



# HEAL initiative Public health Advocacy forum

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Feb2, 2025, Tigray, Ethiopia, Africa.

## REBUILDING HEALTH SYSTEMS IN TIGRAY: RESILIENCE, TRUST, AND COMMUNITY OWNERSHIP IN POST-CONFLICT RECOVERY

### ***Introduction to a Webinar on Post-Conflict Recovery and Resilience***

In the wake of devastating conflict, rebuilding a region's health system requires more than just reconstructing hospitals and clinics—it demands a strategic, evidence-based approach that ensures long-term resilience. This was the focus of the Feb2, 2025 webinar, "Strengthening Health Systems in Fragile Contexts: Insights and Strategies for Post-Conflict Recovery and Resilience in Tigray, Ethiopia," hosted by the HEAL Initiative for Health and Ayder School of Public Health Global Partnership team.

Moderated by Dr. Tsega Teweale, a primary care physician and public health advocate, the discussion brought together experts to explore strategies for restoring healthcare in Tigray. Dr. Azeb Gebresilassie Tesema, a global health lecturer at the University of New South Wales and an award-winning researcher, presented "Rebuilding Health Systems in Fragile and Conflict-Affected Settings: Lessons for Tigray's Post-War Recovery." Drawing on global evidence, she highlighted key challenges and opportunities for reconstructing healthcare in conflict-affected regions.

Mr. Mengistu Hagazi, a health systems expert with extensive experience in healthcare quality management and resilience planning, followed with his presentation, "Understanding Health System Resilience to Inform Recovery Planning in Ethiopia's Tigray Region."

Sharing preliminary findings from his research, he examined how resilience capacities have shaped the region's ability to absorb, adapt, and transform in the aftermath of war. At the heart of this discussion was the HEAL Initiative for Health, an organization born out of the urgent need for healthcare access during the crisis in Tigray. As Dr. Tsega introduced, HEAL has since evolved into a public health advocacy program dedicated to rebuilding and strengthening health systems through evidence-based interventions, policy engagement, and capacity building. This webinar marked yet another step in HEAL's ongoing commitment to ensuring equitable, sustainable healthcare solutions for conflict-affected communities. Through the perspectives of these experts, this blog will delve into the key insights from the webinar, examining the challenges, strategies, and lessons that can guide the reconstruction of Tigray's health system in the years ahead.

### ***Rebuilding Health Systems in Fragile Contexts: Insights from Dr. Azeb***

As the discussion commenced, Dr. Azeb Gebresilassie Tesema took the virtual stage, expressing her gratitude for the opportunity to share insights on rebuilding health systems in fragile and conflict-affected settings. She acknowledged the firsthand experiences of many participants in witnessing the devastation of war on healthcare, emphasizing the need for an evidence-based dialogue centered on lessons learned from global recovery efforts and their application to Tigray.

Dr. Azeb began her presentation by providing a broad overview of the impact of conflicts on health systems worldwide. She cited alarming statistics, highlighting that 25% of the global population currently lives in conflict, displacement, or violence-affected settings. According to the Global Peace Index, 97 countries have experienced a decline in peacefulness, while the Conflict Index estimates that one in eight people worldwide has been exposed to war or armed conflict. Ethiopia, and specifically Tigray, ranks among the most severely affected regions.

Drawing from global recovery models, Dr. Azeb outlined key priorities for rebuilding Tigray's health system, emphasizing that rebuilding is not merely about restoring services but about creating a more resilient, sustainable, and community-driven system. She highlighted the importance of coordinating actors and resources, aligning efforts among national authorities, international donors, and local health institutions to prevent fragmentation and duplication of efforts. Establishing strong governance mechanisms ensures the efficient allocation of resources and coordinated service delivery while strengthening partnerships between government, NGOs, and private health actors fosters long-term integration and effectiveness.

Balancing external influence and local ownership emerged as another critical theme. While international aid is crucial, dependency on external actors can create power imbalances and weaken local decision-making. Sustainable rebuilding requires that donors strengthen and work through local health institutions, rather than operating in silos. Community engagement plays a vital role in ensuring that rebuilding efforts reflect local health needs and cultural contexts. Transparent and accountable governance is also paramount. Ensuring that health system governance is transparent and responsive to community needs is essential, as is advocating for policies that integrate local networks and power structures in rebuilding efforts. Establishing mechanisms for accountability and oversight ensures that resources are used efficiently and equitably.

One of the most pressing challenges, Dr. Azeb noted, is healthcare financing. Financial dependency on international donors can create vulnerabilities, especially in times of global economic shifts. She stressed the need for innovative resource mobilization strategies, including diversifying funding sources by combining government allocations, donor funding, and community-based financing mechanisms

Research-driven investment strategies are crucial for securing long-term, sustainable funding, while reducing out-of-pocket healthcare expenses enhances accessibility and equity. Designing health financing policies that prioritize essential health services and reduce financial barriers to care is imperative. Dr. Azeb emphasized that funding mechanisms should not only be sustainable but should also ensure financial autonomy for local health systems, reducing reliance on unpredictable external aid.

In post-conflict settings, rebuilding essential health services requires a shift in care models. Dr. Azeb highlighted the urgent need for trauma care and disease burden management in Tigray, given the high incidence of war-related injuries, mental health disorders, and infectious diseases. Redesigning primary healthcare services with a focus on community-based interventions and health extension programs is crucial. Strengthening maternal and child health services, which have been particularly impacted by the crisis, ensures continuity of care for vulnerable populations. Expanding mental health and psychosocial support services is essential to address the trauma experienced by both healthcare workers and the general population.

A health system cannot function without its workforce. Dr. Azeb underscored the critical need to retain and support healthcare workers, who have faced immense challenges throughout the conflict. Providing financial and non-financial incentives for healthcare workers, particularly in remote or underserved areas, is necessary to prevent mass attrition. Ensuring psychosocial support for frontline workers is also vital, as many have endured war-related trauma and burnout. Developing a harmonized incentive structure helps prevent disparities and workforce demotivation. Investing in training and re-skilling programs ensures that healthcare workers are equipped to meet the evolving healthcare needs of post-war Tigray.

Closing her presentation, Dr. Azeb introduced the WHO's Humanitarian-Development-Peace (HDP) Nexus, a framework aimed at integrating emergency response, development strategies, and peacebuilding in fragile settings. She explained that this model offers a context-specific approach that enhances coordination, accountability, and long-term sustainability in conflict-affected regions. The HDP Nexus emphasizes strengthening institutional capacities to integrate emergency relief with long-term health system development, fostering partnerships between humanitarian organizations, government agencies, and local communities to align rebuilding efforts with national priorities, and embedding peacebuilding efforts within health system recovery to promote stability and social cohesion. With these insights laid out, the discussion transitioned to Mr. Mengistu Hagazi, who would delve into the practical realities of health system resilience in Tigray.

## ***Understanding Health System Resilience: Insights from Mr. Mengistu Hagazi***

Following Dr. Azeb's presentation, Mr. Mengistu Hagazi took the floor, expressing his gratitude for the opportunity to present his research on health system resilience in Ethiopia's Tigray region. He acknowledged the difficulty of speaking after such a comprehensive discussion but emphasized the importance of examining resilience from a localized, data-driven perspective. Mengistu's study, funded by the UK government, focuses on preliminary findings that analyze how Tigray's health system has adapted and responded to conflict-related shocks. His research, recently published in the East African Journal of Health Sciences, aims to identify resilience capacities, assess their effectiveness, and provide a roadmap for long-term recovery planning. He highlighted that resilience in health systems is not merely about surviving crises but about the ability to absorb, adapt, and transform in response to shocks

Providing context to his study, Mr. Mengistu detailed the historical vulnerabilities of Tigray's health system. The region, while rich in cultural and historical heritage, has long faced chronic stressors such as recurrent droughts, locust infestations, and resource scarcity. These environmental and economic challenges, coupled with the devastation of multiple conflicts—including the recent war starting in 2020—have significantly strained the health system. Prior to the conflict, life expectancy in Tigray had risen from 45 to 65 years, demonstrating significant progress in public health indicators. However, these gains were severely reversed as a result of the war.

To assess resilience, Mr. Mengistu's research utilizes a longitudinal mixed-methods approach, analyzing key health system components across three distinct periods: before the war, during the war, and after the Pretoria peace agreement. His study maps resilience nodes and pathways, examining how structural weaknesses and strengths influenced the region's ability to recover.

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Mr. Mengistu detailed the devastation of health infrastructure, noting that before the war, Tigray had a well-connected network of two tertiary hospitals, 14 secondary hospitals, 24 primary hospitals, 224 health centers, and 741 health posts, supported by 340 ambulances. However, within just three months of the war, 80% of these facilities were either partially or fully destroyed. The war also resulted in the blockade of medical supplies, cutting off essential medicines and leading to a public health crisis. Even 11 months after the Pretoria Agreement, 86% of the region's health facilities remained in a damaged state due to ongoing instability, lack of resources, and a slow recovery process.

Discussing the role of humanitarian actors, Mr. Mengistu highlighted their crucial role in sustaining healthcare delivery in Tigray, particularly in areas under siege where government health services were non-functional. Organizations such as WHO, UNICEF, and other NGOs played a vital role in providing emergency aid, supporting mobile health teams, and restoring some level of healthcare access to displaced populations. However, he cautioned that humanitarian aid, while critical, is not a substitute for a functioning, government-led health system, emphasizing the importance of long-term recovery strategies.

In terms of health workforce resilience, Mr. Mengistu painted a sobering picture. Before the war, Tigray had a growing healthcare workforce. However, the war resulted in mass displacement of healthcare workers, burnout, and severe mental health challenges.

An estimated 78% of healthcare workers expressed a desire to leave Tigray, with 7.7% having already left by 2023. The war also exposed healthcare workers to direct violence, economic hardship, and psychological trauma, necessitating urgent interventions to restore morale and rebuild human resource capacity. Mr. Mengistu also discussed the role of the private sector, which saw an unexpected expansion during the crisis. The number of private health facilities increased by 37%, with pharmacies, clinics, and specialty centers filling gaps left by the decimated public health system. However, he cautioned that accessibility and affordability remain major challenges, as many in Tigray cannot afford private healthcare, raising concerns about equity in healthcare access. With these insights, Mr. Mengistu concluded his discussion, opening the floor for further dialogue.

## ***Questions, Insights, and Expert Responses on Rebuilding Tigray's Health System"***

As the discussion drew to a close, the engagement of the participants grew more profound, reflecting the urgency and significance of the issues raised. Dr. Tsega, moderating the session, encouraged further contributions from the audience, inviting experts like Dr. Tesfay, Dr. Mussie, and Professor Afework to share their insights. Their input emphasized the challenges and potential solutions in establishing a resilient health system in a conflict-affected region like Tigray. A public health researcher & academician participant from Mekelle university opened the floor with a critical question: "How do we create a resilient health system when we continue to face cycles of drought, famine, and war?" He further questioned the feasibility of implementing the six WHO building blocks without sufficient political commitment. This led to a compelling response from Mr. Mengistu, who stressed that resilience is a necessity, not a luxury, particularly for resource-limited settings. "Being poor itself demands daily resilience," he remarked, emphasizing that health systems in such contexts must be creative in providing essential services despite resource constraints. Dr. Azeb expanded on this notion, highlighting that grassroots-level interventions are vital

She advocated for strengthening primary healthcare, investing in community-based services, and providing capacity-building programs. "A resilient health system does not only require infrastructure but also a strong and well-supported health workforce," she noted, reinforcing the importance of psychosocial support and incentives for healthcare workers who have endured trauma and displacement. Additionally, Dr. Azeb emphasized that trust is the foundation of effective community ownership. "The community must trust the system and be willing to work with us. Without trust, engagement remains superficial, and resilience remains elusive," she asserted.

The conversation took a deeper turn when a Professor from Mekelle university challenged the very use of the term 'resilience.' He questioned whether resilience accurately described a system that required complete rebuilding. "When a health post is entirely destroyed, does it need resilience or reconstruction?" he asked. Mr. Mengistu responded by clarifying that resilience involves not just rebuilding but also learning from past shocks and preparing for future ones. "It is not just about restoring what was lost but about building a stronger, more adaptive system," he explained.

Other researcher & academician participant from Addis Ababa university, contributing from the message box, argued that true resilience is rooted in community ownership rather than mere engagement. He stressed that shifting ownership from the government to the community is the most sustainable approach to ensuring resilience. "If the community is the true owner of the health system, it can withstand political fluctuations and crises," he asserted. This sentiment was echoed by other participants, reinforcing Dr. Azeb's earlier point on trust.

One of the final questions posed in the chat box challenged the focus on resilience, suggesting that a more comprehensive transformation of the health system was needed. Mr. Mengistu acknowledged that resilience includes three key strategies: adaptation, adoption, and transformation. He agreed that transformation is the ultimate goal, where a new, robust system emerges from past challenges.

As the session concluded, Dr. Tsega summarized the key takeaways, reaffirming the significance of resilience, trust, and community ownership. "Rebuilding the health system in Tigray is not just about infrastructure but about fostering trust and ensuring that the community takes an active role in its own healthcare," Dr. Azeb emphasized. The webinar closed with expressions of gratitude to the panelists and participants. Dr. Azeb and Mr. Mengistu were acknowledged for their valuable insights, and the attendees were encouraged to continue advocating for a stronger, community-owned health system. "This discussion is only the beginning," Dr. Tsega concluded, "and together, we must ensure a resilient, transformed healthcare system that truly serves the people of Tigray."