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Letter

Navigating Conflict: Priority Setting Challenges and Best Practices

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Abstract

Many low- and middle-income countries currently contend with conflict arising from war, political instability, or sanctions. These conflicts have directly impacted the accessibility and availability of healthcare services and products, resulting in increased mortality rates and endangering public health. The complex economic, social, and political circumstances stemming from these conflicts pose significant challenges to the effective functioning of health systems. This letter will explore the experiences of setting priorities in health amidst countries under different conflicts, including prolonged chronic conflict (Sudan, Somalia), sanctions (Iran), and temporary conflict (Thailand). It aims to provide insight into the distinct obstacles and potential solutions associated with prioritizing health under these complex settings.

Keywords: Priority Setting; Navigating Conflict; Best Practices

Dear Editor,

Many low- and middle-income countries currently grapple with conflict arising from war, political instability, or sanctions. Approximately two billion individuals, representing a quarter of the global population, reside in these conflict-affected regions (1). This figure is increasing due to recent conflicts in Ukraine, Syria, and the Gaza Strip. The intricate economic, social, and political conditions resulting from conflicts pose substantial barriers for health systems to operate effectively (2).

The 14th Conference of the International Society for Priorities in Health (2024) in Thailand provided an opportunity to review the experiences of various countries in a world currently more embroiled in conflict than at any time in recent decades (3). The conference examined the impact of such conflicts on priority setting and learned strategies to overcome the challenges arising from these turbulent conditions.

In Sudan, violent clashes have displaced over 8.6 million individuals, leading to challenges such as extensive displacement, disease outbreaks, and limited healthcare accessibility. Vulnerable populations, including children, women, and individuals with acute medical needs in camps, are particularly affected (4). Meanwhile, in Thailand, the longstanding conflict in Myanmar has resulted in border health challenges. These challenges affect the health system's ability to access accurate data to prevent, detect, and respond promptly during disease outbreaks (5).

Iran, grappling with persistent and enduring sanctions, has had a significant impact on the health of its population. The economic sanctions have led to considerable financial difficulties in accessing healthcare services, particularly affecting individuals in marginalized and vulnerable communities. Furthermore, these sanctions have eroded Iran's healthcare system by diminishing the availability of health services and impeding health research and education efforts (6, 7).

Somalia has been in a state of conflict for decades. Since the late 1970s, internal clan pressures and political instability have led to prolonged civil war and widespread devastation across the country. The conflict has persisted, with various factions vying for control and contributing to ongoing violence and humanitarian crises (8).

The challenges experienced by these countries in the

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priority-setting process varied depending on the type and duration (acute versus chronic) of the conflict. However, some of these challenges were observable in a similar fashion. These challenges included, but were not limited to, resource constraints, data availability and accuracy issues, political pressure, difficulties in managing conflicts effectively, scarcity of technical knowledge and expertise, and addressing new and re-emerging health needs.

Resource Constraints

Conflicts typically result in financial shocks, leading to a significant decrease in financial resources for health. Furthermore, many facilities and health infrastructure are damaged or outdated. Conflict disrupts supply chains, exacerbating shortages of essential medical supplies. The procurement process may falter, hindering timely access to medications. Conflict zones often experience the destruction of health facilities and medical equipment. Additionally, acquiring updated equipment becomes challenging due to logistical limitations. Loss of healthcare professionals due to migration or loss further strains health systems. The scarcity of skilled personnel complicates service delivery. Resource allocation becomes more political and contentious when scarce resources cannot be replenished promptly.

Data Availability and Accuracy

Accurate and complete data and local evidence are crucial for setting priorities in healthcare. However, in conflict areas, data related to various aspects of the health system is often unavailable or inaccurate. Conflict disrupts routine data collection processes. Vital information on disease prevalence and healthcare utilization is missing or incomplete. Without accurate data, it becomes difficult to recognize and monitor health needs effectively. Decision-makers struggle to identify priority areas for resource allocation.

Political Pressure

Conflicts often arise suddenly and have significant, unexpected consequences on various aspects of people's lives. In such circumstances, political leaders are required to respond to various demands, including non-health issues. They face time pressure and the challenge of making the right decisions. This task is particularly difficult without a well-established and transparent mechanism to identify the main priorities.

Managing Conflicts

Multiple stakeholders are involved during conflicts, as they would be in normal situations. However, the complexity of conflicts makes it more challenging to coordinate and manage their diverse interests, which often contributes to fragmentation. Different parties' conflicting goals and priorities can hinder the achievement of consensus, effective solutions, and resource allocation, leading to increased tensions and hindrances in addressing health priorities. Furthermore, conflicts often create an environment conducive to corruption, where the benefits of some individuals and groups are disproportionately amplified.

Technical Knowledge and Expertise

Prioritization requires technical knowledge and expertise, which are essential for setting priorities systematically and in an evidence-informed manner. However, during conflicts, there is often a significant lack of local technical knowledge and expertise due to the loss of life or migration of health workers. Additionally, conflicts can hinder international collaboration and the receipt of technical support, leading to a lack of knowledge to follow a systematic approach to setting priorities.

New and Re-emerging Health Needs

Conflicts can bring forth new and re-emerging health needs that require urgent attention from the health system. Specifically, injuries, outbreaks, and mental disorders may rise to the top of the priority list during and after conflicts, as historically, they have not been adequately prioritized within the country's health system. Furthermore, the most vulnerable populations, including individuals with the intersection of vulnerabilities such as disabilities, pregnancy, displacement, children, and the elderly, may have additional needs.

Among these challenges, the first and last ones are particularly prominent in overshadowing the drivers of setting priorities. In contrast, the others significantly impact key aspects of the decision-making process, including how to integrate fairness for accountability elements, such as transparency, stakeholders' involvement, appeal, and, in particular, quantitative criteria or evidence-informed decision-making (9). While there is optimism for forthcoming enhancements to establish more effective and feasible strategies for improved priority setting in conflicts, current best practices with countries in conflict suggest that addressing the challenges of setting priorities, despite being a significant hurdle, is achievable.

Despite its limitations, Sudan has employed a range of strategies to utilize data to inform decision-making and explore alternative data sources, such as meteorological data, when they can be replaced. Having some data is better than having none for setting priorities. Leveraging international expertise, even in remote capacities, was also helpful in improving the decision-making process (10, 11).

Thailand has established a monitoring system demonstrating its capability to promptly notify, estimate resources, and conduct collaborative investigations during outbreaks, showcasing its proactive and responsive nature in public health management. This real-time cross-border surveillance system collaborates with civil society organizations and the government to gain health data along the border. The surveillance is initially conducted in malaria disease. It potentially generates scientific insights into cross-border

dynamics, fostering collaborative efforts to prioritize and implement effective responses within the malaria elimination strategy (3).

Iran's enduring sanctions underscore the importance of prioritizing interventions and strategies to enhance the health system's ability to withstand such economic pressures. Key areas crucial for bolstering a health system's resilience in the face of sanctions include enhancing specific aspects of governance (such as regulatory systems and monitoring and evaluation), optimizing efficiency (for example, emphasizing primary healthcare over hospital care), investing in domestic capabilities, fostering public engagement, and advocating for health diplomacy (12).

The Essential Package of Health Services (EPHS) was revised in Somalia starting in 2020. Notably, only 17% of health resources in Somalia are sourced from public funds; the remainder comes from direct individual payments and a significant portion from external funds (13, 14). Typically, each donor has its agenda, and despite consultations with the local government, they operate based on their views and mobilize their resources accordingly. During the review of the EPHS, all key stakeholders were involved from the outset. The needs-based nature and evidence-informed design of the package enabled it to serve as a focal point for the convergence of various stakeholders, including donors. This approach has replaced the previously fragmented donor programs with a coordinated effort, where each stakeholder now has a defined role in advancing the EPHS toward achieving universal health coverage (15).

Countries embroiled in conflicts are working towards implementing more effective and fair health priority settings tailored to their unique challenges and resources. Nevertheless, integrating resilience is essential for bolstering fairness and accountability in these priority-setting procedures.

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