

**TRAVEL REPORT
COVER PAGE**



Submitted by: Elies Van Belle

Position: Medical Advisor Memisa

Visit to: Third Global Symposium on Health Systems Research

Period: 29/09/14 – 04/10/14

Budget: Be-Cause Health, Memisa

From: Brussels

To: Cape Town

Purpose/objective of travel:

1. Participation in the Third Global Symposium on Health Systems Research
2. Presentation in the parallel session organized by MMI "An ideal match! Successfully connecting NGO practice and Health Systems Research" together with Bart Criel (ITM)

Summary

The Third Global Symposium on Health Systems Research builds on the progress achieved by two previous, highly successful symposia held in Montreux (2010) and Beijing (2012).

The specific objectives of the Third Global Symposium were to:

1. Share cutting-edge research addressing the development of people-centred health systems (including both conceptual work and the findings of primary and secondary research);
2. Identify and discuss approaches to research addressing this theme and to strengthening the rigour of this research;
3. Build the capacities of researchers, policy-makers, practitioners, activists and civil society organizations to conduct and use health systems research related to the theme;
4. Strengthen learning communities and knowledge-translation platforms working, to support people-centred health systems across disciplines, sectors and countries and, particularly, bridging practitioner, activist and researcher communities.

The theme of the symposium was the science and practice of people-centred health systems, chosen to enable participants to address current and critical concerns of relevance across countries in all parts of the world. Researchers, policy-makers, funders, implementers and other stakeholders, from all regions and all socio-economic levels, worked together on the challenge of how to make health systems more responsive to the needs of individuals, families and communities.

The symposium was organized over 3 consecutive days with every day 3 parallel sessions and 1 plenary session, a marketplace, a poster area, lunch and breakfast conferences. In addition, several satellite sessions were organized during the two days before the symposium.

I attended the preliminary satellite session organized by the new ITM Antwerp Alumni coordinator Alexandra Horlberger, which had as objective to provide useful content and to facilitate exchange between alumni from different courses with a view to future collaborations between participants. The new alumni strategy was explained, which seems very promising in creating a real network connecting alumni from ITM.

The 4 different plenary sessions were very interesting, with strong, inspiring and very diverse speakers, provocative statements and lively debates.

The parallel sessions were very diverse, rich in information and exchange possibilities, variable in quality. At every moment there were 12 parallel sessions so a difficult choice to make. They were categorized according to the following themes: cutting edge research (the majority), innovation in research methods, learning communities and knowledge translation, capacity development for research, and health systems intervention.

Through the MMI network a parallel session was accepted around the theme of getting research into practice and policy, through the collaboration between NGO's and research institutions:

Successfully connecting NGO practice and Health Systems Research

- *Introduction and setting the scene*
Thomas Schwarz, Medicus Mundi International Network
- *Collaboration on sexual and reproductive health in the Great Lakes area*
Christina de Vries, Cordaid, and Nina Ndabihore, Swiss TPH

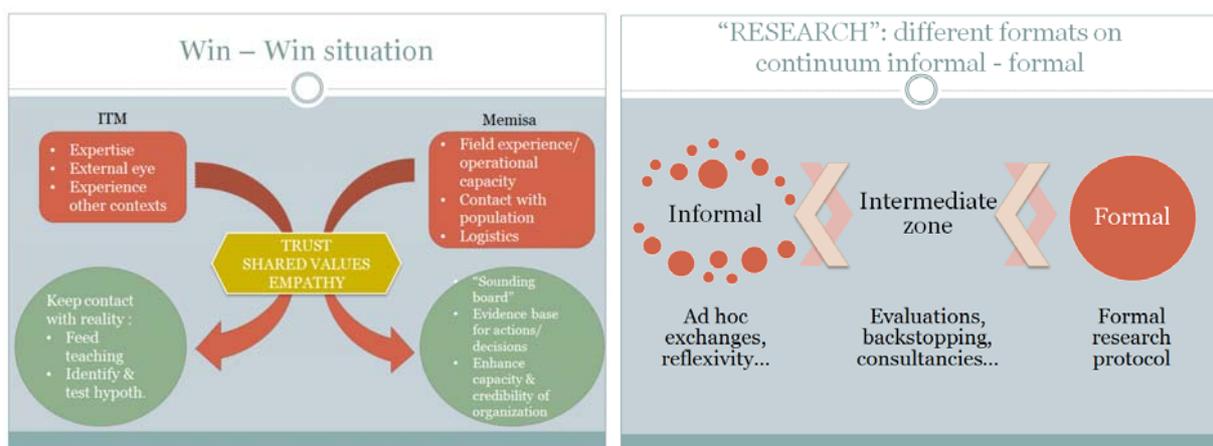
- *Social protection and adherence to an equity fund in Mauritania*
Elies van Belle, Memisa, and Bart Criel, ITM Antwerp
- *Discussion: NGOs and researchers – an ideal match?*
Moderator: Thomas Schwarz



The session targeted NGOs, researchers, policy makers and funders to learn how international NGOs working in the field of health development cooperation have successfully started integrating an evidence based approach into their institutional culture and operational practice. The focus was not so much on the content of the research collaboration but on processes allowing innovative interaction between critical actors in a people-centered health system.

Christina De Vries and Nina Ndabihore presented on the collaboration between Cordaid and Swiss TPH in the great lakes region, illustrating how this collaboration can lead to evidence to influence policy at donor and at institutional levels, to improve intervention effectiveness and outcomes and for the importance for raising more funds for applied research.

I presented together with Bart Criel (from ITM Public Health Department) about the different forms of collaboration between Memisa and ITM Antwerp, build around the case study of a project in Mauritania.(full presentation attached)



About 45 people attended the session, both from NGO as from research backgrounds, and the questions that shaped the discussion were challenging and interesting.

Some of the questions after the presentations:

To Cordaid/ Swiss TPH:

- Who did you work with in the MOH?
- What was your reason for targeting the young age group?
- Who is your funder?

To Memisa/ ITM Antwerp:

- Ethical approval: How do you deal with the ethical aspects of entering your subjects into a study?
- Do people choose not to access your service because they are “subjects” being “practiced on”?
- Is there something you’re not telling us? Because this kind of collaboration often doesn’t work!
- How do you deal with the issue of failure in a grant environment?

Participating in this symposium was an eye opener to me, a great experience to learn and exchange, to get motivated by existing motivation, knowledge and action, relevant questioning and interesting people. It was also an excellent opportunity to share experiences and issues arising in our networks (MMI, Be-Cause Health) and daily work (Memisa) at a wider international level, and for visibility of the organizations/ networks.

On a more critical note and taking a step back, we have to stay aware and constantly ask ourselves how all this thinking and theory translates in action and change. This critical knowledge base, how will it now make things different? And how will this impact the final beneficiaries, the people, the families, the communities – the ill. This kind of critical self-reflection often came up all through the discussions though, and was in general seen as a positive and constructive note – how can we make the people participate in these discussions? How can we “package”, structure research outcomes into concrete and practical recommendations for policy makers?

All through the symposium the Ebola outbreak in Western Africa was a shadow hanging above our heads, vividly illustrating how weak our health systems still are, and thus how, despite all this united “good intentions”, governments have failed to provide the basics for their people.

As an illustration, the introduction to the “Cape Town statement”, a document synthesizing the essentials from broad-ranging discussions over the three days of the meeting in 3 pages (full document attached):

“Cape Town welcomed the world to the Third Global Symposium on Health Systems Research between 30 September and 3 October 2014. One hundred and twenty five countries were represented by almost 2000 participants, who gathered to discuss and debate the science and practice of people-centred health systems. Over the course of the symposium, which included four plenary sessions, 170 concurrent and satellite sessions, 572 posters and 11 films, participants had the opportunity to immerse themselves in the field of health policy and systems research. Policy-makers, activists, community representatives, managers, researchers and educators from around the world shared new information and insights from their experiences with the journey to universal health coverage, the theme of the Second Global Symposium, and developed a deeper understanding of people-centred health systems.”

The next symposium will be organized in 2016 in Vancouver.

Recommendations:

- To Memisa as an NGO and learning organisation: to participate actively and have a voice coming from the field, representing the people, in this kind of fora; to make a conscious and strategic choice to invest time and means into working together with research institutions and participate in networking and exchange activities.
- To Be-Cause Health as a national platform bringing Belgian actors in development cooperation for health together: look further into opportunities to present experiences and good practices from Belgian actors and increase visibility
- To MMI as an international network uniting organizations working in international health cooperation and global health: to facilitate follow up of the actions and practices that we presented; there is a wide scope of possibilities and opportunities for NGO's to seize in actually putting into practice research results and bridging them with policy-making.

Some interesting quotes/ statements:

- Policies for the poor are often poor policies
- Projects have the responsibility of taking risks
- We don't want PC (patient centeredness) to become "political correctness"
- There are people at the centre but they are the wrong people
- There is no way of changing the environment without social movement
- CBHI is not really a concept, it has a particular meaning in a particular country
- UHC as a direction, not a destination
- How do you get people to question their own assumptions? – how do we know what we know?
- One of the problems is conferences like this where the people are not present.
- Ebola was a disaster waiting to happen – and we knew it!

Distribution:

Memisa direction, MMI secretary, Be-Cause health president and coordinator.

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Bart Criel, Christina De Vries