

Health systems in times of peace and conflict – podcast transcript

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Kim Ozano: Hello listeners and welcome to Connecting Citizens to Science. I'm Dr Kim Ozano, and this is a podcast where we discuss current research and debates and global health. And today we're discussing the global symposium on health systems research that is taking place in Nagasaki, Japan from November 18th. This is an event that happens every two years and brings together researchers, policymakers, and practitioners from around the world to address some of the most pressing issues in health systems today. It's conferences like these that are essential for advancing global progress towards stronger health systems. They provide a unique space for sharing ideas, learning about innovations and building partnerships that can drive change.

So, today's episode is going to start warming us up for the themes that will be discussed at the global symposium on health systems. So, even if you're unable to join us in Japan, where we will be podcasting from the halls, today's episode has cross-cutting themes for global health that are relevant now and moving forward.

Kate Hawkins: I think the topic of peace and conflict is such an important one for the world today, and I would love it if the conference members could move through theoretical understandings of the research and what it means to perhaps some practical actions that we as a global community can take to help protect the communities, the health workers and the researchers who are actually in active conflict at the moment.

Kim Ozano: Today, we will be speaking to some members of the ReBUILD for Resilience team. We have Joanna Khalil from the American University of Beirut. And she is also a research fellow with ReBUILD and a public health practitioner. She works with various communities around Lebanon, including refugees in informal and formal settlements, and has been involved in projects analysing local responses in times of crisis and emergencies such as political and religious polarization, the influx of Palestinian and Syrian refugees, COVID- 19 and the Beirut blast.

Also joining us is Shophika Regmi, a health systems researcher also within ReBUILD and is from HERD International in Nepal. She is passionate about strengthening health systems capacities by co-designing models with stakeholders at health facilities and the community to support resilient and equitable health systems. And joining us for the first time as a co-host to help us discuss the symposium

themes and why they are important to global health at this time is Kate Hawkins. Kate is a communication specialist from the UK and is a longstanding member of Health Systems Global. She attended the first ever symposium, way back in 2010 and as part of several of their thematic working groups and has an interest in the ethics methods of stimulating research uptake with a focus on feminist participatory and equitable processes.

So, let's not wait any longer to engage in this very dynamic and interesting conversation. Kate, can you set us up for this episode by discussing some of the overlaps between ReBUILD's work, and the conference themes and what we hope to learn from the conference?

Kate Hawkins: Thanks, Kim. ReBUILD for Resilience, as you may have gathered, is all about health system strengthening. So, the Global Symposium is really like one of the highlights of our calendar. This year, it's very exciting for us because the themes really do align very well, very tightly with the kind of research we're doing. Obviously, there's an overall thrust towards talking about conflict, but also peace, and we're working primarily in fragile and shock prone settings.

Some of them are in active war, and some of these wars have come into being since the last global symposium. We have researchers from Myanmar, we're doing work in Syria, we're doing work in Afghanistan, Lebanon, Gaza, and in Yemen. And so, I feel like we have a lot to say about how to strengthen health systems, but also how to do that health systems research in settings, which are really very tricky and often very dangerous for our staff, and our colleagues and friends.

I like the focus this year on just knowledge, both in the way it's produced and also the way it's communicated. In ReBUILD, we use a variety of methods, whatever's most appropriate, quant and qual, but we do have large learning sites and these are really to explore health systems at a subnational level, so in cities and in districts. We're really lucky today to have colleagues from Nepal and Lebanon who are working in these learning sites and can talk a little bit more about how embedded approaches have helped with issues like governance and inclusion. The theme of justice is exciting. We've got a gender working group, that has a big focus on equity but have recently put out a commentary on justice, which we'll come on to I'm sure, and finally one of the crises, which is affecting almost all parts of the world is related to planetary health. One of the main themes of the conference, and we're lucky enough to have researchers who can tell us a bit more about climate resilient health systems and climate responsive health systems as well.

I think it would be good to start off with a little bit about working in crisis. Working in conflict situations, and this is something that's very timely with the ground invasion and bombings in Lebanon. Joanna, I don't know if you wanted to tell us a little bit more about the situation with our researchers and with our learning sites as well.

Joanna Khalil: Yes, hello, Kate. After the escalation of the war in Lebanon since September, the learning site we have is in Beqaa, which is an area that is bombed on a daily basis since September and all the fieldwork has been stopped, but luckily, we have recruited an embedded researcher in our learning site, in Beqaa, and he was able to continue the work with close coordination together online on a weekly basis, on a daily basis through WhatsApp and other communication methods.

Clearly the work is slow now with a number of internal displaced people also who fled from Beqaa to other areas also in the Beqaa. This has caused all the local NGOs, international NGOs, and individuals to take over the response in order to accommodate the internally displaced people. And as we all see in the crisis that actually individual initiatives are taking in hand the response to such a crisis. Especially in the case of Lebanon with the weakened rule of the Ministry of Health after years and years of multiple crisis. Actually, the local community is taking over the response and is coming up with approaches strong enough to respond to the increased needs in those communities.

Kate Hawkins: We know from the research there was little government sort of coordination before the war and so it was very much an issue of local people coming together to make a difference. Joanna, could you tell us a little bit more about how the war might impact on your ability to engage at Health Systems Global?

Joanna Khalil: Yes, unfortunately, I won't be able to attend the symposium because first the flights are being cancelled at the last minute, and whether I was able to leave Lebanon, I might not be able to come back after the conference. That's why I opted not to go to the symposium. And it's really a big disappointment for me not to be able to share my experiences and the work we are doing in Lebanon at the symposium.

Kate Hawkins: It's a real loss for the community of researchers that so many of our community who are working in active war are unable to actually join us. And hopefully, it's something we could do more about. Shophika in Nepal, Nepal has its own series of shocks and crises and most recently, devastating flooding. Would

you like to say a little bit more about how you're working in the learning sites in order to respond to these kind of crises, but also what's happening in terms of climate change in Nepal and your work around that?

Shophika Regmi: Yes, in Nepal like as around the world, Nepal is also affected by climate change. The melting glaciers, the floods, landslides every year, and recently we experienced a devastating flood throughout the country. So, that affected many lives. So, this highlights the importance of climate change and the actions for the climate change from the national level.

Within the ReBUILD for Resilience Consortium, we did this research where we are focusing on developing a climate resilient capacity assessment framework to collaborative engagement with national and subnational governments. Due to the challenges of using existing frameworks, which are often complex and often not feasible to implement in a low-income country like Nepal, we are adapting, piloting and developing this framework, which is in progress at the moment.

In this research, we also identified the barriers and opportunities in terms of understanding and in terms of having the capacity at the national as well as subnational level in Nepal to understand the climate crisis. I think this research would provide valuable perspectives on achieving climate resilience in similar settings and we are presenting this research in the HSR conference this year.

Kate Hawkins: Back to those conference themes, the one on justice really intrigues me, because within our gender work, of course, we're looking a lot at issues like equity and justice. And I feel like there's not much guidance out there, so hopefully this conference is really going to stimulate some more thinking.

Shophika Regmi: We are focusing on building justice within our work. We work with the local governments to build locally tailored plans where the focus has now shifted on getting health closer to the people who are often marginalised. Making these local plans more equitable, getting local programmes close to the people is the kind of work that we are doing as part of ReBUILD for Resilience Consortium. The participatory approaches, the participatory action research, the group model building where different types of participants, including the communities, were invited to discuss about the issues that they face.

So co-creating this model together with the community and the system stakeholders helps to kind of foster more equitable environment or the knowledge-sharing platform and which in a way helps to build trust within the stakeholders and the research teams and the community.

Kate Hawkins: Governance is a key theme within the Global Symposium. It's mentioned throughout, but governance can be quite nebulous and it can be considered one of these high level things that's happening in corridors of power. But I think in ReBUILD, we're conceptualising governance in a slightly different way. I don't know, Joanna, do you want to talk a bit more about the Municipal Health Committees and governance at that more local level. What did you find when you started and how are things going now?

Joanna Khalil: The current response is mainly initiated by local people and local governance structure, which are the municipalities. And we saw also the same response during COVID-19 municipalities took over the lockdown and the distribution of goods and supplies to people who are at home and also triangulation from our document review, many papers also mentioned that municipalities, they take on the role.

That's why after the group model building workshop, we found that's lack of coordination at the field level, and we decided we could develop the intervention of our local partners and stakeholders to initiate a municipal health committee under the municipality to govern the health services and the healthcare as a way to strengthen the local health system during a time where the ministry of health's role is weakened and actually a local structure can take over and really build the resilience of these health system and strengthen it. And make use of the local capacities to really respond to different crises.

Kate Hawkins: Thanks, Joanna. Shophika, is there anything from the Nepalese experience of building governance structures or supporting them that you'd like to share?

Shophika Regmi: In our approach, we usually start with understanding the resilience capacity of the local government. We do these multiple types of research to understand the systemic as well as the individual level barriers that are affecting the local systems. After understanding the political economy of the local health system, the actors, the powers, the influence their interest, as well as the structures that are influencing the local health system functions... trying to understand these and then working with the system, we could develop this local plan. Part of it was strengthening the governance mechanism of the local health system. In our context, we didn't establish a new system or introduce new functions to the existing systems. Instead, we are trying to operationalise the structure and the functions that should be ideally in place but are not functional, either due to the capacity gaps or due to the absence of strong leadership and motivation. Through our research in Nepal, we studied the gaps minutely, and

then we worked collaboratively with the system stakeholders to address those gaps and try to build the solutions as well as implement the interventions in a collaborative way. So, this is how we are working in Nepal.

Kate Hawkins: I just wanted to bring you back to something you mentioned about the methods used, perhaps you could talk a little bit more about how you've used participatory methods and the wonderful outcomes that we've seen as a result of them.

Joanna Khalil: Yes, group model building exercise was actually very interesting because whenever you go to a community, they immediately say there's a lack of funding. There is lack of resources, but actually, when we discussed with our local partners what was really the problem, it wasn't really the lack of funding and resources. We came up that there is a no coordinating body to coordinate all these responses and initiatives. So really, the partners they saw the real problem and the actual root of the problem. And that's why we came up with the idea of the municipal health committee as a structure for local governance. Under the supervision, of course, of the municipality. Here we are strengthening the local structures. We are not doing a parallel system or a parallel structure. We're strengthening the local structure that is present but weakened.

Kate Hawkins: Could you tell me a bit more about Women Now and the work with health workers?

Joanna Khalil: Yeah, the other project to us we are working on is with community providers, which are mainly Syrian refugees, and actually, our work is to empower these women also to take the rights and to advocate for the right as refugees, but also, they are health workers.

Shophika Regmi: Because, as we know, in Lebanon, Syrian health workers do not have the right to work, actually, in health facilities. They work in an informal system that is not registered under the Ministry of Health. It was a very interesting journey with these women and a transformative journey, actually, because they used to be receivers of initiatives and projects, but now we are empowering them to be actors and to take into their own hands, to ask for their rights and to ask for integration and inclusion in the system. In Nepal we are using different participatory methods, and as Joanna said, group model building is one of them. We found that very useful, and we are even using that in our learning site too currently. And in addition to that, we also are using this filmmaking approach where the female community health volunteers in our case.

They we build their capacity to write their own stories and shoot their own film. Ultimately the product was a film which was scripted which was shot by themselves. They showed their film to the community, to the stakeholders, where they showcase how their lives are affected by what people think about them. They expressed their experience and that was very useful and very impactful in our case where people realise the important role that close to community providers are playing in Nepal. That is also one of the very effective approaches that we are using in ReBUILD.

Kim Ozano: It's been really interesting to hear how ReBUILD's research very much aligns with the Health Systems Symposium themes, and I think this is the point where we normally ask for advice, but we're going to ask you a bit more about what you think is important to come out at the symposium and what you would like to see happen there and signpost us to some of your work.

Joanna, I'm aware that you are not able to attend, so any signposting to the work outside of the symposium would be greatly received, but from your point of view, Joanna, what would you like to see discussed during the conversations in Japan?

Joanna Khalil: Yeah, I guess it's really important to shed the light on how Lebanon is responding to the multiple crisis and the approaches we gathered from our research in Lebanon on how to respond and to strengthen the health system. A discussion would be really enriching and inspiring and how it compares to other countries and other settings, and how the approaches might be different or the same and other insights on our work also would be really very helpful and constructive.

Kim Ozano: Thank you very much. That's very useful to understand. And Shophika, I understand you are going to the symposium. What are you hoping to see there?

Shophika Regmi: I participated in the last conference, that was very helpful as an individual for me to present my research work and build my capacity in terms of delivering my research work more effectively. So that is at the at the personal level, but I would also like to learn more about the different approaches, different research matters, techniques, frameworks that the system researchers around the world use in the complex settings and how they evaluate their interventions ultimately to address the complex health system challenges.

And the other part I expect from the conference is to build networking with a diverse group of health experts, policymakers, and practitioners from around the world who bring a different experience to the conference. And the last one is this

conference is very timely as different countries around the world is facing conflicts, facing climate crisis. I'm hoping that through this conference, different research works and the knowledge and insights are shared with the policymakers teams and they discuss about the issues and bring solutions that can be taken forward at the country level.

Kim Ozano: Thank you very much and Kate finally what are you hoping to see and achieve during your time in Japan?

Kate Hawkins: I think the topic of peace and conflict is such an important one for the world today, and I would love it if the conference members could move through theoretical understandings of the research and what it means to perhaps some practical actions that we as a global community can take to help protect the communities, the health workers and the researchers who are actually in active conflict at the moment. And they're in my heart and my mind.

Kim Ozano: What a great place to end a real call to unite and share knowledge, to generate some practical solutions to the challenges being faced globally. So on that note, thank you to our guests. Joanna Khalil, Shophika Regmi and our co-host Kate Hawkins. And of course, to our listeners for joining us in this episode. During the upcoming global symposium on health systems research, we will be podcasting from the halls with the ReBUILD team, capturing those key debates and new thinking as they unfold. So, for those of you who are unable to attend the symposium, we'll bring the discussions to you, sharing the latest perspectives on strengthening health systems worldwide. So do subscribe to Connecting Citizens to Science to catch each episode as it comes out until next time.

Thanks for listening.