

January 2013

Newsletter



Child vaccination in Sierra Leone 2011, DFID UK

Introduction

ReBUILD is a Research Programme Consortium (RPC) working in Cambodia, Sierra Leone, Northern Uganda and Zimbabwe. Our aim is to deliver new knowledge to inform the development of pro poor health systems in countries recovering from political and social conflict.

The project began in February 2011 and is expected to complete work by the 31st January 2017. Our total budget is £5,999,949. We are conducting 13 individual research projects across the four study countries, in the areas of health financing and human resources. (A summary is

provided in Table 1 overleaf). We are working collaboratively to ensure that the methodological and analytical processes used within these research projects include a gender perspective.

Included in the consortium's programme of work and budget is an affiliate programme supported by a Responsive Fund of £800,000 and in late 2012; 13 affiliates submitted proposals to conduct complementary research projects that will expand the ReBUILD net wider than our main study topics and countries. These additional projects are due to commence in early 2013.

Project date 2011—2017

Partners

Cambodia Development Resource Institute, Phnom Penh, Cambodia

Institute for International Health and Development, Queen Margaret University, Edinburgh, UK

Liverpool School of Tropical Medicine, Liverpool, UK

College of Medicine and Allied Health Sciences, Freetown, Sierra Leone

School of Public Health, Makerere University, Kampala, Uganda

Biomedical Research and Training Institute, Harare, Zimbabwe

For further information, please visit our website:
www.rebuildconsortium.com

Table 1: Individual research projects and progress in 2012

Research area	Country	Stage
<p>Project 1 Health financing How patterns of household expenditure in the poorest households respond to new health financing policies including changing user fee approaches and patterns across state and non-state sectors in the post conflict setting.</p> <p>Policy interventions on health subsidy to support the rural poorest households in post conflict settings.</p>	Cambodia	Quantitative modelling of household expenditure survey.
	Sierra Leone	New team recruited and being developed. Household survey data accessed for 2003/4 but 2011 is awaiting release.
	Uganda	Quantitative data analysis of household surveys from 1992-93; 1999-00; 2002-03; 2005-06 and 2009-10 in progress.
	Zimbabwe	Access to household survey data is being negotiated. Qualitative work is planned to explore this with an appropriate sample in all countries.
<p>Project 2 Health worker incentives What are the opportunities to reconcile health worker survival strategies with incentive structures that promote pro poor health care?</p>	Cambodia	Fieldwork in progress for qualitative research.
	Sierra Leone	Stakeholder mapping and consultation complete. Fieldwork in progress for health worker incentive survey.
	Uganda	Stakeholder mapping and fieldwork has been completed at national and district level including key informant and health worker interviews.
	Zimbabwe	Documentary review of HR Information completed. Ethical approval received and fieldwork planned.
<p>Project 3 Contracting What mechanisms for managing contracts and performance introduced under humanitarian assistance are suitable for adaptation into a reconstructing system? Taking a critical approach to the payment-for-performance experience.</p>	Cambodia	Data on service coverage collated and analysis in progress. Document review in progress. Pre testing of qualitative data collection tools and awareness raising at the MoH and districts was completed.
	Sierra Leone	A documentary review is in progress.
<p>Project 4 Rural posting Whether a potentially less entrenched professional environment introduces opportunities for rural posting and other types of rationalisation.</p>	Uganda	Originally scheduled for 2013 start. There has been a delay in receiving ethical approval, this has now been obtained. Document review has started.
	Zimbabwe	This was originally scheduled for 2013 start. Slight delay in receiving ethical approval, now obtained.
<p>Project 5 Aid architecture Aid effectiveness at the district level.</p>	Uganda	Initial stakeholder meeting conducted, and aid effectiveness indicators and tools for qualitative interviews have been developed. Ethical approval caused a slight delay in fieldwork.

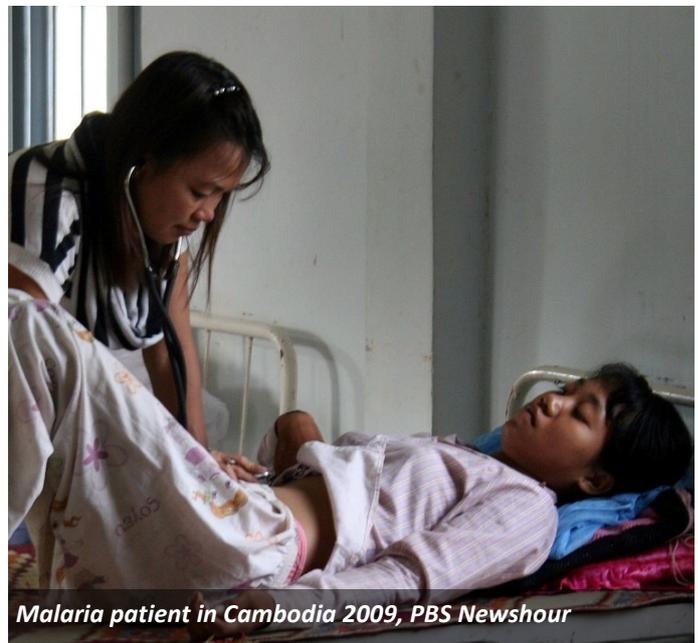
Progress

Over the past year, we have been making critical connections within government agencies and health ministries, linking organisations and at the district level. The team has been actively engaging with stakeholders during the research design, mapping our research to national policy and planning. We have also conducted a horizon scanning exercise within the study countries and at the international level to understand the policy agenda including where and how ReBUILD research can make a positive contribution.

Thirteen applications to the responsive fund have been received, of which we expect to support approximately five. The proposals are in review and funding decisions will be made in spring 2013. The projects will start soon after.

ReBUILD focuses on strengthening health financing and human resources for health in post conflict contexts. To complement this we are exploring the possibilities of a cross RPC partnership (ReBUILD, RESYST and Future Health Systems) for action on gender and health systems. The three RPCs share a focus on developing the evidence base to support pro-poor, equitable health systems in resource poor contexts. Each also has research projects that partners would like to further interrogate from a gender perspective.

We have been collaborating on the Stockholm International Peace Research Institute (SIPRI) gender working group to explore the opportunities and challenges for building gender responsive health systems in post conflict contexts. This group is led by Associate Professor Valerie Percival at Carleton University, Canada. This has involved reviewing literature and developing four case studies to analyse the opportunities and challenges for building a pro-poor gender equitable health system in post conflict reconstruction.



Malaria patient in Cambodia 2009, PBS Newshour

Highlights 2012

- **Suzanne Fustukian** presented at the Medicus Mundi International Network expert meeting in Amsterdam: [Health systems strengthening and conflict transformation in fragile states](#)
- **Barbara McPake** hosted a ReBUILD panel (with colleagues Sophie Witter, Tim Martineau, Freddie Ssengooba, Joseph Edem-Hotah, Neath Net and Sally Theobald) at the [Global Health Systems Symposium](#) in Beijing
- **Sally Theobald** presented at the [Global Health Systems Symposium, Beijing](#)
- **Sophie Witter** published a paper in Social Science and Medicine: [Health financing in fragile and post conflict states: What do we know and what are the gaps?](#)
- **Freddie Ssengooba** was elected to the Board of the newly founded society [Health Systems Global](#)

Achievements

ReBUILD has achieved much this year in establishing research teams, initiating multi-method fieldwork and complex statistical analysis. We have identified and built relationships amongst key stakeholders at the regional and national level.

At the international level, there is a growing respect for ReBUILD as a centre of expertise in the area of post conflict health systems research. For example, we received a positive response to our capacity building efforts during a visit to Makerere University of British MPs in May 2012, who were there to assess DFID funded RPCs. We are active members of the Health in Fragile States Network, and have established relationships with key players in fragile states research.

Representing ReBUILD at Global Events

Our work with SIPRI and Associate Professor Valerie Carleton on gender equitable health systems in post conflict contexts, has been widely presented and well received at NORAD, Oslo, February 2012; the Royal Society of Tropical Medicine and Hygiene conference—equity stream, and at Warwick University, September 2012.

In October, we were invited to present a case study at the Medicus Mundi International Network expert meeting: [Health systems strengthening and conflict transformation in fragile states](#) in Amsterdam.

In November, one of our researchers presented our approach to capacity building, and members of the ReBUILD team hosted a panel on post conflict health systems research at the [Global Health Systems Symposium](#), in Beijing. As a result of informal meetings with other groups working on health systems in post conflict states, we contributed to the development of a proposal to establish a theme group on fragile states under the umbrella of the newly-established [Health Systems Global](#).



Challenges

Recruiting and retaining staff with the right skills or the potential to develop them was presented as a risk in the inception report. The risk is higher in post conflict environments where there is limited history of health systems research. In two of our partner countries, there has been staff turnover and amongst all partners capacity challenges to overcome. The UK team is working collaboratively with partners to address gaps in staffing and build capacity.

As this is a young consortium, with some partners new to the field of health systems research, the UK partners have made a series of technical support visits to support our research teams in preparing their research projects and applying for ethical approval. New staff members have been or are being recruited and their skills needs assessed. Our consortium workshop this year had a strong focus on developing the skills of new researchers and sharing the ReBUILD vision.

There were delays in gaining ethical approval and this delayed the start of some projects, however ethical approval has now been received for all 13 projects. There have been difficulties in gaining access to government data sets, particularly in Zimbabwe and Sierra Leone for project 1. We were making good progress on research uptake in Uganda with good relationships established with government, but this now requires a new strategy due to allegations of corruption on a major scale.

Progress

Delivering on our project milestones

Progress has been made against the logframe indicators in all areas including the engagement of policy makers at both a national and international level. A number of project synthesis documents have been produced, including country and global situation analysis reports on health financing and human resources.

One paper has been published: Witter, S. (2012). [“Health financing in fragile and post-conflict states: What do we know and what are the gaps?”](#) SocSciMed. Three more have been submitted.

As the reputation of the ReBUILD team grows, requests are increasingly being made for team members to present or be on technical or expert panels and to undertake consultancies. For example, in Sierra Leone both ReBUILD’s research directors have been involved in consultancy work for DFID and Save the Children in performance management and health insurance.

On an international level, ReBUILD were invited by WHO to provide technical consultation on universal coverage and to present to the US government at an ‘Evidence Summit on Enhancing Provision and Use of Maternal Health Services through Financial Incentives’.

In terms of developing global networks, senior staff participated in a technical consultation to establish a global network of academic and research institutions to support the UN Secretary General’s Global Strategy for Women’s and Children’s Health, Geneva, January 2012. This is with a view to ensuring that the needs of post conflict states are taken account of. During 2013, we will be actively maximising our networks and expertise in health systems research. We will channel our findings to policy makers and advocate for recognition of the distinct issues that apply to post conflict states.

Table 2: Progress against ReBUILD logframe indicators January 2013

Logframe milestone January 2013	Progress
Outcome 1 At least 2 senior officials in international agencies are engaged with the project and influence its research questions	Achieved
Outcome 2 On average 3 policy makers in each country at any level are engaged with the project and influence its research questions.	Achieved
Output 1.1 5 technical and project synthesis documents are published.	Achieved
Output 1.2 3 peer reviewed publications are published.	Delayed (currently 1, 3 more have been submitted)
Output 1.3 18 research projects started.	Delayed (currently 13, shortfall met when Responsive Fund projects start)
Output 2.1 50 hits (average per month) to the ReBUILD website and 10 document requests received.	Achieved
Output 2.2 10 quality assured, non-academic research products developed.	Achieved
Output 2.3 12 requests for engagement of researchers in high level policy processes or technical advisory roles.	Exceeded 19 engagements made
Output 3.1 15M and 15F completing relevant short trainings (face to face, workshop-based and online)	Achieved
Output 3.2 6 pre-tested technical support products for researchers and policy makers	Achieved
Output 3.3 11 researchers and policy makers in developing countries that demonstrate increased capacity through the use of new knowledge and skills gained through the RPC’s support.	Achieved

What next?

We expect to have preliminary findings for our research projects by the end of the year. Our affiliates will commence their research projects in May 2013.

Throughout 2012 we have been building our networks and influence in the future of post conflict health systems research. We are pleased to celebrate the election of ReBUILD researcher Freddie Ssenooba to the Board of the newly formed Health Systems Global Society. We see this as a major success in supporting more presence on post conflict and fragile states health systems research.

Over the coming year we will be championing the ongoing discussion of the development of health in conflict affected and fragile states, shedding some much needed light in this area and increasing presence of this theme in global discussions.

Some of the events we will be attending this year to discuss health systems research in post conflict and fragile states include:

- February, [Health as a human right? How to deliver in a context of conflict and fragility](#)
- February, [Informal consultation on health services in fragile states](#)
- July, [9th World Congress on Health Economics](#)
- November, [3rd Global Forum on Human Resources for Health](#)

Do you have an interest in health systems research with a post conflict or fragile states focus? Would you like to connect with ReBUILD researchers in some way or find out more about our research? Contact our Research Uptake Manager Helen McFarlane, or visit our website and subscribe for future updates.



Bonnie Gillespie 2007, Courtesy of Photoshare

Above: a community worker in Uganda educates a mother on the dangers of malaria.

Contact details

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Follow us on Twitter @ReBUILDRPC

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