



First Global Symposium

ON HEALTH SYSTEMS RESEARCH

Science to accelerate universal health coverage

Montreux One-Year Post Symposium Evaluation

First Global Symposium on Health
Systems Research
Montreux, Switzerland 2010

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- An effort to understand how this Symposium impacted participants in health systems research
- Results from this evaluation are being used to plan for the Second Global Symposium in Beijing, October 31 – November 3, 2012
- Evaluating questions based on the goals of the Symposium:

Table 1: Programme – related Symposium objectives

- 1. Knowledge Dissemination:** Share state-of-the art research on universal health coverage
- 2. Strengthening methods and measurement:** Strengthen the scientific rigor of the field of HSR and establish normative clarity on HSR (including the terms and typologies of research; the range and appropriate use of methods, measures and instruments; criteria for evaluation of strength of evidence and methods for its synthesis)
- 3. Knowledge Translation:** Develop mechanisms for bridging the gap and understanding the interface between demand and supply for HSR, thus enhancing research translation into policy
- 4. Strengthening Capacities:** Identify mechanisms for strengthening capacities – individual, institutional and infrastructural – for HSR particularly in low- and middle-income countries -- through core curricula, and courses, clearer career paths and supportive institutions
- 5. Networking:** Identify joint opportunities for collaborative research and knowledge production across different disciplines, sectors, stakeholders and geographies

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Table 2: Logistics and Communication – related Symposium Objectives

1. Ensure Symposium website is a useful resource for conference participants before, during, and after the Symposium for information on logistics
2. Ensure Symposium website is a useful resource for recorded sessions and summary reports for reference during and after the Symposium
3. Ensure appropriate and adequate information delivered to participants regarding travel, accommodation, Symposium schedule, and on-site directions
4. Ensure that Symposium information is relayed to participants in an accurate and timely manner
5. Ensure the availability of Symposium staff for support in booking both prior to and during the Symposium

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- Telephone interviews with delegates at Montreux Symposium chosen at random from list of all participants
- Call quota was 2 delegates funded by the Alliance HPSR and 8 delegates not funded by the Alliance HPSR
- Delegates were selected at random until call quota were met
- Calls took place between 08:30 and 17:00 local time in the country of work indicated by the phone number
- Delegates were excluded if they were representatives of the organizing partners
- A pilot test of the interview strategy was done with 2 WHO representatives and 2 funded participants who attended the Montreux Symposium

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Montreux Evaluation

10 total interviewees:

2 funded participants

8 non-funded participants

Non-Funded participants		Could not reach	
LMIC	HIC	LMIC	HIC
Middle East/North Africa 1	Europe 2	Sub-Saharan Africa 1	North America 3
Sub-Saharan Africa 3	Australia/New Zealand 1	Southeast/East Asia 1	Europe 3
Funded Participants			
Botswana	Tunisia		

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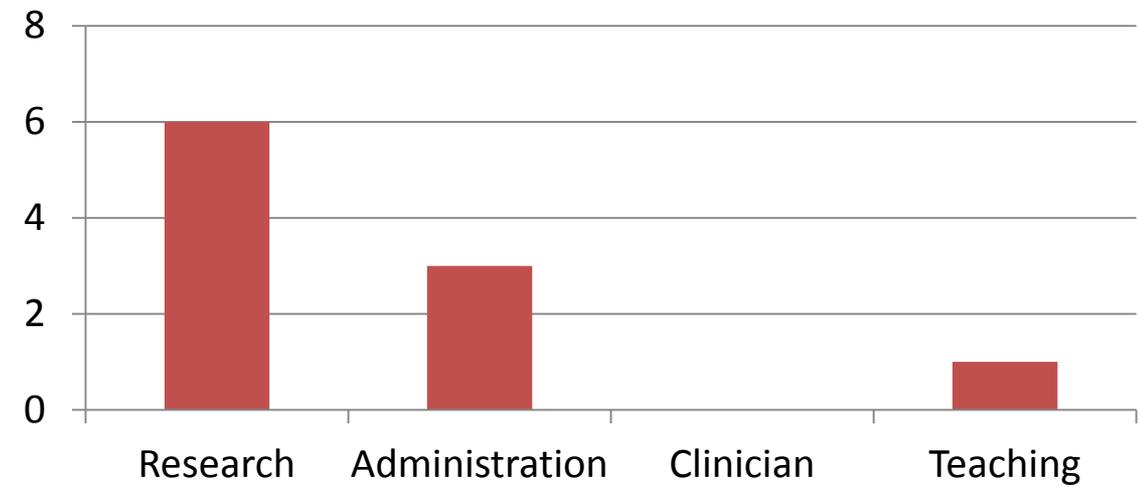
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On which of the following do you spend the majority of your professional work?



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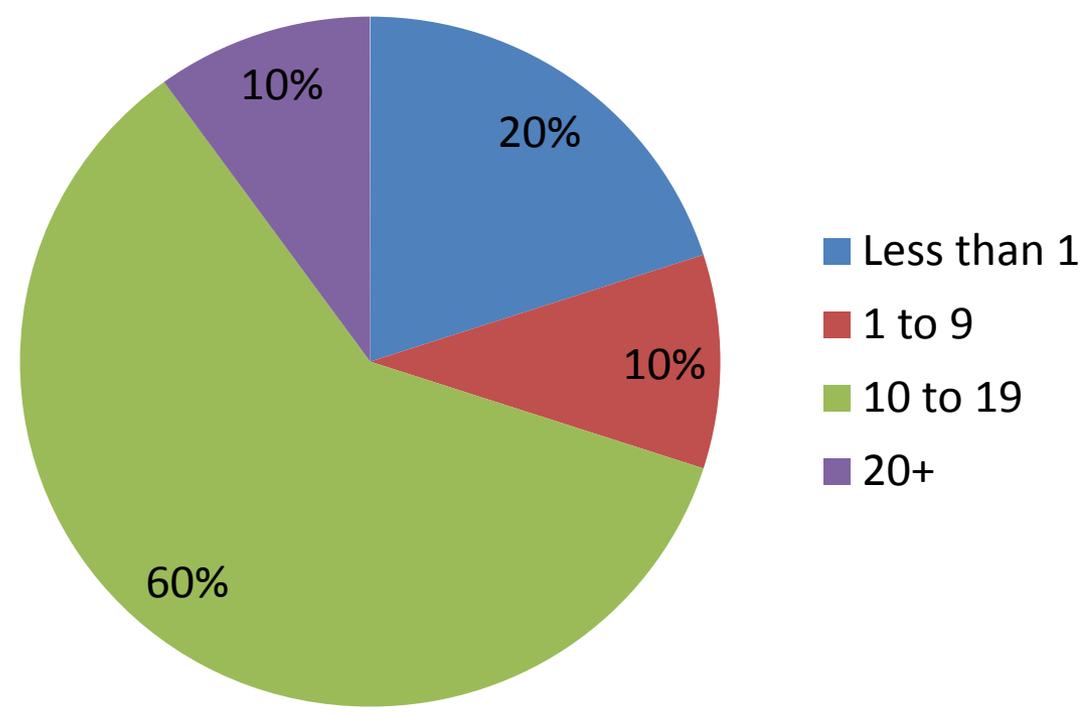
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How many years of experience do you have in health systems work?



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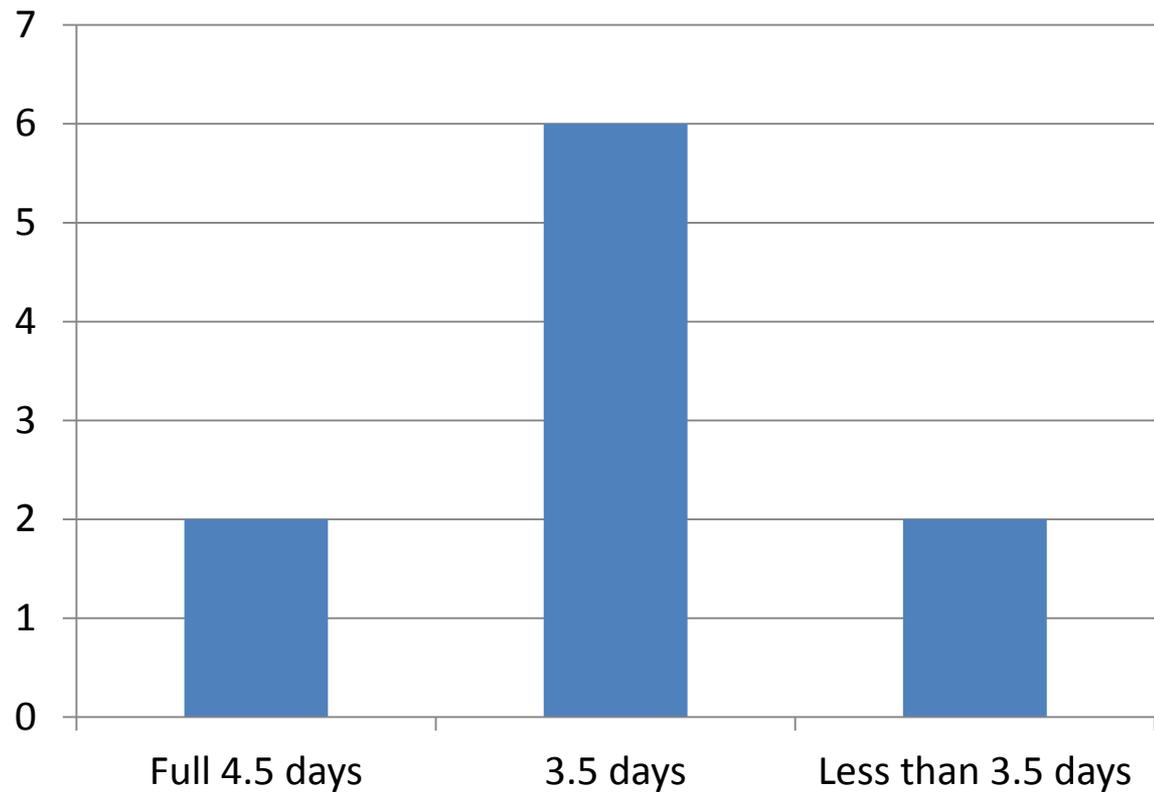
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How many days were you present for the Symposium?



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One year later, do you have comments on anything that can be improved from the last Symposium relating to the organization of the Symposium? (for example, registration, catering, on-site assistance, scheduling, timing)

5 out of 10 said the Symposium was logistically very well organized. 1 out of 10 stated it was difficult to register for the conference as a group.

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“You had areas where people could meet but it was a little too spread out to be able to move about from one part of the Symposium to another.”

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“Have people develop action plans or key areas that need to be followed so that subsequently people can report back on what has been done. There could have been some commissioned actions that could have been done by regions which could then have been reported back to the next conference, otherwise it just becomes a convening. I think selecting a few countries to be test points to follow up on some critical areas that need global attention for research and having those places be where things are done - I think that can be a wonderful way in shaping up the conference.”

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“What I missed was the third world practical approach. There are many things that are quite revolutionary and I felt that the actual thinking of the symposium was dominated by people in big universities and big systems in North America and Europe, that the only significant contribution that was made from Africa was from South Africa.”

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One year later, do you have comments on anything that can be improved from the last Symposium relating to the organization of the Symposium? (for example, registration, catering, on-site assistance, scheduling, timing)

“The lessons that can be learned from first world countries were not presented, especially the lessons from France, Britain, etc. These were not presented from health systems problems - skills drain, limiting resources, growing cost, clinical effectiveness, priority setting, where there are things can be learned from the third world. India is generating so many ideas, and quite often the US. For example, [a speaker from the London School of Hygiene and Tropical Medicine (LSHTM)] is sitting there talking about issues in third world countries, when LSHTM does so much work in London. They should talk about that. This is very true of South Africa. Look at comparisons between Britain and South Africa, that would be much more realistic and exciting. I don't appreciate being told what to do by people who are not here.”

“There seemed to be a bit of a problem with the speaker at the dinner - an awful lot of heckling towards him. I found him interesting but some people didn't like it because he wasn't from a public health background, and his talk was clearly one that was given elsewhere so it really didn't connect clearly enough with him, especially when he was introduced as a surgeon. There was quite a lot of background noise. A lot of what he said was relevant but wasn't connecting at the conference. I don't think after a hard day people were willing to connect.”

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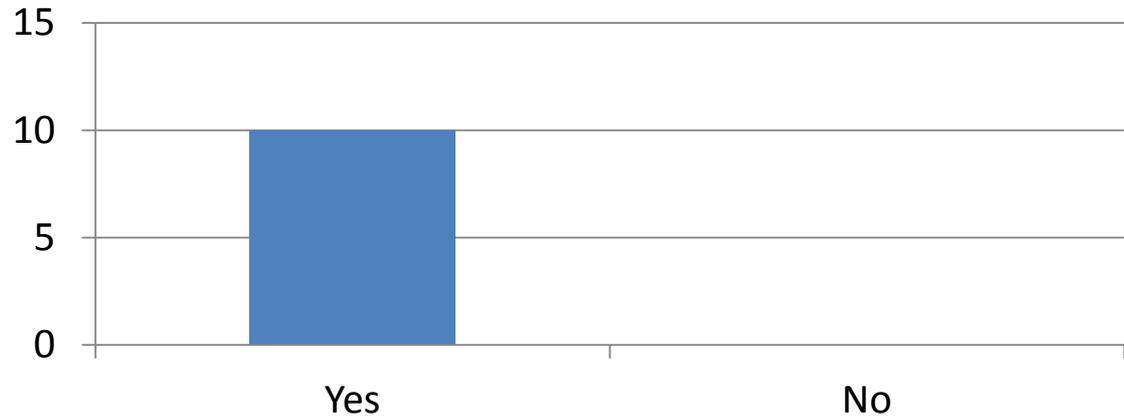
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One year later, do you think the Symposium impacted on your knowledge or skill set?



1 out of 10 said they did not enjoy sessions where people giving the presentations were not from the topic country or region: "For example I know the system in Djibouti, Cote D'Ivoire. I remember a presentation on financing and health services in that country without involving some people from that country - it's not so easy to give recommendations, even if someone has worked for a long time in that country."

1 out of 10 said they became more convinced as to the importance of health systems work: "By listening to various speakers I became more convinced as to its importance. I was previously critical of the fluffiness of health systems research and it became much more real to me."

2 out of 10 mentioned going back to the website to use presentations and reports in their work.

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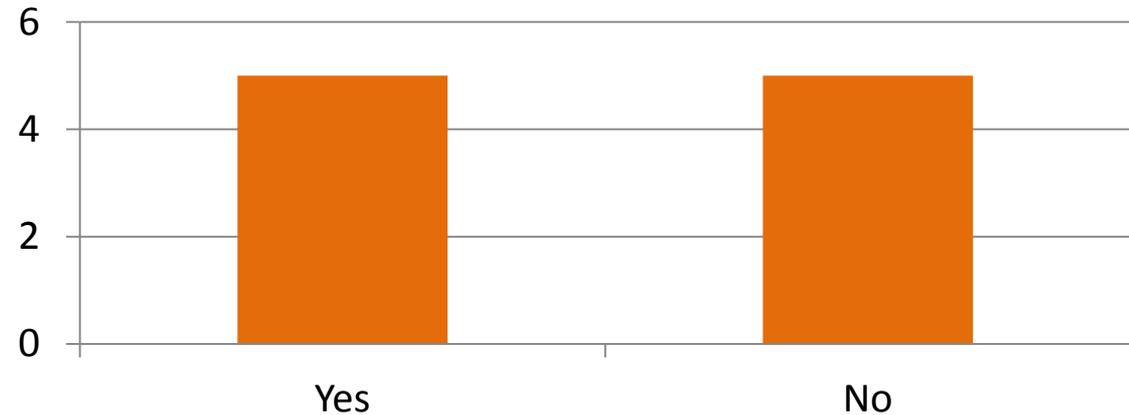
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One year later, do you think the Symposium impacted the way you conduct your health systems work?



3 out of 10 said it reinforced their strategies in health systems research

2 out of 10 said it redirected some of their research work

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Do you do health systems research? If you do research, did the Symposium impact the way you approached health systems research? If yes, please elaborate.

7 out of 10 people conducted health systems research.

7 out of 10 people said the Symposium impacted their research in some way.

Are you involved with training health systems researchers or financially supporting their training? If yes, did the Symposium change the way you did your work? If yes, please elaborate.

8 out of 10 people were involved in training researchers or supporting their training.

7 out of 10 people thought the Symposium impacted their teaching and training.

“Some interesting approaches put forward that I hadn't come across, particularly related to TB, models for international transfers of programs. Particularly related to global programs and national health systems research.”

“I use some new concepts and new vision on some aspects of financing and health coverage [in my teaching]- the symposium synthesizes the state of art of health examples.”

“The Symposium brought us a knowledge platform, although the methodological stream of the symposium for next year could be even stronger than it was in Montreux.”

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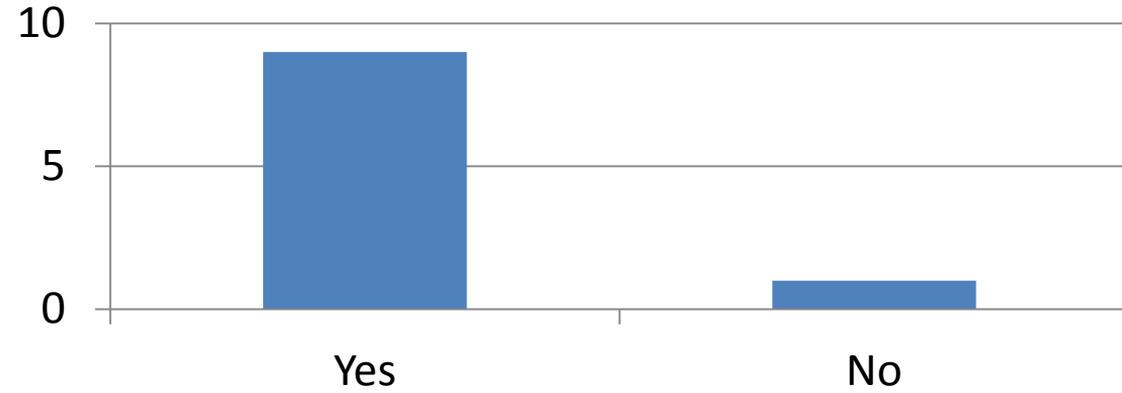
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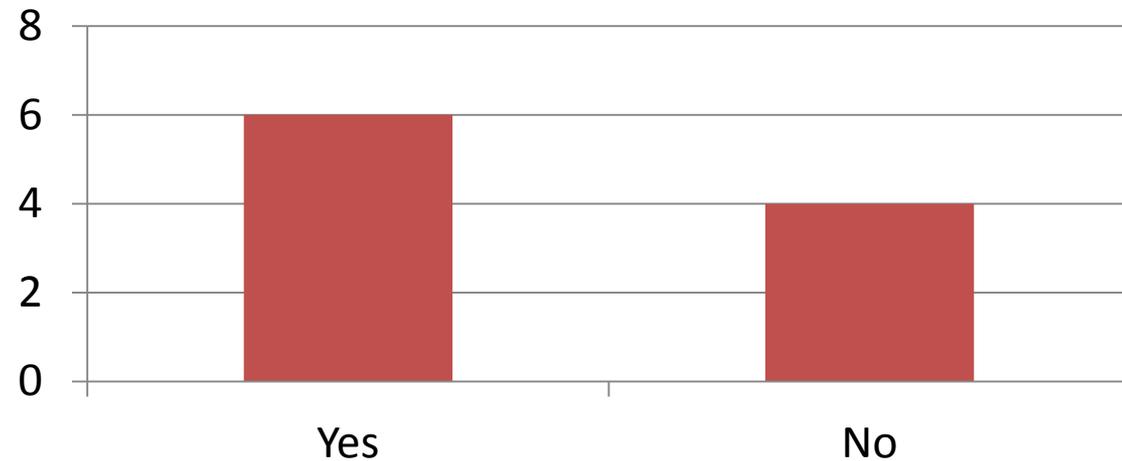
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Did you build and maintain professional connections at the conference?



Did you form any new collaborations as a result of the Symposium?



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Other feedback:

1 out of 10 stated there was quite reasonable attendance from people in developing countries and to continue supporting researchers from developing countries to attend.

2 out of 10 delegates wanted more focus to the theme of the Symposium

1 out of 10 delegates said that two projectors were necessary to show some PowerPoint presentations adequately in teaching post-Symposium, and for a resource-poor setting this was unfeasible