Seven researchers from Nossal Institute for Global Health participated in the Second Global Symposium of Health System Research which was held between October 31st and November 3rd in Beijing. The theme of the conference was ‘Inclusion and Innovation towards Universal Coverage’. Approximately 1,800 participants from over 110 countries attended some 200 sessions. The sheer number of fourteen parallel sessions and additional events was sometimes rather mind-boggling than increasing choice. Work done by researchers from Nossal Institute had been accepted as oral presentations and poster exhibitions. Shakil Ahmed presented findings from ‘Institutional strengthening for universal coverage in the Laos: Barriers and policy options’- a study performed with support from the AusAID funded ‘Knowledge Hub for Health Policy and Finance’. The session ‘Improving access to health care in low-income countries’ provided the appropriate platform for his presentation. Furthermore, Dr. Ahmed led a group presentation in the participatory session ‘How to evaluate health systems reforms: The case of performance based financing’; this exercise focused on ‘what’ to measure and monitor and discussed aspects of measuring ‘Service delivery’, ‘Human resources’, ‘Governance and social action’ and ‘Health financing’. Posters came from Mr. Khim, Dr. Annear, Dr. Ahmed, Dr. Hipgrave and Ms Byrne. In addition, Nossal participated in showcasing the ‘AusAID Research Hubs’; all four Hubs manned collaboratively a booth located in the market place area. This provided a platform for raising awareness of Nossal’s work among symposium participants; further strengthened by personal interaction and engagement with interested visitors from other research institutions.

Prior to the symposium the Antwerp Institute of Tropical Medicine organized the ‘Emerging Voices Pre-conference’; a meeting pitched at young health researchers who intended to “share their work with senior colleagues and peers”. Some one-hundred researchers participated and Mr Khim was one of the speakers on three occasions of ‘fishbowl’ sessions- centred at the question whether development aid fosters only dependency and corruption instead of improving living conditions.

Some Nossal research staff participated in a workshop on ‘ADePT’, hosted by the World Bank; a statistical software applied to assessing equity of health financing, such as incidence-benefit analysis and concentration indices. Overall, a very useful short introduction into a new analysis tool which researchers at Nossal intend to apply practically in some prospective research projects. Another workshop was ‘Concepts and methods for health systems analyses’. Areas covered included ‘Health systems performance’, such as OECD rankings, Data envelop analysis, health systems efficiency; ‘Methods for Health Financing Assessment’ such as client satisfaction or financial protection and ‘Health Status’ measured by IMR, MMR or life expectancy.

A repeating comment among our group was that the conference actually helped to identify many evidence gaps around health systems. Additionally, all of Nossal’s participants agreed on the conference being an excellent and quite unique opportunity to expand professional networks. On the negative side, some of the sessions just served as examples of poorly designed research resulting in a waste of resources rather than generating new insights. WHO thinking and terminology permeated many sessions and obviously tried to push the organization’s agenda. The discussion of vertical versus horizontal approaches was still present at the symposium and Bill Hsiao from Harvard University focused on the diagonal approach; a discussion that is not new but apparently still of concern. Vivid discourses revolved around indicators to measure aspects of health systems and
progress toward Universal Coverage. The ‘Beijing Statement’ (available at: http://www.hsr-symposium.org/images/stories/downloads/beijing%20_statement.pdf) states that “participants want more research on social inequalities in health, including urbanisation and ageing; social exclusion; governance; and the balance of sectors, including informal, private, and public.”

Another highlight of the conference was the first meeting of the newly founded society ‘Health Systems Global’ (http://www.healthsystemsglobal.org/); according to the society’s own words “the first international membership organization fully dedicated to promoting health systems research and knowledge translation”.

The last plenary session voiced the question of what should follow the Millennium Development Goals (MDGs): “Post-2015 development goals: Framing the issues, prioritizing health and using the evidence”. Chaired by Richard Horton, editor in-chief of ‘The Lancet’, a high calibre group discussed questions such as “which overriding objective should follow post 2015 MDGs?” Most participants agreed that poverty reduction was still at the core of the agenda for years to come; however, it was interesting to notice significant differences of opinions. Tomas Palu from the World Bank emphasised that poverty remains at the core of the Bank’s strategy but additionally global equity should be considered too, as some countries made substantially better progress toward achieving MDGs than others. Sweden’s Ambassador for Global Health, Anders Nordstroem, in contrast sees post-2015 moving beyond poverty reduction; the latter being an important part of a broader agenda. Highly interesting were different perception of “Universal Coverage as the right sustainable development goal”. Zambia’s Minister of Health, Joseph Kasonde, was very much in favour as he identified an intrinsic link between UC and polity; World Bank’s Toomas Palu on the other hand sees UC as a demand coming from politics rather than from the poor and would like to see UC linked to non-communicable diseases and disability. Anders Nordstroem uttered quite a different view: he would prefer some interventions on the impact level. Moreover, in his opinion UC bears the risk of narrowing the health-agenda to the health sector only whilst there is an opportunity for a much broader approach to health.

The third Global Symposium is planned for 2014 for which applications from Canada and South Africa have been received.