



# ReBUILD: Research for **B**uilding pro-poor health systems during recovery from conflict

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[www.rebuildconsortium.com](http://www.rebuildconsortium.com)

Tim Martineau

Liverpool School of Tropical Medicine

[Tim.Martineau@lstmed.ac.uk](mailto:Tim.Martineau@lstmed.ac.uk)

4th Annual 'Health in Humanitarian Settings: Research Symposium',  
Liverpool, 25 November 2014



"the only thing positive about the Ebola outbreak is that it has created a window of opportunity to prioritise health systems research and strengthening"


Dr Haja Wurie, Sierra Leone



- Health systems research and conflict-affected states
- ReBUILD consortium
- Early findings
- Thematic Working Group for HSR in fragile and conflict affected states
- How to get engaged

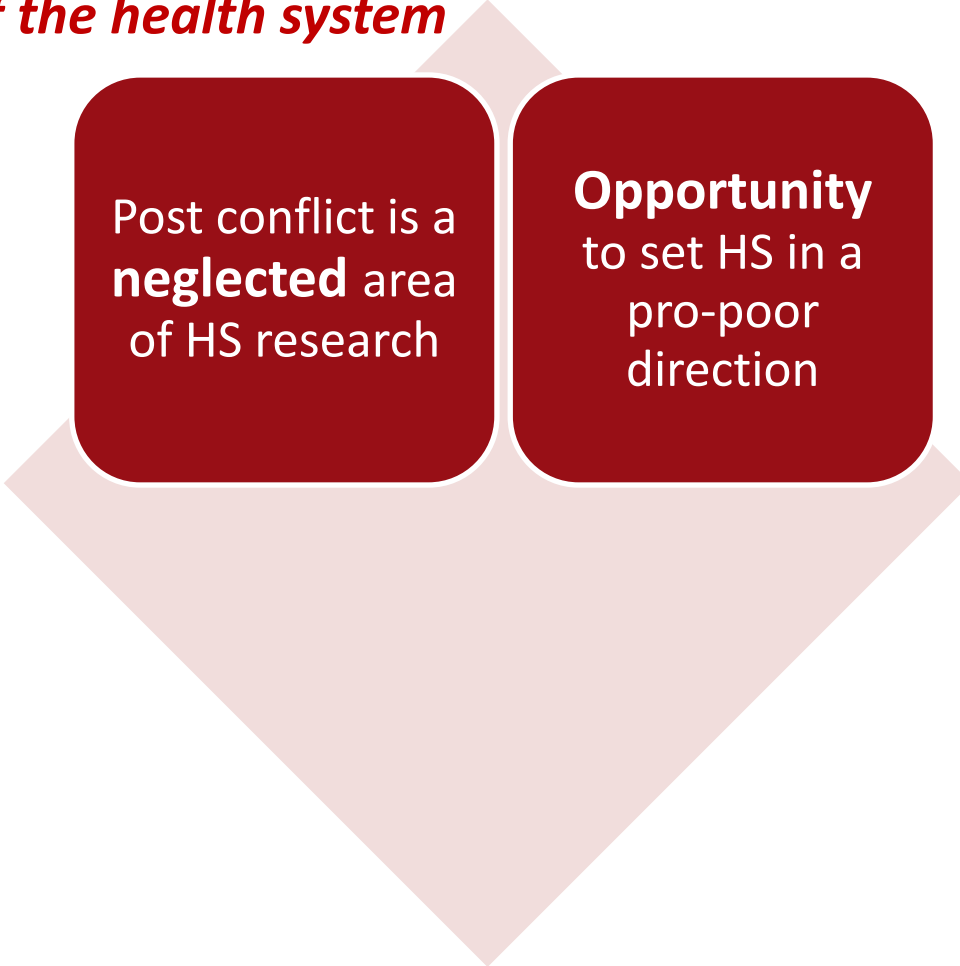


*Decisions made early post-conflict can steer the long term development of the health system*



Post conflict is a  
**neglected** area  
of HS research

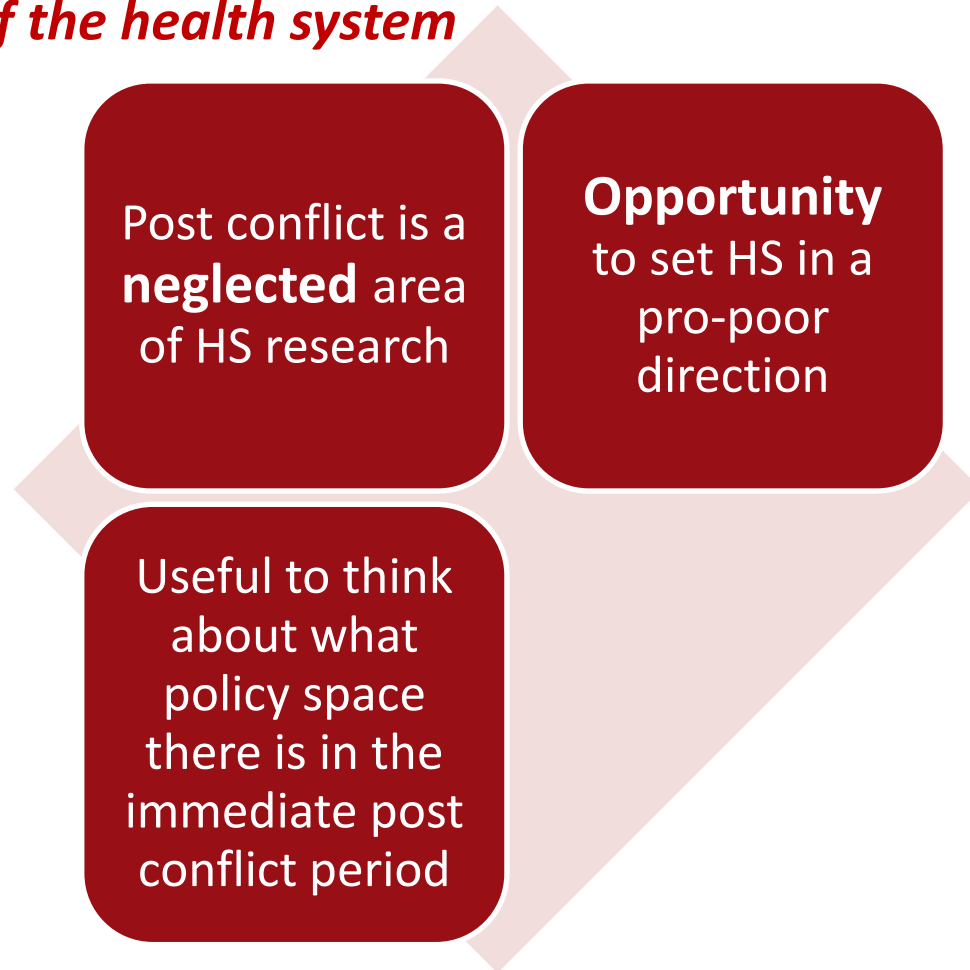
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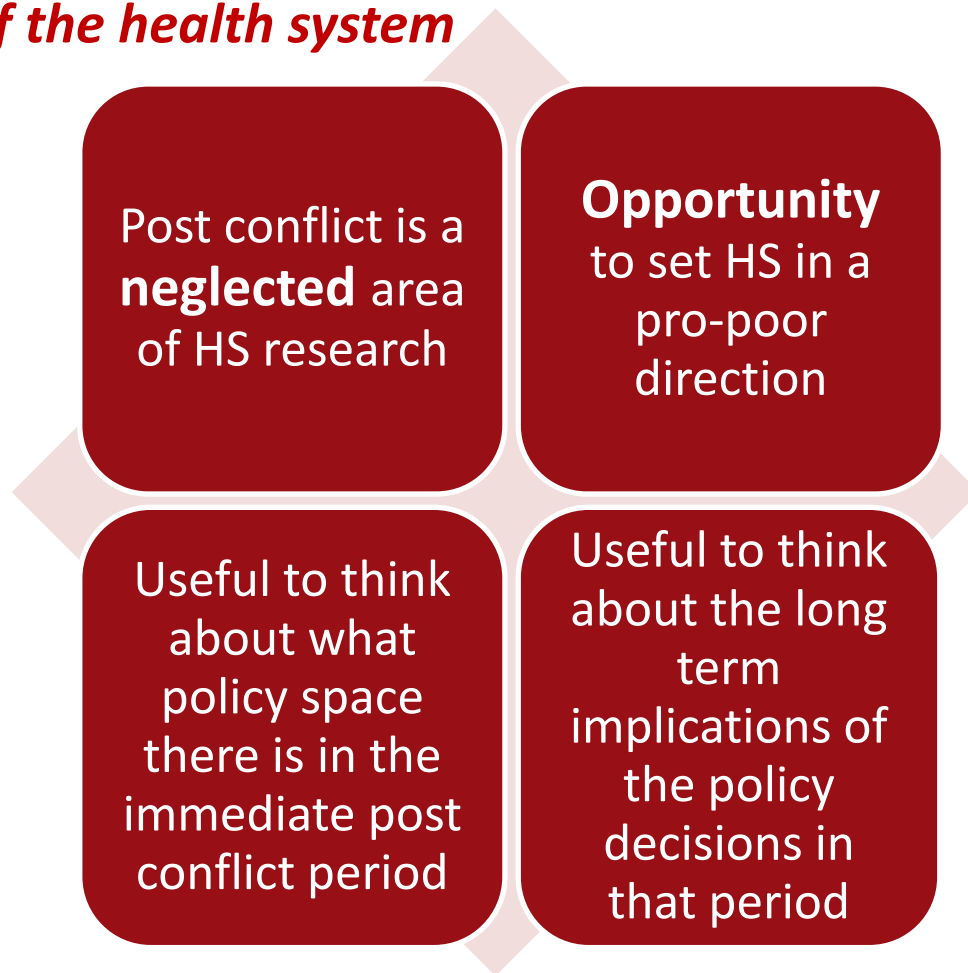
**Opportunity** to set HS in a pro-poor direction

*Decisions made early post-conflict can steer the long term development of the health system*



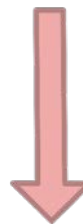
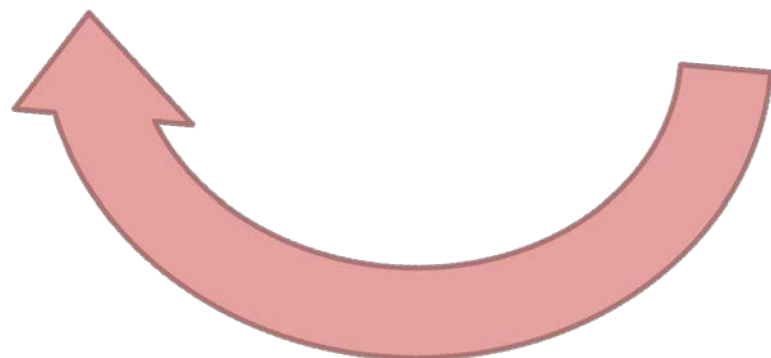


*Decisions made early post-conflict can steer the long term development of the health system*

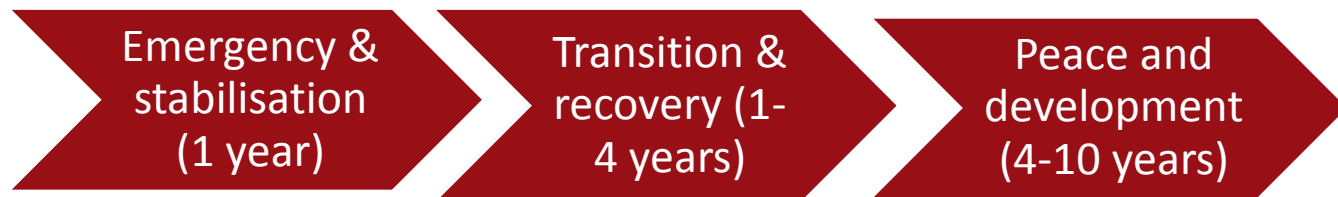




# Different stages relating to conflict



40% of countries relapse into conflict (Collier and Hoeffler, 2004)



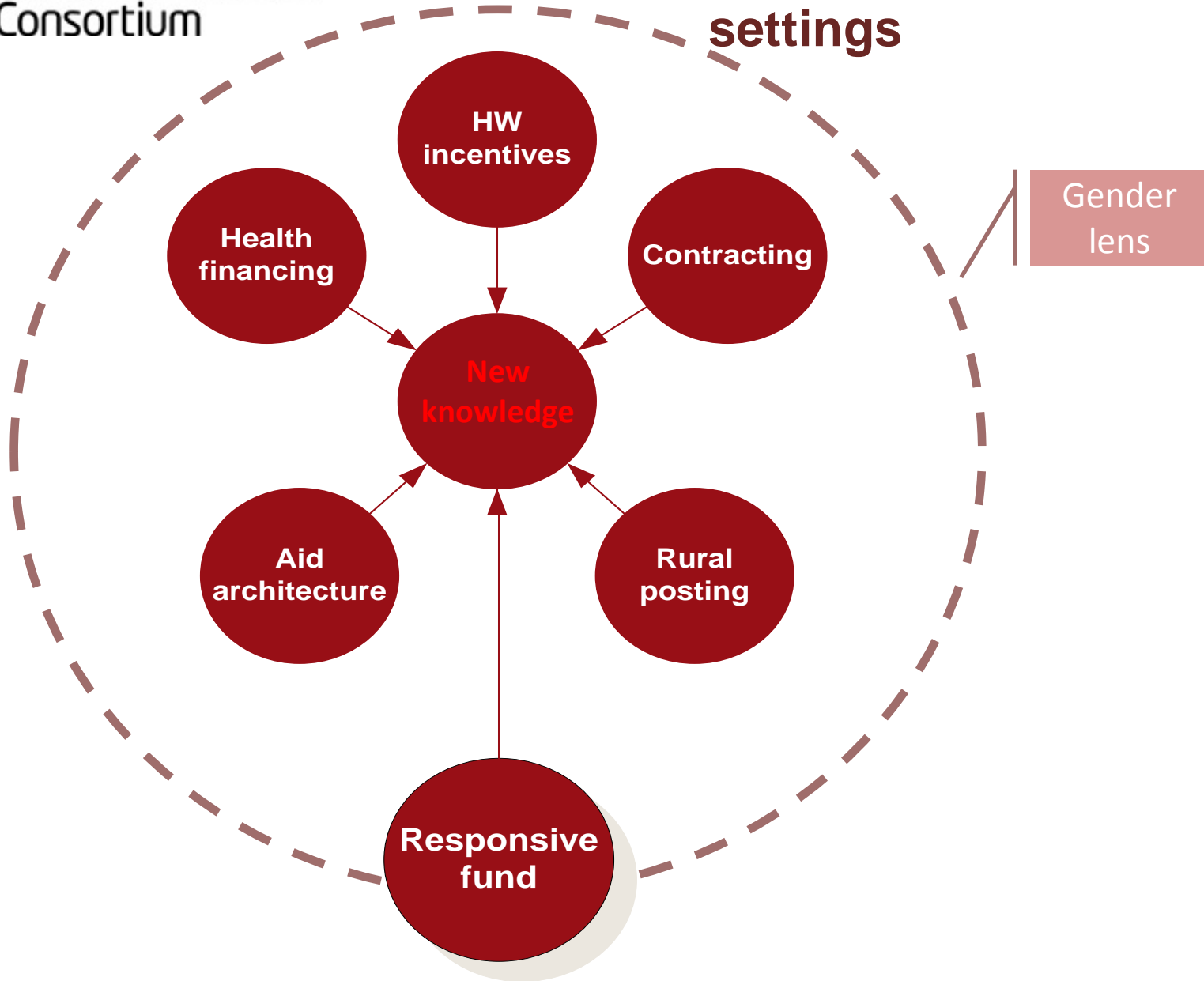




Cambodia (CDRI), Sierra Leone (COMAHS), Uganda (MUSPH),  
Zimbabwe (BRTI), UK (LSTM) and (QMU).



# Creating a new body knowledge of health systems in post-conflict settings





## Some knowledge outputs

- Literature reviews on health financing (Witter, 2012), HRH (Roome et al, 2014) and gender (Percival et al, 2014) in post-conflict settings
- *Living through conflict and post-conflict: experiences of health workers in northern Uganda and lessons for people-centred health systems* (Namakoma et al, 2014)

# Justine Namakula

*Uganda*

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This research helps us to understand the lived experience of health workers during and after conflict in Northern Uganda and how policy-makers can protect and motivate them.





## **IILD** Some knowledge outputs

Reviews on health financing (Witter, (Roome et al, 2014) and gender al, 2014) in post-conflict settings

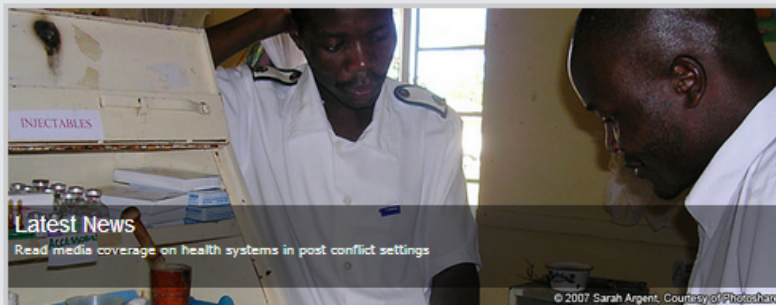
- *Living through conflict and post-conflict: experiences of health workers in northern Uganda and lessons for people-centred health systems* (Namakoma et al, 2014)
- *A window of opportunity for reform in post-conflict settings? The case of Human Resources policies in Sierra Leone, 2002–2014* (2014)



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In countries affected by conflict health systems often break down. Emergency assistance is often the main source of care. As recovery begins so should the process of rebuilding health systems. However, in practice not enough is known about how effective different approaches are.

The ReBUILD Consortium is a research partnership funded by the UK Department for International Development. We are working in Cambodia, Sierra Leone, Uganda and Zimbabwe to explore how we can strengthen policy and practice related to health financing and staffing.

In health financing we are investigating how different financing strategies affect the poorest households. Our work on human resources studies different management innovations and opportunities for reallocating roles among health professionals.



Picture taken at ReBUILD Annual Consortium Workshop 2013, Liverpool School of Tropical Medicine

## News

### November 2013

Health Systems Global Board announces new thematic working group for Health Systems in Fragile and Conflict Affected States.

[Read More](#)

### October 2013

ReBUILD researcher Sreytouch Vong presents on contracting in conflict affected settings: evidence from Cambodia at an international public health conference.

[Read More](#)

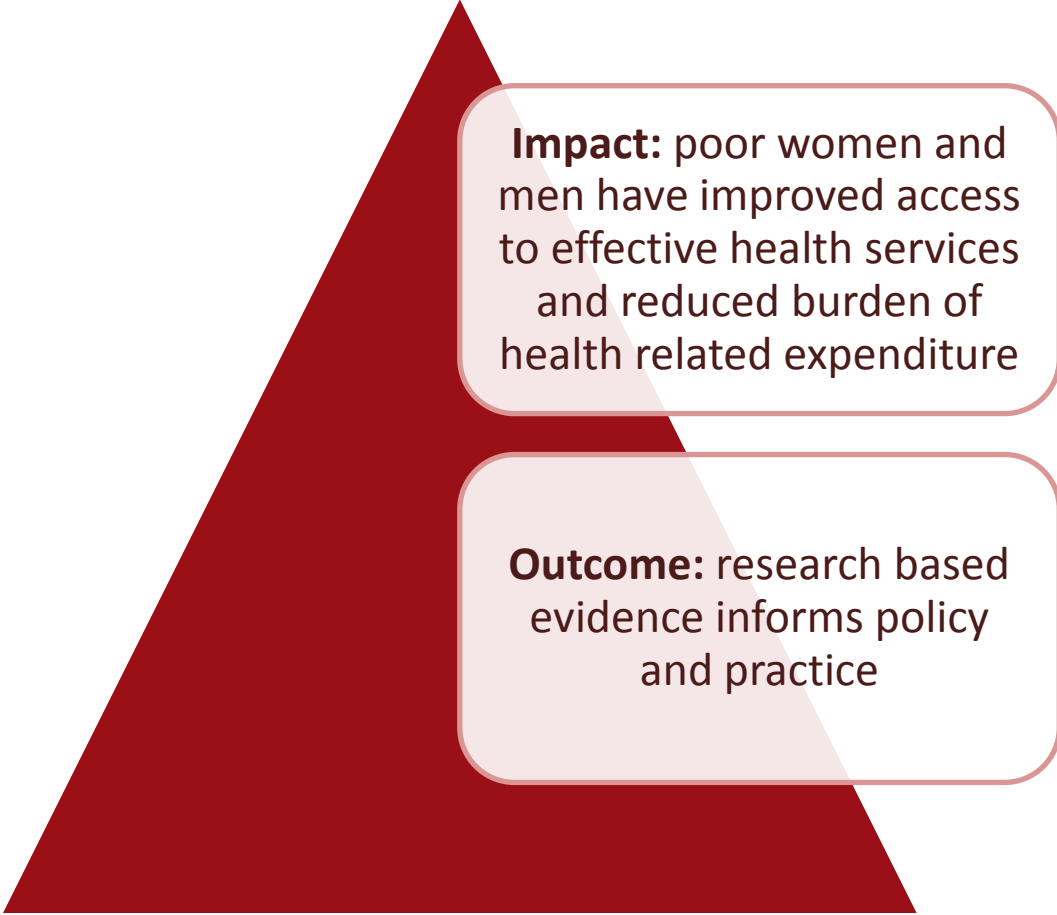
### October 2013

Blog: Opportunity for ReBUILD research uptake in the Zimbabwean President's first 100 days in office

By Shungu Munyati and Brian Chandiwana

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# Influencing change



**Impact:** poor women and men have improved access to effective health services and reduced burden of health related expenditure

**Outcome:** research based evidence informs policy and practice



## Health Systems in Fragile and Conflict Affected States

### Theme

This thematic working group will draw upon the breadth of experience of key actors in health in fragile and conflict affected states and promote research, policy and advocacy actions to contribute to the development and implementation of responsive and context-specific health systems.

**Contact persons:** Tim Martineau; Egbert Sondorp; Suzanne Fustukian; Steve Commins



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## Health Systems in Fragile and Conflict Affected States

a subgroup of [Health Systems Global](#)



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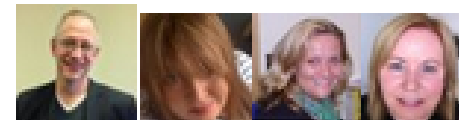
### Health inequalities, victims of armed conflict and health system research in Colombia

[Juan Rivillas](#)

Health Economics and Policy Research at Epidemiology Unit in Ministry of Health - Colombia

I am greatly to be part of the thematic working group! In 2014, Colombia has reached almost 5 million victims of violence due to 45 years of social conflict. Our country is working to improve the arrangements of health care system and ensure and ...

#### Members of this Group


[Diderik van Halsema](#)

Director of Communications at Liverpool School of Tropical Medicine (LSTM) & Board Member MSF UK

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### Filling the void: Health systems in fragile and conflict affected states

Edited by: S Fustukian, Dr Bayard Roberts, Egbert Sondorp

Healthcare in fragile and conflict affected states remains critical and it is becoming increasingly evident that this cannot be improved without special attention, policies and programming. This series aims to provide evidence on health policies and programs that work in fragile and conflict affected states.

This series is a rolling thematic series and further articles will continue to be added.

Collection published: 25 September 2014

Last updated: 22 October 2014

#### Case study [Open Access](#)

##### Engaging frontline health providers in improving the quality of health care using facility-based improvement collaboratives in Afghanistan: case study

Mirwais Rahimzai, Ahmad Naeem, Silvia Holschneider, Ahmad Hekmati

*Conflict and Health* 2014, **8**:21 (22 October 2014)

[Abstract](#) | [Full text](#) | [PDF](#) | [ePUB](#)

#### Research [Open Access](#)

##### The "empty void" is a crowded space: health service provision at the margins of fragile and conflict affected states

Peter S Hill, Enrico Pavignani, Markus Michael, Maurizio Murru, Mark E Beesley

*Conflict and Health* 2014, **8**:20 (22 October 2014)

[Abstract](#) | [Full text](#) | [PDF](#) | [PubMed](#)

#### Review [Open Access](#)



- Journal club based on papers
- Webinars
- Research topic prioritisation exercise + advocacy for funding
- Make links with G7+ and other southern groups

## How to get engaged:

- **Contact:** Nick Hooton – Research Policy and Practice Advisor [nick.hooton@lstmed.ac.uk](mailto:nick.hooton@lstmed.ac.uk)
- **Website:** [www.rebuildconsortium.com](http://www.rebuildconsortium.com)
- **Twitter:** @ReBUILDRPC
- **LinkedIn:** [Health Systems in Fragile and Conflict Affected States](#)
- **Tell us** about policy makers and southern partners to connect to