

**Stockholm International Peace Research Institute (SIPRI) Global Health and Security Programme
Gender Working Group**

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Title: “Building Back Better? Health System Reconstruction and Gender Equity”.

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Background and description of the study objectives, methods and country contexts

Policy makers are turning away from vertical health interventions, recognizing that building health systems is a more efficient and sustainable method to address a greater number of health issues and achieve broader improvements in health outcomes across the population. However, due to the complexity of health systems and the lack of research on health system reform and transformation in developing countries, prioritizing and sequencing these interventions is particularly challenging.

Fragile states are characterized by weak governance structures, weak health care infrastructure and poor health outcomes. Policy makers and donors are turning their attention to health system interventions in such states, where key questions include how to ensure humanitarian engagement strengthens national capacity, how to finance a universal package of basic services, and if and how health system interventions can build more stronger more resilient states. Increasingly, research is being undertaken on health system interventions in fragile states, yet this research has not yet examined these interventions with a gender lens.

Through a comprehensive literature review and the construction and interrogation of case studies, our study analysed whether and how efforts to strengthen and rebuild health systems in fragile states contribute to the development of gender equitable health systems. By gender equitable health systems, we mean health systems with:

- Equitable opportunities for male and female health professionals working within the health system;
- Equitable access to health care services for men and women, and across age groups;
- Gender disaggregated health information that informs policy;
- Equitable health system financing that ensures basic health service coverage for women, particularly sexual and reproductive health services; and
- Equitable health outcomes among women and men, and across age groups;

Our specific research questions assessed whether (and how) health system interventions and reforms:

- Are based on a gender sensitive evaluation of the context/country, that examines how the outcomes of health systems – population health, quality of care, equity – vary among men and women and across age groups;
- Incorporate gender into the evaluation and reform of the various components of the health system, particularly the Basic Package of Health Services (BPHS) approach as well as access to secondary and tertiary care, health workforce training and strengthening, health information systems, as well as health system financing and payments; and,
- Identify, prioritize and implement interventions of particular importance to women, including factors to address sexual violence, sexual and reproductive health services, and maternal health interventions.

In order to explore these questions we undertook a comprehensive literature review of the impact of health system reform on gender equity and equality in both conflict affected as well as developing states and of the relationship between women and peacebuilding, the impact of conflict on women, the impact of the humanitarian sector on gender equity and health system interventions in the post-conflict period. We purposefully selected four cases – Timor-Leste, Northern Uganda, Sierra Leone and Mozambique – to undertake an in-depth examination of the impact of health system reform upon gender equity in health. The research was undertaken primarily through desk studies – the review of published literature, evidence gathered from primary documents available online, and the examination of grey literature including reports from the humanitarian community. In the case of Timor-Leste, this desk study was supplemented by examining findings from primary research undertaken by one of the authors for her doctoral research.

Summary of study findings

With these inputs, the Final Report entitled “Building Back Better? Health System Reconstruction and Gender Equity” developed an argument regarding the impact of health system inequity on gender equality: health system restructuring is unable to take advantage of the post-conflict environment to contribute to gender equity for three principle reasons.

- First, the focus on gender at the international political level, as reflected in UNSCR 1325, is to encourage the participation of women within peace negotiations and within elected assemblies; however, there is little focus on equitable representation of men and women within senior decision-making positions in various social sectors, such as health, where the impact of gender inequity is most sharply felt.
- Second, the overwhelming focus of humanitarian actors on sexual violence and maternal health outcomes, while necessary and including interventions that are evidence-based, are insufficient to address the broader causes and consequences of gender inequities. Moreover, these programs enable donors and policy makers to ‘check’ the gender box, without planning more robust, comprehensive health systems strategies that more fully address gender inequalities within these societies.
- Third, health systems research is largely gender blind, without sufficient detail on how the package of health system reform measures impacts on gender roles and norms. Therefore,

there is little guidance or evidence base for those engaged in health system reform on how these interventions could exacerbate or alleviate gender inequity.

Reflection on the (possible) contribution to conflict transformation

Recent research underscores the importance of gender equality to successful peacebuilding: societies that have higher levels of gender equality are more peaceful and prosperous, and post-conflict peacebuilding is most successful in societies that protect the rights of women. Yet there is little research on how to rapidly improve gender equality within societies. Given the nature of health systems, ensuring that health system reform promotes gender equitable health systems may be an important intervention to help build gender equality.

Evidence of impact of intervention on health, health system, and/or conflict transformation

The country case studies and the reviews of literature (which are both ongoing) allowed us to develop some preliminary research and policy recommendations.

While interventions to strengthen health systems in conflict and post-conflict settings are strongly advocated and appear to have improved maternal health outcomes, their impact on gender equity in health is much less clear. There is little understanding of what interventions are most important in building a gender equitable health system. We recommend that health systems models, specifically the Basic Package of Health Services, should be analysed to evaluate their impact on gender equity. There is also a need for research on health system reform that includes clear indicators to measure and evaluate gender equitable health system outcomes.

Promoting gender equality at the political level is insufficient to build broader gender equality in society. There is a need to expand the implementation of UNSCR 1325 and its follow-up resolutions to include equitable gender representation in social sectors such as health. Indeed, the relationship between the political sphere and the health sector is synergistic: gender equitable health systems cannot be built in the absence of wider efforts to achieve broader gender equality within society.

Other relevant information

Studies of post-conflict health reform have been largely gender blind. While more research is needed on the best strategies to rebuild health systems in fragile states and those emerging from conflict, this research must integrate gender into its analysis. Policy choices during this period are critical as there is an element of path-dependency inherent in post-crisis health system reform: policies selected will have a lasting legacy on the health system, and restrict future policy choices.