Sixth Global Symposium on Health Systems Research (HSR2020)

Re-imagining health systems for better health and social justice

Setting the Scene

Ten years on from the first Global Symposium on Health Systems Research and five years into the Sustainable Development Goals (SDG) era, health systems around the world are still far from achieving accountability, equity, social justice and the goal of 'leaving no one behind'. While people are generally living longer, non-communicable diseases (NCDs), mental illness and multiple morbidities are on the rise, and health disparities within countries are widening. Achieving the global target on universal health coverage (UHC) by 2030 is a major challenge, with half of the world's population still lacking access to quality basic health services. New threats to accountability, equity, health security and social justice arise with climate change, state fragility, conflict, massive population migration and refugee crises, unprecedented urbanization, epidemics and pandemics, political turbulence, polarizing ideologies, rising nationalism and closing civil space.

Health systems, as they stand today, are not equipped to address increasingly complex and interconnected health and development challenges of the twenty-first century. Despite tremendous progress on medical diagnosis and treatments, health systems remain predominantly sick care systems - disconnected from the broader upstream forces influencing health. Achieving Goal 3 of the SDGs "*Ensure healthy lives and promote well-being for all at all ages*", as well as the many other health-related SDGs, demands a fundamental paradigm shift in the way we think about health systems. Health systems need to address chronic, systemic failings by engaging with the social determinants of health and the broader structural forces that influence health systems — including political systems and institutions, power asymmetries, corruption, corporate interferences and commercial determinants of health. Meeting the health challenges of today, and the future, will also require leveraging new technologies and innovating in health systems arrangements for better impact.

Now is the time to re-imagine health systems. The Sixth Global Symposium will seek to break old silos and boundaries, re-orienting health systems to address public health and the broader ecosystem influencing health. HSR2020 will engage with political, social, economic and environmental forces that perpetuate health inequities and social injustices. It will also explore how bold technological, data and social innovations within health systems can address these challenges, paving the path towards UHC and the SDGs.

HSR2020 will provide a catalytic platform for sharing knowledge and experiences, raising awareness and advocating for change, building capacity, and developing strategic partnerships to address the challenges facing health and development today. A stream within the Symposium will also address methodological issues in health systems research to support the essential transformations in health systems. Whether you work on policy, practice, research or education – in policy, civil society or research settings; whether your focus is the role of government, the private sector or civil society; whether you are concerned about health systems, humanitarian health, social protection, environmental sustainability and climate change, political economy, data

science, innovations, ethics, media or more, we invite you to learn from others, share your work, and inform the much needed transformation of health systems. Submissions are welcome that address the broader theme, and any of the subthemes below.

<u>Sub-theme 1</u>: Engaging political forces that impact health systems

Power and politics affect all actors and dimensions of health systems, influencing policy prioritization, resource distribution, accessibility and affordability of care, implementation of particular courses of action, quality of services, gender equality and other marginalization, as well as the institutions involved in health systems research themselves. Corruption – meaning the abuse of entrusted power for private gain – further increases inequality, impoverishes populations, and slows progress towards achieving UHC, particularly among the most vulnerable population groups. Faced with the spread of polarizing ideologies, tighter borders, growing health disparities and unregulated commercial interests, the health systems community must engage with the political forces that impact health systems. Analyzing and addressing power, politics and corruption in health systems is critical to tackling the underlying causes of health inequities and creating the conditions for ethical practice and good health for all. Within this sub-theme, HSR2020 will address two interconnected components:

a) Speaking truth to power: politics, corruption and corporate interference

HSR2020 will analyze and engage with power, politics and corruption both within national health systems and transnationally, as well as explore the dynamics between global and national levels.

Within national health systems, we will identify the actors who hold power, the possible sources and exercise of such power, and how different expressions and forms of power interact at different levels of the health system to influence priorities, policies and health systems outcomes. We will also explore how the structure, financing and governance of health systems give rise to various types of corruption, and how corruption distorts health system functioning. Transnationally, we will explore power asymmetries in global processes involving development partners, international and humanitarian aid agencies, and multinational corporations. We will identify, for example, how development partners shape health systems research and national health policy, the power dynamics between host government and donor-funded international non-governmental organizations in post-conflict settings, or the role of global health initiatives in shaping health systems. We will also address commercial determinants of health and investigate how conflict of interest and corporate interference influence politics in ways that legitimize their presence and shape health policies, including drivers of NCDs. Methodologically, we will examine the use of policy process analysis, the application of political and sociological theories, political economy and anthropological analyses to explore the sources and exercise of power.

b) Promoting accountability and strengthening stewardship: making social voices heard

To address the challenges created by power inequities and corruption, HSR2020 will learn from the experiences of those who have confronted corruption, provide a platform for sharing evidence

about effective strategies and discuss how best to address political bottlenecks. The Symposium will document learnings from experiences where citizens, civil society organizations, communities and the media have employed their power to shape policymaking processes, advocate for healthier policy solutions, and influence government priorities. We will identify the multiple modalities through which citizens and communities may hold those in positions of power accountable, how context shapes the effectiveness of these strategies, the extent to which the interests of the marginalized are represented within these processes, and the challenges and opportunities to strengthening accountability on a national scale, as well as within the international community.

Health system stewardship must also be strengthened through timely collation of information, building strategic multisectoral partnerships, and deploying evidence to inform decisions and build accountability. We will explore how capacity for government stewardship has been and can be built and sustained in different political contexts; how health information systems and access to new sources of data (within and beyond the health sector) can be strengthened to inform health policy and systems decisions; and what innovative models of collaboration and institutional arrangements have been and can be adopted to strengthen institutional capacities and institutionalize the use of evidence in decision-making in governmental as well as other organizations that affect the health system.

Sub-theme 2: Engaging social, economic and environmental forces: Responding to population mobility, conflict and climate change

Leaving no one behind requires that health systems engage with the social, economic and environmental forces that shape who has the resources to be healthy, including access to health services and the quality of these services. While the need to act on these broader forces is increasingly recognized as essential to reduce health disparities and promote health equity across the population, the challenges associated with migration, state fragility, conflict, urbanization, and climate change remain largely overlooked by the health system community.

With over one billion people on the move or having moved in 2018[1] — more than 244 million of whom have crossed international borders and 68.5 million of whom have been forcibly displaced[2] — population mobility is a core challenge to achieving UHC and the broader SDGs. The number of people on the move, both voluntarily and under duress, has escalated rapidly in recent years, with diverse causes from armed conflict and persecution, to pursuit of better economic prospects. Health systems often respond inadequately to population mobility, with discrimination and exclusion from health and social services often the norm, resulting in significant negative health effects for migrants and refugees. HSR2020 will explore how UHC can be made migrant- and refugee-inclusive and how UHC can be achieved beyond the basis of borders and citizenship. Many people move to escape conflict or the risks associated with living

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[1] Hanefeld, J., Vearey, J., Lunt, N., et al. (2017). A global research agenda on migration, mobility, and health. The Lancet, 389(10087), 2358-2359.
[2] UN (2017). International Migration Report.
https://www.un.org/en/development/desa/population/migration/publications/migrationreport/docs/MigrationReport2017_Highlights.pdf

in fragile states. Such contexts frequently have the worst health indicators and weakest health systems, thereby posing the greatest threats to the achievement of the SDGs. Increasingly, today's conflicts are protracted in nature, lasting many years and even decades. The evidence base for informing health system actions and recovery in these contexts is weak, and humanitarian relief often fails to either advance health systems development or state legitimacy. HSR2020 will address how to strengthen transition between relief, recovery and development, and share knowledge and experiences about how to rebuild equity-promoting health systems post-conflict, and preserve and strengthen health systems during protracted conflict, including the types of research needed in these difficult contexts.

Many people on the move are relocating to urban areas. Already the majority of the world's population reside in urban settings and this proportion is projected to increase particularly in low- and middle-income countries. While, historically, urban development has brought opportunity, prosperity and health, rapid and unplanned patterns of urbanization and pollution are outpacing government and health system capacities to meet growing infrastructural demands. Urban slums and informal settlements proliferate, marked by inadequate basic public infrastructure and services, decrepit housing, overcrowding and mounting social problems. Slum dwellers have limited access to clean environments and health resources, experience poorer health status and lack financial risk protection, thus putting them at greater health risks compared to other segments of the population. Yet, communities have also come together to create local solutions and respond to these situations. HSR2020 will explore experience in designing healthy and inclusive urban settings, and reinforcing intersectoral actions to address the determinants of health for slum and other vulnerable city dwellers. We will also examine models for scaling-up private and community participation in "mixed provision" health systems and the role of health policy and systems research in placing health at the center of urban policy, with due consideration to health equity, social equality and environmental justice.

Amongst the environmental risks, climate change is the defining issue of the 21st century and a global health threat. Climate change induces global environmental disruptions that threaten our life support systems and sustainability, having multiple adverse effects on human health such as injuries and fatalities from extreme weather events, heat-related morbidity and mortality, respiratory and cardiovascular diseases, asthma, and outbreaks of food-borne, water-borne and vector-borne diseases, malnutrition, mental stresses, and occupational injuries. Climate change can also drive the displacement of millions of climate refugees, thus creating conditions that exacerbate health inequities and health outcomes among the most vulnerable communities. The role and contribution of health systems will be critical as governments mount a collective response to climate change – increasing health sector resilience, managing the health needs of displaced populations, shifting human consumption patterns towards more sustainable solutions, conducting and acting upon climate change vulnerability assessments. Yet, to-date, health systems engagement on climate change has been scant. HSR2020 will identify the role of health systems in responding to climate change including the role of health policy and systems research in identifying pathways through which climate change can be controlled and reversed as well as how it influences health outcomes. HSR2020 will also initiate new discussions and intersectoral collaborations to build climate resilient health systems in terms of both adaptation and mitigation measures.

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Sub-theme 3: Engaging technological, data and social innovations to shape future health systems

Unprecedented demographic, epidemiological, technological, political and economic shifts are shaping the future of health systems, forcing us to fundamentally reconsider existing health systems arrangements. NCDs, mental illnesses and multiple morbidities dominate the health landscape, rendering chronic disease management a cornerstone for future healthcare. The rapid emergence of new technology, artificial intelligence and big data brings new opportunities and challenges to combat the growing burden of complex chronic disease and health inequity. Despite the profound changes taking place, healthcare delivery models have changed little in the last 50 years. Spiraling costs and inefficient structures mean that, without radical transformation, including integration of health systems strengthening in public health programs, healthcare systems will fall short of achieving UHC and the broader SDGs. Leveraging innovations can enable health systems to make rapid progress in expanding access to quality and affordable care by redefining how people, systems and information interact. Innovations may be technological, data-driven or social, encompassing, for example, new products, services, models or markets – ultimately they seek to identify new and more effective ways of solving problems. We will focus on innovations that are scalable, but also those that promote equity, acknowledging that without appropriate institutional arrangements, innovations can harm the most vulnerable.

HSR2020 will explore the implementation and effectiveness of innovations, but also their ethical, legal, environmental, cultural and social implications. For example, in terms of innovative care models, we will explore how information technology supports information sharing across different levels of the health system, and across sectors, so as to promote more patient-centered, integrated services. We will also assess the potential for e-health and mHealth innovations, including their role in task shifting and reshaping human resources for health to reach the most vulnerable populations or the development of self-care models (e.g. point-of-care diagnostic tests and medication-adherence technologies) that can move care provision into nontraditional spaces such as homes, communities or workplaces. We will also explore the role of digital communication (e.g. social media) in health promotion, tracking of personal progress, network support or crisis communication. In terms of innovations in data science, we will scrutinize how new ways of collecting and visualizing vital registration data can be used by citizens and government in decision making, how data collected in daily clinical practice can help transform healthcare services into learning health systems and support personalization of healthcare, or how behavioral insights from big data can help design interventions that 'nudge' human behavior towards healthier practices.

In terms of social innovation, we will explore how collaborations between corporations, government and communities can drive new products and services, and the role that corporate social responsibility may play in shaping future health systems. We will also assess innovative financing models, including public-private funding partnerships, and opportunities presented by the explosion of mobile money in many low- and middle-income countries.

Besides exploring specific health system innovations, HSR2020 will engage with questions concerning the innovation environment – how the political, legal and administrative culture shapes innovation, as well as the kind of regulatory and policy environment needed to support the scale-up of equitable innovations, or innovations that challenge the existing distribution of power. We also seek a better understanding of innovation processes from human-centered design, to

adaptation and risk management, indigenization, and successful scale-up of strategies. We will explore the relevance of ethical principles and methods to assessing innovations, and their role in guiding policy decisions.

This subtheme will provide a platform for engaging public and private sectors; governments, innovators, implementers, NGOs, and citizens; and health and other sectors in deliberations about practical innovations for re-imagining health systems. The ultimate goal being not to predict the future, but to prepare for and shape it.