



The RinGs and ReBUILD story: Stimulating research on gender and the health workforce and financing in fragile and conflict-affected settings

Background

RinGs was established in 2015 with a grant from the UK Department for International Development, to support three research programme consortia – ReBUILD, Resyst and Future Health Systems – to apply a gender lens to their work. In 2017 this partnership expanded to include COMDIS. The main mechanisms used to foster this work were capacity development (including the creation of tools and a small grants programme which provided intensive training to individual researchers), research, and publishing which aimed to raise the profile of these issues in the larger health systems research world, identifying barriers to this work and areas ripe for further development.

What did RinGs do?



2014

- Sharing tools and resources on gender and life histories at the ReBUILD partners meeting.
- RinGs publishes its briefing on why gender should be a focus in discussions on Universal Health Coverage.



2015

- Discussion on RinGs and gender analysis at the ReBUILD partners meeting.
- Three ReBUILD projects received funding from the RinGs small grants programme to do research on gender and the health workforce.
- Webinar on how to do gender analysis within health systems research targeted small grantees and outside audiences.
- Webinar on gender and health systems financing in which the ReBUILD Director Sophie Witter explored issues related to gender, financing, and UHC.
- The Building Back Better e-resource launched.



2016

- Meeting and training on gender with small grantees in Kilifi, Kenya.
- RinGs supported Health Systems Global (the professional body for health systems research) in holding a webinar on gender and community health workers.
- RinGs published a paper on how to do gender analysis in health systems research in Health Policy and Planning.
- ReBUILD published papers on 'Using life histories to explore gendered experiences of conflict in Gulu District, northern Uganda: Implications for post-conflict health reconstruction'.
- RinGs published a paper highlighting the ten best resources on health systems and intersectionality in Health Policy and Planning.
- Book chapter on Building post-conflict health systems: a gender analysis from Northern Uganda is published.
- Webinar on the role of gender within health systems which showcases the work of small grantees.
- Sally Theobald spoke on a panel at the World Health Summit in Berlin on gender equality in the Global Health workforce which included discussion on fragile and conflict-affected states.
- Sally Theobald presented work from Building Back Better on a panel at a side meeting "Health Systems Strengthening: Women's Leadership, Peace and Security" at the World Health Assembly, sharing a platform with the Honourable Minister Dr Bernice Dhan, Minister of Health for the Republic of Liberia.
- Panel on Building Back Better at the Global Symposium on Health Systems Research which included case studies from Uganda, South Sudan and Bangladesh and was chaired by Prof Val Percival from the RinGs Advisory Committee.

- Skills Building session on life histories at the Global Symposium on Health Systems Research in Vancouver.
- Stephen Buzuzi wins the prize for the best poster in the gender theme at the Global Symposium on Health Systems Research.
- Sreytouch Vong accepted onto the Emerging Voices for Global Health programme and presented her RinGs study (both oral and poster) at the pre-conference session for Global Health Students and Young Professional Summit (GHSYPS) at Fraser Simon University, Canada.
- At the Global Symposium on Health Systems Research Sreytouch Vong speaks on a panel, “Building the human resources for health investment case for achieving global health goals” organized by USAID and HRH 2030.
- Bandeth Ros presented the RinGs case study on role of gender in career pathways for health workers in Cambodia at the 8th International Conference on Public Health among Greater Mekong Sub-Regional Countries, in Phnom Penh.

2017

- Sreytouch Vong was recognized as one of Women in Global Health’s Heroines of Health at a ceremony coinciding with the 70th World Health Assembly in Geneva. Sreytouch and Sally present on a panel on leadership.
- Briefs summarising Sreytouch Vong’s work on women’s leadership in the Cambodian health system and Stephen Buzuzi’s research on gender mainstreaming and deployment in Zimbabwe are published on the Building Back Better website.
- The RinGs brief on the Cambodian research was shared with a joint World Bank and Department of Foreign Affairs and Trade gender assessment in the health sector. The brief was also shared with the Reproductive and Child Health Alliance, a local NGO which was putting together the literature on gender and leadership in health sector.
- Paper on the role of women’s leadership and gender equity in health system strengthening published with Women in Global Health.
- Sally Theobald presented Building Back Better research at the LSHTM symposium on Evidence to accelerate progress toward meeting the need for family planning.
- Initiated ReBUILD research into Community Health Workers and gender in Sierra Leone using a life histories approach.
- Sally Theobald and Val Percival take part in Humanitarian Evidence Week and publish a blog on Building Back Better using humanitarian aid.
- The WHO Gender and Equity Hub is launched at the Human Resources for Health Forum in Dublin. Sally Theobald and Sarah Ssali are invited to sit on the steering committee.
- ‘Minding the gaps: health financing, universal health coverage and gender’ published by Sophie Witter et al. in Health Policy and Planning.
- ‘The gendered health workforce: mixed methods analysis from four post-conflict contexts’ is published in Health Policy and Planning.
- The paper on gender and UHC and the RinGs webinar are extensively cited in the WHO publication ‘Beyond the barriers Framing evidence on health system strengthening to improve the health of migrants experiencing poverty and social exclusion’.

Who we are

The main RinGs contacts within ReBUILD were Sally Theobald and Sarah Ssali who helped found the initiative and were responsible for ensuring that gender was prominent in the work of the consortium. Small grantees who worked as part of the RinGs team included:

- Richard Mangwi of Makerere University, School of Public Health, Uganda. Richard’s study focused on applying intersectionality to explore gender dynamics in access and utilisation of maternal and newborn services among internal migrants settled in the sugar-cane growing region of Masindi district, Uganda
- Stephen Buzuzi and Yotamu Chirwa of the Biomedical Research and Training Institute, Zimbabwe. Their project looked at gender mainstreaming in rural posting and deployment systems in the health sector in Zimbabwe.
- Sreytouch Vong and Bandeth Ros who are independent consultants in Cambodia. They studied the role of gender in career pathways for health workers in Cambodia.

How did RinGs benefit the consortium?

New ways of knowing and framing problems in health systems research

“As a health financing person, I spend much of my time thinking about equity and power – who sets agendas, who pays for services, who gains, who has access or not to health care, and so on. I rarely think about gender. I am too busy thinking about other forms of disadvantage, such as poverty.”
Sophie Witter, Queen Margaret’s University, UK

From the outset RinGs has argued that there is unlikely to be more gender analysis in health systems research unless the academic community are persuaded that: 1) there are political and institutional



barriers to the adoption of this approach, and 2) a gender approach can uncover new insights which can help tackle some of the most seemingly intractable challenges in health systems strengthening. Communications from RinGs and activities like the webinar on gender and health financing have brought together health systems researchers from different backgrounds and disciplines to explore what a gendered approach may offer.

Capacity development and support

"I am impressed in the support and visibility work of RinGs and the tools they have developed to introduce these tools to other researchers to embed it and move beyond being gender blind. They supported me over time...when I engaged with RinGs it changed my conception they worked collaboratively and provided support and mentorship and gave support and opportunities."

Sreytouch Vong, independent consultant, Cambodia

Throughout its lifetime RinGs has supported ReBUILD researchers through the creation of tools and other capacity building interventions which has increased their confidence in conducting gender analysis. This led to a gender analysis being included in research where it may not otherwise have been and strengthened ability to perform this work. Two of the small grants used a life history approach to analyse the experience of health workers in their setting. ReBUILD and RinGs have focused on this methodology, producing a range of publications and training opportunities for members in this area. This embedded approach to research can be particularly useful for research on gender.

Influencing policy

The ReBUILD team have taken learning from the work that they have conducted as part of RinGs and actively used it to influence health systems policy. For example, Joanna Raven and Sally Theobald worked with Sarah Hawkes (UCL) to support the European Commission (EC) (central office and country health advisors) in applying a gender analysis. A

training was held and culminated in the creation of a learning support tool. The resource defines key gender concepts and links to relevant open access tools, resources and frameworks which can be applied to support gender analysis in different contexts and across different health systems issues. In July 2017 it was distributed by DEVCO B4 to over 90 EC country delegations for use in their health and gender programmes. Findings from Sophie Witter's work on gender and health financing has been taken up by the World Health Organization on their guidance on migrants. In Cambodia the work on women's leadership has been shared with government and civil society.

Supporting the communication of research

ReBUILD's specific work exploring the opportunities and challenges for building gender responsive health systems in settings affected by conflict and crisis has been brought together as a specific online resource – Building Back Better. This e-resource includes a series of policy briefs, both addressing general issues of how health sector reform after conflict can support gender equity, and how humanitarian responses to health can adequately take gender into account, as well as a growing series of country case studies, including from Cambodia, Nepal, Timor Leste, Sierra Leone, Mozambique and Northern Uganda. A partnership with Women in Global Health has highlighted Sreytouch Vong's work on gender and leadership within the Cambodian health system and she has been invited to speak at their events, was given their Heroine of Health award, as well as co-authoring a peer reviewed journal article with members of their team. The communication of this work has been boosted by its link to ongoing conversations about women's leadership within the health system and the creation of the WHO Hub on Gender and Equity which will specifically look at this topic.

What next?

ReBUILD has made a commitment to highlighting gender within their broader

portfolio of research as they move forward over the next year, and specific support on consideration of gender and intersectionality is being given on all ReBUILD's extension projects. For example, their new project on community health workers seeks to understand how this cadre of the health workforce are managed and supported in fragile and conflict affected states, using a gender lens and participatory methods such as life histories and photovoice. In this the team have paid attention to the composition of the research team, the sampling for the methods, and using gender and intersectionality approaches (i.e. the interplay of gender with other axes of disadvantage) as an analytical lens to all data. There is room for further capacity development intervention and practical sessions that support researchers to apply the tools and frameworks which RinGs has identified.

Development of the Building Back Better resource will continue, with new case studies from Myanmar, South Sudan, and Bangladesh. A consultation will be held with key stakeholders engaged in health systems research in fragile and conflict affected settings to see how this area of work might be expanded further.

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