Health financing in conflict-affected and post-conflict settings: Resources from ReBUILD’s work

The list below is complete as of September 2018. Further information and resources are available on the ReBUILD website - www.rebuildconsortium.com, via the regularly updated Resources page. Other resources from ReBUILD’s work on health financing can be found at this link.

An online version of this resource list can be accessed at http://bit.ly/2Ar7HWw.

For more information on ReBUILD’s work on health financing, contact:
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A separate set of resources from ReBUILD’s human resources for health work can be found here.

Introduction: ReBUILD’s research on health financing in conflict-affected & post-conflict settings

ReBUILD’s research started with an overview literature review on health financing in post-conflict states, which fed into the development of research projects to fill some identified gaps, including:

• The changes in health financing policies in four countries and how they affected household access and expenditure
• A four-country study on health worker incentives post-conflict
• Social network analysis of aid actors in northern Uganda
• A review of contracting mechanisms in Cambodia
• A review of purchasing mechanisms in Zimbabwe
• A literature review and expert consultation on health financing and gender

During ReBUILD’s extension phase additional health financing projects have been looking at:

• **Performance based financing (PBF) in fragile and conflict-affected settings**, and how contextual factors influence adoption, adaption, 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.

Resources:

Initial literature review

Online version: http://bit.ly/2Ar7HWw Resource list complete as of 09/11/17
Findings on health financing policies and household effects


- *A strong public health sector key for health system resilience in Gulu district, northern Uganda* ReBUILD RPC Brief (Uganda)

- *ReBUILDing Health Systems Beyond Health Facilities* ReBUILD RPC Brief (Uganda)

Performance-based financing


Health worker incentives


Social network analysis


Contracting in Cambodia


• Vong, S., Raven, J. and Newlands, D. 2015. Understanding contracting in Cambodia: findings from interviews with key informants and health service managers and providers. ReBUILD RPC Research Report

Purchasing in Zimbabwe


• Gwati G MoHCC (2013) Desk Review for Purchasing Arrangements for Public Health Services in Zimbabwe Harare, MoHCC, with TARSC Zimbabwe

• ZEPARU (2014) Desk Review of institutional arrangements for health financing in Zimbabwe, ZEPARU, TARSC, MoHCC, EQUINET in the ReBUILD project: Harare
• Vaughan K, Toonen J, Berghuis-Mutubuki E, Dieleman M (2014) *Desk Review of institutional arrangements for health financing in selected African countries*, KIT Netherlands with TARSC, MoHCC Zimbabwe

**Health financing and gender**


**Cross-cutting materials**

• *Eight briefs on priority research topics for crisis-affected contexts*, ReBUILD, June 2017

  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?
  9. What do we know about how to respond to humanitarian crises in ways that also contribute to subsequent stronger health systems?


• Universal health coverage amid conflict and fragility: ten lessons from research. (Witter, S., Dec 2015, Lancet Global Health blog)

