



Health Systems Strengthening and Conflict: Transformation in Fragile States

Amsterdam, The Netherlands, 11 October 2012

Report from the meeting on [Health systems evidence and guidance in fragile states](#) by Xavier Bosch-Capblanch (Swiss Centre for International Health / Swiss Tropical and Public Health Institute) and Claire Allen (Evidence Aid). For presentation, click [here](#).

This expert meeting was organised to facilitate learning and information sharing on health sector initiatives intended to improve health outcomes and contribute to longer term, sustainable health system strengthening and conflict transformation. The aim was to inform programming, policy, advocacy, research and the civil society; and the starting point for our presentation was: we want to know what is best to strengthen health systems, but what is best is not the same for everyone. For example, what is best for technical staff is what is feasible to implement; for managers, what is cheap; and for policy-makers, what is cost-effective and politically sound. These people also need to know what is effective if they are to choose what might do more good than harm when trying to decide what is best.

Decisions about interventions, actions and strategies have to be informed by evidence on various aspects, including effectiveness, costs and feasibility. This leads to the challenge of integrating these different types of evidence to inform judgements about health systems policies. One place to begin in thinking about this is to consider how clinicians approach these problems. Typically, they do so by producing guidance and we have worked on a handbook to help people develop health systems guidance (<http://goo.gl/WM4tl>). During the Amsterdam meeting, we reported several of the challenges encountered and showed how Evidence Aid is tackling these issues.

Evidence Aid is identifying the evidence needs of people involved in the humanitarian response to disasters. It was established after the Indian Ocean tsunami in December 2004, in order to make systematic reviews more helpful to people and organisations trying to cope with a natural disaster or humanitarian crisis. Its work is based on systematic reviews of the effects of interventions and it is conducting a needs assessment, which has highlighted some of the challenges faced by people making choices about health systems interventions. Evidence Aid has also assessed the relevance of existing Cochrane reviews and held two conferences in Oxford (September 2011) and Brussels (October 2012).



The main challenges encountered in producing methods to develop health systems guidance were:

- 1) Judgments on health systems need good quality evidence, which might be found in systematic reviews. The Evidence Aid needs assessment survey has confirmed this but there are gaps in the body of evidence around the effects of health systems interventions.
- 2) Research on its own, even if presented in user-friendly manners, is not practical for decision makers. The quality of evidence on the effects of health systems interventions is usually poor, which means that systematic reviews are often unable to produce the evidence needed for definitive guidance.
- 3) Guidance (based on the best available, up-to-date evidence) has to be available in a timely manner in relation to the decisions to be taken. The Evidence Aid survey shows that potential users are aware of this issue, in particular in regard to the limited time available for decision making in the short-term aftermath of natural disasters and other crisis.
- 4) The complexity of health systems settings and contexts calls for additional evidence, often of a local nature, in order to adapt research evidence so that it is more relevant for specific situations. The people who might use Evidence Aid have acknowledged this, supporting the need for contextual summaries to place the findings of systematic reviews in context.

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Additional material:

Bosch-Capblanch X and Project Team (2011) Handbook for developing health systems guidance: supporting informed judgements for health systems policies. Basel: Swiss Tropical and Public Health Institute. Available: <http://www.swisstph.ch/?id=53>;

http://www.swisstph.ch/fileadmin/user_upload/Pdfs/SCIH/WHOHS_G_Handbook_v04.pdf.

Bosch-Capblanch X, Lavis JN, Lewin S, Atun R, Røttingen J-A, et al. (2012) Guidance for Evidence- Informed Policies about Health Systems: Rationale for and Challenges of Guidance Development. PLoS Med 9(3): e1001185. doi:10.1371/journal.pmed.1001185

Clarke M, Kayabu B. (2011) Evidence for disaster risk reduction, planning and response: design of the Evidence Aid survey. PLoS Curr 3:RRN1270. doi: 10.1371/currents.RRN1270

Lavis JN, Røttingen JA, Bosch-Capblanch X, Atun R, El-Jardali F, et al. (2012) Guidance for evidence-informed policies about health systems: linking guidance development to policy development. PLoS Med 9: e1001186. doi:10.1371/journal.pmed.1001186.

Lewin S, Bosch-Capblanch X, Oliver S, Akl EA, Vist GE, Lavis J, Gherzi D, Røttingen JA, Steinmann P, Gulmezoglu M, Tugwell P, El-Jardali F, Haines A (2012) Guidance for evidence informed policies about health systems: assessing how much confidence to place in the research evidence. PLoS Med 9: e1001187. doi:10.1371/journal.pmed.1001187.

Tharyan P, Clarke M, Green S. (2005) How the Cochrane Collaboration is responding to the Asian Tsunami. PLoS Med 2(6):e169.