Building gender equitable health systems post-conflict

Dr Joanna Raven, Professor Sally Theobald,
Liverpool School of Tropical Medicine
The ReBUILD consortium

Consortium partners

- Cambodia Development Research Institute/National Institute of Public Health
- College of Medicine and Allied Health Sciences, Sierra Leone
- Makerere University School of Public Health, Uganda
- Biomedical Training and Research Institute, Zimbabwe
- Institute for Global Health and Development, Queen Margaret University, Edinburgh (UK)
- Liverpool School of Tropical Medicine (UK)

Consortium affiliates working in additional countries: Côte d'Ivoire, Nigeria and South Africa; Sri Lanka, Gaza and Liberia
ReBUILD research

Research for stronger health systems
Thematic areas emerging from ReBUILD's research on health systems in post-conflict settings.

- **Health systems fragmentation and local innovations**
- **Financing challenges**
- **Health workforce disruption**
- **Reduced capacity for service delivery and coordination**

**Poverty**
- **Changing household structure**
- **Intensifying health needs**
- **Trauma**
- **Household coping strategies**

**Thematic areas**
- **Health systems**
- **Actors, networks and power**
- **Responsive policy**
- **Resource flows**
- **Building individual and institutional capacity**
- **Attraction and retention**
- **Deployment**
- **Human resources policy-making**
- **Gender**
- **Household structure**
- **Axis of vulnerability/resilience (Gender/generations/(dis)ability)**
- **Accessing healthcare**

**Effects and responses**
- **Institutions**
- **Health workers**
- **Communities**

**Conflict and crisis creates change**

**Enhanced vulnerability**

**Thematic areas emerging from ReBUILD's research to consider in strengthening health systems after conflict and crisis.**

**Conflict/crisis**

**Post conflict/crisis**

- **humanitarian phase**
- **reconstruction phase**
- **development phase**

ReBUILD Consortium
Research for stronger health systems post conflict
Why use life histories to capture gendered realities?

• Draws on feminist and gender epistemologies

• Place people of all genders at the centre of research

• Experiences and realities of people need to feed into the process of supporting a resilient and responsive health system

• Useful in contexts where there is a lack of formal data

• People may have experienced multiple traumatic events - important to rebuilding process
Life histories in ReBUILD

Communities:
• To capture health related experiences of women and men from poor households and their health seeking experiences through time

Health workers:
• To explore older female and male health workers’ perceptions and experiences of their working environment, how it has evolved and factors which encouraged or discouraged them from staying in post in remote areas and being productive
Example from northern Uganda

“... when this war begun husband had just gotten a job and started working in Kampala. From Kampala he was posted to Khartoum [Sudan] but me I came home in Gulu...But later some man came from Khartoum and told me that my husband had died in Khartoum. At that time we were here with my in-laws and his parents. ... My brother-in-law started mistreating me and the children ... They [in laws] became so greedy for the things we returned with from Kampala saying they were their brother’s. So they started to remove the things from me. I tried to resist but he took it by force so it became too much for me. So, it was hard that I went to the office of the Red Cross in Gulu for help.” (54-year-old woman)

“...just only two things stick out for me: the sodomy I endured and how we left home going to the camp. We were chased from our homes in a very bad way, we only survived by God’s grace, it was not a good experience at all. Also there was a time we were abducted by the government army and they tied us with ropes and they were pouring on us red peppers [red chilli powder] just direct on our faces. We just escaped death narrowly.” (70-year-old man)

The gendered health workforce

- Lack of balance
  - Women predominate in nursing & midwifery
  - Under-represented in management; mainly low payed positions

- Gender roles
  - Shaped by caring household responsibilities
  - Affects attitudes to rural deployment
  - Particular challenges in accessing training

- Most HRH regulatory frameworks did not use the post-conflict moment to address gender

- Improved gender equity in the health workforce requires integrating gender into policy and action to improve gender equity within institutions and households.
“Life histories build on one of the most essentially human characteristics – telling stories and making sense of the word through our own life experiences. They have potential to contribute to health systems research.”

(Witter et al. 2017)
Building Back Better
A new e-resource: www.buildingbackbetter.org
Key findings

- Assumptions of gender equity: no guidance from health systems literature
- Gender responsive = address sexual violence; maternal health; maybe reproductive health
- No definition of a gender equitable health system
- No reflection on health system as an arena to build gender equity in society

Building Back Better: resources

A new set of policy briefs

Gender in humanitarian responses and health systems strengthening

Including four country case studies
RinGs is a partnership which brings together three research networks encompassing 17 institutions across 25 countries to galvanise priority for gender and ethics in health systems research.
What RinGs aims to do

Within health systems research, RinGs seeks to:

- Synthesise existing research
- Stimulate new research
- Support a learning platform

Advance gender and ethics analysis

- Context-embedded approaches
- Intersectionality
- Ethical analysis of power relations and social exclusion

Galvanise priority for gender and ethics

- Care-seeking
- Financing and contracting
- Governance
- Human resources in health

Strengthen RPC thematic areas
Contact us & stay in touch

- Website: http://resyst.lshtm.ac.uk/rings
- E-mail: RinGs.RPC@gmail.com
- Twitter: @RinGsRPC
- Google+: RinGs
- Linked In: https://www.linkedin.com/groups/Gender-Health-Health-Systems-Group-8293050/about
- Sign up for our newsletter! http://goo.gl/ieRTCw
Main messages

- Gender equitable societies are more peaceful and prosperous
- Health systems both reflect and shape their context
- Health systems rebuilding is too often gender blind

Achieve gender equality and empower all women and girls