

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

Introduction

Through a comprehensive literature review and the construction and interrogation of four case studies (Timor-Leste, Northern Uganda, Sierra Leone and Mozambique) 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.



Preliminary Findings

Our report argues that health system restructuring has been 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, is clearly necessary and appropriate but often opportunities are missed 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.

Preliminary research and policy recommendations

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.

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.

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.



Contact person: Esther Richards (esther.richards@liv.ac.uk)

Contributors: Val Percival, NPSIA/Carleton University; Tammy Maclean, LSHTM; Esther Richards, REBUILD, LSTM; Sally Theobald, REBUILD, LSTM; Justine Namakula, REBUILD, Makerere University; Sarah Ssali, REBUILD, Makerere University; Francelina Romão, Mozambique Ministry of Health; Joseph Edem-Hotah, REBUILD, College of Medicine and Allied Health Sciences.