Sustaining health system resilience in extreme circumstances: insights from key informant interviews with UNRWA staff across Gaza and Lebanon during the COVID-19 pandemic

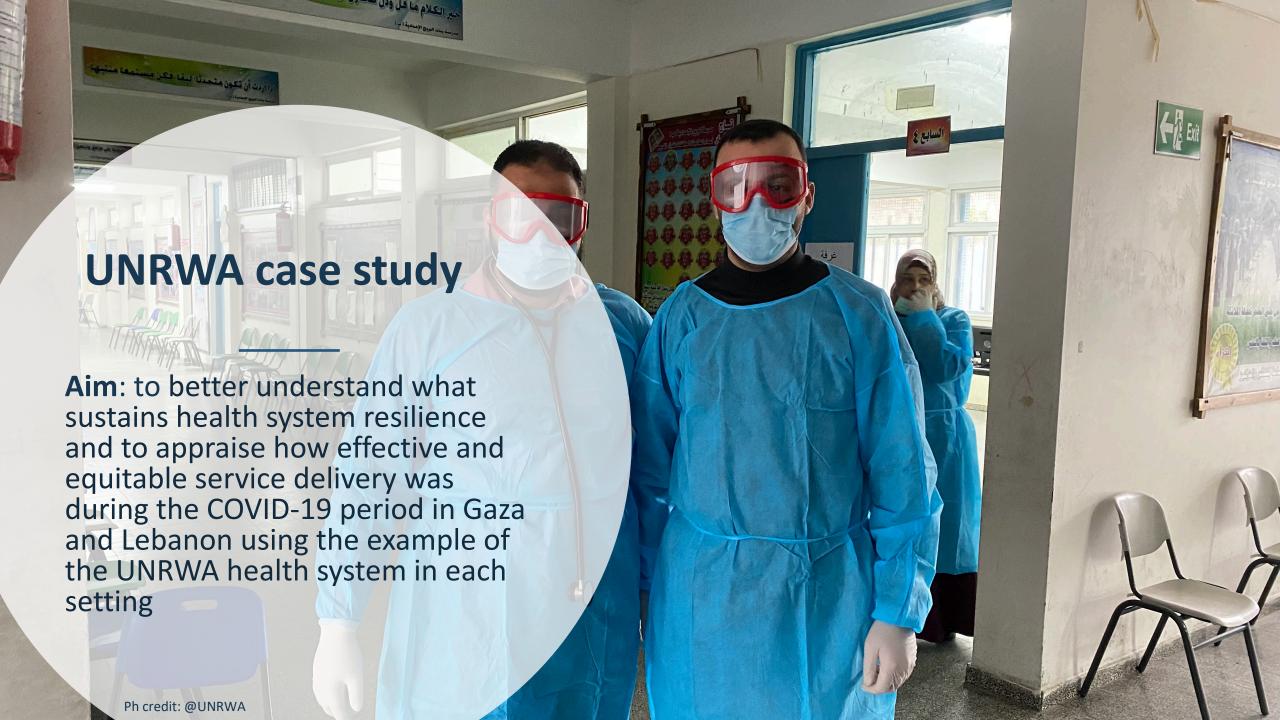
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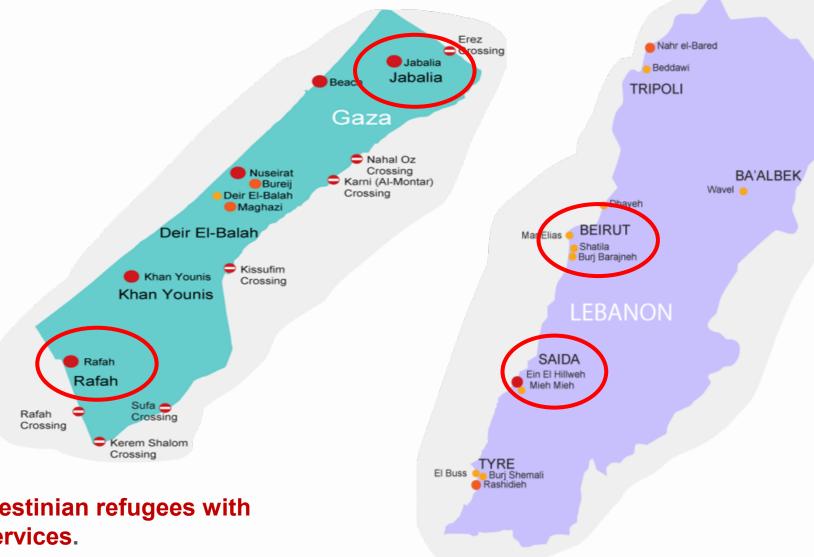




Methods and settings

47 interviews with professionals at headquarter, field, area and clinic level.

Monitoring of the response and routine care delivery context for UNRWA.



UNRWA supports 5.7 million Palestinian refugees with primary health care and other services.

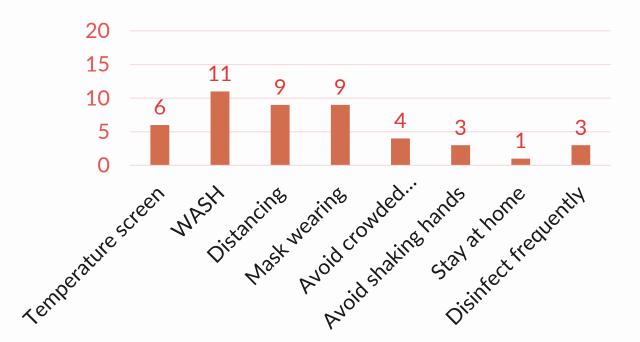




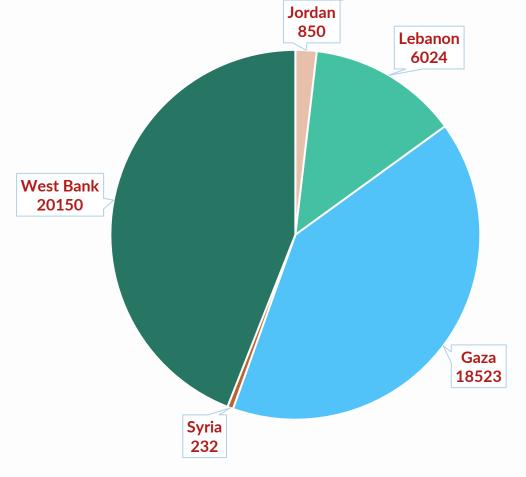


Context mapping and overview of COVID-19 situation in UNRWA settings (up to March 2021)

Public health recommendations (number of weeks issued)



Total COVID-19 cases among Palestine refugees







A framework for understanding health system resilience

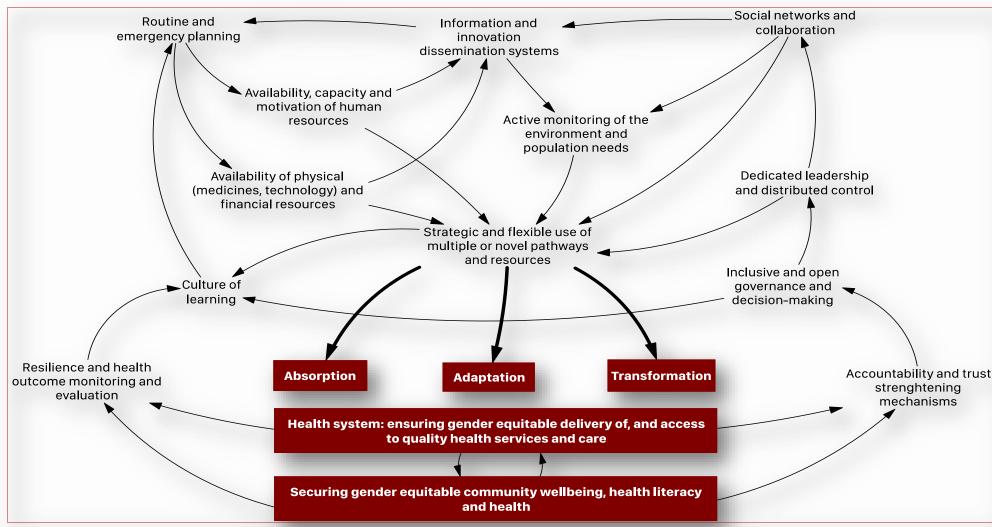


Figure: Resilience framework, ReBUILD for Resilience 2020







Main resilience responses enacted in the health system

ABSORB

System ability to respond to population needs using available resources and organizational processes

Staff enacting taskshifting (Gaza) to assist with service deliverv

Liaising with NGOs to serve COVID patients and families in quarantine

Social workers providing psychosocial services to COVID patients

ADAPT

System ability to adjust how its resources operate without changing system structures

Introducing toll free lines + online consultations and support

Staff team in place and triage outside of clinics

Adjusting pick-up/ delivery of medication

Establishing isolation centers

TRANSFORM

System ability to change its structure, organisational processes and the way it uses resources to address population needs, both preexisting and new

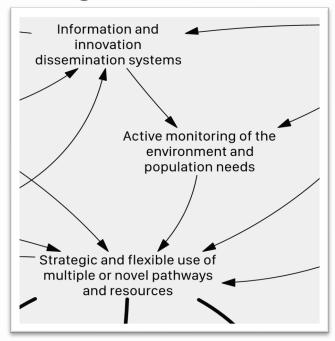
Developing new ways for Family Health Team approach

Developing new system of distributing cash assistance in Lebanon



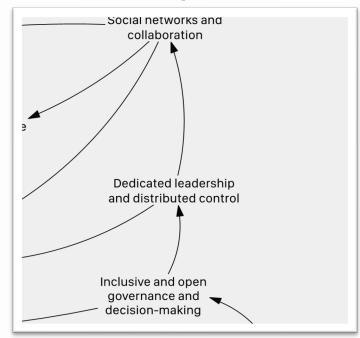


Challenges and enablers of UNRWA health system resilience during COVID-19



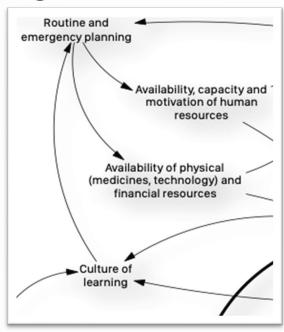
Enabler: information systems capturing needed information

Example: Hotline to listen to population's concerns, needs, receive feedback and modify the process



Enabler: Strong staff links, inclusivity and distributed control helps make informed quick decisions

Example: Views from area and field level rapidly inform decision-making (e.g. decision to repurpose school space into medical points)



Challenge: Reliance on donors and lack of compensation for additional risk

Example: Need to seek funding via flash appeals to support health staff







Recommendations

- Strengthen all the diverse underlying capacities that sustain health system resilience
- Collaborative structures and networks which can implement, review and revise plans as necessary
- A culture of learning, rewarding employee innovation in service delivery and allowing real-time adjustment of responses
- Demonstrating compassion towards beneficiary populations, providing services consistently and being responsive to community needs



Thank you

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