ROUNDTABLE DISCUSSION

Health Systems Global, the new international society for health systems research

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DK and JVL have been engaged in establishing a new society for health systems research (Health Systems Global) since its idea phase, over a year ago. MPK has actively participated in the discussions leading to the translation of this concept into reality. This paper outlines some of the thinking that has gone into the initial interim design of the society and includes our hopes for how the society will develop.

Why yet another society and why health systems?

A few underlying facts drove the decision to create a new society for health systems research (HSR). There is growing acknowledgement that health systems performance problems in low- and middle-income countries (LMICs) are a major impediment to making more rapid progress in achieving the Millennium Development Goals (MDGs) and ensuring universal health coverage. More research is needed to address the reasons for health system weaknesses and the ways and means of improving performance. Further, an increasing number of researchers are focusing their work on health systems research and while there is now substantial research ongoing in this area, there is no regular forum to share findings, methodologies and tools. Therefore, the participants of the First International Symposium on Health Systems Research, in Montreux, Switzerland (2010), called for the creation of an international society for health systems research.

What should the society's vision, mission and purpose be?

Throughout the last year there has been considerable debate about the vision, purpose and goals of the society. Should it only be for researchers or should it also be for consumers of research? Should it be assumed that all research is policy relevant or should the society also focus on translating research so that it is more easily accessible? Ultimately, we decided that at the outset we should cast our net broadly, allowing for all three functions: research, knowledge translation and application. And the name of the society should reflect this: Health Systems Global (HSG), with its vision that 'All health systems utilize evidence to improve population health'. Its mission would be to catalyze and convene researchers, decision-makers and implementers to create and utilize health systems research in order to optimize the performance of health systems, and its

concrete tasks would be to hold regular global symposia on health systems research, facilitate member engagement in a number of areas of interest through thematic working groups and generally keep the society solvent, active and relevant.

Why an interim 3-year period?

We found ourselves in a dilemma. How could we launch an international society which has no members? How can we take advantage of the upcoming Second Global Symposium on Health Systems Research (Beijing 2012) to generate new members and excitement about the society? The symposium's Steering and Executive Committees recognized that rapid creation, utilizing core, time-bound funding provided by the Rockefeller Foundation, was needed to take advantage of the momentum from Montreux and the upcoming Beijing symposium. It was also acknowledged that in the short time available before the Second Global Symposium, members-to-be would not be in a position to substantially contribute to the society's creation. We settled on creating an interim structure that would exist until the end of 2014 and manage the third global symposium. We proposed a governance, management, organizational and legal structure that was robust enough to handle society issues yet easy enough to change once the society is launched in Beijing, members become active and the newly elected board takes over the leadership of the society.

Through the Symposium Steering and Executive Committees we asked for nominations for hosting the interim secretariat functions. Two organizations volunteered: the University of Copenhagen and the Alliance for Health Policy and Systems Research. Both offered something unique. The Alliance could continue to manage the global symposia under the auspices of the new society while the University of Copenhagen offered their administrative and management systems and expertise to establish and run the functions of the society and its related working groups.

What kind of governance structure is needed?

The board of Health Systems Global needs to be representative of its membership. The board will include 11 members voted in by society members and with special attention given to gender, young people and geographic balance. Nominations and voting will be held prior to the global symposium in November 2012 (see www.healthsystemsglobal.org for details). From the moment of its existence in Beijing, the board will fully govern the society and, pending approval from the members, be able to revise the by-laws if needed. The decision to have a maximum of 11 board members was consistent with other international societies we studied.

The success of a society rests largely on the shoulders of its members. Through this roundtable discussion, graciously facilitated by the editorial board of *Health Policy and Planning*, and through the public consultation process during the summer of 2012 as well as through members' meetings at the symposium and beyond, we hope to ensure broad ownership, transparency and the engagement of all interested stakeholders, wherever they may reside. We encourage you to not just join Health Systems Global but to share your interests and ideas with the secretariat, volunteer to take part in and lead the board-mandated thematic working groups and other activities, and to participate in the preparations for the third global symposium.

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Health Systems Global: an opportunity to advance the health systems movement

We welcome the launch of Health Systems Global (http://www.healthsystemsglobal.org), a new society that aims to improve health systems performance through policy and research. As young researchers from low- and middle-income countries, we reflected on this giant step in the development of health systems research (HSR) and here we raise issues around how Health Systems Global (HSG) might engage a wider range of actors, strengthen local research capacity and institutions, harness the dynamism of young researchers, and embrace technology and 'new' forms of interaction and collaboration. We hope that these reflections stir further discussion and contribute to the ongoing debates that will continue to shape this new society.

We share in the aspiration of the working group that all health systems utilize evidence to improve population health. The background documents on the society describe three broad areas of activities: creation of knowledge, knowledge translation, and the application of knowledge to real-world settings. However, knowledge is not value-free. What are the values and principles behind each proposed model or researched solution? What are the trade-offs? We want HSG to foster explicit values and principles that would permeate these three broad work areas of knowledge creation, translation and application. These should include the promotion of equity and inclusion, and support overall aims towards universal health care.

Engaging a wider range of actors

Health systems are highly complex social entities and it is rather limited to imagine HSG as a society of only researchers. We want HSG to be a platform at the local and global levels where researchers, policy makers, civil society organizations and concerned citizens interact to align research with national and global priorities and to ensure research findings inform policy that leads to health systems transformation. Much more than any other academic discipline, the work of HSR is to influence politics and the policy-making process. It is certainly our responsibility as health systems researchers to strive for a better interface between researchers and policy makers. The role of the State as a passive recipient of evidence and the role of research communities as the passive providers are a thing of the past, yet a lot of research and researchers seem to operate as if this were the case.

We expect that one of the core professional values of HSG would be a willingness to embrace the complexity of politics by working closely with politicians and policy makers, and to support this interface through strengthening local and global research agenda-setting exercises. For example, a starting point may be for associate hubs to conduct annual mapping of HSR coming out of the country and to identify to what extent each

has influenced health policy and implementation. While keeping in mind the power dynamics involved, activities of the society should include the representation of citizens and civil society organizations. These groups would also be crucial at the associate hubs, and the global hub. To facilitate collaboration, associate hubs could be hosted by national public health institutions and not necessarily academic institutions—although the latter have an important place in HSG, they need not be the default homes of HSG.

Strengthening local research institutions

HSG can only be successful if many institutions that support and nurture HSR thrive, more so in LMICs. Right now, that is not the case. Strengthening local, national institutions in LMICs should be an important part of the mandate of HSG. Many such potential institutions are dependent on foreign aid; hence, they are not able to 'independently' set their own agenda. This relationship distorts local priorities and hinders the progress of HSR. The society must consciously strive to break this trend by building and supporting institutions in LMICs. The notion of associate hubs is a move in this direction, but much more needs to be done. They should foster active and autonomous communities and identify 'stewards' who would provide leadership locally. The role of associate hubs in ensuring a wide representation within their own regions—of people, disciplines, religions and ideological diversities—will be crucial to the value it adds to the global society. The associate hubs must not become mere 'outreaches', but 'pillars' on which the global society stands.

There is often the contention about which one best leads to the other: institutional capacity or political will. Is it more likely that where there is abundant technical capacity, politicians and policy makers will align to their wishes, or does it take political will to encourage and ensure the development of local research and technical institutions? This may be a false dichotomy. What is important is to better understand the interplay between the two. How best can health systems researchers push for political action and the uptake of evidence into policy, and what is the best means of ensuring the development of technical capacity within local institutions with or without political will? We recognize that the answer will vary according to setting. In each country and setting, HSG should promote and support the study of the political economy of health systems, which will

inform how researchers can better position themselves to influence policy.

Harnessing the dynamism of young researchers

We welcome that the working group articulates for the new society to engage young researchers from the start. The approach can be 2-fold. HSG should define the field more clearly for young scientists seeking to make a career in HSR, and provide training and mentoring pathways. It should also draw on new ideas and fresh perspectives from young people. We feel that consideration for young researchers is not reflected in the working processes proposed for the society. We are concerned, for example, that in the call for nominations to the board, it is stated that 'board members are expected to attend face-to-face meetings at their own cost unless otherwise agreed'. This will discourage junior researchers and even more senior ones coming from LMICs that do not have resources to fund travel. We propose a reserved constituency representation for young researchers on the board of HSG and that face-to-face meetings of the board should be funded by the society.

Embracing technology and 'new' forms of collaboration and interaction

HSG needs to make full use of appropriate technology to address the capacity gap and to improve and nurture collaboration among members. We need a clear strategy on the use of technology to achieve the goals of improving HSR capacity in LMICs. The opportunities range from a passive database of researchers with their profiles and interests, to more dynamic activities like e-learning programmes, online communities of practice to enable sharing of experiences and collaboration which allows co-creation of content such as wikis. While being cost-effective, such collaborations also enrich debates within HSR. For example, a next step to the recently released HSR reader (http://www.who.int/alliance-hpsr/resources/reader/en/) could be an online resource where young researchers and policy makers interact with 'experts' on how to design and conduct different types of HSR studies.

In all, we want HSG to become an organization that supports and advocates for independent research and policy advice. We want HSG to mark the true coming of age of the global health systems research movement.

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A leap into the future: Health Systems Global

Developments in the realm of health systems have taken leaps and turns in the last decade. As global efforts to address the health-related Millennium Development Goals (MDGs) succeeded in mobilizing funds, they also quickly dropped health systems strengthening from their vision and instead adopted a narrower focus on specific services and medical products such as vaccines (GAVI) and the high priority diseases addressed by the Global Fund, Stop TB, PEPFAR etc. However, the Global Fund mantra of 'raise it, spend it and prove it' was undermined by weak health systems where 'project style' funding was not sufficient to generate results at the expected speed. From 2005 to date, the global rhetoric about strengthening health systems has changed. There is near universal understanding that faster progress requires a concerted effort towards health systems strengthening.

The promise for a more concerted effort towards health systems strengthening has arisen from the research community, as illustrated by the Mexico Ministerial summit on health research in 2004, the Bamako Ministerial Forum in 2008 and by the health systems research symposia in Montreux, Switzerland (2010) and Beijing, China (2012). Alongside these symposia, the need to form a society to galvanize the generation and use of health systems research has created excitement as well as apprehension. From the perspective of the developing world, it is important that the society strikes the right balance in its mission, functions and governance so as to cover the global, sub-regional and national-level health system challenges and devise means to bring a multi-disciplinary synergy to the science and practice of health systems and policy.

Mission for the society

The word 'global' in the society's name signals the space and/or scope it seeks to influence on matters of health systems research generation, utilization and dialogue. No doubt excitement for the society is bound to grow, but a global scope and scale of its interventions and dialogues is bound to generate a mix of concerns, especially among developing country public health practitioners at the sub-regional and national levels. Among other characteristics, health systems are defined in terms of the space or geography and contextual variables such as governance and political boundaries and history. As we launch a 'global' society for health systems research, there may be an apprehension among researchers in developing countries about the tension between building health systems dialogue and research from the bottom-up vs a focus on globally relevant dialogue. The tension between globalized and localized discourse for health systems research needs to be addressed.

To this end, a strategy for regional segmentation should be explored to create the spaces for more customized dialogue about local issues in research and developments for health systems and policy.

From this perspective, the mission of the society needs to foster the exchange of ideas, increase research capacity and raise standards for generating and applying multi-disciplinary evidence about resourcing, organizing and governing health systems at global, sub-regional and national levels.

Society functions

Although there is a less unanimous view about the boundaries of health systems, there is an emerging agreement about the need for the application of multi-disciplinary sciences to health systems and policy research. The applicable disciplines range from public health and health economics to organizational sociology, political sciences and more. Given the sharp boundaries in the practice of these academic fields, the required expertise for health systems and policy research is fragmented. Furthermore, most of the current leaders in the health systems and policy research field have strayed from positivist fields such as epidemiology, disease control, biostatistics and more. Although this is welcome, it has also generated a non-uniform view about the content and methods for health systems and policy research. Training programmes for future practitioners and researchers in the field of health systems and policy will benefit from a purposeful exposure to broader scientific fields and methodologies. Beyond the registering of members, mobilizing revenue and organizing global conferences, the society needs to undertake strategic activities including but not limited to the following:

- Provide platforms (global and sub-regional) for the exchange of ideas and debate about contemporary health systems concerns, reforms and relationships;
- Advance competencies in methodological pluralism required to address complex health systems and policy questions for the future practice of public health;
- Provide a support network for mentorship to young public health scientists to grow their careers in the field of health systems and policy research;
- Identify seminal texts, outstanding publications and opportunities for continuous professional development for the members;
- Create short online orientation courses for decision makers and researchers coming to the field of health systems and policy from other fields.

From an academic perspective, the society should bring a clearer focus to interactions of agencies that together form the global, sub-regional, national and sub-national health systems,

and the governance of their collective contributions to public health, health care, disease and injury prevention. This brings into focus the diverse conceptual and theoretical frameworks that should underlie research and training for health systems research and practice. The society can champion such efforts as the development of core competencies in health systems and short orientation courses. The latter will provide an efficient way to expand a common language and dialogue about health systems, their role in policy development, programme designs, implementation and evaluation.

How the leadership of the society is configured to respond to the unique and vast needs of health systems research at different levels is vital. The genesis of the international focus on health systems and policies has arisen from the challenges of addressing MDGs in the less developed world. I hope that this fact is not lost as the governance architecture and programmes of the society are developed. Although a lot remains to be done, the capacity now exists among individuals and institutions in developing countries to contribute actively to governance, resource mobilization and charting the society's course into the future. To enhance its legitimacy the society needs to have a meaningful mix of and engagement with researchers and institutions in the South.

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I see starting a new international society for health systems research as a step towards renewing our collective commitment to global health goals; in particular, I see the proposed society as marking a commitment to equitable universal health care. From my perspective it is important that we are clear on the values that underpin the development of this new society. In addition, the society needs a clear strategy to help achieve this goal; in particular, we need to first identify who is the target audience or constituency for the society, and second, the tools through which the society will work and how the society will engage with its audience.

The constituency for the society

A society for health systems research should be organized by researchers but obviously needs to reach out to and engage with policy makers. The main challenge is how to translate the commitment to health equity into policies. Key instruments to address the society's agenda should be: discussion of research-to-action policies; sound methodological tools converted into instruments towards filling political needs; and mechanisms to develop ties of trust between policy makers and researchers, especially in low- and middle-income countries.

The legitimacy of the society, as well as its institutional sustainability, rests on two main factors, namely: (i) responsiveness to the needs that motivated its creation, and (ii) representativeness of its constituencies. It is critical therefore that Board members are identified through fair and transparent electoral processes. Regional academic researchers elected to the Board should be provided with a four-year mandate to define and implement a clear and dynamic strategy, with defined roles and responsibilities.

Responsiveness and representativeness will enable the society to engage with different voices, incorporating a broad array of research views and experiences.

The work of the society

Under this framework, I propose the following specific working objectives:

- *Systematize methodological approaches*: An international society devoted to health systems research will be able to engage with researchers from a broad array of disciplines. Therefore, it will face the challenge of finding ways to combine these different knowledge perspectives into a common agenda. The society should become an instrument to facilitate links, providing space for inter-disciplinary engagement and learning with a range of groups and topics. Through show-casing advances in each discipline through state-of-the-art seminars, the society could help researchers to learn about each other's methodologies.
- *Support international comparisons*: In some areas of research, cross-national and regional studies are commonplace. They facilitate the understanding and learning of applied policies in different scenarios. However, in health systems there remain great differences within the same region, and cross-regional country studies are needed. In addition, some methodological issues and key instrumental matters can be clearly shared across countries worldwide. The society should be able to facilitate informational flows about how to deal with methodological research challenges, as well as learning on policy interventions carried out across regions to address specific needs. The focus of these efforts would be to reach the poor and other disadvantaged groups, providing evidence generated by the society's members so as to remove financial and social barriers to the achievement of universal health coverage.
- *Promote evidence-based policy interventions*: Health system reforms clearly need systematic efforts to identify sound evidence, as well as robust monitoring and evaluation tools. Isolated initiatives and/or a lack of updated reviews

combined with weak dissemination lead to significant knowledge gaps. The society could play a role in supporting and producing systematic reviews on defined topics. The Board should define procedures for the establishment of technical topics or interest groups, and how they would work under the umbrella of the society. My priorities are focused on enhancing equity in access, such as: evaluating primary health care strategies; governance and implementation of arrangements to reduce financial and organizational barriers in health care systems; policies devoted to improving the role of the State in facilitating access to pharmaceuticals; urban health network organization and performance, and physical barriers to health care for isolated populations.

- *Understand the policy-making process*: One of the biggest challenges of health researchers is to identify political levers that work within policy environments. Building knowledge and skills regarding how to identify policy makers' needs and how to interact with policy makers should constitute a key objective of the society. Clearly, the society should promote exchange, dialogue and collaborative engagement between researchers and policy makers, by creating forums, evidence-based advocacy platforms, etc.

- *Reducing regional gaps in research and dissemination*: The society has to be prepared to deal with problems related to access barriers for researchers from low- and middle-income countries, and build an agenda to strengthen their engagement. Supporting the distribution of peer-reviewed literature, helping in the translation of papers written in regional languages to be published in peer-reviewed journals, improving communication and participation channels of researchers and policy makers from the South, and developing networks of researchers in specific priority areas (financing, efficiency in the use of scarce funds, policies on human resources, quality assurance, out-of-pocket expenditure analysis) are some strategic lines, among many, to consider.

In conclusion

I envisage that the society will become a hub where people can share their research findings and interact with each other through defined interest groups. The society should allow the development of forums/platforms for partnership, and collaboration for capacity building between health systems researchers in developed and developing countries. Sponsoring new research initiatives, web seminars and the exchange of research across regions would constitute a significant contribution toward strengthening health systems research and enhancing quality analysis.

From this perspective, the Global Symposium on Health Systems Research would be the arena where results of the society's strategies would be shared with other stakeholders. It would form part of a broader advocacy agenda that would engage civil society activists, local and global NGOs, international organizations, public officials and policy makers in achieving universal health care.