Call for Abstracts

Symposium theme: **Advancing Health Systems for All in the Sustainable Development Goal Era**

The Alma Ata vision of 'Health for All' remains as compelling today as it was in 1978, as reflected in the Sustainable Development Goal (SDG) 3 health goal. But the world has changed in forty years. Despite improved health outcomes, there remain extraordinary challenges for health equity and social inclusion, such as demographic and disease transitions, conflicts and their subsequent migrations, pluralistic health systems and markets, and climate change. Political systems still marginalize those most in need. Yet there are new opportunities for health systems to achieve universal coverage.

The Fifth Global Symposium will advance conversations and collaborations on new ways of financing health, delivering services and engaging the health workforce, new social and political alliances, and new applications of technologies to promote health for all.

Within the overarching Symposium theme, we welcome abstracts linked to the following four sub-themes:

1. *The SDGs as a stimulus for renewed multisectoral action*

During a period in which global advances are threatened by climate change, faltering aid commitments, and tightening of borders, the SDGs remind us that human progress relies on multisectoral action. In the meantime, new technological and social innovations bring new opportunities. In this context there is a need for health systems to look beyond the provision of care, and act on the complex social, political, environmental and economic determinants of health. Such multisectoral action will be essential to address such diverse challenges as emerging infections, chronic conditions, and the mass movement of people. But such progress requires new ways of working across disease programs and across sectors, and new mechanisms of governance to support this.

Submissions to this sub-theme will examine how the social determinants of health are being addressed in a variety of settings, aiming to understand why past approaches succeeded or failed, and what approaches can help health systems work across sectors to achieve shared goals of social development. They may bring in the perspectives and experience of sectors other than health. They will bring new evidence, reflect on methodological challenges of researching across sectors, and assess models for working collaboratively across sectors to address health and development challenges. They will also reflect on challenges in implementing efforts towards the SDGs, considering tensions between the health SDG targets and other SDG targets, and how to achieve policy coherence and address implementation challenges to support multisectoral action on health.

2. *Polemic and pragmatism: engaging the private sector in moving towards universal health coverage*

The Alma Ata vision was premised mostly on the idea of publicly funded health systems providing health care for all. Little thought was given to the role of private sector providers (both not-for-profit and for-profit). Yet, forty years later, billions of people continue to seek care from the private sector, which is highly heterogeneous, often weakly regulated and can be poorly linked to the rest of the health system. Varied forms of private sector organization (for-profit, not-for-profit, faith-based) have different strengths and challenges, and play different health system roles in different settings. And the private sector is evolving quickly,

in response to the gaps left by the public sector and the opportunities for trade and investment. There is significant opposition to the role of the for-profit private sector in providing healthcare; yet the private sector can be a source of innovation, additional resources and services that are more responsive to the needs of health service users.

In this sub-theme, submissions will consider the nature of controversies about the private sector; assess the risks and opportunities presented by the private sector in financing and delivering health services for universal coverage; analyse the changing role of the private sector within health and health care systems; look to public sector reforms needed for more effective private sector participation and new approaches to regulation and governance of the private sector. It will identify models of private sector engagement which are capable of operating sustainably and at a large scale. Contributions will critically analyse forms of public-private interaction and collaboration, bringing new evidence, new methods for studying the private health sector, and new opportunities for sharing and learning across the sectors.

3. *Leaving no one behind: health systems that deliver for all*

Health systems not only provide access to essential services, but also form the backbone of social protection. This was part of the vision for the UK National Health Service, celebrating its 70th anniversary in 2018; and more broadly for universal health coverage which emphasizes both financial protection and service coverage. Yet many slip through the health system safety net. These include those affected by conflict and humanitarian crisis; migrants whose entitlements to coverage are not assured; and those who because of their gender, ethnicity, religion, sexual orientation, or other characteristics, are excluded. Financing of services for these marginalized populations is precarious – because of political and ideological concerns related to citizenship and identity, economic austerity and budget cuts; poor integration with the rest of health system financing; or dependence on external sources. And service delivery often relies on a poorly coordinated patchwork of public, NGO and private providers.

Contributions in this sub-theme will map the diversity of the situation of those who are, or are at risk of, being left behind; understand the causes of their vulnerability; and assess the challenges of providing health services and social protection for all, across a range of geographic, socioeconomic and cultural boundaries, examining the experiences of mobilizing health systems to act as the backbone of social protection for vulnerable groups. They will present new evidence, new methods, and new opportunities and models for learning.

4. *Community health systems – where community needs are located, but often the invisible level of health systems*

Alma Ata emphasized the importance of health services close to where people live, and of community participation. Forty years later, health systems are struggling with changes in society and communities brought about by urbanization and other demographic changes, and efforts to strengthen health systems often ignore the role of communities. Issues such as community mobilization, civil society engagement and the appropriate role of community health workers remain as relevant now as in 1978 – fundamental to effective primary care, but also to tackling both the burgeoning demands of chronic diseases as well as the renewed threats of pandemic infectious diseases. Community-led and participatory governance is also important not just to achieve immediate health outcomes, but also in strengthening health systems and their accountability to the populations they serve.
In this sub-theme, submissions will critically examine the role of communities in health and how these can be enhanced – analysing why previous models of community engagement

succeeded or failed, and considering novel approaches to shared governance and accountability, models of service delivery, the role of community workers, in order to provide new insights into how health systems can engage communities to achieve universal coverage. They will present new evidence, new methods, and new opportunities and models for learning.

5. Other

If your topic does not appear to fit in one of the sub-themes but DOES clearly fit with the overall Symposium theme, include it in the 'Other' category and make the case for pertinence and excellence!

Across all these themes, we welcome a range of types of sessions. The Symposium also seeks to build the field of health systems research, in addition to addressing important thematic areas. Sessions that allow examining a common set of problems, develop/advance a body of theory and knowledge, and/or consider common practices are therefore welcome. Overall, the range of abstracts sought include the following:

- Cutting-edge conceptual, empirical, and/or synthesis research;
- Innovative research approaches, methods and measures;
- Successful and/or novel strategies for developing capacity;
- Platforms and mechanisms to share and translate knowledge; and
- Innovative practice in health systems development.

Symposium core principles

Symposium organizers aim to develop a program that:

- Is of the highest **quality**
- Encourages **active debate** through **effective engagement.** Organized sessions will be selected not only on technical merit, but also on their innovative organizational arrangements, considering the planned roles for contributors and the potential for active engagement by session participants
- Is **diverse and inclusive.** Symposium organizers encourage all of the sessions to be organized in ways that are attractive to a diverse range of participants:
    - Researchers, policy-makers, health system and program managers, activists, advocacy groups and think tanks.
    - Regular conference attendees and those attending for the first time
    - Residents of different geographic regions, speaking different languages
    - Those from different disciplinary backgrounds, including other sectors and fields relevant to the symposium theme

We encourage session organizers to keep audience diversity and inclusiveness in mind as they plan who they might directly involve as contributors to their sessions, and who they aim to attract as session participants.

Program overview

The draft program structure is available on the Symposium web site. There are over one hundred 90-minute concurrent sessions planned within the program. Approximately half of these concurrent sessions will be allocated to 'organized sessions' and the other half will be

based on 'individual abstracts'. Additionally, in advance of the main symposium program, there will be two days of satellite and skills-building sessions. More information about these sessions and how to apply will be available soon.

Symposium languages

Abstracts in English, French and Spanish will be accepted. Simultaneous translation into English, French and Spanish will be available for all plenary sessions; simultaneous translation into English, French and Spanish will be available for a limited number of concurrent sessions. Posters may be produced in English, French or Spanish.

Submitting your abstract

Organized sessions
Organizers may submit proposals for 90-minute sessions under two different 'session type' categories:

- **Participatory sessions:** These could be round table discussions, debates, 'fishbowl' discussions, simulations, games, pyramid sessions, group modelling, or any other approach that actively encourages audience participation.

- **Panel presentations:** This format is the traditional panel presentation, but organizers must allow adequate time for audience discussion and interaction.

The organized session template requires the following information:

- Title (maximum 25 words)
- Session type
- Thematic area and field-building dimension
- The session organizer's contact details
- Contributors' details: the session chair/ moderator as well as a maximum of four/five named additional contributors, who will play active roles in the session; whether lead author is from a low- or middle-income country
- A short (50 word) overview of the organized session that will appear in the Symposium program
- A 400-word (maximum) summary of the session content, including: purpose/objective, technical content, target audience and significance for the selected thematic area and/or field-building dimension; learning objectives
- A 400-word (maximum) summary of the planned session process, including: short description of any presentations or inputs, the moderation or management approach of the session, the role of contributors – both those named in the abstract and any others with planned roles, and a rough breakdown as to how the 90 minutes will be used.

Evaluation criteria
In line with the core Symposium principles, the Scientific Committee will be asked to assess organized sessions on the basis of: (i) technical merit; (ii) relevance to the Symposium theme; (iii) significance for the sub-theme area and/or field-building dimension; (iv) engagement of policy-makers, managers and civil society groups (i.e. chair and those with planned roles); and (v) potential for active involvement by the audience.

Individual abstracts

Individual abstracts may be submitted as a paper, poster or multimedia presentation.

A paper is a 10 minute oral presentation with 5 minutes allowed for questions. Note: If an abstract is submitted as a paper, it may be accepted as a poster – please do not submit for both a paper and a poster for the same abstract.

A poster is a physical display that is no more than 120 cm by 80 cm in size.

A multimedia presentation could be a short film, documentary, animated film or photo-essay and should be no longer than 15 minutes in total presentation time.

Those submitting individual abstracts will be required to submit the following information:

- Title (maximum 25 words)
- Speaker contact details
- Sub-theme and field-building dimension
- For multimedia submission: link to the video/photos if available
- List of co-authors for listing in the abstract book, if applicable
- An abstract of 400 words or less

Abstract format

For empirical research presentations a structured abstract should be prepared, covering background, methods, results and discussion / conclusions.

For conceptual research, or work under other field-building dimensions, abstracts should cover Purpose, focus/content, significance for the sub-theme area/field-building dimension of relevance and target audience.

Individual abstracts may be accepted either for oral, multimedia or poster presentation.

Evaluation criteria

In line with the core principles of the Symposium, the Scientific Committee will be asked to assess individual abstracts on the basis of: (i) technical merit; (ii) relevance to the Symposium theme; (iii) significance to the sub-theme area and field-building dimension.

Restriction on number of presentations per person

In order to foster diversity, each person will be permitted to present a **maximum** of:

- Once in an organized session (either as chair/moderator or named contributor);
- Once in individual abstract-based sessions;
- And once as a poster presenter, based on an accepted individual abstract

Multiple submissions that include the same named contributor will be reviewed by the Scientific Committee, but the Program Working Group will be responsible for finalizing abstract selection so as to maximize diversity and ensure balance across the program.

Timelines

The call for both organized sessions and individual abstracts will open on 28 September, 2017.

The **deadline for organized session proposals is the 15 January, 2018** (midnight, Central European Time). Organizers will be notified whether their session has been accepted or rejected by the 16 February, 2018. If not accepted, this allows organizers and/or the planned contributors to submit similar content as individual abstracts.

The **deadline for individual abstracts is 5 March, 2018** (midnight, Central European Time). Those who have submitted individual abstracts will be notified whether their abstract has been accepted (either for oral presentation or poster presentation) by the 25 April, 2018.

	Opens	Deadline
Call for organized sessions	28 September, 2017	15 January, 2018
Organized session submitters notified		16 February, 2018
Call for individual abstracts	28 September, 2017	5 March, 2018
Individual abstract submitters notified		25 April, 2018

Travel support

Organizers of the Fifth Global Symposium hope to be able to provide travel support to some participants, in particular residents of low- or middle-income countries and full-time students (from countries of all income levels). Applications for travel support will be accepted only after the results of the organized session and individual abstract review process is complete (approximately April 2016). Applications will only be accepted from those who have had an individual abstract accepted (for poster and/or oral presentation) or who are named contributors within an accepted organized session that does not have external funding. The number of scholarships offered per organized session will be dependent on funding availability.

Registration

Registration for the Symposium will open in April 2018.

If your organized session or individual abstract is accepted for presentation, you will be required to register and pay as a delegate in order to be able to participate in the Symposium.