



PETER BUSOMOKE

A research programme to support health system development in Northern Uganda

In countries affected by conflict, health systems break down and emergency assistance provided by humanitarian organisations is often the main source of care. As recovery begins, so should the process of rebuilding health systems but we do not know enough about how effective different approaches are. Health systems research has tended to neglect post conflict contexts, because it may be more difficult to carry out studies in unstable environments and capacity is often weak. The ReBUILD Consortium has been created to address this challenge.

The ReBUILD Consortium is a 6 year research partnership funded by the UK Department for International Development which began in February 2011. We are working in Cambodia, Sierra Leone, Uganda and Zimbabwe to explore how we can strengthen policy and practice during the rebuilding of health system in post conflict situations. This document provides an introduction to the Uganda programme.

About us

In Uganda the research is being led by Makerere University School of Public Health and the School of Women and Gender Studies. Collaborative links with Gulu University will be established so that they can participate in the research activities. The purpose of this partnership is to generate research

Our partners

Biomedical Research and Training Institute, Zimbabwe
<http://www.brti.co.zw>

Cambodia Development Resource Institute, Cambodia
<http://www.cdri.org.kh>

College of Medicine and Allied Health Sciences, Sierra Leone

Institute for International Health and Development, Queen Margaret University, Edinburgh
<http://www.qmu.ac.uk/iisd>

International Health Group, Liverpool School of Tropical Medicine
<http://www.lstmliverpool.ac.uk/research/academic-groups/international-health/health-systems-development>

Above

Mother and baby at the mass immunisation campaign in Coner Kilk camp in Pader District, Northern Uganda

evidence that responds to the challenges that policy makers are facing. We plan to engage with stakeholders from Government, development partners, academia and civil society throughout the research process to ensure that ReBUILD activities are relevant and support processes to develop the health system in post conflict Northern Uganda.

Our focus

The Uganda programme will focus on the North of the country which is facing particular health system challenges as a result of emerging from conflict. We will focus on the Districts of Gulu, Pader, Lira and others in close proximity but other districts may participate in order to provide comparative perspectives as needed. Health financing and the workforce for health programme will form the main themes of the ReBUILD work. For instance, difficulties in recruiting and retaining the health workforce mean that there is a lack of qualified personnel in rural health facilities. The ratios of health worker to population are extremely low: 1:4000 in the Acholi and Lango sub-region. Many public rural facilities are non-functional: 32% in the Acholi sub-region. Despite intensive efforts to re-equip facilities over the past couple of years, most communities are too far away from a functional facility. In some areas dual practice is an issue and informal charging for health services may create a barrier to access. Nonetheless, the reconstruction activities in post conflict northern Uganda represent opportunities to rebuild the health system. The Government and international community have provided additional financial resources to address different constraints in the health and related systems. The ReBUILD Consortium will contribute research evidence to help optimize these opportunities for health system development. We hope that the ReBUILD Consortium can provide a platform to strengthen existing research-to-policy links and broker new opportunities for exchange.

Research themes

Understanding changes in health financing and poor households' expenditure on health

User fees in Uganda were abolished in 2001 and so health services are theoretically free. In practice there is a complex, plural system. Our research will look at changes in health financing policy and its relationship to the post conflict trajectory. We will explore how policy changes influence the behaviour of households and their spending. Attention will be paid to the gendered implications of policy and expenditure.

CONTACT OUR RESEARCH TEAM

In Uganda the consortium is being led by:

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Website <http://www.rebuildconsortium.com> | Twitter [@ReBUILDRPC](https://twitter.com/ReBUILDRPC)

Exploring the development of the health workforce in post conflict areas

As health systems are reconstituted post conflict, there are opportunities to modify health worker policies and practices, including health worker incentives. In Uganda many internally displaced people are returning to their homes in the North but it is unclear whether health workers will follow suit. In the light of the need to attract health workers from the urban to the rural areas the Government have agreed to provide a 30% pay rise to those who work in hard to reach areas. Our research will enable us to better understand the post-conflict dynamics for health workers and what form of incentive environments best supports rational and equitable health services. We will explore how incentive environments have evolved in the shift away from conflict, what has influenced their trajectory and what the effects of this are.

Key policies

Our work is aligned with:

The *Peace, Recovery and Development Plan (PRDP)* which focuses national and international attention on enabling the North to catch up with the rest of the country developmentally, including on its health indicators.

The *Health Sector Strategic and Investment Plan (HSSIP)*, 2009/10 – 2014/15, which guides policy at the national level with the aim of increasing access to, and the quality of, basic primary health care. HSSIP recognises the need to tailor interventions in the North to fit the post-conflict situation.

The *Human Resources for Health Strategic Plan and Policy*, 2005 – 2020, which seeks to guide the development, distribution, retention and motivation of the health workforce to improve productivity and performance of the health system.

Our research will also support Uganda's efforts toward the *Millennium Development Goals (MDGs)*, particularly MDG 4 on child health, MDG 5 on maternal and reproductive health and MDG 6 on communicable disease.



JAMES AKENA

Above
A nurse helps patients at Lira Main hospital