Global Symposium on Health Systems Research (HSR)  
31 October – 3 November 2012, Beijing, China  
List of accepted panel sessions

Sessions directly related to supporting the use of research evidence in policymaking

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Panel session name
Bringing ideas to the table: Actors, evidence and influence

Panel abstract
The field of knowledge translation emphasizes scientifically based synthesis and dissemination of research evidence, so as to inform and strengthen policy and decision making for health. In many respects knowledge translation is a normative field reflecting “what should be done” to promote better decision making. Policy analysis studies, by contrast, seek to understand how research and other forms of evidence may influence policy making. Such studies take as a starting point the fact that there is often already a dynamic diffusion of ideas and evidence as actors in the policy process seek to exert influence over the framing and formulation of policy. Policy theories also recognize the diverse ways in which evidence may influence policy, both through very direct (instrumental) means, and through more diffuse processes.

Ideas and evidence may take multiple forms: they can include consensus statements or guidelines issued by international organizations; rigorous peer-reviewed research findings, or tacit knowledge based on program experience. Sometimes evidence may emanate from within the jurisdiction concerned, but it may also come from global policy processes, or from other countries.

This session aims to better connect the knowledge translation field on the one hand and policy analysis on the other by presenting a set of empirical studies that have sought to understand, in different low and middle income country (LMIC) contexts, how actors have used ideas and evidence to influence policy. Four 15 minute presentations will be made. The first two examine the role of evidence and ideas in broader policy development processes. The second two presentations focus on explicit attempts to shape policy through the use of evidence. In discussing these cases we will seek to explore the implications for how to strengthen knowledge translation processes in LMICs so that they better fit with stakeholder preferences and existing policy processes.

Theme: Knowledge translation
Key Terms: evidence use, policy analysis,

Chair of panel session
- Sara Bennett (Johns Hopkins School of Public Health)

Names of presentations in the panel sessions
- A ticket to the party: Using evidence to gain access to and to affect policymaking (Jessica Shearer, McMaster University, Center for Health Economics and Policy Analysis)
- Evidence, ideas and integrated community case management in Sub-Saharan African countries (Daniela Rodriguez, Johns Hopkins School of Public Health, International Health)
- Using program experience to influence HIV prevention policy in India (Nhan Tran, World Health Organization, Implementation Research Platform, Alliance for Health Policy and Systems Research)
- Using evidence to facilitate community participation in planning for universal health coverage in India (Kabir Sheikh, Public Health Foundation of India)
Panel session name
Handbook for developing health systems guidance: Supporting informed judgements for health systems policies

Panel abstract
This lunchtime event will include a presentation of the handbook for developing health systems guidance, a presentation of health systems guidance developed using some of the approaches in the handbook (Optimize4MNH project), and a presentation of a workbook to adapt global guidance to local contexts, using the same project as the illustrative example.

Theme: Knowledge translation

Keywords: health systems guidance, methods, evidence, policymaking

Chair of panel session
- Xavier Bosch-Capblanch, Swiss Centre for International Health, Swiss Tropical and Public Health Institute

Names of presentations in the panel sessions
- Handbook for developing health systems guidance: supporting informed judgements for health systems policies (Xavier Bosch-Capblanch, Swiss Centre for International Health, Swiss Tropical and Public Health Institute)
- Optimizing the delivery of key interventions to attain MDGs 4 and 5 (Simon Lewin, Norwegian Knowledge Centre for the Health Services)
- Adapting global health systems guidance to regional and national levels (John Lavis, McMaster Health Forum, McMaster University)
Panel session name
Health systems guidance 1: The challenge of translating health systems research into policies

Panel abstract
Health systems guidance has been defined as systematically developed statements produced at global or national levels to assist decisions about appropriate policy options for addressing a health systems issue. Health systems guidance differs from clinical guidelines in its focus on including options and on assisting decisions in a wide range of settings. This session reports on experiences and lessons from a project to produce a ‘Handbook for developing health systems guidance’ – a state-of-the-art manual describing the processes, approaches and outputs for developing guidance on health systems questions. http://www.swisstph.ch/about-us/departments/swiss-centre-for-international-health/health-systems-support.html?0=. This session complements another session on health systems guidance, focusing on lessons from the development of guidance on task-shifting.

In the first presentation, we outline the rationale for health systems guidance in the global health landscape, where weak health systems hinder improvements in public health. While the concepts and approaches for health systems are still rudimentary, such guidance equally needs to be informed by the best available evidence and use transparent and systematic methods.

The second presentation focuses on the methodological challenges of developing health systems guidance: how to bridge the different paradigms of research and policy; timeliness in guidance production; and contextual issues when recommendations.

The third presentation addresses the issue of the relevance of context when making choices about courses of action and implementation and suggests different approaches for producing guidance at global and national levels.

The fourth presentation considers the challenge of making systematic reviews on health systems relevant and useful for guidance, including identifying appropriate evidence sources; evidence synthesis methods; and assessing applicability.

Finally, we present the experience from Uganda (maternal health), where guidance products, including summaries and policy briefs, have been used to inform systems policies. We will conclude discussing key challenges in translating health systems research into guidance to inform policy in low income countries.

Theme: Knowledge translation

Keywords: health systems, evidence, guidance, policy

Chair of panel session
- Andy Haines (London School of Hygiene and Tropical Medicine)

Names of presentations in the panel sessions
- Why evidence informed guidance is needed and how it can support decisions on health systems (Andy Haines, London School of Hygiene and Tropical Medicine)
- Health systems guidance: The challenges of producing guidance (Xavier Bosch-Capblanch, Swiss Centre for International Health, Swiss Tropical and Public Health Institute)
- Health systems guidance: The challenges of linking global guidance to national policy development (John Lavis, McMaster Health Forum, McMaster University)
- Health systems guidance: The challenges of synthesising health systems research (Tomás Pantoja, Department of Family Medicine, School of Medicine, Pontificia Universidad Catolica de Chile)
- Health systems guidance: An example from maternal health in Uganda (Harriet Nabudere, College of Health Sciences, Makerere University)
Panel session name
Launch of the enhanced version of Health Systems Evidence (lunchtime event)

Panel abstract
The objectives of this lunchtime event are: 1) to introduce participants to Health Systems Evidence, the world's most comprehensive, free access point for evidence to support policymakers, stakeholders and researchers interested in how to strengthen or reform health systems or in how to get cost-effective programs, services and drugs to those who need them; 2) to review the significant enhancements made to Health Systems Evidence in December 2011; 3) to launch the fully functional search engines for economic evaluations of health system reforms and descriptions of health systems and health systems reforms; and 4) to solicit input on how to improve and support the use of Health Systems Evidence. First, John Lavis, who led the development and leads the continuous updating of Health Systems Evidence, will provide a brief presentation about Health Systems Evidence and a live demonstration of its functionality. Second, the following partners in Health Systems Evidence will provide brief commentaries: 1) Fadi El-Jardali, who has worked with WHO EMRO to support the Arabic elements of Health Systems Evidence and its promotion within Arabic-speaking countries; 2) Yaolong Chen, who oversees the translation of the site into Chinese and its promotion within China; 3) Govin Permanand, who has worked within WHO EURO to support the Russian elements of Health Systems Evidence and its promotion within Russian-speaking countries and who collaborates with PAHO which support the Portuguese and Spanish elements of Health Systems Evidence and its promotion within the Americas; and 4) Robyn Tamblyn, who has worked with the Canadian Institutes of Health Research and 18 Canadian partner organizations to support the addition of Canada’s Evidence-Informed Healthcare Renewal Portal to Health Systems Evidence. Third, we will engage participants in a discussion about how to improve and support the use of Health Systems Evidence. Finally, we will conclude with brief commentaries from two individuals about how they see Health Systems Evidence fitting into broader efforts to support evidence-informed policymaking: 1) John-Arne Rottingen, Alliance for Health Policy and Systems Research; and 2) Jeremy Grimshaw, Cochrane Collaboration.

Keywords: health systems evidence, policymaking

Chair of panel session
• John Lavis (McMaster University)

Names of presentations in the lunchtime session
• An introduction to and demonstration of the enhanced version of Health Systems Evidence (John N. Lavis, McMaster Health Forum, McMaster University)
• Supporting the use of Health Systems Evidence in China (Yaolong Chen, Evidence-Based Medicine Center, Lanzhou University)
• Supporting the use of Health Systems Evidence in Arabic-speaking countries (Fadi El-Jardali, American University of Beirut)
• Supporting the use of Health Systems Evidence in the Americas and Europe (Govin Permanand, Regional office for Europe, World Health Organization)
• Complementing Health Systems Evidence with the Evidence-Informed Healthcare Renewal Portal (Robyn Tamblyn, Canadian Institutes of Health Research)
Panel session name
Lessons learned from evaluating evidence-to-policy initiatives

Panel abstract
Since the release of the World Report on Knowledge for Better Health in 2004, global interest in identifying ways to support the use of research evidence in health systems policymaking has grown. A number of innovative strategies that aim to increase the use of research evidence in policymaking have been developed in response. This session will provide an overview of the lessons learned from developing and implementing these initiatives by: 1) presenting results from the formative and summative evaluations of two types of initiatives (evidence briefs and policy dialogues) by policymakers, stakeholders and researchers; 2) reporting findings about outcome domains that the totality of initiatives in a given country seek to influence; and 3) describing experiences with the development and implementation of these initiatives. The session begins with two presentations of formative evaluation results, with one focusing on one or two briefs and dialogues across six low- and middle-income countries (LMICs) and the second focusing on 17 briefs and dialogues across a range of issues and contexts in a single high-income country. The focus then turns to reporting findings from policymakers’, stakeholders and researchers’ assessments of three outcome domains that these initiatives intend to influence – 1) the availability of health research evidence about high-priority policy issues; 2) the relationships among policymakers and researchers; and 3) their capacity to support the use of health research evidence – across three LMICs. The last area of focus will be the challenges and the opportunities that have been described in key informant interviews with those who have had direct experience in the development and implementation of evidence-to-policy initiatives in a range of countries but particularly in LMICs. Finally, a former policymaker from Cameroon that is currently involved with the development and implementation these initiatives will comment on where we go from here.

Theme: Knowledge translation
Keywords: evidence briefs, policy dialogues, knowledge translation platforms

Chair of panel session
- John Lavis (McMaster University)

Names of presentations in the panel sessions
- Policymakers’, stakeholders’ and researchers’ views about and experiences with evidence briefs and policy dialogues: Formative and summative evaluations from 6 LMICs (Kaelan Andrew Moat, Health Policy PhD Program, McMaster University)
- Policymakers’, stakeholders’ and researchers’ views about and experiences with evidence briefs and policy dialogues: Formative and summative evaluations from 17 Canadian briefs and dialogues (John N. Lavis, McMaster Health Forum, McMaster University)
- Policymakers’, stakeholders’ and researchers’ assessments of three outcome domains that evidence-to-policy initiatives should influence: Survey findings from 3 LMICs (Tomás Pantoja, Department of Family Medicine, School of Medicine, Pontificia Universidad Catolica de Chile)
- Lessons learned about designing and implementing evidence-to-policy initiatives: Key informant interview findings from LMICs (Fadi El-Jardali, Department of Health Management and Policy, American University of Beirut)
Panel session name
Lessons learnt from projects linking research evidence to policy making in the low and middle income countries

Panel abstract
Research evidence can provide guidance to policy makers when addressing pressing health system problems and challenges in the low and middle income countries (LMICs). But evidence is not often available in a user friendly format and in a language that can be easily understood by policy makers and decision makers. Moreover, there is lack of mechanisms and forums for researchers and policy makers to interact.

The Alliance for Health Policy and Systems Research implemented two years project “Sponsoring National Processes” to support evidence-informed policymaking in five low- and middle-income countries (LMICs) i.e. Argentina, Bangladesh, Cameroon, Nigeria and Zambia, from 2009 to 2011. The overall objective is to influence the development of policies at the country level through the application of health policy and systems research evidence.

The countries used several mechanisms and tools including priority setting, policy brief, policy dialogue and creation/strengthening of knowledge translation platforms along with monitoring and evaluation. While most of the countries were able to fulfill the objectives, there was variation in the outputs and impacts achieved at the national/sub-national level by each project.

This session will invite the team leaders from each of the country to share their experience and discuss challenges. The moderated panel discussion will focus on the following five questions:
1. What are the key successes (outcomes and impacts) achieved and the contributing factors?
2. What were the main challenges faced and strategies used to overcome them?
3. How can uptake of research evidence be improved?
4. How to address sustainability issues?
5. What are the key lessons for other LMICs?

The above questions will be discussed through a presentation from each of the knowledge translation platform leader in five countries. Then, the discussant will take the session as a whole and reflect on the findings and lessons learned.

Theme: Knowledge translation

Key Terms: Evidence informed policy making, knowledge translation, impact on policies

Chair of panel session
- Abdul Ghaffar (Alliance for Health Policy and Systems Research, WHO)

Names of presentations in the panel sessions
- Enhancement of policymakers’ skills and organizational capacity in health policy and systems research evidence use in policy making in Nigeria (Chigozie Uneke, Ebonyi State University, Medical Microbiology/Parasitology)
- Enhancing the uptake of research evidence for health policy: A case experience from Zambia (Lonia Mwape, University of Zambia, Department of Nursing Sciences)
- Bridging the know-do gap: Capacity enhancing strategies for applying health and systems research into evidence-based policy making in Bangladesh (Tracey Pérez Koehlmoos, ICDDR,B., Centre for Equity & Health Systems)
- Supporting evidence informed policymaking during the transition towards a health SWAP in Cameroon (Pierre Ongolo-Zogo, Yaoundé Central Hospital, Centre for the Development of Best Practices in Health)
- Towards a more coordinated health care system: Experiences from the province of Salta, Argentina (Daniel Maceira, Center for the Study of State and Society – CEDES, Health Economics)
Panel session name
Roles of WHO in assisting country-based knowledge translation platforms (KTP) to develop context specific evidence-informed policies

Panel abstract
Background:
Few international organizations have dedicated efforts to support low and middle income countries (LMIC) in KT activities to strengthen health policies. In 2005 the World Health Assembly requested WHOs Director General to “assist in the development of more effective mechanisms […] including the transformation of health research findings into policy and practice.” As a result, WHO launched EVIPNet (Evidence-Informed Policy Network) to assist Member States to promote knowledge translation mechanisms and activities dedicated to develop evidence-informed policies addressing country specific context and needs.

Methods:
In this “Lightning talks” five policymakers engaged in EVIPNet (and other similar networks that W.H.O. have been working with) will present briefly their experiences in KT irrespective if the KTP already existed or was prompted by WHO. Presenters will respond to a semi-structured interview addressing their experience in evidence-informed policymaking, reporting perceptions of WHO participation in this process. Participants in the Forum on Evidence Informed Health Policymaking in LMICs (Ethiopia, August 27-31) will respond to the same interview. A five-minute video will summarize their recommendations. Three WHO staff (HQ and Regional Offices) will provide four-minute presentations with perceptions of their work with the countries, followed by a moderated discussion and questions.

Results:
The session will highlight successes, challenges, and lessons learned in moving from evidence to policy and reflections about innovations discussed in the Addis international Forum. The moderator will focus on results related to: (a) working as a regional and global network; (b) building a critical mass of expertise to support national and regional KT; (c) developing of KTPs imbedded in ministries of health; (d) experiences in using virtual health library databases.

Conclusion:
The synthesis of this session will provide recommendations on how WHO and other international organizations can better respond to efforts to support the use of research evidence in developing health policy.

Theme: Knowledge translation
Key Terms: evidence-informed policymaking, knowledge translation platform, World Health Organization, EVIPNet, ministry of health

Chair of panel session
• Joseph Kasonde (Ministry of Health)

Names of presentations in the panel sessions
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Panel session name
Supporting the use of research for policy in Africa

Panel abstract
Objectives: To share experiences from supporting the use of research evidence in healthcare policymaking in Africa and to discuss lessons learned while developing and evaluating three key strategies – evidence based policy briefs, policy dialogues and rapid response services. The way forward for further development and evaluation of these strategies will be discussed.
Description: Contributors will briefly describe the development of evidence based policy briefs, policy dialogues and rapid response services in different African countries. Each presentation is aimed at sharing the knowledge translation process including different ways of engaging stakeholders and innovations that are specific to each country’s context. Advantages and disadvantages of different approaches that have been used and ways in which these can be adapted will be discussed. Examples of how these processes have influenced policy will be shared. One presentation will compare the pros and cons of various country-based initiatives to support evidence-informed health policymaking and will examine how global initiatives can help to support knowledge translation in low and middle income countries, for example by promoting user friendly formats of the best available research evidence and facilitating access to this evidence through a virtual health library or clearing houses. An open discussion following the presentations will allow participants to share their experience with similar strategies to bridge the gap between research and policymaking. We will encourage participants to identify opportunities for using these strategies to inform policymaking and to discuss opportunities for collaboration in the further development and evaluation of these strategies.
The session will be delivered by a mixture of short presentations and discussions.
Theme: Knowledge translation
Key Terms: evidence-informed policy, policy making, engaging stakeholders

Chair of panel session
- Nelson Sewankambo (Makerere University)

Names of presentations in the panel sessions
- Policy dialogues: Engaging stakeholders in evidence-informed deliberations about health policies (Lonia Mwape, University of Zambia, School of Medicine, Department of Nursing Sciences)
- Evidence-based policy briefs: Tools for engagement (Bocar Kouyaté, Ministry of Health)
- Rapid response services to meet policymakers’ urgent needs for research evidence (Rhona Mijumbi, Makerere University, College of Health Sciences)
- Cross-country analysis of arrangements for knowledge translation (Pierre Ongolo-Zogo, University of Yaoundé, Faculty of Medicine & Biomedical Sciences)
Global Symposium on Health Systems Research (HSR)  
31 October – 3 November 2012, Beijing, China

Panel session name
Supporting the use of systematic reviews in health systems policymaking

Panel abstract
The advantages of using systematic reviews, rather than single studies, in efforts to translate research evidence into health systems policy have become increasingly well known over the last decade. However, despite an emerging consensus about these benefits, the development of effective mechanisms to support the use of systematic reviews by health system policymakers and stakeholders is still in its infancy. Furthermore, it has been acknowledged that our understanding of systematic reviews needs to expand to encompass the complexities of the policy process. This panel provides an overview of the latest developments in this rapidly evolving field, through sessions focused on state-of-the-art approaches to supporting the use of systematic reviews in health systems policymaking. Our session begins by describing the global stock of systematic reviews (and products that are derived from them), their distribution across health system topics, trends in their production over time, their methodological quality, and the extent to which they focus on low- and middle-income countries. Our next two sessions look to the development of health systems-relevant reviews. Our second presenter addresses how methodological choices, particularly study-selection criteria, can increase or decrease the usefulness of systematic reviews for health systems policymaking. Our third presenter highlights the challenges and opportunities inherent in efforts to support the production of relevant, complex systematic reviews for health systems policymaking. Our final two sessions shift from the current stock and flow of systematic reviews to two efforts being pursued to support the use of systematic reviews by policymakers and stakeholders: user-friendly summaries and evidence briefs. The fourth presenter outlines lessons learned from interviews with policymakers and managers about their preferences related to the content and packaging of user-friendly summaries, while the fifth presenter explores how the social, political and economic contexts in which evidence briefs are produced may influence content and packaging preferences.

Theme: Knowledge translation

Key Terms: systematic reviews, health systems, policy

Chair of panel session
- Govin Permanand (World Health Organization, Regional Office for Europe)

Names of presentations in the panel sessions
- Describing the global stock of systematic reviews relevant to health systems policymaking: The epidemiology of Health Systems Evidence (John N. Lavis, McMaster Health Forum, McMaster University)
- Identifying how study-selection criteria increase or decrease the usefulness of systematic reviews relevant to health systems policymaking (Till Bärnighausen, Department of Global Health and Population/Africa Centre for Health and Population Studies, Harvard School of Public Health/University of KwaZulu-Natal)
- Supporting the production of relevant, complex systematic reviews for health systems policymaking (Simon Lewin, Medical Research Council of South Africa/Norwegian Knowledge Centre for the Health Services)
- Packaging systematic reviews for policymakers and stakeholders engaged in health systems policymaking (Moriah Ellen, Jerusalem College of Technology)
- Understanding how context- and issue-related factors influence the usefulness of evidence briefs for health systems policymaking (Kaelan Andrew Moat, Health Policy PhD Program, McMaster University)
Panel session name
Building health systems research as a field of scientific endeavour

Panel abstract
Health systems research is widely recognized as essential for strengthening health systems, getting cost-effective treatments to those who need them, and achieving better health status around the world. However, there is significant ambiguity and confusion in this field’s characteristics, boundaries, definitions and methods. Adding to this ambiguity are major conceptual barriers to the production, reproduction, translation and implementation of health systems research relating to both the complexity of health systems and research involving them. These include challenges with generalizability, comparativity, applicability, transferability, standards, priority-setting and community diversity. Yet promising opportunities exist to mitigate these barriers and strengthen the important contributions of health systems research, including supporting health systems research as a field of scientific endeavour, building national capacity, and embedding health systems research as a core function of every health system. This panel presentation is an opportunity to discuss the conceptual challenges facing the health systems research community that were explored to inform WHO’s Global Strategy on Health Systems Research. For example: What is “health systems research”? Does it differ from “health services research” or “implementation science”? What can we learn from 41+ health system conceptual frameworks? What is limiting the potential of health systems research? What can be done to maximize its impact? Chaired by Julio Frenk (Harvard), this panel will feature four short presentations on health system conceptual frameworks by Jennifer Edge (Oxford), definitional challenges facing the field by John-Arne Røttingen (Oslo/Harvard), barriers and opportunities for health systems research by Steven Hoffman (McMaster/Harvard) and Sara Bennett (Johns Hopkins), and efforts to support its use by John Lavis (McMaster). These short presentations will be followed by 60 minutes of discussion about the past, present and future of health systems research as a field of scientific endeavour in the hope of developing innovative ideas for strengthening it.

Chair of panel session
- Julio Frenk (Harvard)

Names of presentations in the panel sessions
- Introduction (Julio Frenk, Harvard University)
- What is a health system and what does it do? Evidence from 41 health system conceptual frameworks (Jennifer Edge, Oxford University)
- Health systems research – What’s in, what’s out? (John-Arne Røttingen, Oslo/Harvard)
- Conceptual barriers and opportunities for the production, reproduction, translation and implementation of health systems research (Steven Hoffman, McMaster University/Harvard University & Sara Bennett, Johns Hopkins University)
- Why supporting evidence-informed policymaking about health systems looks different than supporting decisions about programs, services and drugs (John Lavis, McMaster University)
Panel session name
Comparative health systems in Asia: Public-private participation

Panel abstract
The objective of this session is to provide a framework for an analysis and discussion on the trends and emerging issues related to the future development of the mix of public and private health systems in Asia. In recent decades, Asian countries have experienced rapid economic growth and social development. Rising incomes have also led to increasing utilization of health care and higher consumption in the quality of care. Many governments responded to these trends by seeking diversified sources of health care financing, restructuring public medical care, and expanding the role of the private sector. The health sector underwent reforms which included increasing private provision and financing (both for-profit and non-profit), establishing internal markets, corporatizing hospitals and contracting out services to private corporations as well as non-government organizations. Of late, there has been a re-examination of such policies in the light of growing evidence of both government and market failures in the health sector. Against the projected increases in health care expenditure due to rapidly ageing populations throughout Asia, it is clear that existing public financing systems would be strained further. It is timely therefore to take stock of the growth of private health services around the region and to explore the changing interfaces between the public, private and voluntary sectors in providing both health and social care, and the extent of financing and regulating towards an optimum public-private mix of health services. This calls for more efforts to identify the future trends and challenges for comparative studies of sustainable policies for the balanced development of both public and private health systems, within the fastest growing economies of the world.

Theme: Knowledge translation
Key Terms: Comparative health systems, public-private participation, Asian healthcare

Chair of panel session
• Kai Hong Phua (National University of Singapore)

Names of presentations in the panel sessions
• New challenges of private and public relationships for 21stc super-aged society (Toshihiko Hasegawa, Nippon University, Health Policy & Management)
• Regulating public-private participation of healthcare in China (Haichao Lei, Beijing Municipal Health Bureau)
• The paradox of regulating healthcare in India (Dayashankar Maurya, National University of Singapore, Lee Kuan Yew School of Public Policy)
• Reforming the healthcare system in Fujian, China (Alex Jingwei He, The Hong Kong Institute of Education, Faculty of Arts and Sciences)
• Financing private-public participation for healthcare in Singapore (Kai Hong Phua, National University of Singapore, Lee Kuan Yew School of Public Policy)
Panel session name
Conceptualising and measuring progress towards universal coverage: A perspective from researchers at a national and regional level

Panel abstract
The myriad of different frameworks and interpretations of universal health coverage (UC) can create considerable confusion for policy-makers at country or territory level. In contrast, the paucity of comparative measurement frameworks that encompass the complexity of health systems in relation to UC makes it equally difficult to assess progress. The experiences of researchers and policy-makers at country/territory level can be applied to develop a more comprehensive framework and set of measures.

This session will be organised by the Global Network for Health Equity (GNHE), which is comprised of three networks of researchers: SHIELD in Africa, EQUITAP in Asia and LANet in Latin America. Key goals of GNHE are to contribute to the design and implementation of equitable and sustainable health systems that promote universal coverage through strong evidence; capacity building for research; and informed national, regional and global policy-making. This network of researchers has undertaken a critical review of existing conceptual interpretations of universal coverage to develop a common understanding. As a complement, the network then set about developing a framework and set of indicators and metrics to assess the status of a health system in relation to universal coverage. This framework has been applied in various countries/territories within the network, which demonstrates its value in assessing a health system through a universal coverage lens.

This session provides an overview of this work through four presentations: the first presentation summarises the framework for conceptualizing universal coverage; the second presents an overview of the measurement framework; while the third and fourth illustrate the application of the framework using empirical evidence from a few network countries/territories.

Theme: Methodology and measures on HSR

Key Terms: universal coverage, conceptualisation, measurement framework, Africa, Asia, Latin America, financial protection, access

Chair of panel session
- Marie-Gloriose Ingabire (IDRC)

Names of presentations in the panel sessions
- Confronting the confusion: Unpacking diverse conceptualisations of universal coverage (Diane McIntyre, University of Cape Town, Health Economics Unit)
- Translating concepts into metrics: An approach to assessing a health system’s status from a universal coverage perspective (Ravindra Rannan-Eliya, Institute for Health Policy)
- Proof of principle: Applying universal coverage concepts and measurement framework to African and Asian countries (Chiu-wan Ng, University of Malaya, Department of Social and Preventive Medicine)
- The quest for universal effective health coverage: Applications to the LAC region (Felicia Knaul, Harvard Medical School, Harvard Global Equity Initiative)
Panel session name
From theory into practice: Drawing on recent country experiences on the application of systems thinking for health systems in low- and middle-income countries

Panel abstract
This session will share the findings and key messages discussed in the then published peer-reviewed supplement on systems thinking (ST) for health systems strengthening, coordinated by the Alliance for Health Policy and Systems Research. The overall objective is to share experiences and to provoke debate on how we can incorporate the complex nature of health systems in designing, implementing and evaluating health systems strengthening interventions.

The session will consist of a brief introduction by the Chair of the session and Co-editor of the supplement (Taghreed Adam) who will introduce the topic and the main research questions addressed by the papers included in the supplement. This will be followed by three presentations by three of the supplement lead authors describing their approach, findings and lessons learnt.

The first will illustrate, through a case study from Ghana, why it is so crucial to use ST in designing and monitoring/evaluating health policies as they are implemented.

The second will discuss the reasons why ST is underutilized in LMICs (using the MENA region as a case study) and the likely barriers for its wider use, provoking a discussion of how this resonates with the audience's experience.

The third will illustrate how a ST approach was applied in conceptualizing and evaluating the system-wide effects of task shifting for HIV in Burkina Faso.

This will be followed by a moderated discussion and opportunity for debate, building on the ideas presented by the panellists.

The session will provide an opportunity for a wide range of stakeholders to inform and advance the thinking on this topic, and to discuss implications for future research and methodological needs in this area.

The output of the discussion and recommendations will feed into the future agenda for moving this "thinking" forward, both for the Alliance and others interested in this emerging topic.

Theme: Methodology and measures on HSR
Key Terms: Systems thinking, approaches, methods, applications

Chair of panel session
- Taghreed Adam (World Health Organization)

Names of presentations in the panel sessions
- When “the solutions of yesterday become the problems of today”: A case study of crisis ridden decision making in a complex adaptive system (CAS) – The additional duty hours allowance in Ghana (Irene Agyepong, Greater Accra Regional Health Directorate, Ghana Health Service)
- Constraints to applying systems thinking concepts in health systems: A regional perspective from Eastern Mediterranean Countries (Fadi El-Jardali, American University of Beirut, Department of Health Management and Policy)
- Exploring the effects of task shifting for HIV through a systems thinking lens: The case of Burkina Faso (Fadima Yaya Bocoum, Institut de Recherche en Science de la Santé, Département biomédical et santé publique)
Panel session name
How can research hit the mark for health policy and systems decision-making?

Panel abstract
The purpose of this 'Lightning Talk' session is to exchange ideas about how health policy and systems research is used in decision-making and to explore ways of improving the relevance, accessibility, and use of HPSR.

The session will begin with brief remarks from each panellist and will be followed by open debate. The panel will comprise the following:
• a researcher – Anne Mills
• a policy/decision-maker – Minister of Health, Zambia
• a member of civil society/media – (TBD)
• a representative of a donor organization – USAID/NORAD
• a senior editor of a major health journal – Richard Horton, Lancet

The co-chairs of this session will be Dr. Abdul Ghaffar, Executive Director of the Alliance for Health Policy and Systems Research, and Dr. Karen Hardee, Deputy Director of the Health Policy Project, Futures Group.

Major themes to be addressed:
• the relevance of HPSR to decision making processes
• the types of ‘evidence’ required for informed decision-making
• the idea of health diplomacy to engage political and government leaders to better position themselves politically toward supporting evidence-based policies.
• What policymakers can do when the topic/evidence is “sensitive”
• The opportunities and limitations in capacity to demand, access, and utilize HPSR among decision-makers, including access to information from institutions in country
• the apparent bias in publication of HPSR by major health journals
• the role of civil society, media, and other actors in facilitating the use of evidence in decision-making at the national, regional, and local levels

Theme: Methodology and measures on HSR
Key Terms: Evidence to policy, methods of health systems research, informed decision-making

Co-chairs of panel session
• Dr. Abdul Ghaffar (Executive Director of the Alliance for Health Policy and Systems Research) and Dr. Karen Hardee (Deputy Director of the Health Policy Project, Futures Group)

Names of panelists
• Anne Mills
• Joseph Kasonde (Minister of Health, Zambia)
• A member of civil society/media – (TBD)
• A representative of a donor organization – USAID/NORAD – (TBD)
• Richard Horton (Lancet)
Panel session name
Lessons from efforts to achieve universal financial risk protection in low- and middle-income countries

Panel abstract
This session reports the key findings of studies funded by the Alliance for Health Policy and Systems Research. These studies explore factors that have helped or hindered expansion of financial risk protection in countries that have achieved universal coverage (UC) and critically evaluate innovative approaches to protect the poor in countries pursuing UC.

The first two case studies use a policy analysis approach to explore the experiences of two countries that have achieved UC. The first paper focuses on the tax-financed UC scheme in Thailand and examines the factors that contributed to the reforms which have achieved equity outcomes and that have contributed to sustaining these equity gains. The second paper explores from a policy perspective how universal risk protection was achieved and how the recent threats to its sustainability are being addressed in Costa Rica.

The other two case studies explore recent initiatives to move towards universal financial risk protection, focusing on pro-poor health financing schemes in specific contexts. The first paper looks at the Medical Assistance to the Poor (MAP) program in Georgia, while the second paper assesses the equity impact of Rashtriya Swasthya Bima Yojana (RSBY), a national insurance scheme in India aiming to improve access to hospital care for the poor. Of particular interest is that both the MAP and RSBY use private health insurance schemes as financing intermediaries through which financial protection is provided to the poor, although contributions are funded by government (in RSBY, public insurance schemes are also used).

Thereafter, a policy maker from South Africa (Dr Aquina Thulare) will briefly comment on the relevance of these four countries’ experiences for its efforts to pursue universal coverage.

Theme: State-of-the-art health systems research findings
Key Terms: Universal coverage, factors influencing the universal coverage, financial risk protection

Chair of panel session
- Diane McIntyre (University of Cape Town)

Names of presentations in the panel sessions
- Equity and financial risk protection outcomes: How policies were made in the design of the Universal Coverage Scheme? (Siriwan Pitayarangsarit, International Health Policy Programme (IHPP))
- The long successful march towards Universal Health Coverage in a small place in the Tropics (Juan-Rafael Vargas, Universidad de Costa Rica, Central American Population Center)
- Insurance for the poor: A case study of Georgia's path to universal coverage (Akaki Zoidze, Curatio International Foundation)
- Impact of Rashtriya Swasthya Bima Yojana in Gujarat, India: Improving access but providing limited financial protection (Tanya Seshadri, Institute of Public Health. Health financing)
- Commentary (Dr. Aquina Thulare, South Africa)
Global Symposium on Health Systems Research (HSR)
31 October – 3 November 2012, Beijing, China

Panel session name
Migration and health in China: Health challenges, knowledge gaps and policy implications

Panel abstract
China has experienced the biggest population movement in human history. In 2009 alone, over 230 million
Chinese (over 17% of the total Chinese population) migrated from one place to another, with 145.3 million
rural inhabitants moved temporarily to cities in search of employment and better livelihoods. This movement
has huge implications for the health of the Chinese population, for patterns and burdens of diseases, and for
China’s health care system and related social welfare policies. These issues have been largely neglected by
researchers, and consequently have not been adequately addressed by public policy.
This session aims to provide empirical evidence of the major health challenges confronted by the migrant
population including workers and their families and to analyze underlying social, economic and policy factors
that explain the health disparities between migrants and non-migrants. Papers 1 to 3 cohesively address a set
of major health challenges among migrants, covering reproductive, maternal and mental health of migrant
workers, as well as the physical and psychological health of left-behind children and adolescents. Paper 4
examines of the health system challenges relating to international migration to and from China, which is
mostly neglected in current policy discussions. Paper 5 summarizes key findings regarding the knowledge
gaps in existing migrant health research and points out future research directions.
While identifying knowledge gaps in the existing migration health and policy research, the session papers
collectively shed light on the institutions, policies, and politics that work in synergy to promote better health
for migrants.
These papers are outputs of Migration and Health in China, a research project sponsored by the China Medical
Board and jointly being implemented by United National Research Institute of Social
Development(UNRISD), Geneva and Sun Yat-sen Center for Migrant Health Policy, Guangzhou, China.
Theme: State-of-the-art health systems research findings
Key Terms: migration, migrant health, health policy, China

Chair of panel session
• Li Ling (Sun Yat-sen Center for Migrant Health Policy)

Names of presentations in the panel sessions
• Reproductive health of migrants: Service use and outcomes (Zhenzhen Zheng, Chinese Academy of
Social Sciences, Institute of Population and Labor Economics)
• Physical and mental health among left-behind children and adolescents in rural China (Danhua Lin,
Beijing Normal University, Institute of Developmental Psychology)
• Effects of rural-to-urban migration on mental health of adult migrants and migrant children in the
urban destinations (Danhua Lin, Beijing Normal University, Institute of Developmental Psychology)
• Assessing health systems challenges related to international migration and mobility from and to China
(Poonam Dhavan, International Organization for Migration (IOM), Migration Health Division)
• Two decades of research on migrant health in China: The emphasis, trends, and gaps, and lessons for
the future research (Manju Rani, World Health Organization (WHO), Western Pacific Regional
Office)
Panel session name
PRISMA-Equity Reporting Guideline: How can systematic reviews contribute to increased understanding of equity and health systems research?

Panel abstract
Panel presenters: TP(Chile), ZB(Pakistan), TG (England), TPK(Bangladesh), VW(Canada), HW(India)
Authors: Vivian Welch, Mark Petticrew, Peter Tugwell, Jeremy Grimshaw, David Moher, Jennifer O'Neill, Andy Oxman, Liz Waters, Howard White, AND the PRISMA-Equity Bellagio group
Systematic reviews are increasingly accepted as useful tools to synthesize all of the relevant evidence on health systems questions, including questions such as how to scale up universal health coverage. However, systematic reviews have been shown to lack a focus on equity or to report insufficient detail to judge the credibility of equity conclusions. This session will highlight the needs assessment and development of the PRISMA-Equity Reporting Guideline to extend the internationally recognized and endorsed PRISMA (Preferred Reporting Items for Systematic reviews and Meta-Analyses) Statement to systematic reviews with a major focus on equity. This is a major innovation in encouraging the transparent reporting of equity considerations, which has significant implications for reviews tackling health systems questions.
Panel presenters (8 minutes each) will describe the evidence of need, consultation and consensus-based approach used to develop this checklist, two case studies of applying this checklist to relevant systematic reviews with a focus on equity, how this checklist can be used by funders and donors, the feasibility of using this checklist in a broad set of health systems systematic reviews and the role of journals in endorsing and promoting reporting guidelines.
We will encourage group discussion after each presentation, as well as a panel discussion of 15 minutes with a focus on next steps in knowledge translation and monitoring of the effects of this PRISMA-Equity reporting guideline.
Theme: Methodology and measures on HSR
Key Terms: Equity, reporting, systematic reviews

Chair of panel session
• Peter Tugwell (University of Ottawa)

Names of presentations in the panel sessions
• Development of the PRISMA-Equity reporting guideline (Vivian Welch, University of Ottawa, Centre for Global Health)
• How does the PRISMA-Equity checklist influence systematic review methods? 2 case studies (Tomás Pantoja, Department of Family Medicine, School of Medicine, Pontificia Universidad Catolica de Chile)
• How can the PRISMA-Equity checklist be used by funders, and with what effects? (Howard White, International Initiative for Impact Evaluation)
• Testing the PRISMA-Equity checklist on health systems reviews with a focus on equity in low and middle income countries (Tracey Perez Koelmoos, International Centre for Diarrhoeal Disease Research, Bangladesh, Health Systems and Economics Unit)
• The role of journals in using and promoting reporting guidelines (Trish Groves, British Medical Journal)
Global Symposium on Health Systems Research (HSR)
31 October – 3 November 2012, Beijing, China

Panel session name
Social network analysis for health systems and policy research: Approaches and applications

Panel abstract
Social network analysis is not a ‘new’ method but it has been arguably under-utilised in the domain of health systems and policy research (HSPR). Social network analysis (SNA) is interested in how the relationships between actors, and the larger structure of those relationships, affect individual and system-wide behaviours. Importantly, SNA theories suggest that an actor’s position in a network is more important than that actor’s personal characteristics.
In HSPR, ‘actors’ may be policymakers, health systems managers, clients, or service delivery organizations, among others. Outcomes of interest might be how services are accessed and delivered, how policies are made, how information and resources are exchanged or diffused through a health system, and how the system is managed or governed. SNA methods enable the visualization and analysis of networks.
This presentation will begin with an overview of SNA and its methods. Three presentations on recent SNA research in HSPR will highlight the diversity of applications and findings. We will end with a discussion of how SNA can be used to answer priority health systems questions and how it can be used to inform the design of health systems and policy interventions.

Theme: Methodology and measures on HSR
Key Terms: social network analysis, complex systems, methodology, policy analysis, knowledge translation, governance

Chair of panel session
- Wolfgang Munar (Bill and Melinda Gates Foundation)

Names of presentations in the panel sessions
- Using social network analysis to examine policy decision-making on new vaccine introduction in Nigeria (Chizoba Wonodi, International Vaccine Access Centre (IVAC) at Johns Hopkins, International Health)
- Making decisions about the future of health systems: The role of social networks (Karl Blanchet, London School of Hygiene and Tropical Medicine, International Centre for Eye Health)
- The exchange and use of research evidence in policy networks in Burkina Faso (Jessica Shearer, McMaster University, Centre for Health Economics and Policy Analysis)
Panel session name
Testing methodologies to assess the health systems impact of disease control programmes

Panel abstract
The objective of the session is to discuss methodological challenges of assessing the impact of disease control programmes on health systems using the "WHO six building blocks" and propose alternative approaches. The session will summarize findings from studies (45mn) and discuss methodological challenges in assessing the impact of disease control programmes on health systems (45mn). The session will be highly interactive in format. It will be chaired by Pierre Ongolo-Zogo, Centre for Development of Best Practices in Health, Cameroon and Ulla Griffiths, LSHTM, UK.

Two large multi-country studies will be presented with focus on demonstrating the advantages and limitations of using the WHO building block approach. New evidence about the positive and negative effects of vertical programmes on the local level of health systems will be presented and analytical challenges that have arisen during the research will be described. The third presentation will reflect on methods and challenges by presenting an alternative framework for conducting these types of analyses.

The research presented in this session is of considerable policy relevance in the context of the decreasing resources for global health and the renewed focus on strengthening health systems. It feeds into on-going policy guidance development, including the WHO ad-hoc working group on new vaccine introduction and health systems and the polio eradication independent monitoring board.

The discussion will reflect on findings from the new research, but primarily be an opportunity to compare and contrast methods to assess the impact of disease control programmes on the local level of health systems. The methodological discussions and insights gained from the vaccination programmes presented will be transferable to other programmes, such as HIV and TB.

Theme: Methodology and measures on HSR
Key Terms: Health systems research, health policy, methods, communicable diseases programmes, vaccination, mother and child

Chair of panel session
- Pierre Ongolo-Zogo (Centre for Development of Best Practices in Health)

Names of presentations in the panel sessions
- Impact of polio campaigns on health systems (Svea Closser, Middlebury College, Department of Sociology/Anthropology)
- Impact of new vaccine introduction on health systems (Sandra Mounier-Jack, LSHTM, Faculty of Public Health and Policy)
- POEM, an approach to assess health system strengthening effects on the local level of a health system (Bruno Marchal, Institute of Tropical Medicine, Department of Public Health)
Panel session name
The joint PhD degree, HPSR capacity and MDG 4 and 5 in Uganda -- Ten years and 50 students on, what can be learnt from the Makerere-Karolinska partnership?

Panel abstract
This “lightning talk” session will introduce and debate the innovative “Joint PhD” degree as a vehicle to build Health Policy Systems Research capacity in Uganda, while advancing national and international policies for MDG 4+5.

Capacity for health system research and strengthening is limited in low income countries. Innovative models for training and research are needed in order to strengthen capacity, reduce brain drain, and encourage research to policy uptake. Capacity development for health-systems and policy research goes beyond a Master of Public Health, but is broader and with different emphasis than most established Doctoral training programs, which typically take the students out of their professional and country contexts for several years.

Enabled by Sida, Makerere University and Karolinska Institutet have developed a University Partnership aiming to develop research capacity for Health Systems and Policy Research while informing national policy and practice. A pioneering “joint PhD” degree has >30 graduates (all working in Uganda), having done their work “sandwich mode” between Uganda-Sweden and professional and academic work. Based on coursework and peer-reviewed publications the research conducted has changed WHO/UNICEF as well as national policy. Several spin-off studies continue, driven by Ugandan postdocs, thus continuing to serve further capacity building, service delivery, and policy influence.

University partnerships and joint/double degrees represent an innovation with potential to expand numbers in HPSR research capacity development, meanwhile having the potential to drive policy development. Brief introductions will lead to moderated discussion of different avenues to advance capacity development while at the same time driving health service policy and delivery.

Prof Anthony Mbonye, Commissioner for Health Services in the Ugandan Ministry of Health will serve as a discussant of research to policy aspects and Ministry-University linkages.

Prof Göran Tomson will discuss how these concrete examples relate to models for Evidence Informed Health Policy and capacity development.

Theme: Knowledge translation
Key Terms: Capacity Development, Research to policy, joint degrees

Chair of panel session
• Nelson Sewankambo (Makerere University College of Health Sciences)

Names of panelists
• Prof. Anthony Mbonye (Commissioner for Health Services, Ugandan Ministry of Health)
• Prof. Göran Tomson (Professor of International Health Systems Research, Division of Global Health (IHCAR) and Medical Management Centre, Karolinska Institutet (KI))
Panel session name
Universal coverage and equity. Challenges in Latin America

Panel abstract
Income inequality in Latin American countries poses a challenge on health care systems: how to guarantee an effective coverage to all given the enormous gap among population groups in their ability to pay for their services. Institutional arrangements to deal with such situation lead to segmented health care systems, where ministries of health and social and private insurers account for different shares of population financing. During the last twenty-five years Latin American nations were deeply involved in structural reforms of their systems to achieve universal coverage, with significant differences across the region in terms of the instruments used to pursue it. Definition of basic packages of services, negative lists of treatments or explicit guarantee of specific procedures, direct subsidy to patients, and coordination of public health care networks, are some of the many alternatives considered, with differences in terms of their effects on equity, quality, costs and effectiveness. The aim of this panel is to discuss universal coverage strategies across the region, their achievements and challenges, in order to contribute to a global research-to-policy agenda. The panel shows the experiences learned from Argentina, Chile, Colombia, Costa Rica and México, presented by a group of researchers with strong ties with the policy-making processes in their home countries.
Theme: Other
Key Terms: Universal Coverage, Latin America, Health Policy, Inequality

Chair of panel session
• Daniel Maceira (Center for the Study of State and Society)

Names of presentations in the panel sessions
• Decentralization, social insurance and equity in the Argentine health care system (Daniel Maceira, Center for the Study of State and Society, Economics)
• Moving towards equity: The role of popular health insurance in the search for universal coverage in Mexico (Gustavo Nigenda)
• Diseases of the poor and use of health services in Costa Rica (Pablo Slon)
• Evaluating the impact of universal health insurance in Colombia (Ursula Giedion)