ReBUILD logo small (1).JPG

# Health systems Symposium 2012

**Panel:** Health systems in post conflict contexts

**Project details:** ReBUILD Consortium, funded by DFID, 6m project to run over 6 years

**Session organisers:** Tim Martineau, Barbara McPake and Freddie Ssengooba

**Partners:**

* Liverpool School of Tropical Medicine, Liverpool, UK
* Institute for International Health and Development, Queen Margaret University, Edinburgh, UK
* Makerere School of Public Health, Makerere University, Uganda
* College of Medicine and Allied Health Services, Sierra Leone
* Biomedical Research and Training Institute, Zimbabwe
* Cambodia Development Resource Institute, Cambodia.

**Themes covered:**

* State-of-the-Art Health Systems Research
* Neglected Priorities or Populations in Health Systems Research

# Introduction

**Presenter:** Barbara McPake on behalf of the ReBUILD Consortium

**Biography:**

Barbara McPake is the Director of the Institute for International Health and Development, Queen Margaret University, Edinburgh. She is a health economist who has focused on health policy and systems research since the early 1990s and, over a period of 25 years worked in 3 UK university departments and spent a year on secondment to UNICEF. Her interests are in health financing, human resources for health and the inter-linkages between these including contracting of public health services and household economies of health workers. She was the Director of the first DFID health systems research knowledge programme (2001-6) and is one of two research directors of ReBUILD (2011-17): “Research for building pro-poor health systems in the aftermath of conflict”, a DFID Research Programme Consortium.

Under her leadership, IIHD has established a post-graduate teaching programme in health systems and human resources for health including a PhD programme, Masters programmes, Post-graduate certificates and short courses, including a partnership with the Health Services Academy in Islamabad through which a programme in Human Resources for Health is offered and a partnership with the College of Medicine, Malawi, through which a Masters programme in Health Services Management has been established.

**194 words**

**Abstract:**

In countries affected by political and social conflict, health systems often break down and emergency assistance provided by humanitarian organisations often constitutes the main source of care. As recovery begins, so should the process of rebuilding health systems but health systems research has largely neglected these contexts for obvious reasons – the risks and difficulties of working in insecure environments; the absence or unreliability of retrospective secondary data; and institutional weaknesses in the research environment.

Decisions made in the early post conflict period can set the long-term direction of development for the health system. Effective and well-targeted public services and well-informed regulatory measures support an appropriate complementary role for the non-state sector.

Growing resources available to the health system as the economy recovers and aid flows increase can be targeted on reducing the direct financial burden on poor women and children, and health workforce development. Innovations introduced by humanitarian organisations may be capable of institutionalisation in the public sector. Entrenched opposition to pro-poor change may be weaker during this period.

This panel session will outline some of the early work of the ReBUILD Consortium which has been funded by DFID to address these challenges and works primarily in Cambodia, Northern Uganda, Sierra Leone and Zimbabwe.

During 2011, the consortium conducted a series of thematic and country situation analyses which have set the scene for a series of research projects that are planned to start in 2012 and from which early results will be available in October.

***244 words***

**Key terms:** Post conflict countries, health systems, human resources, health financing

**Presentation history:** Not presented before

**Publication history:** No previous

**Conflict of interest:** None

**Funding sources:** DFID

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# Situation analyses: Cambodia, Sierra Leone, Northern Uganda and Zimbabwe - How has the history of conflict shaped the current state of health systems? – What’s different about conflict affected health systems?

**Presenter:** Freddie Ssengooba on behalf of the ReBUILD Consortium

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**University or Institution name:** Makerere University

**Department:** School of Public Health, College of Health Sciences

Shungu, Vicheth, joseph, sophie

**Biography:**

Dr Freddie Ssengooba is a member of faculty of the Makerere University, School of Public Health. He holds a bachelors of medicine and surgery degree, masters of public health degree and recently concluded a doctoral programme in the department of Public Health Policy at the London School of Hygiene and Tropical Medicine.

He has researched in the areas of health financing, health policy and health systems. Since 2004, Freddie has held two grants from the WHO Alliance and a grant Centre for Global Development to research on the health workforce.

His published studies include decentralisation and its effects on the health workforce in Uganda and Bangladesh. He worked closely with the Ministry of Health (MOH) during the development of the Human Resources for Health policy and strategic plan and regularly provides consultancy services to the MOH and other stakeholders about health workforce and health systems developments.

**146 words**

**Abstract:**

The countries that make up the ReBUILD Consortium are a mix of those that are experiencing the immediate aftermath of conflict or social and political crisis (Uganda and Zimbabwe) and those in which conflict formally ended a decade or more ago (Cambodia and Sierra Leone). This mix aimed to enable an understanding of the longer term implications of decisions made in the immediate post conflict period as well as an understanding of the factors that shape and constrain the decisions that can be made.

The nature of conflict also differed in the four partner settings from civil war affecting all parts of the country to regionalised conflict and from formalised armed conflict to political and economic crisis accompanied by sporadic violence. This has implications for the extent to which there has been a discontinuity in health system function pre and post conflict or a longer term deterioration reflecting escalating security problems, worsening financial provision, flight of skilled professionals and break down of supply chains. The extent to which parallel health systems have developed, substituting donor funded and INGO delivered health services for government funded and delivered ones also varies across the set of countries.

Health systems have responded to the cessation of conflict equally disparately. In some countries there has been a process of gradual recovery towards (or even surpassing) former levels of function without significant impacts on the mechanisms of governance, finance, management or operations. In others, INGO presence has played a significant role in introducing system innovations which have affected these dimensions of health system function in ways that appear to have become embedded in the post conflict mainstream system, in some cases introducing elements of public-private mix to traditional public health systems and multi-stakeholder governance systems.

***287 words***

# Health financing in post conflict states: what do we know and what are the gaps?

**Presenter:** Sophie Witter on behalf of the ReBUILD Consortium

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Barbara, sophie

**Biography:**

Dr Sophie Witter is a health economist and Reader at Queen Margaret University Edinburgh, working for the ReBUILD programme (Research for building pro-poor health systems during the recovery from conflict) – a consortium running from 2011-16, funded by the UK Department for International Development (http://www.rebuildconsortium.com/). Since 2011 she has also led an international research consortium, FEMHealth, focussed on financial barriers to obstetric care in West Africa and the Maghreb, funded by the European Commission, 2011-13 ([www.abdn.ac.uk/femhealth](http://www.abdn.ac.uk/femhealth)). This is based at the University of Aberdeen, where she is a Senior Research Fellow with the Immpact programme.

In addition, she undertakes technical advisory work, independently and as an Oxford Policy Management Associate. Her areas of interest are health financing in low and middle-income countries; reducing financial barriers to access, especially for maternal and neonatal health services; health worker incentives and retention in rural areas; and conducting complex evaluations using mixed research methods. She recently led a systematic review for the Cochrane Collaboration on paying providers for performance in low and middle-income countries.

**169 words**

**Abstract:**

There has been a growing concern with post-conflict states over the past decade, both in relation to their high level of health and other development needs but also for the risk they pose to the wider international community. Through a literature review, we map what is already known in relation to health financing in post-conflict countries, and identify priorities for future research. As health systems in fragile and post-conflict states are often forced to innovate, they can generate useful lessons for other settings too. The review finds that there is a growing but still very limited literature. Most of the insights from existing literature relate to the role of donors.

There is a need for more work on access to care and equity over the post-conflict period, on the mix and sequencing of financing mechanisms, on resource allocation, regulation and public financial management, on payment systems and incentives at facility and health worker levels, and on overall health financing strategies and their possible contribution to wider state-building.

Topics which have received attention, such as contracting and non-state actors, could benefit from more rigorous analysis with a longer time perspective. A longitudinal approach, which examines how decisions taken in the immediate post-conflict period may or may not influence longer term developments, would be particularly welcome.

**214 words**

# ReBUILDing the health workforce in post conflict settings

**Presenter:** Tim Martineau on behalf of the ReBUILD Consortium

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**Department:** International Health Group

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**Biography:**

Tim Martineau is a specialist in Human Resource Management (HRM) in developing country health systems with a Masters degree in HRM. His research interests are in health reforms and HRM, staff performance management, international migration of health professionals, decentralisation and human resource management, and retention of health personnel in rural areas.

He works as a consultant on strategic human resource issues for a variety of clients including DFID, the World Bank, WHO and USAID. Before coming to LSTM he worked on a long-term basis in Nepal and India. His research and consultancy work has also been in the Philippines, China, Russian Federation, Pakistan, Bangladesh, Zambia, Ghana, the Gambia, Mali, Malawi, South Africa, Tanzania, Eritrea and Peru.

**116 words**

**Abstract:**

A literature review was conducted to understand the challenges for human resources for health (HRH) in post conflict settings and to identify strategies to address these challenges. Common features of HRH at the start of the post conflict period include: shortage or imbalance of skilled professionals due to human flight or death in conflict and a reliance on expatriate workers; lack of senior management; inequitable distribution of staff due to higher insecurity in rural areas; growth of informal and uncontrolled private practice or ‘dual working’; distortion of health worker supply and salaries by the aid industry; poor performance including high levels of absenteeism; low productivity and deteriorating skills.

Developing leadership in HR is an important first step to rebuilding the health workforce. Getting information on the types, skills and location of existing staff is essential in the initial planning stages and several countries have cleaned payrolls to eliminate ghost workers. Health workers who have received ad hoc training will often need to be absorbed into the regular workforce and training capacity rapidly needs to be re-established and temporarily accelerated to bring the workforce up to strength and replace the expatriate health workers.

Useful lessons may be learnt by government from performance management systems used by NGOs. Strategies – which will usually included incentives – are needed to attract health workers back to the rural areas. The immediate post conflict phase might provide the opportunity for address wider HR systems problems that may have existed prior to the conflict. More research is needed to support the rebuilding of the health workforce in post conflict period in the following areas: the role of incentives in performance management; the impact of donor funding on the labour market; the extent and impact of task shifting; the process of strengthening human resource management systems.

***293 words***

# How health financing policy change in the emergence from conflict has shaped the burden on the household expenditures of the poor

**Presenter:** Neath Net on behalf of the ReBUILD consortium

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**Department:** Research

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**Biography:**

Neath Net is a Research Fellow in the Social Development Programme. He holds a masters degree in economics from Kyushu University, Japan and currently works for the Cambodia Development Resources Institute (CDRI), in Phnom Penh.

He has attended many professional training courses in quantitative and qualitative research methods at the World Bank Office in Phnom Penh, the University of Southampton in UK, University of California at Davis in USA and Kyushu University in Japan.

Neath has more than ten years experience in rural development and in health. White at the CDRI, he has led a number of research projects, including Child Poverty and Disparities in Cambodia, How Managers Manage in the Cambodia’s Health Sector and Retention of Health Workers in the Rural Areas and Disadvantaged Areas of Cambodia. He is currently studying a PhD in Health Economics.

**137 words**

**Abstract:**

Innovations in health financing are a common feature of post conflict health systems, often premised on measures taken or encouraged by external development partners: multilateral and bilateral agencies and INGOs. In most ReBUILD partner countries, the conflict and post conflict period has seen considerable flux of financing mechanisms, in particular those that affect the payments poor households make to access services.

The stated aim of many financing innovations (including the introduction and removal of user fees; creation of population and disease group exemptions; support of community based insurance mechanisms; health equity funds; targeted vouchers) is to protect the poor from health costs. Given the mix of changes that occur, and the presence of both formal and informal financing mechanisms it is often difficult to establish whether or not the policies succeed in this. Previous research provides pieces of the overall picture but does not comprehensively evaluate the net impact of the range of financing innovations and their combination.

ReBUILD’s research is building understanding of how the evolution of health financing policy since conflict has affected the burden of health costs on the budgets of the poorest households in all four countries; reviewing health financing policy during and since conflict and the degree to which formal policy change is reflected in practice at public sector health facilities; assessing the incidence of policies over time and geographical space and mapping that to household survey data to enable analysis of the overall burden of health expenditures and the substitutions within household budgets that cope with that burden. We are also undertaking qualitative work to investigate the long term perspectives of poor people on the burden of health expenditures over time and where they identify the sources of changes in their perceptions of that burden. We will report the preliminary findings from this work.

***300 words***

# How human resources policy change in the emergence from conflict has shaped staffing, incentives and performance in case study countries

**Presenter:** Joseph Edem-Hotah on behalf of the ReBUILD Consortium

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**University or Institution name:** College of Medicine and Allied Health Sciences, Sierra Leone

**Department:** Research

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**Biography:**

Dr Joseph Edem-Hotah is the Dean of the Faculty of Nursing at the College of Medicine and Allied Health Sciences, in Freetown, Sierra Leone. He has extensive experience in both qualitative and quantitative research methods.

His interest is in both clinical and public health research, especially in areas of infectious diseases and health service management. He currently leads the Country Research Team for the ReBUILD Consortium, in Sierra Leone.

**69 words**

**Abstract:**

Health worker attraction, retention, distribution and performance are arguably the most critical factors affecting the performance of a health system. This is dependent on having both a conducive incentive environment and effective administrative systems in place. In post conflict settings both health systems and health worker livelihoods have been disrupted. Temporary service delivery arrangements during the period of conflict, often provided by NGOs, are likely to be able to provide more attractive incentives and to use innovative administrative systems. The challenge for employers of government health workers is to reinstate the administrative systems and re-establish an effective incentive environment that promotes equitable staffing and good performance in the light of disruptive livelihoods and poor economic situation.

No study to date has focused on how decisions made, or not made, in the post conflict period can affect the longer term pattern of attraction, retention, distribution and performance of health workers. The aim of one of the ReBUILD studies is to understand, mainly from the perspective of the health worker, the evolution of incentives for health workers post conflict and their effects on staffing levels and performance. Several methods are used to identify changes in incentives and the impact including health worker case histories to identify perceptions and analysis routine impact on staffing and outputs.

The second study, which takes a management perspective, examines the evolution of the administrative systems to ensure equitable deployment of staff, particularly in rural areas. Changes in deployment policies are identified and the implementing systems audited through qualitative and quantitative data collection methods.

Lessons will be learnt in the study countries for improving the current methods of improving staffing levels and performance. By taking a historical perspective there will also be lessons on human resource related decisions for other countries emerging from conflict in the future.

***299 words***