SECOND GLOBAL SYMPOSIUM ON HEALTH SYSTEMS RESEARCH

SCIENCE TO ACCELERATE UNIVERSAL HEALTH COVERAGE

Beijing, 31 October - 3 November 2012

Background

The Second Global Symposium on Health Systems Research (HSR) will be held in Beijing, People's Republic of China, from 31 October to 3 November 2012. This draft programme overview provides a sense of the Symposium's main themes and will be used in wide consultative process (during September 2011) to seek the advice and guidance of several stakeholder groups, including the Symposium's Scientific Committee and participants in the First Global Symposium.

This draft was informed by the experience and results of the First Global Symposium on Health Systems Research (Montreux, Switzerland, 16-19 November 2010) and specifically by the key actions for steps ahead, summarized in the "Montreux Statement" (http://www.hsr-symposium.org/index.php/montreux-statement), and consultations with the Programme Working Group, the Council of Deans and the Steering the Executive Committees Members.

The "Montreux Statement" proposes that the second Symposium should focus on:

- normative clarity on HSR;
- mechanisms for bridging the gap and understanding the interface between demand and supply for HSR;
- strengthening institutional capacity;
- enhancing research translation into policy;
- opportunities to strengthen research, and collaborative research;
- knowledge production across different disciplines and sectors, stakeholders and regions.

The Second Global Symposium will be dedicated to evaluating progress, sharing insights and recalibrating the agenda of science to accelerate universal health coverage (UHC). UHC is understood here in its broader sense of service and financial risk coverage.

Programme overview

The Symposium will open the evening of 31 October 2012 with an evening plenary session followed by a welcome reception. The official opening ceremony will take place the morning of 1 November. Each full day of the Symposium will be organized around one of the Symposium's three main themes: (i) knowledge translation; (ii) state of the art research on HS, specifically its neglected topics; and (iii) HSR methodologies. The cross-cutting themes will be a) innovations; and b) stewardship, financing and capacity building on HSR. Days will open with a plenary session on the theme of the day, and will be followed by a series of concurrent sessions -- both on topics related to the main theme but also on other topics that would engage a wide spectrum of interests.
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<td>08:00-09:00</td>
<td>Opening plenary</td>
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<td>Plenary: Knowledge</td>
<td>Plenary: State-of-the-Art HSR &amp; Neglected Topics</td>
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<td>12:30-14:00</td>
<td>Lunch break (lunch not provided)</td>
<td>Lunch Sessions, Posters, Marketplace &amp; Films</td>
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<td>15:30-16:00</td>
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<td>Plenary: Closing remarks</td>
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<td>17:30-19:00</td>
<td>Evening plenary: BRICS health reforms</td>
<td>Evening free</td>
<td>Symposium dinner</td>
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<td>19:00-21:00</td>
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**Proposed themes & topics of focus**

**Evening plenary - 31 October 2012**

The evening plenary of 31 October will address health care reforms in BRICS countries, others then China, (i.e. Brazil, Russia, India, and South Africa) with a special focus on innovations and on HSR stewardship, financing and capacity building mechanisms developed in each of these countries.

**Opening plenary - 1 November 2012**

The Opening would be composed of two parts:

1) Introductory remarks, including:
   - Welcome addresses by representatives of: Peking University, China Medical Board, and China's Ministry of Health;
   - Importance and relevance of this meeting, by a WHO representative;

2) Overview and Symposium orientation, by the Symposium Steering Committee.
The first day of the Symposium will focus on the translation of HSR into policy and practice. We encourage debates and joint presentations by researcher/policy-maker pairs.

The plenary session will highlight and explore key approaches regarding the use of HSR evidence in policy and practice. It will include the Symposium keynote address by a representative of the National People’s Congress Standing Committee, and China's Ministry of Health; followed by commentaries by academics from other countries with concrete experience in the use of evidence to inform policy and implementation; and finish with a media professional debate on media's contribution on knowledge translation.

Some of the issues to be explored in this plenary include examples of:

- Challenges faced in ensuring the HSR is locally and policy-relevant if external donors are the primary source of funding.
- How evidence contributed or failed to contribute to health systems policy decisions, highlighting the complexity of the process including its multiple influences and time frames.
- How research can be made relevant -- e.g. carried out (in LM and High IC), in close collaboration with decision-makers, ministry of health -- and at the same time independent (i.e. objective and of high quality).
- Approaches to ensure research utilization, such as social mobilization, and mechanisms to ensure continuous and interactive policy monitoring and evaluation.
- How media (both scientific and general) can contribute to the translation of research into action, and on the problems of reporting science in the media, specially in modern social media.

Concurrent sessions would focus on specific experiences and practices related to evidence informed decision making, including cases from countries with different contextual backgrounds (donor driven vs locally invested; strong vs early HSPR experiences/capacity; strong vs weak civil society/media, etc.). For example:

- to what extent has health systems evidence played a role in specific policy decisions? Examples: the National Institute of Health and Clinical Evidence (NICE), UK; the use of health technology assessments and their regulatory backing; and debates about why cost effectiveness analysis has not gained much traction in the decision-making process.
- what factors helped or hindered the translation of research into policy and practice? Examples where HSR results were translated into policy and practice; and where this did not take place despite efforts made.
- debates on policy needs, goals, and issues. Examples on the adoption, utilization and management of technology, human resources and information system development.
- the various levels of knowledge translation (formulation of policy recommendation; dissemination; policy dialogue; social mobilization; system analysis for implementation of policies; etc.)
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Innovations in knowledge translation, could include topics such as:

- the role of long-running HSR "experiments" as building blocks for future policy decisions. Examples: RAND Corporation insurance experiments; Seguro Popular evaluation in Mexico, etc.

Stewardship, Financing, and Building Capacity on translation of HSR, another cross cutting theme, could focus on topics such as:

- Developing platforms that facilitate interaction between researchers and policy-makers, resulting in increased capacities to prioritize topics and translate research into policy, and to communicate research results to policy makers and to the public;

- Examples of research capacity building among "service providers" to improve service quality as well as ensuring integrated knowledge translation.

State-of-the-Art Health Systems Research and its Neglected topics -- 2 November 2012

The second day of the Symposium will focus on the state-of-the-art health systems research to achieve universal health coverage and its neglected topics.

Health systems research addressing 'neglected' themes, such as:

- non-communicable diseases -- health system configuration to move from acute infectious diseases to chronic conditions; continuity of care; "patient-centered" approaches; applicability of the "chronic disease" model of care. Successful examples/research of its application and impact;

- disadvantaged populations (such as below poverty line, indigents, post-emergency/disaster, displaced, migrants, nomadic, urban poor, elderly, children) --barriers to access care; the impact of demand-side strategies; designing policies to ensure that disadvantaged populations are heard; delivering interventions in such a way that they are accessible.

- neglected sectors: private sector (formal and informal, profit and non-for profit); use of technology in private system; partnership models to ensure societal benefits, etc.

Innovations across the spectrum of health systems research, such as:

- e-health and m-health transformative impact;
- novel models of deploying health workforce;
- empowering consumers to influence policy process and decisions;
- innovative health financing mechanisms;
- health promotion and diseases prevention;
- social determinants and decentralization;
- healthy public policies.
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Stewardship, Financing, and Building Capacity on *HSR methods*

- How cross-country research collaborations have improved our knowledge on how to assess effective coverage with essential interventions
- Examples of innovative approaches to built capacity for HSR.

**Strengthening the Science -- 3 November 2012**

On the 3 November the focus will be on HSR methods. The plenary session will address topics such as the conceptual framework of what constitute implementation research, differences with operational research, research done by service providers to implement policy recommendations, etc.

Specific topics for concurrent sessions might include:

- Mixed methods in HSR. How to best combine/balance methods to mitigate their respective weaknesses and increase their value?
- Methodologies and approaches for evaluating health systems strategies such as human resources deployment or interventions to improve governance
- How best to evaluate a programme when asked to do so "post-hoc"?
- Best practices in designing and using health information systems
- Measurement of “coverage”: comparable measures of “effective coverage”
- Various ways of "measuring quality"
- Research methods on multi-disciplinary/cross-cutting approaches (health and education, etc)
- Monitoring/measuring return on HSR investment

Innovations on HSR methods and measures, such as:

- Innovative approaches in implementation and operational research
- Application of research methodologies to study complex systems
- Innovative tools and approaches to evaluate the system-wide effects of health system strengthening interventions
- Innovations on methods to evaluate large scale implementation programmes

Stewardship, Financing, and Building Capacity on HSR methods, could be:

- How to obtain funding for HSR using cutting-edge research methodologies

**The Second Global Symposium on HSR will:**

- draw on the use of innovative conferencing techniques, for example, encouraging more presentation of research findings (refer to "Beautiful Evidence" by Edward
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Tuft and the TEDTalk by Hans Rosling) and Participatory Design conference methodologies

• aim to have simultaneous translation of all plenary sessions, and "main hall" concurrent sessions, into Mandarin, French, and Spanish, and promote a balanced mix of researchers and research results from all regions

• continue to build on the engagement of young people from around the globe. The Symposium will, for example, support the team from the Institute of Tropical Medicine to run their "Young Voices" programme in parallel with the Symposium

• offer several capacity-building workshops on HSR areas (including on reporting research findings into the media; HSR tools and methodology; etc.)

• launch the Global Strategy for Health Systems Research

• launch a member-based Society for HSR

• establish a "Beijing Agenda" for further advancing the HSR

• include daily debates on best practices, engaging media professionals (both scientific and general public reporters)

• launch a "HSR Award" for researchers and policy makers from LMICs. The award will be in the form of travel to the Symposium and presentation of results (1st award) and of small research grants and technical support for peer-review publication (2nd award). The HSR Awards would be launched with the call for abstracts (on 1 November 2011). This award will help to create balanced participation from across geographic regions and thematic areas

• make specific efforts to attract media professionals to 1) increase the visibility and the profile of HSR, LMICs researchers, and the Symposium; and 2) create collaborative linkages between the research and the media communities. Specifically, general public media professionals reporting or interested in reporting on international health matters (Al Jazeera, BBC, NYtimes, Times of India, Globo, etc.) as well as scientific journalists (Lancet, Health Policy and Planning, etc.) will be invited to attend, and in some cases to speak at plenary or concurrent sessions, and engage in debates on media responsibility, media capacity/gaps to disseminate HSR evidence, and to support translation of knowledge

• show a series of health systems related films during lunch time and evenings. The films will be of different genres (from journalistic reports, to animation, independent (fiction and documentary). A contest on short-films that lead to HS strengthen, advocacy, empowerment of civil society, etc. will take place. Films will be judge by a jury of professional film makers and policy makers. On the last night, the Symposium will offer a more formal entertainment night projecting one or two short films and a long film, followed by a debate with the film makers. Examples of the last could be the documentary film "No Woman, No Cry" shot in Tanzania, Bangladesh, Guatemala and the USA, in support of access to safe maternal care