



Building gender responsive health systems in post conflict contexts: Opportunities and challenges

**Global Health, Policy and Practice session
7 March 2014**



SIPRI Gender Working Group focuses on how health reconstruction in post conflict settings integrates or responds to gender equity issues.

Project background and networks

ReBUILD focuses on health financing and human resources to identify opportunities that arise during the recovery from conflict.





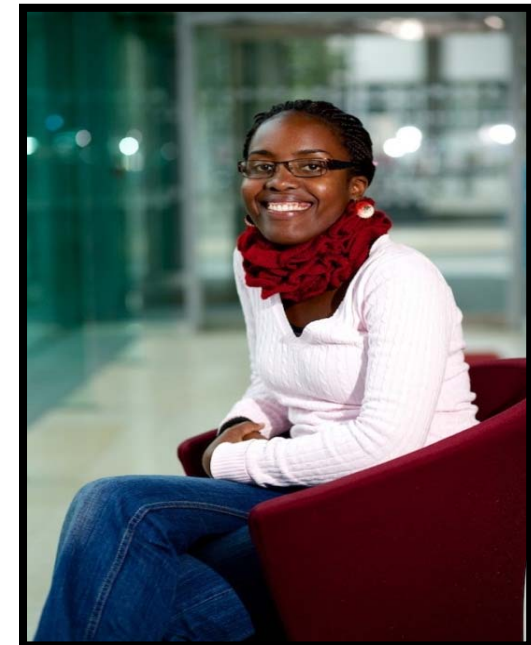
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ReBUILD has partner organisations in Europe, Asia and Africa

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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

January 2014
ReBUILD Expands its Research Portfolio for 2014
During 2013 five ReBUILD affiliates received funding to expand the range and geographical reach of the programme.
[Read More](#)

November 2013
LSTUJ has been running a highly successful Health in Humanitarian Settings Symposium organised by students for several years now and the [2013 version](#) was no exception.
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November 2013
Health Systems Global Board announces new thematic working group for Health Systems in Fragile and Conflict Affected States.
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Funded by UKaid from the Department for International Development



Health systems research has tended to neglect post-conflict settings.

There are particular opportunities to set health systems in a pro-poor, gender equitable direction in the immediate post-conflict period.



We Can Do It!



Challenging gender relations in WWII



Aim of joint work

- To develop and interrogate case studies to analyse the opportunities and challenges for building a pro-poor gender equitable health system in post conflict reconstruction
- Health systems analysis and approach

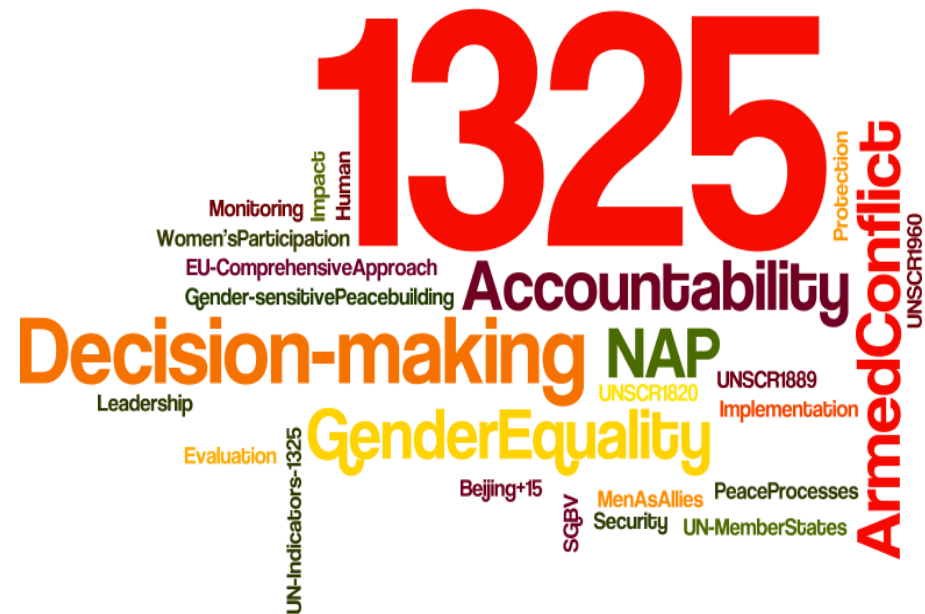


Case study approach

- Case studies of health sector post-conflict reconstruction in Northern Uganda, Timor-Leste, Mozambique and Sierra Leone from a gender perspective
- Literature review on health systems and gender equity (with a focus on post conflict and fragile contexts)

Findings (1) the political level

- UNSCR 1325 in 2000; encourages participation of women within peace negotiations and elected assemblies
- Little focus on equitable representation of women and men in social sectors e.g. health



Findings (2): the national level

- There is diversity in the extent to which countries have taken forward gender equity in reconstructing health systems





Collaboration during transitional period between international and national women's advocates to forward work on gender-based violence specifically.

e.g. development of a domestic violence law ratified in 2010.



Despite attention paid to gender issues from early stages of health system development it is unclear whether this has developed much beyond a focus on maternal and sexual and reproductive health.



Humanitarian work on gender has largely focused on gender-based violence in N Uganda.

Despite advocacy from Ugandan women's groups, the Peace Recovery Development Plan did not incorporate a gender responsive approach.



Qualitative work suggests that men have become alienated by the strong focus on SGBV and women leading to gender issues being perceived as “women only”.



Grants interventions



Progress construction



Sierra Leone

- Most recent health sector strategy plan includes a focus on gender equity.
- Document highlights the need to address important gender-sensitive aspects of health such as health-seeking behaviour.
- Performance indicators include few that are gender-sensitive however.

Mozambique

- The role of women during the conflict seems to have led to greater gender awareness and energy for gender issues to be taken forward in the post-conflict era, although there are challenges to realising in practice in the health sector
- Gender machinery has facilitated moves to collect and use gender-disaggregated data



Finding 3:

- Focus on SGBV and maternal health is critical but not sufficient to address the broader causes and consequences of gender inequities
- Need to build links across and beyond the health sector

Findings 4: Not enough guidance on how to build gender equitable health systems

Gender equity in health systems means:

- Equitable health system financing;
- Equitable access to basic health service coverage, including sexual and reproductive health services;
- Gender disaggregated health information that informs policy and practice
- Equitable opportunities for male and female health professionals.



Findings 5:

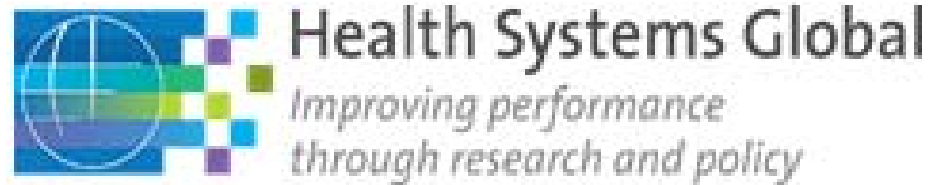
- The humanitarian context is characterised by poor data
- Need to better understand the health requirements of different groups (Gender, age, location, dis/ability) and use this in planning.
- Resist “**evaporation**” of a focus on gender





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- www.healthsystemsglobal.org/ThematicWorkingGroups

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.

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Call for Papers: Filling the void: Health systems in fragile and conflict affected states

Conflict and Health, in collaboration with the [Thematic Working Group on Health Systems in Fragile and Conflict Affected States](#), is pleased to invite you to [submit](#) a manuscript to a new thematic series entitled 'Filling the void: Health systems in fragile and

conflict affected states'.

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.

The series invites papers on a range of topics on health systems in fragile and conflict affected states, including, but not limited to, the following:

- Addressing governance challenges through health systems
- Health financing policies and their consequences
- Health workforce development
- Building of gender equitable health systems
- Health systems development and state building
- The meaning of 'people-centred health systems' in such contexts
- Methodological challenges and innovations

The series will be edited by [Bayard Roberts](#), [Suzanne Fustukian](#) and [Eqbert Sondorp](#).

The deadline for submissions is **15th May 2014**. Authors are strongly encouraged to submit a pre-submission inquiry and abstract to editorial@conflictandhealth.com before submitting a full paper.

Authors of accepted papers will be invited to present them at a satellite session on health systems in FCAS at the [Third Global Symposium on Health Systems Research](#) in Cape Town on 30th September – 3rd October 2014, with a focus on 'people-centred health systems'.

For more information, please read the [blog](#) and our [instructions for authors](#).



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