

## Statement of Interest – Prof Edwine Barasa

I am Edwine the director of the KEMRI-Wellcome Trust Research Programme, Nairobi, Kenya and also head the Programme's Health Economics Unit (HERU). I am also a visiting Professor of Health Economics at the University of Oxford. I have a passion for HPSR policy engagement/knowledge translation and HPSR capacity development of earlier career researchers. I am keen to join the HSG board and below present my responses to the questions posed by HSG members.

- 1. What organisational experience will you bring to the role of HSG Board member and why is that valuable?**  
My experience spans work at the frontline as a health worker in both the public and private sector, extensive research experience generally, and health economics specifically, policy engagement at the national, regional, and global level, executive leadership as the Director of a premier health research organization in Africa, and HPSR capacity development as a teacher, supervisor, and mentor to several earlier career researchers. This range of experience means that I will bring to the board a rich mix of policy/practice and HPSR experience, as well as strategic leadership and critical skills that include resource mobilization and stakeholder engagement that will be valuable to the board.
- 2. What are your thoughts on capacity building and empowering early career health policy and systems researchers to represent the field in the future?** HPSR capacity development initiatives will be impactful and sustainable if 1) they adopt a systemic approach that spans individual, organizational, and eco-system/network capacity development, and 2) they use varied delivery approaches that include formal classroom style training, on the job training, and coaching and mentorship approaches. For instance, an approach that a) Supports schools of public health/health systems in LMICs to introduce or strengthen their HPSR curriculum for masters/PhD students c) Supports young individuals in LMICs to access masters & PhD Training in HPSR c) implements HPSR short course for practitioners d) provides internships that facilitate on-the-job skill building and e) links early career HPSR'ers with senior colleagues for structured mentorship and coaching, is likely to be more impactful and sustainable than one that uses only one of these strategies.
- 3. How do you think HSG can contribute to translating cutting-edge HPSR knowledge at the national policy level?** HSG will need to be strategic about how to support evidence-to-policy and knowledge translation efforts at the national level. Rather than seeking to directly intervene at the national level (which is hardly feasible or scalable), HSG can achieve impact by supporting in-country researchers and research institutions to carry out knowledge translation. Feasible ways to support this include capacity development of HPSR researchers on knowledge translation and supporting regional policy dialogues between HPSR researchers and policy makers, leveraging on HSGs convening power.
- 4. Do you have any plans for inter-regional HPSR dialogues, engagements, and exchanges?** Supporting and encouraging regional networks to organize joint webinar's, and joint sessions during HSG conferences will be an effective strategy to achieve this.
- 5. How may you best express your position on decolonizing the global health movement?** The decolonize global health movement must now move from rhetoric to action. The power imbalance between the North and the South needs to be addressed in comprehensive and practical ways. Key interventions include 1) restructuring Global Health governance by shifting the focus and funding from "global" institutions headquartered in the North, to regional and national institutions in the South – this shift addresses coloniality of power and empowers countries in the South to define their own priorities without misaligned external influences, 2) addressing epistemic injustice by supporting the generation of knowledge from the South by the South, and prioritizing this knowledge in decision making about the South, 3) Supporting the agency of global South governments and institutions to take leadership in their affairs, and 4) Nurture a change of mindsets from donor dependence to progressive self-reliance and self-determination.
- 6. How will you ensure that health policy and systems research remain central to HSG vs it being another global health society? How would you distinguish between a health policy and systems research agenda and a global health agenda?**  
I will ensure that HPSR continues to be a priority by enshrining the duality of both policy/practice and research in both the structures and activities/initiatives of HSG. This includes ensuring that 1) representation in governance structures such as the board and sub-committees has representation from both research and practice, 2) HSG strategic priorities always reflect both priorities in advancing both policy/practice and HPSR, 3) thematic working group priorities and activities such as webinars/skill building sessions/dialogues reflect both research and practice, and 4) the HSG congress continues to have a strong scientific agenda, managed by a strong scientific committee.

- 7. How would you ensure representation and decision making by LMIC members in HSG affairs?** I will ensure representation of LMIC members by affirmative action – 1) requiring that all HSG governance structures have quota's for LMIC representation. While this has currently been achieved at the board level, ensuring that this is also achieved in other governance structures, including ad hoc structures such as symposium organizing committees, TWG conveners and membership, and scientific committees is important.
- 8. What do you think are the key challenges that lie ahead for health policy and systems research?** Key challenges for HPSR include its under-prioritization and hence underfunding. A second key challenge is the dominance of biomedical health research model that privileges biomedical and clinical research over HPSR. Third, the challenge of inadequate demand for HPSR evidence has persisted.
- 9. How would you mobilise further funding for health policy and systems research?** Two key strategies. 1) Targeting and engaging major traditional research funders to advocate for the creation of schemes for HPSR funding. 2) engaging non-traditional researcher funders, specifically funders of health system strengthening and implementation initiatives, to create funding schemes to support HPSR evidence generation as part of evidence informed implementation.
- 10. What are HSG's 3 key priorities for the next four years, as a professional society, and in terms of strengthening HPSR and contributing to health system development in the post COVID era? What are the 2-3 key priorities for HSG in terms of engaging and supporting its members? What is your plan to contribute to increase the commitment of HSG toward environmental sustainability?** One, capacity development for HPSR should continue being a priority for HSG. Second, HSG should prioritize advancing and highlighting the critical role that health systems policy, practice, and research ought to play in tackling the key emerging global health challenges. These include the development of health systems that are resilient to future disease epidemics and respond to shocks in equitable ways and developing climate resilient health systems that promote environmental sustainability. Third, HSG should be on the vanguard of advancing and supporting the decolonize global health movement.
- 11. As gender equity is no longer a priority theme for the conference how would you raise the profile of this crucial issue?**  
Prioritizing gender should go beyond including it as a priority theme in the HSG biannual congress. It should include adopting gender responsive and gender transformative approaches to define all of HSG structures and processes. This includes ensuring equitable representation across gender in governance structures and activities and incorporating a gender and intersectional lens to policy/practice and research initiatives of HSG.