

The State of Health Policy and Systems Research: Reflections From the 2018 5th Global Symposium

Kara Hanson^{1,*}, Kumanan Rasanathan² and Asha George ^{2,3}

¹Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine, 15–17 Tavistock Place, London WC1H 9SH, UK, ²Health Systems Global, 0179 Kavsadze str. 3, Office 5, Tbilisi, Georgia and ³School of Public Health, University of the Western Cape, Robert Sobukwe Road, Bellville, Cape Town 7535, South Africa

*Corresponding author. Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine, 15–17 Tavistock Place, London WC1H 9SH, UK. E-mail: kara.hanson@lshtm.ac.uk

Accepted on 5 September 2019

Health policy and systems research (HPSR) is now well-established as a field, facilitating interdisciplinary and engaged research and practice to strengthen health systems (de Savigny and Adam, 2009; Sheikh *et al.*, 2011; Gilson 2012; Loewenson *et al.*, 2014; George *et al.*, 2017; Gilson *et al.*, 2018), with growing understanding of its utility and value. One sign of its increasing strength is the continuing popularity of a regular ‘peak’ global event dedicated as a meeting space for exchange and dialogue across the diverse stakeholders critical to this field.

The latest version of this event, the 5th Global Symposium on Health Systems Research, took place in Liverpool, UK from 8 to 12 October 2018, and drew 2247 participants from >125 countries—the largest gathering to date of health systems researchers from across the globe. Organized by Health Systems Global (HSG), it took place 40 years after the Alma-Ata Conference on Primary Health Care and 70 years after the creation of the United Kingdom’s National Health Service. The conference theme, Advancing Health Systems for All in the Sustainable Development Goal (SDG) Era, was chosen to echo some of the themes that have shaped health system development since Alma-Ata, and to enable reflection on the achievements and challenges facing health systems in 2018; but also to draw attention to some of the important ways in which the struggle for ‘health for all’ and the context of health system development has changed in these past 40 years.

The call for conference abstracts, issued in September 2017, attracted a total of 2873 submissions for individual sessions and 384 for organized sessions, testament to the high level of interest in the field of HPSR. Abstracts were reviewed by scientific committee members and the highest scoring abstracts were curated into a conference programme by members of HSG’s Thematic Working Groups, in collaboration with the conference Programme Working Group. The acceptance rate, following rigorous peer review, was around 10%. This supplement to *Health Policy and Planning* arises from a call for papers from the Symposium; the papers herein give a flavour of the rich debates and discussions which took place there.

The structure for the Symposium proceedings, including both the plenary sessions and the parallel sessions, was provided by four sub-themes. *Community health systems* were recognized as being essential to meeting evolving population health needs and that well-functioning community health systems are more than the locus of service delivery by community workers. Community-led and participatory governance were also recognized as key requirements for securing the accountability of health systems to those they serve. The rapid development of the *private sector* marked a particularly important change in health systems since Alma-Ata, and the aim was to create a space for debate about both the challenges of private sector service delivery, and potential opportunities for resources, innovation and responsiveness, that could be empirically informed rather than ideologically driven. The ‘leaving no one behind’ sub-theme spoke to the potential for health systems to contribute to social solidarity and inclusiveness, highlighting the continued gaps in health system provision for those that are marginalized because of poverty, gender, ethnicity, sexual orientation, class, disability and other characteristics. This theme also sought to explore the many innovative strategies for securing access to services and protection from the financial risks of ill-health for those who are most at risk. The final sub-theme, linking directly to the SDGs agenda, was *multisectoral action*, needed to address the structural determinants of health, but for which new models of working across disease programmes and across sectors are needed—and in particular considering how the health sector can be more successful in stewarding multisectoral action for health, and the capacities it requires to do so. As is now traditional for this Symposium, the programme also sought to continue to ‘build the field’ of HPSR, showcasing not only cutting edge research findings and methodological innovation, but also new ways of teaching HPSR, and novel learning communities linking researchers, policymakers and health system managers.

The papers presented in this supplement demonstrate the tremendous diversity of topics, disciplinary perspectives and research approaches that make up the field of HPSR. They include global

level, cross-country analysis (e.g. of aid for nutrition programmes, Khalid *et al.*, 2019), as well as studies from the national and local levels. They address service-specific concerns, such as antibiotic use (Hadley *et al.*, 2019), and medicine adherence for HIV and hypertension (Hing *et al.*, 2019); but also cross-cutting system-level issues such as quality of care and health worker performance. The research presented in these papers applies a variety of methods including quantitative analysis of large datasets, systematic literature review and qualitative methods such as focus groups, semi-structured interviews and document review. The papers include descriptive analysis of health system performance, documenting persistent inequalities in coverage (Santamaria Ulloa *et al.*, 2019; Leslie *et al.*, 2019); formative research, aimed at designing more effective policies such as the study of people-centred mental health services in Timor Leste (Hall *et al.*, 2019); and *ex post* policy evaluation, of pay-for-performance and antibiotic use in Zanzibar (Hadley *et al.*, 2019), the significance of community engagement, salary top-ups and housing in improving Integrated Management of Childhood Illness and patient satisfaction in Tanzania (Francetic *et al.*, 2019), and service integration reforms to strengthen primary care in Taiwan (Liang *et al.*, 2019). Three papers examine governance arrangements: the process of revising treatment guidelines and medicines lists in Ghana (Koduah *et al.*, 2019); the practices of institutional entrepreneurship in district clinical support teams in South Africa (Oboirien *et al.*, 2019); and a forward-looking agenda for methodological development in studying multisectoral action (Glandon *et al.*, 2019).

These papers provide useful entry points to the broader discussions and debates which are shaping the field. First, in foregrounding patient experience of care, there is now widespread recognition of the systemic challenges faced by marginalized populations, including the disrespect and abuse of patients. Strategies to ensure that patient rights are respected need to support the foundations for empowerment without absolving the state from its duties to citizens (and non-citizens) as rights-holders. Second, our understanding of the drivers of inequality is becoming more nuanced recognizing the intersectional nature of marginalization, and the need to address these drivers structurally rather than relying on 'project' approaches. Third, in developing interventions to improve health system performance, there is a need to understand how the mix of resource flows to the sector influences outcomes, recognizing how aid affects domestic resource mobilization and provider incentives. Finally, the understanding of health system governance is becoming ever more sophisticated—integrating not only the macro levels of governance and decision-making (policies and how they are developed and implemented) but also the micro-practices of governance at the frontline of service delivery. At all levels, understanding the nature and influence of power, collaboration and agency are still key.

The papers also signal some of the directions in which the field of HPSR is likely to evolve in the future. Health systems will be increasingly challenged by the continuing shift in disease burden to chronic conditions such as mental health disorders, diabetes and HIV, and more research is required on the health system responses needed, including service integration and primary care strengthening. Greater pooling of health care resources will enable the production of large scale administrative data, enabling some kinds of research questions to be answered more easily; however, the paper by Leslie *et al.* (2019) demonstrates that data systems will have to be carefully designed and linkable if they are to generate meaningful insights into health care access, utilization and quality.

One weakness of the conference programme was the relatively limited presence of research from high-income settings, particularly given the European location and despite explicit efforts to encourage submissions from North America and Europe. Researchers looking

at these issues are well-served by other conferences and journals, which might explain this pattern. But in the era of the SDGs, whose agenda is explicitly universal and adopted by countries of all income levels, this absence of truly global exchange does seem a missed opportunity to explore similarities and differences across health systems, and to search for shared solutions to health system challenges. It was therefore particularly pleasing to see one paper from a high-income setting in this collection, by Liang *et al.* (2019) exploring the impact of service integration policies in primary care in Taiwan. While the authors are sceptical about the potential to transfer policy solutions across different health system contexts, the topic explored in the paper is highly relevant, and points out the need to consider health system context and policy sequencing when considering adoption of reforms from one setting to another.

A strength of the Global Symposia on Health Systems Research, and an explicit value of HSG, is the championing of diversity and inclusivity of the health systems research community and of the issues tackled by health systems researchers. While the papers in this issue reflect this heterogeneity, they cannot do justice to the much greater diversity of participants and range of issues presented at the Liverpool Symposium, and moreover, of the greater HSG community. As such, many of the important issues raised under the four sub-themes of the Symposium are missing from this supplement. Readers interested in understanding this greater body of knowledge generated by the Symposium may be interested in perusing the Symposium abstracts (<http://healthsystemsresearch.org/hsr2018/symposium-program/>) or viewing the Symposium plenaries, available online (<https://www.youtube.com/channel/UCJv3vT5CaPkIx2hX0V9P8VA>).

The final paper in the supplement, by George *et al.* (2019) further attempts to identify what unites the health systems research community by reflecting on the primary themes of the Symposium and its statement, synthesizing the core values and principles of the members of HSG and which are the inspiration for the biannual Symposium. The papers in this collection reflect many of these principles and values, and represent superb examples of HPSR. We look forward to the next iteration of the Symposium in 2020 (<https://hsr2020.healthsystemsresearch.org>), and the further advances it will catalyze in our field.

Acknowledgements

K.H. and K.R. were the Chair and Vice-Chair of the Symposium Programme Working Group. A.G. is the Chair and K.R. a Board Member of HSG, which organized the Symposium.

A.G. is supported by the South African Research Chair's Initiative of the Department of Science and Technology and National Research Foundation of South Africa (Grant No. 82769) and the South African Medical Research Council. Any opinion, finding and conclusion or recommendation expressed in this material is that of the author and the NRF does not accept any liability in this regard. This special issue is supported by the Robert Wood Johnson Foundation Global Ideas Fund at CAF America. The views expressed here do not necessarily reflect the views of CAF America or the Robert Wood Johnson Foundation.

Conflict of interest statement. None declared.

Ethical approval. No ethical approval was required for this study.

References

- de Savigny D, Adam T. 2009. *System Thinking for Health Systems Strengthening*. Geneva: Alliance for Health Policy and Systems Research, World Health Organisation.
- Francetic I, Tediosi F, Salari P, de Savigny D. 2019. Going operational with health systems governance: supervision and incentives to health workers for increased quality of care in Tanzania. *Health Policy and Planning* 34(Suppl 2): ii77–92.

- George A, Scott K, Govender V. 2017. *A Health Policy and Systems Reader on Human Resources for Health*. Geneva: Alliance for Health Policy and Systems Research, World Health Organisation.
- George A, Olivier J, Glandon D, Kapilashrami A, Gilson L. 2019. Health systems for all in the SDG Era: key reflections based on the Liverpool statement for the fifth global symposium on health systems research. *Health Policy and Planning* 34(Suppl 2): ii135–8.
- Glandon D, Mondal S, Okeyo I *et al.* 2019. Methodological gaps and opportunities for studying multisectoral collaboration for health in low- and middle-income countries. *Health Policy Planning* 34(Suppl 2): ii7–17.
- Gilson L. 2012. *Health Policy and Systems Research: A Methodology Reader*. Geneva: Alliance for Health Policy and Systems Research, World Health Organisation.
- Gilson L, Orgill M, Shroff ZC. 2018. *A Health Policy Analysis Reader: The Politics of Policy Change in Low- and Middle-Income Countries*. Geneva: Alliance for Health Policy and Systems Research, World Health Organisation.
- Hadley MB, Beard J. 2019. Is 'Health for All' synonymous with 'antibiotics for all': changes in antibiotic prescribing in a performance-based financing pilot in Zanzibar. *Health Policy and Planning* 34(Suppl 2): ii28–35.
- Hall T, Kakuma R, Palmer L *et al.* 2019. Are people-centred mental health services acceptable and feasible in Timor-Leste? A qualitative study. *Health Policy and Planning* 34(Suppl 2): ii93–103.
- Hing M, Hoffman RM, Seleman J *et al.* 2019. 'Blood pressure can kill you tomorrow, but HIV gives you time': Illness perceptions and treatment experiences among Malawian individuals living with HIV and hypertension. *Health Policy and Planning* 34(Suppl 2): ii36–44.
- Khalid H, Gill S, Fox AM. 2019. Global aid for nutrition-specific and nutrition-sensitive interventions and proportion of stunted children across low- and middle-income countries: does aid matter? *Health Policy Planning* 34(Suppl 2): ii18–27.
- Koduah A, Asare BA, Gavor E *et al.* 2019. Use of evidence and negotiation in the review of national standard treatment guidelines and essential medicines list: experience from Ghana. *Health Policy and Planning* 34(Suppl 2): ii104–20.
- Leslie HH, Doubova SV, Pérez-Cuevas R. 2019. Assessing health system performance: effective coverage at the Mexican Institute of Social Security. *Health Policy and Planning* 34(Suppl 2): ii67–76.
- Liang L-L. 2019. Impact of integrated healthcare: Taiwan's Family Doctor Plan. *Health Policy and Planning* 34(Suppl 2): ii56–66.
- Loewenson R, Laurell A, Hogstedt C, D'Ambruoso L, Shroff Z. 2014. *Participatory Action Research in Health Systems: A Methods Reader*. Harare, Zimbabwe: TARSC, AHPSR, WHO, IDRC Canada, EQUINET, 125 p.
- Oboirien K, Goudge J, Harris B, Eyles J. 2019. Can institutional entrepreneurship strengthen clinical governance and quality improvement: a case study of a district-based clinical specialist team in South Africa. *Health Policy and Planning* 34(Suppl 2): ii121–34.
- Santamaría-Ulloa C, Montero-López M, Rosero-Bixby L. 2019. Diabetes epidemics: inequalities increase the burden on the healthcare system. *Health Policy and Planning* 34(Suppl 2): ii45–55.
- Sheikh K, Gilson L, Agyepong IA, Hanson K, Ssengooba F *et al.* 2011. Building the field of health policy and systems research: framing the questions. *PLoS Medicine* 8: e1001073.