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Health Systems Performance in the Political Agenda: Sharing lessons for current and future global challenges.

Health systems face significant challenges all around the world. The experience of the COVID-19 pandemic reveals how valuable strong health systems are to society. At the same time, it has been laying bare weaknesses in service provision; intersectoral action; information systems; and governance, including community engagement; in low-, middle- and high-income settings alike. It has also shown us that now, more than ever, trust and solidarity are the central and most important values from which to build back stronger, more resilient health systems.

The stress that health systems have faced, and the varying degrees of success they encountered during the pandemic, can only be truly understood through the lens of systems thinking. Complex interactions between politics, policy, and service provision have translated into priority-setting processes, where vulnerable and already marginalized populations become more excluded from participating in decision-making processes. The role that global supply chains play, as well as the ability that state and non-state actors have to influence policy, calls for reflection on how the concept of power must be considered in policy development; intersectoral approaches; and the role that communities and individuals play. In addition, the ability to learn, both from own experiences and that of other country contexts, will be central for responding to this and future pandemics.

This Global Symposium must face the challenge of optimally sharing - and learning from - the experiences of the last two years. Strong health systems are built on the solid foundation of primary health care. This requires empowered communities as well as strong, responsive, and equitable public and private health facilities that reflect local needs and values. Within the health system, the capacity to analyze and respond to new research and emerging knowledge must be central for responding to existing and future health needs. The challenge ahead goes beyond the key function of service provision and should focus on the role that values such as trust, solidarity, equity, and social justice must play moving forward.

We aim to further the discussion to explore how to deal with the structural issues that all health systems face. We look forward to learning about how different contexts tackled challenges related to how the larger social, political, and economic determinants of health shape service provision; the training and deployment of human resources for health, and how valuable they are in light of their role during the pandemic; but most importantly, for how the intersection of politics and health policy influence the quality of care that all of us have access to. In light of

this, we propose four sub-themes. Each of them considers structural and contextual components where COVID-19 is the main protagonist.

Sub-Theme 1: The politics and policies of health systems.

Structural: Health systems can only build back trust if they are able to care for the whole of the population they are there to serve, while also being able to focus on historically excluded and vulnerable populations that are structurally marginalized. This theme looks at participation and how people interact and engage with the health system, political leadership, the need for accountability, health system governance, and research capacity. Guided by systems thinking and built on the solid use of quantitative and qualitative methods occurring in highly politicized environments and all income contexts, it explores how these components consolidate the sectoral agenda for health system reform as well as channel efforts towards particular approaches to improving health system performance.

Contextual/Covid specific: The pandemic has been revealing new challenges for health systems, including the need to revisit issues related to power and the role of politics, including the policy development process, and the essential place for all human rights, particularly the right to health. In addition, it also showed that there is an urgent need for well-organized responses to global risks. This includes the need to close the gap between countries and regions in new and definitive ways, and how international and multilateral organizations can improve the response in all income settings. Furthermore, the rise of misinformation increases the complexity of the COVID-19 vaccine rollout. The post-pandemic world calls for reimagining the role of civil society, and the responsibilities that global organizations such as Health Systems Global have to play in creating, debating, and disseminating experiences; promoting knowledge and technology transfers among countries between the Global North and South; and resetting health care systems to address the pandemic. How have the different political landscapes affected health system responses to the pandemic? What are the risks and opportunities that health system reform opens as a result of these past two years? And, how do the different stakeholders and their voices impact the way we address global health challenges?

Sub-Theme 2: Intersectoral collaboration and integrative governance on the road for health in all policies

Structural: Throughout the world, health is considered a societal good, and equitable approaches to address health disparities require responses from, and coordination with, other sectors such as social protection, education, trade and transportation, agricultural and industrial sectors. Additionally, it is important to understand how these sectors are impacted by societal changes such as those occurring in labor markets and the economy overall. Designing comprehensive social policies requires acknowledging how social determinants and policies interact with and feed each other, moving from partial approaches to sustainable solutions. This theme will explore how the complexity found in the interactions of different actors impacts the larger social, political, macroeconomic, and international trade determinants of health. We call for policy experiences showing how these processes were integrated, and how they can be analyzed and better understood through the use of different methodological and theoretical approaches. This includes exploring how social policies, sustainable development goals, food security including quality of foodstuffs, environmental risks, and others affect and shape demands for healthcare provision.

Contextual/Covid specific: The experience of these past two years has shown how politics and policies from health and other sectors in society impact a health system's ability to respond. This requires an understanding of how cross-sectoral coordination during this emergency took place, where intersectoral experiences for addressing health, social and economic effects of the pandemic can be leveraged to improve equity. Particularly, we look to showcase an array of implemented initiatives, such as income compensations to families, tax reductions to goods and services producers, policies for distance working and learning, mobility constraints, and community arrangements to tackle jobs losses, that have impacted individual and collective responses to COVID-19 and the efforts to monitoring their impact. Furthermore, we seek to understand how to follow up with changes toward SDGs during and after the pandemic.

Sub-Theme 3: The changing dynamics of health provision models to promote equity, and the central role of human resources for health

Structural: A strong and well-performing health system contributes to enhancing the overall health ecosystem by increasing the use of evidence-based policies and the development of innovative partnerships that lead to improved coordination in providing health care. In many cases, the organizational characteristics of health care systems -decentralization, fragmentation, public and private actors interacting at different levels, international donors - require strong coordination efforts to reach equitable access and identification of the pros and cons for each institutional arrangement to improve health systems performance. This includes the need for improved accountability in the decision-making processes where corruption and nepotism may take hold. As countries continue to experience double burdens of disease, alongside the emergence of new illnesses, health systems need to respond with improved approaches to deal with referrals, both formal and informal, across the different levels of care. To do this, they must continue to put people at the center while seeking to improve effectiveness through innovative approaches that ensure that no one will be left behind. Human resources for health are at the core of this theme. How they engage with and are supported by the health system matters because it shapes the quality of care they are able to provide, as well as how they engage with the communities they serve in order to promote health. Different mechanisms for measuring performance, improving supportive supervision, and further developing capacity, as well as how to use monetary and non-monetary incentives, are just some of the several alternatives that can be applied, alone or in combination, to enhance the quality of care. This, in turn, can improve equity and increase trust levels in all levels of the health system.

Contextual/Covid specific: The COVID-19 pandemic shows us that innovation is possible even in times of dire crises. New processes and increased investment can improve health system performance. Emerging technologies like artificial intelligence, and the use of big data, can help to guide efforts. However, this requires priority-setting mechanisms across different levels of care and public social insurance-private donor coordination to tackle emergencies. If yielded correctly, it can increase health system responsiveness and help the effort to rebuild better healthcare systems and increase resilience. COVID-19 has had a strong effect on the prioritization of specific services. What have been the politics and policies that different countries have implemented when responding to the pandemic? How have health systems performed regarding the use of pharmaceutical and non-pharmaceutical interventions, such as lockdowns, social distancing, and contact tracing, among others? How are health systems preparing to provide for those that were neglected during lockdowns? We call for studies on priority-setting processes and for how systems in all resource contexts will ensure there is care for chronic illnesses, mental health, SRH, and adolescent health beyond reproductive services,

as well as human resource responses to the pandemic. This includes capacity building at the service level, administrative, IT, communication skills development efforts, and reallocation of resources across levels of care, as well as institutional responses to COVID-19, like the institution of quarantines, contact tracing, wide-spread testing and vaccination campaigns, and different approaches to infection reduction and lethality.

Sub-Theme 4: The role of comprehensive primary health care in promoting sustainability, and the contribution of new technologies

Structural: To build back better, stronger, and more resilient health systems, strategic investments in health are required. This includes clear efforts in developing stronger and more comprehensive primary health care models, that can go beyond the first level of care and can put people at the center as the core strategy for achieving higher quality and universal health coverage. It also requires an understanding of how health system reforms can be used to promote and increase inclusiveness, ensuring no one is left behind. This may consider innovative uses of social and community health insurance schemes, as well as other supply approaches to increase effectiveness and quality of care. We also acknowledge that the architecture of any health system reform must be considered as process-based on the identification of needs and be built in a way that increases trust. We aim to identify and share national experiences of recent reforms, particularly in low- and middle-income countries, that include their goals; instruments, and implementation challenges in the policy-making process; and how political and community stakeholders interacted.

Contextual/Covid specific: The pandemic revealed the abilities of governments and communities to react to the unexpected, demonstrating how resilient they were in the emergency, and how they navigated health care system uncertainty. The challenges faced now go well beyond biomedical risks. The current situation has brought to light central demands that have been historically neglected by health systems. These include how to provide effective mental health services more broadly, and how to deal with increasing domestic violence and substance abuse. We call for national and subnational financial responses to COVID-19, and resultant innovative approaches developed, both from the policy arena as well as at the community level; in organizing services; in managing essential health care services; and in addressing responses during mobility restrictions and contagion. Particularly, we are interested in learning about the ability to facilitate access through new technologies and procedures such as digital prescriptions, virtual consultations, and cross-medical coordination. Finally, the institutional barriers that have been identified, as well as their impact on access and equity, will be central for local, national, regional, and global learning processes.