Cape Town Statement from the Third Global Symposium on Health Systems Research
Cape Town, South Africa
3 October 2014

Introduction
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.

This statement was synthesized from broad-ranging discussions over the three days of the meeting, drawing upon rapporteurs’ notes across all the sessions.

Our Discussions
Health systems need to be reoriented to respond to people’s emerging health needs, be directly accountable to ordinary people, and respect and ensure the rights and dignity of all people who use health systems and provide health care.
Nowhere is this need more apparent than with the recent ebola epidemic in several West African countries. Ebola and other health challenges worldwide highlight the need to redouble attention on health system challenges, including the unequal availability of resources underpinned by existing power relations between and within countries, the variable quality of health services and lack of appropriate health information to assist those at the frontlines of health care.

The drive towards universal health coverage should be led by citizens, and local and national governments rather than by external actors, and in line with the needs and priorities of communities and citizens. Segmented systems that risk providing poorer services to the poor are unacceptable in people-centred health systems. Multiple disease programs, types of service providers and traditions of health care require effective coordination within health systems.

Many crucial drivers of health system change lie outside of the traditional boundaries of the health system; social mobilization and intersectoral action are critical for re-orienting health systems to be more people-centred. Community health workers can play an important linking role in enabling inclusive and representative community participation. We need to promote local institutional mechanisms that support inclusive and representative community participation in health, recognizing that the collective voice can drown out the needs of the most marginalized and vulnerable. Health systems serve people but are also made up of people, who need effective environments in which to work. Supportive supervision and high quality, continuing training for health care workers emerged as crucial needs across settings. Supportive and effective working environments for health workers are important, which should include appropriate financial and non-financial incentives.

Barriers to access to care must be removed, including financial barriers that exclude the poorest and most marginalized. Governments need to provide sufficient funding for the provision of effective and responsive care, and develop effective financial protection measures.

**Progress since Beijing**

We note with pride the accomplishments of key milestones committed to in Beijing in 2012. Building on the 2012 WHO Strategy for Health Policy and Systems Research, there has been a consolidation and growth of the health systems research community. Health Systems Global now has over 1500 members from more than 90 countries, and the Society has further developed through nine active and engaged thematic working groups, and a renewed board. The third symposium has demonstrated the vibrancy of our community.

**Actions**

The Symposium covered a number of action themes including health systems development, capacity development for research, cutting-edge and innovative research methods, and learning communities and knowledge translation.

**Health system development**

Informed by discussions and research presented during the meeting, there are a number of important areas for health system development. The focus on people centredness emphasized the following points in particular:

- Encourage and enable national governments to own and lead health reforms towards the achievement of universal health coverage
- Promote a comprehensive financing strategy that underpins a comprehensive set of entitlements
- Engage multiple constituencies to increase the fiscal space for the health sector
- Ensure inclusion of the most marginalized and vulnerable, whose needs and rights must be central in a people-centred health system
- Promote community participation in planning and monitoring health services, to make them more responsive to people’s needs
Ensure that research is embedded in programs from the point of design
Promote innovative service-delivery models, including the use of technology such as m-health and e-health to ensure quality and continuity of care

Beyond this, there were recommendations bearing on health systems more generally:

**Capacity development for health systems research**
- Acknowledge and applaud the emerging voices and leaders amongst us and recognize the need to continue to strengthen our efforts to nurture the future generations of the health systems community
- Address inequities in the availability of health systems research training, and deepen and expand efforts to strengthen teaching for health systems development and research.

**Research topics and methods**
- Promote understanding of civil society and social movements that support people-centredness
- Further develop our understanding of health workers, particularly mid-level health workers, their felt experiences and how to empower them to provide people-centred health services
- Allow the experience of communities and health workers to be heard, through use of innovative research methods that engage and empower communities including participatory action research, photo-voice, simulations and games
- Understanding scaling-up of health programs in different contexts remains a priority research area

**Knowledge networks and learning**
- Build our communities through bringing together diverse groups including policymakers, activists, community representatives, managers, researchers and educators
- Develop skills to communicate about health systems amongst diverse constituencies
- Journals need to create space for people-centred knowledge and other innovative forms of health systems research
- Promote learning from implementation and capture tacit knowledge

These actions have different implications for different actors. We note, in particular that funders need to engage in longer-term funding of research programs and research capacity building, and we encourage them to help reframe research funding models so as to better engage local stakeholders.

This is the first meeting where the Health Systems Global Thematic Working Groups met and began to coalesce into communities. The Thematic Working Groups will help take forward these and other recommendations arising from the symposium.

**Conclusion**

Vancouver, Canada is eagerly anticipating the arrival of the global health systems community in 2016, for the Fourth Global Symposium on Health Systems Research. There we will evaluate how far the world has progressed towards adopting a people-centred approach to creating sustainable, equitable, responsive health systems for the benefit of all. In the words of one presenter at the 2014 symposium, we are one world, united in a quest for health for all, beyond the borders of politics and economics. We encourage researchers and funders to contribute towards this global vision.

http://www.healthsystemsglobal.org/
Prof David Sanders receives the 2014 PHILA Award from the Public Health Association of South Africa

"The health sciences need to urgently change to better prepare graduates to address ongoing challenges in SA’s health system"

-Professor David Sanders, 2014 PHILA award winner, PHASA’s founding member and author.
Dr Liezille Jacobs

Last night at the dinner table my nine-year-old daughter asked me how I felt now, knowing that the Emerging Voices for Global Health (EV4GH) programme has been implemented fairly smoothly? This is quite an expected question coming from my child seeing that for the past nine months, this is all my family heard me talk about: Emerging Voices (EVs).

Given a hearing, I often told my family and friends about how honoured I felt to be part of Prof. Wim Van Damme’s “evolving vision” to gather a movement of mindsets towards an inclusive understanding of a complex global perspective on people centered health systems. So, needless to say, Prof Wim Van Damme’s absence was undeniably felt during EV4GH2014 edition, yet we applauded him several times throughout the programme hoping he could hear our voices of gratitude and praise.

In 2009, Prof Van Damme, at the Institute of Tropical Medicine (ITM) Antwerp, Belgium, initiated the EV programme. ITM organised two successful editions of Emerging Voices in 2010 (http://www.ev4gh.net/past-editions/2010-2/) and 2012 (http://www.ev4gh.net/past-editions/2012-2/), respectively linked to the First Global Symposium on Health Systems Research in Montreux and the Second Global Symposium in Beijing. In 2013, Emerging Voices (http://www.ev4gh.net/current-editions/2013-edition/) was linked to the International Conference on AIDS and STIs in Africa (ICASA).

The Emerging Voices training uses a blended learning approach, a combination of distance learning and intensive face-to-face coaching, leading to participation with oral presentation in a scientific conference; communication on social media, induction into a community of scholarship and practice, and publication in a scientific journal. The Emerging Voices programme lasts for 12 months (from January 2014 till January 2015). Former EV alumni, matched by senior staff
from the affiliated institutions facilitated the Emerging Voices in 8 small thematic groups. The EVs were selected an abstract competition. The themes included community based health systems; complex health systems, health financing, knowledge translation and methodology, patient perspectives, people as providers, quality of care, governance and human rights.

This year, EVs were linked to the Third Global Symposium on Health Systems Research, which happened in Cape Town. EV2014 was a joint venture between the School of Public Health of the University of Western Cape (UWC), South Africa; The University of Cape Town, South Africa; Peking University Health Science Center, China and The Institute of Public Health, Bengaluru (India). UWC's School of Public Health was the host for the EV2014 venture. I was the coordinator of the program, while Tamlin Peterson was the administration and logistics coordinator. Remco van de Pas was my counterpart in ITM, while Ildikó Bokros, also at ITM, provided support for the distance coaching and follow-up post-conference.

The general objectives of the EV programme were to enhance young global health researchers' content knowledge, yet at the same time assist them to present sound and effective scientific peer reviewed papers, posters and powerpoints. UWC’s Postgraduate Education and Training Department’s Dr Nasiema Allie, provided writing coaching which also formed an important part of raising the emerging voices confidence to approach the global scientific stage. Alumni EVs, including ITM alumni students were involved in capacity building through national and international partnerships.

It is a requirement that EVs are under 40. So, you can just imagine, this year's selection of 50 EV4GH was a vibrant, provocative group of young scholars from all continents, yet the most EVs were from low-income countries. They were invited to participate in a 12-month training programme to improve their presentation, networking and writing skills. Most EVs wrote back to me since they departed South Africa saying that they have gained so much more than what they signed up for. They made growing friendships, learnt how to boost their academic outcomes and how to influence health policy in the home countries.
Amongst our many partner institutions, Peking University and the Institute of Public Health in India provided two alumni EVs, Xu Jin and Prashanth. Xu Jin is 32 years old and really wanted to be an Emerging Voice again this year because what he loves most about EV4GH is “the network of global health researchers” he has access to. He said: “You can imagine my delight when I was asked to be a facilitator this year!”

**EV4GH2014** was fortunate to be funded by the Belgian government, which made a generous contribution and included social media as part of the EV budget.

This meant that we could get consultants to assist the EVs with social media training and further enhance their capacity to make their voices heard. This resulted in Erlyn Macarayan winning the Young Leader award for her coverage of the #GHSR symposium and the Emerging Voices (#EV4GH). Nana Yaa Boadu from Ghana and Adithya Pradyumna from India have won the first and second prizes for the “Best Poster on Wednesday” award at the 3rd Global Symposium on Health Systems Research.

This was a very rewarding victory – emerged voices! This means that the Emerging Voices programme really achieved over and above its expectations. In addition, we were told that for the closing plenary we could only have one EV present a closing statement to the GHSR symposium, so the EV4GH chose Anne Muendi – she is pregnant and so we were able to get two people on the stage! Anne Muendi talked about the need for a HS social movement in the final plenary and it was well received.

It therefore comes as no surprise when EV4GH2014 concluded the face-to-face programme on October 4th they formed an interim governance committee for EV alumni's including structural relations with Health Systems Global (HSG). If fact, the newly elected HSG member, Kopano Mabaso, who happens to be an EV alumni, is spearheading the way forward for Emerging Voices 2016. She leads an interim committee consisting of EV4GH2014 that is working on having HS Global organize EVs in the future (with ITM as one of the collaborating institutions). The future of EV4GH seems to be filled with bright young public health activists.

On behalf of this year’s EV4GH, the School of Public Health would like to say a big thank you to all our partners and funders for helping us sharpen opinions, raise young voices and make them heard. In the words of our Director, Prof Helen Schneider, VIVA Emerging Voices, VIVA!
As I got ready to jet off back to Johannesburg, South Africa, I reflected on the two weeks I spent in Cape Town, undoubtedly one of the most beautiful cities in South Africa. I was privileged to be selected and fully sponsored to participate in the Emerging Voices programme as well as the Third Global Symposium on Health Systems Research. Born and bred in South Africa, I have heard and seen pictures of Khayelitsha. On Tuesday 23rd September 2014, Emerging Voices set out to explore this forgotten part of South Africa, where extreme poverty, violent crime and a high disease burden co-exist. I have been to a number of informal settlements surrounding Johannesburg, but Khayelitsha is not at all what I pictured. Its densely populated informal settlements are unimaginably close to each other. There is little or no sanitation, high rates of unemployment and it is infested with rodents.

A surprising find was the newly built Mitchells Plain Hospital with world-class facilities. For a moment I could not believe that this was a public facility in South Africa. There were no long queues, great signage, and motivated health personnel. Being a health researcher this was the start of a dream come true; to walk into a public hospital which mirrors a well-functioning private hospital. However, a few residents pointed out that utilisation of these services was low due to transport being expensive and patients needing to bypass a highly crime ridden area on their way to access care at the hospital. While one visit was not enough to understand why the hospital was built at such a location, it is nonetheless impressive that such a hospital was placed at the heart of this poverty stricken area.

Despite this world-class hospital, one cannot ignore the glaring contrast of Khayelitsha to the wealthier areas of the city. Witnessing the suffering served as a reminder of how much South Africa has achieved but how much more the country still needs to do to reverse inequalities. Being the economic hub of Africa has not benefitted the truly marginalised in society. South Africa has world-class universities, with vast amounts of quality research conducted in the country and even the presence of large civil society organisations, but the question is why do areas like Khayelitsha still exist in South Africa today? Using Anthony Appiah’s lens, one would argue that racialism/racial segregation (Apartheid) in SA was socially constructed to meet the needs of colonisers who were attempting to create a cheap workforce. In South Africa, race masks inequality. This is extremely dangerous as it is not a matter of race but an unequal distribution of resources. This raises the argument of Marxist ideology and its impact on healthcare. Despite the large communist party presence in South Africa, neo-liberal policies have created a wider economic divide, whereby the wealthy have grown wealthier and the poor have not benefited from this economic growth. The poor have inadequate living environments contributing to ill health and cannot access highly expensive privatised healthcare services.

While communism may not be the answer to reversing inequalities in South Africa, the answer may lie in what we as individuals and collectives can do. The mix of capitalism, competition and individualism has resulted in the majority of those who are wealthy in Cape Town and other parts of South Africa focusing on further enriching themselves instead of considering the less fortunate and contributing to uplifting communities on a large scale. Healthcare professionals can choose to not charge exorbitant fees in the private sector and thereby make services more accessible to the poor and middle class. Politicians may stand true to their word and use their position to address the unacceptable conditions under which poor people live. We health researchers need to have places like Khayelitsha at the back of our mind, finding strategies to improve the health status of people living there.

Inequality is a world-wide phenomenon undoubtedly caused by the spread of capitalism, and promoted by racial or religious divides. Communism may not be the answer, but perhaps a move away from individualism is?

http://www.internationalhealthpolicies.org/
Dear colleagues,

We hereby would like to inform you about our next English online Short Course on Antiretroviral Therapy (eSCART), which will start on 16th February 2015, till 22nd June 2015.

We would be grateful if you could help us identify potential candidates, persons who could benefit from this course and to whom you/we could communicate this information.

More information on the course can be found on our website: www.itg.be > education > course programme > short courses. An electronic demo can be found at http://e.itg.be/demo/escart2015en/itm.html.

Candidates can apply online; applications are to be submitted to the course secretariat no later than 31st October 2014. The tuition fee is 1,500,00 Euro. A limited number of scholarships (covering all expenses) is available for candidates from low-and middle-income countries.

For any further information, applicants can write to the course secretary, Vanessa Van Croonenborch (e-mail: vvanacroonenborch@itg.be).

Best regards,

eSCART Team


HIFA profile: Maria Zolfo is a medical doctor at the Institute of Tropical Medicine, Belgium. She is a specialist in Infectious Diseases, trained in Tropical Diseases at Institute of Tropical Medicine, Antwerp, in 1998 and worked from 1999 until 2003 for MoH/MMB in Zimbabwe. Since 2003, at the Institute of Tropical Medicine, Antwerp, in the HIV/AIDS unit, overseas subunit, as responsible for the Telemedicine project (http://telemedicine.itg.be) which provides remote-based advice on HIV/AIDS care to colleagues working in low resource settings. Areas of interest: AIDS care in resource-limited settings, PMTCT, PEP, resistance and second-line ARVs, remote consultations, and distance learning. mzolfo AT itg.be

New Arrivals at SOPH...

Congratulations to Kululwa Ndayi on the birth of Wothando Ndayi!

And all good wishes to Ziyanda Mwanda as she prepares for her big day!
Opportunities

Health Economics and Epidemiology Research Office

Unit 2, 39 Empire Road
Parktown, Johannesburg, 2193, South Africa
Tel +27 (0)10 0017900

A division of the Wits Health Consortium, a wholly owned subsidiary of the University of the Witwatersrand.

JOB DESCRIPTION: RESEARCHER – EPIDEMIOLOGY

The Health Economics and Epidemiology Research Office (HE²RO) of the University of the Witwatersrand, based at Helen Joseph Hospital, Johannesburg, is an internationally recognised health research group with a focus on HIV and tuberculosis. HE²RO seeks to build the evidence base to improve the health policies and programmes in South Africa and the region. We collaborate on policy relevant research with Boston University, the Clinical HIV Research Unit, and other national and international organisations. For more information visit our website at www.heroza.org.

We seek a dynamic, enthusiastic and self-motivated quantitative researcher to be part of our epidemiology research portfolio. Successful applicants will be part of a team of researchers working on cutting edge public health research questions that contribute to the evidence-base for improving access to, and delivery of health services for HIV, TB and other health challenges.

The position is based at the head office in Johannesburg, but may require travel within South Africa. Overtime/weekends hours and working in rural areas and/or under-resourced circumstances will be required from time to time. This is a full time position.

Responsibilities and Duties

- Contribute to research development, design, and implementation
- Preparing ethics applications for ethic committee review and adhering to ethics guidelines and protocols.
- Data collection and management, including: 1) developing standard operating procedures for data collection; 2) creating data entry databases and working with data capturers to collect high quality data; 3) organising and conducting data monitoring; and 4) creating analytical datasets.
- Analysing research data using standard epidemiologic research methods (e.g. logistic regression, Cox proportional hazards regression, etc.)
- Working with senior researchers and principal investigators on the development of original research manuscripts and abstracts for publication and presentation.
- Working in an interdisciplinary team environment with other health professionals.

Requirements:

- Masters degree in epidemiology, statistics, public health or related quantitative field.
- Minimum 1 years research experience or comparable professional experience.
- Expertise with data analysis software (e.g. SAS, STATA).
- Self-motivated, able to work independently and as part of a multidisciplinary team.
- Experience in using various research methodological designs.
- Good administrative skills with working knowledge of Microsoft Office.

Applicants should email a cover letter and CV to vacancy@heroza.org. HE²RO will only respond to short listed candidates. The closing date for this position is 28th November 2014. This position will remain open after the closing date if no suitable candidate has been found. Please visit the HE²RO website at www.heroza.org to check whether this position is still vacant and to view other positions. Candidates who have not been contacted within two weeks of the closing date can consider their applications unsuccessful. HE²RO reserves the right not to fill this position should it deem it necessary not to.
Research and Training in Global Environmental and Occupational Health (GEOHealth)

The goal of GEOHealth is to support institutions in developing countries that will serve as regional hubs for collaborative research, data management, training, curriculum and outreach material development, and policy support around environmental and occupational health threats. Themes include health related to agriculture; health related to climate change; health related to air quality; and others. The geographical scope of the program is East Asia and the Pacific; Latin America and the Caribbean; the Middle East and North Africa; South Asia; and Sub-Saharan Africa. Grants are up to US$600 thousand per year for five years. The deadline for letters of intent (not mandatory) is 19 October 2014. The deadline for applications is 19 November 2014.

http://www.idrc.ca/EN/Funding/Competitions/Pages/CompetitionDetails.aspx?CompetitionID=85
Dear colleagues and friends,

It is a pleasure to inform you that the Switching the Poles film has won a prestigious award at the Cannes Corporate Media & TV Awards (http://bit.ly/1pL288f). This Silver Dolphin is dedicated to all of you and your hard work.

But Switching the Poles reached further than Cannes this week. In fact, the film was also presented at an event in Lima organised by IMTAvH, in presence of the Belgian ambassador to Peru. Last but not least, the film was also selected and screened at the Global Symposium on Health Systems in Cape Town.

This week’s events allowed the message of Switching the Poles to spread even further, reaching even more people. I’d like to once more thank everybody at our partner institutes and at ITM who has helped make this programme and this film a success.

Kind regards,

Bruno Gryseels

A documentary film of the Institute of Tropical Medicine in Antwerp (ITM) has won a Silver Dolphin during the Cannes Corporate Media & TV Awards. The competitive international festival honours the finest corporate films, online media and TV documentaries.

“Switching the Poles” received the Silver Dolphin in the category medical films during a gala evening in Cannes on Thursday 2 October. The film tells the story of ITM’s capacity building programme in developing countries.
NEW BOOK NOTIFICATION

CARE IN CONTEXT
Transnational gender perspectives

Author: Vasu Reddy, Stephan Meyer, Tamara Shefer
Thenjiwe Meyiwa (eds)

Pub month & year: June 2014
ISBN soft cover: 978-0-7969-2419-3
Format: 240 x 168mm
Extent: 424 pages
Price: R290.00 | $27.95 | €22.00
Rights: World Rights

About the book
Care in context is a thought-provoking book that looks at gender inequalities in the context of care. Drawing in part from unique transnational perspectives and gripping interviews, this book focuses on key questions that intellectuals, policy makers and all of us who care and need care have to ask, such as: What is good care? Who should be involved in providing it? And how should care be arranged and organized so that the interests of both care givers and care recipients are equally provided for? Care is indispensable to human flourishing. Without it we cannot survive. It is vital to the development of all individuals and to that of the broader society. Increasing economic and health problems have also contributed to mounting care crises in different parts of the world. With this view, the book offers fresh and nuanced perspectives and is a definite must read for all those affected by issues of care.

Endorsements
With its focus on care in Switzerland and South Africa, this book might appear to put an unusual pair side by side. It is refreshing and thought-provoking to have ‘the north’ and ‘the south’ compared in this way, and disturbing to see what this demonstrates. Differences aside, both countries are deeply conservative and patriarchal in the realm of family policies; there are serious gaps between social policies and practices; care policies and practices reproduce gender inequalities; the vast majority of carers, in families, in formal and informal economies, and in the volunteer sector, are women; and elderly people are not only care receivers, they also play a significant role in providing care to others. These well-referenced essays from a variety of disciplines constitute a rich resource for the study of care. They set an agenda for the next round of public debate and scholarship on care, both theoretical and empirical.

FRANCIE LUND, School of Built Environment and Development Studies, University of KwaZulu-Natal

AVAILABLE FROM ALL REPUTABLE BOOKSTORES – KALAHI AND Loot ONLINE
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