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Supplement Article

# Health systems for all in the SDG era: key reflections based on the Liverpool statement for the fifth global symposium on health systems research

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The year 2018 marked anniversaries of several significant milestones in public health: the birth of the UK National Health Service, the Alma Ata declaration and the Commission on Social Determinants of Health. The Fifth Global Symposium on Health Systems Research in Liverpool reflected on these foundational events and their significance for the maturing field of health policy and systems research (HPSR) and for our growing professional association, Health Systems Global (HSG; Text Box 1).

The Symposium's theme, *Health Systems for All in the Sustainable Development Goal Era*, encapsulated the spirit of those historical commitments and brought them forward into current contexts, framing universal health coverage and beyond (5th Global Symposium on Health Systems Research, 2018). Our democracies are under threat, our societies more polarized and our ecosystems undermined. Conflict and epidemics are not given adequate political attention, and across countries gender and intersectional inequalities remain glaring. It is amidst these contexts that our histories remind us of the progressive values that underpin ideal health systems. A key aim of HSG is to strengthen health systems by combining socially relevant science with effective, accountable and inclusive institutions to guide diverse social actors on the path to health and equity. In doing so, it is critical for health policy and systems researchers and practitioners to, above all, remain undaunted in striving for the realization of our aspirational goals despite these contemporary challenges.

Each of the symposium's four sub-themes—*multisectoral action*, *community health systems*, *engaging the private sector* and *leaving no one behind*—helped advance conversations and commitments to stronger and more resilient and responsive health systems, so that health systems do not place the burden of being resilient on the vulnerable alone (Vancouver Statement for the Fourth Global Symposium on Health Systems Research, 2016). By engaging with government and societal sectors beyond health, social change by communities and the power of market forces, the Symposium continued to advance a broad vision for health systems and engaged research. One that goes beyond hospitals to cure the sick, to harness multiple perspectives to understand and inform the dynamic interactions between health system levels, actors and social forces to ensure health for all. Key discussions on each sub-theme are signalled below, followed by cross-cutting reflections on HPSR from the Symposium.

## Multisectoral action

The experiences discussed reconfirmed that the multiple determinants of health and their interactions require us to work across traditional government sectoral divides. Just as people's lives and needs cannot be neatly divided into categories to match government structures or professional disciplines, we recognized in Liverpool that our research, policy and practice need to transcend these boundaries, both in terms of thematic areas (e.g. agriculture,

**Key Messages**

- Our commentary draws from the Symposium's statement to encapsulate the spirit of key global health anniversaries and bring them forward into current contexts framing universal health coverage and beyond.
- By engaging with government sectors beyond health, social change by communities and the power of market forces, the Symposium continued to advance a broad vision for health systems and engaged research in realizing health for all.
- To effectively leverage multisectoral action for health, health policy and systems research (HPSR) needs to expand the membership of evidence networks; establish common frameworks and terminology to guide research, policy and practice; and identify essential skills for a multisectoral health workforce.
- Country-embedded research that engages, listens and co-produces knowledge with communities are key to further understanding and collaboratively governing their articulation with other health systems stakeholders to ensure health for all.
- Healthy critique about private sector engagement when strengthening health systems and HPSR partnerships that enable whole systems perspectives for health systems design and assessment remain relevant.
- In addressing difficult and sensitive issues of marginalization, the assessment of power, privilege and positionality must remain central to health policy and systems research and practice.
- The commentary affirms the values, principles and priorities that we share as a Society and as a field of researchers, practitioners, policymakers and citizens of health systems.

**Text box 1 The symposium statement**

The Fifth Global Symposium on Health Systems Research, convened in Liverpool during 8–12 October 2018, welcomed 2368 delegates from 146 countries, representative of all regions of the world. Participants included HPSR scholars, practitioners, funders, policy actors, community activists and the media, with over half coming from LMIC settings. Vibrant exchanges across 125 parallel sessions, including oral presentations, 451 posters, several launches, and Thematic Working Group special sessions were documented through a network of 62 volunteer rapporteurs and rapporteur leads. We drafted the closing statement based on the rapporteur reports and debriefing process and developed this commentary from that experience.

**Text Box 2 Multisectoral action**

*If it[multi-sectoral action] is technically and financially possible, then what's left is politics* (Agnes Soucat, WHO, Health Financing and Governance).

*Real power is not just the power to get issues and interventions on the table, it's about keeping them off. Big tobacco and other lobbies are constantly subverting pro-social, evidence-based policies* (David Stuckler, Bocconi University, Italy).

environment and trade) as well as types of organizations or constituencies (e.g. public, private, non-profit and civil society). Whether multisectoral action is driven by shared vision and interdependence (e.g. One Health; World Health Organization, 2017) or conflicting interests in relation to food or tobacco, it is increasingly recognized as central to advancing health and equity around the world. Discussions concurred that to effectively leverage multisectoral action for health, HPSR needs to expand the membership of evidence networks; establish common frameworks and terminology to guide research, policy and practice; and identify essential skills for a multisectoral health workforce (Bennett *et al.*, 2018; Text Box 2).

## Community health systems

Communities are usually conceptualized as geographies into which formal services are extended. Yet Alma Ata's ethos is more ambitious: that community self-reliance and participation to organize, plan, operationalize and control health services and address the social determinants of health be supported (World Health Organization, 1978). The Symposium plenary affirmed that communities are the first mile in citizen and state relations rather than just the last mile of healthcare across urban and rural settings, abundant and scarce healthcare environments. Exploring the contested and fluid boundaries of multiple social identities and networks that make up communities as an autonomous level of the health system was also prioritized (Schneider and Lehmann, 2016; George *et al.*, 2016). Embedded research that emphasizes engagement, listening and co-production of knowledge with communities was identified as key to further understanding and collaboratively governing their articulation with other health systems stakeholders to ensure health for all (Schneider *et al.*, 2016). Discussions reflected on the ongoing focus on community health worker programmes, while adding contextual nuances, as well as systems and societal challenges linked to formalization and feminization (Steege *et al.*, 2018). The risks of making such programmes subservient to blue prints dictated by formal health services that poorly understand, underfund and overload them were reiterated (George, 2008; Text Box 3).

**Text Box 3 Community health systems**

*Francis Omaswa said that health is made in the home, while hospitals are for repairs* (Stefan Peterson, UNICEF Health Programs).

*We know what works for community health systems, we now need to understand how to scale them* (Helen Schneider, University of the Western Cape, South Africa).

*To shifting from last mile to first mile of citizen and state systems, we must learn to listen* (Ariel Frisancho, Catholic Medical Mission Board, Peru).

**Text Box 4 Engaging the private sector**

*We need to rethink on social logic versus profit logic for private sector engagement* (Abhay Shukla, SATHI, India).

*We all know what regulatory capture is—it means that the rat is bigger than the cat* (Viroj Tangcharoensathien, International Health Policy Program, Thailand).

*Operating as a private provider is a privilege. You need to do something in return, follow the rules, submit your data, or you don't get your license* (Catherine Goodman, LSHTM, UK).

*The invisible hand of Adam Smith, is fractured, and it is a compound fracture, broken multiple times* (Akaki Zoidze, Member of Parliament, Georgia).

**Text Box 5 Leaving no on behind**

*For HPSR . . . academia can and should be a practical place in which to work for social change* (Lucy Gilson, University of Cape Town, South Africa).

*Talking equity is not only about the narrative of 'left behind', it's also about who's ahead, who's driving, and why* (Sana Contractor, CHSJ, India).

*Even in the most seemingly dysfunctional government departments, there are individuals striving to make a difference* (Simukai Chigudu, Oxford University, UK).

## Engaging the private sector

The Symposium acted as a reminder that strengthening public sector provision and capabilities in many mixed health systems also entails engaging the private sector, and that the nature of that engagement varies across contexts. Prior work on the public-private mix (and health systems architecture) must be considered, including awareness of the role of diverse types of non-state actors (Whyle and Olivier, 2016; McPake and Hanson, 2016). Market dynamism in commercial products, services, technologies, and business models have generated diverse forms of service provision, which in turn have generated novel opportunities to expand the reach of health systems. Yet challenges due to the misalignment of public health goals with commercial interests combined with weak regulation remain (Haemmerli *et al.*, 2018). Presentations stressed the need to move beyond polarizing, ideological questions (about whether the private sector has a role), towards more granular consideration of the nature of engagement and associated risks within specific government, societal and market contexts. Deliberations stressed the relevance of healthy critique about private sector engagement when strengthening health systems, and HPSR partnerships that enable whole systems perspectives for health systems design and assessment (Text Box 4).

## Leave no one behind

The Symposium theme, with its emphasis on universality, along with the shift in tackling global upstream challenges reflected in the SDGs, renews our determination to address equity and justice. Although health policies and systems around the world increasingly emphasize equity and inclusivity, certain vulnerable populations remain under-represented, especially those at the intersections of multiple forms of marginalization and structural oppressions (Kapilashrami and Hankivsky, 2018). Rather than objectify vulnerable groups in isolation from their social context, intersectional drivers of inequality must be addressed by HPSR (Larson *et al.*, 2016). In addition, the normalization of wealth, privilege and opting out from democratic social contracts for an elite few were questioned in health systems development. Discussions also highlighted how social and community-led movements have offered initiatives affirming inclusion and demonstrated that those in positions of power *can* be held to account. In addressing difficult and sensitive issues of marginalization, the assessment of power, privilege and positionality must remain central to health policy and systems research and practice (Text Box 5).

## Moving forward

Due to HSG's multisectoral, multi-stakeholder and multidisciplinary ethos, we continue to challenge silos and parallel conversations that divide its terrain into isolated sectors, disconnected disciplines and disparate groups: North and South; practitioners and researchers; technocrats and social scientists. The Symposium embraced creativity and critical thinking to counter such fragmentation and to pursue robust debate about our conceptual starting points to promote greater mutual understanding. As HSG, we must

**Text Box 6 Moving forward**

*We need new models of teaching and training and capacity building for researchers on ongoing communication with policy makers—building trust and supportive relationships here is critical* (Abdul Ghaffar, Alliance for Health Policy and Systems Research, WHO).

*There is a global skew in research, we need to put countries in the driving seat, have in country organisations shaping the questions, and health systems researchers put difficult and sensitive issues back on the table. Funders need to support this approach* (Soumya Swaminathan, WHO Chief Scientist).

nurture our brokers and bridge-builders and be conscious of intended and unintended effects of interventions and reforms across the entire health system, and with other systems.

As a field, HPSR values knowledge translation and embedded research. The Symposium flagged understanding learning systems; embracing multiple stakeholders such as frontline workers, the media, civil society and the public at large; and building coalitions to advance implementation research and delivery science. It called for foreign and domestic investment in HPSR, particularly to strengthen opportunities for embedded research and deepen existing capacity in low and middle-income countries (LMICs). Such research funding must not continue to exacerbate existing inequalities in knowledge production (Schneider and Maleka, 2018). Deliberations stressed that it must also be aligned with national priorities, while providing opportunities to open up how research agendas are set in ways that are open to innovation and inclusive of marginalized voices. Power is central to HPSR. We have an activist agenda, seeking to promote equity and speaking truth to power. Dialogue called for making ethical practices routine in all our research activities, vigilance against efforts to censor research (Storeng and Palmer, 2019) and initiatives to strengthen research governance and relevant training opportunities (Text Box 6).

In conclusion, this commentary reiterates the values, principles and priorities that we share as HSG and as a field of researchers, practitioners, policymakers and citizens of health systems. In doing so, we affirm the importance of ensuring that all people are at the centre of health systems that co-ordinate collaborative action across sectors, stakeholders and levels for all within the SDG era.

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