

From Frontline Knowledge to Global Evidence: Why We Are Founding the Health Systems Resilience in Crisis

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Health systems facing conflict, disaster and prolonged crisis are places of extraordinary pressure, but also extraordinary learning (1). Every day, health workers, managers, researchers and humanitarian practitioners make difficult decisions about how to maintain services, organise referrals, allocate scarce resources, protect staff, negotiate access and respond to rapidly changing needs (2). Through this work, they accumulate substantial knowledge about how health systems survive, adapt and sometimes transform under pressure. Yet, much of this knowledge remains invisible.

The problem is not that people working in crisis-affected settings lack knowledge. Rather, the systems through which knowledge becomes documented, published and influential often remain inaccessible to them (3,4). This challenge is substantial: a study of health systems research in fragile and conflict-affected settings found that 98% of respondents with experience conducting such research reported significant challenges. These included: (i) inadequate support; (ii) complex local research environments, characterised by access constraints, limited local research capacity, difficulties in collaboration, and lack of trust in the research process; and (iii) limited application of research findings, including their rapid loss of relevance and insufficient engagement with both the research process and its results (3). This creates a significant knowledge gap. People closest to the challenges may have important contextual knowledge and understanding but often have fewer opportunities to shape the evidence used to inform policies and humanitarian responses (4,5).

There is another problem. Much frontline knowledge is tacit knowledge: knowledge acquired through years of practice but rarely documented systematically (6). When experienced practitioners leave an organisation or a health facility, move elsewhere or retire, much of what they have learned may disappear with them. The next generation then has to acquire similar knowledge through experience, sometimes repeating mistakes that others have already learned how to avoid. This knowledge deserves a stronger pathway from experience to evidence, and from evidence to practice and policy. Health Systems Resilience in Crisis (HSRC) is being established to help create that pathway and support building health systems that align with people's history, beliefs, needs, capacity and expectations. HSRC will do that through publications, fellowships and scientific events.

Publication outputs

Our ambition is straightforward: to support people with substantial knowledge of crisis-affected health systems to document what they know, critically examine it, connect it with existing evidence and share it with wider audiences.

This means recognising that different kinds of knowledge require different forms of communication. Not every important lesson needs to become a journal article. A practitioner may have an important experience that is best communicated through a blog. A policy problem may require a policy brief commentary or editorial. A complex health-system issue may require a detailed report. Research findings may need to enter the peer-reviewed literature. HSRC will therefore support different forms of publication, in both Arabic and English, including blogs, commentaries, editorials, reports and peer-reviewed research. The principle connecting these outputs is simple: they should help document frontline knowledge, improve practice, inform policy or strengthen the evidence available about health systems affected by crisis.

Fellowships: Supporting people

Publishing articles is important, but producing capable researchers and practitioners who can continue generating knowledge is more important. For this reason, fellowship and mentorship will be central to HSRC.

We want to work with people who understand health systems through direct experience but may not previously have had the opportunity, institutional support or academic mentorship required to publish their knowledge. Support should begin with the idea itself. What ideas, challenges or solutions learned? Why does it matter? Who needs to know about it? What evidence already exists or can be generated? What is the best methodology to be used? What is the most appropriate way to communicate it? From there, fellows can be supported through literature searching, conceptualisation, writing, editing, journal selection, submission and revision. Where appropriate, HSRC will also seek to address practical barriers such as publication fees, proofreading and translation.

The objective is therefore to strengthen the ability of local practitioners and researchers to produce and communicate evidence within their areas and globally.

Scientific events: Creating spaces for exchange

Knowledge also develops through conversation. HSRC will therefore bring together practitioners, researchers, policymakers and organisations through webinars, talks, workshops and scientific meetings. These should not become events that disappear once the final presentation ends. Wherever possible, discussions should lead to something tangible: a blog, briefing, report, research question, collaboration or publication. Over time, we hope this will contribute to a community in which knowledge can move more easily between frontline practice, research and policymaking.

Step by step growing through credibility

HSRC is not presented as an advanced model or a large new institution. It is a starting point. HSRC will start with a focused programme built around research and publications, fellowships and scientific engagement. In our first year, we aim for 10 - 15 publications, including both on our website and in peer-reviewed journals; 3-4 fellowships for practitioners and early-career researchers; and 2 – 3 events.

As we begin this journey, HSRC is now open to partnerships. We welcome collaboration with practitioners, researchers, universities, health institutions, humanitarian organisations, funders and other initiatives that share our interest in strengthening locally grounded knowledge and resilient health systems. Partnerships may take different forms, from research and publications to fellowships, scientific events, mentorship, funding and knowledge exchange. We want HSRC to grow through collaboration, credibility and shared learning.

In conclusion, there is valuable knowledge within crisis-affected health systems. Much of it remains undocumented or insufficiently represented in national or global debates. HSRC wants to help change that by supporting publications, fellowships and scientific events focusing on the resilience of health systems in crisis-affected areas.

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Suggested Readings

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