HSR2026 Symposium Theme

Future-focused Health Systems in a Changing World

Health systems today operate amidst intersecting and persistent disruptions, ranging from armed conflict and climate change to digital transformation, pandemics and shifting geopolitical landscapes. These disruptors operate in a deeply inequitable ecosystem, where implications of climate change, structural violence, gender inequalities, acute socio-economic disparities, and legacies of discrimination have been eroding health systems' performance, societal equity, and public trust. They demand bold, forward-looking solutions that go beyond shock absorption to embrace adaptive leadership and system transformation.

The Ninth Global Symposium on Health Systems Research (HSR2026) positions future-focused transformation as the essential response – of the health system, and of systems that impact health. Transformation concerns itself with the core question of "how" – how to be more inclusive, responsive and trustworthy. It is both a means and an end, requiring incremental and radical shifts in how things work, how we work together, and how we view knowledge(s) and knowing.

HSR2026's theme calls for solution-oriented engagement with the systemic reforms and strategic shifts needed to build equitable and inclusive, resilient and responsive, as well as trusted health systems. It invites deliberations on how health systems may learn, transform, and lead. Crucially, as the world approaches the post-SDG era and future global health initiatives, architecture and frameworks remain uncertain, the HSR2026 offers space to reflect on unfinished agendas and shape a shared vision for a changing world, rooted in solidarity, social justice, and systemic changes across all levels - from communities to the global health architecture.

HSR2026 will convene diverse actors whose work engages and affects health systems: leaders both established and emerging, in science, service delivery, diplomacy, governance, design, advocacy, technology, peacebuilding, commerce, and industry to co-create actionable pathways for our shared and interdependent future health systems. Submissions are invited across research, implementation and practice, methodological innovation, capacity strengthening, or action-based learning that contribute to health systems transformation in many dimensions.

We welcome submissions covering all health areas, including communicable diseases and non-communicable diseases, neglected tropical diseases, chronic conditions and national and global priorities such as maternal and child health. All voices advancing research, driving sustainable change, or challenging the status quo are welcome.

The Symposium's theme will be the umbrella for four sub-themes which are detailed below.

Each sub-theme allows for independent but also interconnected consideration of "how" future-focused health systems transformation may be understood, imagined, designed, negotiated, and actualized.

Politics and Polycrises

Governance, financing and diplomacy in the face of conflict and changing global order

Political structures, power dynamics, and governance mechanisms - at both national and global levels -shape the functioning, reform and outcomes of health systems. Today, many systems operate under conditions of fragile governance, contested legitimacy, and eroding public trust; conditions that deeply challenge their ability to function effectively, equitably and sustainably.

In wars and conflict-affected contexts, health systems face not only physical threats to infrastructure and personnel, but also structural political challenges, from fragmented authority to the politicization of aid. Health workers, facilities, and access to healthcare are increasingly politicized, weaponized or undermined by attacks on neutrality and contested governance. Addressing health in these contexts often means grappling with war, displacement, occupation and the weaponization of aid.

Meanwhile, global health financing is becoming increasingly volatile and fragmented. Traditional donor funding is shrinking, private and philanthropic actors are growing in influence, and financial flows are often misaligned with national priorities. These dynamics are compounded by political polarization in many countries across all levels of income, which undermines health leadership, disrupts coordination, and erodes public trust. These directly affect the ability of health systems to plan, coordinate, and sustain equitable health service delivery and they further exacerbate limited domestic investment in health systems. Many counties remain highly dependent on external aid, leading to calls for increasing domestic financing on health and on-going debates on the appropriate time and capacity required for withdrawing from foreign aid.

Weakening multilateralism and rising geopolitical tensions further challenge global health governance. In this fragmented landscape, new forms of diplomacy and governance are urgently needed to help navigate transnational threats while building public trust and reinforcing national and regional sovereignty.

This sub-theme

This sub-theme explores how governance, financing, and political leadership at national and global levels can evolve to navigate complexity, protect health and health systems in crises, and reinforce public legitimacy and trust.

We welcome submissions on political innovation, governance reform, and diplomacy that are grounded in real-world struggles and strategies for communities, civil society organizations, practitioners, advocates, decision-makers research institutions, or negotiating tables.

As the SDG era draws to a close, this sub-theme also encourages bold reflection on how to reimagine health leadership and solidarity for a more just and sustainable future beyond 2030.

Examples of specific focus areas under this sub-theme include:

- Rethinking governance and political leadership in a multipolar world
- Navigating shifting global and regional health governance and overlapping crises
- Protecting neutrality and governing health systems in fragile and politically contested settings experiencing war, conflict and displacement
- Redesigning sustainable health financing architectures in the context of donor fragmentation, austerity, and shifting conditionalities and burden-sharing beyond traditional aid models
- Strengthening health diplomacy, negotiation capacity, accountability and solidarity
- Regulating corporate power and addressing commercial determinants of health
- Advancing regional leadership and equitable power shifts in global health
- Decolonizing global health governance, financing, and priority-setting.

Plurality and Partnerships

Embracing diverse actors, sectors and care modalities

Health systems today are diverse, plural and often fragmented, comprising public and private actors, formal and informal sectors, and traditional and allopathic systems of medicine. This sub-theme explores how embracing this plurality of actors, sectors and care modalities can strengthen health systems' performance, responsiveness, inclusion and equity.

Plurality operates across at least two critical dimensions. First, in terms of actors and sectors, health systems extend beyond ministries of health and hospitals; they are shaped by frontline workers, community organizers, civil society, religious leaders, tech companies, food and beverage traders, social influencers, educators, environmental planners and peacebuilders. Meaningful engagement with this full spectrum of stakeholders is vital for transforming systems that are inclusive, just and responsive to complex challenges. This sub-theme challenges siloed, technocratic approaches and calls for new partnership frameworks that bridge sectors, redistribute power and promote accountability.

Second, plurality includes care modalities and system entry points. People interact with health systems through a wide array of practices, including biomedical care, traditional and complementary medicine, and self-care rooted in local knowledge and cultural systems. These approaches are often essential, especially in under-resourced settings, but frequently invisible in policy, metrics, and investment. The sub-theme highlights how unmet needs, foregone care and marginalized populations expose the limitations of conventional system design and measurement.

This sub-theme

This sub-theme interrogates the effects of privatization, the growing role of non-state actors, and the resulting shifts in health systems organization and governance, access to healthcare, and equity. It emphasizes the need for multisectoral strategies and systems thinking, to address broader social and commercial determinants of health across education, food, labor, environment and technology. It advocates for integrated, people-centered systems that recognize and potentially embrace the full range of care options and stakeholders as trustworthy and transformative.

We invite submissions that explore innovative partnerships, governance models, and methodologies for engaging diverse actors, sectors and care modalities in health system transformation.

Examples of specific focus areas under this sub-theme include:

- Partnerships for health and well-being with traditional and contemporary frontline actors like traditional healers, community health workers, informal providers, care workers, small scale private sector providers and pharmacies

- Engaging non-traditional actors: private sector, religious leaders, community-based organizations, climate activists, technology firms and food traders
- Commercial determinants and environmental pressures that compound vulnerabilities and demand regulatory action
- Regulation of the commercial sector and strengthening the public-private ecosystem
- Systems thinking to situate health systems within societal changes like urban design, education, and food systems
- Recognizing people and communities as active agents of change in health system transformation and improving health systems responsiveness to their needs and expectations.

Platforms and Participation

Harnessing digital technologies and honoring social contracts

Platforms are the structural foundations that support modern health systems, encompassing physical infrastructure (such as hospitals and primary health care networks), digital technologies, institutional frameworks and the social contracts that bind communities, governments and health actors. This sub-theme explores how these platforms shape health system performance and resilience, inclusion and equitable access to healthcare.

Digital technologies and artificial intelligence (AI) are rapidly transforming health systems, from service delivery and logistics to health information systems, real-time surveillance and decision support. AI is also reshaping health policy and systems research (HPSR), offering new tools for modeling, forecasting and system design. While these digital innovations offer powerful ways to strengthen access and responsiveness, they also carry risks of exclusion, bias, data privacy concerns, and loss of public trust if not governed responsibly. The growing influence of tech actors and data intermediaries further challenge traditional frameworks and norms for public trust, accountability and regulation. At the same time, the proliferation of digital platforms is contributing to rising rates of digital overexposure and harm, with consequences for mental and physical health, attention and social cohesion, and the need for health systems to collaborate across sectors to prevent digital harm, and ensure platforms support rather than undermine health and well-being.

Meanwhile conventional service platforms like hospitals and primary health care networks also face demands for integration, flexibility, and people-centeredness. Their ability to coordinate across sectors, absorb shocks, and adapt to new roles is increasingly critical. These shifts also call attention to the often-over-looked infrastructure of social contracts, the implicit and explicit agreements between people, institutions, and states about shared responsibility, care, and accountability. In rapidly changing technological and political environments, revitalizing and renegotiating these contracts is essential to ensuring that systems remain inclusive, responsive, accountable and trusted. We also explore the role of boundary spanners –individuals, institutions, and platforms that bridge knowledge and action across research, policy, technology, and communities– in bringing knowledge to action and negotiating questions of epistemic justice in the service of health system transformation.

This sub-theme

This sub-theme emphasizes the need to promote intelligent health systems and to govern platforms (including AI and data systems), not just as technical tools, but also as political, ethical, value-driven and social infrastructures that must reflect the values, norms, and rules of the societies they serve.

We invite contributions that examine how platforms– digital, physical, and social–can be designed, governed, and leveraged to drive equity, participation, and transformation in health systems.

Examples of specific focus areas under this sub-theme include:

- Governance frameworks for digital health and AI that ensure ethical, equitable and accountable use in health systems and improving health outcomes
- Ethical use of AI in HPSR including standards for evidence, transparency and participation
- Digital well-being and prevention of digital harm (addiction, misinformation, exclusion, radicalisation) and tackling digital hegemony
- Integrating and transforming service delivery approaches and infrastructure across areas such as primary health care, emergency responses, and balance of hospital roles and home care
- Social contracts as platforms for institutional coherence, inclusion, trust and shared responsibility
- Data sovereignty, privacy and citizen empowerment in digital health ecosystems
- Epistemic justice, knowledge for change and evidence to action
- Navigating fragmentation across digital, physical, and social platforms.

Pathways and Planet

Human-ecological concerns, and framing performance in a post-SDG era

Complete health system transformation requires confronting the realities of our planetary condition. Health systems face growing threats from the climate crisis, emerging infectious diseases, and complex interconnections between human, animal, and environmental health.

Climate change is driving extreme weather events, as well as indirect consequences including food insecurity, shifting disease patterns, and rising mental health challenges. All these disproportionately affect vulnerable and marginalized populations. Many countries struggle to integrate climate risks into health policies and practice, and urgent action is needed to embed climate resilience within health governance, financing, and infrastructure. Infectious diseases, both emerging and re-emerging, are intensified by climate change, urbanization, and environmental degradation. Many health systems remain reliant on fragmented, disease-specific programs, lacking essential capacities in surveillance, risk communication, and supply chain resilience. Adaptive and responsive systems require a long-term view of health system strengthening within a larger move towards justice and ecological balance rather than reactive emergency responses.

The One Health approach, which recognizes the intrinsic links between human, animal, and environmental health provides a vital framework to address zoonotic spillovers, vector-borne diseases, and antimicrobial resistance. However, operationalizing One Health is hampered by institutional silos, fragmented funding, and a lack of coordinated policy and implementation frameworks. Strengthening integrated surveillance and data systems, a trained, multisectoral workforce, and cross-sectoral coordination are therefore essential to build resilient and equitable health systems.

This sub-theme

This sub-theme looks to the future of sustainable, planetary health systems rooted in justice and cross-species solidarity. It explores how systems can become climate-resilient, justice-centered, and sustainable. It also calls for bold thinking about what post-SDG future might look like.

We invite submissions that explore innovative policies, governance mechanisms, and community-driven action to enhance climate responsiveness, while also reframing what "successful" performance transformation looks like.

Examples of specific focus areas under this sub-theme include:

- Integrating climate resilience and sustainability into health governance, structures and healthcare
- Designing and implementing effective one-health approaches that integrate human health with wider ecological concerns and initiatives through cross-sectoral coordination

- Strengthening core health systems functions, such as surveillance, risk communication, and supply chain resilience in response to environmental and infectious threats
- Models of health promotion and well-being that recast human health in planetary terms, foregrounding intergenerational equity
- Reimagining metrics and performance frameworks and monitoring, learning and accountability ecosystems to capture complexity, equity and systemic resilience in a changing world
- Exploring post-SDG futures for health rooted in sustainability and planetary wellbeing
- Interrogating the evolving role, methods, and assumptions of HPSR in a changing world.