

Summary of ReBUILD's research themes, projects & related outputs:

CORE RESEARCH THEMES AND OUTPUTS:

A. HUMAN RESOURCES FOR HEALTH

Research overview: This collection of research projects have looked at how the 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, and thus ultimately the performance of the sector.

ReBUILD's work in this field includes:

- A large body of research on [health worker incentives](#), being carried out across all four ReBUILD partner countries.
- Research on [health worker deployment systems](#).
- A project on [The effects of the Ebola outbreak on health workers and the health system in Sierra Leone](#).
- A project on [Health workers' remuneration, incentives and accountability in Sierra Leone](#)
- An extension research project on [Understanding human resources for health recruitment and deployment in post-conflict settings](#)
- An extension research project on [Using community health workers in fragile and conflict affected settings](#)
- Another of ReBUILD's affiliate projects on [Health systems resilience in Côte d'Ivoire and northern Nigeria](#) has produced important findings relating to human resources for health.

Core research outputs:

- Overview brief: [Establishing a responsive and equitable health workforce post conflict and post crisis: lessons from ReBUILD research](#).
- Comprehensive list of [Resources from ReBUILD's work on human resources for health in conflict-affected and post-conflict settings](#)

B. HEALTH FINANCING: Post-conflict access and equity for the poor:

Research overview: ReBUILD's original research project in this area focused on how people have been paying for health care over their lifetimes and the effects of external events and of health sector policies on the level and nature of payments, and the effects those payments have had on their household economies.

Core research outputs:

- Overview brief: [Health financing policy in conflict affected settings: lessons from ReBUILD research](#).
- Comprehensive list of [Resources from ReBUILD's work on health financing in conflict-affected and post-conflict settings](#)

Additional projects during ReBUILD's extension phase are looking at:

- [Performance based financing \(PBF\) in fragile and conflict-affected settings](#), and how contextual factors influence adoption, adaptation, implementation and integration of PBF, and how PBF programmes could be improved and ultimately strengthen health systems in FCAS.
- [Demographic and distributional impacts of conflicts and implications for health systems](#). Building on the phase 1 research on health financing, this project aims to understand the implications of conflict-related demographic change for health financing and social protection policies intended to ensure access to healthcare without impoverishing effects.

C. GENDER AND POST-CONFLICT HEALTH SYSTEMS:

Gender analysis has been a core theme running through all ReBUILD's research, but has also been a focus area of research in its own right.

Research overview and resources:

- **Empirical research on the opportunities and constraints for building gender responsive health systems in post conflict contexts:** ReBUILD's collaborative work to explore the opportunities and challenges for building gender responsive health systems in post conflict contexts has been developed into the '[Building Back Better](#)' e-resource - a set of policy briefs, country case studies and other materials which outline the particular problems and challenges and some ways forward and opportunities to better address gender in these contexts.
- Much of this learning has recently contributed to a collaboratively produced [open access, online learning resource](#), developed with the European Commission's DEVCO B4 health team to help improve the considerations of gender in health systems strengthening work.
- ReBUILD is also a core partner in the [RinGs Initiative - Research in Gender and Ethics: Building stronger health systems](#) to galvanise gender and ethics analysis in health systems research and strengthening. RinGs focuses on three main areas: synthesising research on gender, ethics and health systems; coordinating research projects through a small grants programme; and supporting a learning platform to encourage mutual learning and the use of evidence.

D. GOVERNANCE AND AID EFFECTIVENESS IN A POST-CONFLICT SETTING:

Research overview: This project is exploring the link between governance and aid effectiveness in strengthening post-conflict health systems in Uganda. It is looking at aid relationships among actors at sub-national level, who represent a vital lever for health system development, and uses social network analysis to look at the structure, size and function among organizations supporting the provision of health services.

Core research outputs:

[Outputs so far](#) include two papers and contributions to ReBUILD's overview materials on health systems '[Institutions' in conflict and crisis affected settings](#).

Further outputs on how network relationships change over time, as balance of ‘humanitarian’ and ‘development’ actors changes will follow in 2018.

E. HEALTH SYSTEMS RESILIENCE:

Research overview: *Health Systems Resilience: A Systems Analysis* was a ReBUILD affiliate research project which applied a systems dynamics approach to understand, predict and identify mechanisms that influence the resilience of health systems in contexts of adversity. Re BUILD has further explored the concept of health systems resilience in conflict and crisis affected settings through a short synthesis review and with other research consortia.

Core research outputs:

- Case study reports and other materials can be [accessed on this project page](#).
- An overview brief on [resilience of health systems during and after crisis](#) has also been produced by ReBUILD.
- A broader collaborative exploration of health systems resilience was also done as part of a 2017 workshop with other DFID-funded health systems research consortia. [A briefing note](#) for DFID advisors was produced as an output of that process, addressing some key questions on health systems resilience.

F. ADDITIONAL RESEARCH THEMES/PROJECTS

In addition to the two Affiliate research projects already referred to, three more such projects were conducted by ReBUILD Affiliate partners.

Psychosocial support and service provision for adolescent girls in post-conflict settings

- This project, conducted by the [Overseas Development Institute](#), explored the extent to which services and other responses to mental health and psychosocial stresses in post conflict settings are informed by the context, by gender and by social-cultural norms.
- All [outputs available here](#).

Building on our Assets - What works in Cambodia’s obstetric referral system.

- This project, conducted by the [University of Leeds](#), used Appreciative Inquiry to try to identify ways of improving health system performance through asking what is working in contemporary obstetric care within the public Cambodian health system (rather than focusing on gaps and deficits), and how these assets could be built on to achieve higher quality of care.
- All [outputs available here](#).

Rebuilding the foundations for universal health coverage with equity in Zimbabwe

- This research built on a wider body of work by ReBUILD’s affiliate partner [TARSC](#), with the MoHCC and national and international partners, implementing research to support policy dialogue and decisions on the technical design around elements of equitable health financing. The work strengthened stakeholder mechanisms to analyse and review Zimbabwe’s performance on equity in health, and to guide processes towards equity in universal health coverage within a comprehensive policy framework on health financing.
- The main findings and proposals from this work summarised in a policy brief [Evidence and proposals for advancing equity and universal coverage of health services in Zimbabwe](#).
- All research reports and other outputs are accessible [via the project page](#).

B. OVERVIEW AND SYNTHESIS MATERIALS:

In addition to the project-associated outputs, ReBUILD has produced two series of briefing papers.

1. Overview briefs:

The first set synthesises ReBUILD's research over its first phase, and the findings and recommendations around three 'themes' of [Communities](#), [Health workers](#) and [Institutions](#).

1. [The ReBUILD programme and emerging themes for health systems strengthening in post-conflict and post-crisis settings](#)
2. [Health financing policy in conflict affected settings - lessons from ReBUILD research](#)
3. [Establishing a responsive and equitable health workforce post-conflict and post-crisis - lessons from ReBUILD research](#)
4. [Institutions for strong and equitable health systems after conflict and crisis - lessons from ReBUILD research](#)

2. Issue briefs:

The second set of briefs draw both on ReBUILD's and wider research to address a number of key questions around health systems in conflict and crisis affected settings, identified through a research needs and challenges study carried out of the Health Systems Global Thematic Working Group on Health Systems in Fragile and Conflict Affected States.

1. [Resilience of health systems during and after crises – what does it mean and how can it be enhanced?](#)
2. [Developing inclusive health systems in crisis-affected settings](#)
3. [How to move towards universal health coverage in crisis-affected settings: lessons from research](#)
4. [How do different types of provider affect access to effective and affordable healthcare during and after crises?](#)
5. [The political economy of crisis-affected settings: what does it mean for investments in health systems?](#)
6. [Do health systems contribute to reduced fragility and state-building during and after crises?](#)
7. [Sustainability of health systems in crisis-affected settings: lessons for practice](#)
8. [Developing health system research capacity in crisis-affected settings: why and how?](#)

In development:

- What do we know about how to respond to humanitarian crises in ways that also contribute to subsequent stronger health systems?
- What have we learned about good aid practices to support stronger health systems during and after crises?