

Accelerating Achievement of the health-related MDGs: the imperative for health systems science

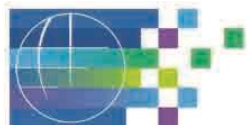
Tim Evans

Dean, James P. Grant School of Public Health, BRAC University

Chair, Steering Committee, Second Global Symposium on Health Systems Research

Ethiopian Academy of Sciences

15 December, 2011, Addis Abbaba



Second Global Symposium
HEALTH SYSTEM RESEARCH



World Health
Organization

Outline

1. Why health systems matter
2. The state of health systems research
3. Accelerating better science for health systems
4. Global Symposium on Health Systems Research



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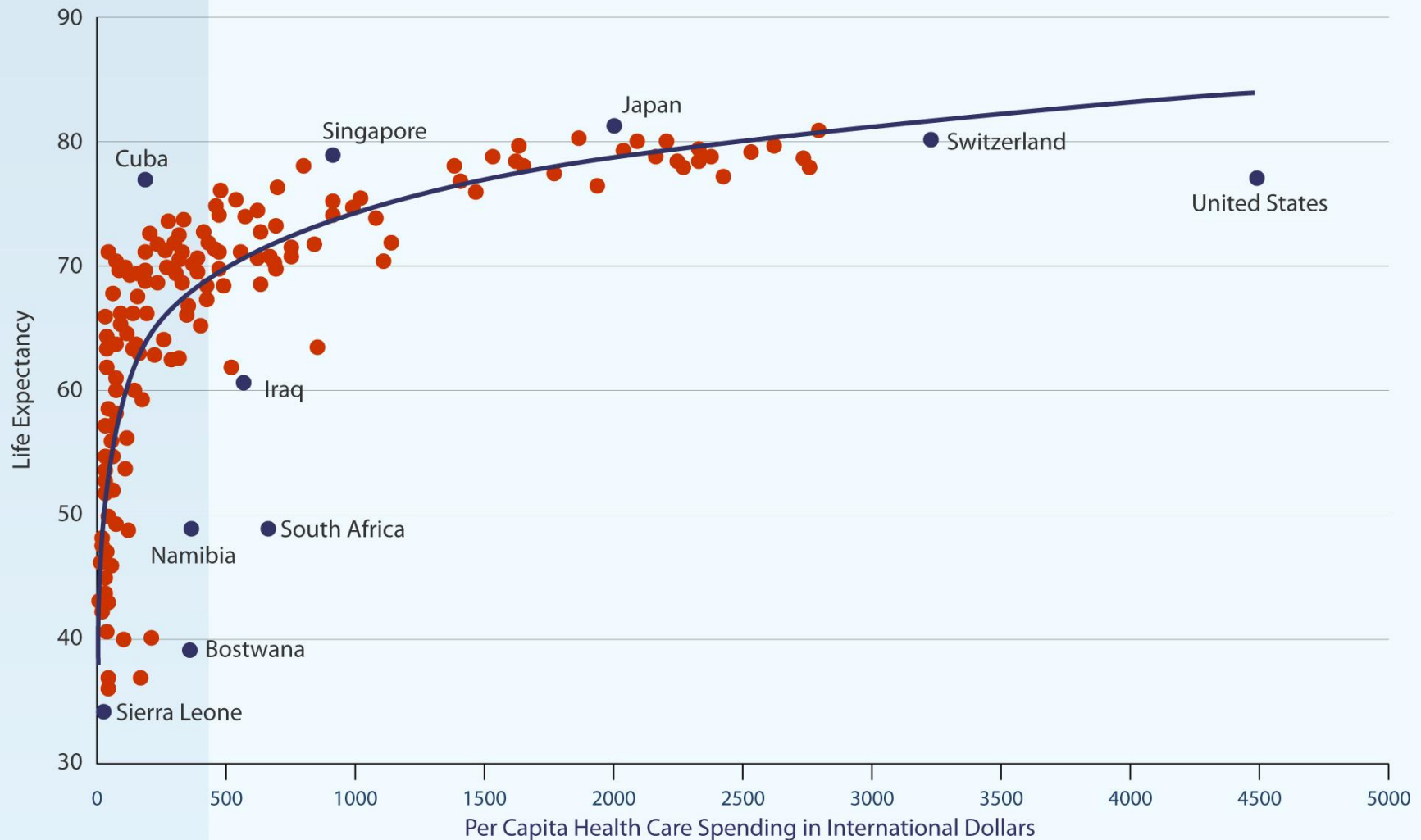
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Why health systems matter



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Health and Wealth



Health and Development

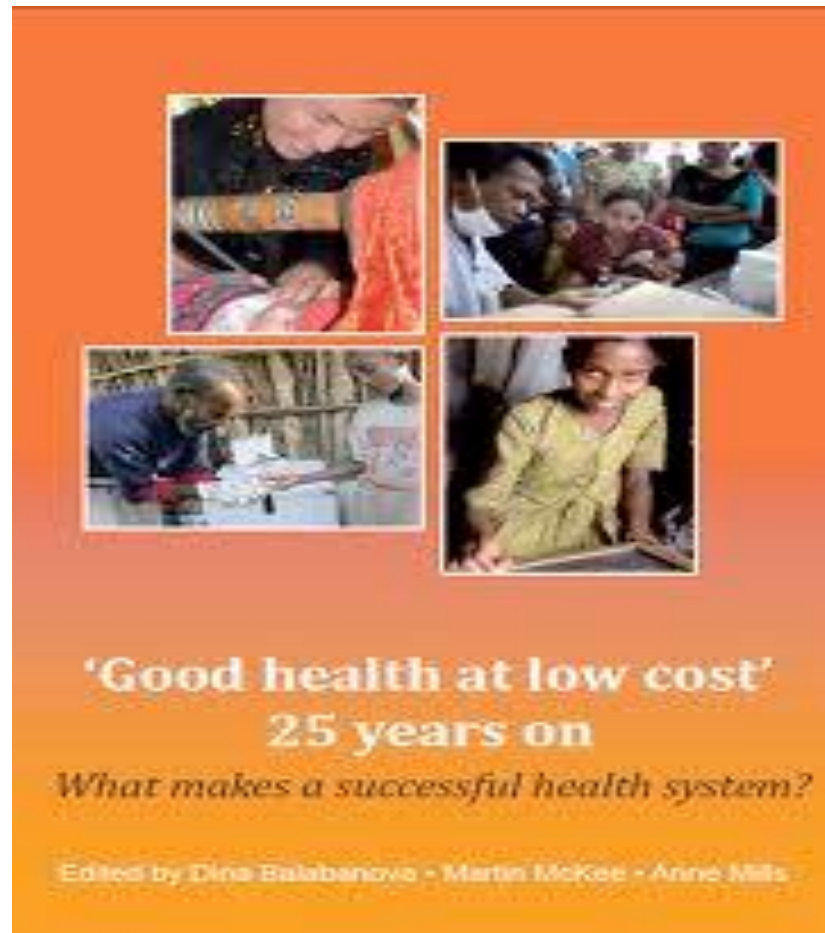
"People in poor countries are sick not primarily because they are poor but because of other social organizational failures including health delivery, which are not automatically ameliorated by higher income"

Angus Deaton, WIDER Annual
Lecture, September 29, 2006.



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“Good Health at Low Cost”



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"The issue"

...we face a formidable gap between innovations in health (vaccines, drugs and strategies for care) and their delivery to communities in the developing world...

Madon et al. Science December 2007

Universal coverage of services requires research

"although the plight of the bottom billion lends itself to simple moralizing, the answers do not!"

Paul Collier

The Bottom Billion



Common challenges to scale up services for HIV, TB, malaria, and immunization

HIV/UA assessment report

- HR crisis
- Inadequate financing
- Affordable commodities
- Stigma, discrimination...
- Monitoring and Eval
- Accountability

Global Plan to stop TB

- HR crisis
- Inadequate financing
- Quality drugs
- Laboratory capacity
- Partnership alignment

World Malaria report

- HR crisis + Community
- Inadequate financing
- Drug efficacy
- Information system
- Monitoring and Eval.

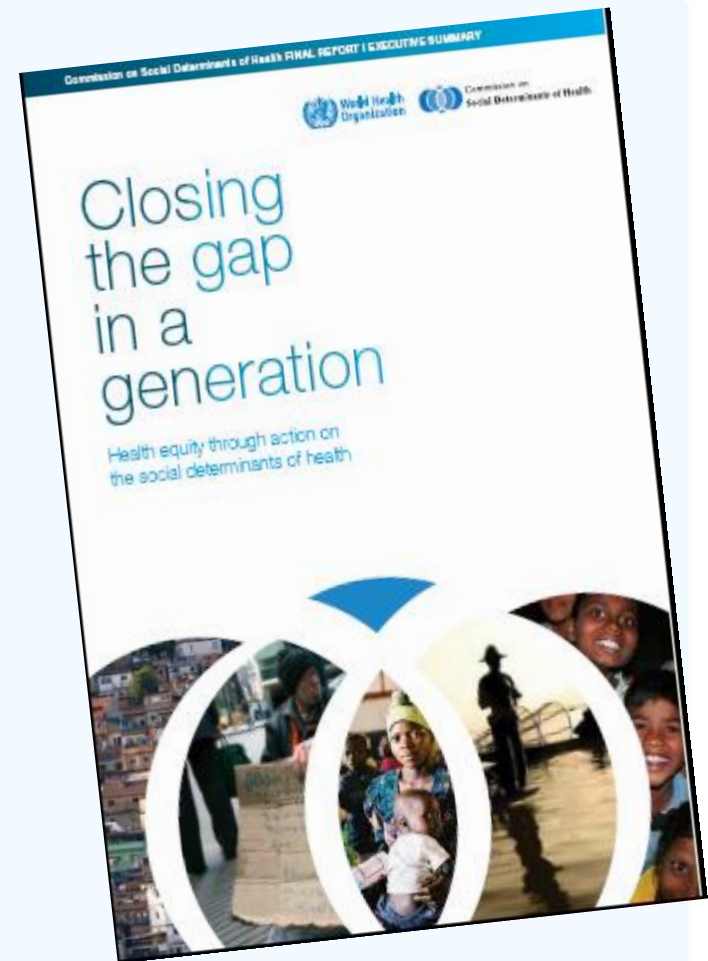
GAVI/Norad report

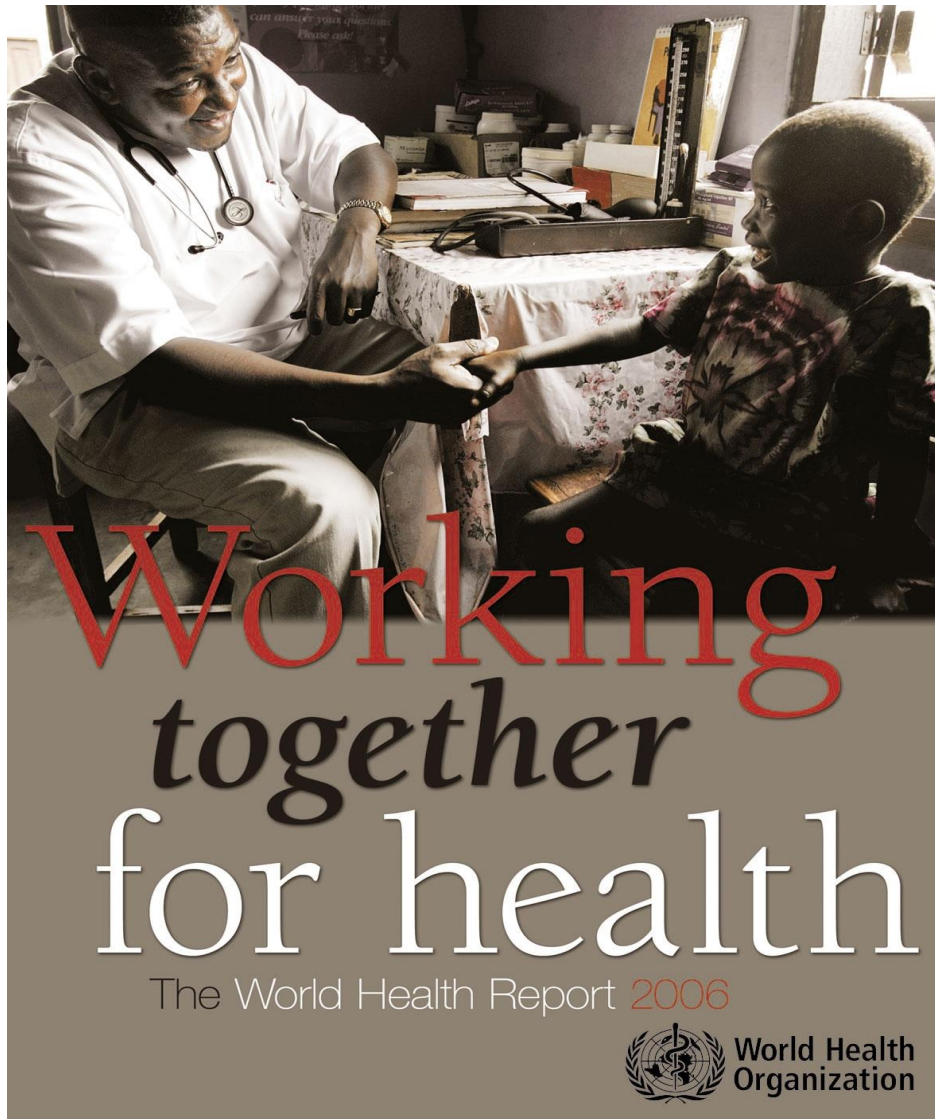
- HR crisis
- Inadequate financing
- Leadership and management
- Inter-agency coordination



Why are poorer populations...

- Two times more likely to have TB?
- Three times less likely to access care for TB?
- Four times less likely to complete TB treatment?
- Five times more likely to incur impoverishing payments for TB care?





World Health Report 2006

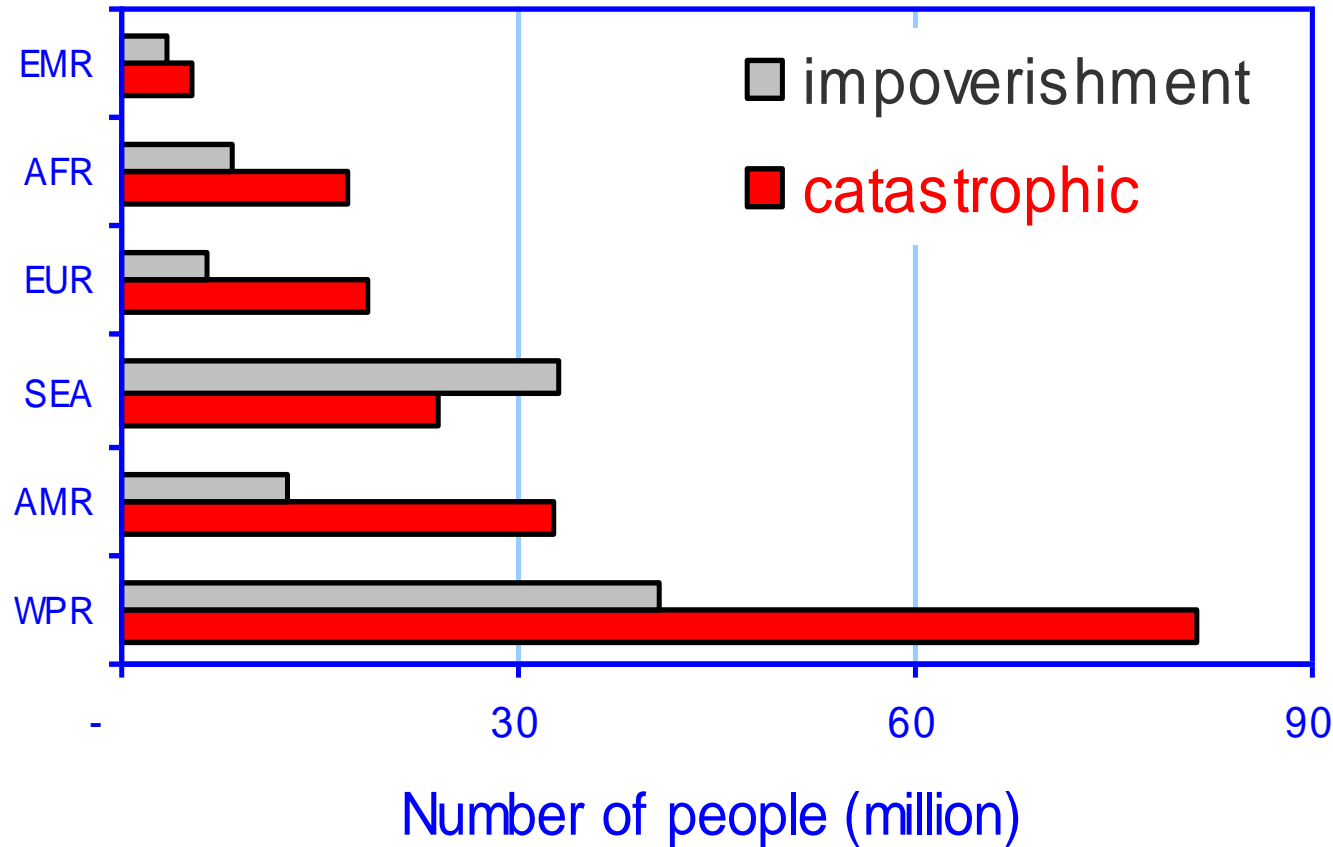
**Critical shortage
of health
workers in 57
countries;**

**4.3 million more
health workers
needed to
provide
essential
interventions.**



Primum non nocere (first do no harm)?

>100 million impoverished due to expenditure on health!



Systems Performance Shortfalls

- **Scale** --- safe, proven and cheap interventions not reaching those in need
- **Scope** --- comprehensive services responding to needs and expectations are the exception
- **Distribution** --- those with unmet needs are disproportionately those with lesser means
- **Protection/Safety** --- too many are worse off through encounters with the health system
- **Systems capabilities** --- primitive frameworks and responses to dealing with complex challenges



2

The “state” of health systems research



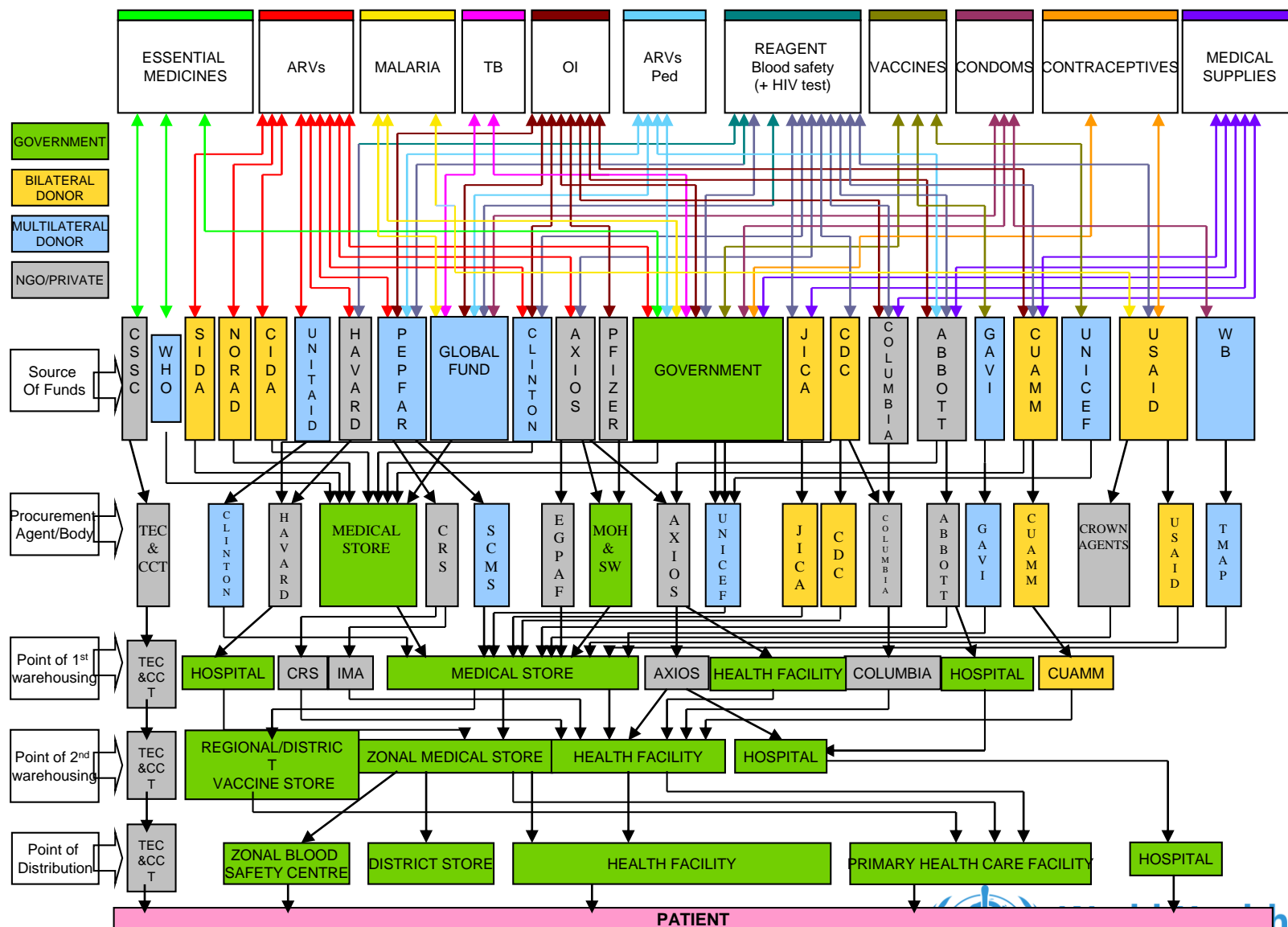
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An Assessment of the Interactions between health systems and Global Health Initiatives



Synergies leading to systems transformation





Evidences of positive spill-overs

- **Patients:** empowered, treated with respect
- **Providers:** improved CARE
- **Information:** EMR, SMS alerts...
- **Supplies:** improved procurement, distribution ..
- **Infrastructure:** new and better ..
- **Financing:** largely free



Evidences of negative spill-overs

- **Patients:** Stigma prevails...
- **Providers:** Better paid projects...
- **Information:** Multiple reporting...
- **Supplies:** Stock outs ...
- **Infrastructure:** HIV labs...
- **Financing:** Selective free services...



Conceptual Framework

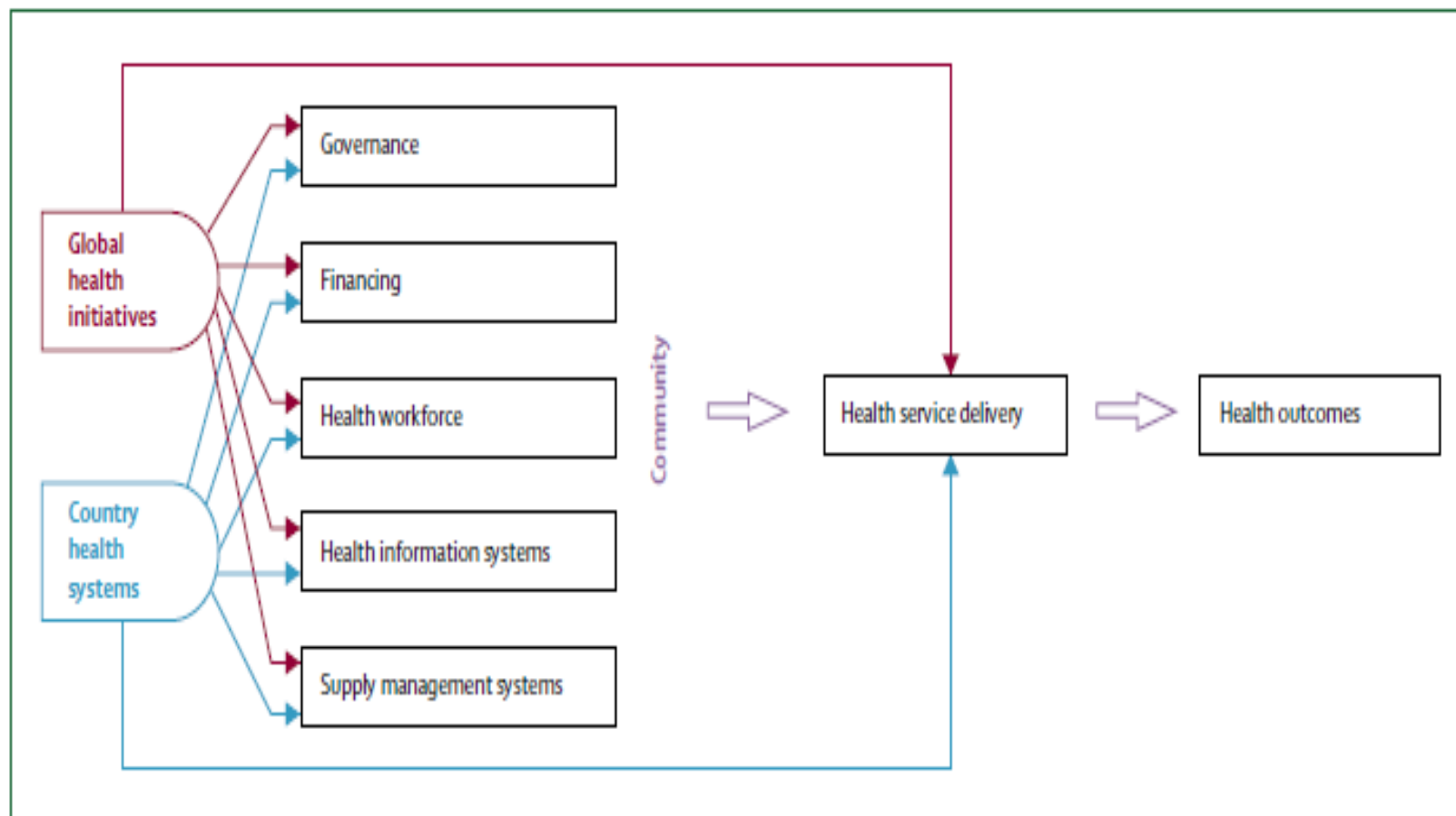


Figure 1: Conceptual framework of the interaction between global health initiatives and country health systems



Assessing the nature of the interactions

Positive, synergistic

Equivocal, unclear, mixed

Negative, undesired



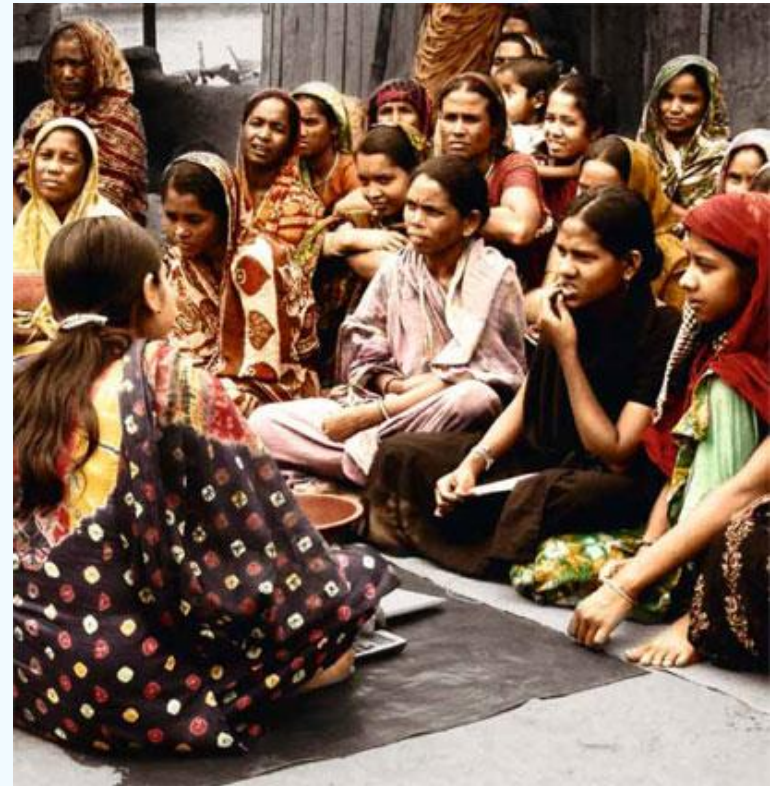
Findings - governance

- **Planning and Coordination**

- **Demands of GHI planning processes overwhelm national capacities**
- **GHI responsive to country systems needs through new funding windows**

- **Community Involvement**

- **GHI have accelerated non-state sector/civil society engagement in health sector planning, delivery and accountability**





3

Accelerating better “science” for health systems



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Systems research falling short too often

(Peters, Saharty and Siadat 2009)

- lacking taxonomic and conceptual rigor
- systemic weaknesses in methods/designs
- weak measures – from inputs to outputs to outcomes
- problems related to "generalizability" in various contexts...
- lack of standards for assessing the strength of evidence
- limited understanding of needs of decision-makers related to "evidence" on what works (and what doesn't!).



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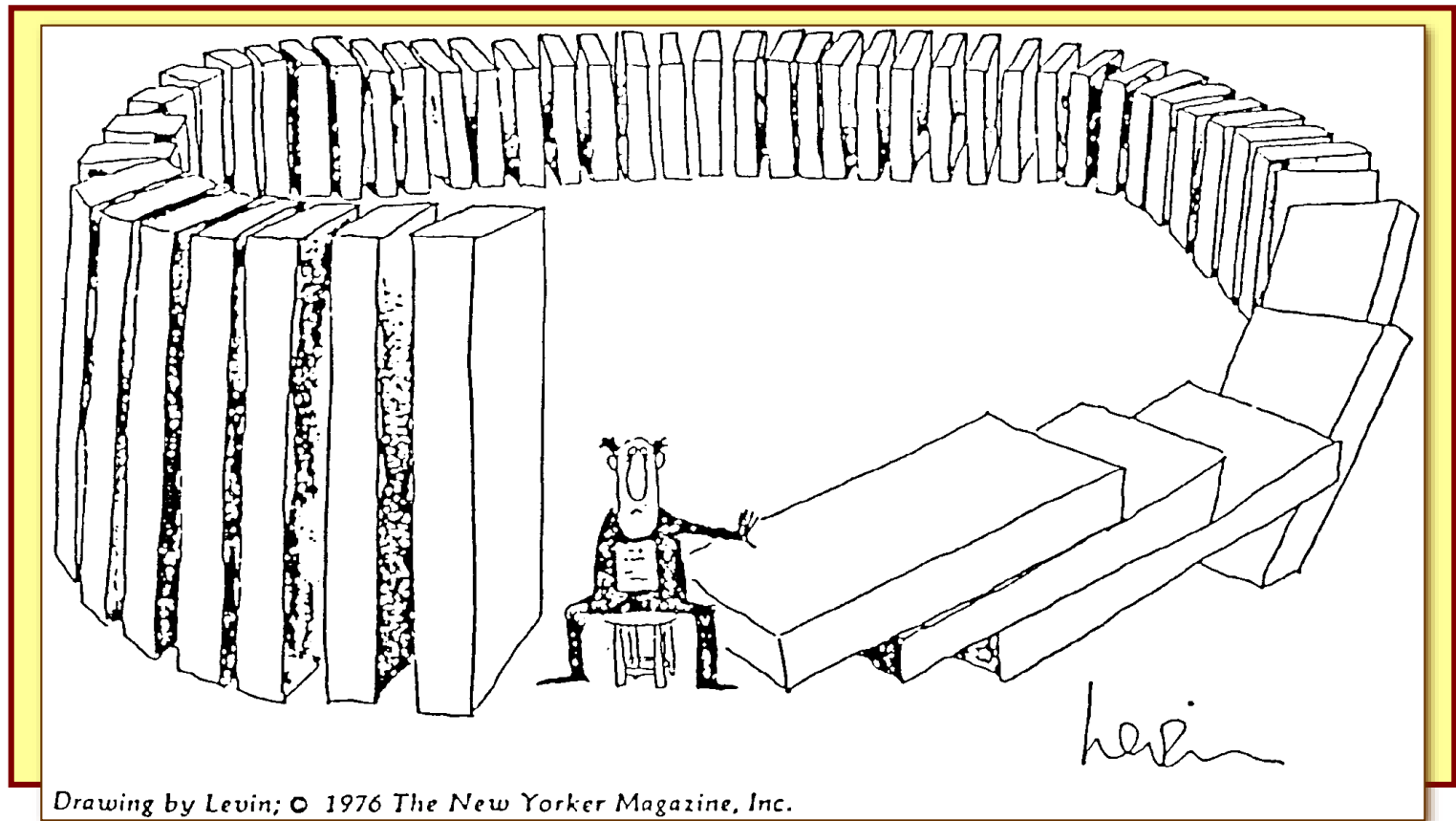
Short-comings increasingly visible against gold standards in clinical evidence...

- taxonomies
 - ICD, SNOWMED
- hierarchy of methods
- strength of evidence
 - GRADE, EPOC
- standards for research synthesis



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Understanding the big picture!



Drawing by Levin; © 1976 The New Yorker Magazine, Inc.



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The need for systems theory

“not so close as to be concerned with the action of a single individual, but not so far away as to be ignorant of the internal pressures in the system.”

George Richardson

Richardson GP. Feedback thought in social science and systems theory.
Philadelphia: University of Pennsylvania Press, 1991



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The need for greater rigor!

- Terms and taxonomies
 - *Applied, complexity, delivery, diffusion, evaluation, formative, implementation, operations, policy, program, process, realist, services, scale-up, spread, systems, translation two or “T2”...etc. etc.*
- Methods and Measures
 - What methods are the best “fit for purpose”?
 - How to measure health systems strengthening?
 - What is the best measure of universal coverage?
 - Criteria to assess strength of evidence?



Health Systems

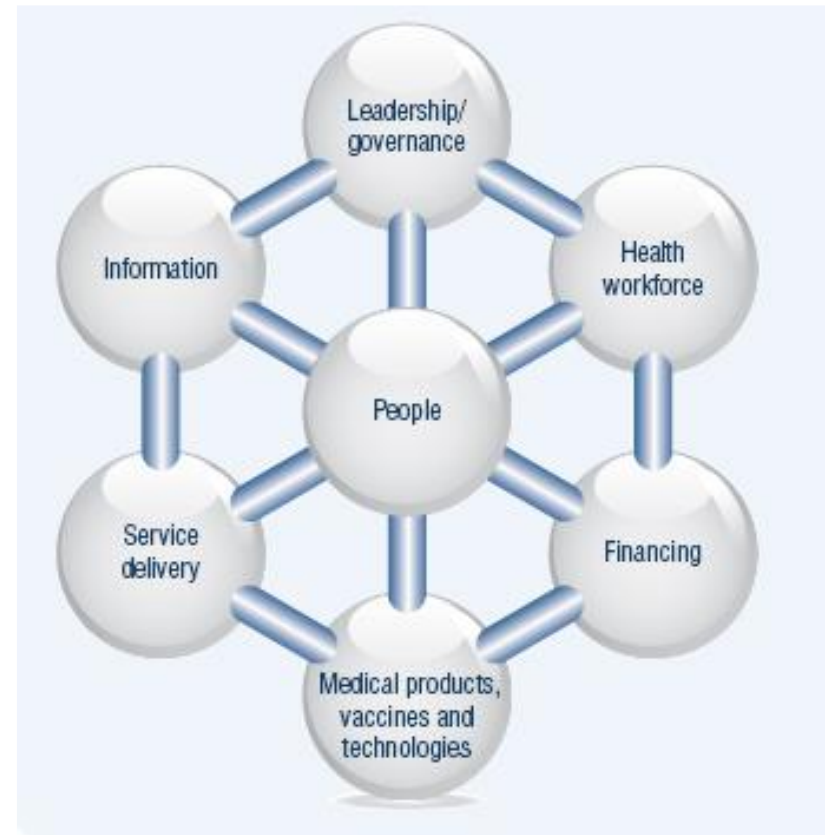
A health system consists of all organizations, people and actions whose primary intent is to promote, restore or maintain health

The main goals are:

- Improving health and health equity
- Responsiveness,
- Financial fairness

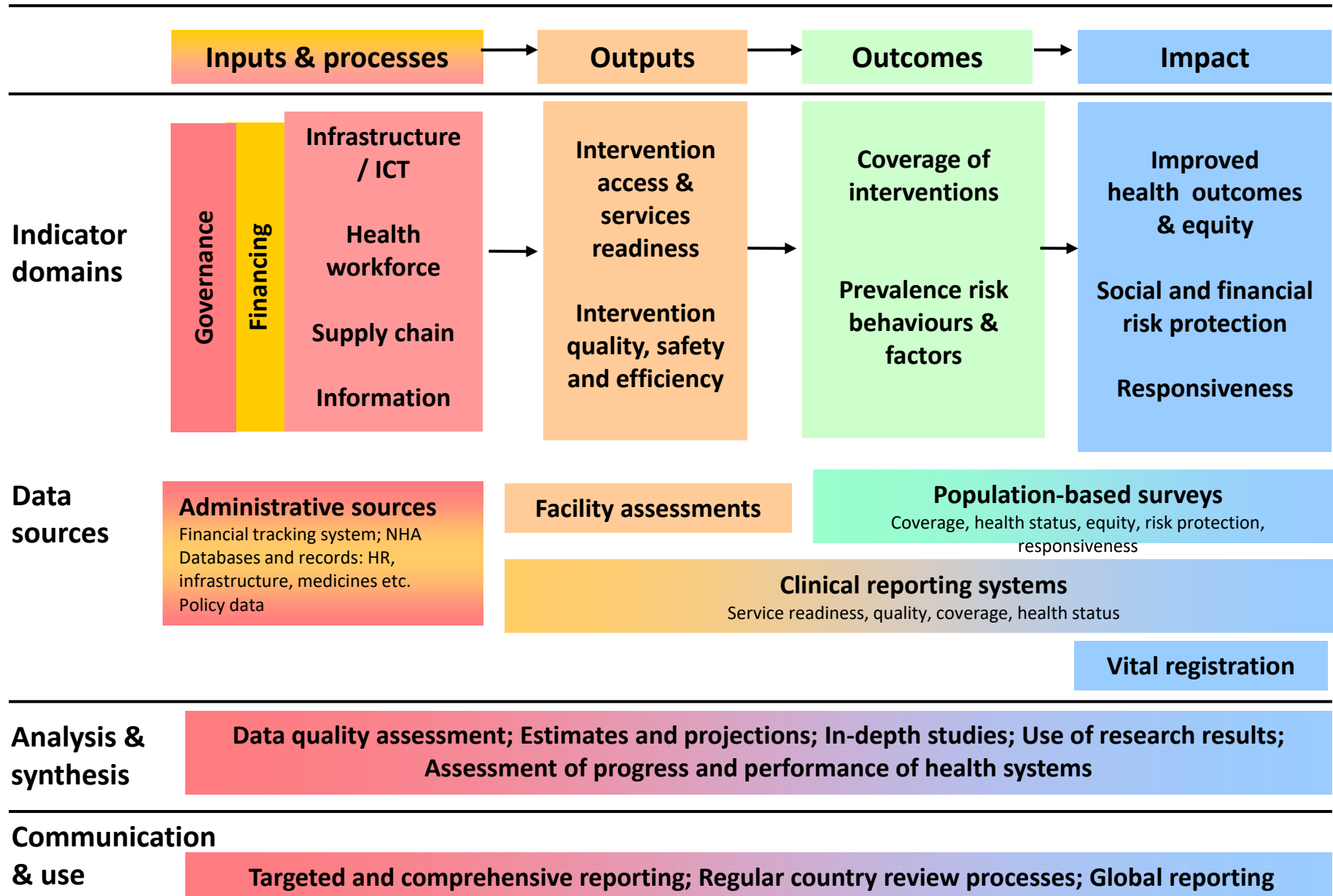
The intermediate goals are:

- Greater access and coverage
- Quality and safety

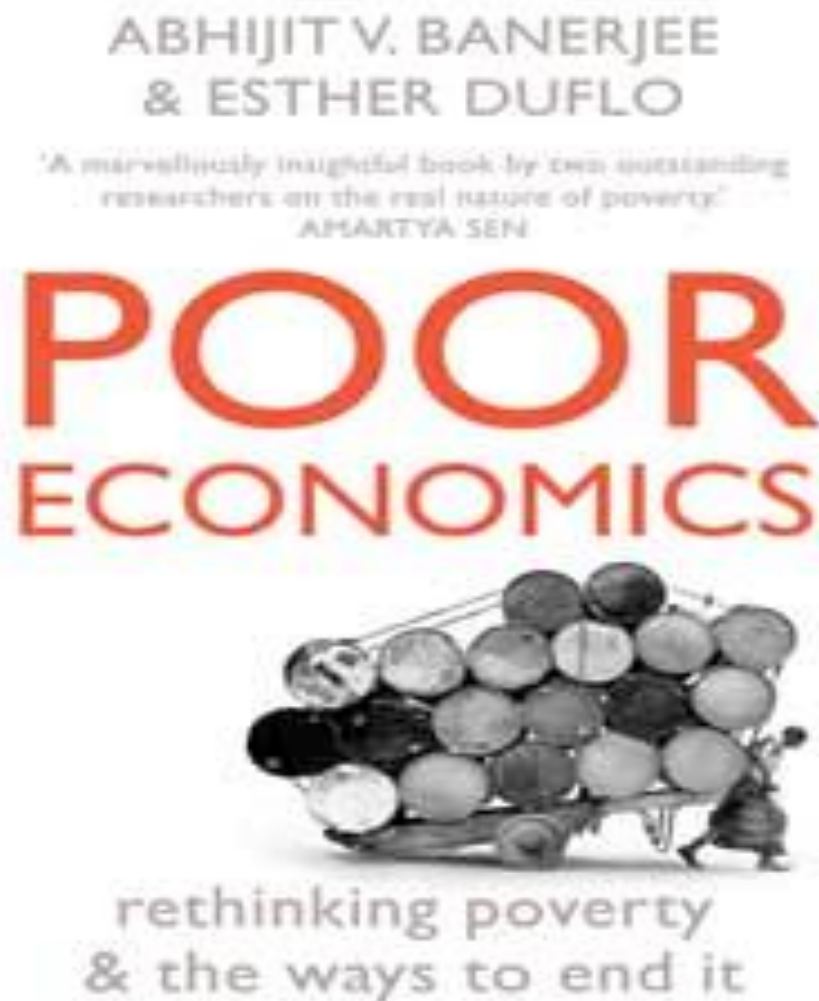


Monitoring & Evaluation of health systems reform /strengthening

A general framework



Developing and reviewing “new” methods



SYSTEMS THINKING

for Health Systems
Strengthening



Alliance for
Health Policy and
Systems Research



World Health
Organization

The essential requirements for task shifting

- **Quality assurance**
- **Regulatory framework**
- **Sustainability**
- **Involvement of service users**



Exploiting hybrid vigor!

Diverse constituencies converging on HSR

- Policy and system designers
 - financing, governance, workforce etc.
- Scaling-up intervention implementers
 - HIV, TB, Malaria, NTDs, NCDs, Immunization, etc.
- Monitoring and evaluators
 - inputs, outputs, impacts
- Knowledge Translators
 - why isn't evidence being applied?



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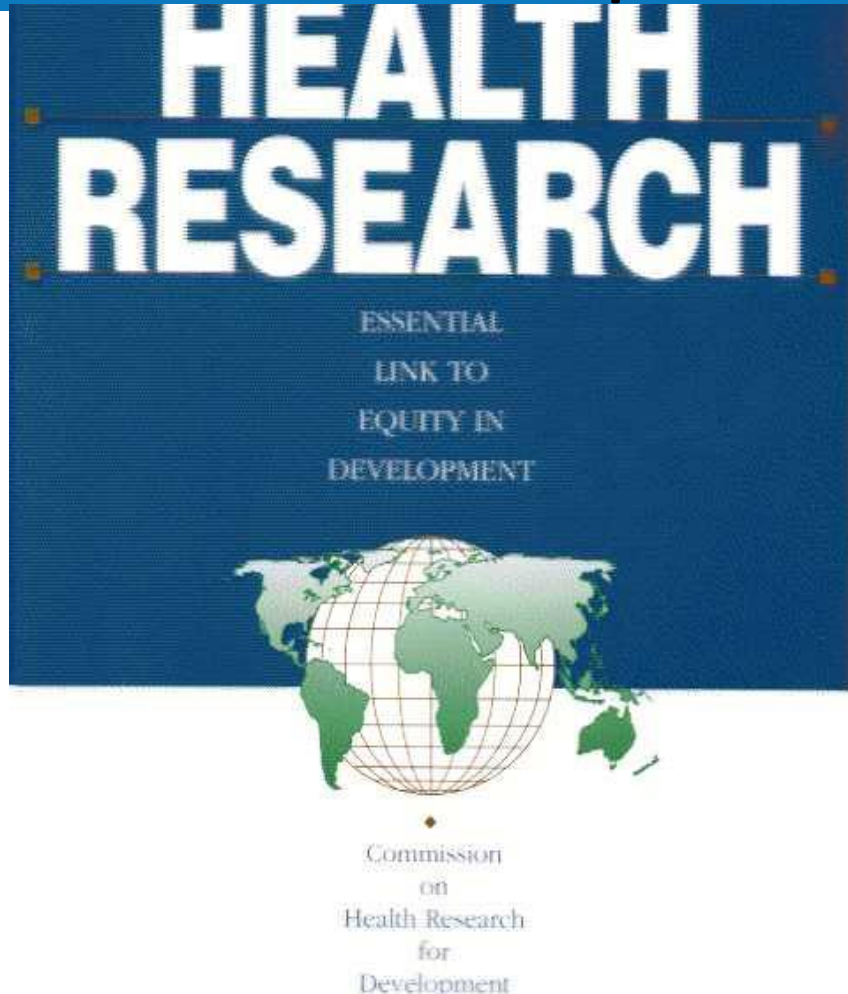
Part of a bigger opportunity

- Despite challenges....health systems research is a rapidly growing, dynamic area of health research
- There is an urgent need, nonetheless to:
 - nurture more and better health systems research within and across countries that addresses critical health sector performance shortfalls
 -and usher in a new era of “systems sciences” in health that can stand tall and proud alongside biomedical and clinical sciences.



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Commission on Health Research for Development (1988-1990)



- Independent Commission
- “Development” and “equity” focus
- “Essential National Health Research”
- An international health research “system”
- More human and financial resources required to focus on health development.



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Valuing knowledge to redress inequities

- "humanity's greatest advances are not in its discoveries – but in how those discoveries are applied to reduce inequity. Whether through democracy, strong public education, quality health care, or broad economic opportunity – reducing inequity is the highest human achievement"
 - Bill Gates, Harvard Commencement Speech, June '07



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FIRST GLOBAL SYMPOSIUM ON HEALTH SYSTEMS RESEARCH

Science to accelerate universal health coverage

16-19 November 2010, Montreux, Switzerland



No other US\$ 5 trillion economic sector would be happy with so little investment in research related to its core agenda: the reduction of health inequalities; the organization of people-centred care; and the development of better, more effective public policies. — *The world health report 2008*

Mark your calendar now – the World Health Organization and partners will convene the inaugural global symposium on health systems research on 16–19 November 2010. Researchers, policy makers, funders, and other stakeholders representing diverse constituencies will gather in Montreux, Switzerland to share evidence, identify significant knowledge gaps, and set a priority research agenda that reflects the needs that are common across low- and middle-income countries.



<http://www.hsr-symposium.org/>



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November 2011

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date

Universal
Health
Coverage

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ACTIVITIES

➤ Emerging Voices
Track

➤ The WHO Health
Systems Research
Strategy

➤ Health Systems
Research Society

➤ First Global Health
Symposium

31 OCTOBER – 3 NOVEMBER 2012 – Beijing, People's Republic of China

Inclusion and Innovation Towards Universal Health Coverage.

"The whole is greater than the sum of its parts" – Aristotle, Metaphysics, 350 BC



Organizers of the Global Symposium on Health Systems Research (HSR) are pleased to announce the Second Global Symposium – Inclusion and Innovation