

***Research for stronger health systems post conflict***



*Photo: courtesy Cate Turton /  
Department for International Development*

## **Key Themes:**

**ReBUILD is seeking to address these important issues:**

- Decisions made in the early post-conflict period can set the direction of development for health systems and affect the longer term effectiveness and equity of health systems.
- Windows of opportunity can occur in this post-conflict period for catalysing health system strengthening. Such opportunities are unpredictable and may happen some time after the conflict.
- Building the resilience of health systems after conflict is important so as to withstand shocks. We need to understand the factors that make systems vulnerable and those which strengthen them and can build resilient and responsive systems.
- Understanding the perspectives of those who use the system as well as those who work in it is important to understanding how and why systems deliver or not.
- The differential gender impact of decisions on health systems needs to be understood to build pro-poor equitable health systems.

## **What is the ReBUILD Consortium?**

The ReBUILD Consortium is a research partnership funded by the UK Department for International Development, working from 2011 to 2017. Two UK partners are working with partners from a number of countries at different stages of recovery from political or social conflict to explore how we can strengthen policy and practice related to health financing and human resources for health.

In countries affected by conflict, health systems often break down and emergency assistance provided by humanitarian organisations frequently constitutes the main source of care. As recovery begins, so should rebuilding the health system. Little is known about how effective different approaches are and research in this area has been neglected. Decisions made early in the post conflict period can set the direction of development for the health system and this continues as policies are developed later into the post conflict period. There may be windows of opportunity in this post-conflict period to catalyse health system strengthening.

The ReBUILD Consortium seeks to understand these opportunities through building a body of evidence from partner countries at different stages of recovery: from Cambodia and Sierra Leone, many years after the end of conflict, to Zimbabwe and Northern Uganda at earlier stages of the post-conflict period. [Affiliate research partners](#), funded from a 'Responsive fund', are carrying out related research in a range of further countries and regions that enables us to explore several additional post-conflict contexts.

As well as the work contributing to the existing evidence base on health system strengthening in the partner countries themselves, we will also seek to draw appropriate cross-cutting lessons of relevance to other post-conflict settings.

## How ReBUILD is contributing to stronger health systems post-conflict?

Through our research, we are developing an understanding of two main research themes, the [financing of health systems](#) and ensuring there are adequate and effective **human resources** to staff the health system, including in rural areas. Within each country, research questions have been tailored to the needs, research gaps, opportunities and contextual specificities of each setting, but are linked by a common set of objectives.

In **health financing** we are investigating how different financing strategies affect the poorest households. The research in all four countries seeks to answer the question: 'How have the budgets of the poorest households been affected by health financing policy as it has evolved during and since the conflict?' We are interested in the overall burden of health costs, and the substitutions that are made among household expenditures to cope with health costs.

Our work on [human resources](#) studies different human resource management innovations in order to understand the evolution of (i) **incentives for health workers** post-conflict and their effects and (ii) [deployment policies and mechanisms](#) particularly in relation to rural posting. From this new knowledge we are developing recommendations for different contexts on incentive environments and deployment mechanisms to maintain a health workforce which will support the provision of effective and equitable health services.

While the research on health financing and on human resources for health is being done in all four partner countries, there are additional research themes being addressed in some countries.

**Health contracting:** In Cambodia the team is looking at the effect of different contracting methods on service coverage and equity.

**Aid architecture:** In Uganda, the team is also looking at the structure, links and communication between the range of aid agencies and other actors making up the health system in post-conflict northern Uganda.

[Gender-equity](#) has not been well integrated into post-conflict health system reform, as described in our paper [Building Back Better](#) (see Conflict and Health reference below). To address this, ReBUILD has used a gender-equity approach throughout its research. However this has now been further developed under the linked [Research in Gender and Ethics \(RinGs\)](#) programme. RinGs is a new initiative that brings together three health systems focused Research Programme Consortia, Future Health Systems, ReBUILD and ReSYST in a partner-

ship to galvanise gender and ethics analysis in health systems. Through these RPCs and through support of associated research, RinGs will be working to understand and encourage a gendered approach to the study of care-seeking; financing and contracting; governance; and human resources. Three ReBUILD partners have been successful in having study proposals funded through RinGs.



Photo of a woman at clinic in Cambodia by CARITAS Takeo Eye Hospital  
courtesy of <https://www.flickr.com/photos/communityeyehealth/8757571658>

## ReBUILD's partners are:

- Liverpool School of Tropical Medicine (UK)
- Institute for International Health and Development, Queen Margaret University, Edinburgh (UK)
- Cambodia Development Resources Institute (Cambodia)
- College of Medicine and Allied Health Sciences (Sierra Leone)
- Makerere University School of Public Health (Uganda)
- Biomedical Research & Training Institute (Zimbabwe)

## Current progress on our research and its uptake

On **health financing** we have completed extensive analysis of government data sets on household expenditure patterns across three countries. ReBUILD has generated understanding of how health financing policies have impacted on diverse populations and how initiatives aimed at improving universal access for some population groups have performed. Life history interviews have been conducted with people across countries about how they have accessed and used health care over lengthy periods of time covering the conflict period to the present time. These have provided insight into the burden of health care costs, personal perception of the impact of policies on health behaviours, decision making and coping mechanisms.

In addition we have also studied the effects of **contracting models** as a means of delivering health care services, such models are often used by governments in the post conflict period. In Cambodia, our work on contracting and in particular the role of 'Special Operating Agencies' has captured the attention of decision-makers and donors, and CDRI is continuing this engagement as the country develops its new Strategic Health Plan for 2016-2020.

In the area of **human resources**, we have carried out a review of existing research on HRH in post-conflict contexts. Our research has explored the **effect of the conflict and post-conflict** periods on health workers through capturing their personal experiences, their working conditions and understanding what motivated those who continued working during these periods. See our reports from [Uganda](#) and [Sierra Leone](#). We have analysed [human resource policy evolution](#) post-conflict to understand whether there is a window of opportunity for major reforms post-conflict. We are also currently exploring the particular issues that relate to **recruiting and retaining staff in rural areas** in post crisis Zimbabwe and Cambodia.

Emerging findings on this theme in Uganda and Sierra Leone are already being fed into policy making for seeking to address health worker retention. We have also carried out field work on the evolution and impact of **deployment policies** during and after conflict/crisis in Uganda and Zimbabwe and are currently analysing the data. ReBUILD is now starting additional research in Sierra Leone into the impact of Ebola on health workers, in order to inform the development of the post-Ebola health system. Our study on [aid architecture](#) in Uganda is revealing the complexity of relationships and disparity in network structures across services and districts, the agencies that are central to service delivery at district level and which are most efficient at mobilising networks.

Through our [affiliated research partners](#) we have expanded our portfolio in terms of both research theme and geography. We have already reported on what makes for resilient health systems using case studies from [Cote d'Ivoire](#) and [Nigeria](#). Other research themes we are currently funding include obstetric referral in Cambodia, psycho-social health amongst adolescent girls in Liberia, Gaza and Sri Lanka as well as health equity in Zimbabwe.

## Putting research into policy and practice

Ensuring the knowledge that we generate is useful to decision makers and practitioners is crucial to our work. We are actively working with a wide array of stakeholders from government, academia, donor organisations, professional bodies and civil society to ensure that we ask the right questions and that our research contributes to real change that makes a significant impact. As well as the work contributing to the existing evidence base on health system strengthening in the partner countries themselves, we will also seek to draw relevant cross-cutting lessons which may be useful for other settings beyond these. Our research will inform the development of pro-poor health systems to support the effective delivery of services to the poorest people.



## Capacity-building

Our Consortium seeks to build capacity in health systems research across the partnership, both in terms of technical skills and in engaging with policymakers and other research users to ensure that research is relevant to policy needs and more effectively feeds into decision-making processes. We aim to leave a legacy of skilled researchers who can continue to address the health system development of their own countries, and work with policy-makers to improve their ability to interpret and use research evidence.



### Find out more on ReBUILD and on health systems in post-conflict states

Visit the ReBUILD website at [www.rebuildconsortium.com](http://www.rebuildconsortium.com) and register for updates.

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### Join and contribute to the debate through the Thematic Working Group on Health Systems in Fragile and Conflict Affected States

ReBUILD is a founding partner of the Thematic Working Group (TWG) on Health Systems in Fragile and Conflict-Affected States (FCAS), a sub-group of Health Systems Global. This active forum brings together over 300 researchers, policy-makers, implementers & funders to contribute to the development & implementation of responsive & context-specific health systems in FCAS. You can find & join the TWG via [www.healthsystemsglobal.org](http://www.healthsystemsglobal.org) (under Thematic Working Groups). The TWG operates via LinkedIn.



Research in Gender and Ethics  
Building stronger health systems

For more on **RinGs** and the work to galvanise gender and ethics analysis in health systems, see <http://resyst.lstmed.ac.uk/rings>

ReBUILD and the TWG have supported and contributed papers to a **Special Issue** of **Conflict and Health: Filling the void: Health systems in fragile and conflict affected states**

[http://www.conflictandhealth.com/series/Filling\\_the\\_void](http://www.conflictandhealth.com/series/Filling_the_void)

For an **electronic version of this brief with hyperlinks** to source material and other information, please email [nick.hooton@lstmed.ac.uk](mailto:nick.hooton@lstmed.ac.uk) or download from [www.rebuildconsortium.com](http://www.rebuildconsortium.com)



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