Health System Strengthening

The Challenge: Limited access to quality, equitable healthcare in crisis contexts

Improving health access in fragile and conflict settings remains a critical global health challenge. In fragile and conflict-affected states (FCAS), national health systems can be weakened and overburdened, limiting communities' access to essential services. Direct service delivery by humanitarian and other organisations is needed when national systems are unable or unavailable to deliver services due to crisis. In the longer term, strengthening health systems is key in ensuring that national systems can sustainably support people in need and provide lifesaving interventions.

IRC objectives

In FCAS, the International Rescue Committee (IRC) designs emergency responses to maintain and strengthen national health systems, vital for delivering quality, equitable healthcare, and laying a foundation for recovery and rebuilding post crisis. Strong health systems rely on effective service delivery, shaped and informed by communities using services. Robust systems and effective partnerships between humanitarians, development actors and local providers help ensure that lifesaving interventions meet communities' immediate and longer term needs. Strategic, system-strengthening partnerships are therefore essential to fulfilling, sustaining and expanding healthcare needs in fragile and conflict-affected areas.

IRC's approach

The IRC's health system strengthening approach targets improvements in national and sub-national systems. Our approaches rely on partnerships and collaboration across a range of stakeholders, including national, subnational and local government health departments, humanitarian organisations and local community based health workers. First, we determine whether improvements are needed at the local, subnational or national levels, then we identify the capacities to strengthen— whether individual skills, organizational capacities, or broader system functionality. We also invest in community engagement and resilience as a critical foundation for quality and user-centered primary health care.

The IRC utilises different approaches depending on the problem, the context and the populations we wish to serve. These include:

- Organisational Assessment: This diagnostic tool identifies service delivery challenges, both formal (e.g. financial flows, approval processes, logistical constraints) and informal (e.g. power dynamics, behavioural norms and values, informal incentives). The IRC uses literature reviews; interviews and focus groups, and budget analyses for a comprehensive, system-wide understanding. An Organisational Capacity Assessment (OCA) follows (e.g. of a health district, health facility or department of the Ministry of Health) to inform an Organisational Development Plan aimed at strengthening service delivery.

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- Improved Human Resources (HR) capacity through supportive supervision, curriculum development, and in-service training.
- Problem-Driven Iterative Adaptation (PDIA): A step-by-step process to identify key service delivery problems and their root causes, seeking solutions, taking action, iterating, and adapting services based on learning. Ideas that don't solve the problem are stopped, while ideas that prove effective can be scaled up.
- Community Engagement: Using tools like Community Scorecards, communities and healthcare providers assess facilities, advocate for resources, and create joint action plans, strengthening community based health committees to be more inclusive and accountable.
- Women in Leadership: Women represent 70% of the health workforce but only 25% in leadership roles according to BMJ Global Health. To address this imbalance, the IRC promotes gender sensitivity and women's leadership in healthcare, enabling them to influence local service delivery by giving them the tools (e.g. advocacy tactics) and confidence (demystifying what it means to be a leader and helping them identify leadership characteristics they may already have) to take a step forward and be leaders in their own communities/workplaces.

Health system strengthening results and impact

The IRC has led health-system interventions in various contexts.

Northeast Nigeria - strengthening community based and national health systems

In Northeast Nigeria, the IRC-led LAFIYA-Health Resilience in Northeast (HeRoN) project has improved access to primary healthcare and nutrition for crisis-affected communities. Through technical support with community engagement, local health committees and facility staff are equipped to enhance service quality and create joint action plans with communities. Advocacy efforts and direct technical support to the Borno State Ministry of Health led to strengthened staff recruitment with 115 new health staff recruited in 6 HeRoN supported facilities. Staff skills and knowledge were strengthened through a clinical mentorship program in both Borno and Yobe states, improving health service provision in particular on integrated management of childhood illnesses, basic emergency obstetric and newborn care, and family planning.

Liberia - improved health systems post Ebola

Similarly, the Partnership for Advancing Community-Based Services (PACS) in Liberia supported the development of the Government of Liberia's MoH policies and strategies to increase access to health services and to rebuild trust with its citizens following the Ebola Virus Disease (EVD) outbreak. Using an organisational assessment approach, the IRC and consortium partners worked across counties Bong, Nimba and Lofa to strengthen the capacity of community-based service providers to reach more communities with accessible healthcare services. This included essential income-generating activities, support for improvements in communities' water, sanitation and hygiene (WASH) infrastructure and support to local County Health Teams to implement community health improvement plans. In the follow-on investment by USAID that ended in January 2025, the IRC scaled up the National Community Health Program to increase access to healthcare for underserved populations while transferring ownership to the Government of Liberia.

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Kenya - strengthening health services to include refugees

An important aspect of health system strengthening includes ensuring equity within national systems. This includes supporting the integration of refugees and displaced communities into national and county health plans and systems. The Kenya government, in line with the ambition under its new Shirika Plan to enhance refugee inclusion, extended national health services to refugees by enrolling them into the national health insurance fund (Social Health Insurance Fund - SHIF). The government is working with IRC, UNHCR and other partners to register health facilities to qualify and register refugees into the Social Health Authority's portal. The IRC has also been working closely with county governments to strengthen host community and refugee voices and influence the five-year County Integrated Development Plans (CIDPs), ten-year County Health Integrated Strategic Plans and Annual Work Plans to prioritise and resource accessible and inclusive local health services. The counties of Turkana and Garissa adopted and implemented the One-health strategy that integrates efforts to combat infectious diseases, enhance food safety, and promote environmental sustainability, contributing to a more resilient and responsive healthcare system and effective healthcare to communities. Two IRC health facilities in Turkana are piloting new services that will be transitioned to the county government to ensure lasting improvements.

Nigeria and CAR - improving obstetric referral pathways

The IRC has applied evidence-based best practice from its operational research and learning to strengthen health policies and systems. For example, in Nigeria and the Central African Republic (CAR), the IRC is supporting improvements in obstetric referral pathways for women and newborns. Improving referrals is critical to ensuring access to appropriate and timely services, and can potentially decrease neonatal mortality by 18%, stillbirths by 27% and maternal deaths by 50%. Ensuring a functional referral pathway between facilities that are classified to deliver basic and comprehensive emergency obstetric and newborn care (BEmONC, CEmONC) services is therefore critical to effective health systems. An IRC qualitative study in Nigeria and CAR in 2023 examining practices and experiences of care for women and newborns informed our health system analysis and recommended that referral mappings be included as routine assessments, at purposeful intervals including when there are notable changes in services such as facilities closing. The research also pointed to the importance of capacity building designed for female providers, lower-level cadres of workers and providers operating in more rural or hard to reach facilities and districts. Findings from the research provided critical evidence for the MoH on improving referrals, which in Borno State in Nigeria led to the creation of the Borno State Ambulance Service.