



Working towards Universal Health Coverage in post-conflict environments

Photo: Health centre in Sierra Leone. Courtesy of Maria Bertone

A better understanding of constraints and the best approaches for health systems strengthening in conflict and post-conflict settings is critical for the achievement of Universal Health Coverage (UHC). Post-conflict states are complex and fluid, often moving in and out of fragile situations. They have been neglected to date in health systems strengthening and research, and are important contexts in which to better understand and build strong and equitable health systems.

This briefing outlines the importance of better understanding health systems in post-conflict settings, and how **ReBUILD's** work in this area can contribute towards achieving UHC.

Universal Health Coverage: Why is it vital to consider post-conflict states?

Post-conflict regions are not going away

Conflict continues to afflict the world at an undiminished rate: not only high profile conflicts such as Syria and Iraq with massive displaced populations, but lower-profile yet hugely disruptive internal conflicts in many regions throughout the world. Millions of the world's poorest people live in conflict-affected states, and while definitions and figures vary, some 1.2 billion are estimated to live in fragile and post-conflict states.

Health systems are severely affected by conflict, and the poorest are disproportionately affected

Health workers can be targeted or captured, and many flee; infrastructure is damaged; records are lost or destroyed; drug supplies can be fragmented and unreliable. Health needs of the many poor people in conflict and post-conflict states are increased and their access to services is poor or non-existent. Maternal deaths and under-five mortality rates are much higher in fragile and post-conflict states.

Health systems continue to face multiple challenges in post-conflict periods

In post-conflict settings, access to equitable and quality health services is not only vital, but of huge importance for rebuilding the social fabric of countries. But poor coordination and weak public leadership of the multiple public, private and NGO actors is a challenge for equitable and quality health coverage. Again, the poorest are worst affected, and the damaged health systems face challenges of widespread acute and chronic illness and disability, and a significant risk of failing to control outbreaks of epidemic disease.

BUT there are windows of opportunity to engage in the post-conflict period that can lead to strong, resilient, equitable health systems

Despite the challenges, there can be windows of opportunity to rebuild stronger, more equitable health systems during the post-conflict period, with energy released by a change in government, new strategies developed and donor support available. Evidence-based approaches to health systems strengthening during this period could forge more sustainable and equitable systems.

Engaging in post-conflict health systems strengthening requires particular understanding and careful approaches, and research evidence is very limited

It is challenging to engage in post-conflict environments: anxiety, vulnerability and lack of trust present challenges in any engagement. There is need to rebuild trust between communities and health systems, and conflict-sensitive approaches are required. There is limited research evidence currently available.

What is the ReBUILD Consortium?

ReBUILD is a Research Programme Consortium funded by the UK Department for International Development. Partners in the UK, Sierra Leone, Uganda, Cambodia and Zimbabwe, with affiliate researchers in additional countries, have come together to explore different approaches to health system development in countries that have been affected by political and social conflict.

Decisions made in the early post-conflict period can set the long-term direction of development for the health system. Yet health systems research has tended to neglect these contexts, because it may be more difficult to carry out studies in unstable environments and relevant capacity is often weak.

Our research on health financing and human resources for health will inform the development of pro-poor health systems to support the effective and equitable delivery of health services to the poorest people.



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)

How can ReBUILD contribute to the drive for Universal Health Coverage?

ReBUILD's work on health worker incentives in post-conflict settings:

It is widely understood that moving towards universal health coverage is based on the ability to get staffing to the right levels and places, so that remote areas and underserved populations can access care. This is particularly challenging in post-conflict settings, where staff have been traumatised, have fled and are particularly hard to motivate to return to conflict-affected areas.

In ReBUILD, we are examining how government policies to health worker incentives evolve in post-conflict settings, which approaches work, and the factors underlying policy choices, implementation and effectiveness. Incorporating participatory approaches which take the lived experiences of health staff into account, we are deriving lessons on how to improve incentives to get staff to where they need to be to move health systems towards UHC.

ReBUILD's work on health financing in post-conflict settings:

ReBUILD is addressing the implications of financing policy change on the processes involved in the production and maintenance of poverty. UHC is primarily about financing policy change and by aiming to reduce financial barriers to accessing basic health care should intervene in those processes. Preliminary results suggest a number of UHC relevant points:

- In Sierra Leone, the free health care initiative has not apparently had the impacts on accessibility intended. Health expenditures appear to have increased in some targeted populations, perhaps because access to some free elements of care (for example diagnosis) is resulting in increased expenditure on elements that have not effectively been made free (for example pharmaceuticals).
- In Uganda, the return from IDP camps to normal living conditions has mixed benefits and costs for accessibility of health care. Healthcare utilisation shifts from formal private healthcare predominantly to informal healthcare, including home care, drug shops or traditional healers, and less to formal public healthcare, which has implications for UHC. Gender, generation and poverty shape household health events and care seeking pathways. Female household heads who were older and widowed were most likely to be poor, and face challenges in raising the resources for accessing health care; care seeking was often delayed.
- Life histories in Cambodia most identify indigenous and private sector health providers as those whose charges are poverty inducing. UHC policies have seldom directly concerned these sectors.

ReBUILD's work on rural posting of health workers:

ReBUILD is contributing knowledge on ways to improve health worker deployment to rural areas in post-conflict contexts, which is essential to UHC.



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

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

Would you like to find out more about our work on health systems in post-conflict environments, or are you interested in health systems in fragile and conflict-affected states?

Visit the ReBUILD website at www.rebuildconsortium.com



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Thematic Working Group on Health Systems in Fragile and Conflict Affected States

ReBUILD is a key partner in Thematic Working Group (TWG) on Health Systems in Fragile and Conflict-Affected States (FCAS), a sub-group of Health Systems Global. This active forum for information and discussions on all aspects of strengthening health systems in FCAS aims to draw upon the breadth of experience of key actors in health in FCAS and promote research, policy and advocacy actions to contribute to the development and implementation of responsive and context-specific health systems. The TWG is currently finishing a survey on research priorities for health systems in FCAS, which will be the subject of an open webinar. It also co-hosted a meeting with USAID the Ebola response at the recent HSG Symposium in Cape Town. The TWG operates via LinkedIn.

You can find and join the TWG via www.healthsystemsglobal.org (look under Thematic Working Groups)



Research in Gender and Ethics
Building stronger health systems

ReBUILD is a partner on **RinGS**: a new initiative to galvanise gender and ethics analysis in health systems, with two other health systems focused RPCs: ReSYST and Future Health Systems. <http://resyst.lshtm.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



Photo of nursing staff in Zimbabwe courtesy of the World Bank.



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