragility, Conflict, and Violence 2020–2025; accessed from: <https://pubdocs.worldbank.org/en/699521582773856417/FCV-Strategy-Digital.pdf>
16. Pursuing Development Goals amid Fragility, Conflict, and Violence; World Bank ; RESULTS BRIEFS; JANUARY 16, 2024; Accessed from: <https://www.worldbank.org/en/results/2024/01/16/pursuing-development-goals-amid-fragility-conflict-and-violence>.
17. Curve of conflict; A concept introduced by and adapted from Michael S. Lund, who was a 2011–2012 USIP Senior Fellow. Accessed from: <https://www.usip.org/public-education-new/curve-conflict>
18. Conway M; The New Conflict Curve; Work in progress; May 17; accessed from: <https://mcclanastan.wordpress.com/2012/05/17/the-new-conflict-curve/>
19. Quality of care in fragile, conflict-affected and vulnerable settings: tools and resources compendium. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO. Accessed from: <https://iris.who.int/bitstream/handle/10665/338035/9789240018006-eng.pdf?sequence=1>
20. Leatherman S, Tawfik L, Jaff D, Jaworski G, Neilson M, Syed SB, et al. Quality health care in extreme adversity-an action framework. *Int J Qual Health Care*. 2019 Jul 11; mzz066. doi: <http://dx.doi.org/10.1093/intqhc/mzz066>
21. Syed, S. B., Leatherman, S., Neilson, M., Griekspoor, A., Horemans, D., Letaief, M., & Kelley, E. (2020). Improving quality of care in fragile, conflict-affected and vulnerable settings. *Bulletin of the World Health Organization*, 98(1), 2–2A. <https://doi.org/10.2471/BLT.19.246280>
22. Quality of care in fragile, conflict-affected and vulnerable settings; WHO; <https://www.who.int/teams/integrated-health-services/quality-health-services/quality-of-care-in-fragile-conflict-affected-and-vulnerable-setting>
23. Coninx, R., Ousman, K., Mathilde, B., & Kim, H. T. (2022). How health can make a contribution to peace in Africa: WHO's Global Health for Peace Initiative (GHPI). *BMJ global health*, 7(Suppl 8), e009342. <https://doi.org/10.1136/bmjgh-2022-009342>
24. Mid-Term Review of the World Bank Group Strategy for Fragility, Conflict, and Violence (2020–2025); Accessed from : <https://www.worldbank.org/en/topic/fragilityconflictviolence/publication/fragility-conflict-and-violence-mid-term-review>