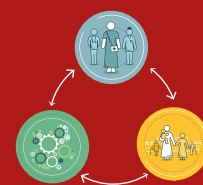


# The ReBUILD programme and emerging themes for health systems strengthening in post-conflict and post-crisis settings



## Introduction

Some 1.2 billion people are estimated to live in fragile and post conflict states, and the proportion of the world's poor living in these settings is large and growing, projected to reach 50% by 2018.<sup>1</sup> Health systems are severely affected by conflict. Conflict creates change and disrupts the balance and relationships between the supply of health care services and their ability to meet the health needs and demands of the population essential for a health system to work effectively.

As recovery from conflict and crisis begins so should the process of rebuilding health systems. However, in practice not enough is known about the effectiveness of different approaches to health systems strengthening.

The ReBUILD Consortium is an international research partnership funded through UK Aid, with the overall purpose to contribute towards improved access of the poor to effective health care and reduced health costs burdens, through the production and uptake of a coherent body of high quality, policy-relevant new research on health systems financing and human resources in post-conflict countries.

ReBUILD has been working since 2011 with partners in Cambodia, Sierra Leone, Uganda and Zimbabwe, to explore how policy and practice related to key health system components can be strengthened in post-conflict settings. ReBUILD has also worked with several affiliate research partners in other settings, to broaden the geographical and thematic range of evidence.

In this brief, following an overview of the programme and its wide range of research projects, three key themes are outlined which have emerged from the cross-cutting analysis of ReBUILD's work in these different post-conflict and post-crisis settings. These themes have come from the particular research projects which have made up the programme, and do not represent all of the issues and themes which need to be considered in these settings. However they do represent some highly important areas which should be considered by those working to sustain and rebuild equitable health systems in conflict and crisis-affected settings.

## ReBUILD's research

A number of core projects made up ReBUILD's main research with its country partners.

On [health financing](#), ReBUILD has investigated health systems funding to understand how the budgets of the poorest households have been affected by financing policy. The key findings from this project and emerging theme of 'Communities', drawing from [all the project outputs](#), are described in the second brief in this series – '*Health financing policy in conflict affected settings: lessons from ReBUILD research*'.

On [human resources for health](#), ReBUILD investigated the evolution of incentives for health workers post-conflict and their effects on development of rational and equitable health services. This included identifying ways to [improve rural deployment of health workers](#). Many [resources have been produced](#) through this work<sup>2</sup>, and the key findings from this project and emerging theme of 'Health workers' are described in the third brief in this series – '*Establishing a responsive and equitable health workforce post-conflict and post-crisis: lessons from ReBUILD research*'.

An additional project explored [the evolution of health contracting arrangements in Cambodia](#) by identifying the drivers for change and documenting implementation processes of the current 'Special Operating Agency' (SOA) contracting model, and perceived implications of the SOA on service coverage and equity. It was found that SOAs can enhance some aspects of performance of health care providers, and that perceived improved quality of care has increased public trust in the health facilities. However managing contracts in SOA is a complex process and failure to establish and enforce effective performance monitoring risks undermining effectiveness of service delivery.<sup>3</sup>

Following the Ebola outbreak in Sierra Leone, ReBUILD's existing research was extended to explore the [challenges to a responsive and resilient health system from a health worker perspective in the face of the Ebola shock](#). It engaged health managers and staff working in routine and Ebola treatment

<sup>1</sup> See Chandy and Gertz 'Poverty in Numbers: The Changing State of Global Poverty from 2005 to 2015' [http://www.brookings.edu/~media/research/files/papers/2011/1/global%20poverty%20chandy/01\\_global\\_poverty\\_chandy.pdf](http://www.brookings.edu/~media/research/files/papers/2011/1/global%20poverty%20chandy/01_global_poverty_chandy.pdf). Also OECD 'Fragile States 2014' report <http://www.oecd.org/dac/incaf/FSR-2014.pdf>

<sup>2</sup> For a complete set of resources from ReBUILD's research on human resources for health, see <http://bit.ly/2eJDBX2>

<sup>3</sup> See Vong, Raven and Newlands (2016) Understanding contracting in Cambodia: findings from interviews with key informants and health service managers and providers. ReBUILD Working Paper. Available at <http://bit.ly/2fD5GeY>. All resources from ReBUILD work on contracting can be found at <http://bit.ly/2gwMKmP>.

centres, documenting their views and experiences. Through this very painful period, considerable reserves of health worker resilience were found, and recommendations are made for reinforcing these patterns of resilience as the sector is rebuilt.<sup>4</sup>

Another project investigated [aid architecture in northern Uganda](#), exploring the relationships across different agencies implementing health programmes. It assessed the inter-agency relationships across districts for the implementation of the selected health programs using social network analysis, and analysed the major dynamics in aid-relationships and aid-effectiveness within the district-level network of health-related agencies.

Running through all ReBUILD's research has been a [cross-cutting theme on gender and equity in post-conflict health systems](#). A set of resources has been developed from this work, including briefing notes and country case studies. This is available at [www.buildingbackbetter.org](http://www.buildingbackbetter.org). ReBUILD's gender work has also been integrated into the [RiNGs initiative](#), which is working across three DFID-funded research programme consortia to mainstream a gendered approach to the study of health systems.

Along with findings from ReBUILD's core financing and health worker research, the work on gender, on aid architecture and on resilience has informed the emerging theme of 'Institutions', described in the fourth briefing paper in this series - *Institutions for strong and equitable health systems after conflict and crisis: lessons from ReBUILD research*.

## ReBUILD's Affiliate projects

Five additional research projects led by ReBUILD affiliate partners have broadened both the scope of the main research projects, allowing wider geographical and contextual settings to be added and deepening the evidence base on health systems development in post conflict and fragile states.

[Rebuilding the foundations for universal health coverage with equity in Zimbabwe](#) has been led by the [Training and Research Support Centre \(TARSC\)](#) and the [Ministry of Health and Child Care \(MoHCC\)](#). Building on a wider body of work, this project implemented research<sup>5</sup> to support policy dialogue and decisions on the technical design around elements of equitable health financing. This included convening a national Technical Working Group, MoHCC management and stakeholder forums for review of evidence, learning, policy options and knowledge gaps. The main findings and proposals from this work are [summarised in a policy brief](#)<sup>6</sup>.

[Health Systems Resilience: A Systems Analysis](#) applied a systems dynamics approach to understand, predict and identify mechanisms that influence the resilience of health systems in contexts of adversity, using [Group Model Building](#). The project was led by the [Mailman School of Public Health, Columbia University](#), with the [School of Public Health, University of Western Cape](#). Case studies from [northern Nigeria](#)<sup>7</sup>, [Côte d'Ivoire](#)<sup>8</sup> and [Eastern Cape, South Africa](#)<sup>9</sup> have highlighted some significant health system resilience and provide lessons relevant for other conflict-affected settings<sup>10</sup>.

[Health Workers' Remuneration, Incentives and Accountability in Sierra Leone](#) explored the nature and consequences of the multiple sources of remuneration that health workers in Sierra Leone received. This project, led by the [London School of Hygiene and Tropical Medicine](#), has produced a [range of papers](#)<sup>11</sup> and informed the brief in this series on health workers.

[Psychosocial support and service provision for adolescent girls in post-conflict settings](#) was led by the [Overseas Development Institute](#) and was part of a larger body of work on [transforming the lives of adolescent girls](#). The project produced [case studies from Sri Lanka, Gaza and Liberia](#)<sup>12</sup> to inform service deliverers and policy makers on culturally appropriate and gender sensitive approaches for dealing with mental health and psychosocial stresses in post-conflict situations and amongst adolescents<sup>13</sup>.

[Access to obstetric care and referral in rural Cambodia](#) was led by the [Nuffield Centre for International Health & Development, University of Leeds](#) and [CDRI](#), and investigated [access and referral to public obstetric care for rural women](#)<sup>14</sup>. Using Appreciative Inquiry, the project identified some positive resources within Operational District care for women giving birth. As well as [a number of outputs](#)<sup>15</sup> the project helped develop Cambodian capacity to undertake qualitative research and use results in policy-making.

## Key themes emerging from ReBUILD's research:

ReBUILD's research since 2012 has been based on core projects as described above. As findings from these projects in our partner countries emerged, cross-cutting analysis has suggested some key themes with recommendations to be considered by those involved in policy and practice on health systems strengthening in settings recovering from conflict or crisis.

The emergence of these themes from ReBUILD's work, and the important issues affecting both the supply of health care

<sup>4</sup> See Wurie, Witter and Raven (2016) 'Fighting a battle': Ebola, health workers and the health system in Sierra Leone. ReBUILD Working Paper. Available at <http://bit.ly/2gwSjJ9>, and McPake et al., Ebola in the context of conflict affected states and health systems: case studies of Northern Uganda and Sierra Leone *Conflict and Health* 2015, 9:23, available at <http://bit.ly/2glO6ay>. All resources from ReBUILD's work on health workers and Ebola can be found at <http://bit.ly/2gxbU14>.

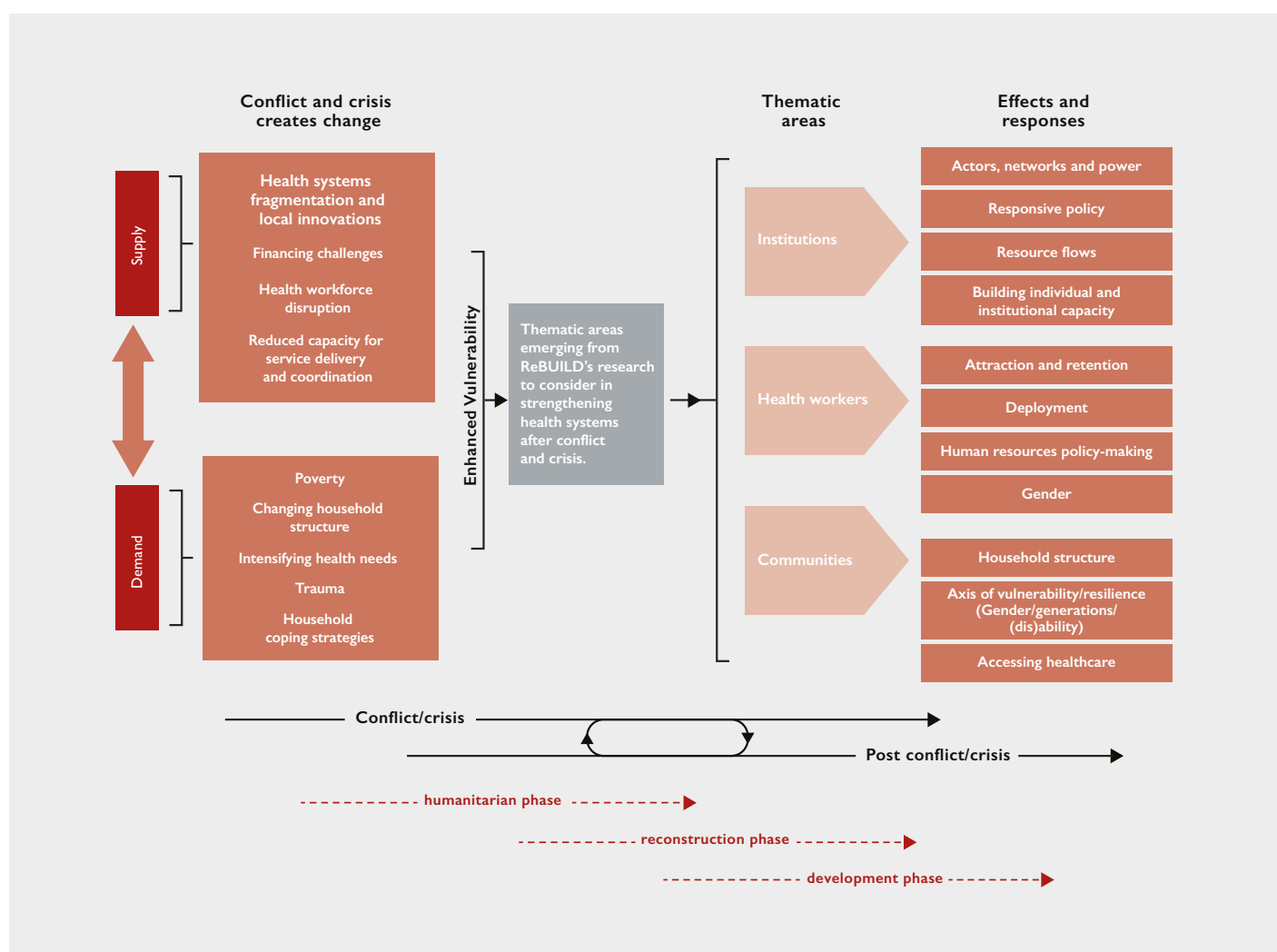
<sup>5</sup> For all outputs from the ReBUILD project, Rebuilding the foundations for universal health coverage with equity in Zimbabwe, go to <http://bit.ly/2gH1YDj>.

<sup>6</sup> See MoHCC, TARSC, Atchison, KIT, ZEPARU (2015) Policy Brief: Evidence and proposals for advancing equity and universal coverage of health services in Zimbabwe, TARSC, MoHCC, Harare. Available at <http://bit.ly/2gTueWe>.

<sup>7</sup> See Lembani et al. (2014a) A case study of health service provision in Yobe State, Nigeria in the context of the Boko Haram insurgency Available at <http://bit.ly/2gTEIKI>.

<sup>8</sup> See Lembani et al. (2014b) A Case Study of Technical Assistance to HIV Services in Cote d'Ivoire in the Context of Civil Unrest Following the Disputed Presidential Election of 2010 Available at <http://bit.ly/2fACLNH>.

Figure 1. Thematic areas emerging from ReBUILD's research on health systems in post-conflict settings.



services and the health needs of the population found in post-conflict settings, is illustrated in Figure 1. The themes are outlined below, and each described in detail in separate briefs in this series.

## Communities

See brief: [Health financing policy in conflict affected settings: lessons from ReBUILD research](#)



ReBUILD's research on health financing has informed the theme of communities. Health financing policies that support universal access to health care without causing impoverishment are critical for health and economic

development in any setting. Vulnerable populations that are affected by a history of conflict require particular attention to ensure that their households, communities and societies are not permanently scarred by the legacy of that conflict.

During and after conflict or crisis, household structures change. In many conflicts, men are significantly more likely to die than women and conflict or crisis can create a 'missing generation'. Conflict can also create new axes of vulnerability and resilience, for example related to gender, generations and disability. Through these and other household changes, conflict and crisis affect the ways households can access health care, and the poorest households can be worst hit, despite efforts to target healthcare interventions at such households.

<sup>9</sup> See Lembani et al. (2015) A Case Study of Maternal Health Service Provision in OR Tambo District, Eastern Cape, in the Context of Chronic Poor Health Performance. Available at <http://bit.ly/2ghGuim>.

<sup>10</sup> For all outputs from the ReBUILD project *Health Systems Resilience: A Complex Adaptive Systems Analysis* go to <http://bit.ly/2ghDtP1>.

<sup>11</sup> For all outputs from the ReBUILD project *Health Workers' Remuneration, Incentives and Accountability in Sierra Leone*, go to <http://bit.ly/2fJLOXC>.

<sup>12</sup> See Samuels and Jones (2015) Rebuilding adolescent girls' lives: mental health and psychosocial support in conflict-affected Gaza, Liberia and Sri Lanka <http://bit.ly/2ghFavP>

<sup>13</sup> For all outputs from the project *Psychosocial support and service provision for adolescent girls in post-conflict settings*, go to <http://bit.ly/2gGZEfA>.

<sup>14</sup> See Le, G. et al. (2016) Can positive inquiry strengthen obstetric referral systems in Cambodia?. *Int J Health Plann Mgmt*, doi: [10.1002/hpm.2385](https://doi.org/10.1002/hpm.2385).

<sup>15</sup> For all outputs from the ReBUILD project *Access to obstetric care and referral in rural Cambodia*, see <http://bit.ly/2gTxgd8>.

## Health Workers

See brief: [Establishing a responsive & equitable health workforce post-conflict & post-crisis: lessons from ReBUILD research](#)



Health worker attraction, retention, distribution and performance are arguably the most critical factors affecting the performance of a health system. In post-conflict settings, where health systems and health worker livelihoods have been disrupted, the challenges facing the establishment of the right posting and incentive environment are particularly important, and the contextual dynamics around them especially important to understand and incorporate sensitively into policy measures.

ReBUILD's work highlights examples of significant resilience in health workers coping with crisis, and the analysis indicates a number of important elements to attract and retain staff to work in underserved areas after conflict. Flexibility in deployment policies during crises, particularly to rural areas, may contribute to increased retention and support health service coverage in hard to reach areas. The research also showed how health workers' strategies and experiences during and after conflict are shaped by gender, poverty and household structure.

## Institutions

See brief: [Institutions for strong & equitable health systems after conflict & crisis: lessons from ReBUILD research](#)



A third theme which cut across much of ReBUILD's research was **institutions**, that is, the organisations, rules and relationships affecting the health system. A number of issues related to institutions are outlined in a third brief, along with the implications for local, national and international actors and their roles and approaches in health systems strengthening after conflict or crisis. These issues include: the actors and networks involved in the post-conflict context and the distribution of power; the policy response to the post-crisis situation; resource flows and their coordination; and building individual and institutional capacity for resilient and responsive health systems.

There is clearly considerable overlap and interdependence between these themes. Changes in one will have direct consequences for the others. However, ReBUILD's work suggests that an overarching understanding and interlinked approach in these three areas of the post conflict context will make an essential contribution to building responsive and resilient health systems.

## Research into policy and practice

ReBUILD has been working with decision makers, implementers and development partners within partner countries and at international level to support the use of the research in policy and practice. Findings from individual partner countries have been shared through relevant national dialogues, while the cross-cutting findings outlined in this series have formed the basis of international-level engagements with implementers, donors and technical support organisations. ReBUILD has also worked to build capacity of researchers and decision makers, and to support the more general development of national and international dialogue and systems for evidence-based policy and practice for health systems strengthening in fragile and conflict-affected settings. This includes the [Thematic Working Group on Health Systems in Fragile and Conflict Affected States](#), a sub-group of Health Systems Global.

## ReBUILD partners

The ReBUILD programme is implemented by two UK and four national partners.

### UK partners:

- [Liverpool School of Tropical Medicine](#)
- The [Institute for Global Health and Development \(IGHD\)](#) at Queen Margaret University, Edinburgh

### National partners:

- Sierra Leone: [College of Medicine and Allied Health Sciences \(COMAHS\)](#).
- Uganda: [Makerere University School of Public Health \(MUSPH\)](#)
- Zimbabwe: [Biomedical Research & Training Institute \(BRTI\)](#)
- Cambodia: [National Institute of Public Health \(NIPH\)](#)

## For further information on the ReBUILD RPC

- All reports and articles from ReBUILD's research can be accessed via [www.rebuildconsortium.com](http://www.rebuildconsortium.com)
- For further information, contact [rebuildconsortium@lstmed.ac.uk](mailto:rebuildconsortium@lstmed.ac.uk) or Nick Hooton ([nick.hooton@lstmed.ac.uk](mailto:nick.hooton@lstmed.ac.uk)).

