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Impact of reforms on the health system and access to care in Haiti and Bangladesh: a scoping review protocol

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ABSTRACT

Objective: The overall objective of this scoping review is to explore the literature on reforms in Haiti and Bangladesh, and understand their impact on past and current health systems in the context of climate-induced environmental change and population (im) mobilities

Introduction: The concept of health system resilience is defined as its ability to adapt and transform to maintain and improve access to health services as a result of shocks or disturbances to the system. Shocks or disturbances of the health system are the results of a number of various drivers or causal factors that do not necessarily mean just stresses and extreme system issues caused by external events. However, the possibility that shocks and disturbances are a result of intentional actions taken by actors in international, national or local spheres is still widely overlooked in the resilience literature. For example, reforms of modes of governance, funding structures or delivery of care are all types of health system disturbances or shocks that can have both expected and unintended effects. Building a resilient health system is a non-linear process that requires evaluation of the system's strengths and limitations, as well as historical learning to comprehend how the health system has evolved. In other words, we can learn about the resilience of current health systems by looking at past disturbances or shocks triggered by stressors (such as reforms).

Inclusion criteria: Peer-reviewed articles, literature reviews, book chapters, grey literature, reports were included in the review if they have been published between 1991 and 2021, and published in English or in French.

Methods: The search strategy will aim to locate both academic and grey literature. An extensive search of several scientific and grey literature databases (such as Scopus, Web of Science, and Google Scholar) will be conducted to identify all studies and reports citing the impact of reforms on health systems. All selected documents will be saved in Zotero online software. The search strategy, including all identified keywords and index terms, will be adapted for each included database and/or information source. Data such as the different types of reforms that have been implemented over the last 30 years, the impact of these reforms on the health system using Turennes's 10 dimension framework, and the impact of these reforms on access to care using the Levesque framework will be collated, summarized and analysed in order to inform policy and practice recommendations relevant to the project

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Impact of reforms on the health system and access to care in Haiti and Bangladesh: a scoping review from 1991-2021

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Rationale

The concept of health system resilience is defined as its ability to adapt and transform to maintain and improve access to health services as a result of shocks or disturbances to the system ^{1,2}. Shocks or disturbances of the health system are the results of several drivers or causal factors³ that do not necessarily mean just stresses and extreme system issues caused by external events⁴. However, the possibility that shocks and disturbances are a result of intentional actions taken by actors in international, national or local spheres is still widely overlooked in the resilience literature. For example, reforms of modes of governance, funding structures or delivery of care are all types of health system disturbances or shocks that can have both expected and unintended effects³. Building a resilient system is a non-linear process that requires evaluating the system's vulnerabilities, strengths and limitations⁵, and historical learning to comprehend how the health system has evolved⁶. In other words, we can learn about the resilience of current health systems by looking at past disturbances or shocks triggered by stressors (such as reforms).

Review objective

The overall objective of this research is to explore the literature on reforms in Haiti and Bangladesh and understand their impact on past and current health systems in the context of climate-induced environmental change and population (im)mobilities.

Methods

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4.1 Search Strategy:

The search strategy will aim to locate both academic and grey literature. An extensive search of several scientific and grey literature databases (such as Scopus, Web of Science, and Google Scholar) will be conducted to identify all studies and reports citing the impact of reforms on health systems. We would

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engage the expertise of a research Librarian or information specialist to identify key concepts in a search and optimize the search process.

All selected documents will be saved in Zotero online software. The search strategy, including all identified keywords and index terms, will be adapted for each included database and/or information source. The reference list of all included sources of evidence will be screened for additional studies.

4.7 Inclusion and Exclusion Criteria:

Articles were included in the review if they:

- have been published between 1991 and 2021;
- have been published in English or in French;
- focus on the reforms or policies impacting public health systems and access to care;
- are peer-reviewed articles, literature reviews, book chapters, grey literature, reports
- use quantitative, qualitative data or mixed methods.

Articles were excluded from the review if they:

- are non-empirical articles
- do not focus on reforms or policies of public health systems and access to care;
- are not accessible or available in full PDF version.

Exclusion criteria will be further defined once the screening will be done.

4.3 Main outcomes:

- Identify health system reforms that have been implemented in the last 30 years in Haiti and Bangladesh.
- Study the impact of these implemented reforms on the health system using Turenne's 10 dimension framework
- Study the impact of these implemented reforms on access to care using Levesque's framework.
- Describe the structural vulnerabilities resulting from the reforms

Data extraction

The selected articles will be then imported into Rayyan⁷ for the title, abstract and full-text screening of the articles. Two reviewers will independently proceed to the title and abstract screening. Irrelevant articles will be excluded. The two reviewers will then independently proceed to the full-text screening. They will also extract data from the included articles, assess the quality of studies, and undertake the evidence synthesis.

Data extracted will include:

- study characteristics: title, author(s), year of publication, country of publication;
- study design;
- main results of the study based on the WHO/Levesque Frameworks

Quality assessment of all studies included in the final list will be also conducted using the Mixed Method Appraisal Tool (MMAT) developed by Hong et al. 8

Data analysis and presentation

Data such as the different types of reforms that have been implemented over the last 30 years, the impact of these reforms on the health system using Turenne's framework, and the impact of these reforms on access to care using the Levesque framework will be collated, summarized and analysed in order to inform policy and practice recommendations relevant to the project. Based on the results, interviews will be conducted with key informants to better understand the impact of implemented reforms on the health system and complement the literature

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