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SIXTH GLOBAL SYMPOSIUM ON HEALTH SYSTEMS RESEARCH

I Latin American and Caribbean HSG Pre-Conferences on Health Systems Research

Sixth Global Symposium (2020) Re-imagining health systems for better health and social justice

UNITED STATES

October 22nd, 2019

Auditorium, Rome Building
Johns Hopkins University School of Advanced International Studies
Washington, DC 20036
United States

Institutions

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Background

Sixth Global Symposium on Health Systems Research 2020 in Dubai

Health Systems Global (HSG), the international society in health systems, programs and services, organizes a symposium every two years to bring together academics, policymakers and members of the civil society involved in health systems and policy research.

After Montreux 2010, Beijing 2012, Cape Town 2014, Vancouver 2016 and Liverpool 2018, Dubai 2020 was chosen as the venue for the next Global Symposium.

The main theme of the Symposium is ***"Re-imaging health systems for better health and social justice***". We organized a clycle of activities to promote regional exchange of experiences and studies on health systems and services issues, in preparation for the global meeting in Dubai.

HSG Pre-Conferences in the United States

The main motivation of this first **Pre-Conference in the United States** was to enhance the debate on the design and implementation of policies for more equitable and effective health systems and services, providing a perspective from the Caribbean.

The purpose of these events was twofold: on the one hand, to generate a space for local exchange on the most relevant experiences and transformative visions, which will fuel a necessary debate on health systems. Secondly, we will try to support the selected papers for this pre-conference in the presentation of their summaries at the **Global Symposium to be held in Dubai.**

With the purpose of bringing together health researchers and policymakers working on issues related to health systems in **Latin American and the Caribbean** region, the proposal for this pre-conference includes::

-To promote the exchange of experiences in a meeting of researchers and policymakers around interdisciplinary discussion tables.
-To stimulate the presentation of works by Latin American and Caribbean authors in the Open Call of the Global Symposium in March 2020.
-To strengthen the Caribbean presence of studies on health systems and policies in the symposium.

Daniel Maceira, Ph.D.
Miembro del Comité Ejecutivo de Health Systems Global,
Representante para Las Américas

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Organization committee

Health Systems Global Referent

Daniel Maceira is an Argentine citizen, Ph.D. in Economics from Boston University, with research fields in health economics and industrial organization. He is Senior Researcher at the Center for the Study of State and Society (CEDES), Independent Researcher of the National Council of Scientific and Technological Research (CONICET), and Professor at the Economic Department, National University of Buenos Aires (UBA), Argentina. In addition, he develops teaching activities in several Postgraduate Programs in Health Economics and Public Health Policy in Argentina and the Latin American Region, such as the Master Program in Public Policies at the University Torcuato Di Tella and the Master Program in Design and Implementation of Public Policies at FLACSO, the Latin American University in Social Sciences. Maceira has collaborated with a wide array of institutions, such as the Canadian International Development Research Centre (IDRC), UNICEF, The World Health Organization, the Pan-American Health Organization, the Economic Commission for Latin America and the Caribbean (ECLAC), the United Nations Development Program (UNDP), USAid, the Inter-American Foundation (IAF), the Gates Foundation, The World Bank, the Global Development Network, the Global Fund for HIV, Malaria and Tuberculosis; the Inter-American Development Bank; the Global Alliance for Vaccines and Immunization (GAVI Alliance), among others. He has numerous national and international peer review publications and coordinated many research projects and technical assistance initiatives in developing countries, particularly in the Latin America and the Caribbean Region. In 2016 Maceira was elected Board Member of Health Systems Global, the international society in health programs and systems research, where he is part of the Executive Board and holds the chair of The Americas until October 2020.

Co-sponsor Referent

Daniela C. Rodríguez es una investigadora de sistemas de salud que trabaja en países de medio y bajo ingreso enfocándose en la intersección entre la política y la salud pública. Sus intereses incluyen el uso de evidencia en la toma de decisiones, el desarrollo de políticas de salud en diferentes contextos, la voluntad y compromiso político hacia poblaciones vulnerables, y la transición y sostenibilidad de programas cuando cesa el apoyo financiero de socios de desarrollo. La Dra. Rodríguez tiene experiencia haciendo investigación y evaluaciones con equipos multidisciplinarios e interculturales en África, India y Latinoamérica. También cumple como presidenta del grupo temático Translating Evidence into Action, que forma parte de Health Systems Global..

Andrés Vecino es economista de la salud del departamento de Salud Internacional de la Escuela de Salud Pública de Johns Hopkins y miembro de la junta directiva de Health Systems Global. Sus principales líneas de investigación son la economía de la prevención, especialmente en enfermedades crónicas y las lesiones, los sistemas de salud y la traducción del conocimiento para tomadores de decisiones. Más información sobre Andrés puede encontrarse en LinkedIn y Google Scholar. Andrés está también en Twitter: @andresvecino

Noelia Cabrera, BA in sociology, Universidad Nacional de la Plata (UNLP). She is currently an advanced student of the Master in Economic Sociology at The Universidad Nacional de San Martín (UNSAM). Since 2016 she has been working as a researcher at the Center for the Study of State and Society (CEDES) in projects on food systems, policies and public health. She is a member of the Research Policies Area and the Knowledge Management Area of the Health Research Directorate, Ministry of Health and Social Development, where she evaluates research projects and qualitative scientific articles.

Preconference Program

Health Systems Global Caribbean Preconference
Washington, DC
October 22nd, 2019
Johns Hopkins University School of Advanced International Studies

PROGRAM

	Title	Authors	Institution
08:30-09:00	Registration		
09:00-09:10	Institutional Welcome	**TBA**	JHU - World Bank - GWU
09:10-09:20	HSG Regional Strategy	**Daniel Maceira**	HSG Executive Board - Univ.Buenos Aires
09:20-09:30	Thematic Working Groups and Emerging Voices	**Daniela Rodriguez**	Johns Hopkins Bloomberg School of Public Health
	PANEL 1: Using Data for Program Design		
09:30 – 11:00	Chair: Deanna Kerrigan		
	The Shift of Obesity Patterns by Socioeconomic Status between 1998 and 2017 in Latin America and the Caribbean	**Jiwani, Safia**	Johns Hopkins Bloomberg School of Public Health
	Enhanced Risk-Stratification and Care Management of NCD Patients	**Ploetz, Malvin**	World Bank
	"No hay regimen de consecuencia": How shifting funding patterns for HIV programming in the Dominican Republic expose the lack of accountability mechanisms to ensure governments deliver on commitments	**Rodríguez, Daniela**	Johns Hopkins Bloomberg School of Public Health
	Gun Control Effectiveness in Low and Middle Income Countries: A Narrative Review	**Zweig, Sophia**	Johns Hopkins Bloomberg School of Public Health
11:00 - 11:15	Coffee Break		
	PANEL 2: The Policy-Making Process of Health Programs and Systems		
11:15 - 12:45	Chair: Daniela Rodriguez		
	Engaging Promotores de Salud in Transformative Adolescent Pregnancy Prevention Efforts in Atima, Honduras	**Gan, Jody**	American University
	The evolution of policy analysis in the health sector in Colombia	**Vecino, Andrés**	Johns Hopkins University
	Conflict of Interest, Transparency and Accountability in Promoting Access to Medicines. The Rights-Based Experience of the World Bank's "SaluDerecho" Initiative	**Iunes, Roberto**	World Bank
	Engaging political forces in Fortaleza (Brazil) to improve road safety	**Koon, Adam**	Johns Hopkins Bloomberg School of Public Health
12:45 - 14:00	Lunch		

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PROGRAM

	PANEL 3: Data Analysis, Diagnosis and Strategic Planning		
14:00-15:30	**Chair: Andrés Vecino**		
	A Comprehensive Needs Assessment on the Intersection of Health and Physical Space: the case of four communities in the valley of Atlixco, Puebla (Mexico)	**Rojas Alvarez, Alfonso**	University of Texas at Austin
	Pathways of Influence: How Road Safety Data is Disseminated and Applied in Bogotá, Colombia	**Sparklin, Salma**	Johns Hopkins Bloomberg School of Public Health
	Pooling health financing can contribute to social justice by redistributing from the better off to the vulnerable. Does it happen in practice? A case study from Peru's social health insurance	**Cotlear, Daniel**	Palladium
	Imagining the Alternative Worlds of 2030: Policy Implications for the Future of Global Health Procurement	**Madan Keller, Janeen**	Center for Global Development
15:30 - 15:45	Coffee Break		
	PANEL 4: Debate: Future of Health Systems Reforms in Latin America and the Caribbean		
15:45-17:00	**Chair: Daniel Maceira**		
	Savedoff, William	Inter American Development Bank	
	Almeida, Gisele	Pan American Health Organization	
	Iunes, Roberto	World Bank	
17:00- 17:15	Wrap up		

Participation is free and open to anyone who is interested. Please, register in advance so we can ensure a successful event: https://bit.ly/2otFSMN

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Abstracts presented

THE SHIFT OF OBESITY PATTERNS BY SOCIOECONOMIC STATUS BETWEEN 1998 AND 2017 IN LATIN AMERICA AND THE CARIBBEAN

Jiwani, Safia

Johns Hopkins Bloomberg School of Public Health

Motivation
The rise in obesity in the Latin American and Caribbean region has been paralleled with an unequal distribution and a shifting burden across socioeconomic groups. Measuring health disparities and anticipating the establishment of obesity among low socioeconomic groups could signal towards societal gains in primordial prevention, and will require tailored, equity-focused policy responses.

Objective
The burden of obesity differs by socioeconomic status. We aim to characterize the prevalence of obesity among adult men and women in Latin America and the Caribbean by socioeconomic measures, and its changing patterns over time.

Methodology
Cross-sectional series analysis of obesity prevalence by socioeconomic status using national health surveys conducted between 1998 and 2017 in 13 countries of Latin America and the Caribbean. We generated equiplots to display inequalities in obesity by wealth, education and residence area. We measured obesity gaps and described trends over time.

Results
A total of 479,809 adult men and women were included in the analysis. Obesity prevalences have increased over time, with distinct patterns emerging by wealth and education indices across countries. In the most recent surveys, the highest obesity burden was observed among women in Mexico in 2016, and the lowest among women in Haiti in 2016. The largest gap between the highest and lowest obesity estimates by wealth was observed in Honduras among women (21.6% gap), and in Peru among men (22.4% gap), compared to a 3.8% gap among women in Dominican Republic and 3.3% among men in Argentina. Urban residents consistently had a larger burden than their rural counterparts, with obesity gaps ranging from 0.1% among women in Paraguay to 15.8% among men in Peru. The trend analysis conducted in five countries suggests a shifting of the obesity burden across socioeconomic groups, and different patterns by gender.

In Mexico, obesity gaps by education have reduced over time among women, but increased among men, whereas in Argentina the gap has increased among women but remains relatively constant among men.

Abstracts presented

ENHANCED RISK-STRATIFICATION AND CARE MANAGEMENT OF NCD PATIENTS

Marvin Ploetz

World Bank

Motivation

A small share of patients accounts for a disproportionate burden of illness, health utilization and costs in most health systems. Estimates for several countries in and outside of LAC indicate that typically 5% of patients account for 50% of healthcare costs. These patients suffer from multiple chronic conditions, are prone to experience issues of poor care integration, and often face challenging social circumstances (e.g. poverty, social isolation in the case of elderly patients). Their disease profiles lend themselves well to preventive care interventions.
Most public health systems in LAC have started to accumulate patient-level information that – if at all – are used for retrospective analyses but not to shape the delivery of health care in an anticipatory way. Utilizing the increasingly available data to better prioritize high-need and high-risk patients through care management programs increases the productivity of healthcare teams and prepares health care systems to serve patients with the highest needs.

Objective

The objective of this work has been to develop algorithms that identify patients that i) account for a large burden of disease, ii) have unmet care needs, and ii) are amenable to primary care-centered interventions by harnessing available clinical and administrative data sources to proxy the health, behavioral and socialprofiles of patients. In a second step, a care management program was designed that empowers patients to use preventive care and improve their self-management together with family members and care teams.

Methodology

The work makes both use of algorithms built by expert judgment to identify suitable high-risk patients as well as machine learning algorithms that mine available data sources to predict avoidable hospital admissions among patients.

Results

Simple algorithms using expert judgment allow identifying high-risk patients with the available data, but machine learning algorithms improve the prediction performance for events like hospital admissions. The care management pilot leads to an increase in the number of high risk-patients receiving all appropriate tests and medications. Delays in follow-ups after hospital discharges decrease and telephone contact between patients and their primary care doctor or nurse increased significantly (suggesting more proactive care). The analytical part of the work has been carried out in Argentina and Chile. The care management program has been piloted and scaled up in Estonia. Similar work has been planned for Costa Rica.

Abstracts presented

"NO HAY REGIMEN DE CONSECUENCIA": HOW SHIFTING FUNDING PATTERNS FOR HIV PROGRAMMING IN THE DOMINICAN REPUBLIC EXPOSE THE LACK OF ACCOUNTABILITY MECHANISMS TO ENSURE GOVERNMENTS DELIVER ON COMMITMENTS

Daniela Rodriguez[1]; Hoisex Gómez2 & Yeycy Donastorg[2]

[1]Johns Hopkins Bloomberg School of Public Health

[2]Instituto Dermatológico y Cirugía de Piel

Motivation

In the Dominican Republic, the Global Fund (GF) and other donors provide 54% of funding for HIV programs and 90% of prevention funding, including for key populations (KPs) which include marginalized groups like sex workers, men who have sex with men, transgender individuals, Haitian migrants, etc. Funding is channeled through government agencies, and non-governmental and civil society organizations (NGOs/CSOs). GF funding is scheduled to end in 2021 when the country graduates from GF support.

Objective

Many NGOs/CSOs represent KPs and have historically functioned as advocates to demand greater government commitment and funding for HIV programming. In this abstract, we focus on the effects of shifting funding patterns on service delivery organizations and how accountability mechanisms are/are not being exercised to ensure government delivers on its planned HIV programming.

Methodology

We conducted a health policy analysis, including document review and key informant interviews with 27 stakeholders from government, NGOs/CSOs and development partners. Data were analyzed systematically using a codebook drawing from frameworks on political commitment, health systems and accountability.

Results

The Dominican Republic has a comprehensive HIV response on paper but no functional mechanisms to ensure commitments are met (e.g. "regimen de consecuencia"). HIV programming appears to be responding to donor interests and funding rather than local, public health priorities. The current national HIV strategic plan has a yearly funding gap between $18 and 22.5 million, with prevention as the largest underfunded component, and is expected to grow as donors withdraw. The recent health system devolution has left many government institutions with a role to play in prevention but limited responsibilities (or actions) for ensuring it happens. Further, as NGO/CSOs have become service delivery organizations, their ability to demand accountability from government has been compromised both because they struggle to find time and resources to continue their advocacy work but also because they fear losing critical funding that keeps them operational, especially when funding comes from government. As donor support winds down, it is unclear how government will be compelled to meet its commitments for a program targeting marginalized communities in a context of weak accountability mechanisms and compromised institutions.

Abstracts presented

GUN CONTROL EFFECTIVENESS IN LOW AND MIDDLE INCOME COUNTRIES: A NARRATIVE REVIEW

Sophia Zweig & Andres Vecino

Johns Hopkins Bloomberg School of Public Health

Motivation
Gun violence is a global public-health issue and is especially high in low and middle income countries (LMICs), particularly those in Latin America. However, the majority of studies evaluating the effectiveness of gun control on armed violence examines this question in high-income countries. More evidence on the effectiveness of gun control in LMICs is needed to reduce gun violence.

Objective
To conduct a narrative review of gun control effectiveness in LMICs.

Methodology
Pubmed, Google Scholar, Cochrane, OAister, and OpenGrey were searched for papers meeting inclusion criteria and published from 1980 to 2019. Our inclusion criteria were that studies must evaluate a program, intervention, policy, or law; have outcomes that are impacted by gun control policy; take place in a LMIC as per the World Bank classification; and be written in English, Spanish, or Portuguese. Our exclusion criteria were studies investigating high income countries and studies that did not link policy with impact. In the initial stage we reviewed all titles; of the selected titles, in the second stage we reviewed all abstracts; we read the selected papers in full to determine if they met our inclusion criteria. If so, a narrative description was made.

Results
Twelve studies met the inclusion criteria for this review; Most reported that gun control decreased in gun-related violence, with some variations depending on implementation, suggesting that examined gun control measures were generally effective in reducing gun-related mortality.

Discussion
Gun ownership and carrying is an important risk factor for gun-related mortality. Attempts to reduce gun ownership and carrying are key to reduce mortality.

REVISAR SI ESTA FUE LA VF PRESENTADA_ DANIEL PIDIÖ QUE LE DEN UNA VUELTA DE TUERCA

Abstracts presented

ENGAGING PROMOTORES DE SALUD IN TRANSFORMATIVE ADOLESCENT PREGNANCY PREVENTION EFFORTS IN ATIMA, HONDURAS

Jody Gan

American University

Motivation-Objective
Participants will recognize the invaluable role and many resources provided by promotores de salud (community health workers) in rural Honduras, and their potential to support national strategies to reduce adolescent pregnancy around the world.

Promotores can play a pivotal role in lowering adolescent pregnancy rates in Honduras, a country that has ranked second in the world for teen pregnancy. Atima is a rural town located in the Santa Barbara province which has the second highest teen pregnancy rate in the country. While this municipality is located in a remote, impoverished area, the town is rich in human capital resources that include eight promotores. A volunteer medical brigade from Baltimore, Maryland has teamed up with the town's passionate and respected community health workers to develop an array of prevention activities that include charlas (workshops) for teen leaders and concerned parents, outreach in neighboring towns, and campaigns to change social norms around early parenthood throughout the province.

Methodology
Qualitative data regarding the promotores' knowledge about and interest in pregnancy prevention will be shared, as well as materials and activities used in the workshops, and their involvement in the creation of the Tengo Planes poster campaign showcasing the young adults in the community who are delaying parenthood in order to finish school and pursue occupational and artistic aspirations. Activities like these are in alignment with Honduras's La Estrategia Enaprea, the National Strategy for the Prevention of Teen Pregnancy.

Results
The brigade has been working with Atima for over 20 years and has collaborated on efforts to reduce teen pregnancy in the region for the last five years. Over this period, the promotores have enthusiastically adopted teen pregnancy prevention as part of the wide range of services they provide to their neighbors, and the teen pregnancy rate in the province has steeply declined from its peak of 67% of female adolescents becoming pregnant by age 19. Their work is changing social norms around early pregnancy through showcasing young adults in the community like Daniella who is studying law, Joel who leads a youth group devoted to modern folkloric dance, and Doris who will soon become a dentist.

Abstracts presented

THE EVOLUTION OF POLICY ANALYSIS IN THE HEALTH SECTOR IN COLOMBIA

Andres Vecino

Johns Hopkins Bloomberg School of Public Health

Motivation/objective
In this study, we discuss the development of policy analysis studies in the health sector since the health reform in 1993, and the heterogeneity of such development across different health sector institutions in the country. This chapter assesses how policy analysis in the health sector evolved over time, highlighting the divergent development in national-level and local-level institutions, we describe the main bottlenecks to perform it, and identify opportunities for improvement.

Methodology
For this study, we performed document reviews and six key informant interviews with current and former officials from the Ministry of Health and its related agencies.
We focused on the development of policy analysis in the health sector at the national, the departmental (equivalent to provincial or state in the political division of Colombia) and municipal (equivalent to county in the political division of Colombia) level, without mentioning specific laws or norms.

Results
In this study, we described the evolution of policy analysis in the health sector in Colombia. We describe the agenda setting processes at national-level institutions, and next, we presented the root causes of the gap on the development of technical capacity between national and local-level health sector agencies. We highlighted the disconnection between agenda setting and implementation, specifically in the case of public health strategies
Discussion
In this study, we assessed opportunities and bottlenecks for policy analysis in the health sector and outside the sector that affect population health.

Conclusion
In this study we found in the one hand, a remarkable evolution of the policy analysis capabilities in national level institutions, with increased technical capacity and an increasing demand for rigorous policy analysis. In the other hand, we found a consistent lack of such capabilities at the local level. The health sector experiences a principal-agent problem with other sectors of the economy due to the lack of governance in health-related topics both within health sector institutions and across other government sectors. Finally, training of public health and health care practitioners at in-country institutions often lacks training on epidemiological, biostatistical and economic methods to systematically gather evidence, collect, and analyze data.

Abstracts presented

CONFLICT OF INTEREST, TRANSPARENCY AND ACCOUNTABILITY IN PROMOTING ACCESS TO MEDICINES. THE RIGHTS-BASED EXPERIENCE OF THE WORLD BANK'S "SALUDERECHO" INITIATIVE

Roberto Iunes

Health, Nutrition and Population Global Practice, the World Bank

The World Bank's "Collaborative Learning Initiative on the Right to Health and Universal Coverage (the "SaluDerecho Initiative," SD), has been working since 2010 under a human rights approach and the theory of collaborative change. SaluDerecho is a regional, Latin-American Initiative (Argentina, Brazil, Costa Rica, Chile, Colombia, Ecuador, Mexico, Peru and Uruguay are members of SD). It seeks to support the formation and work of multi-sector, multi-stakeholder coalitions to increase the governance, transparency and accountability of health systems and generate innovative solutions towards the progressive realization of the right to health. In recent years, many Latin American countries have seen a steep increase in the number of cases litigating access to curative services and inputs, particularly to medicines, as health is recognized as fundamental right in their constitutions. On the one hand, the fact that citizens resort to courts indicate inefficiencies in the delivery of promised care. On the other hand, health litigation can be used to access non-essential/non-prioritized services and inputs, whether because of the rapid health sector technological progress or interest from individuals or groups use the legal system to advance, legitimate or illegitimate, economic interests. The phenomenon of health judicialization is a symptom of the tensions and structural problems. In this sense, the challenge facing these countries is how to curb the inappropriate use of the legal system and other pressure mechanisms used to incorporate technologies (particularly medicines), or to alter the prioritization process, that emerge because of conflict of interest or illegitimate reasons. These improper mechanisms can not only affect government budgets, but also affect the process in which health resources are allocated, thus impacting equity. However, any measure introduced by governments must, simultaneously, respect and protect constitutional rights. It's in this context that we will present the experience of the SD Initiative and its countries in the discussion, development and promotion of measures aimed at increasing transparency, accountability and fight conflict of interest in order to increase access to (high cost) medicines within a rights-based approach.

Abstracts presented

ENGAGING POLITICAL FORCES IN FORTALEZA (BRAZIL) TO IMPROVE ROAD SAFETY

Adam Koon; Angélica López-Hernández & Andres Vecino

Johns Hopkins Bloomberg School of Public Health

Motivation

Complex challenges in health are often addressed through the concerted effort of multi-sectoral action coalitions. These networks are composed of a range of actors with different interests and areas of expertise, but not enough is known about how they are organized and how they function.

Objective

The goal of this study is to better understand the dynamics of global road safety networks, including the relationship between actors and how these are translated into city-level health gains.

Methodology

This research is part of a larger body of work that compares the experience of multisectoral action coalitions for road safety in five metropolitan areas of four low- and middle-income countries: Brazil, China, Ghana, and Vietnam. This study leverages the power of social network analysis to address the following research questions in relation to the multisectoral action coalitions in Fortaleza, Brazil: 1) How are they organized? 2) How do internal diffusion channels evolve? 3) What types of knowledge diffuse through them? 4) What factors explain network performance in improving road safety?

Results (*Preliminary findings)

A total of 26 individuals, representing 160 connections, were identified as members of a multisectoral action coalition to improve road safety in Fortaleza. The professional

identity of these actors varies, including individuals working in transit, law enforcement, urban design, surveillance, clinical care, social policy, finance, and epidemiology. Among the individuals surveyed, guidance was the asset that was shared most frequently among the members of the network, followed by monetary resources Finally, data and access to decision makers were also shared among the network but with less frequency.

Abstracts presented

A COMPREHENSIVE NEEDS ASSESSMENT ON THE INTERSECTION OF HEALTH AND PHYSICAL SPACE: THE CASE OF FOUR COMMUNITIES IN THE VALLEY OF ATLIXCO, PUEBLA (MEXICO)

Alfonso Rojas Alvarez; Christina Ciaburri; Veronica Remmert; Andrea Sandoval; Claire Stephenson & Ricardo Ainslie

University of Texas at Austin

This paper summarizes the use of the Comprehensive Needs Assessment methodology applied in four communities in the state of Puebla, Mexico. It expands the methodology previously used in low-income informal settlements of Latin America and in similar 'colonias' in Texas (www.lahn.utexas.org), to the specific challenges faced by small rural pueblos and urban self-help neighborhoods in Puebla, Mexico. The objectives of the project, and two-months of intensive fieldwork, were to explore the intersections between morbidity patterns, health, the environment, and housing from both an instrumental perspective (air, quality and physical structure measurements), and in terms of the community perceptions of their public health needs and access to healthcare services. Using a flexible mixed-methods approach comprising extensive face-to-face surveys (n=242), focus groups, key informant interviews, intensive case studies of dwelling units, and archival data and descriptive statistics, the results of this paper present several salient public-health issues that require concerted intervention between the government, nonprofits and academic institutions. Inter alia these include: misinformation on the causes and treatment of diabetes; mental health trauma after the 2017 Puebla Earthquake; housing conditions, agricultural practices and air quality, and the widespread use of toxic combustion fuels and leña (wood) for open fire cooking especially in poorly ventilated kitchens; and the connections between substance abuse and return-migration from the United States. Finally, a (preliminary) set of recommendations are outlined, both to streamline the policy-making process in each of these areas, and to more adequately study the connection between these topics and their association with physical space, the environment and public health.

Abstracts presented

PATHWAYS OF INFLUENCE: HOW ROAD SAFETY DATA IS DISSEMINATED AND APPLIED IN BOGOTÁ, COLOMBIA

Salma Sparklin; Connie Lee & Andres Vecino

Johns Hopkins Bloomberg School of Public Health

Objective
Bogotá, Colombia is one of 10 cities included in the Bloomberg Initiative for Global Road Safety. Since 2015, the Johns Hopkins International Injury Research Unit (JH-IIRU) has produced two technical reports per year measuring progress on four key indicators: seatbelt use, helmet use, drunk driving, and speeding. This study explored the reach and use of the report and opportunities for improvement to better influence local decision-making on road safety interventions.

Methodology
A case study approach was used whereby data were gathered via semi-structured interviews from 15 key informants from government agencies, nonprofit organizations, academia, and media. The interviews were recorded, transcribed, and analyzed using deductive and inductive coding for the dissemination network, themes, and subthemes to emerge.

Results
While JH-IIRU initially shared the full technical report with partners, only excerpts or summaries were shared thereafter. Communication that included report content occurred via email, meetings, workshops, and mass media. The major reasons for exchanging report content were to use it as a data source, increase awareness, and drive change. Factors that facilitated these goals were how the report filled a gap in needed data, came from a prestigious and objective source, and JH-IIRU provided support to partners. The report was used in data analysis, strategy and evaluation, advocacy and education, enforcement, and creating accountability. Barriers identified were the limited amount of data, lack of access to the full report, contextual factors, and uncertainty around the methodology or the permission to share it. Partners were interested in additional indicators, inclusion in the research process, analyzing raw data, and technical workshops.

Conclusions
The technical report plays a major role in decision making in Bogotá, where high value is placed on data, particularly from Johns Hopkins. The report also is a key factor in the continuous cycle of quality improvement of policies and programs. Recommendations include translating the report to Spanish, publishing it online, creating more visuals, and communicating permission to share.

Abstracts presented

POOLING HEALTH FINANCING CAN CONTRIBUTE TO SOCIAL JUSTICE BY REDISTRIBUTING FROM THE BETTER OFF TO THE VULNERABLE. DOES IT HAPPEN IN PRACTICE? A CASE STUDY FROM PERU'S SOCIAL HEALTH INSURANCE

Daniel Cotlear

Palladium

Most experts argue that advancing universal health coverage requires greater pooling of health financing because pooling contributes to social justice by redistributing from the better off to the vulnerable.

Few studies have tested this empirically. Big data from the Peruvian social health insurance was used to measure the redistribution between three populations: private sector workers, public sector workers, and pensioners and their families.

The study explains the role of waiting times as an instrument to ration consumption of certain groups. It concludes with recommendations to build on the positives, reduce the negatives and develop a new social protection policy that can respond to the new challenges of population aging.

Abstracts presented

IMAGINING THE ALTERNATIVE WORLDS OF 2030: POLICY IMPLICATIONS FOR THE FUTURE OF GLOBAL HEALTH PROCUREMENT

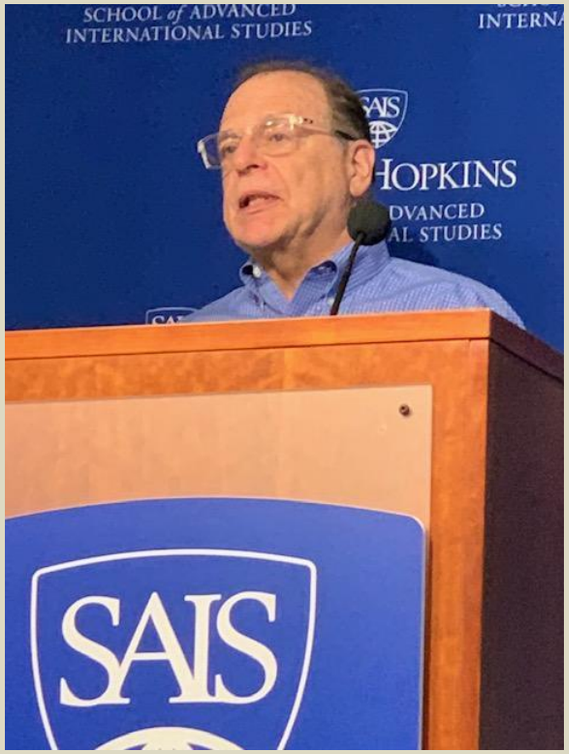
Janeen Madan Keller

Center for Global Development

The availability and affordability of health products—medicines, diagnostics, devices, and equipment—are critical to achieving universal health coverage and improving health outcomes. Yet low- and middle-income countries face multiple challenges in procuring health products related to institutional inefficiencies, market failure, and fragmented demand. At the same time, the world is evolving rapidly in ways that will affect health procurement, from changes in countries' eligibility for foreign assistance to advances in information technologies. Looking forward, efforts to improve global health procurement must proactively address the sweeping changes on the horizon.

Drawing on a range of political, economic, and social trends, this paper envisions how the global landscape might change between now and 2030, with a focus on the implications for global health, particularly the procurement of health products. The paper develops three possible but distinct futures—worlds characterized as atomistic, privately led, or multilateral. It concludes by describing the policy options and locus of action to improve global health procurement in light of these scenarios, emphasizing three areas of work: financing and modes of collaboration, procurement procedures and tools, and procurement capacity.

Meeting pictures



Meeting pictures

Meeting pictures