

Situational analysis of the health system in war-torn Sana'a City, Yemen: a literature review

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Background

- The conflict situation in Yemen has devastated the health system and negatively impacted health service delivery around 19.7 million people lack access to adequate healthcare.
- The situation exacerbates existing inequalities, interrupting essential healthcare services, and creating new barriers to accessing equitable and inclusive healthcare.
- This review aimed to map the health system resilience capacities and challenges faced during the protracted crisis Yemen.
- It generated evidence on how to better support health systems resilience in conflict-affected settings.

Methodology

- A qualitative document review 36 articles, retrieved from PubMed, Google Scholar and the webpages of national and international organisations and NGOs.
- Thematic analysis was conducted, guided by the ReBUILD resilience framework (see Fig 1).
- The review was conducted in 2022 as part of a research study that took place under the ReBUILD for Resilience programme.

Outcomes

- The protracted conflict in Yemen has resulted in a fragmented and weak health system, with two independent ministries of health (in the north and south).
- This fragmentation has blocked the effective implementation of health programmes - a situation exacerbated by the unavailability of human and financial resources.
- The health system relies greatly on external assistance and financial aid from UN agencies and national and international NGOs.
- The pace of assistance has proved to be unsustainable with a lack of coordination mechanisms among partners.
- Direct attacks on health facilities, a shortage of medical supplies, transportation challenges and an absence of an emergency preparedness plan, among other challenges, led to a deterioration of the working and living conditions of health workers, threatened their health and well-being and contributed to a significant rise in their migration to other countries.
- Only 51% of health facilities were fully functional.
- Only 10 health workers were available per 10,000 people compared to the WHO benchmark of 4.45 per 1000 population.

Innovation & information Routine & emergency Social networks dissemination systems & collaboration **Connected Active monitoring** Availability, capacity & of the environment & motivation of systems population needs human resources **Availability of physical Dedicated leadership** (medicines, technology) & distributed control & financial resources Strategic & flexible use of multiple or novel pathways & resources **Culture of learning** Inclusive & open governance Absorption ←→ Adaptation **Transformation** Resilience & health **Accountability &** outcome monitoring trust strengthening Health system: ensuring gender equitable delivery & evaluation mechanisms of, & access to, quality health services & care **Community capability & responses** Gender equitable community health & wellbeing

Fig 1. ReBUILD for Resilience's resilience framework

Implications for policy and practice

- Strengthening governance mechanisms and leadership at all levels is needed to enhance inter-sectoral collaboration and implement national health programmes.
- Strong coordination mechanisms are needed to manage power relations among health actors in the country to better support health system resilience.
- The lived experiences of health workers during the conflict need to be studied to better support them to promote a more equitable, inclusive and resilient health system.

Image: Air strike in Sana'a 11/5/2015. Ibrahem Qasim via Flickr. CC BY-SA 2.0

References

- ReBUILD for Resilience: Resilience framework. https://www.rebuildconsortium.com/researchthemes/resilience-framework-2/
- Mapping the resilience capacities and coping mechanisms of health workers and other cadres in hospital emergency departments in Sana'a during protracted conflict and crisis in Yemen: https://www.rebuildconsortium.com/projects/mapping-resilience-capacities-yemen/



