Fifth Global Symposium on Health Systems Research

Advancing health systems for all in the SDG era

Liverpool, UK – October 8-12, 2018
Thank you to our co-sponsors, local hosts and supporters

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Journal partners
BioMed Central
BMJ Global Health
BMJ Open
Health Policy and Planning, Oxford University Press

St George's Hall is a neo-Grecian building on Lime Street. It is a Grade I listed building which contains concert halls and law courts.
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The program information was correct at the time of printing. For the most up-to-date information, please visit the app.

The ‘Three Graces’ refers to the Royal Liver Building, The Cunard Building and the Port of Liverpool Building; all situated on Liverpool’s Pier Head.
Welcome to the Fifth Global Symposium on Health Systems Research

Welcome from the Liverpool School of Tropical Medicine

On behalf of the UK host consortium we are delighted to welcome you all to the Fifth Global Symposium on Health Systems Research in the friendly, dynamic, diverse and inclusive city of Liverpool. The UK consortium includes leading research institutions on health systems in the UK: the Liverpool School of Tropical Medicine (LSTM), the London School of Hygiene & Tropical Medicine, the Institute of Development Studies (IDS), Queen Margaret University Edinburgh, the Institute of Global Health Innovation, Imperial College London and the Universities of Edinburgh, Leeds and Warwick, as well as NGO partners – Action for Global Health, the UK Faculty of Public Health, BCD Meetings & Events, and of course ACC Liverpool where the symposium is being held!

2018 sees many relevant anniversaries. The UK National Health Service (NHS) celebrates its 70th birthday this year and this ‘national good’ – our free health service – enjoys widespread popularity and support. But we are also reflecting on the multiple challenges the NHS faces, and these relate to many of the issues that will be discussed at HSR2018: health financing, the health workforce, changing health care needs, and the importance of leaving no one behind. Our Emerging Voices participants have also visited and seen first-hand the realities and experiences of the NHS at 70 and will be able to share experiences here. 2018 is also the 40th anniversary of the World Health Organization’s global meeting at Alma-Ata, where primary health care was adopted as the principal mechanism for health care delivery throughout the world. Again, this is a time for reflection and experience sharing on best strategies and approaches to Advance health systems for all in the SDG era. Finally, it is the 10th anniversary of Liverpool winning the European Capital of Culture, a transformational event which contributed to Liverpool’s revival as a popular and exciting tourist destination. To mark this anniversary, 2018 sees many events to celebrate Liverpool’s extraordinary cultural scene, including the free Liverpool Biennial 2018 taking place this week with over 40 artists presenting work on ‘Beautiful world, where are you?’ throughout the city.

We really hope you have a wonderful symposium. There is a rich and engaging program and an exciting range of participants to learn from, share experiences with and build partnerships to advance health systems for all. And do take the opportunity to visit our beautiful and friendly city – it likes to entertain and won’t disappoint! Enjoy.

Sally Theobald

LSTM Representatives on the Symposium Executive Committee, UK
Welcome from the Health Systems Global Chair

It is a pleasure to welcome you to the Fifth Global Symposium on Health Systems Research, on the theme ‘Advancing health systems for all in the SDG era’. Forty years ago, the Declaration of Alma-Ata signaled the need for worldwide action to protect and promote the health of all people. While much in the world has changed since then, this vision remains as compelling today as it was in 1978. Despite improved health outcomes and numerous successes in countering health threats, there remain extraordinary challenges for health equity and social inclusion. Wealth inequalities are on the rise, political systems still marginalize those most in need, and the health of migrating populations remains a huge concern and a divisive social issue. Demographic and disease transitions, the rise of pluralistic health systems and markets and climate change mark a fresh set of contexts for these old challenges.

In the Sustainable Development Goals (SDGs), we now have a holistic framework that places health goals squarely in the context of broader social development – but we need to strengthen health systems to make these goals a reality. The Fifth Global Symposium will take forward conversations and collaborations on advancing Health for All, in the changing contexts that we see today. The program will follow four broad streams that reflect different facets of this urgent mission: advancing multisectoral action for health, engaging the private sector, protecting the most vulnerable, and effectively engaging communities.

The SDGs inspire us to span artificial boundaries in our quest for healthier societies. The Global Symposia have always been an inclusive forum for discussion and debate, bringing together delegates from the research, policy and practice communities and from different geographies. This Fifth Symposium also sees an integral role for media professionals – six journalists from different regions of the world have received fellowships from Health Systems Global (HSG) and will be participating in and reporting from the Symposium, so look out for them in Liverpool.

In this edition we had 2,874 individual abstract submissions and 384 panel proposals – a stronger response than ever before. The scientific committee scored each submission and the Program Working Group has worked hard to design a cutting edge, diverse and interactive program. I hope that you have a stimulating and enriching experience at the Symposium, and take the opportunity to engage actively with speakers, presenters and other delegates.

HSG thanks the organizations that made up the UK Local Organizing Consortium for this Fifth Global Symposium led by the Liverpool School of Tropical Medicine for their partnership and trust in co-organizing the event, and their kind hospitality. We are grateful to our many funders – without whom we would not have been able to offer the 250-plus scholarships that we did, and which helped us to ensure a rich and diverse list of participants. Finally, a big thanks and congratulations goes to the members of the various organizing committees – the Scientific Committee, the Program Working Group, the Communications Committee, the Fundraising Committee, the Logistics Committee, and the Symposium Executive Committee.

Thank you and welcome to HSR2018!

Kabir Sheikh
Chair, HSG
General information

Wi-Fi is available for all attendees of HSR2018. Please select FREE_WIFI. No password is required.

Badges
At the Symposium, name badges MUST be worn at all times as they verify that you are a registered participant. Name badges will not be re-printed, so please ensure you do not lose them.

Breastfeeding
The venue is breastfeeding friendly and there is also a breastfeeding room available. This will be located in the Galleria (ground level).

Business Centre
Business Centre services are available at the Guest Relations Desk, located on the Galleria level.

Cash machines
A cash machine is located in the Galleria area of the ACC and does not charge for withdrawals. (Note: your bank may charge applicable international transaction fees on withdrawals).

Catering and dietary requirements
Dietary requirements provided during online registration have been communicated to the venue. If special meals are being provided for you, please make yourself known to an ‘Allergy Champion’ team member wearing a green t-shirt.

If you have dietary requirements and did not let us know during the registration process, please inform the staff at the registration/information desk.

Cellular phones and other noise-making devices
Please respect your fellow participants by muting cellular phones and other noise-making devices during the sessions.

Certificate of attendance
A certificate of attendance will be sent by email to you in the week following the Symposium. Please note that you must be fully paid up and your badge printed in order to qualify for a certificate. Printed copies will not be available in Liverpool.

Cloakroom
A cloakroom will be available at the ACC, located on the Galleria level. The cloakroom is free of charge for participants to use. Any items can be left at the cloakroom within the official opening hours. The cloakroom will close 30 minutes after the end of the last session each day.

Community corner
As you are here to learn about health systems research, we would like to give you a taste of some of the community actions that are going on in the UK and in particular in the Liverpool area. We have brought together speakers carrying out a range of community-based activities to give short talks about their work. The talks will take place during the lunch breaks on Wednesday to Friday (12:45 to 13:45); details will be on the app and posted at the corner. The community corner, which you will find in Hall 2, is sponsored by the UK’s Royal Society of Tropical Medicine and Hygiene who will also be giving one of the talks.

Dress code
Business casual is appropriate for all Symposium sessions, including the Symposium Social Night.

Emergency procedures
In the event of an emergency at the venue, the public-address system will sound with the following message:

“Attention please – attention please! We have an emergency within the building. Please leave by the nearest available exit! Do not use the lifts!”

In the event of an evacuation of ACC Liverpool, all delegates, exhibitors and the event organizer’s staff are requested to meet on the piazza outside the restaurant near Jurys Inn (please see the floor plan on page 143). This is necessary so that the venue can readily contact everyone to return to their building when the emergency is over.

Delegates with access requirements will be guided to the nearest refuge point by a venue steward, where they will receive further assistance.

No one is to return to the building until official announcements have been made by ACC Liverpool. In the event of urgent medical assistance being required, please inform a venue steward or a member of the organizing team, giving the exact location of the casualty and details of the injuries sustained, e.g. obvious bleeding, unconsciousness. The first aid room will be informed, and a first aider will be sent to the location of the incident.
The Royal Liver Building opened in 1911 and is the home of the Royal Liver Assurance group, which was set up in 1850 to provide assistance to those who had lost a wage-earning relative.

Exhibition schedule
The exhibition areas are located in Hall 2, Galleria and Upper level to Level 3 and will open at the following times:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>Wednesday October 10</td>
<td>11:00 – 17:00</td>
</tr>
<tr>
<td>Thursday October 11</td>
<td>09:00 – 17:00</td>
</tr>
<tr>
<td>Friday October 12</td>
<td>08:30 – 15:30</td>
</tr>
</tbody>
</table>

First aid
First aid assistance may be obtained via any member of the security staff or the organiser. Please DO NOT contact the ambulance service directly. A member of security staff will call if required. Any accidents that take place must be reported.

The nearest hospital to the ACC is The Royal Liverpool University Hospital, located at Prescot Street, Liverpool L7 8XP, Tel: +44 (0) 151 706 2000. The Accident and Emergency department is open 24hrs.

Food at the ACC
Centerplate are the exclusive caterers to the venue and freshly prepare the food onsite using a team of highly skilled and experienced chefs who are passionate about cooking good food. The Executive chef has a lifetime of knowledge which he shares with his brigade of chefs. For chef it's more than just recipes – it's about the opportunity to play host, the journey from field to fork and the quality seasonal produce that create the best dishes. The chefs meet and know their suppliers and watch the process from field to fork so that they are confident in the quality of the produce. They have an onsite bakery that produces delicious sweet treat products developed by a team of trained and skilled bakery chefs.

Food waste initiative
The ACC works with a Liverpool homeless network that liaises with the local charities to receive any donations they can make. At HSR2018 we are committed to supporting this initiative, so we will be making daily donations of pre-packaged food that is not consumed.
Language of the Symposium
The official language of the Symposium is English; however, all plenary sessions and some concurrent sessions will be interpreted into French and/or Spanish. For sessions being interpreted, look for these symbols in the program.

Interpretation headsets will be available at the entrance to applicable rooms at the start of the sessions and should be returned when you leave the room.

Liability
The liability of the Symposium organizers – for whatever legal reason – shall be limited to intent and gross negligence. The liability of commissioned service providers shall remain unaffected by this. Participants take part in HSR2018 at their own risk. Oral agreements shall not be binding if they have not been confirmed in writing by HSG or its agents.

Lost and found
Lost and Found is handled by the ACC Guest Relations Desk. Any items found may be handed to ACC personnel or to staff at the Information Desk in the Galleria.

Meeting points
There will be three designated Meeting Points located throughout the venue to assist you when wanting to arrange to meet other participants. These meeting points will be marked with a sign and located as follows;

<table>
<thead>
<tr>
<th>Meeting Point</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting Point 1</td>
<td>Hall 2</td>
</tr>
<tr>
<td>Meeting Point 2</td>
<td>Galleria</td>
</tr>
<tr>
<td>Meeting Point 3</td>
<td>Level 3</td>
</tr>
</tbody>
</table>

Multi faith rooms
Multi faith rooms are available at the venue. Registration desk or venue staff will provide directions to the rooms.

Re-fillable water bottles
Reducing plastic waste is a global issue and we are keen to help with this. At HSR2018 we are providing each delegate with a re-fillable water bottle in the delegate bag. There will be water stations throughout the venue where you can re-fill your water bottle during the Symposium.

Refreshment breaks
Lunches and coffee breaks will be available in Hall 2 (lower level), Galleria (ground level) and Level 3.

<table>
<thead>
<tr>
<th>Date</th>
<th>Coffee break</th>
<th>Lunch</th>
<th>Coffee break</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wed 10</td>
<td>10:30–11:00</td>
<td>12:30–14:00</td>
<td>15:30–16:00</td>
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<tr>
<td>Thurs 11</td>
<td>10:30–11:00</td>
<td>12:30–14:00</td>
<td>15:30–16:00</td>
</tr>
<tr>
<td>Fri 12</td>
<td>10:30–11:00</td>
<td>12:30–14:00</td>
<td>15:30–16:00</td>
</tr>
</tbody>
</table>

Registration & Information Desk
The Registration & Information Desks will be located in the Galleria City Side entrance of the ACC and will be open at the following times:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>Sunday October 7</td>
<td>13:00–19:00</td>
</tr>
<tr>
<td>Monday October 8</td>
<td>07:00–18:00</td>
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<tr>
<td>Tuesday October 9</td>
<td>07:00–18:00</td>
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<tr>
<td>Wednesday October 10</td>
<td>07:00–18:00</td>
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<tr>
<td>Thursday October 11</td>
<td>07:00–18:00</td>
</tr>
<tr>
<td>Friday October 12</td>
<td>07:00–17:30</td>
</tr>
</tbody>
</table>

Security
Every visitor who comes to ACC Liverpool may have their bags searched. We therefore ask you to consider keeping bags and possessions to a minimum. Please consider the size of your bags, – no larger than a laptop bag is advisable. Please note that large bags and suitcases will also be searched.

We ask you to remain vigilant. Please alert stewards if you notice anything you feel uncomfortable with. Keep all personal items with you at all times, as the Symposium rooms will be locked when not in use in the evenings.

Smoking
Smoking/Vaping is not permitted during Symposium sessions or anywhere inside the ACC. Should you wish to smoke/vape, a designated area is situated at the Riverside entrance of the ACC.
Photovoice exhibition

The HSR2018 Photovoice exhibition, which is in the Exhibition Centre Lounge, is the first collection of international Photovoice health projects. Delegates are invited to view the images that have been competitively selected and thoughtfully curated and to explore their stories with colleagues. As a public health participatory action research method, Photovoice enables people to identify, represent, and transform their communities using collaborative photographic techniques.

The exhibition aims to provide a platform for critical dialogue and learning throughout the Symposium. The intention is that the images will act as a platform for discussion around the wider themes of HSR2018. We encourage those who submitted images to spend time in the Lounge, to discuss your own images with other delegates.

We also encourage delegates to visit the nearby Museum of Liverpool Life, where a selection of submitted images are being shown and to interact with visitors to the museum viewing the images, that is, to talk to the visitors about the themes of HSR2018 using the images as a platform.

The exhibition which is sponsored by the UK’s Royal Society of Tropical Medicine and Hygiene, has been led by Jane Ardrey (LSTM) and Elaine McNeill (LJMU) with Professor John Hyatt (LJMU).

Speaker Ready/Preview Room

The speaker ready/preview room is located on the upper level in Room 5. All presenters will be required to bring their presentation on a USB stick to the speaker ready/preview room the day prior to your session. The room will be open at the following times:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday 8 October</td>
<td>13:00 – 17:00</td>
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<td>Tuesday October 9</td>
<td>07:30 – 17:00</td>
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<tr>
<td>Wednesday October 10</td>
<td>07:30 – 18:00</td>
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<td>Thursday October 11</td>
<td>07:30 – 18:00</td>
</tr>
<tr>
<td>Friday October 12</td>
<td>07:30 – 14:00</td>
</tr>
</tbody>
</table>

Symposium social night:

Venue: Liverpool Anglican Cathedral

The Social Night will take place on Thursday October 12 at the stunning Liverpool Anglican Cathedral. It will be an opportunity to come together with fellow participants and enjoy a ‘Taste of the North’ buffet dinner and dancing. Entertainment and a cash bar will be offered. Please remember to bring your dinner ticket and drinks vouchers with you. If you did not purchase a ticket, additional tickets may be available for purchase at the Registration Desk.

Venue

Arena and Convention Centre (ACC) Liverpool
Kings Dock
Liverpool Waterfront
Merseyside, L3 4FP
UK

Public health walk

Liverpool has a fascinating history of public health including the appointment of the first Medical Officer for health in 1847. Join John Ashton, who has been conducting public health walks in Liverpool since the 1980s, on a one-hour guided tour starting from the conference venue. The tour, which can take a maximum of 20 people, will leave from the conference venue on Tuesday October 9 at 12:15. Places will be given on a first-come first-serve basis. The meeting point is in the Galleria near the HSR2018 and registration area.
Get involved at HSR2018

Symposium app
The Health Systems Research 2018 app will enable you to connect with other participants, find the speakers’ profiles and create your own Symposium schedule. We will also be running polls during the week to capture delegates’ views.

The app is FREE to download for iPhone or Android phones:

- After the app is installed, please Sign Up and set up your Profile
- Go to the Events Tab and select Search for an Event
- Search for and find Fifth Global Symposium on Health Systems Research
- Select Join Now and use the Passphrase HSR2018

Facebook live!
@healthsystemsglobal

We will be talking to our speakers throughout the week to get their thoughts and reactions on the debates and discussions at the Symposium, so make sure you follow us on Facebook and invite colleagues, partners and networks to join the conversation from afar!

Exhibition
Health Systems Global (HSG) and the Thematic Working Groups (TWGs) will have a booth in the Exhibition where you can learn more about the membership organization, its members and the work that we do. The booth will feature a variety of HSG and TWG resources, and an opportunity to join in our campaign for #HealthyEvidence.

Members of the HSG Board and Secretariat and the TWGs will be at the stall to answer any questions you may have. There will also be opportunities to meet our Board members.

You can find the Exhibition map on page 132.

Social media
@H_S_Global

Engage at the Symposium on social media by sharing interesting links, images and videos using #HSR2018.

All your tweets will be shared on the Twitter wall, highlighting the latest messages and insights in real time!
Look out for the first **HSG Media Fellows** at HSR2018

As part of the inaugural fellowship, all of the established journalists have published feature pieces that highlight the challenges to our health and health systems. The feature pieces will be considered for the first HSG media prize during the Symposium. The stellar line up will be participating at the symposium to listen, learn and cover the stories and debates.

**Abantika Ghosh**  
The Indian Express, India

Abantika is a journalist with 17 years’ experience of working in some of the biggest English dailies in India including The Times of India and The Indian Express where she is currently working. She is interested in health policy, public health and the cross sections of health and politics.

@abantika77

**Adie Vanessa Offiong**  
Daily Trust, Nigeria

Adie is an award-winning journalist with the Daily Trust newspaper, Abuja, Nigeria. Adie has an interest in reporting development issues with a human angle and solutions-based approach. Adie is a 2017 IHP intern of the Institute of Tropical Medicine Antwerp and a 2017 Fellow of the ICFJ-United Nations Foundation Reporting Fellowship on Climate and Migration.

@VanessaOffiong

**Anoo Bhuyan**  
The Wire, India

Anoo is a journalist at The Wire, in New Delhi. She covers health policy and has worked in radio, television, print and now online, with Indian and international organizations. Before The Wire, she was at Outlook Magazine, and at the BBC and National Public Radio. She studied conflict and development studies at SOAS, University of London.

@AnooBhu

**Daria Sarkisyan**  
Meduza.io, Russia

Daria works as a contributing editor in the Russian media Meduza.io. She writes exclusively about medicine, health and health care and has worked as a freelance writer with different Russian media: Esquire Russia, Afisha Daily, Volkrug Sveta, Wonderzine and others.

@meduza_en

**Irene Rodriguez-Salas**  
La Nacion, Costa Rica

Irene is a science journalist at La Nacion newspaper. Her main focus is on medicine, health and education issues. She studied Journalism in the University of Costa Rica where she also completed her master’s on Public Health with an emphasis in Health Management.

@Irerods

**Patience Nyangove**  
The Confidente, Namibia

Patience is a senior journalist at The Confidente Newspaper in Namibia, and has 15 years’ experience. She has also worked in South Africa and Zimbabwe doing news, investigative, features, health and lifestyle pieces. In 2017 Patience was the second runner-up to the Namibia Health Journalist of the Year.

@peshy82
Meet the Thematic Working Groups

Thematic Working Groups (TWGs) are a core component of HSG’s identity as a member-driven organization. They are multidisciplinary groups comprised of researchers, decision-makers and implementers and they provide a platform for membership interaction and the exchange of experiences around particular issues in health systems research.

Currently there are ten TWGs that have been approved by the HSG Board. All TWGs will be at the Symposium – why not find out more about their work by attending one of their panel sessions or business meetings, or visiting them at the HSG booth in the exhibition?

To find out more about the activities that the TWGs will be involved in at the Symposium, please visit the website: healthsystemsresearch.org/hsr2018/twgs-at-the-symposium
Social Science Approaches for Research and Engagement in Health Policy & Systems

The Social Science Approaches for Research and Engagement in Health Policy & Systems (SHAPES) TWG convenes activities and discussions to strengthen and raise the profile of social science approaches for research and engagement within the wider field of HPSR.

**Sessions**

**Wednesday October 10** 12:30 – 13:45, ACC Hall 2E
Business meeting: limited spaces available

**Friday October 12** 11:00 – 12:30, ACC room 1B
SHAPES debates: are social sciences irrelevant to health systems policymaking?

Supporting and Strengthening the Role of Community Health Workers in Health System Development

The Supporting and Strengthening the Role of Community Health Workers in Health System Development TWG aims to support the generation, synthesis and communication of evidence on the roll-out and functioning of community health worker programs and to enable learning across geographical and political contexts.

**Sessions**

**Monday October 8** 12:30 – 13:45, ACC room 1C
Business meeting: limited spaces available

**Wednesday October 10** 14:00 – 15:30, ACC Hall 2E
Sharing experiences from community health worker (CHW) research and practice to strengthen leadership and management of programs

Teaching and Learning Health Policy and Systems Research

The Teaching and Learning Health Policy and Systems Research TWG focuses on ways to improve the teaching and learning of health policy and systems research around the world, with an emphasis on applications in LMICs and disadvantaged populations.

**Sessions**

**Tuesday October 9** 10:30 – 11:45, ACC room 1C
Business meeting: limited spaces available

**Thursday October 11** 11:00 – 12:30, ACC room 1B
Competencies for health policy and systems research: findings from a global mapping and consensus-building process and case examples of competencies in practice

Private Sector in Health

The Private Sector in Health TWG examines the growing role of the non-state sector in delivering health care to people in developing countries and the related challenges and opportunities, and provides opportunities for researchers, policymakers and practitioners to engage in policy debates.

**Sessions**

**Thursday October 11** 07:45 – 09:00, ACC room 12
Business meeting: limited spaces available

**Thursday October 11** 11:00 – 12:30, ACC Hall 2F
Engaging with the private sector for UHC: what we have learned

Translating Evidence into Action

The Translating Evidence into Action TWG focuses on the translation of health systems evidence into action through knowledge exchange on best practices, lessons learned, and practical guidance and tools.

**Sessions**

**Tuesday October 9** 12:30 – 13:45, ACC room 1C
Business meeting: limited spaces available

**Wednesday October 10** 14:00–15:30, ACC Main Auditorium
Bringing the pieces together: multiple perspectives on translating evidence into action

Quality in Universal Health and Health Care

The aim of the Quality in Universal Health and Health Care TWG is to create a global community of health consumers, practitioners, policymakers, payers and researchers who share a common interest in promoting quality of health and health care as a key contributor to the goals of Universal Health Care.

**Sessions**

**Monday October 8** 12:30 – 13:45, ACC room 1B
Business meeting: limited spaces available

**Thursday October 11** 14:00 – 15:30, ACC room 1B
Findings from the Lancet Global Health Commission on High Quality Health Systems: lessons for ensuring equity, effectiveness in the SDG era

Back to contents
The poster sessions will be a key way for established and emerging HSR researchers from around the world to showcase their work.

- Posters will be located in the ACC Hall 2M, Galleria and Level 3 areas of the venue to maximize viewing opportunities by participants.
- Posters will be displayed during the main Symposium dates (October 10 – 12).
- Poster sessions will take place each day during the coffee and lunch breaks.
- Poster presenters will be giving five-minute talks at their poster and be available for questions during the allotted time slots.
- Posters are listed according to the date, time and location at which they will be presented. You can find the poster listings at the end of the session listings for each day.

**Poster viewing sessions**

The poster presentations will take place at the following times:

**Wednesday, October 10**
- 10:30 – 11:00
- 12:45 – 13:15
- 13:15 – 13:45
- 15:30 – 16:00

**Thursday, October 11**
- 10:30 – 11:00
- 12:45 – 13:15
- 13:15 – 13:45
- 15:30 – 16:00

**Friday, October 12**
- 10:30 – 11:00
- 12:45 – 13:15
- 13:15 – 13:45

**Poster number and location**

- Locate the posters by using the number that sits before the poster title. A map of the poster areas is on the next page.
- You can also use the number to locate the abstract in the abstract book (available online only).

**Poster competition**

There will be a competition for the best three poster displays each day. Judging will happen during coffee and lunch breaks.

Posters have been grouped into sets of maximum six, so that similar themes, methods, or research questions can be judged alongside each other.

A judging session will consist of the presentation of all six posters, each for two minutes, and with two minutes per presenter for questions. At any time during coffee and lunch breaks there will be up to seven judging sessions taking place around the Symposium venue.
The theme

Advancing health systems for all in the SDG era

The Alma-Ata vision of ‘health for all’ remains as compelling today as it was in 1978, as reflected in goal 3 of the Sustainable Development Goals (SDGs). But the world has changed in 40 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.
Look out for the sub-theme tags throughout the program. Each sub-theme is indicated by a coloured text box, as illustrated below.

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. 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.

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, 40 years later, billions of people continue to seek care from the private sector, which is highly heterogeneous, often weakly regulated and poorly linked to the rest of the health system. 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 private sector in providing health care; 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.

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 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.

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. How should health systems engage communities to achieve universal coverage?
Monday

All of today's sessions at HSR2018 take place in one of three venues which are all located at the Albert Docks, Liverpool. They are the ACC & Exhibition Centre, the Pullman Hotel and the Jurys Inn. You can find the addresses and a map showing these locations in more detail, at the back of this program.

Full day sessions

09:00 – 16:45 ACC room 13
Satellite session
Health financing towards UHC: practical lessons learned from priority setting and strategic purchasing in low and middle-income countries

08:00 – 17:00 ACC room 3B
Satellite session
What evidence is needed about who has been left behind to advocate and act? Lessons learned from regional and thematic initiatives of the countdown to 2030 for women’s, children’s and adolescents’ health

09:00 – 17:00 Exhibition Centre Room 19
Skills-building
How to write a good paper and get it published: publishing, peer review and innovation

09:00 – 17:00 Suite 3, 4, 5 at Jurys Inn Hotel
Satellite session
UHC in jeopardy: is rethinking private sector accountability the answer? A country simulation

09:00 – 17:00 Mersey Suite at Pullman Hotel
Satellite session
Making Universal Health Coverage a reality by 2030: evidence of what works

09:00 – 16:45 ACC room 13
Satellite session
Health systems governance collaborative exploring the missing links in health systems governance: unlock, amplify, occupy

08:00 – 12:00 Exhibition Centre Room 18
Skills-building
Making results matter: applying developmental evaluation in global health

08:00 – 12:00 ACC room 11A
Satellite session
Lessons from applying systems thinking to research and program implementation: how to build health systems that leave no one behind

08:00 – 12:00 Exhibition Centre Room 22
Skills-building
How to design and operationalize sustainable systems to learn, adapt and scale-up quality of care for maternal, newborn and child health

08:00 – 12:00 Exhibition Centre Room 24
Skills-building
How to translate your research evidence into a lay summary

09:00 – 11:00 ACC room 23
Satellite session
Gender health equity over the life course: identifying and overcoming barriers women face in accessing health systems in low-resource settings

10:00 – 12:00 Exhibition Centre Room 17
Skills-building
Strategies for health worker remuneration: ensuring impact and sustainability of investments for achieving HIV epidemic control and advancing Universal Health Coverage

11:45 – 13:00 ACC room 3A
TWG
TWG business meeting: Health Systems in Fragile and Conflict Affected States (FCAS)
Limited spaces available

12:00 – 14:00 ACC room 3B
Satellite session
Triangular learning for strengthening Universal Health Coverage

12:00 – 14:00 ACC room 11A
Satellite session
Institutionalizing population engagement in health policymaking: is the National Health Assembly mechanism the panacea for advancing health systems for all in the SDG era?
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<td>How can we make health systems assessments more performance-oriented?</td>
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<td>Primary health care in Ghana: lessons learned from 25 years of implementing and studying the community-based health planning and services program</td>
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Monday schedule

Full day sessions

09:00 – 16:45  ACC room 13
Satellite session

Health financing towards UHC: practical lessons learned from priority setting and strategic purchasing in low and middle-income countries

Session host:
The Clinton Health Access Initiative (CHAI), Imperial College London Global Health and Development Group (GHD) and a consortium of their partners (the International Decision Support Initiative, or iDSI)

What do we pay for, and how do we pay for it? Policymakers from LMICs will share experience developing and implementing benefits plans, through priority setting, strategic purchasing and other financing reforms. Challenges including data limitations, resource constraints, systems gaps and donor dependency will be discussed.

Kalipso Chalkidou, Imperial College London; Tony Culyer, University of York; Samantha Diamond, Clinton Health Access Initiative; Peter Smith, Imperial College London; Amanda Glassman, Center for Global Development; Velephi Okello, Ministry of Health Swaziland

08:00 – 17:00  ACC room 3B
Satellite session

What evidence is needed about who has been left behind to advocate and act? Lessons learned from regional and thematic initiatives of the countdown to 2030 for women’s, children’s and adolescents’ health

Session host:
The University of Manitoba

The Countdown to 2030 for women’s, children’s and adolescents’ health regional initiatives aim to enhance evidence and strengthen country analytical capacity. This session focuses on initial results from these initiatives with a focus on inequalities such as subnational, wealth and ethnic differences, as well as on conflict-affected countries.

Ties Boerma, University of Manitoba; Cesar Victora, Federal University of Pelotas, Brazil; Agbessi Amouzou, Johns Hopkins University; Catherine Kyobutungi, Africa Population and Health Research Centre, Nairobi; Asha George, University of Western Cape, South Africa

Morning

07:45 – 11:45  ACC room 3A
Skills-building

Effective governance arrangements and governance capacity for strategic purchasing: a critical factor for equity in access – a 12:00 – 14:00 session on how to strengthen governance for strategic purchasing

The session focuses on how to undertake a systematic analysis of a country’s governance arrangements required for strategic purchasing. Core governance components and methodological issues will be discussed. Skills-building in smaller groups looks at undertaking research on governance, addressing political economy issues, and strengthening of governance actors’ capacities.

Inke Mathauer, World Health Organization, Switzerland; Loraine Hawkins, World Health Organization, Switzerland; Mohamed Mokdad, Ministry of Health, Tunisia; Isidore Sieleunou, Community of Practice Financing Access to Health Services, Cameroon; Ayako Honda, Sophia University, Japan

08:00 – 12:00  Exhibition Centre Room 18
Skills-building

Making results matter: applying developmental evaluation in global health

An introduction to Developmental Evaluations (DE). Participants will learn what characteristics and advantages distinguish DE from traditional evaluations, and the conditions for which DE is best suited. Key takeaways include: how to design a DE (based on a real-world example) and how to use innovative methods and learning tools.

Veena Menon, CIRCLE Project; Ashwin Budden, CIRCLE Project; Beati Mboya, Boresha Afya Program, Tanzania; Yusuf Sonda, Government of Tanzania; Albert Ikonje, Deloitte Consulting Ltd, Boresha Afya Program
Monday October 8, 2018

**08:00 – 12:00** Exhibition Centre Room 23

**Skills-building**

**How to translate your research evidence into a lay summary**

This hands-on session will show participants how to write about research evidence using plain English principles. Participants should attend with one document (journal article, technical brief, report) that could be developed into a rough draft of a lay summary.

Nilam A. McGrath, COMDIS-HSD/University of Leeds; Alistair Quaile, COMDIS-HSD/University of Leeds

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**08:00 – 12:00** Exhibition Centre Room 24

**Skills-building**

**How to design and operationalize sustainable systems to learn, adapt and scale-up quality of care for maternal, newborn and child health**

Participants will learn skills to design equitable national-level quality of care programs including: and how to analyze and synthesize the current environment around quality of care for maternal and newborn health including policies, structures, regulations etc.; how to use this information to set priorities and develop strategies to reach these priorities.

Blerta Maliqi, World Health Organization; Nigel Livesley, URC; Andrew Likaka, Ministry of Health, Malawi; Ernest Konadu Asiedu, Head, Ministry of Health, Ghana; Nuhu Yaqub, African Regional Office World Health Organization, Brazzaville Congo; Zainab Naimy, World Health Organization, Switzerland

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**08:30- 12:00** ACC room 14

**Satellite session**

**Health systems governance collaborative exploring the missing links in health systems governance: unlock, amplify, occupy**

**Session host:**

World Health Organization

This session will explore three missing links that hold us back from advancing health systems governance: Unlock Governance as it has been locked in reductionist frames; Amplify Governance by moving from theory to action and practice; Occupy Governance and allow all actors, especially citizens, to reclaim voice and agency.

Maryam Bigdeli and Archana Shah, World Health Organization; Godelieve Van Heteren, Health Systems Governance Collaborative

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Back to contents
08:30 – 12:00  ACC room 11B

Satellite session

Improving coverage measurement in low-resource settings: launch of the journal of global health supplement

**Session host:**
Johns Hopkins University Bloomberg School of Public Health

Large population-based surveys (DHS and MICS) are important sources of RMNCH intervention coverage data, but what are we measuring when we measure coverage? Hear the latest evidence about the validity and reliability of RMNCH coverage indicators and approaches to improving coverage measurement to better inform donor investments and government programs.

Melinda Mushos, Johns Hopkins University Bloomberg School of Public Health; Ann Blanc, The Population Council; Harry Campbell Center for Population Health Sciences, University of Edinburgh; Tanya Marchant, Department of Disease Control, London School of Hygiene & Tropical Medicine; Emily Carter, Johns Hopkins University Bloomberg School of Public Health

08:30 – 12:00  ACC room 12

Satellite session

Gender health equity over the life course: identifying and overcoming barriers women face in accessing health systems in low-resource settings

**Session host:**
Management Sciences for Health

This session presents findings from programs and research in Africa and Asia that address gaps in women’s access to services for noncommunicable diseases. Case studies covering early childhood, adolescence, reproductive and older women’s health highlight how data, technology and innovative collaborations support gender-equitable health care.

Jill Keesbury, Management Sciences for Health; Sara Berkelhammer, American Academy of Pediatrics; Sharif Hossein, Salisu Ishaku, Population Council; Catharine Taylor, Management Sciences for Health; Huan Chen, The George Institute for Global Health, China; Shohhana Nagrall, The George Institute for Global Health; Nicolette Nabukere, Ugandan Pediatrics Association; Enriquito Lu, Jhpiego; Jagnoor Jagnoor, The George Institute for Global Health, India

09:00 – 17:00  Exhibition Centre Room 19

Skills-building

How to write a good paper and get it published: publishing, peer review and innovation

This workshop aims to assist researchers in building their skills as authors with the goal of increasing the likelihood that they will be published. While tailored to the needs of researchers who have less experience of the publishing process, it will cover topics of particular use to the more experienced.

Liz Hoffman and Maria E.J. Zalm, BioMed Central

09:00 – 11:00  ACC room 4A

Satellite session

Community systems for child health in Ethiopia: achievements, challenges, and visions

**Session host:**
London School of Hygiene & Tropical Medicine at the Ethiopian Public Health Institute

By expanding community-based care, Ethiopia significantly reduced child mortality. Several challenges exist; low care utilization, insufficient quality, and health information systems under construction. The vision is clear: people-centered care of mothers, newborns, and children. Interventions are running to engage communities, strengthen capacity and foster ownership and accountability of these systems.

Lars Ake Persson, London School of Hygiene & Tropical Medicine, Ethiopian Public Health Institute; Ephrem T. Lemango, Maternal and Child Health Directorate, Federal Ministry of Health, Ethiopia; Delia Berhanu, LSHTH, Ethiopian Public Health Institute; Bilal Avan, London School of Hygiene & Tropical Medicine, UK; Mariame Sylla, MNCH UNICEF, Ethiopia; Theo Lippeveld, Data Use Partnership, Ethiopia; Stefan Peterson, UNICEF, New York
09:00 – 11:00  ACC room 11A

Satellite session

Giving communities a voice with research evidence

Session host:
European Commission

Research institutes can give a voice to communicating the health needs of communities by performing participatory research, engaging in dialogue with communities, and translating the research outcomes into clear policy advice for governments.

Manuel Couffignal, European Commission; Iqbal Anwar, icddr,b, Bangladesh; Freddie Ssengooba, Makerere School of Public Health, Uganda; Ssenchangh Kounnavong, National Institute of Public Health, Lao PDR

09:00 – 11:00  ACC room 11C

Satellite session

Making the economic argument for investing in a robust health workforce – from evidence to multisectoral action

Session host:
USAID HRH2030

Countries face competing demands on where to invest their domestic resources. Making a strong economic argument for investing in the health workforce can inform country-level decisions that ultimately strengthen health systems. This panel will invite the audience to discuss current evidence, gaps, and uses of HRH ROI for multisectoral action.

Eckhard Kleinau, USAID HRH2030/University Research Company; Caroline Ly, USAID Bureau for Global Health; Lisa Lynch, Brandeis University; Michelle McIsaac, Kabir Sheikh; World Health Organization; Freddie Ssengooba, Makerere University; Kim Sweeney, Victoria University

09:00 – 11:00  Suite 3,4,5 at Jurys Inn Hotel

Satellite session

UHC in jeopardy: is rethinking private sector accountability the answer? A country simulation

Session host:
UHC2030 and World Health Organization

The session will examine the issue of accountability in a private health insurance market in the fictitious county of Erewhon. Although Erewhon is not a real place, the issues highlighted will come from real-world situations drawn from many health systems. The country simulation will examine why UHC is in jeopardy in Erewhon and how Erewhon’s current systems for holding the private sector to account might be contributing. The session will, in particular, highlight and capture research gaps in the area of private sector accountability for UHC and, more specifically, on how actors can manage this complex issue in countries. The session will further reflect on how the private sector can be held to account for UHC as members of a global partnership like UHC2030.

Ms Shana Doerr, private sector lead UHC2030 Core Team; David Clarke, private sector lead, UHC and Health Systems, World Health Organization; Dr Mostafa Hunter, private sector expert, World Health Organization

09:00 – 11:00  ACC room 4B

Satellite session

Making Universal Health Coverage a reality by 2030: evidence of what works

Session host:
The Impact Initiative

To achieve ‘health for all’ by 2030 the global health community needs workable, and scalable solutions based on research and evidence. Leading health researchers who have been investigating the role of community health workers and private sector innovation will share policy ideas that could help make UHC a reality.

Nasreen Jessani, Johns Hopkins School of Public Health; Denise Namburete, N’weti Health Communication; Luis Cuevas, Liverpool School of Tropical Medicine; Kate Hampshire, Durham University
09:00 – 11:00  Mersey Suite at Pullman Hotel

Satellite session

Strategies for health worker remuneration: ensuring impact and sustainability of investments for achieving HIV epidemic control and advancing Universal Health Coverage

Session host: United States Agency for International Development

Significant investments in HRH remuneration have been made by country and donor programs to scale immediate needs for achieving HIV epidemic control and other essential health services. Understanding the impact and factors influencing sustainability of these investments is critical to ensuring maintenance of achievements and advancement of country UHC goals.

Diana Frymus, USAID; Vamsi Vasireddy, U.S. Department of State; Sarah Scheening, USAID HRH2030/Open Development; Olga Bornemisza, The Global Fund to Fight AIDS, Tuberculosis and Malaria; Godfrey Nyombi, USAID, Tanzania

10:00 – 12:00  Exhibition Centre Room 17

Skills-building

Introducing tools and resources to advance community health policy and planning

This interactive session presents tools and resources for planning, costing, and implementing at-scale national community health worker (CHW) programs. Highlighting country examples from Egypt and Ghana, the session will demonstrate the tools’ to advance community health systems decision-making and program planning.

Ochiawunma E. Ibe, ICF/MCSP; Mai Dawoody, Save the Children/MCSP, Egypt; Eric Sarriot, Save the Children; Koku Awoonor-Williams, Ghana Health Service; Daniela Gutierrez, Result For Development/MCSP; Melanie Morrow, ICF/MCSP

11:45 – 13:00  ACC room 3A

TWG

TWG business meeting: Health Systems in Fragile and Conflict Affected States (FCAS)

Limited spaces available

Afternoon

12:00 – 14:00  Suite 3, 4, 5 at Jurys Inn Hotel

Satellite session

Triangular learning for strengthening Universal Health Coverage

Session host: European Commission

Selected research institutes in low- and lower middle-income countries work together in networks with universities and NGOs from Europe as well as neighboring countries. This leads to innovative approaches in capacity building for policy development and implementation to strengthen Universal Health Coverage. This session will share lessons learned from triangular learning in Laos, Myanmar and Haiti and other countries, aiming to strengthen Universal Health Coverage.

Manuel Couffignal, European Commission; Vanphanom Sychareun, University of Health Sciences, Lao PDR; Khay Mar Mya, University of Public Health, Myanmar; Jacques Boncy, National Public Health Laboratory, Haiti

12:00 – 14:00  ACC room 4A

Satellite session

Lessons from applying systems thinking to research and programme implementation: how to build health systems that leave no one behind

Session host: Options Consultancy Services

Health systems research and programs require specific approaches and methods derived from systems thinking perspective. This session will provide concrete examples from research and programs implementation on how to leverage systems thinking to ensure health systems fund and deliver quality health services to all, especially the most vulnerable.

Don de Savigny, Swiss Tropical and Public Health Institute; Karl Blanchet, London School of Hygiene & Tropical Medicine; Alice Sabino, Sarah Louise Fox, Options Consultancy Services; Nicole Fulton, Maternal and Newborn Improvement (MANI) project, Kenya; Cindy Carlson, Malawi Health Sector Program, Technical Assistance (MHSP-TA), Malawi; Wina Sangala, MHSP-TA, Malawi
### 12:00 – 14:00  ACC room 11A

**Satellite session**

**Institutionalizing population engagement in health policymaking: is the National Health Assembly mechanism the panacea for advancing health systems for all in the SDG era?**

**Session host:**
World Health Organization

Participation and citizen's voice are core SDG principles reflected in 'leave no one behind'. Better understanding mechanisms for population participation in decision-making is critical for achieving health for all. This session examines Health Assembly experiences in four different settings to question whether it lives up to its promises.

*Dheepa Rajan, World Health Organization, Switzerland; Agnes Hamzaoui, Steering Committee, Societal Dialogue for Health, Tunisia; Weerasak Puttasri, National Health Commission Office, Thailand; Amirhossein Takian, Ministry of Health and Medical Education, Iran; Jean-Francois Dalfraissy, National Ethics Council, France; Gerard Schmets, World Health Organization, Switzerland*

### 12:00 – 14:00  ACC room 11C

**Satellite session**

**Deconstructing the gender bias in the health workforce: why few women attain leadership positions**

**Session host:**
Johns Hopkins Bloomberg School of Public Health

Women are the majority of the health workforce but are under-represented in leadership positions in the health system. Learn more about the gaps and barriers, as well as the recommended solutions, to the advancement of women’s leadership in the health sector in Kenya, Jordan and Cambodia.

*Rosemary Morgan, Johns Hopkins Bloomberg School of Public Health; Kui Muraya, KEMRI-Wellcome Trust, Kenya; Sreyouch Vong, Independent Consultant, Cambodia; Aida Asim Essaid, USAID HRH2030/Chemonics, Jordan; Kelly Thompson, Women in Global Health; Samantha Law, USAID HRH2030/Chemonics*

### 12:00 – 14:00  ACC room 4B

**Satellite session**

**The private health workforce: key to expanding access to priority health services**

**Session host:**
Abt Associates

South Africa and India have large private sector health workforces that are greatly expanding access to health services using unique staffing models and technology. This panel will explore these innovative approaches, with a focus on lessons for expanding access to HIV services and advancing country Universal Health Coverage goals.

*Diana Frymus, USAID; Lynda Toussaint, Unjani Clinic Network; Sabahat S. Azim, Glocal Healthcare; Sarah Dominis, Abt Associates; Sean Callahan, Abt Associates; Emma Golub, Abt Associates*

### 12:00 – 14:00  Mersey Suite at Pullman Hotel

**Satellite session**

**Alcohol industry partnerships and conflicts of interest in global health**

**Session host:**
London School of Hygiene & Tropical Medicine

This session focuses on the conflicts of interest (COI) which arise from ‘partnerships’ between global health actors and the alcohol industry. We examine this issue from different disciplinary perspectives and seek to foster greater awareness of these issues amongst scholars, civil society actors and policymakers.

*Robert Marten, Benjamin Robert Hawkins, Gorik Ooms, London School of Hygiene & Tropical Medicine; Jeff Collin, University of Edinburgh; Modi Mwatsama, UK Health Forum*

### 12:30 – 13:45  ACC room 1B

**TWG**

**TWG business meeting: Quality in Universal Health and Health Care**

*Limited spaces available*
Program

Monday October 8, 2018

12:30 – 13:45  ACC room 1C

TWG

TWG business meeting: Supporting and Strengthening the Role of Community Health Workers in Health System Development

Limited spaces available

12:30 – 13:30  ACC room 14

Launch

Launch: Evidence synthesis for health policy and systems: a methods guide

The Alliance for Health Policy and Systems Research is launching a new publication entitled Evidence Synthesis for Health Policy and Systems: A Methods Guide. The guide aims to support researchers and decision-makers involved in evidence synthesis in the field of health policy and systems research, as well as to foster the use of robust and relevant synthesis approaches and methods. It also seeks to promote the uptake of evidence syntheses into health policymaking and health systems strengthening.

Copies of the guide and lunch will be available for attendees.

Etienne V. Langlois, Alliance for Health Policy and Systems Research, WHO; Karen Daniels, South African Medical Research Council; Elie A. Akl, American University of Beirut, Lebanon; Keith Cloete, Western Cape Government, South Africa; Simon Lewin, Norwegian Institute of Public Health

13:00 – 17:00  Exhibition Centre Room 18

Skills-building

Strengthening gender-responsive health systems to address violence against women

This session will introduce participants to practical tools developed by WHO for health managers and policymakers on strengthening health systems for responding to violence against women. It will also allow participants to learn about the experience of integrating gender into the curriculum in medical colleges in India.

Avni Amin, World Health Organization; Sangeeta Rege, Center for Health and Enquiry into Allied Theme (CEHAT), India

13:00 – 17:00  Exhibition Centre Room 23

Skills-building

Data for advocacy: translating community needs into sustained, scalable frontline health worker investments

The Population Council and Last Mile Health, together with USAID, UNICEF and the Bill & Melinda Gates Foundation, work with seven Integrating Community Health (ICH) partners to advance metrics, learning, and advocacy to strengthen frontline health systems. This workshop promotes participatory learning for decision-makers and researchers to advocate for effective frontline health systems.

Smisha Agarwal, Population Council, USA; Malika Raghavan, Last Mile Health, USA; Lilian Otiso, LVCT Health, Kenya; Charlotte Warren, Population Council, USA; Nazo Kureshy, USAID, USA; Benjamin Bellows, Population Council, Zambia; Brittany Vapilah, Last Mile Health, Liberia; Timothy Abuja, Population Council, Kenya; Pooja Sripad, Population Council, USA

13:00 – 15:00  Exhibition Centre Room 20

Skills-building

Changing behavior by applying behavioral insights to public health and beyond

By understanding behavior and why people behave the way they do we can improve health outcomes. This session will introduce innovative tools and techniques to change behavior and bring them to life by giving examples of best practice.

Sue Cumming, Liverpool City Council

13:00 – 15:00  Exhibition Centre Room 22

Skills-building

Applying human-centered design to engage and co-create with community-level stakeholders in developing appropriate solutions for the complex challenges facing global primary health care systems

Using case studies, we present examples of how a human-centered design (HCD) approach can be used to improve engagement in community health systems, focusing on novel ways to learn from intended users and develop targeted solutions. Participants will be trained on select HCD methods for use within their respective organizations.

Vikas Dwivedi, John Snow Inc (JSI); Olivia Nava, Gobee Group; Anne Lafond, John Snow, Inc. (JSI); Mahad Ibrahim, Gobee Group; Nikhil Patil, Gobee Group
13:00 – 15:00  Exhibition Centre Room 17
Skills-building

**Coordinating multisectoral action for epidemic preparedness and response: a one health simulation**

Following the 2014 Ebola outbreak, One Health has framed the response to mitigate risks to human, animals and environmental health. Implementation sciences inform the coordinated, multidisciplinary and cross-sectoral approach necessary for One Health. This session provides a practical opportunity for learning on evidence related to advancing One Health in practice.

Jeffrey Mecaskey, DAI Global Health; Ibrahim Soće Fall, WHO/AFRO; Susan Scribner, DAI; Janneth Mghamba, Ministry of Health/Tanzania; Patrick Osewe, World Bank

13:00 – 17:00  Exhibition Centre Room 24
Skills-building

**Navigating day-to-day ethics dilemmas in health policy and systems research**

Making ethical practice part of our daily routine as researchers is crucial to research excellence. This workshop will allow attendees to share ethical dilemmas encountered in HPSR, build knowledge of ethical resources and guidance, develop skills for addressing common dilemmas, and build capacity to undertake reflection sessions to navigate dilemmas.

Sassy Molyneux, KEMRI-Wellcome Trust; Bridget Pratt, University of Melbourne; Maureen Kelley, University of Oxford; Busisiwe Nkosi, African Health Research Institute; Mwanamvuva Boga, KEMRI-Wellcome Trust; Dorcas Kamuya, KEMRI-Wellcome Trust

13:00 – 17:00  Exhibition Centre Room 21
Skills-building

**Pragmatism and complexity: developing innovative multidisciplinary approaches to address multisectoral health challenges**

In the SDG era, how do we research and address health challenges in ways that recognize real-world complexity? What multisectoral, multilevel and multidisciplinary approaches are appropriate? This participatory session presents, applies and critiques innovative research methods, frameworks and approaches to tackle “real-life” scenarios responding to Ebola and NCDs in LMICs.

Susannah H Mayhew, Dina Balabanova, London School of Hygiene & Tropical Medicine, UK; Ahmed Vandi, Lawrence Babawo, Tommy Hanson, University of Njala, Sierra Leone; Gideon Lasco, University of the Philippines

13:00 – 17:00  ACC room 11B
Satellite session

**Understanding and addressing knowledge gaps in improving primary health care systems and delivery in LMICs from governance through quality: findings from an emerging research consortium**

Session host: Northwestern University Feinberg School of Medicine

Ensuring quality primary health care (PHC) in LMICs is critical to meet health-related SDGs, but hampered by knowledge gaps. This session will describe an emerging PHC Implementation Research Consortium created to address these gaps. Consortium-funded researchers will present findings on gap analyses and discuss consortium next steps.

Lisa Ruth Hirschhorn, Northwestern University Feinberg School of Medicine; Fadi El-Jardali, American University of Beirut; Felicity Goodyear Smith, World Conference of Family Doctors (WONCA); Wolfgang Munar, George Washington University; K.M. Sair-Ur-Rahman, icddr,b, Bangladesh; David Peiris, The George Institute for Global Health; Etienne Langlois, Alliance for Health Policy and Systems Research
<table>
<thead>
<tr>
<th>Time</th>
<th>ACC Room</th>
<th>Session Title</th>
<th>Session Host</th>
<th>Speakers</th>
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<tbody>
<tr>
<td>13:30 – 17:00</td>
<td>12</td>
<td>Health financing in fragile and conflict-affected states: controversies and innovations</td>
<td>The Global Fund to Fight HIV, Tuberculosis and Malaria</td>
<td>Olga Bornemisza, The Global Fund to Fight HIV, Tuberculosis and Malaria; Andre Griekspoor, WHO Health Emergency Program; Egbert Sondorp, KIT Royal Tropical Institute; Tim Martineau, Sophie Witter, ReBUILD, Liverpool School of Tropical Medicine</td>
</tr>
<tr>
<td>13:30 – 17:00</td>
<td>3A</td>
<td>Progressive realization of UHC: the role of networks and multisector collaboration</td>
<td>P4H Network</td>
<td>Claude Meyer, P4H Network; Maryam Bigdeli, World Health Organization, Morocco</td>
</tr>
<tr>
<td>15:00 – 17:00</td>
<td>14</td>
<td>For effective decentralization of health, community matters: building the local governance architecture for social accountability, health resource mobilization, and integrated quality services that deliver for all</td>
<td>Global Health Division, International Development Group, RTI International</td>
<td>Cristina Bisson, RTI International; Walter Flores, Center for the Study of Equity and Governance in Health Systems, Guatemala; Derick W. Brinkerhoff, RTI International; Taylor Williamson, RTI International; Elizabeth Ohadi, RTI International; Rosalind McCollum, Liverpool School of Tropical Medicine; Noemi Bautista, RTI Philippines; Eric Sarriot, Save the Children; Edward Kelley, World Health Organization</td>
</tr>
<tr>
<td>15:00 – 17:00</td>
<td>4A</td>
<td>Is self-care the new primary care? Lessons for UHC from HIV self-testing, subcutaneous DMPA, and HPV DNA testing</td>
<td>Population Services International</td>
<td>Michael Holscher, Population Services International; Ian Askew, World Health Organization; Allen Namagembe, PATH, Uganda; Milly Kagwa, PACE, Uganda; Owen Mugurungi, Zimbabwe Ministry of Health; Miriam Taegtmeyer, London School of Hygiene &amp; Tropical Medicine; Pierre Moon, Population Services International</td>
</tr>
</tbody>
</table>
15:00 – 17:00  ACC room 11A
Satellite session
How can we make health systems assessments more performance-oriented? Introducing the UHC2030 technical working group on health systems assessments

Session host:
World Health Organization

Health systems assessments are done aplenty but an unequivocal link to systems performance is needed to make them more meaningful for reaching UHC targets. Come and hear how a UHC2030 working group aims to harmonize efforts across partners and countries to ensure that assessments are demand-driven for the SDG era.

Jodi Charles, USAID; Dheepa Rajan, World Health Organization; Ellen Nolte, European Observatory on Health Systems and Policies; Péter Mihalicza, National Health Service Center Hungary; Kanitsorn Sumriddetchkajorn, Ministry of Health Thailand; Yahya Ipuge, Public Health Consultant Tanzania

15:00 – 17:00  Mersey Suite at Pullman Hotel
Satellite session
Targeting youth for careers in health: identifying strategies that address the youth bulge and the global health workforce shortage

Session host:
USAID HRH2030

The “youth bulge” demographic trend, while contributing to serious social and economic challenges associated with high unemployment, offers opportunities for understaffed health systems. This participatory session will highlight multisectoral findings and innovative solutions for readying youth for meaningful employment for improved health (including reduced HIV rates) and wellbeing, and economic growth.

Diana Frymus, USAID Bureau for Global Health; Will Clurman, eKitabu; Rachel Deussom, USAID HRH2030/Chemonics; Lizette Monteith, Kheth’Impilo; Obed Diener, USAID YouthPower Action/CHI360 Jordan

15:00 – 17:00  Suite 3, 4, 5 at Jurys Inn Hotel
Satellite session
eHealth/mHealth solutions for community health workers in Bangladesh to address the SDGs

Session host:
Maternal and Child Health Division, icddr,b, Bangladesh

Participants will learn how community health workers (CHWs) in rural Bangladesh are learning to implement digital technology to automate their work. CHWs use tablets to collect population and health services data, optimizing continuity of care and enabling better targeting of services to communities, thus contributing to achieving Bangladesh’s health-related SDGs.

Sumon Kanti Chowdhury, icddr,b, Bangladesh; Md Humayun Kabir, MEASURE Evaluation/Bangladesh, Carolina Population Center, University of North Carolina at Chapel Hill; Joby George, MaMoni HSS, Save the Children, Bangladesh; Jamil Anwar Zaman, MaMoni HSS, Save the Children, Bangladesh; Tariq Azim, MEASURE Evaluation, John Snow, Inc., USA; Reza Ali Rumi, Maternal and Child Health Division, icddr,b, Bangladesh; Mohammad Golam Kibria, MEASURE Evaluation/Bangladesh, Carolina Population Center, University of North Carolina at Chapel Hill; Shams El Arifeen, Maternal and Child Health Division, icddr,b, Bangladesh

15:00 – 17:00  ACC room 11C
Satellite session
A marketplace of new strategies for building human capacity

Session host:
Jhpiego

Improving health worker performance is a Health Systems Global goal. Join us for an interactive marketplace of promising interventions from USAID’s Maternal and Child Survival Program (MCSP) and Jhpiego, featuring MCSP program efforts in mentoring in 21 countries and Jhpiego outcomes of evidence-based new training approaches in Ghana and Uganda.

Julia Bluestone, Jhpiego; Grace Chee, Results for Development; Stephen Mutwiwa, Cherrie Evans, Patricia Gomez, Jhpiego; Jana Spacek, Save the Children
15:00–17:00  ACC room 4B
Satellite session

Primary health care in Ghana: lessons learned from 25 years of implementing and studying the community-based health planning and services program

Session host: Seoul National University College of Medicine, South Korea

The community-based Health Planning and Services program has been the core of Ghana’s PHC strategy for 25 years, and led to expanded coverage of essential services and improved health outcomes. This session brings together policymakers, donors, and researchers to explore lessons learned, relevant to countries pursuing UHC.

Juhwan Oh, Seoul National University College of Medicine, South Korea; Koku Awoonor, Williams-Ghana Health Services, Ghana; Asaf Biton, Ariadne Labs, Harvard School of Public Health, USA; Anthony Nsiah Asare, Ghana Health Services, Ghana; Hannah Ratcliffe, Ariadne Labs, Harvard School of Public Health, USA; Hoonsang Lee, Yonsei University School of Public Health, South Korea

15:30–17:30  Exhibition Centre Room 20
Skills-building

How to translate health systems research into powerful advocacy messages, op-eds, and thought leadership

Op-eds, blog posts, and other non-academic thought-leadership messages are crucial mechanisms for reaching audiences beyond our peers and academic fields. Learn how to craft accessible, thought-provoking messages about health systems and take advantage of new platforms to translate and share your research and knowledge with wider audiences.

Margarite Nathe, IntraHealth International; Paula Quigley, Health Partners International; Barbara Stilwell, Jennifer Wesson, IntraHealth International

15:30–17:30  Exhibition Centre Room 17
Skills-building

How to work with researchers and policymakers to adapt global evidence to define national packages of health services in low-income and crisis-affected countries

Designing, updating and implementing a national essential health benefits package is a critical component of health system development. We illustrate how to do this with the case of Afghanistan and Ethiopia, where policymakers and researchers worked together toward this objective, and highlight challenges and lessons learned for other settings.

Karl Blanchet, London School of Hygiene & Tropical Medicine, UK; Ferozuddin Feroz, Minister of Public Health, Afghanistan; Ahmad Jan Naem, Deputy Minister of Public Health, Afghanistan; Addis Tamire, Federal Ministry of Health, Ethiopia; Mieraf Tolla, Harvard T.H. Chan School of Public Health, USA; Jolene Skordis-Worrall, University College London, UK
The Royal Albert Dock is a major tourist attraction in the city and the most visited multi-use attraction in the UK, outside London.
## OVERVIEW

### Tuesday

All of todays sessions at HSR2018 take place in one of three venues which are all located at the Albert Docks, Liverpool. They are the ACC & Exhibition Centre, the Pullman Hotel and the Jurys Inn. You can find the addresses and a map showing these locations in more detail, at the back of this program.

### Full day sessions

<table>
<thead>
<tr>
<th>Time</th>
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<td>08:00 – 17:00</td>
<td>ACC room 4A</td>
<td>Satellite session</td>
<td>No longer invisible: Bringing community health to light by bridging health care, social, and societal engagement to build better systems for health</td>
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<td>08:00 – 17:00</td>
<td>ACC room 12</td>
<td>Satellite session</td>
<td>Launch of IJEH Special Issue: showcasing social science approaches to equity and health systems and policy research</td>
</tr>
<tr>
<td>08:00 – 17:00</td>
<td>Jurys Inn Hotel</td>
<td>Satellite session</td>
<td>Improving health worker performance in LMICs: results of a systematic review of more than 100 strategies, and a workshop on using the review’s database of studies</td>
</tr>
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<td>Exhibition Centre Room 17</td>
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<td>Capacity building for health systems strengthening using a country simulation: the example of social health insurance</td>
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<td>Anti-corruption by design: understanding and tackling health system corruption on the road to UHC</td>
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<tr>
<td>08:00 – 11:15</td>
<td>ACC room 11B</td>
<td>Satellite session</td>
<td>Harnessing health implementation research through local engagement to advance social development goals</td>
</tr>
<tr>
<td>08:00 – 17:00</td>
<td>Mersey Suite at Pullman Hotel</td>
<td>Satellite session</td>
<td>Payment for performance (P4P): how, why, where and what? Learning from research across income settings</td>
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### Morning sessions

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<td>07:30 – 08:30</td>
<td>ACC room 3B</td>
<td>Launch</td>
<td>Launch of IJEH Special Issue: showcasing social science approaches to equity and health systems and policy research</td>
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<td>08:00 – 12:00</td>
<td>Exhibition Centre Room 24</td>
<td>Skills-building</td>
<td>“Where there is no researcher”: an introduction to qualitative research methods for non-researchers</td>
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<td>08:00 – 12:00</td>
<td>Exhibition Centre Room 22</td>
<td>Skills-building</td>
<td>The practice of embedded health policy and systems research in LMICs: individuals, organizations and networks building capacity and trust over time</td>
</tr>
<tr>
<td>08:00 – 12:00</td>
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<td>Skills-building</td>
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<td>Using participatory visual methods to understand and support health systems with a focus on marginalized populations</td>
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<td>08:00 – 11:30</td>
<td>ACC room 11A</td>
<td>Satellite session</td>
<td>Establishing an international network to support evidence-informed health research capacity strengthening in LMICs</td>
</tr>
<tr>
<td>08:00 – 11:00</td>
<td>ACC room 13</td>
<td>Satellite session</td>
<td>Back to the future: making the global health agenda local with a return to Alma-Ata and building stronger primary health care systems at the community level for UHC</td>
</tr>
<tr>
<td>09:00 – 11:00</td>
<td>ACC room 14</td>
<td>Satellite session</td>
<td>Between health systems evidence, policy and practice: a dialogue on the challenges and opportunities to improve evidence uptake.</td>
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### OVERVIEW

The program includes a variety of sessions focusing on skills-building, capacity building, and satellite sessions. Here are some highlights:

- **Launch** (07:30 – 08:30, ACC room 3B): Launch of IJEH Special Issue: showcasing social science approaches to equity and health systems and policy research.
- **Skills-building** (08:00 – 17:00, various rooms): Sessions include topics such as capacity building for health systems strengthening, dealing with complexity, using participatory visual methods, and strengthening implementation science capacity.
- **Satellite sessions** (08:00 – 17:00, various rooms): Sessions cover a wide range of topics, from anti-corruption strategies to payment for performance, and from payment for performance to health financing for UHC.
- **Morning sessions** (07:30 – 08:30): Sessions include launches of special issues and introductions to qualitative research methods.

The sessions are divided into full day and morning sessions, with each offering a range of topics designed to engage and inform participants on various aspects of health systems and policy research.
# Tuesday October 9, 2018

## Morning sessions

**09:00 – 11:00 ACC room 3B**  
Satellite session  
Improving health outcomes for adolescents in LMICs: the importance of gender-responsive health systems

**11:15 – 13:00 ACC room 11B**  
Satellite session  
Moving towards UHC: the role of embedding research into decision-making for health

**10:30 – 11:45, ACC room 1C**  
TWG  
Business meeting: Teaching and Learning Health Policy and Systems Research

**11:30 – 13:00 ACC room 3B**  
Business meeting  
HSG Board meeting  
Private meeting

**Business meeting: limited spaces available**

## Afternoon sessions

**12:00 – 14:00 ACC room 13**  
Satellite session  
Meaningful partnerships for health: the role of communities

**12:00 – 14:00 ACC room 11A**  
Satellite session  
Using a multisectoral partnership approach for building resilient health systems and improving health outcomes of underserved populations

**12:30 – 13:45 ACC room 1C**  
TWG  
TWG business meeting: Translating Evidence into Action  
*Limited spaces available*

**13:00 – 17:00 Exhibition Centre Room 21**  
Skills-building  
Innovative research approaches: social network analysis (SNA) for systems development – application to aid effectiveness in Uganda

**13:00 – 17:00 Exhibition Centre Room 19**  
Skills-building  
Innovative methodologies for global health systems strengthening

**13:00 – 17:00 Exhibition Centre Room 20**  
Skills-building  
Noncommunicable disease implementation research for health systems change: a participatory skills-strengthening and exchange workshop for funders, researchers and implementers

**13:30 – 17:00 ACC room 3B**  
Satellite session  
The National Institute for Health Research (NIHR) – a whole system approach to improving health at national and global level

**13:30 – 17:00 ACC room 3A**  
Satellite session  
Improving primary health care: measurement for improvement to achieve quality PHC for all

**13:30 – 17:00 ACC room 11C**  
Satellite session  
Caesarean section safety in low-resource settings: addressing health system challenges that jeopardize maternal and newborn health

**13:00 – 15:00 Exhibition Centre Room 24**  
Skills-building  
Building healthy cities – urban planning as a tool for health

**13:30 – 17:00 ACC room 11B**  
Satellite session  
Catalyzing health system quality in LMICs: launch of the Lancet Global Health Commission on High Quality Health Systems in the SDG Era

**13:30 – 17:00 ACC room 11C**  
Satellite session  
Health from whose lens? Learning from international experiences of grounding action and services for health and wellbeing inside community cultures, systems and control

**15:00 – 17:00 ACC room 13**  
Satellite session  
Supporting affordable medical diagnostic technology in LMICs

**15:00 – 17:00 ACC room 11A**  
Satellite session  
Caesarean section safety in low-resource settings: addressing health system challenges that jeopardize maternal and newborn health

**15:30 – 17:30 Exhibition Centre Room 17**  
Skills-building  
How to cost services and prepare investment cases for health interventions

**17:30 – 19:30 Main Auditorium**  
**Plenary**  
Opening plenary – The "integrated and indivisible" SDGs: getting multisectoral action right

**19:30 – 21:00 ACC Hall 2M**  
Social event: Welcome reception
Program

Tuesday schedule

Full day sessions

08:00 – 17:00  ACC room 4A

Satellite session

No longer invisible: bringing community health to light by bridging health care, social, and societal engagement to build better systems for health

Session host:
Save the Children, CORE Group, and icddr,b

Join us to discuss community health ‘beyond the building blocks’ for the SDG era, including in fragile settings, examine the real-life challenges of accountability processes, the pluralism of approaches to learning and evidence for community health, and the future of community health financing. With additional speakers from: Ministry of Health leaders, ReBUILD Consortium, Liverpool School of Tropical Medicine, Johns Hopkins University/AlmaAta40 and WHO RAcE Program.

Eric Sarriot, Save the Children; Joby George, Save the Children Bangladesh

08:00 – 17:00  ACC room 12

Satellite session

WHO symposium on health financing for UHC: managing politics and assessing progress

What does making progress in health financing, in support of UHC mean? How do countries know they are headed in the right direction? What political strategies facilitate progress? These questions will be unpacked through newly developed frameworks that monitor health financing policy implementation and lay out related enabling political strategies.

Joseph Kutzin, Matthew Jowett, Susan Sparkes, World Health Organization; Soonman Kwon, Seoul National University; Michael Reich, Jesse Bump, Harvard T.H. Chan School of Public Health

08:00 – 17:00  ACC room 4B

Satellite session

Undertaking a qualitative evidence synthesis: what, why and how

Session host:
South African Medical Research Council, Alliance for Health Policy and Systems Research

Use of qualitative evidence synthesis (QES) is becoming more common and the methods are now well developed. QES findings are increasingly used in decision-making to inform clinical, health system and social welfare recommendations. We provide an overview of QES, how its findings can be applied and the methodological steps in conducting a QES.

Natalie Leon, South African Medical Research Council, South Africa; Simon Lewin, Norwegian Knowledge Centre for the Health Services, Norway; Christopher Colvin, School of Public Health and Family Medicine, University of Cape Town, South Africa; Karen Daniels, South African Medical Research Council, South Africa; Tamara Lofti, Global Evidence Synthesis Initiative, Lebanon

08:00 – 17:00  Suite 3,4,5 at Jurys Inn Hotel

Satellite session, TWG

Engaging with private providers in LMICs – strengthening quality of care and effective regulation: Private Sector in Health TWG

Session host:
The Private Sector in Health Thematic Working Group (PSIH-TWG)

The Private Sector in Health Thematic Working Group (PSIH-TWG) of Health Systems Global is organizing a one day pre-symposium satellite session. The objectives are: to facilitate in-depth knowledge sharing and discussion on private sector engagement; to encourage networking; and to contribute to an implementation and research agenda for the field.

Phyllis Awar, Makerere University School of Public Health, Uganda; Catherine Goodman, London School of Hygiene & Tropical Medicine, UK; Cicely Thomas, Results for Development, USA; Priya Balasubramaniam, Public Health Foundation of India
Satellite session

Payment for performance (P4P): how, why, where and what? Learning from research across income settings

Session host:
London School of Hygiene & Tropical Medicine

This one-day event will bring together pay for performance researchers and policymakers working in high and low and middle-income settings to learn from each other. Participants will examine research methods and results emerging from these different settings, and reflect on how the research and policy context shapes these.

Josephine Borghi, Kara Hanson, London School of Hygiene & Tropical Medicine; Laura Anselmi, University of Manchester; Soren Kristensen, Imperial; Garrett Brown, University of Leeds; Matt Sutton, University of Manchester

Morning

07:30 – 08:30 ACC room 3B

Launch

Launch of IJEH Special Issue: Showcasing social science approaches to equity and health systems and policy research

This session will launch a Special Issue focusing on social science approaches to equity and health systems and policy research in a joint initiative between IJEH and the Health Systems Global SHAPES Thematic Working Group. Inadequate recognition of the value of qualitative research and the resulting deficit in publication of papers reporting on qualitative research has been much discussed in the past 12 months. This collection aims to develop a critical response to both the intended and unintended silencing of non-quantitative, non-positivist research paradigms and forms of evidence. Breakfast will be available for attendees.

Guest Editors: Stephanie M. Topp, Kerry Scott, SHAPES

Co-Chairs; Karen Daniels, HSG Board member; Ana Lorena Ruano, IJEH Managing Editor

Using qualitative evidence to support guidance and guideline development by the World Health Organization

Simon Lewin, HSRU MRC South Africa/Norwegian Institute of Public Health, Norway

Socialization, legitimation and the transfer of biomedical knowledge to LMICs analyzing the case of emergency medicine in India

Veena Sriram, University of Chicago

The unintended consequences of combining equity measures with performance-based financing in Burkina Faso

Anne-Marie Turcotte-Tremblay, University of Montreal

Examining intersectional inequalities in access to health (enabling) resources in disadvantaged communities in Scotland: advancing the participatory paradigm

Dr. Anuj Kapilashrami, Queen Mary University
## Program

**Tuesday October 9, 2018**

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<tr>
<td>08:00 – 12:00</td>
<td>Exhibition Centre Room 17</td>
<td><strong>Skills-building</strong>&lt;br&gt;Capacity building for health systems strengthening using a country simulation: the example of social health insurance&lt;br&gt;Engage in an interactive simulation as advisors to the Ministry of Health (MoH) in Mythica, a fictitious LMIC committed to UHC. Use tools to undertake an equity analysis and develop a social health insurance (SHI) scheme addressing the political, socioeconomic context including Mythica’s health system constraints. Will the MoH select your SHI model?&lt;br&gt;Alison Morgan, Nossal Institute for Global Health, University of Melbourne; Claudia Vivas Torealba, UNICEF; Prarthna Dayal-Nossal Institute for Global Health, University of Melbourne; Peter Annear, Nossal Institute for Global Health, University of Melbourne; Barbara McPake, Nossal Institute for Global Health, University of Melbourne; Ulla Griffiths, UNICEF; Matthew Reeve, Nossal Institute for Global Health, University of Melbourne; Olufemi Adeyemi, UNICEF; Amina Mohammed Baloni, UNICEF</td>
</tr>
<tr>
<td>08:00 – 12:00</td>
<td>Exhibition Centre Room 19</td>
<td><strong>Skills-building</strong>&lt;br&gt;Dealing with complexity: challenges and solutions in evaluating interventions that target health and other sectors&lt;br&gt;This participatory skills-building satellite session will help policy and research audiences better anticipate and plan for challenges in evaluating health interventions in diverse settings, particularly those that are complex and/or span health and other sectors. Participants will hear from experts and explore case examples in small breakouts.&lt;br&gt;Lisa A. Simpson, Academy Health; Rashad Massoud, University Research Co, LLC, USA; Troy Jacobs, USAID, USA; Ashish Jha, Harvard T.H. Chan School of Public Health, USA</td>
</tr>
<tr>
<td>08:00 – 12:00</td>
<td>Exhibition Centre Room 18</td>
<td><strong>Skills-building</strong>&lt;br&gt;Using participatory visual methods to understand and support health systems with a focus on marginalized populations&lt;br&gt;Visual research methods are an effective way to elicit and organize local knowledge, identify priorities for action and evaluate performance of health systems, adding valuable insights, especially with marginalized populations, into health systems functioning. This session aims to build skills and create discussion on using photo elicitation and Photovoice.&lt;br&gt;Kim Ozano, Liverpool School of Tropical Medicine, UK; Sapana Bista, Liverpool John Moores University, UK; David Musoke, Makerere University, Uganda; Kim Rosse-Houle, Liverpool John Moores University, UK; Ayesha Idriis, College of Medicine and Allied Health Sciences, University of Sierra Leone; Joanna Raven, Liverpool School of Tropical, UK Medicine</td>
</tr>
<tr>
<td>08:00 – 12:00</td>
<td>Exhibition Centre Room 20</td>
<td><strong>Skills-building</strong>&lt;br&gt;Strengthening implementation science capacity to support Universal Health Coverage at country level&lt;br&gt;The purpose of this session is to strengthen skills in implementation science to support countries in their efforts to introduce and sustain UHC programs by introducing tools developed at global level adaptable for country needs. The target audience includes governmental, multinational, bilateral, civil society, decision-makers and implementers in LMICs.&lt;br&gt;Garry Aslanyan, Veloshnee Govender, Anna Thorson, World Health Organization, Switzerland</td>
</tr>
<tr>
<td>08:00 – 12:00</td>
<td>Exhibition Centre Room 24</td>
<td><strong>Skills-building</strong>&lt;br&gt;“Where there is no researcher”: an introduction to qualitative research methods for non-researchers&lt;br&gt;Health practitioners in low-income countries are involved in research activities without being trained specifically in qualitative research methods. Drawing on our experience in training health practitioners in South Sudan, this workshop allows participants to learn and practice basic qualitative data collection methods and preliminary qualitative data analysis.&lt;br&gt;Loubna Belaid, Christina Zarowsky, University of Montreal, Canada; Pontius Bayo, World Health Organization, Torit South Sudan; Emmanuel Ochola, St Mary’s Lacor Hospital</td>
</tr>
</tbody>
</table>
### 08:00 – 12:00  Exhibition Centre Room 23

**Skills-building**

**Using data to drive benefit package design: informing strategic purchasing priorities through cost-effectiveness and budget impact analysis**

Developing benefit packages for UHC requires data, sound modeling frameworks, and the capacity to interpret results and use these to inform policymaking. Participants will learn about WHO tools designed to facilitate such analysis, and share experiences on using data to drive purchasing decisions in LMICs.


### 08:00 – 12:00  Exhibition Centre Room 21

**Skills-building**

**How to pitch your public health project and make your case using data**

This interactive session aims at developing capacity to effectively use evidence to pitch a public health project to funders or decision-makers. Participants will acquire practical tools and skills to access data, present, and communicate findings in a more understandable way that is better received by decision-makers and funders.

Adnan A Hyder, Abdul Bachani, Connie Hoe, Andres I. Vecino-Ortiz, John Hopkins University, USA

### 08:00 – 11:30  ACC room 11A

**Satellite session**

**Anti-corruption by design: understanding and tackling health system corruption on the road to Universal Health Coverage**

**Session host:**
London School of Hygiene & Tropical Medicine

Corruption is a matter of life and death in the health sector, impeding access, quality of care, financial protection and equity, disproportionately affecting the poor and vulnerable. Its causes are multi-faceted; they are influenced by factors within and beyond the health sector, and a top-down anti-corruption enforcement approach may not always yield the expected results. Drawing on recent work on ‘everyday governance’ in health systems and political economy approaches, we identify promising strategies and pragmatic solutions that are sensitive to social relationships, based on the work of the Anti-Corruption Evidence research consortium [www.ace.soas.ac.uk](http://www.ace.soas.ac.uk) and other partners involved in the new WHO-facilitated work stream on “anti-corruption, transparency and accountability in the health sector”.

David Clarke, World Health Organization; Dina Balabanova, London School of Hygiene & Tropical Medicine; Martin McKee, Professor of European Public Health, London School of Hygiene & Tropical Medicine; Eleanor Hutchinson, London School of Hygiene & Tropical Medicine; Nahitun Naher, James P. Grant School of Public Health, BRAC University, Bangladesh

### 08:00 – 11:15  ACC room 11B

**Satellite session**

**Harnessing health implementation research through local engagement to advance social development goals**

**Session host:**
United States Agency for International Development

This session will highlight the role of implementation research in informing and translating global policies into effective, country-led programs with strong health systems, thus improving health outcomes for maternal, newborn and child health. (SDG 3: Ensure healthy lives and promote wellbeing for all at all ages.)

Sara Sulzbach, USAID Office of Maternal and Child Health and Nutrition; Neal Brandes, USAID Office of Maternal and Child Health and Nutrition; Abdul Ghafoor, World Health Organization, Alliance for Health Policy and Systems Research; Mickey Chopra, UNICEF, Chief of Health; Lola Adeedokun, Doris Duke Foundation; Olkunle Alonge, Johns Hopkins Bloomberg School of Public Health; Lucy Gilson, University of Cape Town; Irene Aeypong, Ghana Health Service; Jeff Tanner, World Bank; Elizabeth Macgregor-Skinner, Project Director, CIRCLE project; Veena Menon, KM and Communications Manager, CIRCLE Project
08:30 – 12:00  ACC room 11C
Satellite session
Improving health worker performance in LMICs: results of a systematic review of more than 100 strategies, and a workshop on using the review’s database of studies

Session host:
US Centers for Disease Control and Prevention

Improving health worker performance in developing countries remains a major challenge. The Health Care Provider Performance Review includes 650 studies on the effectiveness of numerous strategies to improve performance. The satellite session objectives are to present results of the review, and provide an enjoyable, hands-on opportunity for participants to explore the review’s database.

Alexander K. Rowe, Samantha Y. Rowe, US Centers for Disease Control and Prevention; Kathleen A. Holloway, Institute of Development Studies, University of Sussex, UK

09:00 – 11:00  ACC room 3A
Satellite session
Between health systems evidence, policy and practice: a dialogue on the challenges and opportunities to improve evidence uptake

Session host:
Department for International Development

The UK Department for International Development (DFID) is a world-leading funder of health systems research for development. This is an opportunity to learn about DFID’s priorities, to hear from researchers and the policy and decision-makers who use research findings and to contribute to a discussion on how to improve the uptake of evidence on health systems research.

Chaired by Charlotte Watts, Director of Research and Evidence, DFID

09:00 – 11:00  ACC room 13
Satellite session
Establishing an international network to support evidence-informed health research capacity strengthening in LMICs

Session host:
Liverpool School of Tropical Medicine

International development partners and research councils are increasingly investing in health research capacity strengthening (HRCS) initiatives in LMICs. This session aims to establish an international network of researchers interested in the study of HRCS with a view towards strengthening the evidence-base informing HRCS implementation.

Justin Pulford, Imelda Bates, Liverpool School of Tropical Medicine, UK

10:30 – 11:45  ACC room 1C
TWG
Business meeting: Teaching and Learning Health Policy and Systems Research

Business meeting: limited spaces available
09:00 – 11:00  ACC room 14
Satellite session
Back to the future: making the global health agenda local with a return to Alma-Ata and building stronger primary health care systems at the community level for Universal Health Coverage

Session host:
Save the Children


Gabrielle Szabo, Save the Children; Taofique Joarder, BRAC University Center for Excellence in Universal Health Coverage, Bangladesh; Ariana Childs Graham, PAI; Vicky Okine, Association for Sexual and Reproductive Health Rights, Ghana; Kate Linskey, Last Mile Health; Victor Koroma, Health Alert, Sierra Leone

09:00 – 11:00  ACC room 3B
Satellite session
Improving health outcomes for adolescents in LMICs: the importance of gender-responsive health systems

Session host:
International Development Research Centre

More than half of preventable maternal deaths in LMICs occur in fragile and conflict-affected contexts. Adolescents are particularly vulnerable in such contexts, where the issues are exacerbated by increased gender-based violence, early marriage, poverty, and lack of basic health services. This session, organized by the Maternal and Child Health program of the International Development Research Centre (IDRC), will bring together researchers, implementers and donor representatives to discuss approaches and lessons in promoting a gender-responsive health system.

Sawsan Abdulrahim, America University of Beirut, Lebanon; Emmanuel Ochola, Lacor Hospital, Uganda; Oye Gureje, University of Ibadan, Nigeria; Kendra Gregson, UNICEF

11:15 – 13:00  ACC room 11B
Satellite session
Moving towards UHC: the role of embedding research into decision-making for health

Session host:
Doris Duke Charitable Foundation

Aimed at HPSR researchers, policymakers and funders, this participatory session will introduce the embedding of research as an approach to increase evidence-informed decision-making. It will provide empirical examples of its successful application and discuss challenges to scaling up this approach to make it integral in moving towards UHC.

Lola Adedokun, Doris Duke Charitable Foundation, USA; Abdul Ghaffar, Alliance for Health Policy and Systems Research, World Health Organization; Koku Awoonor Williams, Ghana Health Service, Ghana; Quinhas Fernandes, Ministry of Health, Mozambique; Lisa Hirschhorn, Northwestern University, USA; James Phillips, Columbia University, USA; Kenneth Sherr, University of Washington, USA; Zubin Cyrus Shroff, Alliance for Health Policy and Systems Research

11:30 – 13:00  ACC room 3B
Business meeting
HSG Board meeting
Private meeting
Afternoon

12:00 – 14:00  ACC room 13

Satellite session

Meaningful partnerships for health: the role of communities

Session host:
The Global Fund to Fight AIDS, Tuberculosis and Malaria

While community engagement and action have historically been recognized as integral to improving health outcomes, communities are often neglected in practice. This session will explore the nature of the relationship between communities and health systems from varying perspectives and illustrate the impact of this important collaboration.


12:00 – 14:00  ACC room 11A

Satellite session

Using a multisectoral partnership approach for building resilient health systems and improving health outcomes of underserved populations

Session host:
Medtronic Foundation

Now more than ever, multisectoral partnerships are indispensable to advance the global health agenda including combatting emerging NCDs and attaining Universal Health Coverage. Challenges faced by the health care systems such as inadequate health care workforce and access to technology and medicines cannot be resolved by the governments alone. It necessitates other players to be invited to the table to assuage this burden. This session showcases Medtronic Foundation global projects – HealthRise, RHD and HeartRescue – implemented using unique collaborative models integrating public-private partnerships to improve access to care for underserved populations. They are yielding promising results and their lessons can be adapted in other parts of the globe.

Anne Wales, Belinda Ngongo, Nayanjeet Chaudhury, Medtronic Foundation

12:30 – 13:45  ACC room 1C

TWG

TWG business meeting: Translating Evidence into Action

Limited spaces available

13:00 – 17:00  Exhibition Centre Room 23

Skills-building

When and how to work with the media in the pursuit of health for all

This session aims to help participants work more effectively with print, audiovisual and online journalists to report on health policy and systems. Journalists and communications experts will share their experience on how engaging media can help you reach key audiences, and how you go about building relationships with journalists.

Irene Rodriguez, La Nacion, Costa Rica; Abantika Ghosh, Indian Express, India; Hannah Corbett, Institute of Development Studies; Vivienne Benson, Health Systems Global

13:00 – 15:00  Exhibition Centre Room 17

Skills-building

Methodological approaches for investigating multiple facets of multisectoral collaboration for health

While the SDGs require new ways of working across sectors, there is a lack of guidance on research methods to guide this process. Learning objectives of this session include identifying and mapping promising research methods to key facets of multisectoral collaboration (MSC).

Douglas Glandon, Johns Hopkins Bloomberg School of Public Health, USA; Shehla Zaidi, Aga Khan University, Pakistan; Osman Dar, Global Public Health Directorate, Public Health England; Ida Okeyo, University of the Western Cape, South Africa; Shinjini Mondal, McGill University, Canada
13:00 – 17:00  Exhibition Centre Room 18
Skills-building

Advancing the conduct and analysis of case studies in health policy and systems research: comparing and applying different methodological approaches

Four different approaches to case studies in the field of health policy and systems research will be described, focusing on their application in four different settings and topics. The presentations will be followed by small group sessions where the participants will discuss with the presenters the application of each approach.

Isabel Goicolea, Epidemiology and Global Health Unit, Umeå University; Anna-Karin Hurtig, Epidemiology and Global Health Unit, Umeå University; Alison Hernandez, Centro de Estudios para la Equidad yGovernanza en los Sistemas de Salud (CEGSS), Guatemala; Rakhal Gaitonde, Indian Institute of Technology Madras, India; Helen Schneider, University of the Western Cape, South Africa; Fidele Mukinda, University of the Western Cape, South Africa

13:00 – 17:00  Exhibition Centre Room 22
Skills-building

Applying Intersectionality within health systems research: looking inward and outward

Intersectionality has emerged as an important framework for understanding and responding to health inequities. Using the dynamic and interactive methods, this session explores complex questions related to intersectionality, including what it is, its usefulness, and how it can be applied within health systems research and institutions.

Kate Hawkins, Research in Gender and Ethics; Stephanie Nixon, University of Toronto, Canada; Kui Muraya, KEMRI-Wellcome Trust, Kenya; Rosemary Morgan, Johns Hopkins Bloomberg School of Public Health, USA; Roopa Dhatt, Women in Global Health, USA

13:00 – 17:00  Exhibition Centre Room 19
Skills-building

Innovative methodologies for global health systems strengthening

An introduction to two major areas of health systems and policy research: equity analysis, and implementation design and evaluation of complex interventions. Participants will gain an understanding of approaches that go beyond typical frameworks and are mindful of the political, economic, social, and cultural sensitivities involved in health system reform.

David Peiris, The George Institute for Global Health, University of New South Wales; Shobhana Nagraj, University of Oxford; Huan Chen, The George Institute for Global Health China; Devaki Nambiar, Health Systems and Equity, The George Institute for Global Health, India; Virginia Wiseman, London School of Hygiene & Tropical Medicine/Kirby Institute, University of New South Wales; Elizabeth Millett, The George Institute for Global Health, University of Oxford

13:00 – 17:00  Exhibition Centre Room 21
Skills-building

Innovative research approaches: social network analysis (SNA) for systems development – application to aid effectiveness in Uganda

Unlike the dominant health systems analytical methods that collect information about the agent or actor characteristics and behavior, applied SNA is a useful tool to explore the interaction and links between agents. This session will introduce and create confidence in the applications of applied SNA techniques in health systems research.

Freddie Patrick Ssengooba, Christine Kashoby Kirunga, Makerere University School of Public Health, Uganda
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<tr>
<th>Time</th>
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<th>Session</th>
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<tbody>
<tr>
<td>13:00 – 17:00</td>
<td>Exhibition Centre Room 20</td>
<td><strong>Skills-building</strong></td>
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</tbody>
</table>
|                    |                               | **Noncommunicable disease implementation research for health systems change:** A participatory skills-strengthening and exchange workshop for funders, researchers and implementers. NCDs challenge traditional approaches to health care, research and policy in LMICs. This session shares learnings and specific IR methods from Global Alliance for Chronic Diseases (GACD) implementation research supporting health systems change. NCD and HPSR-specialized participants participate actively throughout to enhance integration, synergy and impact on NCDs and health systems.  
Christina Zarowsky, Université de Montréal, Canada; Josefien van Olmen, Institute of Tropical Medicine, Antwerp, Belgium; Brian Oldenburg, University of Melbourne, Australia; Naomi Levitt, University of Cape Town, South Africa; Celina Gorre, Global Alliance for Chronic Diseases |
| 13:00 – 15:00      | Exhibition Centre Room 24     | **Skills-building**                                                      |
|                    |                               | **Building healthy cities – urban planning as a tool for health**        |
|                    |                               | How can we better facilitate health through urban planning? This training engages participants on ways to intersect urban planning and health, using tools and evidence developed through the USAID-funded Building Healthy Cities (BHC) project to understand the application of social determinants of a health approach the two urban settings.  
Amanda Pomeroy-Stevens, John Snow, Inc. (JSI); Damodar Bachani, JSI India; Ahmad Isa, International Organization for Migration (IOM); Joy Kamunyori, JSI; Kim Farrham Egan, JSI |
| 13:30 – 17:00      | ACC room 11B                  | **Satellite session**                                                    |
|                    |                               | **Catalyzing health system quality in LMICs: launch of the Lancet Global Health Commission on High Quality Health Systems in the SDG Era** |
|                    |                               | Session host: Harvard T.H. Chan School of Public Health                 |
|                    |                               | To address the need for high-quality health care for all, Lancet Global Health Commission on High Quality Health Systems in the SDG Era will launch its report, discussing quality definition, description, measurement, improvement and ethics, and for re-thinking and reforming low and middle-income health systems towards high-quality service delivery.  
Margaret Kruk, Harvard T.H. Chan School of Public Health; Muhammed Pate, Big Win Philanthropy; Sebastian Garcia Saiso, General Directorate of Quality and Health Education (Calidad y Educación en Salud en Secretaria de Salud); Vuyokazi Gonyela, Treatment Action Campaign; Edward Kelly, World Health Organization; Niia Moeloek, Indonesia Ministry of Health; Zoe Mullan, The Lancet Global Health Editor; Ephrem Lemango, Directorate of the Ministry of Health in Ethiopia Maternal, Child Health and Nutrition; Manoj Mohanan, Duke University Sanford School of Public Policy; Tanya Marchant, MARCH Centre Deputy Director; Svetlana Doubova, Mexican Institute of Social Security Epidemiology and Health Services Research Unit; Lisa Hirschorn, Northwestern Feinberg School of Medicine Departments of Medical Social Sciences and Psychiatry; Precious Matsoso, South Africa Department of Health Director-General; Oye Gureje, WHO Collaborating Centre for Research and Training in Mental Health, Neuroscience, Drug and Alcohol Abuse, University of Ibadan, Nigeria |
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<th>Time</th>
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<th>Session</th>
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<tr>
<td>13:30 – 17:00</td>
<td>ACC room 11C</td>
<td>Health from whose lens? Learning from international experiences of grounding action and services for health and wellbeing inside community cultures, systems and control</td>
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<td><strong>Session host:</strong> Training and Research Support Centre</td>
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<td>This participatory session shares evidence and learning from a shaping health multi-country consortium on social participation in local health systems to draw recommendations on practices that ground health action and services within community cultures and systems, their contribution to health, their challenges and the implications for institutions facilitating such practice.</td>
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<tr>
<td></td>
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<td>Rene Loewenson, Training and Research Support Centre; Peter Beznecek, Centre for Health and Development, Murska Sobota, Slovenia; Patricia Frenz, Escuela de Salud Pública Salvador Allende, Chile; Ruth Dudding, Athens City County Health Department, USA; Ranjita Mohanty, India; Francisco Obando, Municipality of Quito, Ecuador; Roberta Delgado, PIH Health, USA; Sarah Simpson, EquiAct, France</td>
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<tr>
<td>13:30 – 17:00</td>
<td>ACC room 3A</td>
<td>Improving primary health care: measurement for improvement to achieve quality PHC for all</td>
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<td><strong>Session hosts:</strong> Primary Health Care Performance Initiative, Bill &amp; Melinda Gates Foundation, Northwestern University Feinberg School of Medicine, Ariadne Labs</td>
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<td>The SDG for health seeks to achieve an ambitious objective, broader than ever before: ‘Ensure healthy lives and promote well-being for all at all ages’. Effective primary health care is essential to accomplishing this goal, and must become the foundation of comprehensive health systems. Existing measurement tools, however, have largely failed to capture the complexity of the systems necessary to deliver primary health care for all. The Primary Health Care Performance Initiative (PHCPI), a partnership between the Bill &amp; Melinda Gates Foundation, the World Bank Group and the WHO with Ariadne Labs and Results for Development (R4D) as technical partners, has initiated a global effort to support LMICs in improving primary health care, beginning with better measurement. This session will focus on country-based and global efforts to close three critical gaps: data supply; data relevance and actionability; and data use for PHC improvement.</td>
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<tr>
<td></td>
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<td>Hong Wang, Bill &amp; Melinda Gates Foundation; Jean Kagubare, Bill &amp; Melinda Gates Foundation; Beth Tritter, Primary Health Care Performance Initiative; Jeff Markuns, Primary Health Care Performance Initiative</td>
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<tr>
<td>15:00 – 17:00</td>
<td>ACC room 13</td>
<td>Supporting affordable medical diagnostic technology in LMICs</td>
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<td><strong>Session host:</strong> Wilfrid Laurier University</td>
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<td>Medical diagnostics are often too expensive or otherwise not accessible in many LMICs but have been shown to be cost-effective and thus should be available in health systems that “deliver for all”. This session will explore the potential of international donors in promoting access to affordable medical diagnostics globally.</td>
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<td>Karen Ann Grepin, Wilfrid Laurier University; Susan Horton, Craig Janes, University of Waterloo</td>
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</table>
Satellite session

Caesarean section safety in low-resource settings: addressing health system challenges that jeopardize maternal and newborn health

Session host: EngenderHealth

Health system challenges contribute to poor quality, inequitably distributed surgical obstetric care in low-resource settings. Increasing iatrogenic fistula from unsafe cesarean sections demonstrates the impact of these gaps. Panelists will present evidence regarding the systems contexts and pressures affecting cesarean care and the recommendations of a global consultation to examine these challenges.

Vandana Tripathi, EngenderHealth; Lenka Benova, London School of Hygiene & Tropical Medicine; Lina Roa, Program in Global Surgery and Social Change, Harvard Medical School

Skills-building

How to cost services and prepare investment cases for health interventions

Participants will learn how to use the UNICEF/MSH Community Health Planning and Costing Tool to develop investment cases for integrated community health programs in LMICs.

David Harold Collins, Management Sciences for Health; David Hipgrave, UNICEF; Yohana Dukhan, Management Sciences for Health; Colin Gilmartin, Management Sciences for Health; Jerome Pfaffmann, UNICEF
Opening plenary and welcome reception

17:30 – 19:30 – ACC Main Auditorium

The “integrated and indivisible” SDGs: getting multisectoral action right

WELCOME:
Kabir Sheikh, Alliance for Health Policy and Systems Research, World Health Organization and Chair of Health Systems Global, Switzerland

MC:
Sally Theobald, Liverpool School of Tropical Medicine (LSTM) and LSTM Representative on the Symposium Executive Committee, UK

MODERATOR:
Anthony Costello, University College London, UK

SPEAKER:
John Ashton, WHO Europe Healthy Cities Network, City of Westminster Council and the Royal Borough of Kensington and Chelsea, UK
Senior Official, Department for International Development, UK

PANELISTS:
Maureen Samms-Vaughan, University of West Indies, Jamaica
Evelyn Kandakai, West African Examination Board, Liberia

This plenary will welcome participants to the UK and to Liverpool, engaging high-profile speakers and local performing artists to set the scene for the conference. Forty years after the Declaration of Alma-Ata called for “intersectoral action for health”, speakers will explore what we have learned about how to pursue this, and why the health sector still often struggles to effectively engage other sectors in creating health gain.

A moderated panel discussion will challenge leading thinkers to identify how health systems can look beyond the UHC goals of health care and financial protection to act on the complex social, political, environmental, economic, commercial and cultural determinants of health. What new ways of working and new mechanisms of governance are needed to deliver on the “integrated and indivisible SDGs”, and how can our approach to health systems help us work across sectors to achieve shared goals of social development?

This plenary will aim to raise these questions for the rest of the Symposium, and consider how to ensure that action beyond the health sector gets as much attention as efforts towards Universal Health Coverage.

19:30 – 21:00 – ACC Hall 2M

Social event: Welcome reception

All delegates are invited to attend the welcome reception.

Light canapes, drinks and music will be on offer whilst you have the opportunity to meet old and new colleagues. You will receive two drinks vouchers as part of your registration that can be redeemed at the bars and then a cash bar will be available.
## OVERVIEW

### Wednesday

All of today's sessions at HSR2018 take place in the ACC Liverpool. You can find a map showing these locations in more detail, at the back of this program.

### Morning sessions

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<th>Time</th>
<th>Location</th>
<th>Session</th>
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<tbody>
<tr>
<td>07:30 – 08:30</td>
<td>ACC room 4A</td>
<td>Launch International Journal for Equity in Health (IJEH) article collection - non-state providers towards UHC</td>
</tr>
<tr>
<td>07:30 – 08:30</td>
<td>ACC room 4B</td>
<td>Launch UHC2030 Statement on Sustainability and Transition from External Funding</td>
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**08:30 – 10:10 ACC Main Auditorium**

Plenary

**Placing community health systems at the heart of service delivery**

**10:30 – 11:00**

Refreshment break and poster viewing

In the ACC Hall 2M, Galleria and Level 3

**11:00 – 12:30 ACC room 1B**

Participatory session

**Leaving no one behind**

Revisiting health systems strengthening to ensure Universal Health Coverage during humanitarian crises: leaving no one behind

**11:00 – 12:30 ACC room 1C**

Panel session

**Leaving no one behind**

Monitoring UHC for the SDGs: leaving no one behind

**11:00 – 12:30 ACC room 3A**

Oral session, French translation

Knowledge translation for informed decision-making

**11:00 – 12:30 ACC room 3B**

Panel session, Spanish translation

**Leaving no one behind**

Primary health care in the Americas: 40 years after Alma-Ata

**11:00 – 12:30 ACC room 4A**

Lightning oral session

**Community health systems**

Engaging communities: approaches, successes and challenges

**11:00 – 12:30 ACC room 4B**

Oral session

**Multisectoral action**

Addressing noncommunicable disease: multisectoral approaches

**11:00 – 12:30 ACC room 11A**

Oral session

**mHealth: does it deliver on the promise of improving access to health services?**

**11:00 – 12:30 ACC room 11B**

Oral session

**Community health systems**

Sustaining community health systems

**11:00 – 12:30 ACC room 11C**

Lightning oral session

**Leaving no one behind**

Health service delivery in fragile and conflict-affected settings: challenges and lessons

**11:00 – 12:30 ACC room 12**

Lightning oral session

**Leaving no one behind**

‘Insuring’ health protection: who is left behind?

**11:00 – 12:30 ACC Hall 2L**

Participatory session

**Multisectoral action**

Meeting – SDG 11: stimulating multisectoral responses to create an urban health system able to improve health and social outcomes for and with the urban poor

**11:00 – 12:30 ACC Hall 2N**

Panel session

**Community health systems**

Skills, systems and regulations: pragmatic lessons about the stewardship of contracting for LMICs

### Afternoon sessions

**12:30 – 14:00**

Lunch break and poster viewing session

Lunch will be available in ACC Hall, Galleria and Level 3R where posters will be presented and displayed

**12:30 – 13:30 ACC Hall 2F**

Panel session

**Digital innovation in health systems**

**12:30 – 13:45 ACC room 13**

TWG

TWG business meeting: Emerging Voices for Global Health

Limited spaces available

**12:30 – 13:45 ACC Hall 2E**

TWG

TWG business meeting: Social Science Approaches for Research and Engagement in Health Policy & Systems (SHAPES)

Limited spaces available

**14:00 – 15:30 ACC Main Auditorium**

TWG, Spanish translation

**Leaving no one behind**

Bringing the pieces together: multiple perspectives on translating evidence into action
**Wednesday October 10, 2018**

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<tr>
<th>Time</th>
<th>Location</th>
<th>Session Type</th>
<th>Topic</th>
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<tbody>
<tr>
<td>14:00 – 15:30</td>
<td>ACC room 1B</td>
<td>Panel session</td>
<td>Funders panel: global and local funding strategies for advancing health systems for all in the SDG era</td>
</tr>
<tr>
<td>14:00 – 15:30</td>
<td>ACC room 2F</td>
<td>Participatory session</td>
<td>Leaving no one behind</td>
</tr>
<tr>
<td>14:00 – 15:30</td>
<td>ACC room 3A</td>
<td>Oral session, French translation</td>
<td>Leaving no one behind, Social protection and vulnerable groups</td>
</tr>
<tr>
<td>14:00 – 15:30</td>
<td>ACC room 3B</td>
<td>Oral session, Spanish translation</td>
<td>Quality of care: challenges and potential solutions</td>
</tr>
<tr>
<td>14:00 – 15:30</td>
<td>ACC room 4A</td>
<td>Panel session</td>
<td>The politics of health policy and systems at the global and national levels: overcoming systemic barriers to improve health in marginalized communities</td>
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<tr>
<td>14:00 – 15:30</td>
<td>ACC room 4B</td>
<td>Lightning oral session</td>
<td>Community health systems, Community participation: advocacy, accountability and change agents</td>
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<tr>
<td>14:00 – 15:30</td>
<td>ACC room 11A</td>
<td>Oral session</td>
<td>Multisectoral action, Partnerships for research, capacity development and policy: challenges and opportunities</td>
</tr>
<tr>
<td>14:00 – 15:30</td>
<td>ACC room 11B</td>
<td>Oral session</td>
<td>Attracting, retaining and sustaining the health workforce</td>
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<tr>
<td>14:00 – 15:30</td>
<td>ACC room 11C</td>
<td>Lightning oral session</td>
<td>Engaging the private sector, Tapping into the private sector: private providers and private finance for the SDGs</td>
</tr>
<tr>
<td>14:00 – 15:30</td>
<td>ACC room 12</td>
<td>Participatory session</td>
<td>Leaving no one behind, SDG governance for health equity – turning a vision into practice</td>
</tr>
<tr>
<td>14:00 – 15:30</td>
<td>ACC Hall 2E</td>
<td>TWG</td>
<td>Community health systems, Sharing experiences from CHW research and practice to strengthen leadership and management of CHW programs</td>
</tr>
<tr>
<td>15:30 – 16:00</td>
<td>ACC Hall 2M, Galleria and Level 3</td>
<td>Refreshment break and poster viewing</td>
<td>Using media to facilitate bottom-up accountability, health system responsiveness, and participatory decision-making processes: the role of citizen journalists, social activists and the media</td>
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<tr>
<td>15:30 – 17:30</td>
<td>ACC Main Auditorium</td>
<td>Panel session, Spanish translation</td>
<td>Community health systems, Institutions for accountability and trust</td>
</tr>
<tr>
<td>16:00 – 17:30</td>
<td>ACC room 4B</td>
<td>Oral session</td>
<td>The role of leadership in health systems strengthening</td>
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<tr>
<td>16:00 – 17:30</td>
<td>ACC room 11A</td>
<td>Oral session</td>
<td>Leaving no one behind, Engaging with the politics of policy: process and power</td>
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<tr>
<td>16:00 – 17:30</td>
<td>ACC room 11B</td>
<td>Oral session</td>
<td>Global health discourses</td>
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<td>16:00 – 17:30</td>
<td>ACC room 11C</td>
<td>Oral session</td>
<td>Community health systems, Taking a gender lens to the health system</td>
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<tr>
<td>16:00 – 17:30</td>
<td>ACC room 12</td>
<td>Participatory session</td>
<td>Community health systems, Expressing citizenship: legislative theatre as a strategy for advancing community participation in policy development for health equity and justice</td>
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<tr>
<td>16:00 – 17:30</td>
<td>ACC Hall 2E</td>
<td>TWG</td>
<td>Leaving no one behind</td>
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<tr>
<td>16:00 – 17:30</td>
<td>ACC Hall 2F</td>
<td>Participatory session</td>
<td>Leaving no one behind, Research innovation meets reality in Bangladesh, Nepal and Tanzania: measuring health system performance to reach every woman and every newborn</td>
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<td>16:00 – 17:30</td>
<td>ACC Hall 2L</td>
<td>Participatory session</td>
<td>Leaving no one behind, Working with the neighbors: the opportunities and challenges for health systems within regional trading blocs</td>
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Program

Wednesday schedule

Morning

07:30 – 08:30  ACC room 4A
Launch
International Journal for Equity in Health (IJEH) article collection – non-state providers towards UHC
The move towards Universal Health Coverage (UHC) has focused attention to the role of non-state providers (NSPs) in contributing to public health goals through a range of interventions including contracting, franchising and training. However, relatively little is known about why and how these interventions succeed (or not). Based on the results of a research programme developed by the Alliance for Health Policy and Systems Research, WHO with support from IDRC, Canada and the Rockefeller Foundation, this article collection brings together a series of analytical case studies to explain the performance of these interventions.

Breakfast will be available for attendees.

Abdul Ghaffar, Alliance for Health Policy and Systems Research, WHO; Marie-Gloriose Ingabire, International Development Research Centre, Ottawa, Canada; David Peters, Johns Hopkins Bloomberg School of Public Health, USA

07:30 – 08:30  ACC room 4B
Launch
UHC2030 statement on sustainability and transition from external funding
This session will present the statement of principle developed by the Sustainability and Transition working group of the UHC2030 partnership. Discussants drawn from government, development partners and civil society will reflect on the implications of the statement for their own programming and practice. Participants will be invited to consider how the principles can be operationalized, and what advocacy is needed to support successful transition from external funding.

Maria Skarphedinsdottir, UHC2030 core team; Midori de Habich and Kara Hanson, Co-Chairs of the UHC2030 working group on Sustainability and Transition from External Funding

The Royal Albert Docks were designed by Jesse Hartley and Philip Hardwick and opened in 1846
Plenary

08:30 – 10:30 – ACC Main Auditorium

Placing community health systems at the heart of service delivery

MC: Aku Kwamie, Health Systems Global Board, Ghana

MODERATOR: Kumanan Rasanathan, Health Systems Global Board, Cambodia

Keynote Address: Health systems research towards the SDGs

SPEAKER: Soumya Swaminathan, World Health Organization, Switzerland

PANELISTS: Amuda Baba Dieu-Merci, Panafrcan Institute of Community Health, Democratic Republic of Congo
Ariel Frisancho, Catholic Medical Mission Board, Peru
Manmeet Kaur, City Health Works, USA
Stefan Swartling Peterson, UNICEF, USA
Helen Schneider, University of the Western Cape, South Africa

The Declaration of 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 changing demands due to demographic, epidemiological, cultural and technological transformations, including urbanization. Yet, efforts to strengthen health systems often ignore the role of communities. The moderated discussion in this plenary will feature panelists from a number of different backgrounds, including civil society, academia and policymaking, who are all working to construct effective community health systems. The panelists will consider how health systems need to fully engage with heterogeneous communities as both people and place, drawing on their own experience. The discussion will be preceded in this session by a keynote speech by Soumya Swaminathan, Deputy Director-General of World Health Organization, on “Health systems research towards the SDGs”, and a video highlighting the voices and views of one community on health systems. The session will conclude with the awarding of the Health Systems Global Societal Awards.

Presentation of the Societal Awards

The Societal Awards, presented by Health Systems Global (HSG), in close cooperation with the Alliance for Health Policy and Systems Research (AHPSR), aim to recognize and reward high standards of professional performance and contributions of individuals or organizations to the field of health policy and systems research (HPSR) and health systems strengthening.

Two types of awards will be presented:

The Sam Adjei Distinguished Public Service Award for leadership in evidence-based policy and health systems strengthening is presented to recognize and honor an individual who has demonstrated leadership in evidence-informed health policy formulation for stronger health systems; has championed the field of HPSR within his or her particular context; or has made significant contributions to the enhancement of health systems, nationally and/or internationally. The recipient has to be an individual currently or previously in an elected or appointed position in government, an international agency, or other non-profit organization engaged in public service.

The Award for Lifetime Service to the field of HPSR is presented to an individual in recognition of extraordinary lifetime achievement in the field of health policy and systems research.

The awards were first presented at the Fourth Global Symposium on Health Systems Research – held in Vancouver from November 14 – 18, 2016 – and will be presented again at each subsequent Symposium.
Morning

10:30 – 11:00
Refreshment break and posters
In the ACC Hall 2M, Galleria and Level 3

11:00 – 12:30
Participatory session
Leaving no one behind

Revisiting health systems strengthening to ensure Universal Health Coverage during humanitarian crises: leaving no one behind

Conflict and forced displacement are disruptive and have complex consequences on health systems. Deliberate attacks on health infrastructure/personnel are increasing. There is need for newer concepts and mechanisms (e.g. systems thinking, culturally appropriate care, innovative financing mechanisms) to strengthen health systems to ensure Universal Health Coverage for nationals and displaced persons.

Paul Spiegel, Johns Hopkins Bloomberg School of Public Health; Andre Grielspoor, World Health Organization; Kair Blanchet, London School of Hygiene & Tropical Medicine; Fouad Fouad, American University of Beirut

11:00 – 12:30
Panel session
Leaving no one behind

Monitoring UHC for the SDGs: leaving no one behind

Two indicators were approved by the UN General Assembly to monitor progress toward SDG target 3.8 on Universal Health Coverage: an index of coverage of essential health services and the incidence of catastrophic spending on health. Methods and baseline results, national and disaggregated, for each indicator will be presented.

Gretchen A. Stevens, World Health Organization; Tessa Edejer, World Health Organization; Gabriela Flores, World Health Organization

11:00 – 12:30
Oral session, French translation

Knowledge translation for informed decision-making

Chair: Lucy Gilson, University of Cape Town, South Africa

Knowledge translation is concerned with bridging the gap between evidence generation and the application of evidence in decision-making. These four presentations explore the effectiveness of various knowledge translation initiatives at the country and cross-national level, including how initiatives can enable decision-making across sectors in pursuit of the SDGs and for program areas that have shared benefits such as education interventions.

From knowledge to health policy: exploring knowledge translation mechanisms in the Western Cape Provincial Health System of South Africa
Amanda Edwards, University of Cape Town, South Africa

Les enjeux et défis liés aux stratégies de transfert de connaissances en santé au Burkina Faso
Esther McSween-Cadieux, Université de Montréal, Canada

The issues and challenges associated with health knowledge transfer strategies in Burkina Faso

Moving evidence and data into action in the SDG era: a roadmap for supporting evidence-informed policymaking in an evolving field
Kaelan Moat, McMaster Health Forum, Canada

Providing policy-relevant evidence to local government decision-makers using economic evaluation and capability-adjusted life-years: a school drop-out intervention in Sweden
Anni-Maria Pulkki-Brannstrom, Umeå University, Sweden
Panel session, Spanish translation

Leaving no one behind

 Primary health care in the Americas: 40 years after Alma-Ata

Since the Declaration of Alma-Ata in 1978, countries of the Americas have been advancing toward the transformation of their health systems by emphasizing and strengthening primary health care. This session will showcase progress and challenges toward the implementation of primary health care based health systems in the region.

Introduction and Moderation: Gisele Almeida, PAHO, Washington DC, USA

Discussant: Daniel Maceira, Member of the Executive Board, HSG2018

Reducing mortality by expanding primary care to the urban poor in Rio de Janeiro, Brazil
Thomas Hone, Imperial College, London, UK

Brazilian Unified Health System and primary health care: the first 30 years and prospects for the future
Marcia Castro, Harvard, Boston, USA

Analysis of a pilot implementation of the Integrated Model of Health Care for dispersed populations in Colombia
Adriana Mercedes Ardila Sierra, FUCS, Bogota, Colombia

Building capacities in primary health care community leaders in Colombia [PRESENTATION IN SPANISH]
Erwin Hernando Hernández Ricón, Universidad de la Sabana, Bogotá, Colombia

How much has the countries in the Americas invested in the first level of health care?
Camilo Cid, PAHO, Washington, DC.

Lightning oral session

Community health systems

Engaging communities: approaches, successes and challenges

Chair: Miriam Taegtmayer, Liverpool School of Tropical Medicine, UK

By better understanding communities, health systems can support community-led and participatory governance to achieve immediate health outcomes. Drawing on studies from low-, middle- and high-income countries, this session explores the areas of community engagement, ownership and accountability.

Community involvement in the co-management of primary health care for Universal Health Coverage: the Peruvian experience with CLAS
Laura Altobelli, Universidad Peruana Cayetano Heredia, Peru

Role of the community in the prevention and management of type 2 diabetes in socioeconomically disadvantaged areas in Stockholm
Juliet Aweko, Karolinska Institutet, Sweden

Mirroring the future! Using social media for inclusive and strategic health communication and health promotion activities in French-speaking countries in West Africa
Kéfilath Bello, Centre de Recherche en Reproduction Humaine et en Démographie, Benin

Strengthening community involvement to improve comprehensive council health plans in Kagera Region, Tanzania
Nassor Mohamed, John Snow, Inc., Tanzania

Engaging communities through community scorecards to improve social accountability and health service delivery: lessons learned from MANI project, Bungoma County, Kenya
Kizito Mukhwana, CARE Kenya/Options Kenya, Kenya

Bringing health services to communities through the Boma (village) Health Initiative: lessons learned from 2017 in implementing South Sudan’s new community health approach
Sean Murphy, IMA World Health, USA

Responsive health systems for community-based health initiatives: a case study tackling Onchocerciasis in Cameroon
Theobald Nji, University of Buea, Cameroon

Sharing power with the disadvantaged and marginalised in health systems research priority-setting: an ethical framework
Bridget Pratt, University of Melbourne, Australia
Program

Wednesday October 10, 2018

11:00 – 12:30  ACC room 4B
Oral session

**Multisectoral action**

**Addressing noncommunicable disease: multisectoral approaches**
**Chair:** Neil Squires, Public Health England, UK

The presentations in this session focus on strategies for addressing the determinants of NCDs. They address international agreements such as the Framework Convention on Tobacco Control (FCTC), and national strategies including taxation on tobacco, alcohol and sugar-sweetened beverages. Policy processes, together with policy impact, are addressed.

- **Tobacco control in developing Southeast Asia: a health systems approach in assessing progress of the SDG target on FCTC implementation**
  Gianna Gayle Amul, Lee Kuan Yew, School of Public Policy, Singapore

- **Philippines’ sin tax reform: a story of intersectoral action for health**
  Connie Hoe, Johns Hopkins Bloomberg School of Public Health, USA

- **Modeling equity, financial protection, health gains, and revenue generation of a tax on sugar-sweetened beverages in the Philippines: an extended cost-effectiveness analysis**
  Adam Koon, Abt Associates, USA

- **Innovative health financing to fight NCDs: a key catalyst of multisectoral collaboration**
  Suladda Pongutta, International Health Policy Program, Thailand

- **Integrated knowledge translation approach for inclusive policies and multisector partnerships to achieve the SDGs: the case of childhood obesity prevention in Lebanon**
  Rana Saleh, Knowledge to Policy (K2P) Center – American University of Beirut, Lebanon

11:00 – 12:30  ACC room 11A
Oral session

**mHealth: does it deliver on the promise of improving access to health services?**
**Chair:** Alain Labrique, John Hopkins Bloomberg School of Public Health, USA

Use of digital technologies to improve the quality and reach of health services is expanding rapidly in the developing world. These technologies need to be embedded in the health system if they are to be transformative. The presentations in this session explore the individual, community, health system and implementation factors that influence the impact of a range of mhealth interventions.

- **Unraveling the role of mHealth for maternal health service delivery in sub-Saharan Africa using realist methodology: process, lessons learned, implications for practice**
  Ibukun-Oluwa Abejirinde, Athena Institute, Vrije Universiteit Amsterdam, the Netherlands

- **How can digital health technologies be implemented to enable health systems to increase universal access to PHC services in resource-limited settings? Insights from Nigeria**
  Bassey Ebenso, University of Leeds, UK

- **Community readiness for mHealth in rural Bangladesh**
  Fatema Khatun, icddr,b, Bangladesh

- **Do mHealth interventions deliver on their promise of enhanced accessibility to care? Health workers’ perceptions from a qualitative evidence synthesis?**
  Karen Daniels, South African Medical Research Council; Stellenbosch University
### Oral session

#### ACC room 11B

**Community health systems**

**Sustaining community health systems**

**Chair:** Nonhlanhla Nxumalo, University of the Witwatersrand, South Africa

The four presentations in this session, which includes a short film, explore the challenges of sustaining and supporting those who work at the interface of the health system and the community. The effects of a variety of financial and non-financial reward schemes are explored using data collected through a discrete choice experiment, focus groups and quantitative surveys.

1. **Where CHWs lead: identifying impactful intervention areas through CHWs WhatsApp groups in India**  
   Kavita Bhatia, Ashavani (a digital platform), India

2. **Red zone paramedics: a film about the everyday experiences of delivering emergency care. Using film to develop bottom-up solutions to address violence in Cape Town**  
   Leanne Brady, School of Public Health and Family Medicine, University of Cape Town, South Africa

3. **Getting more than “claps”: a discrete choice experiment on incentive preferences of voluntary community-based mobilizers in Tanzania**  
   Maryse Kok, KIT Royal Tropical Institute, the Netherlands

4. **Motivation and performance of community health volunteers in Nepal**  
   Deepak Paudel, Save the Children, Nepal

### Lightning oral session

#### ACC room 11C

**Community health systems**

**Health service delivery in fragile and conflict-affected settings: challenges and lessons**

**Chair:** Suzanne Fustukian, Queen Margaret University, UK

Fragile and conflict-affected settings lag behind more stable contexts in progress towards international health goals. Delivery of services proves even more difficult in fragile and conflict-affected settings than in other equally poor but more stable countries. Lessons learned from delivering services in these settings are explored, including in areas of performance-based financing, disability, rehabilitation care, malnutrition treatment, mobile clinics, and district-wide approaches to maternal and newborn health care.

1. **The bumpy trajectory of performance-based financing in Sierra Leone: unpacking the role of external actors**  
   Maria Paola Bertone, ReBUILD and Queen Margaret University, UK

2. **A situational analysis of the rehabilitation sector in Cambodia: how to improve government expenditures efficiency and accessibility for persons with disabilities?**  
   Anna Boisgillot, CERDI, Université Clermont-Auvergne, France

3. **Systematic approach to guide the Lancet Commission on Syria: the case of health care workers in conflict setting**  
   Lama Bou-Karroum, American University of Beirut, Lebanon

4. **Adapting acute malnutrition treatment protocols in fragile and conflict-affected settings to reach every child**  
   Sarah Dalglish, Johns Hopkins School of Public Health, USA

5. **Effectiveness of mobile clinics in delivering Primary Health Care (PHC) in conflict-affected rural South Sudan, an operational research**  
   Mercy Laker, CARE South Sudan, Sudan

6. **Stepping away from fragility towards resilience: tracking those left behind by health services in South Sudan**  
   Richard Lako, Ministry of Health of South Sudan, South Sudan

7. **The impacts of conflict on access to health care: missing generation and disability in Cambodia**  
   Bandeth Ros, Cambodia Development Resource Institute, Cambodia

8. **Adopting a district-wide systemic approach to strengthening maternal and newborn health services in post-disaster context: experiences from Nepal**  
   Kamala Shrestha, Nepal Health Sector Support Program/Options Consultancy Services, Nepal
Program

Wednesday October 10, 2018

11:00 – 12:30   ACC room 12

Lightning oral session

Leaving no one behind

‘Insuring’ health protection: who is left behind?
Chair: Christopher Simoonga, University of Zambia
This session explores issues of enrolment, access to care and financial protection, drawing on studies of health insurance schemes in a range of low, middle and high-income countries.

A review of the outpatient HIV/AIDS benefit package (OHAT) of the Philippine Health Insurance Corporation: a financial and patient-centered perspective
Stephanie Anne Co, Epimetrics, Inc., Philippines

Moving towards Universal Health Coverage: an assessment of ‘unawareness’ of health insurance coverage status among reproductive-age women in rural Northern Ghana
Edmund Kanmiki, Regional Institute for Population Studies, University of Ghana, Ghana

The evolution of social health insurance in Vietnam and its role towards achieving Universal Health Coverage
Quynh Le, Menzies Institute for Medical Research, University of Tasmania, Australia

Who enrolls in voluntary micro health insurance schemes in low-resource settings? Experience from a rural area in Bangladesh?
Shehrin Mahmood, icddr,b, Bangladesh

How does health insurance for the poor promote equity? Evidence from impoverished households in India
Manasee Mishra, IiHMR University, India

Seeking care in the context of social health insurance in Kenya and Ghana
Lauren Suchman, University of California, San Francisco, USA

Racial/ethnic differential effects of medicaid expansion on health care access in the United States
Dahai Yue, University of California, Los Angeles, USA

11:00 – 12:30   ACC Hall 2E

Panel session

Community health systems

Health system resilience in the Middle East: the experience of UNRWA and regional stakeholders
This panel profiles evidence on what constitutes ‘health system resilience’ in practice, using examples of health systems in the Middle East – including UNRWA (United Nations Relief and Works Agency for Palestine Refugees in the Near East) systems in Syria, Lebanon and Jordan and country-level systems (Lebanon Ministry of Health) challenged by continued reform and regional crisis.
Alastair Ager, NIHR Research Unit in Health in Fragility, Institute for Global Health and Development, Queen Margaret University; Mohamad Alameddine, Department of Health Management and Policy, American University of Beirut; Zeina Jamal, Department of Health Management and Policy, American University of Beirut; Karin D. Dialcon, Institute for Global Health and Development, Queen Margaret University, Edinburgh; Sophie Witter, NIHR Research Unit in Health in Fragility, Institute for Global Health and Development, Queen Margaret University; Akhriro Seita, United Nations Relief and Works Agency for Palestine Refugees; Walid Ammar, Lebanon Ministry of Health

11:00 – 12:30   ACC Hall 2F

Participatory session

Engaging the private sector

Engaging non-state providers (NSPs) towards UHC: practical learning for policymakers from a multi-county research program
Given their dominant role in service provision in many LMICs, there is an urgent need to effectively engage NSPs towards UHC. This session involving policymakers and researchers and comprising presentations of national experiences, participatory roundtable discussions and a panel discussion will provide actionable, learning to take forward this engagement.
Zubin Cyrus Shroff, Alliance for Health Policy and Systems Research, World Health Organization, Geneva, Switzerland; Severin Rakic, Public Health Institute of the Republic of Srpska, Banja Luka, Bosnia and Herzegovina; Krishna D Rao Johns Hopkins University School of Public Health, Baltimore, USA; Ahmad Shah Salehi Global Innovation Consultancy Services, Kabul, Afghanistan; Peter Yeboah Christian Health Association of Ghana, Accra, Ghana
Participatory session

Multisectoral action

Meeting – SDG 11: stimulating multisectoral responses to create an urban health system able to improve health and social outcomes for and with the urban poor

SDG 11 requires action from all sectors to improve the wider determinants driving ill health among the urban poor. Through a combination of videos and world café discussions of projects showing Multisectoral action at community, health facility and municipality levels, we will identify strategies for Multisectoral action to reduce urban inequities.

Helen Elsey, Nuffield Centre for International Health and Development, University of Leeds; Chandani Kharel, HERD International, Nepal; Riffat Ara Shawon Centre for Injury Prevention and Research, Bangladesh; Duc Minh Doung Hanoi University of Public Health

Panel session

Community health systems

Skills, systems and regulations: pragmatic lessons about the stewardship of contracting for LMICs

Contracting is a strategic option for governments to engage private health providers in LMICs but has produced mixed results. This session draws from ongoing experience in South Asia, examining contracting governance, systems and regulatory support to pull out lessons for effective stewardship of contracting within the LMIC context.

Kenneth Grant, Mott MacDonald Limited, UK; Shehla Zaidi, Aga Khan University, Karachi and Mott MacDonald UK; Brian Niven, Mott MacDonald, International Advisory, UK; Najibullah Safi, World Health Organization, Afghanistan; Prasanna Sailgram, Public Health Foundation, India; Farooq Azam, Mott MacDonald, Pakistan; Bharati Das, Ministry of Health and Family Welfare, India; Joe Kutzin, World Health Organization, Geneva

Digital innovation in health systems

This session will contrast the experience of European countries that have invested heavily in digital health technologies with those that are only beginning to do so, and will examine key challenges and unintended consequences. The perspectives of policymakers, implementers and end-users will be provided, as well as questions around the research and investment infrastructure that needs to be in place to enable the transfer of lessons for LMICs.

Organized by the World Health Organization Regional Office for Europe and the London School of Hygiene & Tropical Medicine.

Carl May, London School of Hygiene & Tropical Medicine; Hans Kluge, World Health Organization Europe; George Gotsadze, Curatio International Foundation, Health Systems Global
14:00 – 15:30  ACC Main Auditorium

TWG, Spanish translation

Leaving no one behind

Bringing the pieces together: multiple perspectives on translating evidence into action

How does knowledge and evidence become policy and practice? This session will bring together panelists from media, civil society, academia, and government to explore how these stakeholders develop and influence policy. It will also provide opportunities for participants to interact with speakers through facilitated roundtable sessions.

14:00 – 15:30  ACC room 1B

Panel session

Funders panel: global and local funding strategies for advancing health systems for all in the SDG era

This session will begin with an overview of global trends in HSPR funding. This will provide a backdrop for a discussion among key global and national HSPR funders about their major funding streams, the specific practices of HSPR funders and how they are shaping their funding opportunities, with the aim of providing insights on how best to leverage funding for HSPR.

Chair: Anne Mills, LSTHM
Speakers: David Peters, Alliance for Health Policy and Systems Research; Nopporn Cheanklin, Director, Health Systems Research Institute, Thailand; Jill Jones UK MRC; Lola Adedokun, Doris Duke; Neal Brandes, Health Advisor, USAID Charitable Foundation

14:00 – 15:30  ACC room 3A

Oral session, French translation

Leaving no one behind

Social protection and vulnerable groups

Chair: Valéry Ridde, University of Montreal, Canada

Extending social protection to those outside the formal sector is a particular challenge for UHC. The presentations in this session look at some of the barriers to access to health insurance and health services experienced by migrant and informal sector workers, and some of the potential mechanisms for increasing coverage among vulnerable groups.

The challenge of including people with informal jobs for moving towards Universal Health Coverage in three Latin American countries
Pamela Bernales-Baksai, University of Bath, UK

Is the beneficiary aware about their insurance scheme? A descriptive analysis from Karnataka, India
Yogish Channa Basappa, Institute of Public Health, India

Sustaining the Dominican HIV Response through Integration with Social Insurance
Jonathan Cali, Abt Associates, USA
14:00 – 15:30  ACC room 3B

Oral session, Spanish translation

Quality of care: challenges and potential solutions

Chair: Clara Juarez, National Institute of Public Health of Mexico

Four presentations on quality of MCH services identify social and technical determinants of poor quality, socioeconomic inequalities in quality at facility level, and the scope for potential improvements through service reconfiguration.

- Inequities in the quality of antenatal care: evidence from 91 low- and middle-income countries
  Catherine Arsenault, Harvard T.H. Chan School of Public Health, USA

- Health systems and social networks. Effects of the construction of the ‘bad’ health professional by former female patients in Argentina
  Raquel Drovetta, National Scientific and Technical Research Council (CONICET), Argentina

- Improving delivery care quality at scale: modeling service redesign in six countries
  Anna Gage, Harvard T.H. Chan School of Public Health, USA

- Evidence-based practice changes: qualitative evaluation of care during childbirth in community hospitals in Mexico
  Marisela Olvera Garcia, Instituto Nacional de Salud Pública, Mexico

14:00 – 15:30  ACC room 4A

Panel session

Leaving no one behind

The politics of health policy and systems at the global and national levels: overcoming systematic barriers to improve health in marginalized communities

The major overarching theme throughout this panel is the identification of systemic barriers to care in marginalized communities. Using varying analytical and theoretical lenses, the papers on this panel all attempt to deconstruct the ways in which health systems and vulnerable populations interact to perpetuate poor health outcomes.

Sara Elisa Fischer, Georgetown University, USA; Yusra Shawar, American University, USA; Veena Sriam, University of Chicago, USA; Annisa Rahmalia, TB HIV Research Center, Universitas Padjadjaran, Indonesia; Edna Bosire, University of the Witwatersrand, South Africa; Emily Mendenhall, Georgetown University, USA; Adam Koon, Abt Associates, London School of Hygiene & Tropical Medicine
Program

Wednesday October 10, 2018

14:00 – 15:30  ACC room 4B

Lightning oral session

Community health systems

Community participation: advocacy, accountability and change agents

Chair: Anuj Kapilashrami, University of Edinburgh, UK

In this session, drawing from experiences in Chile, South Africa, Zambia, Zimbabwe, Kenya, Nepal, Ghana and Democratic Republic of Congo, approaches to community participation are explored. Methods including community scorecards, health information interventions, Photovoice, and equity monitoring are discussed.

Citizen participation and co-management for health in Chile
Tania Alfaro, Escuela de Salud Pública Salvador Allende, Facultad de Medicina, Universidad de Chile, Chile

An invitation to participation: possibilities and constraints of institutionalized community participation at primary health care level in the Western Cape, South Africa
Hanne Haricharan, University of Cape Town, South Africa

A critical reflection on using Photovoice as a vehicle for strengthening the negotiating power of health centre committees in East and Southern Africa
Barbara Kaim, Training and Research Support Centre, Zimbabwe, Zimbabwe

Innovative strategies for community participation in improving maternal health service provision in rural Eastern Cape health facilities, South Africa
Martina Lembani, University of the Western Cape, South Africa

Developing a participatory approach (methodology) for engaging community and health system for increasing met needs for family planning
Petrus Steyn, Department of Reproductive Health and Research, World Health Organization, Switzerland

Equity monitoring in a post-disaster context in Nepal: building local ownership, listening to community voices and service provider challenges
Deborah Thomas, Nepal Health Sector Support Programme, Nepal

Masisebenzeni sane’ (let’s work together): opportunities and challenges to incorporate grassroots activism to strengthen the health (information) systems
Myrna van Pinxteren, University of Cape Town, South Africa

Fostering community participation to improve service quality and health worker satisfaction and motivation in the Democratic Republic of Congo
Janna Wisniewski, Tulane University School of Public Health and Tropical Medicine, USA

14:00 – 15:30  ACC room 11A

Oral session

Multisectoral action

Partnerships for research, capacity development and policy: challenges and opportunities

Chair: Margaret Saunders, Deputy Editor, Global Health, Health Affairs, USA

Presentations in this session tackle the challenges of capacity development through partnerships. These include tensions in international research partnerships and the lessons learned from different approaches to building collaborative relationships between researchers and health system decision-makers and managers.

Beyond triumphalist discourses of global health research partnerships: Recognizing and sustaining West African research capacity in the wake of the 2014-16 Ebola epidemic
Ani Chénier, McMaster University, Canada

The outsiders from within’ researcher-managers’ collaboration for facilitating real-time research uptake for system strengthening in the process political devolution: lessons from Kenya
Benjamin Tsofa, KEMRI-Wellcome Trust Research Programme, Kenya

Promoting evidence-informed policymaking through intersectoral action to improve health outcomes in Nigeria: outcome of a two-way secondment model between university and health ministry
Chigozie Uneke, Ebonyi State University Abakaliki, Nigeria

Building capacity in health systems research in post-Ebola Sierra Leone
Haja Wurie, Liverpool School of Tropical Medicine, UK
14:00 – 15:30  ACC room 11B

**Oral session**

**Attracting, retaining and sustaining the health workforce**

**Chair**: V.R. Muraleedharan, Indian Institute of Technology

**Ensuring a health workforce that is fit for purpose is crucial for the achievement of UHC. This session draws upon examples from South Africa, Thailand, Kenya and China, to explore planning the health workforce, attraction and retention of health workers, and motivations to provide quality care.**

- The resilient nurse – what motivates professional nurses to stay in their jobs and in underserved areas?
  - Prudence Ditlopo, Center for Health Policy, University of the Witwatersrand, South Africa

- Strategic planning of human resources for health to address the challenges of Thailand’s Universal Health Coverage under the epidemiological transition: a system dynamics approach
  - Borwornsom Leerapan, Mahidol University, Thailand

- “I train and mentor, they take them”: nurses’ perspectives on quality of inpatient care for sick newborns across sectors in Nairobi, Kenya
  - Mary Nyikuri, Strathmore University, Kenya

- Attracting health workers to rural community health organizations in Shandong Province, China: insights from a discrete choice experiment
  - Kuimeng Song, Shandong Academy of Medical Science, China

14:00 – 15:30  ACC room 11C

**Lightning oral session**

**Engaging the private sector**

**Tapping into the private sector: private providers and private finance for the SDGs**

**Chair**: Karen Grepin, Wilfred Laurier University, Canada

**These presentations identify a range of contributions that the private sector (both for-profit and non-profit) is making to health system development, including new sources of finance, digital platforms and new partnerships for service delivery.**

- McQuality and HealthBucks? What fast-food franchises can teach us about health service delivery and quality of care. Lessons from disruptive innovators in private and public sectors
  - Priya Balasubramaniam, Public Health Foundation of India, India

- Promoting the intersection of engagement between traditional and private equity stakeholders in emerging global health care markets
  - Lesley Bristol, Gillings School of Global Public Health, University of North Carolina at Chapel Hill, USA

- Innovating to achieve UHC: optimizing the impact of the private health workforce
  - Sean Callahan, Abt Associates, USA

- The role of private sector in health service delivery in smaller cities of Bangladesh
  - Shaikh Hasan, icddr,b, Bangladesh

- Is the private sector well positioned to help meet unmet demand for Universal Health Coverage in Nigeria? What does the evidence say?
  - Uche Ikenyei, Western University, Canada

- Re-thinking the role of the private sector in health – lessons from Brazil and the way forward
  - Maureen Lewis, Aceso Global, USA

- Exploring the role of non-state actors in Indian health care: how mission hospitals can contribute to UHC expansion
  - Katelyn Long, Boston University School of Public Health, USA

- Half a loaf is better than none: coverage, capacity and constrains of private sector health facilities in Somalia
  - Rashid Zaman, Oxford Policy Management, UK
## Program

### Wednesday October 10, 2018

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<td>14:00 – 15:30</td>
<td>ACC room 12</td>
<td>Participatory session</td>
<td><strong>Leaving no one behind</strong>&lt;br&gt;SDG governance for health equity – turning a vision into practice&lt;br&gt;<strong>Session host:</strong> Masuma Mamdani, Global Health Centre, the Graduate Institute; Peter Taylor, International Development Research Centre&lt;br&gt;This session will discuss governance mechanisms for SDG implementation developed at the country level and their implication for health equity, on the basis of a series of scoping studies conducted in South Asia, Latin America, and Eastern and Southern Africa. Alfred Bizoza, University of Rwanda; Rajendra Kumar BC, Nepal Public Health Foundation; Cristiane Quental, Center for International Relations in Health, Fiocruz</td>
</tr>
<tr>
<td>14:00 – 15:30</td>
<td>ACC Hall 2E</td>
<td>Participatory session</td>
<td><strong>Leaving no one behind</strong>&lt;br&gt;Health financing reforms and gender: unpacking the framing and assessing the evidence on gender-equitable Universal Health Coverage&lt;br&gt;Our session focuses on gender equity within the framework of UHC. Specifically, we aim to foster dialogue and advance knowledge on how health financing reforms can be explicitly designed to account for gender considerations. We achieve our objective through a series of short case reports and focused roundtable discussions. Manuela De Allegri, Institute of Public Health, Heidelberg University, Germany; Divya Parmar, Institute of Statistical, Social and Economics Research (ISSER), University of Ghana, Ghana; Christabel Kambala, University of Malawi, The Polytechnic, Environmental Health Department, Malawi; Divya Parmar, School of Health Sciences, University of London, UK; Erica Di Ruggiero, Office of Global Public Health Education; Training, Dalla Lana School of Public Health, University of Toronto, Canada</td>
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<tr>
<td>14:00 – 15:30</td>
<td>ACC Hall 2F</td>
<td>Participatory session</td>
<td><strong>Leaving no one behind</strong>&lt;br&gt;Addressing the politics of policy change in taking action on inequity and social exclusion&lt;br&gt;This session will stimulate thinking on the political action needed to take advantage of the new opportunities created by the SDGs to tackle the continuing challenges of inequity and social exclusion, showcasing the work of a new generation of PhD scholars researching the politics of policy change. Lucy Gilson, University of Cape Town, South Africa/London School of Hygiene &amp; Tropical Medicine, UK; Jeremy Shiffman, American University, USA; Ryan Guinaran, Benguet State University, Philippines; Chinyere Okeke, University of Nigeria; Sudha Ramani, Tata Institute of Social Sciences, India; Ida Okeyo, University of the Western Cape, South Africa</td>
</tr>
</tbody>
</table>

**TWG**

Community health systems

Sharing experiences from CHW research and practice to strengthen leadership and management of community health worker programs

This participatory world café focuses on sharing experiences from CHW research and practice to strengthen leadership and management of community health worker programs. It aims to provide a platform to share experience on latest challenges and opportunities in CHW programs, including new health challenges, quality, fragility, interface role and scale-up.

David Musoke, Makerere University, Uganda; Kingsley Chikaphupha, Reach Trust Malawi; Liverpool School of Tropical Medicine, UK; Reetu Sharma, Indian Institute of Public Health Gandhinagar (IIPHG), India; Sarita Panday, University of Sheffield, UK/Nepal
14:00 – 15:30  ACC Hall 2N

Participatory session

Community health systems

Choice of regulation and pharmaceutical systems performance: finding the right mix between economic liberalism and state supervision for optimum public health benefit

Medicines provide an ideal window into studying contemporary societies. With dimensions that are simultaneously scientific, therapeutic, popular and commercial, they are central to the attainment of universal health. We propose an organized roundtable discussion on the different pharmaceutical regulation options for the optimization of public health benefits.

Daniel Kojo Arhinful, Noguchi Memorial Institute for Medical Research, University of Ghana; Carrine Baxerres, IRD, Université Paris Descartes, Ben K. Botwe, College of Pharmacists, Ghana; Joseph Nyoagbe, Pharmacy Council, Ghana; Maurice Cassiers, IRD, Université Paris Descartes; Carmelle Hounnou, UEMOA, Benin

15:30 – 16:00
Refreshment break
In the ACC Hall 2M, Galleria and Level 3

16:00 – 17:30  ACC Main Auditorium

Panel session, Spanish translation

Community health systems

Using media to facilitate bottom-up accountability, health system responsiveness, and participatory decision-making processes: the role of citizen journalists, social activists and the media

Media can be used to strengthen community health systems by ensuring bottom-up accountability, health system responsiveness, and participatory decision-making processes. This exciting session will gather information on how multiple actors use media to bring about health system change, and discuss strategies to support those fulfilling this important health systems function.

Leanne Brady, University of Cape Town, South Africa; Jan Swasthya Abhiyan/Peoples Health Movement, India; Rosaura Medina, Centro de Estudios para la Equidad y Gobernanza en los Sistemas De Salud, Guatemala; Laura Lopez Gonzalez, Bhekisisa Health Journalism Centre, Mail and Guardian, South Africa; Samir Garg, Minitan CHW Project, India; Adie Vanessa Offiong, HSG Media Fellow, Nigeria

16:00 – 17:30  ACC room 1B

Panel session

Leaving no one behind

Putting quality at the heart of community health services for maternal, newborn and child health

Chair: Victoria Doyle, Capacity Development International, UK

Community health workers play a crucial role in linking (expectant) mothers, newborns and children to essential health services. There are challenges in measuring and improving the quality of the services provided by community health workers. This session will explore practical approaches to quality improvement for community health services.

Speakers: Linet Atieno Okoth, LVCT Health, Kenya; Silah Kimanzi, USAID Kenya Mission; Elizabeth Mgamb, Migori County Government of Kenya; Meghan Bruce Kumar, Liverpool School of Tropical Medicine
Program

Wednesday October 10, 2018

16:00 – 17:30  ACC room 3A

Oral session, French translation

Leaving no one behind

Ensuring access for all: reaching marginalized groups

Chair: Kara Hanson, London School of Hygiene & Tropical Medicine, UK

This session draws upon studies in India, Nepal, Haiti and China that have focused on how marginalized populations such as indigenous groups, transgender communities, elderly populations and rural communities access health care. How to include the voices of these groups in policy development and planning services is discussed.

La Santé pour tous: Ce que nous disent les données des ménages sur l’équité et la protection des risques financiers pour la santé en Haïti

Health for all: What we can learn from household data on fairness and financial risk protection for health in Haiti

Jean-Patrick Alfred, Ministere de la Sante Publique et de la Population, Haiti

Progressive universalism for health: a qualitative study capturing voices of indigenous and transgender communities in Kerala, India

Afsan Bhadelia, Harvard T.H. Chan School of Public Health, USA

Multimedia video: highlights the health care crisis faced by indigenous women of Southern India in accessing basic maternal health care services.

Munmun Dhalaria, Independent Documentary Filmmaker, India

Community participation leading maternal health research in rural Nepal

Sunisha Neupane, University of Montreal, Canada

Characteristics, evolutions, and prospects of ageing and elder care in rural China: a literature review

Lingling Zhang, Clemson University, USA

16:00 – 17:30  ACC room 3B

Oral session Spanish translation

Using novel methods to understand health data for health system strengthening

Chair: Isabel Goicolea, Umeå University, Sweden

In this methodology-focused session, presenters offer new solutions to the challenges of measuring health facility catchment areas, effective coverage for UHC monitoring, intervention fidelity in trials of public health interventions, and applying geospatial methods to health data.

Enhancing facility performance monitoring for targeted decision-making in the SDG era: comparative analysis of novel approaches to estimate catchment area size

Orvalho Augusto, Eduardo Mondlane University, Mozambique

Methodological issues in estimating effective coverage

Emily Carter, Johns Hopkins Bloomberg School of Public Health, USA

Comparison of registered and published intervention fidelity assessment in cluster randomized controlled trials of public health interventions in LMICs: systematic review

Myriam Perez, Université de Montréal, Canada

Análisis de datos georreferenciados en el ámbito de la salud y su importancia para la formulación de políticas en salud pública y privada

Geo-referenced data analysis in the context of health and its relevance for developing private and public health policy

Adriana Pérez Renfiges, Cátedra de Bioestadística -Facultad de Medicina – Universidad Nacional de Tucumán, Argentina
Wednesday October 10, 2018

16:00 – 17:30  ACC room 4A

Oral session

**Engaging the private sector**

**Institutions for accountability and trust**

**Chair:** Kerry Scott, Johns Hopkins School of Public Health, India

This session traces the role of power and trust in mediating the relationship between the public and private (including non-profit) sectors across a range of policy issues including mental health, maternal health, and hospital service delivery. Presentations will seek to identify how accountability can be strengthened while managing the interdependency of public and private actors.

- **Trust me if you can! Realist insights on how mistrust undermines effective public-private engagement and strategies to address it in West Africa**
  Jean-Paul Dossou, Centre de Recherche en Reproduction Humaine et en Démographie, Cotonou, Benin and Institute of Tropical Medicine Antwerp, Belgium

- **The significance of power dynamics in shaping government and private sector mental health care engagement in constrained resource settings: lessons from South Africa**
  André Janse van Rensburg, Stellenbosch University, South Africa

- **Policy feedback effects of Thailand’s Universal Health Coverage towards the role and power of private hospitals in the health system**
  Napaphat Satchanawakul, King’s College London, UK

- **Public accountability of INGOs working in sexual and reproductive health in Ghana: a realist inquiry**
  Sara Van Belle, Institute of Tropical Medicine, Antwerp, Belgium

16:00 – 17:30  ACC room 4B

Oral session

**The role of leadership in health systems strengthening**

**Chair:** Keith Cloete, Western Cape Health Department, South Africa

These four presentations examine the influence of factors such as leadership, management, professional identity and managers’ motivation on health system performance, and the impact of interventions to strengthen management and leadership practices.

- **Exploring the relationship between leadership, public service motivation and performance in Moroccan hospitals: a multiple case study**
  Zakaria Belhiti, Ecole Nationale de Santé Publique, Morocco

- **Capacity building for health systems management: findings of a theory-driven evaluation of a complex intervention in Uganda**
  Valeria Campos da Silveira, Institute of Tropical Medicine, Antwerp, Belgium

- **Leadership development to strengthen health systems in LMICs: an evaluation of a leadership development intervention with health facility managers at a district in South Africa**
  Nonhlanhla Nxumalo, Centre for Health Policy, School of Public Health, University of the Witwatersrand, South Africa

- **Who are we? The role of team, professional and managerial relationships in collective leadership practices in district hospitals, Cape Town, South Africa**
  Dickson Okello, Health Policy and Systems Division, University of Cape Town, South Africa
### Program

#### Wednesday October 10, 2018

**16:00 – 17:30  ACC room 11A**

**Oral session**

**Leaving no one behind**

**Engaging with the politics of policy: process and power**

**Chair:** Johanna Hanefield, London School of Hygiene & Tropical Medicine, UK

This session explores the complexities of how policies are developed and abandoned, including the agenda-setting and decision-making processes, and the actors involved. It draws on the experiences of policy development, such as free maternal health policy, standard treatment guidelines and essential drug lists, and health sector reform in a range of settings.

- **Influencing intersectionally? Equality coalitions, health bodies and the public sector equality duty**
  
  **Ashlee Christoffersen, University of Edinburgh, UK**

- **Use of evidence, contestation and negotiations in the review of national standard treatment guidelines and essential medicines list: experience from Ghana**
  
  **Augustina Koduah, School of Pharmacy, University of Ghana College of Health Sciences, Ghana**

- **Role of policy actors and contextual factors in policy agenda setting, formulation and implementation: a free maternal and child health pilot program in Nigeria**
  
  **Chinyere Okeke, Institute of Public health, University of Nigeria, Nigeria**

- **What, why and how do health systems learn from one another? Insights from eight low and middle-income country case studies**
  
  **Sophie Witter, Queen Margaret University, UK**

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**16:00 – 17:30  ACC room 11B**

**Oral session**

**Global health discourses**

**Chair:** Seye Abimbola, University of Oxford, BMJ Global Health, UK; The George Institute for Global Health, University of Sydney, Australia; National Primary Health Care Development Agency, Nigeria

In this session, three hot topics in global health will be discussed, debated and interrogated: health systems strengthening, health system resilience, and Universal Health Coverage.

- **Health systems strengthening a review of the concept**
  
  **Sumegha Asthana, Jawaharlal Nehru University, India**

- **Global policy discourse meets local health systems realities: resilience, Nepal and the 2015 earthquakes**
  
  **Julie Balen, The University of Sheffield, UK**

- **PHC or UHC: prospects for health equitable health systems under persisting neoliberal austerity**
  
  **Sameera Hussain, University of Ottawa, Canada**

- **Animation: what is everyday health system resilience?**
  
  **Rebecca Wolfe, London School of Hygiene & Tropical Medicine, UK**
Oral session

Community health systems

Taking a gender lens to the health system

Chair: Veloshnee Govender, World Health Organization, Switzerland

Health systems are not gender neutral; gender is a key social stratifier, influencing health system needs, experiences and outcomes. This session draws upon experiences in Kenya, Ghana and South Africa, and includes approaches to addressing sexual harassment in health workplaces, understanding the influence of gender on career progression amongst health managers, participatory approaches with women and men’s groups to create change, and understanding facilitators and barriers to male involvement in health facility maternity care.

- Understanding health facility factors that facilitate or impede male involvement in maternity care in Ghana. Perspectives of health workers.  
  Alexander Laar, REJ Institute, Ghana
- Preventing sexual harassment in health systems that deliver for all  
  Constance Newman, IntraHealth International, USA
- Leaving no woman behind: The influence of gender on the career progression, perspectives and experiences of South African middle managers  
  Maylene Shung-King, University of Cape Town, South Africa
- Understanding how change is created through participatory women’s groups in Kenya  
  Paula Valentine, Save the Children, UK

Participatory session

Community health systems

Expressing citizenship: legislative theatre as a strategy for advancing community participation in policy development for health equity and justice

The session is an engagement with issues of health advocacy, policy and campaigning through community participation. It is built around legislative theatre as core performance developed with the participants to explore strategies for deepening community participation and catalyzing health system responsiveness towards health equity and justice.

Benson Issac, Azim Premji University; Shreelata Rao Seshadri, Azim Premji University

TWG

Leaving no one behind

Context, gender, and sustainability in introducing and scaling-up essential health care packages in fragile and crisis-affected countries

The essential package of health services is a mechanism for expanding equitable coverage of primary health care and essential hospital services in countries recovering from conflict. This session explores the evidence-base on such health care packages in different contexts and prioritizes areas for strengthening research.

Suzanne Fustukian, Queen Margaret University, Edinburgh, UK; Egbert Sondorp, KIT Royal Tropical Institute, the Netherlands; Goran Abdulla Sabir Zangana, Health Policy Research Organisation, Iraq; Valerie Percival, Norman Paterson School of International Affairs, Carleton University, Canada
Program

Wednesday October 10, 2018

16:00 – 17:30  ACC Hall 2F

Other, Participatory session

**Leveraging practitioner-to-practitioner learning to solve UHC health systems challenges**

Join JLN representatives from Malaysia, Mongolia, Nigeria, and South Korea for an interactive session featuring facilitated joint learning discussions, ranging from strengthening primary care to mobilizing resources for health. The session explores how country-level policymakers and practitioners can jointly solve health systems challenges in pursuit of UHC.

Kamaliah Noh, Public Health and Community Medicine at Cyberjaya University College of Medical Sciences; Nneka Orji, Department of Health Planning Research and Statistics, Federal Ministry of Health, Nigeria; Tsolmongerel Tsalajav, Health Economist, Mongolia; John Ryu, Commissioner, International Cooperation Group, Health Insurance Review and Assessment Service; Amanda Folsom (moderator), Results for Development

16:00 – 17:30  ACC Hall 2L

Participatory session

**Leaving no one behind**

**Research innovation meets reality in Bangladesh, Nepal and Tanzania: measuring health system performance to reach every woman and every newborn**

Journey through three countries (Bangladesh, Nepal, Tanzania) experiencing innovative data collection methodologies (e-data, filming, and health systems evaluation) in the 20,000 women EN-BIRTH observational study to validate indicators for coverage and quality of maternal and newborn care. Discuss real-world implications, routine health information systems, to maximize local use of data.

Donat Shamba, Ifakara Health Institute, Tanzania; Ahmed Ehsanur Rahman, icddr:b, Bangladesh; Ashish KC, UNICEF, Nepal; Stefan Swartling Peterson, UNICEF, New York; Allisyn Moran, World Health Organization, Switzerland; Joy E. Lawn, London School of Hygiene & Tropical Medicine

16:00 – 17:30  ACC Hall 2N

Panel session

**Multisectoral action**

**Working with the neighbors: the opportunities and challenges for health systems within regional trading blocs**

Regional blocs, (EU, ASEAN etc.) are growing in importance. A focus on trade impacts many health systems building blocks (e.g. medicines, workers). Yet few explicitly consider implications for health systems. This session compares experience from blocs in several continents, particularly focus on lessons from health policy in the EU.

Martin McKee, European Public Health Association/ London School of Hygiene & Tropical Medicine; Natasha Muscat, European Public Health Association/University of Malta; Scott Greer, University of Michigan; Helena Legido, Quigley National University of Singapore; Ana Amaya, Pace University, New York; James Hospedales, Caribbean Public Health Agency; Gorik Ooms, London School of Hygiene & Tropical Medicine
The Beatles were an English rock band formed in Liverpool in 1960. With members John Lennon, Paul McCartney, George Harrison and Ringo Starr, they were regarded as one of the most influential music band in history.
## Wednesday – Posters

The poster presentations will take place during the morning and afternoon breaks and in two slots during lunchtime. Presenters will be giving short five-minute talks about their posters and be available for questions during the allotted time slots given below.

The posters are located in three areas of the venue: the Galleria, Level 3 and the ACC Hall 2M. These locations can be found on the map on page 12 of the program. For the most up-to-date poster listings, please visit the app or the poster listing boards located in Hall 2M, Galleria and Level 3.

### Location: Galleria

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<thead>
<tr>
<th>Poster</th>
<th>Title</th>
<th>Authors</th>
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<tbody>
<tr>
<td>69</td>
<td>Strengthening district-level accountability systems to improve community results</td>
<td>Taylor Williamson, RTI/Health Policy Plus</td>
</tr>
<tr>
<td>70</td>
<td>Traditional health practitioners policy development in South Africa: stakeholder mapping and analysis</td>
<td>Busisiwe Shezi, Environment and Health Research Unit, South African Medical Research Council, Durban, South Africa</td>
</tr>
<tr>
<td>71</td>
<td>Rural women’s preferences and knowledge on integrated, community-based self-collection for cervical cancer screening in rural Uganda: The ASPIRE Mayuge project</td>
<td>Angeli Rawat, University of British Columbia</td>
</tr>
<tr>
<td>72</td>
<td>The 6 A’s Global Transitional Care Model to coordinate acute hospital care with community and social services</td>
<td>Janet Bettger, Duke University</td>
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### Location: ACC Hall 2M

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<tr>
<th>Poster</th>
<th>Title</th>
<th>Authors</th>
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<tbody>
<tr>
<td>133</td>
<td>Sustainable development girls: mapping youth advocacy and action to achieve sexual and reproductive health rights in Africa</td>
<td>Shakira Choonara, SRHR Africa Trust, Johannesburg, South Africa</td>
</tr>
<tr>
<td>134</td>
<td>Male involvement in birth preparedness and complications readiness planning: experience from the Maternal and Child Survival Program in Mozambique</td>
<td>Gilda Sitefane, Jhpiego and USAID Maternal and Child Survival Program in Mozambique</td>
</tr>
<tr>
<td>135</td>
<td>Gender-sensitive reproductive, maternal, newborn, child and adolescent health services in Tanzania: where do we stand?</td>
<td>Mary Rwegasira, Jhpiego Tanzania</td>
</tr>
<tr>
<td>136</td>
<td>Gendered health systems: evidence from nine low- and middle-income country studies</td>
<td>Rosemary Morgan, Johns Hopkins Bloomberg School of Public Health</td>
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### Location: Level 3

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<thead>
<tr>
<th>Poster</th>
<th>Title</th>
<th>Authors</th>
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<tbody>
<tr>
<td>137</td>
<td>Women living with HIV in the Middle East and North Africa region: the missed opportunity for mitigating the epidemic</td>
<td>Dooa Oraby, Independent Consultant</td>
</tr>
<tr>
<td>138</td>
<td>Illness narratives as an innovative method to ensure no one is left behind in health systems development: disease, disability and intersectionality in Liberia</td>
<td>Laura Dean, Liverpool School of Tropical Medicine</td>
</tr>
<tr>
<td>200</td>
<td>Stakeholder engagement and buy-in for implementation of eMIS initiatives in Bangladesh</td>
<td>Reza Rumi, icddr,b</td>
</tr>
<tr>
<td>201</td>
<td>Strengthening health information systems in low-resource settings – learning from the Kasai Oriental province of the Democratic Republic of Congo</td>
<td>Samy Ahmar, Save the Children</td>
</tr>
<tr>
<td>202</td>
<td>Community health systems catalog: the one-stop “shop” for community health information and trends across 25 countries</td>
<td>Kristen Devlin, JSI Research &amp; Training Institute, Inc. (JSI)</td>
</tr>
<tr>
<td>203</td>
<td>Building interoperability between community health service statistics with logistics management information system in Bangladesh improves data quality, visibility and effective use</td>
<td>Mohammad Kibria, MEASURE Evaluation/University of North Carolina-Chapel Hill</td>
</tr>
<tr>
<td>204</td>
<td>Improving the generation, quality and use of data for routine immunization systems through the use of process indicators and other strategies</td>
<td>Disha Ali, USAID’s Maternal and Child Survival Program/John Snow, Inc.</td>
</tr>
<tr>
<td>265</td>
<td>Improvement of health service delivery through integrated health systems support approach in Bangladesh, Kenya, Myanmar, Pakistan and Tanzania</td>
<td>Asrat Tolossa, World Vision Canada</td>
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### Morning break: 10:30

Location: Galleria

1. **Effective coverage of the Mexican health system**
   - Hannah Leslie, Harvard T.H. Chan School of Public Health

2. **Patient pathways and access to care for cardiovascular diseases in Malaysia and the Philippines: a scoping review**
   - Maureen Seguin, London School of Hygiene & Tropical Medicine

3. **Barriers to inclusive universal reproductive health care: qualitative insights from an intervention to integrate post-abortion family planning (PAPF) into routine abortion care in China**
   - Rachel Tolhurst, Liverpool School of Tropical Medicine

4. **Factors associated with intention non-affiliation to popular health insurance in Mexico**
   - Eduardo Bustos-Vázquez, National Institute of Public Health, Mexico

5. **Impact of health insurance coverage and health workforce on seeking behavior of inpatient care in China**
   - Yinzi Jin, Peking University China Center for Health Development Studies

6. **The Lancet Commission on Global Surgery Indicators: a three-year appraisal using a framework of availability, comparability and usefulness**
   - Hampus Holmer, Lund University, Faculty of Medicine, Department of Clinical Sciences Lund, Paediatrics

### Location: Level 3

67. **Health Forum Movement – study on local health systems strengthening, West Bengal, India**
   - Ketaki Das, West Bengal Voluntary Health Association (WBVHA)

68. **Community perspectives on Kangaroo Mother Care (KMC) in India**
   - Natasha Kanagat, John Snow, Inc.
Leaving no one behind: barriers to attend antenatal care within the first four months of pregnancy among women from poorest households in Addis Ababa
Muluneh Massie, University of South Africa (UNISA)

Continuum of maternal health intervention in India: from pre to post-reform period.
Sumirtha Gandhi, Indian Institute of Technology

Rwanda as a model of maternal health: a comparative analysis with countries from SSA that did not achieve the MDG5A
Maria Gonzalez, Dalian Medical University

Gains in maternal health in the Philippines: insights from national health surveys and maternal health policies Maria Stephanie
Maria Stephanie, University of the Philippines – Philippine General Hospital

Obstetric violence: evidence for participatory intervention for bringing change in health facilities
Manmeet Kaur, Postgraduate Institute of Medical Education and Research, Chandigarh

Mortality due to low-quality health systems – implications for Universal Health Coverage
Margaret Kruk, Harvard T.H. Chan School of Public Health

A framework to evaluate quality improvement models in newborn care engaging the private and public sector in Telangana state, India
Karen Zamboni, London School of Hygiene & Tropical Medicine

Quality of management and treatment services for sick children at patent and proprietary medicine vendors (PPMVs) in two states in Nigeria
Kate Gilroy, Johns Hopkins Bloomberg School of Public Health

Evaluating structural quality indices for labor and delivery, postnatal, and sick child care
Emily Carter, Johns Hopkins Bloomberg School of Public Health

Exploring the institutional arrangements for linking health financing to the quality of care: lessons from Indonesia, the Philippines, and Thailand
Adam Koon, Abt Associates

Strengthening quality management systems: ownership and sustainability in Nairobi County, Kenya
Sarah Byrne, IMA World Health

A living lab based design strategy for ICT-based solutions for primary health care: case study from India
Rajesh Kumar, Post Graduate Institute of Medical Education and Research

Harnessing ‘intellectual proximity’ to deliver effective provider-to-provider tele-consultations: experiences from Turkana, one of the most remote and marginalized regions of Kenya
Pratap Kumar, Strathmore Business School

A video for better management of dengue fever in a health system focused on malaria in Burkina Faso
Valéry Riddle, IRD (French Institute For Research on Sustainable Development)

Leveraging mobile health to promote uptake, retention and success of elimination of mother to child transmission of HIV (EMTCT) in Uganda, 2016 – 2017
Joseph Ssebwana, The Medical Concierge Group

Location: Galleria
Lunchtime: 12:45

Gaps between antibiotic prescribing practices and international guidelines among women who delivered by caesarean section at a rural hospital in eastern Rwanda
Fredrick Kateera, Partners In Health – Rwanda

Differentiated models of decentralized care following implementation of national policy to manage drug-resistant tuberculosis in South Africa: a health systems evaluation using pathways of care
Mosa Moshabela, University of KwaZulu-Natal

When health system is barrier to safe health care: challenges of managing superbugs in Latvia
Zane Linde-Ozola, Leeds Institute of Health Sciences, University of Leeds

Is “health for all” synonymous with “antibiotics for all”: changes in rational antibiotic use in a performance-based financing pilot in Zanzibar
Mary Hadley, Ministry of Health

Power, influence and antimicrobial resistance policymaking in Pakistan
Mishal Khan, London School of Hygiene & Tropical Medicine

What is the effect of facility and maternal characteristics on antibiotic prescription in public maternity units? Results from Madhya Pradesh India
Cecilia Kruger, Karolinska Institutet

Location: Level 3
73 Breast cancer screening program in China: does one size fit all?
Li Yang, Peking University School of Public Health

Cost-effectiveness of a community-based intervention to improve growth among children under two in rural India (CARING trial)
Hassan Haghparast Bidgoli, University College London, Institute for Global Health

Cost-utility of screening for depression amongst asylum seekers: a modeling study in Germany
Louise Biddle, University Hospital Heidelberg

The cost of implementing Universal Health Coverage in fragile states: study results from Afghanistan and Syria
David Collins, Management Sciences for Health

A cost-effectiveness and cost savings analysis of community-based seasonal malaria chemoprevention in seven countries in the Sahel region of Africa
Catharine Taylor, Management Sciences for Health

“Will we do?” – Household expenditure post stroke in India, a case study from ATTEND trial
Huei Ming Liu, The George Institute for Global Health
Learning from health system governance in China: evolution, innovation and significance for health system strengthening
Beibei Yuan, Peking University China Center for Health Development Studies

Exploring harmful incidents in university hospitals in Ghana: implications for patient safety
Aaron Abuosi, University of Ghana

Role of facility management in advancing PHC and achieving SDGs: results of a multilevel model examining associations of facility management with technical and experiential outcomes
Erllyn Macarayan, Ariadne Labs

Using theoretical and empirical analysis to inform proposals for adjustment of Uganda’s district health system performance assessment framework
Christine Tashobya, Makerere School of Public Health

‘Doing more with less’ – perceptions of South African health service managers on implementation of health innovations
Carrie Brooke-Sumner, Medical Research Council South Africa

Citizens’ outcry, a trigger to public health institutions responsiveness: exploring the role of accountability mechanism on local health systems performance in Uganda
Ndejjo Rawlence, Mukono District Local Government

Understanding noncommunicable diseases: combining routine surveillance data with local knowledge in rural South Africa
Eilidh Cowan, University of Cambridge

Global palliative care development: a systematic review of the most frequently used indicators for cross-national comparison. First step of the European Atlas of Palliative Care 2019
Natalia Arias Casais, University of Navarra

Verbal autopsy in health policy and systems: a literature review
Lisa-Marie Thomas, University of Aberdeen

Subnational and facility leadership: drivers of maternal and perinatal death surveillance and response
Mary Kinney, Save the Children

Assessing the quality of the medical cause of death statistics in Ghana for the year 2015 using the Anaconda tool
Anthony Ofosu, Ghana Health Service

Overcoming health systems barriers through maternal and perinatal death surveillance and response
Allisyn Moran, World Health Organization

Effect of delayed cord clamping on neurodevelopment at 12 months – a randomized clinical trial
Nisha Rana, Uppsala University

Understanding the Tanzanian maternal health care system and its response to payment for performance: an application of causal loop diagrams
Neha Singh, London School of Hygiene & Tropical Medicine

Group Antenatal Care: a transformational service delivery model to improve quality and service utilization through radical re-organization of care in LMICs
Brenda Onguti, Jhpiego, Kenya

A comparison of utilization of an innovative maternity waiting home model to standard of care for women awaiting delivery in rural Zambia
Nancy Scott, Boston University School of Public Health

Lessons learned using evidence to advance womens rights to quality maternal health care in Afghanistan
Faridullah Atiqzai, Jhpiego

Dying on the way to health facilities: is the health system failing the mothers of Bangladesh? A qualitative analysis
Shusmita Khan, MEASURE Evaluation

Investigating the relationship between quality of discharge and health outcomes for chronic disease patients in three hospitals in India
Claire Humphries, University of Birmingham, UK

Challenges of quality governance in a pluralistic Mexican Health System
Svetlana Doubova, Mexican Institute of Social Security

The evolution of Cambodia’s health systems financing: applying a quality lens
Somil Nagpal, World Bank

Measuring performance on the Healthcare Access and Quality Index: results and health system implications for 195 countries and selected subnational locations from 1990 to 2016
Jamal Yearwood, Institute for Health Metrics and Evaluation

Good ratings for poor quality: low health care expectations among internet users in 12 LMICs
Sanam Roder-Dewan, Harvard T.H. Chan School of Public Health

Understanding measurement, interaction, and systemic drivers of equity and quality
Dominic Montagu, University of California, San Francisco

Location: ACC Hall 2M

Location: Galleria
16. Innovative capacity building of district health officials for use of routine data: some implementation experiences from North India
Arun Aggarwal, Postgraduate Institute of Medical Education & Research

17. Challenges in implementing in-service training of auxiliary nurse midwives – case study from Pune, India
Shilpa Karvande, Foundation for Research in Community Health, Pune, India

18. How does the rural-oriented tuition-waived medical education program work? A cross-sectional survey in Shaanxi, China
Josefin van Olman, Xi'an Jiaotong University

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79. SMART2D – a people-centred approach through self-management and reciprocal learning for the prevention and management of Type 2 diabetes in a low-, middle- and high-income country
Peter Delobelle, University of the Western Cape, Bellville

80. Integrating health services at primary health care level: gestational diabetes care and Type 2 diabetes prevention through PMTCT services in South Africa
Jean Claude Mutzabi, École de Santé Publique, Université de Montréal; Centre de Recherche du Centre Hospitalier de l'Université de Montréal (CRCHUM)

81. Hypertension and diabetes management in a struggling health system: patients’ perspective of challenges and coping mechanisms in two districts in Uganda – a qualitative study
Rawlance Ndejjo, Department of Disease Control and Environmental Health, School of Public Health, College of Health Sciences, Makerere University

82. Diabetes epidemic: inequalities increase the burden on the health care system
Carolina Santamaría-Ulloa, Instituto de Investigaciones en Salud, Universidad de Costa Rica

83. Do physician practice incentives in primary care improve diabetes health outcomes? Evidence from linked administrative data in a context of Universal Health Coverage
Neeru Gupta, University of New Brunswick

84. An operations research for testing diagnostic accuracy of early detection and referral of diabetic retinopathy using a task shifting approach in peripheral government hospitals in Bangladesh
Tahmina Begum, icddr,b

Location: ACC Hall 2M

145. Canadians living in Ontario without private insurance have more unmet health care needs than ten years ago: evidence from the Canadian Community Health Survey
Hinda Ruton, University of British Columbia

146. Catastrophic health care expenditure and impoverishment in tropical deltas: evidence from the Mekong Delta for moving towards Universal Health Coverage
Sayem Ahmed, icddr,b

147. Re-thinking financial protection measures for vulnerable groups – the case of adolescents
Josephine Borghi, London School of Hygiene & Tropical Medicine

148. Leveraging cash transfers for Universal Health Coverage among children affected and infected with HIV: an evaluation study from South India
Edwin Sam Asirvatham, Christian Medical Association of India

149. User fee exemption as governmentality: perspectives from Senegal
Philipa Miladovsky, London School of Economics and Political Science

150. Exemption schemes for vulnerable households as a strategy to reach universal coverage in Benin and Senegal: a comparative analysis of implementation and logics of (non-)Juse
Céline Deville, Université de Liège

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Anne Gosselin, CEPED (Université Paris Descartes, IRD, INSERM)

212. Barriers and enablers associated with differentiated models of ART delivery at the community level: a three country study
Nicole Davis, JSI Research & Training Institute, Inc.

213. Communities in the lead: the Botswana experience with community-led health improvement to support the strategy for achieving HIV epidemic control
Kesabola Dikgole, Human Resources for Health in 2030 (HRH2030)

214. Re-thinking retention: mapping interactions between multiple factors that influence long-term engagement in HIV care
Stephanie Topp, James Cook University

215. Strengthening health systems for inclusive, equitable and just societies: perspectives on values-based health systems
Eleanor Whyle, University of Cape Town

216. When alignment between governments and donors result in vacuums of support: evidence from prioritization of HIV services in Kenya
Daniela Rodriguez, Johns Hopkins Bloomberg School of Public Health

217. Cultural barriers to health facility delivery in Indonesia and Ethiopia: a qualitative inter-country study
Sufriman Nasir, Hasanuddin University – ReaChout Indonesia

218. The forgotten mothers: provision of postpartum care to women delivering in health facilities in sub-Saharan Africa – analysis of Demographic and Health Surveys
Lenka Benova, London School of Hygiene & Tropical Medicine

219. Improving the continuum of maternity care services for women in rural Pakistan
Humaira Maheen, University of Melbourne

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Navneet Aujla, NIHR Global Health Research Unit on Improving Health in Slums, W-CAHRD

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Joseph Valadez, Liverpool School of Tropical Medicine

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Stephen Hodgins, University of Alberta

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Eva Bazant, Jhpiego, Affiliate of Johns Hopkins University

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Emmanuel Ugwa, Jhpiego, Nigeria

21 Realizing their potential to become learning organizations to foster health system resilience: Opportunities and challenges for health ministries in low- and middle-income countries
Sweta Saxena

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Edward Kamau, UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR)

23 Strengthening the essential but often neglected software elements of health system functioning: a novel initiative targeting frontline providers and their line-managers in Kenya
Jacinta Nzinga, KEMRI-Wellcome Trust

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Emmanuel Ugwa, Jhpiego, Nigeria

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Thomas Cook, The University of Iowa

86 Inclusive health systems: incorporating individuals with disability into plans for achieving the Sustainable Development Goals
Nalikha Zia, Johns Hopkins International Injury Research Unit, Health Systems Program, Department of International Health, Johns Hopkins Bloomberg School of Public Health

87 Households matter: a Photovoice study about the household’s influence on social inclusion of children with special needs in Uganda
Caroline Masquillier, University of Antwerp

88 Factors affecting the quality of life in patients with end-stage renal disease in selected hospitals in KwaZulu-Natal, South Africa
Pretty Mbeje, University of KwaZulu-Natal, South Africa

89 Alleviating the access abyss in palliative care and pain relief – an imperative of Universal Health Coverage: findings and recommendations of the Lancet Commission report
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Kristi Annerstedt, Karolinska Institutet

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## OVERVIEW

### Thursday

All of today’s sessions at HSR2018 take place in the ACC Liverpool. You can find the addresses and a map showing these locations in more detail at the back of the program.

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### Theme key

- **The SDGs as a stimulus for renewed multisectoral action**
- **Polemic and pragmatism:** **engaging the private sector** in moving towards Universal Health Coverage
- **Leaving no one behind:** health systems that deliver for all
- **Community health systems:** where community needs are located, but often the invisible level of health systems

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**Panel session**

**Leaving no one behind**

Health systems in post-conflict and fragile settings

**Oral session**

**Leaving no one behind**

Health systems’ responses to violence against women: challenging questions and methodological innovations

**Panel session**

Institutionalizing health policy and system research capacity: lessons from developing countries in Asia

**Panel session**

AGM: Health Systems Global

All HSG members are invited to attend the HSG Annual General Meeting

**Panel session**

Overcoming recognition, participation and accountability barriers to UHC for indigenous peoples: learning from Guatemala, Brazil and India

**Panel session**

Findings from the Lancet Global Health Commission on High Quality Health Systems: lessons for ensuring equity, effectiveness in the SDG era
Thursday October 11, 2018

14:00 – 15:30 ACC room 1C
Participatory session
**Leaving no one behind**

From the global to the local: country experiences of making SDGs relevant at subnational levels

14:00 – 15:30 ACC room 3A
Participatory session, French translation
**Leaving no one behind**

Le dialogue sur les politiques: partage d’expériences et de données probantes pour renforcer la multiséctorialité dans la gouvernance du système de santé

Policy dialogue: sharing experiences and evidence to strengthen multisectoriality in the governance of the healthcare system

14:00 – 15:30 ACC room 3B
Lightning oral session, Spanish translation
**Leaving no one behind**

Measures and metrics to improve services and systems

14:00 – 15:30 ACC room 4A
Oral session
Engaging the private sector

Redefining public-private partnerships: new models in the for-profit and faith-based sectors

14:00 – 15:30 ACC room 11A
Oral session
Corruption and accountability in health systems

14:00 – 15:30 ACC room 11B
Oral session
Integrating health services to better meet patient needs

14:00 – 15:30 ACC room 11C
Oral session
Engaging the private sector

Minding the gaps in governance and regulation of the private sector

14:00 – 15:30 ACC Hall 2E
Participatory session
Community health systems

Improving health systems responses to chronic disease and disability: addressing medical and psychosocial needs in essential service delivery

14:00 – 15:30 ACC Hall 2F
Participatory session
Community health systems

CHWs provide “second class care” and are a temporary fix to the human resources crisis and health systems constraints

2:00 – 3:30 ACC Hall 2L
Participatory session
**Leaving no one behind**

Growing the ‘p’ in HPSR: Southern-led networking to strengthen analysis of health policy change

14:00 – 15:30 ACC Hall 2N
Panel session
Multisectoral action

Studying multisectoral collaboration for health: documenting research approaches and stimulating methodological innovation

15:30 – 16:00 Refreshment break and poster viewing in the ACC Hall 2M, Galleria and Level 3

16:00 – 17:30 ACC Hall 2F
Oral session
Community health systems

Growing the ‘p’ in HPSR: Southern-led networking to strengthen analysis of health policy change

16:00 – 17:30 ACC Hall 2L
Oral session
Community health systems

Scaling-up health system interventions

16:00 – 17:30 ACC Hall 2N
Panel session
Multisectoral action

Studying multisectoral collaboration for health: documenting research approaches and stimulating methodological innovation

16:00 – 17:30 ACC Hall 2M
Oral session
Community health systems

Improving access to health services through community approaches

17:30 – 19:30 Liverpool Anglican Cathedral
Social event

Opening the doors of Liverpool Cathedral for the HSR2018 Social Night

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Launch of the GHSP Special Issue: Future health systems – is digital health ready for the mainstream?

An expert review of information and communication technology innovations for health system strengthening across HSS building blocks. The objective of this session is to launch a special issue of Global Health: Science and Practice containing seven articles, commissioned by the Aetna Foundation, reviewing the state of evidence and implementation landscape of modern ICTs to strengthen health systems, focusing on LMICs, across HSS domains of financing, stewardship, service provision, service receipt, human resources/workforce, and information. In an effort to bridge the evidence gap, Johns Hopkins University and the World Health Organization are coordinating this special review of the state of mHealth across health systems “pillars”.

Digital health in LMICs: Unpacking health equity and gender dimensions through research

The spread of digital health is improving access to life-saving health services and information. Who is benefiting and who is being left behind? This panel will review the implications and impacts of IDRC-supported projects using digital technologies to improve maternal health, reach indigenous and ethnic minority populations, provide care to refugees and address the needs of other vulnerable groups, such as people living with HIV. The IDRC-funded e-Sahha program, of the Global Health Institute at the American University of Beirut, will also be launched. This program focuses on contextualized and cost-effective e-Health solutions.

Health Policy Analysis Reader (HPA) Reader

The field of Health Policy Analysis (HPA) has an important role in making sense of the complex social, economic and political factors that play a major role in shaping the design and implementation of health policies moving towards UHC. However, there is a lack of teaching and training materials, particularly on HPA focused on low-and-middle income countries (LMICs). This reader developed with the support of the Alliance for Health Policy and Systems Research, WHO will help to fill this gap by providing a valuable learning resource to researchers as well as to health policymakers and practitioners eager to influence policy change.

Abdul Ghaffar, Alliance for Health Policy and Systems Research, WHO; Lucy Gilson, University of Cape Town, South Africa; David Peters, Johns Hopkins Bloomberg School of Public Health, USA

Breakfast will be available for attendees
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, 40 years later, billions of people continue to seek care from the private sector, which is highly heterogeneous, often weakly regulated and poorly linked to the rest of the health system. 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 private sector in providing health care because of concerns about quality, access and efficiency; yet the private sector can be a source of innovation, additional resources and services that are highly responsive to the needs of health service users. Accommodating the private sector within mixed health systems offers a middle way, requiring new forms of partnership, accountability and governance. This plenary will challenge participants to critically examine their assumptions about the private sector, and draw together perspectives of researchers, policymakers, activists and private sector actors to consider how the movement for Universal Health Coverage should consider the role of the private sector in delivering and financing health care.
Program

10:30 – 11:00
Refreshment break and posters
In the ACC Hall 2M, Galleria and Level 3

11:00 – 12:30
ACC room 1B

TWG

Competencies for health policy and systems research: findings from a global mapping and consensus-building process and case examples of competencies in practice

This session will provide a forum to share the results of a consultative research process to develop global competencies, a set of knowledge, skills, and abilities for HPSR. The competencies will be presented along with a set of diverse cases of processes for competency development and use from around the world.

Dina Balabanova, London School of Hygiene & Tropical Medicine; Karim Zulkarnain, Institute of Health Systems Research at the Ministry of Health, Malaysia; Meike Schleiff, Johns Hopkins School of Public Health; Vera Lucia Luiza, Fio Cruz, Oswaldo Cruz Foundation; Taufique Joarder, BRAC University James Grant School of Public Health, Bangladesh

11:00 – 12:30
ACC room 1C

Participatory session

Leaving no one behind

Is there a place for faith-based health services in a modern UHC-oriented LMIC health system?

A debate drawing on empirical research and policy experience. There are wildly polarized opinions on the value and contribution of faith-based (for and non-profit) health providers (FBHPs) in modern LMIC health systems. This session presents a lively debate, drawing on multi-sectoral perspectives, on whether there is place for FBHPs in an LMIC national health system moving towards UHC.

Freddie Ssengooba, Makerere University, Uganda; Jill Olivier, University of Cape Town, South Africa; Samuel Orach, Uganda Catholic Medical Bureau; Krish Vallabjhee, South African Department of Health; Sally Smith, UNAIDS; Deborah McFarland, Emory University, USA; Eleanor Whyle, University of Cape Town, South Africa; Aku Kwamie, Independent, Ghana; Katelyn Long, Boston University, USA

11:00 – 12:30
ACC room 3A

Oral session, French translation

Community health systems

Systems thinking as a lens for analysing health and other sectors

Chair: Irene Agyepong, Ghana Health Service

There is growing interest in understanding health systems as complex, dynamic systems. This framing requires new analytic approaches and research tools. Presentations in this session will consider how systems thinking has been applied in both the health sector and in other public service sectors, such as education and infrastructure.

Moving towards decentralized care for drug-resistant TB in South Africa: the role of high- and low-level tinkering in health systems responses

Karina Kielmann, Queen Margaret University, UK

Communauté et système de soins pour des soins centrés sur le patient au Sud-Kivu, RDC: un outil innovateur d’analyse organisationnelle du centre de santé

Community and care system for patient-centred care in South Kivu, RDC: an innovative tool for analysing how health centres are organised

Christian Molima, Institut de Recherche en Santé et Société, École de Santé Publique, Université Catholique de Louvain, Belgium

Complex socioecological systems: SDG, health and resilience at the community level

Laura Rathe, PLENITUD Foundation, Dominican Republic

Systems approaches to public service delivery: lessons for health from education, infrastructure, public finance and public management

Zahra Mansoor, University of Oxford, UK

Ethnic health system strengthening in post-conflict ethnic regions of Northeastern Myanmar: a qualitative study

Yingxi Zhao, University of Washington, USA
11:00 – 12:30  ACC room 4A

Oral session

**Multisectoral action**

**Multisectoral action for the SDGs**

**Chair:** Margaret Whitehead, University of Liverpool, UK

**Novel ways of engaging with non-health sectors – including education, sanitation and social protection – in pursuit of the SDGs.**

- Performance of primary health care in multisectoral care: experiences of the Brazilian health system
  *José Bispo Júnior, Federal University of Bahia, Brazil*

- Is subsidizing construction of toilets a sustainable solution for reducing open defecation in rural India? An impact evaluation of Swachh Bharat Mission
  *Debrasree Bose, University of Calcutta, India*

- Revitalizing multisectoral approaches for the delivery of health interventions: bridging the gap between the health and education sectors
  *Akinola Oluwole, Sightsavers International, Nigeria*

- Evaluating and strengthening the sustainability of school-based NTD interventions in India, Kenya and Ethiopia: working across health and education sectors
  *Umang Prabhakar, Dalberg, India*

11:00 – 12:30  ACC room 3B

Oral session, Spanish translation

**Leaving no one behind**

**Delivering services for vulnerable groups**

**Chair:** Lorena Ruano, Centre for the Study of Equity and Governance in Health Systems, Guatemala; University of Bergen, Norway

The four presentations in this session explore the challenges of extending services for vulnerable groups and report novel planning, service delivery, and financing strategies to address these.

- Confronting the Geographical barriers in Himachal Pradesh, India; providing healthcare in the remotest areas
  *Anadi Gupt, National Health Mission, India*

- Lifting the left behind-Envisioned sustained novel model for effective delivery of Home-Based Pediatrics Palliative Care-HBPPC in resources limited settings: case study University Teaching Hospital-Kigali, Rwanda
  *Prosper Karame, Rwanda Biomedical Center, Rwanda*

- Rethinking collaboration: developing knowledge partnerships to address under 5 mortality in Mpumalanga Province, South Africa
  *Oghenebrume Wariri, Medical Research Council Unit The Gambia, at the London School of Hygiene and Tropical Medicine; Centre for Global Development and Institute of Applied Health Sciences, University of Aberdeen, Scotland*

- Los grupos de ayuda mutua como estrategia novedosa para el apoyo emocional a pacientes de origen Maya que padecen diabetes
  *Clara Juárez-Ramírez, National Institute of Public Health of Mexico, Mexico*
11:00 – 12:30  ACC room 4B

Oral session

**Engaging the private sector**

Shaping health care markets to better meet population health needs

**Chair:** Caroline Quijada, Abt Associates, USA

Quality of care is one concern about private sector participation in health care provision. Presentations in this session focus on four approaches to shaping health care markets and their potential to improve quality – pharmacy chains, accreditation of private providers, quality improvement programs and aggregation – as a means of improving the contracting practices of public purchasers.

- **Strategic approach to engaging the private sector: a case study of the SMGL Initiative Nigeria**
  Sulaiman Gbadamosi, Pathfinder International, Nigeria

- **Purchasing high-quality services for the poor from private health providers: the experience of an aggregator model in Kenya**
  Joyce Maina, Population Services Kenya, Kenya

- **A smile is most important: Why chains are not currently the answer to quality concerns in the Indian retail pharmacy sector**
  Rosalind Miller, London School of Hygiene & Tropical Medicine, UK

- **Accrediting the private sector to offer free maternity services in support of universal coverage of skilled birth attendance in Kenya**
  Ritta Mwachandi, Population Services Kenya, Kenya

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11:00 – 12:30  ACC room 11A

Oral session

**Leaving no one behind**

Health systems in post-conflict and fragile settings

**Chair:** Emile Koroma, Ministry of Health and Sanitation, Sierra Leone

This session explores the challenges of health system development in fragile and post-conflict settings, addressing issues of ensuring access to services, financial protection and the transition from humanitarian crisis to health system strengthening.

- **Changes in out-of-pocket payments and health-seeking behaviors in the Gaza Strip: results from a mixed methods research**
  Majdi Ashour, UNRWA and University of Edinburgh

- **Palestinian Territories, “If this place is secure, I will give them what they want”: experiences of providers and users of maternal and child health services in Nigeria**
  Enyi Etiaba, Health Policy Research Group, University of Nigeria, Nigeria

- **The challenges of transitioning humanitarian health services to health systems: experiences from Northern Syria**
  Abdulbaki Mahmoud, Syria Relief and Development, USA

- **Rebuilding health post-conflict: case studies, reflections, and a revised framework**
  Spencer Rutherford, American University of Beirut, Lebanon
**Thursday October 11, 2018**

**11:00 – 12:30   ACC room 11B**

**Oral session**

**Ensuring an adequate and competent health workforce: the role of human resource management strategies**

**Chair:** James Beyan, Human Resource for Health, Liberia

Appropriate human resource management strategies can attract, retain, and sustain health workers and support them to perform well. In this session, workforce challenges are explored and approaches to addressing health workforce distribution, absenteeism, job choices, and health worker performance are discussed, using examples from LMICs.

- Inequities of health workforce distribution in Ghana: understanding the dynamics of power and politics in posting and transfers  
  Roger Atinga, University of Ghana Business School, Ghana

- Pro-social preferences and the job location intentions of different health professional graduates in the WISDOM cohort study in South Africa  
  Duane Blaauw, University of the Witwatersrand, South Africa

- Traditional birth attendants and their changing roles in the context of the SDGs: Hoyanis in tribal areas of Gujarat, India  
  Renu Khanna, Sahaj and Commonwealth, India

- Use of automated attendance analysis for tracking the causes of health worker absenteeism at district level: the experience of Agago district, Northern Uganda  
  Emmanuel Omony, Agago District Local Government, Uganda

- An updated systematic review of the effectiveness of strategies to improve health worker practices in LMICs  
  Alexander Rowe, US Centers for Disease Control and Prevention, USA

**11:00 – 12:30   ACC room 11C**

**Oral session**

**Methodological approaches to understanding complex realities**

**Chair:** Bruno Marchal, Institute of Tropical Medicine Antwerp, Belgium

The presentations in this session apply novel research methods to a variety of HPSR topics: semantic discourse and social network analysis, system dynamics and group model building, cognitive interviewing and dynamic synthesis are used to explore topics ranging from the effects of a community of practice, therapeutic geographies in a conflict setting and the provision of MCH services.

- Combining semantic discourse and social network analyses with qualitative data to explore the contribution of the PBF community of practice to policy diffusion in Africa  
  Lara Gautier, University of Montreal School of Public Health, Canada

- Understanding therapeutic geographies in the context of the Boko Haram insurgency: a systems dynamics analysis using group model building  
  Louise Kengne, Research for Development International / University of Yaoundé, Cameroon

- Yes, no, maybe so: the importance of cognitive interviewing to enhance structured surveys on respectful maternity care for use in rural India  
  Kerry Scott, Johns Hopkins University, India

- Unraveling complexity in health systems using the dynamic synthesis methodology  
  Agnes Semwanga, Makerere University College of Computing and Information Sciences, Uganda
Program

Thursday October 11, 2018

11:00 – 12:30  ACC room 12

Participatory session

Community health systems

It’s not just about money: why work on UHC requires a multidisciplinary approach to establish national legal and institutional frameworks

UHC is mostly analyzed through the lens of health financing. However, designing and implementing UHC policies also requires improvements to leadership, institutions and system design, which requires contributions from other disciplines. This session intends to explore perspectives of health lawyers, public finance experts and policymakers in the UHC debate.

David Clarke, World Health Organization; Beverly Ho, Philippines Department of Health; Françoise Navez, University of Liège, Belgium; Elisabeth Paul, University of Liège, Belgium; Farba Lamine Sall, Ministry of Health, Senegal

11:00 – 12:30  ACC Hall 2E

Panel session

Community health systems

Health systems’ responses to violence against women: challenging questions and methodological innovations

We discuss three crucial questions and methodological approaches related to the health systems response to violence against women: (1) the gap between policy and implementation, (2) the quest to develop adequate responses to women who are subject to discrimination, and (3) the problematization of the public health turn on violence.

Isabel Goicolea, Umeå University; Manuela Colombini, London School of Hygiene & Tropical Medicine; Carmen Vives, University of Alicante; Ann Öhman, Umeå Centre for Gender Studies

11:00 – 12:30  ACC Hall 2F

TWG

Engaging the private sector

Engaging with the private sector for UHC: what we have learned

The aim of the session is to stimulate a participatory debate about government engagement with the private sector. It will begin with a presentation of the evidence on levels of investment in private providers. It will then explore lessons that have emerged about government engagement with health markets to improve access and reduce the risk of harm.

Steven Sammut, Wharton University, USA; Gerry Bloom, Institute of Development Studies, UK; Phyllis Awor, Makerere School of Public Health, Uganda; Meenakshi Gautham, London School of Hygiene & Tropical Medicine, UK; Cicely Thomas, Results for Development, USA; Uranchimeg Tsevelvaanchig, University of Queensland, Australia; Priya Balasubramanian, Public Health Foundation of India, India; Desta Lakew, AMREF, Kenya

11:00 – 12:30  ACC Hall 2L

Participatory session

Leaving no one behind

Leaving no one behind; how can evidence-based approaches support progress towards UHC and global health goals during conflict and protracted crises?

How do we ensure evidence-based approaches in protracted crises, incorporating a long-term view towards UHC, while providing immediate health needs? Aimed at those working in both humanitarian and development roles, this participatory session will collate experiences and insights, and develop recommendations for better evidence use for long-term, equitable health outcomes.

Ben Heaven Taylor, Evidence Aid, UK; Fatima Adamu, DAI Global Health, Northern Nigeria; Abdulkarim Ekzayez, Chatham House Centre on Global Health Security, Syria; Haja Wurie, ReBUILD RPC and College of Medicine and Allied Health Sciences, Sierra Leone; Campbell Katito, DAI Global Health, Health Pooled Fund, South Sudan; Katie Bigmore, Integrity Research & Consulting, UK
11:00 – 12:30 ACC Hall 2N

Panel session

Institutionalizing health policy and system research capacity: lessons from developing countries in Asia

This session provides an excellent platform for exchanging real experiences between experienced and new HPSRIs from developing countries in order to build up and sustain capacities of young researchers through hands-on practices. This individual capacity then broadens to institutionalizing of capacities to contribute to evidence for policy decision.

Warisa Panichkriangkrai, International Health Policy Program; Abdul Ghaffar, World Health Organization, Switzerland

12:30 – 13:30 ACC Main Auditorium

AGM

AGM: Health Systems Global

All HSG members are invited to attend the HSG Annual General Meeting.

14:00 – 15:30 ACC Main Auditorium

Panel session Spanish translation

Leaving no one behind

Overcoming recognition, participation and accountability barriers to UHC for indigenous peoples: learning from Guatemala, Brazil and India

Indigenous peoples face political as well as practical barriers to engaging with health systems, and as a result are among those most at risk of being left behind. This participatory session will be led by indigenous leaders and health systems researchers who have developed innovative approaches to tackling these barriers.

Walter Flores, Centro de Estudios para Equidad y Gobernanza en los Sistemas de Salud; Maximiliano Menezes Tukano, Federação das Organizações Indígenas do Rio Negro (FOIRN), Brazil; Alex Shankland, Institute of Development Studies, UK; Alka Kharsati, Society for Promotion of Indigenous Knowledge and Practices (SPIKAP), India; Benilda Batzin, Red de Defensores del Derecho a la Salud, Guatemala; Pauline Oosterhoff, Institute of Development Studies, UK

14:00 – 15:30 ACC room 1B

TWG

Leaving no one behind


Despite work to strengthen health systems, ensuring quality has remained a challenge for countries. We will present findings from the improving quality components of the Lancet Commission on quality health systems. The session will include presentations by commissioners, researchers and implementers and audience discussions on new areas for improving quality.

Bejoy Nambiar, Institute for Global Health, UCL Malawi; Margaret Kruk, Harvard T.H. Chan School of Public Health, USA; Lisa Hirschhorn, Northwestern University Feinberg School of Medicine, USA; Nana Twum Danso, Mazatransport.org, Ghana; Sanam Roder Harvard, T.H. Chan School of Public Health, USA and Tanzania
14:00 – 15:30 ACC room 1C

Participatory session
Leaving no one behind

From the global to the local: country experiences of making SDGs relevant at subnational levels

Although the SDGs have received considerable attention at the global level, and largely at the national levels, adaptation at subnational levels remains complex. Drawing on experiences from India, Indonesia and the Philippines, this dynamic session identifies innovative approaches to subnational SDG localization aimed at reducing disparities by promoting inclusiveness and equity.

Rooswanti Soeharno, UNICEF Indonesia; Eduardo Banzon, Principal Health Specialist, Sustainable Development and Climate Change Department, Asian Development Bank; Pungkas Bahjuri Ali, Indonesia National Planning Agency (BAPPENAS); Lilibeth David, Philippines Department of Health; Sowmya Kadandale, UNICEF Indonesia

14:00 – 15:30 ACC room 3A

Participatory session, French translation

Leaving no one behind

Le dialogue sur les politiques: partage d’expériences et de données probantes pour renforcer la multisectorialité dans la gouvernance du système de santé

Policy dialogue: sharing experiences and evidence to strengthen multisectoriality in the governance of the healthcare system

Le dialogue sur les politiques (DP) vise à renforcer la collaboration multisectorielle sur un enjeu de politique publique. A partir de l’expérience des participants et des recherches menées dans le cadre du Partenariat pour la Couverture sanitaire universelle, l’objectif est de sensibiliser le public à la plus-value du DP.

Policy dialogue (DP) aims to strengthen multisectorial collaboration on issues of public policy. Using the experience of the participants and the research conducted in the framework of the Universal Health Coverage Partnership, the aim is to make the public aware of the benefit of DP.

Emilie Robert, Institut de recherche du Centre universitaire de santé McGill (IR-CUSM); Sylvie Zongo, Institut des Sciences des Sociétés/Centre National de la Recherche Scientifique et Technologique (INSS/CNRST), Ouagadougou, Burkina Faso; Mahaman Moha, Laboratoire d’Études et de Recherche sur les Dynamiques Sociales et le Développement Local, Niamey, Niger; Hyppolite Kalambay, Inter-Country Support Team for Central Africa, World Health Organization; Sébastien Segniagbeto, Consultant, Lomé, Togo; Kevin McCarthy, Senior Health Advisor, European Commission
14:00–15:30  ACC room 3B

Lightning oral session, Spanish translation

**Measures and metrics to improve services and systems**

**Chair:** Don de Savigny, Universität Basel, Switzerland

This session will showcase studies presenting new metrics for analysing and assessing key elements of health system performance: approaches to measuring access barriers, financial protection, quality of care and service integration will be discussed.

- Toward a measure of overall Universal Health Coverage: tracking service coverage and catastrophic health spending in 188 countries, 1990–2017
  *Erika Eldrenkamp, Institute for Health Metrics and Evaluation, USA*
- Monitoring Universal Health Coverage: experiences of application of new approaches to collect data on access, quality and equity of care in Tanzania, Pakistan and India
  *Emma Jolley, Sightsavers, United States*
- The revised WHO-focused antenatal care model: are eight visits necessary for positive delivery outcomes in low- and middle-income countries?
  *Martina Mchenga, Stellenbosch University, South Africa*
- Development of a framework for monitoring intervention coverage and social determinants of health along the maternal continuum of care using sub-country data
  *Mamothena Mothupi, University of the Western Cape, South Africa*
- Development of facility-level integration indexes to determine the extent of family planning and child Immunization services integration in health facilities in urban areas of Nigeria
  *Kate Sheahan, University of North Carolina at Chapel Hill, USA*
- Reaching the most vulnerable: investigating a composite multidimensional measure for targeted fistula programming in Nigeria and Uganda
  *Pooja Sripad, Population Council, United States*
- Measuring the quality of maternal obstetric and neonatal health care in low-income countries: development of a composite score
  *Danielle Wilhelm, Institute of Public Health, Medical Faculty, Heidelberg University, Germany*

14:00–15:30  ACC room 4A

**Oral session**

**Engaging the private sector**

**Redefining public–private partnerships: new models in the for-profit and faith-based sectors**

**Chair:** Kabir Sheikh, World Health Organization, Switzerland

Speakers in this session present evidence from settings where PPPs have successfully brought together health sector actors (social franchising of health care providers, models of engagement with faith-based organizations) and in cases where it has been more difficult to overcome barriers to collaboration (with the extractive sector and for nutrition-related challenges).

- Public–private collaboration for delivering quality health services for universal coverage. Lessons learned from the Marie Stopes Ghana under the African Health Markets program in Ghana
  *Anne Coolen, Marie Stopes International Ghana, Ghana*
- Health as core business: integrating duties for health and health systems in the extractive sector in East and Southern Africa
  *Rene Loewenson, Training and Research Support Centre/EQUINET, Zimbabwe*
- What are the main barriers to public–private partnerships in nutrition and how can they be overcome?
  *Yusra Shawar, American University, USA*
- Models of engagement between the state and the faith-based health sector in sub-Saharan Africa: a systematic review
  *Eleanor Whyle, University of Cape Town, South Africa*
Program

Thursday October 11, 2018

14:00 – 15:30 ACC room 11A

Oral session

**Corruption and accountability in health systems**

**Chair:** Barbara McPake, University of Melbourne Nossal Institute for Global Health, Australia

This session brings together two presentations of new evidence on the drivers of corruption in health systems with two studies of the nature and effectiveness of local mechanisms intended to improve accountability.

**Corruption at the frontline: tackling rent-seeking among health workers in Bangladesh, Nigeria and Tanzania**

Eleanor Hutchinson, London School of Hygiene & Tropical Medicine, UK

**The crowded space of local accountability for maternal, newborn and child health: a case study of two South African districts**

Fidele Mukinda, University of the Western Cape, South Africa

**Fighting health sector corruption in the South and South-East Asia: ‘carrot and stick’ or time for innovation?**

Nahitun Naher, BRAC James P Grant School of Public Health, BRAC University, Bangladesh

**Promising social accountability approaches to improved health in Malawi: evidence on what works and what doesn’t from case studies**

Tanvi Monga, ICF/MCSP, USA

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14:00 – 15:30 ACC room 11B

Oral session

**Integrating health services to better meet patient needs**

**Chair:** Jean Kagubare, Bill & Melinda Gates Foundation

Four presentations, including a short film, examine the effects of integrating care across a range of health conditions.

**The synergic effect of integrating mental health support to the physical health promotion program among Syrian refugees and Jordanian’s host communities**

Shang-Ju Li, Americares Foundation, USA

**Experiences with integrated health care in Malawi: a survey of patients receiving treatment for HIV and hypertension**

Corrina Moucheraud, University of California Fielding School of Public Health, USA

**“Now we are free”: reorienting health systems towards community-based primary health care, a film on integrated HIV care in South Africa**

Angeli Rawat, University of British Columbia, Canada

**Discrete event simulation modeling the operational impact of integrating HIV, syphilis, malaria and anaemia point-of-care testing in antenatal care clinics in Western Kenya**

Nicole Yan, Liverpool School of Tropical Medicine, UK
Thursday October 11, 2018

14:00–15:30  ACC room 11C

Oral session

**Engaging the private sector**

Minding the gaps in governance and regulation of the private sector

**Chair:** Meenakshi Gautham, London School of Hygiene & Tropical Medicine, UK

Economic theory predicts a range of problems arising from competition in health care markets. This session focuses on both the potential negative outcomes from competition in health care markets, and the effectiveness of interventions to structure the relationships between public payers and private providers, emphasizing the importance of government capacity to steward these markets as an essential precondition for success.

The bureaucratization of contracting out primary health care in urban Bangladesh: a lost opportunity to increase municipal agency and responsiveness to local health needs

*Alayne Adams, Georgetown University, USA*

The impact of private insurer competition on quality and financial protection: findings from the US Medicare Advantage Program

*Emily Adrion, University of Edinburgh, UK*

Mediating “street-level bureaucracy” to standardize health policy and increase access to small private providers in Kenya

*Lauren Suchman, University of California, USA*

The markets for health care services, government regulations and the attainments of UHC in Nigeria: study of the nexus

*Ibora Nelson, University of Uyo, Nigeria*

14:00–15:30  ACC room 12

Participatory session

**Community health systems**

Improving health systems responses to chronic disease and disability: addressing medical and psychosocial needs in essential service delivery

The focus of this highly interactive session is to share learning on how we can challenge the biomedical/psychosocial dichotomy in health and social service provision to ensure the development of responsive and inclusive health systems that deliver essential services to those affected by chronic disease and disability.

Rachel Tolhurst, Liverpool School of Tropical Medicine, UK; Janet Price, Board member of DadaFest, UK; Louis Paluku Sabuni, Leprosy Mission, Democratic Republic of Congo; Surekha Garimella, HEERA Foundation, India; Laura Dean, Liverpool School of Tropical Medicine, UK; Oluwatosin Adekeye, COUNTDOWN Nigeria; Hafiz Hussein, Epidemiological Laboratory, Sudan

14:00–15:30  ACC Hall 2E

Participatory session

**Community health systems**

CHWs provide “second class care” and are a temporary fix to the human resources crisis and health systems constraints

This organized session will be a debate on the role of CHWs regarding health promotion, disease screening, referral and palliative care. The panel will attempt to convene a provocative discussion to showcase whether investing in CHWs is good for health system strengthening within the current global context and SDG era.

Malabika Sarker, BRAC University; Don de Savigny, Swiss Tropical Institute, Switzerland; Mushtaque Raza Chowdhury, BRAC, Bangladesh; Sally Theobald, Liverpool School of Tropical Medicine, UK; Katherine Kyobutungi, APHRC, Nairobi, Kenya; Miriam Taegtmeyer, Liverpool School of Tropical Medicine, UK
14:00 – 15:30  ACC Hall 2F

Participatory session

Growing the 'p' in HPSR: Southern-led networking to strengthen analysis of health policy change

Southern-led analysis of health policy processes remains an under-developed area of health policy and systems research. This session will take stock of relevant capacity development initiatives and draw lessons for those interested in growing the 'p' in HPSR – be they educators, researchers or health policymakers.

Maylene Shung King, University of Cape Town; Gina Teddy, Ghana Institute of Public Management and Administration; Uta Lehmann, University of the Western Cape; BSC Uzochukwu, University of Nigeria; Irene Agyepong, Ghana Health Services; Rakesh Parashar, Tata Institute of Social Sciences, India; Aaron Mulaki, University of the Western Cape; Wolde Amdekidian, University of the Western Cape; Marsha Orgill, University of Cape Town

14:00 – 15:30  ACC Hall 2L

Participatory session

Leaving no one behind

Mapping the unreached: use of geospatial data and technologies to support equitable health systems

This session will review recent experiences of the application of geospatial data and technologies to support a more comprehensive and equitable delivery of health services in LMICs, with specific focus on discussing the challenges and opportunities for their sustainable integration within national health information systems (HIS).

Rocco Panciera, UNICEF New York; Narendra K. Sinha, Department of Health and Family Welfare, Government of Bihar, India; Aye Aye Sein, Department of Public Health, Ministry of Health and Sports, Myanmar; Steeve Ebener, Health GeoLab Collaborative; Mr Jeremiah Mumo, HIS Unit, Kenya Ministry of Health

15:30 – 16:00

Refreshment break and posters

In the ACC Hall 2M, Galleria and Level 3
Financing Universal Health Coverage: options, impacts and challenges
Chair: Midori de Habich, Instituto de Estudios Peruanos, Peru

Financing Universal Health Coverage is an important topic for debate worldwide. In this session, approaches to financing health care from LMICs are explored. The key issues of availability of health workforce, sustainability, impact on utilization and expenditure are discussed.

A health workforce tailored to the needs of health insurance schemes in low- and middle-income countries: strategies and lessons from five African countries
Angela Kisakye, Makerere University School of Public Health, Uganda

Universal Health Coverage financed by income tax revenues, and inequalities reduction in Côte d'Ivoire
Olivier Koudo, University Félix Houphouët Boigny of Abidjan, Côte d'Ivoire

Assessing the impact of Indonesia's National Health Insurance on health care utilization and expenditures
Tiara Marthias, Department of Public Health, Faculty of Medicine, Universitas Gadjah Mada, Indonesia and Nossal Institute for Global Health, University of Melbourne

Cuenta de Alto Costo: una estrategia para alcanzar la equidad en la salud a través de un sistema de salud sostenible
High-cost account: a strategy to reach health equality through a sustainable health system
Angela Perez Gomez, Cuenta de Alto Costo, Colombia

Alma-Ata jeopardy: a 40th anniversary celebration of a living document: impact on health systems around the world

The Declaration of Alma-Ata turned 40 years old in 1978. Participants and panelists will play a version of the game Jeopardy to test their knowledge of the various ways that countries around the world have achieved dramatic gains in population health by executing the seven articles of the declaration.

David Bishai, Johns Hopkins University; James Phillips, Columbia University; Kedar Baral, Patan Academy of Health Sciences, Nepal; Vinya Ariyaratne, Sarvodaya, Sri Lanka; Huong Nguyen, Hanoi School of Public Health, Vietnam; Jorge Mecias, Cuban Ministry of Health (Retired); Tauqife Joarder, BRAC University

Building program theory for pay for performance in low- and middle-income countries

Pay for performance (P4P) is a potential means to strengthen health systems to make progress to universal coverage in LMICs. This session illustrates a realist approach to studying P4P, shedding light on P4P mechanisms for system change and how context shapes these processes in various ways.

Josephine Borghi, London School of Hygiene & Tropical Medicine, UK; Gwati Gwati, Ministry of Health and Child Welfare, Zimbabwe; Neha Singh, London School of Hygiene & Tropical Medicine, UK; Artwell Kadungure, Training and Research Support Centre, Zimbabwe; Amilcar Magaco, National Institute of Health, Mozambique; Sophie Witter, Queen Margaret University, Garrett Brown, University of Leeds, UK
Multi-sectoral action
Political and administrative governance for Universal Health Coverage: thinking beyond the Ministry of Health
Chair: Namoudou Keita, West Africa Health Organization (WAHO)
Mobilization of political commitment for UHC requires engaging with the legislative and administrative structures beyond the health sector. In this session, speakers report the experiences of working with parliamentarv committees, international networks of legislators, and decentralized authorities, to raise the profile of health on national agendas and hold the health sector accountable for achievement of national health priorities.

Vouloir le possible et reconnaître le rôle des gouvernements locaux dans la santé: une expérience béninoise ancrée dans le SYLOS
Aiming high and recognising the role of local governments in health: a Beninese experience rooted in local health systems
Elodie Allabi, Enabel, Bénin

The gavel and Universal Health Coverage – engaging the legislative arm of government to strengthen health systems
Juliana Aribo-Abude, Abt Associates, Nigeria

Leveraging political will for prioritising health: A multi-stakeholder approach to strengthening health system through legislative engagement
Sathyasree Goswami, National Foundation for India, India

Contribution of parliamentary health committees in tackling health issues in Africa: experiences of the network of African parliamentary committees on health
Rose Oronje, African Institute for Development Policy (AfIDEP), Kenya

Leaving no one behind
Health justice for marginalized populations
Chair: Miguel San Sebastián, Umeå University, Sweden
Marginalized populations, such as migrants and ethnic minorities, face many challenges in accessing quality health care. Research with migrant populations and ethnic minorities illustrates the barriers to accessing care, such as social prejudice, stigma, and language and cultural barriers, and some possible approaches to improving access.

Red Mesoamericana de Salud de los Migrantes: Mejorando la coordinación entre países para no dejar a nadie atrás
Mesoamerican network of migrant health: improving the coordination between countries to avoid leaving people behind
Maria Acuna Diaz, Organización Panamericana de la Salud/Organización Mundial de la Salud-México, Mexico

Health justice for all: the development of alternative health system capabilities in the conflict-affected context of Shan State, Myanmar
Sharon Bell, Massey University, New Zealand

Lack of access to health care for children born in Canada to migrant parents without medical insurance in Quebec (Canada)
Valéry Ridde, University of Montreal, Canada

Ethnic inequality in maternal health care access in western rural China: evidence from three in-depth case studies
Yuan Huang, Sichuan University/London School of Hygiene & Tropical Medicine, UK (joint post-doctoral program), China/United Kingdom

Sub-Saharan African women’s experiences on (lack of) access to appropriate care in the public health care system in the Basque Country (Spain)
Iratxe Pérez Urdiales, Universidad del País Vasco (UPV/EHU), Spain
Oral session

**Leaving no one behind**

**Health system approaches to addressing noncommunicable diseases**

**Chair:** Robert Marten, London School of Hygiene & Tropical Medicine, UK

New evidence is provided about the ways in which the health system can provide financial protection and effective coverage of services for noncommunicable diseases.

- Assessing financial risk protection by disease in the context of health system reform: equity and NCDs
  
  Annie Haakenstad, Harvard T.H. Chan School of Public Health, USA

- Impact of a national integrated care program for multimorbid patients: lessons from Taiwan’s family doctor plan
  
  Li-Lin Liang, National Sun Yat-sen University, Taiwan

- A contextual model for health care sustainability – a case study of the Chronic Disease Assistance Program in Trinidad and Tobago
  
  Sandeep Maharaj, The University of the West Indies, Trinidad and Tobago

- Health benefits and financial risk protection from primary prevention of cardiovascular disease in Addis Ababa, Ethiopia: an extended cost-effectiveness analysis
  
  Mieraf Tolla, Harvard T.H. Chan School of Public Health, USA

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Oral session

**Community health systems**

**Scaling-up health system interventions**

**Chair:** Lizzie Smith, UK Department for International Development

Presenters will draw on experiences of scaling up a range of public health interventions and programs, including antiretroviral treatment, CHW programs and a district health management strengthening program, to identify common challenges and lessons learned.

- Factors influencing the scale-up of public health interventions in low- and middle-income countries
  
  Susan Bulthuis, KIT Royal Tropical Institute, the Netherlands

- Expanding access to ART through the implementation of differentiated models of distribution: lessons learned from a three-country study
  
  Nicole Davis, JSI Research & Training Institute, Inc., USA

- Scaling-up community health: prioritization and costing of the community health service packages in Madagascar and South Sudan
  
  David Collins, Management Sciences for Health, USA

- Building national capacity for managing scale-up of health systems interventions
  
  Joanna Raven, Liverpool School of Tropical Medicine, UK
Thursday October 11, 2018

16:00 – 17:30  ACC room 11B
Oral session
Community health systems

Strengthening mental health services
Chair: Christina Zarowsky, University of Montreal, Canada

Service integration and people-centred care are key approaches to providing effective care for people with mental illness. Presenters from Rwanda, India, Timor Leste and South Africa share experiences of new models of service delivery and novel approaches to engaging service users in co-production of materials.

Intégration des soins de santé mentale en appui au système de santé au Rwanda
Achour Ait Mohand, Enabel, Agence Belge de Développement, Rwanda

Co-production of a recovery tool for people with psychosocial disability in India informed using participatory action research – a qualitative study of process and product
Kaaren Mathias, Emmanuel Hospital Association, India

Is people-centred mental health care acceptable and feasible in low-resource settings: a case study of Timor-Leste
Teresa Hall, Melbourne School of Population and Global Health, University of Melbourne, Australia

Mental health counseling in primary care facilities within a LMIC: a qualitative comparative analysis of implementation capability
Bronwyn Myers, South African Medical Research Council, South Africa

Promoting quality access to mental health care services using community structures such as traditional mental health centers in Ghana
Gina Teddy, Ghana Institute of Management and Public Administration, Ghana

16:00 – 17:30  ACC room 11C
Lightning oral session
Community health systems

Improving access to health services through community approaches
Chair: Peter Waiswa, Makerere University School of Public Health, Uganda

This session explores a range of community approaches such as community maternity waiting homes, community health workers, mobile technology and client satisfaction surveys, and discusses how these affect access to health care.

Positioning client's voice at the centre, unlocking patients experience to drive health system improvement agendas, success story of Health Child
Gabala Franco, Health Child, Uganda,

Financial sustainability of maternity waiting homes: evaluation of a four-pronged strategy in rural Zambia
Nancy Scott, Boston University School of Public Health, USA

Acceptability, feasibility, and effectiveness of low-literate community health workers delivering treatment to children with severe acute malnutrition in Aweil South County, South Sudan
Naoko Kozuki, International Rescue Committee, USA

Addressing maternal and newborn mortality within the Nigerian health care system using community midwifery – insights from a qualitative study
Ekechi Okereke, Population Council Nigeria, Nigeria

Community health workers providing maternal and newborn health care: a qualitative study of the policies and practice in Africa and Asia
Abimbola Olaniran, Liverpool School of Tropical Medicine, Nigeria

Going mobile for effective community health system
Satish Srivastava, Catholic Relief Services (CRS), India

Ethiopia’s health extension program: implications of mobile technology for strengthening community health systems
Rosalind Steege, Liverpool School of Tropical Medicine, UK

Evolution of village-based health systems in Ethiopia: lessons for progressing towards SDGs in low- and middle-income countries?
Mirkuzie Woldie, Jimma University, Ethiopia
16:00 – 17:30  ACC Hall 2N

Participatory session

Using data to improve the health systems for all in the area of RMNCH

This session will provide practical, evidence-based examples from several African countries of data use from the community and facility levels with participants in an interactive world café/roundtable discussion format.

Ochiawunma Ibe, Maternal and Child Survival Program USAID Grantee; Tariq Azim, MEASURE Evaluation; Scott Russpatrick, University of Oslo/DHIS2; Edwin Tayebwa, Jhpiego/MCSP; Kondwani Chavula, Saving Newborn Lives/Save the Children; Benjamin Winters, Akros

16:00 – 17:30  ACC room 12

TWG

Leaving no one behind

Incorporating a justice lens into HPSR ethics: implications for policy and practice in the Global South

Incorporating ethics insights into HPSR is hampered by limited field-specific guidance, particularly in relation to justice-related concerns. Presenters will share cutting-edge conceptual and empirical work highlighting justice considerations in diverse research contexts. These ideas, and the policy and practice implications, will then be discussed through a moderated fishbowl activity.

Bridget Pratt, University of Melbourne; Dorcas Kamuya, KEMRI; Edwine Barasa, KEMRI; Maureen Kelley, University of Oxford; Sarah Saati, Makerere University; Sassy Molyneux, Kenyan Medical Research Institute, Wellcome Trust Research Programme

16:00 – 17:30  ACC Hall 2E

Panel session

Engaging the private sector

Participatory quality improvement initiatives in the urban for-profit private sector: lessons from Bangladesh and prospects for enhancing UHC in LMICs

The for-profit private sector provides the bulk of health services in urban areas. Weak regulation leads to unsafe and unnecessary procedures, and increased risks of catastrophic health expenditure. Researchers, private sector and policymakers consider novel approaches to quality improvement in this sector to enhance UHC in Bangladesh and globally.

Iqbal Anwar, HSPSD, icddr,b, Bangladesh; Alayne Adams, Bangladesh; Ashadul Islam, Ministry of Health & Family Welfare, Government of Bangladesh; Naseem Ahmed, Private Clinic Owner Association Sylhet, Bangladesh; Sadika Akhter, HSPSD, icddr,b, Bangladesh; Tahmina Begum, HSPSD icddr,b, Bangladesh; Sania Nishtar, National Academy of Medicine Ad Hoc Committee on Improving the Quality of Health Care Globally
Program

Thursday October 11, 2018

16:00 – 17:30  ACC Hall 2F
Participatory session
Community health systems

Covering the last mile of maternal health programming: overcoming systemic blindspots through community-based insights

Maternal and neonatal health outcomes have improved overall but mortality among marginalized communities is still high. The session will deliberate how routine and emergency health care services may be provided in a culturally appropriate fashion so that socially disadvantaged communities accept and utilize the necessary life-saving services.

Jashodhara Dasgupta, SAHAYOG, India; Michele Sadler, Cultura Salud, Chile; Aminu Magashi Garba, Africa Health Budget Network, Nigeria; Lynn Freedman, AMDD, Columbia University, USA; Sunisha Neupane, International Development Research Centre, Canada

16:00 – 17:30  ACC Hall 2L
Panel session
Multisectoral action

Of carts and horses: synergizing Universal Health Coverage with global health security

The UHC targets of the SDGs entail health system reform related to core capacities under Global Health Security (GHS) and the International Health Regulations (IHR). Global and country-level experience provides evidence of good practice in leveraging investment in GHS/IHR capacity strengthening and advancing efforts toward UHC.

Ibrahim Abubakar, University College London; Chikwe Ihekweazu, Nigeria Centre for Disease Control; Virginia Murray, Public Health England; Sohel Saikat, World Health Organization; Lisha Lala, Extreme Poverty and Southern Africa Group, Department for International Development, UK; Ebere Okereke, Public Health England
Adjectives like awesome and spectacular are overused and never quite convey the sense of wonder you feel when entering or standing in the middle of Liverpool Cathedral. The world’s highest and widest Gothic arches seem to open up an immense cavernous space of which its genius young architect Sir Giles Gilbert Scott said “don’t look at my arches, look at my spaces”.

That might lead you to feel lost in such a place of huge, towering dimensions, but you don’t – the space is simply spectacular. It is Britain’s biggest cathedral and also its most pioneering. Built by the people and for the people, alongside the missional work and enterprise events, the cathedral also engages in a wide range of cultural and community events.

Liverpool Cathedral is delighted to welcome the delegates of the Global Symposium on Health Systems Research through its doors to enjoy this very special place.

If you did not purchase a ticket, additional tickets may be available for purchase at the registration desk.
Thursday – Posters

The poster presentations will take place during the morning and afternoon breaks and in two slots during lunchtime. Presenters will be giving five-minute talks about their posters and be available for questions during the allotted time slots given below.

| Location: Galleria                  | 92 | Essential Healthcare Information for All – a missing indicator for monitoring progress towards the Sustainable Development Goals | Geoff Royston, Healthcare Information for All |
| Location: ACC Hall 2M              | 93 | Linking participatory action research on health systems to justice in global health: a case study of the Manifest project in rural Uganda | Bridget Pratt, University of Melbourne |
| Location: Level 3                  | 94 | Conducting multidisciplinary research with families of children admitted with malnutrition – reflections on researchers’ responsibilities to respond to vulnerabilities identified | Scholastica Zakayo, KEMRI-Wellcome Trust Research Programme |
|                                   | 95 | Perceptions of the vulnerable child in Uttar Pradesh, India: a qualitative study | Kanchan Srivastava, India Health Action Trust |
|                                   | 96 | The impact of religion on sexual and reproductive health-seeking behavior in Nigeria: a systematic review of the evidence | Clara Affun-Adegbulu, Institute of Tropical Medicine Antwerp Belgium, Medical University Vienna/University of Vienna |
|                                   | 97 | Referral adherence for sick newborns with possible serious bacterial infection in Ethiopia: policy implementation to practice | Stephen Wall, Save the Children |
|                                   | 98 | Management of possible serious bacterial infections (PSBI) in young infants in rural India: pilot study on reaching the vulnerable population through health system strengthening approach | Rajesh Khanna, Save the Children |
|                                   | 99 | Management of possible serious bacterial infections (PSBI) in young infants in rural India: pilot study on reaching the vulnerable population through health system strengthening approach | Rajesh Khanna, Save the Children |
|                                   | 100 | The impact of reorganization of primary health care professionals on under-5 mortality in rural China | Siyuan Liang, School of Public Health, Peking University |
|                                   | 101 | The impact of reorganization of primary health care professionals on under-5 mortality in rural China | Siyuan Liang, School of Public Health, Peking University |
|                                   | 102 | Free trade for development? Balancing the opportunities and the risks | Julie Steendam, G3W-M3M |
|                                   | 103 | The genesis of socioeconomic inequalities in health care utilization in Indonesia: a repeated cross-sectional study from 1993 to 2014 | Joko Muljanto, Department of Public Health, Academic Medical Center, University of Amsterdam |
|                                   | 104 | Global Health Socialism: A Novel Framework for Realizing the Goals of Alma-Ata and global health equality | Michael Harvey, San Jose State University |
|                                   | 105 | Differential programming: A potential solution to improve coverage and equity in maternal health services in hard-to-reach districts in Bangladesh | Sk Billah, International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b) |
|                                   | 106 | Evidence-based planning to maximise coverage of treatment services for Kala-Azar in resource constraint settings | Kingsuka Misra, Matt MacDonald |
|                                   | 107 | Long-term effects of user fee reduction and removal on utilization of facility-based delivery, a controlled interrupted time-series analysis in Burkina Faso | Hoo Nguyen, Heidelberg University Hospital, Institute of Public Health, HealthEconomics and Health Financing |
|                                   | 108 | Taking the mountain to Mohammed: facility preparedness and its role in the success of an innovative state-wide onsite nurse-midwife mentoring initiative in Bihar, India | Tanmay Mahapatra, CARE India |
|                                   | 109 | Associations between the quality and utilization of primary care and preventable hospitalizations amongst diabetic patients in Mexico | David G. Lugo-Palacios, Manchester Centre for Health Economics, the University of Manchester |
|                                   | 110 | Understanding and resolving factors influencing the management of severe acute malnutrition within South Africa’s referral systems: a need for multilevel action | Faith Mambulu, University of the Witwatersrand, School of Public Health |
|                                   | 111 | Managing absenteeism in Uganda’s health sector: successes and lessons learned | Vincent Oketcho, IntraHealth International/Uganda |

The posters are located in three areas of the venue: the Galleria, Level 3 and the ACC Hall 2M. These locations can be found on the map on page 12 of the program. For the most up-to-date poster listings please visit the app or the poster listing boards located in Hall 2M, Galleria and Level 3.
Laboratory capacities – a picture of starvation amidst plenty: an assessment of readiness, bottlenecks and innovations across 114 facilities in Uganda
Suzanne Kwanuka, Makerere University School of Public Health

Strengthening Referral Networks for Management of Hypertension across the Health System (STRENGTHS) in western Kenya: a study protocol of a cluster randomized trial
Tim Mercer, University of Texas at Austin Dell Medical School

The potential for academia to advance the SDG agenda through multistectoral relationships, networks and partnerships: a modified mixed-methods study
Nasreen Jessani, Johns Hopkins Bloomberg School of Public Health

Health systems reform focusing on multistectoral collaboration to achieve the Sustainable Development Goals: the case for epidemiologic transition in Bangladesh
Karar Ahsan, Gilings School of Global Public Health, University of North Carolina at Chapel Hill

An evidence-based activity map for the planning and implementation of sustainable health system initiatives – putting results of a scoping review into action
Meike Zuske, Swiss Tropical and Public Health Institute, University of Basel

Intersectoral collaboration for health in the Western Cape Province: competing frames during early stages of policy development
Ida Okeyo, University of the Western Cape

Tracking multi-stakeholder partnerships in development assistance for health in the Sustainable Development Goals era: An analysis of donor financing of non-governmental entities in developing countries
Angela Micah, University of Washington

Using social network analysis to understand Ethiopian health worker advice networks
Kate Sabot, London School of Hygiene & Tropical Medicine

Assessing the processes and effectiveness of embedded implementation research for policy and program improvement: development of a comprehensive evaluation framework
N. Ilona Varallyay, Consultant, Alliance for Health Policy and Systems Research

A comprehensive assessment of institutional capacity for demand and use of evidence within the Ministry of Public Health: findings and implications from a middle-income country
Racha Fadallallah, American University of Beirut

Examining health policy and systems research priority setting for control of endemic tropical diseases amongst producers of evidence in southeast Nigeria
Chinyere Mbachu, College of Medicine, University of Nigeria

Newspaper coverage of herbal medicine risks, benefits and policies in sub-Saharan Africa: a content analysis to assess knowledge translation
Bernard Appiah, Texas A&M University School of Public Health

Transferability of health systems interventions and strategies across settings: a case study of China and Tanzania
Melisa Martinez Alvarez, London School of Hygiene & Tropical Medicine

Knowledge translation experiences, capacities and practices of researchers in low and middle-income countries: a structured literature review
Violet Murunga, University of Liverpool/African Institute for Development Policy (AFIDEP)

Lunchtime: 12:45

Location: Galleria

Appropriate case management of childhood pneumonia and severe pneumonia in public health facilities of Uttar Pradesh and Bihar, India: key to reducing under-five mortality
Ashutosh Mishra, RTI International-India

Using an integrated emergency care intervention to improve quality of hospital care in Rwandan district hospitals: implementation and impact evaluation
Celestin Hategeka, University of British Columbia

Outcomes of extremely low birth weight newborns in low-resource settings: are we neglecting them?
Paul Mubiri, Makerere University School of Public Health

The know-do gap in sick child care in Ethiopia
Anna Gage, Harvard T.H. Chan School of Public Health

Strengthening the quality of paediatric care in Myanmar district hospitals
Marcus Woottton, Royal College of Paediatrics and Child Health

Reducing premature child mortality in Northern Togo: 24-month evaluation of an integrated community-based health systems strengthening initiative
Molly Lauria, Hope Through Health, Kara, Togo

Location: Level 3

Supporting community health workers in fragile settings: evidence from Sierra Leone and Liberia
Joanna Raven, Liverpool School of Tropical Medicine

Productivity of community-based health workers for integrated malaria and TB services in ethnic areas of Myanmar: a time-motion study protocol
Rachel Whelan, Community Partners International

Effectiveness of strategies for implementing childhood vaccination programs in fragile countries
Faiza Rab, Western University

Purchasing health services from ethnic health organizations: A new way to provide health coverage and peace to those forgotten in Myanmar’s civil war
Tom Traill, Community Partners International (CPI)

Health care provision under siege: health care workers’ strategies to cope with siege challenges in Syria – a qualitative study
Nasser Fardousi, London School of Hygiene & Tropical Medicine

Using a systems approach to improve newborn care at the community and facility level among displaced populations in South Sudan
Elaine Scudder, Save the Children
Posters

Thursday October 10, 2018

163. Conceptualizing health to reduce health inequity
Kristine Bærøe, University of Bergen

164. A low coverage and large inequality in the achievement of the continuum of care in maternal, newborn, and child health in 58 developing countries
Akira Shibanauma, The University of Tokyo

165. Leaving no one behind: marginalized voices in global health discourse
Sameera Hussain, University of Ottawa

166. "We’re not here to expand Professor So-and-So’s career": how a new Australian academic health centre is engaging with a health equity agenda
Alexandra Edelman, Division of Tropical Health and Medicine, James Cook University (PhD Candidate)

167. Equity in universal health systems: hip arthroplasties as a proxy measure for access to health care in the public sectors of Brazil and Scotland
Jonathan Filippon, Queen Mary University of London

168. Reducing mortality by expanding primary care to the urban poor in Rio de Janeiro, Brazil
Thomas Hone, Imperial College London

233. Health systems that deliver for all during pandemics in the SDG era: time-series analyses of primary health care delivery before and after Ebola in Liberia
Bradley Wagenaar, University of Washington, Seattle, USA

234. Tracing Africa’s progress towards implementing the noncommunicable diseases global action plan 2013–2020: a synthesis of WHO country profile reports
Gertrude Nyaaba, Academic Medical Center, University of Amsterdam

Ying Zheng, Institute of Medical Information, Chinese Academy of Medical Sciences

296. Human-centered design gives voice to communities and community health workers: lessons from three MNCH case studies
Anne LaFond, John Snow, Inc.

297. Person-centered maternity care in low- and middle-income countries: analysis of data from Kenya, Ghana and India
Patience Afulani, University of California, San Francisco

298. Ensuring universal access to treatment and care for drug-resistant tuberculosis: implementation of a patient-centered approach and decentralized model of care
Franciscka Lucien, Partners In Health

299. The association between clinical quality and person-centered care in high-volume facilities across Uttar Pradesh, India
Beth Phillips, University of California, San Francisco

300. STEMA: a guiding framework towards innovative, integrated, people-centered health care in low-resource settings
Nicole Minckas, STEMA/Institute for Global Health, University College London

361. Strategies for engaging health professionals in knowledge translation and services innovation in primary health care: insights from Brazil
Jorge Zepeda, University of Leeds

362. Demand-driven evaluations for decisions: novel approach to identifying research questions with policymakers and linking health researchers with evidence users for maximum relevance and impact
Elizabeth McCarthy, Clinton Health Access Initiative

363. Developing more participatory and accountable institutions for health: identifying health system research priorities for the Sustainable Development Goal era
Kerry Scott, Johns Hopkins University / independent researcher

364. Embracing the political realities of HSS – how to apply thinking and working politically in systems strengthening
Cindy Carlson, Malawi Health Sector Programme–TA Component, Options Consultancy Ltd

365. Advancing health systems for all through strengthening national health research systems: an evidence synthesis
Stephen Hanney, Brunel University London

366. Supporting health systems decision-making through a rapid evidence synthesis service in the Western Cape, South Africa
Hlengiwe Moloi, Health Systems Research Unit, South African Medical Research Council, South Africa

Lunchtime: 13:15
Location: Galleria

37. A household survey on access to medicines for chronic diseases in Sichuan Province, China
Ming Hu, Sichuan University

38. Designing and tailoring interventions to improve implementation of tuberculosis contact investigation and preventive treatment in Mimika district, Indonesia
Trisasi Lestari, Center for Tropical Medicine, Faculty of Medicine, Universitas Gadjah Mada
39 Towards responsive health care systems for chronically ill patients: a patient–provider perspective in rural Malawi
Vibian Angwenyi, Athena Institute for Research on Innovation and Communication in Health and Life Sciences, Faculty of Sciences, Vrije Universiteit, Amsterdam, the Netherlands

40 Stratification and characterization of complex medico-psychosocial conditions at primary health care level in Eastern DR Congo: innovative methodological approaches
Espoir Bwenge Malembaka, Faculty of Medicine, Université Catholique de Bukavu, Bukavu, DR Congo

41 Barriers and opportunities in advancing Uganda’s health system to deal with cardiovascular diseases burden: a case study of two districts
Rawlane Ndejjo, Department of Disease Control and Environmental Health, School of Public Health, College of Health Sciences, Makerere University

42 Systematic screening of childhood pulmonary TB through gastric aspirate collection in primary and secondary health care facilities in Tribal Chhattisgarh, India: a feasibility study
Ashish Sinha, Pt JNM Medical College Raipur

Location: Level 3

103 Dying in the margins: palliative care, humanitarian crises and the intersection of global and local health systems
Sonya de Laat, McMaster University

104 Tackling post-Ebola health recovery: strengthening health system capacity to ensure Ebola survivors and other vulnerable groups have access to appropriate care
Soumya Alva, John Snow, Inc.

106 Evaluating health systems resilience using real-world indicators from South Sudan (2011–2015)
Jackline Odhiambo, Liverpool School of Tropical Medicine

107 Mobilizing health systems to protect rural households in conflict-affected states: lessons learned from a mixed methods impact evaluation in the Democratic Republic of Congo
David Hotchkiss, Tulane University

108 Understanding the causes of under-five mortality in a humanitarian emergency using verbal autopsy: evidence from internally displaced persons (IDP) camps in Afgooye Corridor, Mogadishu, Somalia
Mohamed Adan, UCL Institute for Global Health

Location: ACC Hall 2M

169 An equity analysis on the costs of access to and use of health services in Tanzania
Peter Binyaruka, Ifakara Health Institute, Tanzania

170 Improving targeting mechanisms to identify the poor in the National Health Insurance Scheme in Ghana: lessons learned from the African Health Markets for Equity program
Jayne Rowan, Marie Stopes International

171 Unpacking vulnerability as proxy of health-seeking networks among the urban poor: lessons for strengthening public service delivery from three Indian cities
Devaki Nambiar, George Institute for Global Health

172 Do free caesarean section policies increase inequalities in Benin and Mali?
Marion Ravit, Ceped, IRD, Université Paris Descartes, Inserm, Paris, France

173 Factors associated with self-harm in South India: a quantitative study
Sudeep P K, Mysore Medical College & Research Institute

174 Does health care voucher provision improve utilization in the continuum of maternal and newborn care for poor pregnant women? Experience from a quasi-experimental study
Shehrin Mahmood, icddr,b

235 Helping babies survive in Jamaica: integrating workforce planning and training to respond to the needs of newborns and their families
Tabitha Malembeka, Women’s Health Network, Jamaica

236 Building policies and action plans for human resources for health (HRH) in the Caribbean
Gail Tomblin Murphy, Dalhousie University, WHO/PAHO Collaborating Centre on Health Workforce Planning & Research

237 Analysing the employment decisions of health professionals over time: a ten-year follow-up study with professional nurses in South Africa
Duane Blaauw, University of the Witwatersrand

238 Does previous turnover behavior increase the odds of subsequent turnover intentions among nurses? Evidence from rural western China
Jinlin Liu, Xi’an Jiaotong University

239 Approaches to motivate health workers in low-and-middle-income countries: a systematic literature review
Jaya Gupta, Johns Hopkins Bloomberg School of Public Health

240 When and how do incentives help improve health workers’ performance? A qualitative multi-county study
Maryse Kok, KIT Royal Tropical Institute, the Netherlands

301 Battling corporate policy interference: a case study on the implementation of the 85% health warning labels in India
Connie Hoe, Johns Hopkins Bloomberg School of Public Health

302 Enacting health financing reform laws is not enough: Lessons from the delayed implementation of the Basic Health Care Provision Fund in Nigeria
Felix Obi, Health Policy Research Group

303 Innovation as a tool for policymaking and health system strengthening: a systematic scoping review from India
Ajay Patle, National Health System Resource Center, Ministry of Health & Family Welfare

304 Strategies for clinical guideline implementation in the Brazilian Unified Health System
Maria Sharmila Alina de Soussa, Oswaldo Cruz Foundation
Who pays and how much?

Infirmeries scolaires et
Improving targeting
Assessing health care
Meet the unmet needs:

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Research Council
Bronwyn Myers, South African Medical
feasibility study
disease patients in South Africa: a
mental disorders among chronic
Shang-Ju Li, Americares Foundation
earthquake Nepal
capacity building project in post-
community-based psychosocial
access to mental health services via
addressing the equity and the
Katia Peterson, In-Situ Research
a 2017 study
Ugandan communities: results from
Psychotherapy (IPT-G) in three
based interpersonal Group
management teams evaluation
Caroline Soi, University of Washington
papillomavirus vaccine in
Hygiene & Tropical Medicine
contraception in Kenya
A cross-sectional study of out-
Aparna Ananthakrishnan, London
in government facilities in Madhya
analysis on abortion cost burdens
Yvonne Beaugé, Institute of Public
Interventions (MSI)
Management Strengthen
Management Teams (DHMTs)

Community-based health
planning and services in Ghana:
Marni Lavrentz, USAID Systems for
improved access to and utilization of primary health care services
Policy Planning Monitoring and
Evaluation Ghana Health Service

Situation analysis on a new
effort for maternal health at Upper
West Region in a rural Ghana
Chieko Matsubara, National Center for
Global Health and Medicine, Japan

What do you do with
success? the science of scaling up
a community health systems
strengthening intervention in Ghana
James Phillips, Columbia University

Rédaptation du système de
recherche pour la santé post-Ebola
en Afrique occidentale: focus sur
la promotion de la recherche pour
l’action de santé publique
Alpha Ahmadou Diallo, Université de
Conakry & Ministère de la santé

Infermeries scolaires et
gestion de la santé sexuelle et
reproductive des adolescents au Togo
Kokou Kpelgo, Cabinet d’Expertise en
Recherche – Action (CERA)

L’Implication des
communautés pour une
identification et une alerte précoce
des maladies sous surveillance à
travers la stratégie (Comité de Veille
e d’Alerte Communautaire (CVAC))
Fatou Camara, Catholic Relief Services

Location: ACC Hall 2M

Fiscal space for health at
decentralized level in Kenya: the
potential impact of fiscal
arrangements
Kenneth Munge, KEMRI-Wellcome Trust
Research Programme

How far will a financial
incentive system motivate health
workers in Indonesia’s Universal
Health Coverage system?
Reimbuss Fanda, Center for Health
Policy and Management, Faculty of
Medicine, Public Health and Nursing

Financing UHC through
State Health Insurance Schemes in
Resource Constrained Settings:
where will the money come from?
Frances IIlika, Health Finance and
Governance Project

Improving targeting
mechanisms to identify the poor
in the National Health Insurance
Scheme in Ghana: lessons learned
from the African Health Markets for
Equity program
Jayne Rowan, Marie Stopes
International

Unexpected effects related to
the implementation of results-based
financing: evidence from a mixed
methods study in Malawi
Manuela De Allegri, Institute of Public
Health, Heidelberg University, Germany

The role of efficiency gains in
expanding fiscal space for health in
Nigeria
Emeka Azubike, Health Strategy and
Delivery Foundation

Assessing health care
worker reform policy interventions
in pursuing health for all in a
Zimbabwean peri-urban community:
a Decision Space Approach
Hope Taderera, University of Zimbabwe

Effect of Human Resource
for Health (HRH) mentorship on
emergency obstetrics skills transfer
of lower cadre health workers
Peter Kaimenyi, Options Consultancy
Services Ltd
243  Transforming TB service delivery model in China: issues and challenges for the health workforce
Xiaoyun Liu, Peking University

244  10% vs. 90% Gap: case study of disparity in distribution of human resources for health in a subnational Region in Nigeria in the era of Universal Health Coverage
Ogonna Nwankwo, Department of Community Medicine, University of Calabar Teaching Hospital, Calabar, Nigeria

245  A registry analysis of return migration of South African physicians from the United Kingdom
Joseph Nwadiuko, Johns Hopkins School of Medicine

246  What motivates primary health care workers to perform well in resource-limited settings? Insights from realist evaluation of health systems strengthening in Nigeria
Bassey Ebenso, University of Leeds

307  Landscape analysis of the engagement of the private sector in achieving Universal Health Coverage in Nigeria and policy implications
Olawale Oladimeji, Health System and Policy Analysis Network

308  The role and limitation of private actors in the realization of SDG 3 and the right to health
Ashina Mtsumi, Global Initiative for Economic, Social and Cultural Rights (GI-ESCR)

309  Learning by example: motivating the government to reinforce regulation of the private health sector in resource-constrained Bihar Province of India
Vikash Keshri, Centre for Health Policy, Asian Development Research Institute

310  Revitalizing private maternity homes in underserved areas of Ghana
Matt Griffith, Banyan Global

311  Everyday resilience among mission hospitals in India: an interdisciplinary, mixed method study
Katelyn Long, Boston University School of Public Health

312  Family planning program sustainability – a modeling exercise on financial and health impact of private sector growth through improved targeting of donor and public funds
Sayaka Koseki, Palladium

373  Social capital and cognitive ability among older adults in China: a matching view
Xiaoyu Xi, China Pharmaceutical University

374  "I know some people": the impact of social capital on primary health care utilization of residents in China
Xiaoyu Xi, China Pharmaceutical University

375  Enabling community action for maternal health in Gujarat, India: a photo story
Vaishali Zararia, SAHAJ

376  Does social capital influence the functioning of health facility committees? A quantitative analysis in Nagaland, India
Avril Kaplan, Johns Hopkins Bloomberg School of Public Health

377  What’s the connection? community social capital and utilization of cardiovascular health services in Indonesia
Adenantera Dwicaksono, Institut Teknologi Bandung

378  Resource allocation and utilization in the health and education sectors of Ghana: challenges and opportunities
Yoriko Nakamura, Results for Development
### OVERVIEW

**Friday**

All of today's sessions at HSR2018 take place in the ACC Liverpool. You can find a map showing these locations in more detail at the back of this program.

<table>
<thead>
<tr>
<th>Morning sessions</th>
<th>09:00 – 10:30 ACC room 1B</th>
<th>Meet the journal editors: how can we address gender and diversity in publication in global health and health systems?</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>09:00 – 10:30 ACC room 1C</td>
<td>TWG Leaving no one behind Is the Declaration of Alma-Ata of ‘health for all’ still relevant 40 years later in a world of Universal Health Coverage?</td>
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<tr>
<td></td>
<td>09:00 – 10:30 ACC room 3A</td>
<td>Oral session, Spanish translation Community health systems Governance and accountability for strong community health systems</td>
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<tr>
<td></td>
<td>09:00 – 10:30 ACC room 3B</td>
<td>Oral session, Spanish translation Leaving no one behind Addressing social inequalities through social protection</td>
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<td>Oral session Leaving no one behind Strengthening health information systems</td>
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<td>Oral session Leaving no one behind Perspectives on governance – the role of different actors</td>
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<td>Participatory session Community health systems Primary health care systems that advance the Sustainable Development Goals: key lessons from 20 country PHC case studies in LMICs</td>
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<td>TWG Engaging the private sector Public–private partnerships and private sector-led oncology access initiatives in (LMICS): a sustainable way towards Universal Health Coverage for medicines and health technology?</td>
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<td>Lightning oral session Quality of care: challenges and potential solutions</td>
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<td>Lightning oral session Strategic purchasing to enhance health systems: experiences and lessons</td>
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<td>11:00 – 12:30 ACC room 12</td>
<td>Participatory session Engaging the private sector Social impact bonds: private financing to improve public services</td>
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### Theme key

| The SDGs as a stimulus for renewed multisectoral action |
| Polemic and pragmatism: engaging the private sector in moving towards Universal Health Coverage |
| Leaving no one behind: health systems that deliver for all |
| Community health systems – where community needs are located, but often the invisible level of health systems |

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**Español**

**Theme key**

| The SDGs como un estímulo para una nueva acción multisectorial |
| Polemismo y pragmatismo: involucrar al sector privado en el movimiento hacia la Cubierta Universal de la Salud |
| No hay nadie atrás: sistemas de salud que entregan para todos |
| Sistemas de salud comunitarios – donde las necesidades de la comunidad están localizadas, pero a menudo el nivel invisible de los sistemas de salud |

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**OVERVIEW**

**Friday**

Todos los sesiones del viernes en HSR2018 se realizan en el ACC Liverpool. Puedes encontrar una mapas mostrando estos ubicaciones en más detalle al final de este programa.
11:00 – 12:30 ACC Hall 2E
Participatory session
Engaging the private sector
Engaging private sector providers in national health financing policies in low- and middle-income countries: spell out your theory of change and monitor implementation

11:00 – 12:30 ACC Hall 2F
Participatory session
Community health systems
Strengthening nurses’ leadership capacity to enhance community engagement in health care delivery

11:00 – 12:30 ACC Hall 2L
Participatory session
Community health systems
Amplifying marginalized voices: towards meaningful inclusion in social accountability mechanisms for health

11:00 – 12:30 ACC Hall 2N
Panel session
Leaving no one behind
Transforming health financing systems under austerity – in the pursuit of Universal Health Coverage in the Eastern Mediterranean region

Afternoon sessions

12:30 – 14:00
Lunch break and posters
Lunch will be served in the ACC Hall 2M, Galleria and Level 3

12:30 – 13:45 ACC room 14
TWG
TWG business meeting: Medicines in Health Systems
Limited spaces available

12:30 – 13:45 ACC room 13
TWG
TWG business meeting: Ethics of Health Systems Research
Limited spaces available

14:00 – 15:30 ACC room 3B
Oral session, Spanish translation
Leaving no one behind
Addressing the growing burden of noncommunicable disease

14:00 – 15:30 ACC room 4A
Panel session
Leaving no one behind
I’ve got 99 problems but a phone ain’t one: lessons from design, gaming, agriculture and education for using mHealth to create inclusive health systems

14:00 – 15:30 ACC room 4B
Oral session
Community health systems
Strengthening the capacity of community health systems

14:00 – 15:30 ACC room 11A
Participatory session
Leaving no one behind
Advancing a theory of change (ToC): potential of SDGs to transform contemporary realities of exclusion to realization of Universal Health Coverage and care

14:00 – 15:30 ACC room 11B
Oral session
Antibiotics and other medicines: improving access and rational use

14:00 – 15:30 ACC room 11C
Lightning oral session
Leaving no one behind
Improving sexual and maternal, neonatal and child health services

14:00 – 15:30 ACC room 12
Oral session
Engaging the private sector
Contracting with private providers to achieve Universal Health Coverage

14:00 – 15:30 ACC Hall 2F
Participatory session
Community health systems
Innovative approaches to enhancing the role of communities in health systems: experiences from four different countries

14:00 – 15:30 ACC Hall 2L
Panel session
Community health systems
Community embeddedness: how community health actors in diverse health system contexts negotiate between government and community needs, values and relationships

14:00 – 15:30 ACC Hall 2N
Panel session
Multisectoral action
Multisectoral transnational strategies to progress towards SDGs: establishing a dialogue between Europe and Africa

14:00 – 15:30 ACC room 11D
Oral session
Engaging the private sector
Critical junctures: reflections on cross-disciplinary and cross-sector approaches to development challenges caused by emerging zoonotic infections and environmental change in sub-Saharan Africa

15:30 – 16:00
Refreshment break
In Hall 2M, Galleria and Level 3

17:30 – 18:00 ACC Main Auditorium
Plenary
French translation
Spanish translation
Closing plenary – Leaving no one behind: health systems that deliver for all
Meet the journal editors: how can we address gender and diversity in publication in global health and health systems?

This session seeks to provide a forum for discussion of gender and diversity in publishing in global health and health systems research academic journals. Persistent structural barriers to the participation of women, especially those from LMICs, in the production of knowledge will be explored. The aim is to promote collective actions involving research institutions, funders, publishers and journals to increase diversity and gender equality in research and knowledge generation.

Chair: Dina Balabanova, Health Systems Global board member; Jocalyn Clark, Executive Editor, The Lancet; Ana Lorena Ruano, Managing Editor, International Journal for Equity in Health; Jamie Lundine, University of Ottawa

Is the Declaration of Alma-Ata of ‘health for all’ still relevant 40 years later in a world of ‘Universal Health Coverage’?

Decades after the Alma-Ata declaration, ‘health for all’ remains elusive. Using country-level experiences, Emerging Voices will debate whether, and to what extent, Alma-Ata has translated and contributed to Universal Health Coverage goals, if progress towards ‘health for all’ has been made, and whether the term has relevance today.

Gilda Salvación A. Diaz, Philippine Health Insurance Corporation, Philippines; Anoo Bhuyan, The Wire, India; Osmundo Oxalaj, Centro de estudios para la equidad y gobernanza en los sistemas de salud-CEGSS, Guatemala; Fadi El-Jardali, American University-Beirut, Lebanon

Oral session, Spanish translation

Governance and accountability for strong community health systems

Chair: TBC

There is growing recognition globally of the importance of community health systems for achieving Universal Health Coverage. But there are challenges in the governance of these systems. Drawing on lessons from studies in Zambia, Sierra Leone, Australia and Cuba, these studies explore local governance actors and their relationships with national and global actors, accountability relationships and mechanisms.

Using open public meetings and elections to ensure community-level political and democratic accountability for maternity waiting home performance: evidence from Zambia

Taryn Vian, Boston University School of Public Health, USA

Update of the Cuban socioeconomic and political model and allocation of responsibility within health care. Actors vision and scenario planning.

Isabel Luis Gonzalez, Instituto Finlay de Vacunas, Cuba

Governing health systems response to emergencies: community connections and disconnections in managing Sierra Leone’s Ebola crisis

Susannah Mayhew, London School of Hygiene & Tropical Medicine, UK

“We are everything to everyone”: factors influencing accountability relationships of Aboriginal and Torres Strait Islander Health Workers (AHWs) in the Australian health system

Stephanie Topp, James Cook University, Australia.
**09:00–10:30  ACC room 3B**

**Oral session, Spanish translation**

**Leaving no one behind**

**Addressing social inequalities through social protection**

**Chair:** Daniel Maceira, CEDES, Argentina

Drawing from studies in Peru, Philippines, Kenya, Malawi, Zambia and Zimbabwe, this session explores the role of social protection in promoting equitable access to health care and discusses what can be done to improve access to care for marginalized groups.

Is Universal Health Care possible in geographically isolated and disadvantaged areas in the Philippines?

*Katerina Abiertas, Rural Health Unit Motiong, the Philippines*

Efectos de los programas sociales en la salud de la población pobre: evidencias a partir de las evaluaciones de impacto a programas sociales en Perú

*Alfonso Gutierrez-Aguado, Ministerio de Economía y Finanzas, Peru*

Effects of the social programming on the health of poor populations: evidence based on the impact assessments of social programmes in Peru

Perceptions of the poor on pro-poor health financing reforms in Kenya: an exploration of intersections of gender, disability and poverty in influencing equitable access

*Evelyn Kabia, KEMRI-Wellcome Trust Research Programme, Kenya*

Towards achieving the health-related SDGs: the role of unconditional cash transfers in Africa

*Jacob Novignon, Kwame Nkrumah University of Science and Technology, Ghana*

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**09:00–10:30  ACC room 4A**

**Lightning oral session**

**Engaging the private sector**

**Engaging the private sector in service delivery**

**Chair:** Priya Balasubramaniam, Public Health Foundation of India

Public private partnerships are employed with the aim to improve service delivery and achieve universal health coverage. But do they work and how? This session draws upon studies from low-, middle- and high-income settings in the areas of reproductive and maternal health, immunisation, HIV services, TB services and transportation of health commodities, to discuss how these partnerships have been designed and implemented, their effects on service access, delivery and quality, and the challenges and success stories.

A reproductive health voucher scheme can support the public health system and reach the most vulnerable in conflict setting: lessons from Yemen

*Alice Sabino, Options Consultancy Services, UK*

‘Community delivery center is our first priority for child delivery’: A PPP initiative for basic obstetric care among islanders of Indian Sundarbans

*Debjani Barman, IIHMR University, India*

Does integrated hospital and community care improve patient access and reduce the costs of care for glaucoma?

*Belinda Ford, The George Institute for Global Health; Western Sydney Local Health District, Australia*

Filling the human resource gap through public–private partnership: can private, community-based skilled birth attendants improve maternal health service utilization and health outcomes in Sunamganj Bangladesh?

*Anne Laterra, CARE USA, USA*

A shot in the dark? Can public–private partnerships in immunization work in low- and middle-income countries?

*Ann Levin, Abt Associates, USA*

Challenges to implementation of prevention of vertical HIV transmission in Kalimantan, Indonesia

*Agnes Pratiwi, Centre for Health Financing Policy and Health Insurance Management, Faculty of Medicine, Universitas Gadjah Mada, Indonesia*

Systemic barriers to collaboration: an analysis of collaboration between private and public health sectors in a south Indian district

*Vijayashree Yeliappa, ICMR, India*
**Program**

**Friday October 12, 2018**

**Oral session**

**ACC room 11A**

09:00 – 10:30

**Paying for performance: considering the evidence**

**Chair:** Sophie Witter, Queen Margaret University, UK

Pay for performance has been heralded as a solution to health system performance and addressing complex social problems. This session will consider new evidence about the effectiveness of different forms of P4P in high-, middle- and low-income settings, including less common forms such as vouchers and social impact bonds.

Subsidized vouchers for private services improved continuum of care even after public sector fees were removed: an evaluation of the Kenya maternal health voucher program

*Mardieh Dennis, London School of Hygiene & Tropical Medicine, UK*

Community results-based financing: an innovative approach for community engagement and health

*Laura Ferguson, University of Southern California, USA*

When the system strikes back. A realist evaluation of implementation fidelity of a PBF intervention in the Ugandan private not-for-profit sector

*Dimitri Renmans, Institute of Development Policy (IOB), University of Antwerp, Belgium*

Can social impact bonds achieve better outcomes than traditional financing mechanisms

*Stefanie Tan, London School of Hygiene & Tropical Medicine, UK*

**Oral session**

**ACC room 11B**

09:00 – 10:30

**Leaving no one behind**

**Strengthening health information systems**

**Chair:** Kaspar Wyss, Swiss Centre for International Health, Switzerland

Health systems depend on effective flows of information to enable needs identification, response and coordination among stakeholders, and these often require integration across different information sources. These presentations showcase innovations in health information systems that seek to improve the flow and use of information in health systems and disease control programs.

An electronic health records system that links with a health and demographic surveillance site for morbidity surveillance in rural Eastern Uganda

*Dan Kajungu, Makerere University Centre for Health and Population Research (MUCHAP), Uganda*

Using evidence from District Health Information System (DHIS2) for multisectoral actions: lessons from Senegal, Côte d’Ivoire and Afghanistan

*Babacar Lo, USAID, Senegal*

Inverting the information loop: challenges and approaches in achieving malaria elimination

*Arunima Mukherjee, University of Oslo, Norway*

Engaging with stakeholders cannot be left to chance: a formal and informal mixed approach within a paper-based health information systems project

*Anthonia Njepuome, PHISICC National Coordinator, Nigeria*
Oral session  
**Leaving no one behind**

**Perspectives on governance – the role of different actors**

**Chair:** Tolib Mirzoev, University of Leeds, UK

The presentations in this session address the challenges of health system governance and accountability from the viewpoint of the actors involved in different mechanisms – health workers and their supervisors, community-based activists and Ministry of Health officials.

**Going operational with health systems governance: supervision and incentives to health workers for higher quality health care in public health facilities in Tanzania**

*Igor Francetic, Swiss Tropical and Public Health Institute (Swiss TPH), University of Basel and University of Applied Sciences and Arts of Southern Switzerland (SUPSI), Switzerland*

**We shine a light on others so they can see the way: being a community defender for the right to health**

*Ana Lorena Ruano, Center for the Study of Equity and Governance in Health Systems, Guatemala*

**What are the capacities of Ministries of Health to govern? Results from a scoping review of the literature**

*Veena Sriram, University of Chicago, USA*

**Widening the Scope of Health System Governance to Achieve the Goal of Malaria Control with the Help of Public-Private Partnership**

*Pallavi Mishra, Centre for Chronic Disease Control, India*

Lightning oral session  

**Training and retaining the health workforce**

**Chair:** Duane Blaauw, University of the Witwatersrand, South Africa

This series of presentations examines innovative strategies and tools for health workforce planning, production and retention.

**Exploring influential factors to retention of secondary midwives at health centres in rural Cambodia by qualitative interviews about their experiences and an influential factor-ranking activity**

*Kimiko Abe, Institute for Sociology and Social Work, Meiji Gakuin University, Japan*

**Health system’s response for physician workforce shortages and the upcoming crisis in Ethiopia: a grounded theory research**

*Tsion Assefa, Jimma University, Ethiopia*

**Multidisciplinary human resources for sustainable health systems: one-health club approach of building a workforce for emerging health threats in Uganda**

*Edwina Atusingwize, Makerere University School of Public Health, Uganda*

**Saving lives, saving costs. Investment case for community health workers in South Africa. What are the returns on investment?**

*Donnela Besada, South African Medical Research Council, South Africa*

**Improving the health workforce quality in Indonesia through collaborative approaches between higher education and health system: a proposal of multisectoral actions**

*Ralalicia Limato, Eijkman Institute, Jakarta, Indonesia, Indonesia*

**‘Volunteer’ doesn’t mean free: the costs for volunteer health worker cadres and implications for the absorption into national health systems in low-resource settings**

*Leah Petit, Elizabeth Glaser Pediatric AIDS Foundation, USA*

**Medical education research: the weak link in health systems research**

*Stephen Okeyo, Great Lakes University of Kisumu, Kenya*

**Using modeling and scenario analysis to support evidence-based decision-making on human resources for health training and retention interventions in Malawi**

*Margaret Prust, Clinton Health Access Initiative, USA*
### Program

**Friday October 12, 2018**

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<th>Time</th>
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| 09:00 – 10:30 | ACC Hall 2E | Participatory session                  | Community health systems  
New frontiers in community-based health systems: experiences in the collaborative governance of innovations that expand access  
Drawing on experiences across a number of country settings, this session explores the practices of collaborative governance that underpin the design and implementation of innovative community-based programs tackling complex health needs.  
*Helen Schneider, University of the Western Cape; Anna Karin Hurtig, Umeå University; Keith Cloete, Department of Health, Western Cape Government; Kaaren Mathias, Emmanuel Hospital Association; Joseph Zulu, University of Zambia* |
| 09:00 – 10:30 | ACC Hall 2F | Panel session                          | Multisectoral action  
National insights on high-quality health systems: findings from the HQSS Commission  
The Lancet Global Health Commission on High Quality Health Systems in the SDG Era has supported national commissions in nine countries to bring together diverse stakeholders to advance research and improvement on quality health systems in their countries. Representatives from five national commissions will discuss key insights from their work.  
*Muhammad Pate, Big Win Philanthropy; Sebastian Garcia Saiso, Secretary of Health, Mexico; Taihiya Yahya, Ministry of Health, Community Development, Gender and Children, Tanzania; Olive Shisana, Evidence Based Solutions, South Africa; Ephrem Lemango, Maternal and Child Health Directorate, Ethiopia; Lilibeth David, Office for Policy and Health Systems, the Philippines* |
| 09:00 – 10:30 | ACC Hall 2L | Participatory session                  | Community health systems  
Primary health care systems that advance the Sustainable Development Goals: key lessons from 20 country PHC case studies in LMICs  
Researchers and policymakers will discuss and learn from the rich findings of the 20 PHC country case studies commissioned by the Alliance for Health Policy and Systems Research, focusing on using a Complex Adaptive Systems lens for PHC systems strengthening, NCDs, participatory governance and private sector engagement.  
*Andrew McKenzie, Health Partners International (a DAI Global Health Company); Rhona Mijumbi, Deve Health Policy and Systems Analyst and Research Scientist, College of Health Sciences, Makerere University, Uganda; Fadi El Jardali, School of Public Health, American University of Beirut, Lebanon; Jacqueline Elizabeth Alcalde Rabanal, National Institute of Public Health, Center for Health Systems Research, Switzerland; Etienne Langlois, Alliance for Health Systems and Policy Research, Switzerland* |
| 09:00 – 10:30 | ACC Hall 2N | TWG                                    | Engaging the private sector  
Public-private partnerships and private sector-led oncology access initiatives in low- and middle-income countries (LMICs): a sustainable way towards Universal Health Coverage for medicines and health technology?  
Access to costly medicines puts systems under funding pressures. NGOs and pharmaceutical companies responded by partnering to implement access initiatives. On the example of oncology, this session facilitates a dialogue on the sustainability of those initiatives, their contribution to strengthening access to cancer care, and the challenges they pose for Universal Health Coverage.  
*Raja Shankar, IQVIA, UK; Sachiko Ozawa, University of North Carolina, USA; Danny Edwards, Access to Medicine Foundation; Beatriz Lahoupe, IAEA/PACT; Fatima Suleman, Professor of Pharmaceutical Science, South Africa; Veronika Wirtz, Associate Professor of Global Health, Boston University School of Public Health, USA* |
10:30–11:00
Refreshment break and posters
In ACC Hall 2M, Galleria and Level 3

11:00–12:30
ACC room 1B

TWG

SHAPES debate: are social sciences irrelevant to health systems policymaking?

Why are some social science disciplines and methods associated with a lack of rigor? Do social scientists engage sufficiently with policymakers and entrepreneurs? Should the social sciences focus more on iterative knowledge development instead of informing policy? Join the SHAPES Thematic Working Group for a panel debate followed by audience participation to consider the different facets of the provocative proposition: that social sciences are irrelevant in health systems policymaking today.

11:00–12:30
ACC room 1C

Participatory session

Leaving no one behind

Lessons on scaling-up interventions to improve equitable access to health care

There are many effective innovations in health services delivery that could contribute to the achievement of UHC. The challenge is in bringing these innovations to scale, in order for them to have sufficient impact on UHC. This session will provide lessons on effective scale-up design and implementation.

Tim Martineau, Liverpool School of Tropical Medicine; Peter Fajans, ExpandNet Secretariat, France; Luan Vo, Friends for International TB Relief (FIT), Vietnam (IMPACT-TB); Jakub Gajewski, Royal College of Surgeons in Ireland (SURG-Africa); Joanna Raven, Liverpool School of Tropical Medicine, UK (PERFORM2scale); Yoswa Dambisya, East, Central and Southern Africa Health Community (ECSA-HC), Tanzania

11:00–12:30
ACC room 3A

Oral session, Spanish translation

The challenge of urban health: systems for improving priority setting and planning

Chair: Gustavo Nigendo, National Autonomous University of Mexico

UHC can be particularly challenging in urban settings, where communities are less cohesive, health systems are more pluralistic, and coordination can be more complex. Presenters in this session share lessons of new approaches to engaging the community, managing information and strengthening health planning processes to deliver health for all in cities.

Primary health care, an urban challenge: Villa Nueva’s experience, Guatemala in the process of building municipal health policy

Guillermo Hegel Algara, Municipalidad de Villa Nueva, Guatemala, Guatemala

Community-based participatory prioritization exercise for development of primary level health care services package among urban poor communities

Sreejini Jaya, Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences and Technology, India

Institutionalizing ‘Urban Health Atlas’ a geo-referenced web-based visualization tool to strengthen planning, delivery and oversight of MNCH services in urban Bangladesh: a mixed-method implementation research

Sohana Shafique, Health Systems and Population Studies Division, icddr,b, Bangladesh

Understanding the extent and nature of evidence-informed urban health planning: lessons from three Asian cities

Tolib Mirzaev, University of Leeds, UK
Program

11:00–12:30  ACC room 3B

Oral session, Spanish translation

**Multisectoral action**

**Multisectoral approaches to addressing the social determinants of health**

**Chair:** Orielle Solar, FLACSO, Chile

Against a background of the need for multisectoral action to attain the SDGs, this session examines some of the channels through which health is influenced by actions outside the health sector, including indoor air pollution, nutrition and industrial development.

- Using Photovoice to explore complex multisectoral social determinants of health in rural Malawi
  Jane Ardrey, Liverpool School of Tropical Medicine, UK

- Political economy of nutrition in Anambra and Kebbi States, Nigeria
  Oluchi Ezekannagha, Stellenbosch University, South Africa

- Industrial development as a social determinant of health: building productive synergies
  Maureen Mackintosh, The Open University, UK

- Opportunities and challenges to fulfil the health-related MDGs in Argentina: Evidence based on interviews with decision-makers in the national health system
  Alfredo Palacios, Centro de Estudios de Estado y Sociedad, Argentina

11:00–12:30  ACC room 4A

Oral session

**Managing the transition from development assistance: how to sustain health gains**

**Chair:** Joe Kutzin, World Health Organization, Switzerland

As countries transition from donor funding towards greater reliance on domestic financing, they need to ensure that national programs continue to deliver high coverage of priority interventions. The presentations in this session consider how transition plans are engaging other sectors, seeking opportunities for integration, securing supplies of essential drugs and supplies, and targeting resource allocation to achieve efficiency gains.

- Sustainable funding for HIV/AIDS and TB: producing evidence for a successful donor transition in Cambodia
  Sophie Faye, Abt Associates, USA

- How to sustain public health gains in the SDG era when countries in the European region transition from the Global Fund support?
  Lela Sulaberidze, Curatio International Foundation, Georgia

- A sustainability planning framework for countries to use when donors exit: a case study of neglected tropical disease programs
  Irene Thuo, The George Washington University: Milken School of Public Health, USA

- Private sector participation in HIV programs after donor exit: evidence from an evaluation of PEPFAR’S geographic prioritization in Uganda
  Jess Wilhelm, Johns Hopkins Bloomberg School of Public Health, USA
11:00–12:30  ACC room 4B

Participatory session

The behind the scenes politics of health systems and policy research

Health policy and systems researchers routinely find themselves working within and studying complex fields of power relations involving donors, public–private partnerships, NGOs and governments. This roundtable reflects critically on how academics experience and manage the ethical and political challenges that arise behind the scenes of health systems and policy research.

Katerini Storeng, University of Oslo, Norway; Jennifer Palmer, London School of Hygiene & Tropical Medicine, UK; Grace Akello, Gulu University, Uganda; Svea Closser, Middlebury College, USA; Judith Justice, University of California, San Francisco, USA; Melissa Parker, London School of Hygiene & Tropical Medicine, UK; Jeremy Shiffman, American University, USA

11:00–12:30  ACC room 11A

Participatory session

Community health systems

Strengthening health systems in China: implications for global health

There are strong interests yet limited understanding of China’s historical and contemporary approaches to health systems strengthening. In response, the session will present findings from several state-of-the-art researches related to China’s six decades of lessons in governance, financing, workforce and service delivery in health, and discuss global applicability and transferability.

Qingyue Meng, Peking University China Center for Health Development Studies; Gemini Mtei, Abt Associates; Xiaoyun Liu, Peking University China Center for Health Development Studies; Hai Fang, Peking University China Center for Health Development Studies; Jin Xu, Peking University China Center for Health Development Studies; Beibei Yuan, Peking University China Center for Health Development Studies

11:00–12:30  ACC room 11B

Lightning oral session

Quality of care: challenges and potential solutions

Chair: Mickey Chopra, The World Bank Group

Studies in this session analyze the levels and inequalities in health service quality in a variety of settings, and present the outcomes of a range of quality improvement strategies including teamwork, accreditation and capacity development approaches.

Interprofessional teamwork to improve quality care: barriers and facilitators

Nicole Arends, University of the Western Cape, South Africa

Strengthening financial risk protection: how USAID’s LuzonHealth project increased access to Philippine Health Insurance Corporation-accredited facilities and improved access of pregnant women newborns

Noemi Bautista, LuzonHealth, RTI International, the Philippines

Introducing high-impact, integrated day of birth and post-pregnancy interventions in Kinshasa, Democratic Republic of Congo through a low dose – high frequency capacity development approach

Elana Fiekowsky, Jhpiego, USA

Is Quality Improvement (QI) a game changer in contraceptive utilization? DHIS2 data shows high contraceptive prevalence rate in QI districts compared to non-QI districts

Ramadhan Kirunda, FHI360, Uganda

New evidence mapping inequities of quality of care: cross-country and local-level analysis of primary health care systems in 10 low- and middle-income countries

Erllyn Rachelle Macarayan, Lancet Global Health Commission on High Quality Health Systems; Ariadne Labs, Brigham and Women’s Hospital, Harvard T.H. Chan School of Public Health, USA

Patient experience of primary health care quality, accessibility, and responsiveness in Ghana: Results from a nationally representative survey

Hannah Ratcliffe, Ariadne Labs of Harvard University and Brigham and Women’s Hospital, USA

Assessing the quality of care for patients on antiretroviral treatment in northern Uganda using Lot Quality Assurance Sampling

Ulrike Seeberger, Liverpool School of Tropical Medicine, UK
Program

Friday October 12, 2018

11:00–12:30  ACC room 11C

Lightning oral session

Strategic purchasing to enhance health systems: experiences and lessons

Chair: Edwine Barasa, KEMRI-Wellcome Trust, Nairobi

Strategic purchasing involves a deliberate approach to selecting providers, specifying services and clarifying the way in which they are paid (contracts and provider payment). This session draws together a variety of presentations offering new evidence about how strategic purchasing could improve equity, efficiency and quality of service provision.

- Enhancing health markets for the poor by linking private providers with government health financing schemes
  Luke Boddam-Whetham, Marie Stopes International, UK

- Universal Health Coverage through linkages of informal health care providers with the private sector: social network analysis in a disadvantaged region of India
  Rittika Brahmachari, Sahay, India

- Hospital performance-based contracting: engaging private and public hospitals towards improved patient outcomes, equity and efficiency in Lebanon
  Jade Khalife, American University of Beirut, Lebanon

- Mixed provider payment system in Morocco: what are the effects on private sector health providers’ behavior and the implications for equitable access to health services?
  Inke Mathauer, World Health Organization, Switzerland

- Engaging private sector primary health care providers in the progress towards Universal Health Coverage: models of contracting general practitioners into South Africa’s public sector
  Linda Mureithi, Health Systems Research Unit, Health Systems Trust; School of Public Health and Family Medicine, University of Cape Town, South Africa

- Can strategic purchasing of health services from the private sector drive value for money? Evidence from the results-based financing program in Malawi
  Matthew Nviiri, Results-based Financing for Maternal Newborn Health Programme, Malawi

- The experiences of health care providers with provider payment mechanisms in Kenya: a focus on capitation and fee-for-service
  Melvin Obadha, KEMRI-Wellcome Trust Research Programme, Kenya

- Using a contract-based team to support promotion-preventive service at primary care level in East Jakarta
  Shita Widodo, Center for Health Policy and Management, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Indonesia.

11:00–12:30  ACC room 12

Participatory session

Engaging the private sector

Social Impact Bonds: private financing to improve public services?

Social Impact Bonds (SIBs) are a funding mechanism where governments enter outcome-based contracts with private investors to provide upfront financing for interventions, which is only reimbursed if pre-determined targets are met. This session will debate whether SIBs can enable the private sector to improve health services across HICs and LMICs.

Stefanie Tan, London School of Hygiene & Tropical Medicine, UK; Mara Airoldi, University of Oxford; Chih Hoong Sin, O Group; Scott Higgins, MSD for Mothers, Merck Group; Max Bode, Instiglio, Latin America and Africa; Alec Fraser, London School of Hygiene & Tropical Medicine, UK

11:00–12:30  ACC Hall 2E

Participatory session

Engaging the private sector

Engaging private sector providers in national health financing policies in low- and middle-income countries: spell out your theory of change and monitor implementation

This participatory session will review some recent national health financing policies, trying to involve and align private providers on the UHC agenda. Three cases will be presented, with a focus on design, theory of change and implementation issues and challenges. The session is structured to learn from multiple stakeholders’ perspectives.

Joël Arthur, Kiendrèbéogo, University Ouaga; Joseph Ki-Zerbo, Institute of Tropical Medicine Antwerp, Belgium, University of Heidelberg, Germany; Deepika Saluja, Indian Institute of Management, India; Dimitri Renmans, Institute of Development Policy (IOB), University of Antwerp, Belgium; Isidore Sieleunou, Research for Development International, Yaoundé, Cameroon, Montreal School of Public Health, University of Montreal, Canada; Bruno Meessen, Institute of Tropical Medicine Antwerp, Belgium
11:00–12:30  ACC Hall 2F

Participatory session

Community health systems

Strengthening nurses’ leadership capacity to enhance community engagement in health care delivery

Participants will discover the collaborative process through which nurse leaders of rural health facilities, community members, district managers, and national stakeholders institutionalized a program to strengthen Zambia’s community health system. Breakout groups will experience program elements, collaborating with community members through the program’s communication tools and completing a sample assignment.

Marjorie Kabinga Makukula, University of Zambia, School of Nursing Sciences; Allison Annette Foster, IntraHealth International; Carolyn Moore, FHI360; Albert Chibakabweza, Rural Health Post, Zambia

11:00–12:30  ACC Hall 2N

Panel session

Leaving no one behind

Transforming health financing systems under austerity – in the pursuit of Universal Health Coverage in the Eastern Mediterranean Region

The session shares the experience of the Eastern Mediterranean Region in health financing reforms towards UHC, focusing on four countries with varied types of geopolitical, demographic and socioeconomic health system and health financing challenges. The session distills lessons for countries primarily affected by socioeconomic shocks and emergencies.

Awad Mataria, WHO Regional Office for the Eastern Mediterranean; Farhad Farewar, Health Economics and Financing Directorate, Ministry of Public Health, Afghanistan; Omar Alshanqety, Health Transformation Center, Ministry of Health, Saudi Arabia; Choki Arfa, Université de Carthage, Tunisia; Tayseer Firdous, Health Economics Directorate, Ministry of Health, Jordan

11:00–12:30  ACC Hall 2L

Participatory session

Community health systems

Amplifying marginalized voices: towards meaningful inclusion in social accountability mechanisms for health

Accountability encourages local community actors’ involvement in the design, delivery and monitoring of health services. Using research from Uganda, Bangladesh and Nepal, this session applies an intersectional lens to accountability mechanisms, asking about the inclusion of specific, marginalized categories within communities in mainstream accountability initiatives.

Linda Waldman, Institute of Development Studies, UK; Sabrina Rasheed, icdr,b, Bangladesh; Racheal Apolot, Makerere University School of Public Health (MakSPH), Uganda; Sushil Baral, HERD International, Nepal; Kunle Alonge, Johns Hopkins Bloomberg School of Public Health, USA; Chandani Kharel, HERD International, Nepal

Afternoon

12:30–14:00

Lunch break and posters

Lunch will be available in ACC Hall 2M, Galleria and Level 3 where posters will be presented and displayed

12:30–13:45  ACC room 14

TWG

TWG business meeting: Medicines in Health Systems

Limited spaces available

12:30–13:45  ACC room 13

TWG

TWG business meeting: Ethics of Health Systems Research

Limited spaces available
14:00–15:30 ACC room 3A

Oral session, French translation

**Engaging the private sector**

**Influencing the performance of health service providers**

**Chair:** Marcela Tirdea, Ministry of Health, Labour and Social Protection, the Republic of Moldova

These presentations will examine different approaches to influencing the behavior of public and private health providers in order to improve performance and enhance access to services: public–private partnerships, contracting, strengthened regulation and pay for performance will be discussed.

- *Adopt ‘institutional approach’ to optimize private sector engagement for advancing universal health coverage in India*
  Chandrakant Lahariya, World Health Organization Country Office for India, New Delhi, India

- *Governing public–private partnerships to advance UHC objectives: experiences from government–private not-for-profit contractual relationships in Uganda*
  Freddie Ssengooba, Makerere University School of Public Health, Uganda

- *Strengthening health facility regulation for patient safety: frontline staffs’ perceptions of Kenya’s regulatory reforms*
  Eric Tama, Strathmore University, Kenya

- *Unexpected effects of Results-Based Financing (FBR) in a rural district: qualitative evaluation in Burkina Faso*
  Maurice Yaogo, Association Zama Forum pour la Diffusion des Connaissances et des Expériences novatrices en Afrique (ZAMA FORUM/ADCE-Afrique), Burkina Faso

14:00–15:30 ACC room 3B

Oral session, Spanish translation

**Leaving no one behind**

**Addressing the growing burden of noncommunicable disease**

**Chair:** Kumanan Rasanathan, Health Systems Global, Cambodia

The presentations in this session explore the consequences of NCDs for households through a variety of approaches and perspectives. They include photography as an entry point for understanding the burden of sickle cell disease, out-of-pocket expenditure on chronic conditions, and a self-management intervention that bridges the household, primary care unit and hospital.

- *Implementing the Chronic Care, Family Health and Risk-based classification Model for patients with high-risk to be hospitalized in the Sur Oriente Metropolitan Health Service (Chile)*
  Giovanni Inostroza Lecaros, Complejo Asistencial Hospital Dr Sótero del Río, Chile

- *Left behind: the forgotten face of an inadequate health system*
  Lea Kilenga, Masamo, Kenya

- *Financial risk protection for people living with noncommunicable diseases: an analysis of households from 18 countries in the PURE study*
  Adrianna Murphy, London School of Hygiene & Tropical Medicine, UK

- *Direct cost of illness of patients with chronic cough: experiences from rural Malawi*
  Junious Sichali, Research for Equity and Community Health (REACH) Trust, Malawi
Panel session  
**Leaving no one behind**

I’ve got 99 problems but a phone ain’t one: lessons from design, gaming, agriculture and education for using mHealth to create inclusive health systems

Mobile technology provides unprecedented access to health care providers, especially those outside organized public health systems. But we know little about how technology can improve their participation in larger health system goals. This session presents lessons from different approaches to mobile technology, and discusses sustainable health worker engagement in plural health systems.


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Community health systems, Oral session

**Strengthening the capacity of community health systems**

Chair: Ariel Frisancho, CMMB, Peru

This session will explore a variety of approaches to strengthening the capacity of community and district health systems in diverse settings, including Uganda, Brazil and Madagascar.

- Community and district management empowerment for scale-up (CODES) of child survival practices – a cluster randomized controlled trial in Uganda  
  Flavia Kaggwa, UNICEF Uganda, Uganda

- Plague in Madagascar: epidemic control starts in and with the community  
  Elke Konings, Management Sciences for Health, USA

- Active ingredients for harnessing participatory action research to strengthen health managers capacity; a critical interpretative synthesis  
  Moses Tetui, Makerere University, Uganda

- The contribution of civil society to the achievement of health for all. The case of populations peasants in Colombia.  
  Mauricio Torres-Tovar, Universidad Nacional de Colombia, Colombia

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Participatory session  
**Leaving no one behind**

Advancing a theory of change (ToC): potential of SDGs to transform contemporary realities of exclusion to realization of Universal Health Coverage and care

Indigenous and ethnic communities world over have poorer health outcomes and share similar experiences of exclusion in accessing health care. This session, based on COPASAH members’ experiences of working on social accountability processes to challenge power-inequities, will explore possibilities of advancing a ToC towards UHC for adoption by health systems.

Abhijit Das, COPASAH, Center for Health and Social Justice; Ariel Frisancho CMMB, Peru; Moses Mulumba, Health Human Rights Development (CEHURD), Uganda; Renu Khanna Sahaj, India; Borjan Pavlovski, Association for Emancipation, Solidarity and Equality of Women (ESE), Macedonia; Jonathan Fox, Accountability Research Center (ARC), University of Washington, USA
Program

Friday October 12, 2018

14:00–15:30  ACC room 11B
Oral session
Antibiotics and other medicines: improving access and rational use
Chair: Goran Tomson, Karolinska Institutet, Sweden
Antimicrobial resistance is at its heart a health system issue: addressing it requires a clear understanding of the complex set of factors influencing medicine prescription and use. The presentations in this session seek to understand the multiple influences on prescriber and patient behavior and the effectiveness of interventions to improve medicines use.

The need for a multi-stakeholder approach to develop antibiotic stewardship with rural informal health care providers in India
Meenakshi Gautham, London School of Hygiene & Tropical Medicine, India

Sustained reductions in inappropriate prescribing of antibiotics to children in rural Chinese primary care facilities: 18-month follow-up of a cluster randomized controlled trial
Joe Hicks, Nuffield Centre for International Health and Development, University of Leeds, UK

Improving access to affordable medicines in public hospitals of Mongolia
Oyunaa Lkhagvasuren, Technical Assistance Project, Asian Development Bank, Mongolia

Methods to document antimicrobial use in pluralistic health systems
Hayley MacGregor, Institute of Development Studies, UK

14:00–15:30  ACC room 11C
Lightning oral session
Leaving no one behind
Improving sexual and maternal, neonatal and child health services
Chair: Jean-Paul Dossou, Centre de Recherche en Reproduction Humaine et en Démographie, Cotonou, Benin & Institute of Tropical Medicine Antwerp, Belgium, Benin

Eight presentations explore the barriers to accessing high-quality sexual, reproductive and neonatal health services across a range of high- and low-income settings, together with the effectiveness of legislative, technological and service organization innovations to improve access.

Conceptualizing user-initiated interventions for sexual and reproductive health: rights to increase health coverage
Michalina Drejza, World Health Organization, Department of Reproductive Health and Research, Poland

Leaving no one behind: health systems exclusion of women with obstetric fistula in Kenya a threat to the SDG 3 attainment
Anne Khisa, African Population and Health Research Centre, Kenya

Invisible populations still left behind: a systematic review on legislation, policy and utilization of sexual and reproductive health services by vulnerable populations in sub-Saharan Africa
Muriel Mac-Seing, CRCHUM, IRSPUM and University of Montreal, Canada

Understanding inequities and their determinants in a quest for universal maternal health coverage in sub-Saharan Africa: the case of Burkina Faso
Takondwa Mwase, Abt Associates Inc., Malawi

Why women do not use primary health centres for skilled pregnancy care in rural Nigeria: evidence from a mixed method study
Lorretta Favour Ntoimo, Federal University Oye-Ekiti, and Women's Health and Action Research Centre, Nigeria

‘It is just me’: Involvement of mothers in the care of sick newborns in neonatal units in Nairobi, Kenya
Dorothy Oluoch, KEMRI-Wellcome Trust Research Programme, Kenya

Assessing social determinants of health-seeking behavior for delivery among pregnant women in Malawi: a latent class analysis
Rachel Yorlets, Harvard Program in Global Surgery and Social Change, USA

Access to First-line Sexual and Reproductive Healthcare among Illegal Immigrants in High-Income Countries: a Literature Review from session Improving sexual and maternal, neonatal and child health services
Christina Zarowsky, University of Montreal, Canada
14:00–15:30 ACC room 12

Oral session

Engaging the private sector

Contracting with private providers to achieve Universal Health Coverage
Chair: Uranchimeg Tsevelvaanchig, University of Queensland, Australia

Contracting health service management and delivery to private providers is a popular option for expanding access to health care services. Experiences of contracting with private providers in Nepal, Indonesia, Guatemala and India are explored.

Experience in engaging private service providers in health insurance for attaining Universal Health Coverage in Nepal
Bikesh Bajacharya, Thammasat University, Nepal

Private health sector market in a social health insurance scheme – how policies harness or restrict growth and competition in Indonesia
Arin Dutta, Palladium, USA

Contracting out to achieve Universal Health Coverage: does it work? New evidence using the Synthetic Control Method in Guatemala
Jose Gutierrez, Abt Associates, Johns Hopkins Bloomberg School of Public Health, USA

Is the private sector the answer to achieving effective coverage and financial protection under publicly funded health insurance? Evidence from Chhattisgarh, India
Sulakshana Nandi, Public Health Resource Network and University of the Western Cape, India

14:00–15:30 ACC Hall 2E

Panel session

Leaving no one behind

Critical junctures: reflections on cross-disciplinary and cross-sector approaches to development challenges caused by emerging zoonotic infections and environmental change in sub-Saharan Africa

Cross-sector linkages between anthropogenic climate change, environmental sustainability, population growth and mobility, and human, animal and ecosystem health are increasingly evident and pose significant development challenges. Yet the necessary multisector, multidisciplinary responses remain elusive. This session provides critical reflections on integrated approaches being implemented in Sierra Leone, Uganda and Madagascar.

Susannah H. Mayhew, London School of Hygiene & Tropical Medicine, UK; Richard Ottaway, Margaret Pyke Trust/
Population and Sustainability Network; Vikas Mohan, Blue Ventures, UK/Madagascar; Nelson Turyahabwe, Agricultural Extension, Makerere University, Uganda; Ahmed Vandi, School of Community Health Sciences, Njala University, Sierra Leone; Tommy Hanson, School of Social Sciences, Njala University, Sierra Leone; Siomeleon, Patrick Mugirwa, Partners in Population and Development, Uganda; Harriet Davies-Mostert, Endangered Wildlife Trust/International Union for Conservation of Nature (IUCN), South Africa; Freddie Ssengooba, School of Public Health, University of Makerere, Uganda; Lawrence Babawo, School of Community Health Sciences, Njala University, Sierra Leone; Paul Richards, University of Wageningen, the Netherlands; T. Patrick, Director General Health Services, Uganda; D. Dafe, Director Disease Prevention, Ministry of Health, Sierra Leone; David Johnson, Margaret Pyke Trust/Population and Sustainability Network; Michael Hammer, Keele University/ROCsalt

14:00–15:30 ACC Hall 2F

Participatory session

Community health systems

Innovative approaches to enhancing the role of communities in health systems: experiences from four different countries

This session will provide a platform to allow for participants’ reflection and debate related to enhancing community engagement in promoting appropriate treatment-seeking practices at the grassroots levels. It will draw upon case studies from Bangladesh, Nepal, Nigeria and Vietnam, and will enable participants to share their own experiences.

Tolib Mirzoev, University of Leeds, UK; Rebecca King, University of Leeds, UK; Bui Thi Thu Ha, Hanoi University of Public Health, Vietnam; Rumana Huque, ARK Foundation, Bangladesh; Ines Soria-Turner, University of Leeds, UK
14:00–15:30  ACC Hall 2L

Panel session

**Community health systems**

Community embeddedness: how community health actors in diverse health system contexts negotiate between government and community needs, values and relationships

Community embeddedness is often seen as antagonistic to health system integration. Yet many community actors have dual or more identities, working for government and also representing community interests. We explore how community health actors navigate the tension involved in community embeddedness: negotiating diverse needs, values and relationships.

Kerry Scott, Independent Researcher; Nikki Shaay, University of the Western Cape, South Africa; Chama Mulumba, University of Zambia, Zambia; Rajani Ved, National Health Systems Resource Center, India; Sean Taylor, Aboriginal and Torres Strait Islander Health, Torres Cape Health and Hospital Service, Queensland, Australia

14:00–15:30  ACC Hall 2N

Panel session

**Multisectoral action**

Multisectoral transnational strategies to progress towards the SDGs: establishing a dialogue between Europe and Africa

Achievement of the health-related SDGs is only possible with concerted transnational and multisectoral action. The session will promote dialogue through two case studies: European responses to international migrant health and African civil society engagement in HIV/AIDS policy. Shared responses and a platform for further regional partnerships within HSG will be explored.

Dina Balabanova, London School of Hygiene & Tropical Medicine, UK; Freddie sengooba, Makerere University; Matthias Wismar, European Observatory on Health Systems and Policies; Johanna Hanefeld, London School of Hygiene & Tropical Medicine, UK; Akudo Ikpeazu, Program Coordination, National Agency for the Control of AIDS, Nigeria; Tolbert Nyenswah, The National Public Health Institute of Liberia

15:30–16:00

Refreshment break and posters

In ACC Hall 2M, Galleria and Level 3
Closing plenary

**17:30–18:00 ACC Main Auditorium**

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

**MC:**
Tolib Mirzoev, University of Leeds, UK

**MODERATOR:**
Sabina Faiz Rashid, James P Grant School of Public Health, Bangladesh

**PANELISTS:**
Taher Qassim, Liverpool City Council, UK
Sana Contractor, Centre for Health and Social Justice, India
Fouad Fouad, American University of Beirut, Lebanon
Simukai Chigudu, University of Oxford, UK

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 crises; migrants whose entitlements to coverage are not assured; and those who, because of their gender, ethnicity, religion, sexual orientation, or other identities, are discriminated against and excluded. Financing of services for marginalized populations is precarious – because of 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.

This plenary will explore how health systems can be mobilized to be at the vanguard of efforts towards social justice and inclusion, showcasing experiences of how health systems can help realize the rights of marginalized populations, and reflecting on the lessons learned across the Symposium.
Friday – Posters

The poster presentations will take place during the morning and afternoon breaks and in two slots during lunchtime. Presenters will be giving five-minute talks about their posters and be available for questions during the allotted time slots given below.

The posters are located in three areas of the venue: the Galleria, Level 3 and the ACC Hall 2M. These locations can be found on the map on page 12 of the program.

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<th>Location: Level 3</th>
<th>Morning break: 10:30</th>
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<td>46</td>
<td>Choose NEAR: a multiphase needs assessment to identify evidence-based tools for community health workers</td>
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<td>Gratiana Fu, University of Michigan</td>
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<td>50</td>
<td>Building blocks from below: community engagement, social change, health systems and the Sustainable Development Goals – moving from evidence to scale</td>
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<td>Miniratu Soyoola, Health Partners International</td>
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<td>52</td>
<td>Quality improvement in community health: a novel approach to improve efficiency and outcomes of CHW programs in Kenya</td>
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<td>Lilian Otiso, LVCT Health, Kenya</td>
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<td>53</td>
<td>Collaborative action, local impact: how working as a collaborative public health system improves outcomes for local communities</td>
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<td>Sandra Davies, Champs Public Health Collaborative</td>
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<td>54</td>
<td>Empowering communities for health in Cambodia: lessons from the ground</td>
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<td>Deborah Thomas, RACHA</td>
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<td>Joyce Kyalo, Options (Kenya)</td>
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<td>Oluwole Oluyemi, Catholic Relief Services, Nigeria</td>
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<td>Rahab Mbuy, KEMRI-Wellcome Trust</td>
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<td>Yan Song, Shandong Academy of Medical Sciences</td>
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<td>Divya Parmar, City, University of London</td>
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<td>Danielle Nijsten, IISAH Foundation</td>
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<td>Pamela Chandiwana, Biomedical Research and Training Institute</td>
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<td>Paul Bossyns, Enabel, Belgium</td>
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<td>Maria Paola Bertone, Queen Margaret University, Edinburgh, UK</td>
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<td>Adrianna Murphy, London School of Hygiene &amp; Tropical Medicine</td>
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<td>Gifty Ghana AIDS Commission</td>
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<td>Ngozi Akwataghibe, Royal Tropical Institute, the Netherlands</td>
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<td>Jean Nguessan, University Research Co., LLC</td>
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<td>Leanne Doughtery, John Snow, Inc.</td>
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<td>Fiyidi Mikailu, John Snow, Inc.</td>
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<td>Kelsey Vaughan, Think Well</td>
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<td>Sadie Bell, London School of Hygiene &amp; Tropical Medicine</td>
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<td>Guillaume Trotignon, UK</td>
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Friday October 12, 2018

314 The role of public-private partnerships in improving maternal, newborn and child health services for the urban poor: final results from a quasi-experimental study
Pauline Bakibinga, APHRC

315 Analysing formulation and performance of Public Private Partnerships in health: evidence from four case studies in India
Sulakshana Nandi, Public Health Resource Network, India

316 Government resource contributions to the private-not-for-profit sector in Uganda: evolution, adaptations and implications for Universal Health Coverage
Aloysius Ssemwynjojo, Makerere University School of Public Health

317 What is happening in the evolving private health care sector in India? Understanding its characteristics and implications, while moving towards universal health care
Shweta Marathe, SATHI

318 Mobilizing government support for universal eye health: catalytic role of non-profit organizations in establishing sustainable capacities for comprehensive eye care in Pakistan’s public health system
Peta Leemen, The Fred Hollows Foundation

319 Las competencias ampliadas de enfermería como herramienta para mejorar la atención de las Enfermedades No Transmisibles (ENT) en el primer nivel de atención en México
Claudia Leija Hernández, Ministerio de Salud de México

320 Interculturalidad en la atención de salud en el programa Mujer Dadora de Vida en una IPS indígena de Colombia
Maria Tobar, Escuela De Salud Pública De La Universidad Del Valle

321 Intercambio Prestacional en Salud en el sector público: hacia el Aseguramiento Universal en Salud en el Perú
Jose Cabrejos, Programa SISTEC - Cooperación Técnica Belga

322 Reforma Del Sector Salud En El Perú: Análisis Conceptual
Ciro Mestas, Programa de Apoyo a la política de Aseguramiento Universal en Salud en el Perú, a través del SIS (SISTEC)

323 Intervención multidimensional para mejorar el acceso a salud en poblaciones vulnerables en Chiapas, México
Valeria Macías, Compañeros en Salud

Location: Level 3

55 Developing a model for strengthening community health worker program implementation in South Africa
Naomi Massyn, Health Systems Trust

56 Correlates of knowledge and assessment skills related to the management of childhood pneumonia among public and private frontline workers in Uttar Pradesh, India
Lopamudra Ray Saraswati, RTI International

57 Supporting renewed government commitment to community health in Uganda: Pathfinder International’s approach to integrated systems strengthening for community health extension workers (CHEWs)
Richard Kintu, Pathfinder International, Uganda

58 Community health workers and maternal health: evidence from a cluster randomized controlled trial in Jigawa, Northern Nigeria
Vandana Sharma, Harvard T.H. Chan School of Public Health

59 Measuring quality from a community perspective: using a community follow up tool to measure the quality of community health services at household level in Kenya
Sophie Faye, LVCT Health

60 ‘Their own project for their people’: community participation in the Village Health Worker scheme in Gombe State, Nigeria
Deepthi Wickremasinghe, London School of Hygiene & Tropical Medicine

Location: ACC Hall 2M

121 Sustaining vertical programs through a synergy between health financing and service delivery mechanisms – an implementation framework for multisectoral action
Ekpenyoung Ekanem, Abt Associates

122 Global aid for nutrition specific and sensitive interventions, and under-five child mortality: Does the type and channel of aid matter?
Hina Khalid, Information Technology University

123 Determinants of health insurance enrolment in Ghana: evidence from three national households surveys
Paola Salari, Swiss Tropical and Public Health Institute (Swiss TPH) and University of Basel, Switzerland

124 Performance-based financing (PBF) in low- and middle-income countries: what is the theory of change, actually?
Elisabeth Paul, Université de Liège

125 Examination of multiple funding flows to health facilities – a case study from Vietnam
Phuong Hoang, Health Strategy and Policy Institute

126 Aligned mixes of provider payment methods for cohesive service delivery: what are the effects on expenditure growth management, efficiency and equity?
Inke Mathauer, World Health Organization

189 Measuring Kenya’s progress towards achieving Universal Health Coverage
Edwine Banasa, KEMRI-Wellcome Trust Research Programme

187 Where are we with UHC in Africa?
Prosper Tumusiime, World Health Organization, Regional Office for Africa

190 Working with the local community on a system-wide approach to obesity
Suhana Begum, Camden and Islington Public Health

191 The role of citizens in health worker staffing
Rose N’dolo, World Vision UK

255 The Saving Mothers, Giving Life (SMGL) initiative: community perspectives and lessons from selected districts in Zambia
Alice Hazemba, University of Zambia, School of Public Health
**Posters**

Friday October 12, 2018

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254 Knowledge and practice of women about maternal health in an underprivileged community of Bangladesh
Shamsu Zaman, UNFPA

255 Impact evaluation of Nigeria maternal, newborn and child health weeks
Charles Ameh, Liverpool School of Tropical Medicine

256 Effectiveness of Participatory Community Solutions (PC-Solutions) strategy on improving maternal and newborn health care behavior and practices: a propensity score matched difference-in-difference analysis
Nebreed Zemicheal, JSI/L10k2020

257 Building community-led interventions for demand creation for skilled pregnancy care in rural Nigeria
Friday Okonofua, Women’s Health and Action Research Centre, Benin City and University of Medical Sciences, Ondo, Nigeria

258 Integrating qualitative evidence into global guidelines for maternal and child health programs: an ethnographic case study of the development of WHO's Optimize MNH Guidelines
Christopher Colvin, University of Cape Town

259 Regulation by competition and health-seeking behavior for women’s and children’s health among informal providers in urban Bangladesh
Herfina Nababan, Nossal Institute for Global Health, University of Melbourne

260 A patient-centred approach to understanding the utilization of adult asthma services in the private sector in Khartoum
Rachel Thomson, Liverpool School of Tropical Medicine

261 Policy gap analysis for private health sector in Ethiopia: qualitative assessment of opportunities and challenges
Jose Gutierrez, Abt Associates/PHSP

262 Contracting out to improve the use of clinical health services and health outcomes in low- and middle-income countries
Willem Odendaal, South African Medical Research Council, Department of Psychiatry, Stellenbosch University

263 Overcoming barriers to public–private partnerships for women’s health: Mechanisms to engage with and strategically purchase from the private sector in Cambodia, Nigeria, Tanzania and Uganda
Neetu Hariharan, Results for Development

264 Engaging the private sector to standardize quality measurement: a case study in family planning
Niraii Chakraborty, Metrics for Management

**Location: Galleria**

265 Experiencia de innovación tecnológica para reforzar la gobernanza de un sistema de salud territorial: proyecto Simudat Salud Risaralda, Colombia
Carlos Arango, Fundación Salutia

266 Desarrollo De Recursos Humanos En Salud: Evaluación De Desempeño Periodo 2015. Tucumán-Argentina
Maria Meintz, Dirección General de Recursos Humanos, Sistema Provincial de Salud

267 Ruptura del monopolio médico en la atención al parto. Estudio sobre la percepción de calidad de mujeres atendidas por enfermeras obstetras en Chiapas, México
Gustavo Nigenda, Partners in Health, Mexico

268 Eficiencia técnica en la producción de servicios ambulatorios de salud y mortalidad materna en México, 2008–2015
Edson Serván-Mori, Instituto Nacional de Salud Pública

**Location: Galleria**

269 Creating a forum for shared learning and advocacy in strengthening community health systems: lessons from community-based quality improvement teams in Kenya
Vicki Doyle, Capacity Development International

270 Evaluating the sub-center meeting platform as an intervention to improve the knowledge and motivation among community workers in Bihar, India
Sneha Lamba, Oxford Policy Management

271 Excellent clinical outcomes for TB, leprosy and HIV/AIDS in post-Ebola Liberia following the introduction of community-based treatment support
Lassana Jabateh, Partners in Health

272 Community lab of ideas in health: community as protagonist, co-creator and co-implementer of the malaria elimination project in The Gambia
Yoriko Masunaga, Institute of Tropical Medicine

**Location: ACC Hall 2M**

273 A gender analysis of a national community health workers program: a case study of Afghanistan
Said Ahmad Maisam Najafizada, Memorial University of Newfoundland

274 Strengthening the community health system in Mozambique: a gender analysis of the Agents Polivalentes, Elementares program
Rosalind Steege, Liverpool School of Tropical Medicine

275 Creating systems for gender-based violence prevention when there are none: participatory action research and community mobilization against violence in remote communities of the Peruvian Amazon
Geordan Shannon, UCL Institute for Global Health

276 Why Zika was not enough to liberalize abortion laws in Latin America: the influence of religion and public opinion
Ashley Fox, University at Albany

277 Does women’s empowerment influence decision-making in health care? A case study of married women in India
Vishali Sailam, Athena Infonomics

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**Lunchtime: 13:15**

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323 Overcoming barriers to public–private partnerships for women’s health: Mechanisms to engage with and strategically purchase from the private sector in Cambodia, Nigeria, Tanzania and Uganda
Neetu Hariharan, Results for Development

324 Engaging the private sector to standardize quality measurement: a case study in family planning
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325 Experiencia de innovación tecnológica para reforzar la gobernanza de un sistema de salud territorial: proyecto Simudat Salud Risaralda, Colombia
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Gustavo Nigenda, Partners in Health, Mexico

328 Eficiencia técnica en la producción de servicios ambulatorios de salud y mortalidad materna en México, 2008–2015
Edson Serván-Mori, Instituto Nacional de Salud Pública

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61 Designing community health services based on the community’s conception of health: evidence from the DRC
Sarah Dalglish, Johns Hopkins School of Public Health

62 Role of community health workers in ensuring coverage of home fortification with micronutrient powder in Bangladesh
Haribondhu Sarna, Research School of Population Health, ANU College of Health and Medicine, The Australian National University
193 Measuring progress toward SDGs: the maternal and newborn content of routine health information systems
Emma Williams, Maternal Child Survival Program (MCSP)

194 Child health and nutrition: what data is available in routine health information management systems in 23 countries?
Kate Gilroy, Maternal and Child Survival Program/JSI

195 Advancing health systems for mothers and newborns through actionable routine health information systems: a case study from Gombe State, Nigeria
Antoinette Bhattacharya, London School of Hygiene & Tropical Medicine

196 Combating skewed sex ratio at birth in Haryana, India – tracking and validating Civil Registration System data
Nidhi Chaudhary, IPE Global

197 Record keeping – a fundamental component for improving quality of maternal care and data-driven decision-making: findings from 15 public health facilities of Bangladesh
Mohiuddin Ahsanul Kabir Chowdhury, International Centre for Diarrhoeal Diseases Research, Bangladesh (icddr,b)

198 Cost-savings through termination of parallel implementations of multiple home-based records for maternal and child health: a case study in Vietnam
Hirotugu Aiga, Japan International Cooperation Agency (JICA)

259 Evidence of positive effects of a demand creation strategy on household and community social norms related to maternal and newborn health: the Ethiopia experience
Abeba Bekele, Save the Children – US

260 Improving post-caesarean follow-up in the community: developing and validating a screening protocol to support community health worker diagnosis of surgical site infections in rural Rwanda
Bethany Hedt-Gauthier, Harvard Medical School

261 Establishing community-level synergies to improve women’s access to maternal newborn health services in Gombe State, North East Nigeria
Balot Abubakar, Pact West Africa, State Accountability for Quality Improvement Project (SAQIP) Project

262 Strengthening health systems for identification and management of preeclampsia and eclampsia in Bangladesh: findings from monitoring data
Shongkour Roy, Population Council

263 Exploring the effects of interviewer gender on mothers: responses to household surveys in Bihar, India
Nancy Vollmer, Department of International Public Health, Liverpool School of Tropical Medicine

264 The operations of the free maternal health policy and out-of-pocket payments during childbirth in rural Northern Ghana
Philp Dalinjng, University of Technology, Sydney

325 The case of unqualified nurses in private sector maternity services in India: an unavoidable reality?
Isabelie Lange, London School of Hygiene & Tropical Medicine

326 The role of FBOs in moving towards Universal Health Coverage: the example of health professions education in Cameroon
Sibyelle Herzig van Wees, School of Oriental and African Studies

327 Successfully reaching the poor with clinical social franchising of sexual, reproductive, maternal and child health services – the experience of Ghana’s BlueStar health network
Catherine Verde Hashim, Marie Stopes International

328 Why not? Understanding the spatial clustering of private facility-based delivery and financial reasons for home births in Nigeria
Kerry Wong, London School of Hygiene & Tropical Medicine

329 Engaging new actors to address the problem of safe specimen transport in Mali: early lessons from a pilot experience in Sikasso region
Hamadoun Kassambata, Catholic Relief Services, Mali

330 Engaging with stakeholders cannot be left to chance: a formal and informal mixed approach within a paper-based health information systems project
Antonia Njepuome, PHISICC National Coordinator

385 Using crowdsourcing to estimate populations in communities
Adnan Khan, Research and Development Solutions

386 Harnessing mobile phone technology to create mechanism to engage citizens in monitoring the quality and availability of health services in Tanzania’s Kishapu District
Marianna Balampama, Palladium

387 Examining cooperation, completion, and refusal rates for mobile phone surveys measuring NCD risk factors in LMICs: a collaboration between researchers and the private sector
Ankita Meghani, Johns Hopkins Bloomberg School of Public Health

388 Usability and feasibility of a provider decision support smartphone application for frontline health workers in Kenya and Mozambique
Sarah Gimbel, University of Washington

389 Using data linkage for health systems research: a case study of the Maternal & Child; Cost MOD
Haylee Fox, Australian Institute of Tropical Health & Medicine
The Exhibition

HSR2018 offers a unique opportunity to meet and network with other participants and meet key decision-makers within global health. The Exhibition will take place across three locations within ACC Liverpool – Hall 2 located on the lower level, and the Galleria located on the ground floor and Level 3 – where posters will also be on display. Tea, coffee and lunches will be served from each of the exhibition areas.
## Exhibition listings

**Abt Associates**

<table>
<thead>
<tr>
<th>Hall 2</th>
<th>Booth 31</th>
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<tbody>
<tr>
<td><a href="http://www.abtassociates.com">www.abtassociates.com</a></td>
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**Alliance for Health Policy and Systems Research (AHPSR)**

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<tr>
<th>Hall 2</th>
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<tbody>
<tr>
<td>The Alliance for Health Policy and Systems Research (AHPSR) is an international collaboration hosted by the World Health Organization. It promotes the generation and use of health policy and systems research as a means to improve the health systems of low- and middle-income countries.</td>
<td><a href="http://www.who.int/alliance-hpsr/en">www.who.int/alliance-hpsr/en</a></td>
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**Bill & Melinda Gates Foundation (BMGF)**

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<th>Hall 2</th>
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<tr>
<td>Guided by the belief that every life has equal value, the Bill &amp; Melinda Gates Foundation works to help all people lead healthy, productive lives. In developing countries, it focuses on improving people’s health with vaccines and other life-saving tools and giving them the chance to lift themselves out of hunger and extreme poverty. In the United States, it seeks to significantly improve education so that all young people have the opportunity to reach their full potential. Based in Seattle, Washington, the foundation is led by CEO Dr Susan Desmond-Hellmann and Co-chair William H. Gates Sr, under the direction of Bill and Melinda Gates and Warren Buffett.</td>
<td><a href="http://www.gatesfoundation.org">www.gatesfoundation.org</a></td>
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**BMC**

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<th>Hall 2</th>
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<tr>
<td>BMC Health Services Research is an open access, peer-reviewed journal that considers articles on all aspects of health services research, including delivery of care, management of health services, assessment of health care needs, measurement of outcomes, allocation of health care resources, evaluation of different health markets and health services organizations, international comparative analysis of health systems, health economics and the impact of health policies and regulations.</td>
<td><a href="http://www.biomedcentral.com/p/health-services-research-open-access">www.biomedcentral.com/p/health-services-research-open-access</a></td>
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**Canadian Society for International Health**

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<tr>
<th>Level 3</th>
<th>Table 16</th>
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<tr>
<td>The Canadian Society for International Health is a member based society who’s mission is to improve health and health equity in Canada and worldwide by strengthening and mobilizing the global health community. This is done through our core functions of: Convening stakeholders and exchanging knowledge on global health at the Canadian Conference on Global Health, held annually; Advancing equity-based approaches to health systems strengthening and capacity building for priority health themes through various international projects; and developing global health leaders through mentorship programs.</td>
<td><a href="http://www.csih.org">www.csih.org</a></td>
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**CARE**

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<tr>
<th>Hall 2</th>
<th>Booth 42</th>
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<tr>
<td>CARE works around the globe to save lives, defeat poverty and achieve social justice.</td>
<td><a href="http://www.care.org">www.care.org</a></td>
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**Chemonics International**

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<th>Hall 2</th>
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<tr>
<td><a href="http://www.chemonics.com">www.chemonics.com</a></td>
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**COPASAH – Community of Practitioners on Accountability and Social Action in Health**

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<tr>
<td>COPASAH is a southern-led global community of practitioners engaged in community-centred and citizen-led processes of accountability in health, and in facilitating shared practice and bottom-up knowledge building. COPASAH is organizing a Global Symposium on Citizenship, Governance and Accountability in Health, on the theme – Role of the Community in Strengthening Performance and Accountability of Health Systems for Achieving Universal Health Care/SDGs (October 15–18, 2019, New Delhi, India). The Symposium aims to facilitate a dialogue between practitioners, policymakers and researchers.</td>
<td><a href="http://www.copasah.net">www.copasah.net</a></td>
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**CORE Group**

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<th>Level 3</th>
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<tr>
<td>CORE Group aims to improve and expand community health practices for underserved populations, especially women and children, through collaborative action and learning.</td>
<td><a href="http://www.coregroup.org">www.coregroup.org</a></td>
</tr>
</tbody>
</table>
**Curatio International Foundation (CIF)**

Level 3 Table 14

Curatio International Foundation (CIF) is a not-for-profit NGO with a mission to improve health through better functioning health systems. CIF’s work is underpinned by three core values: hearing needs, building on local strength; and delivering innovative context-specific solutions.

www.curatiofoundation.org

**DAI Global Health**

Hall 2 Booth 35

Provides the technical skills, expertise, and local knowledge to deliver global health solutions while responding to issues ranging from emerging pandemic threats to HIV/AIDS to waterborne diseases.

www.dai.com/our-work/solutions/health

**DFID K4D Programme**

Hall 2 Booth 47

www.heart-resources.org/k4d

**Dubai Tourism Authority (Dubai Business Events and City Operations)**

Hall 2 Booth 30

www.visitdubai.com

**Future Health Systems (FHS)**

Hall 2 Booth 12

Future Health Systems (FHS) is a research consortium working to improve access, affordability and quality of health services for the poor. We are a partnership of leading research institutes from across the globe working in a variety of contexts to build resilient health systems for the future in Bangladesh, Uganda, China, India, Sierra Leone, Liberia and Ethiopia. After two successful phases over the last decade (2005–2010 and 2011–2016), FHS has now commenced a two-year extension phase (2017–18), thanks again to the support of the UK Department for International Development (DFID).

www.futurehealthsystems.org

**IMA World Health**

Hall 2 Booth 51

IMA World Health is a global, faith-based non-profit agency that works with communities to overcome their public health challenges. We serve the most vulnerable to ensure health, healing and well-being for all. Founded in 1960 as Interchurch Medical Assistance, today IMA World Health is a public health agency supported in part by 13 protestant member church organizations. The agency has significant presence in Haiti, Kenya, Tanzania, the Democratic Republic of Congo, South Sudan and Indonesia with a diverse portfolio of public health programming, including work on Neglected Tropical Diseases.

www.imaworldhealth.org

**Implementation Science Collaborative (ISC)**

Hall 2 Booth 33

The Implementation Science Collaborative (ISC), to be launched at HSR2018, is a formal partnership of diverse actors (implementers, advocates, policymakers, researchers, donors) interested in the use of evidence to improve health outcomes. Operating in collaborative partnership at all levels of the health sector, the ISC will support the creation of implementation science collaborations as the means of responding to, and successfully overcoming, the challenges of bringing evidence into the design, implementation, and improvement of public health policy and programs in real-time.

**Institute for Global Health and Development (IGHD) at Queen Margaret University, Edinburgh**

Hall 2 Booth 24

The Institute for Global Health and Development (IGHD) at Queen Margaret University is a multidisciplinary centre for research and postgraduate education that addresses contemporary health and development challenges in low- and middle income countries. IGHD applies social science to understanding and impacting the health and development of vulnerable and marginalized populations, with an emphasis on supporting policy and systems in the context of community engagement.

www.qmu.ac.uk/schools-and-divisions/ighd

**Health Systems Global (HSG)**

Hall 2 Booth 26

Health Systems Global (HSG) is the first international membership-based organization fully dedicated to promoting health systems research and knowledge translation. It is driven by a diverse, global membership of researchers, decision-makers and implementers.

www.healthsystemsglobal.org
Institute of Development Studies (IDS)

Hall 2  Booth 58

The Institute of Development Studies (IDS) is a global research and learning organisation for equitable and sustainable change.

In partnership with the University of Sussex, IDS is ranked first in the world for development studies by the QS University Rankings.

We believe passionately that cutting-edge research, knowledge and mutual learning are crucial in shaping the transformations needed to reduce inequalities, accelerate sustainability and build more inclusive and secure societies. In line with our engaged excellence approach, we are committed to collaborating closely with local civil society, governments, international NGOs, citizens, donors, researchers and many others to realize this positive change.

www.ids.ac.uk

Institute of Tropical Medicine Antwerp

Level 3 Table 5

The Institute of Tropical Medicine in Antwerp, Belgium, promotes the advancement of science and health for all, through innovative research, advanced education, professional services and capacity building of partner institutions in the South. For us, scientific excellence and societal impact are two sides of the same coin. Our Vision: Equal chances at a healthy life for all. Our Mission: scientific progress in tropical medicine and public health. Our Core Tasks: scientific research, higher education, medical and scientific service provision.

www.itg.be

International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b)

Hall 2  Booth 34

icddr,b is an international health research institute based in Dhaka, Bangladesh.

www.icddrb.org

IntraHealth International

Hall 2  Booth 23

IntraHealth International improves the performance of health workers and strengthens the systems in which they work. For almost 40 years, in more than 100 countries, IntraHealth has partnered with governments and local communities to make sure health workers are present where they are needed most, ready to do the job, connected to the technology they need, and safe to do their very best work. IntraHealth currently has over 700 employees working in 40 countries in Africa, the Americas, and Asia.

www.intrahealth.org

John Hopkins Bloomberg School of Public Health, Department of International Health

Hall 2  Booth 49

www.jhsph.edu/departments/international-health

John Snow, Inc.

Hall 2  Booth 36

John Snow, Inc. (JSI) is a global public health organization working to improve the health of individuals and communities around the globe. For more than four decades, JSI has partnered with public institutions, the private sector and civil society to design evidence-based policies, build capacity, and strengthen health systems. Working in more than 30 countries, JSI is translating evidence into sustainable solutions that improve access to high-quality, equitable health services.

www.jsi.com

Joint Learning Network for Universal Health Coverage (JLN), R4D

Level 3 Table 9

www.jointlearningnetwork.org

KIT Royal Tropical Institute

Level 3  Table 7

www.kit.nl/health

Liverpool School of Tropical Medicine (LSTM)

Hall 2  Booth 22

Liverpool School of Tropical Medicine (LSTM) was the first institution in the world dedicated to research and teaching in the field of tropical medicine. A registered charity, LSTM works across the world to deliver effective interventions that improve human health and are relevant to the poorest communities.

www.lstmed.ac.uk

London School of Hygiene & Tropical Medicine

Hall 2  Booth 39

The London School of Hygiene & Tropical Medicine is a world-leading centre for research and postgraduate education in public and global health. It delivers research-led educational programs to future health leaders, managers and researchers across the world. LSHTM has more than 1,000 face-to-face Masters and Research students, 3,000 studying by distance learning, and 1,000 each year on short courses and continuous professional development. Our free online courses are studied by more than 30,000 participants globally.

www.lshtm.ac.uk
Management Sciences for Health (MSH)
Level 3 Table 13
Management Sciences for Health (MSH) - a global non-profit organization - partners with governments, civil society, the private sector and health care workers to build resilient and sustainable health systems. MSH’s mission is saving lives and improving the health of the world’s poorest and most vulnerable people by closing the gap between knowledge and action in public health.
www.msh.org

MBRSG & American University of Beirut
Hall 2  Booth 29
www.mbrsg.ae/home.aspx and www.aub.edu.lb

MEASURE Evaluation
Hall 2  Booth 16
MEASURE Evaluation is funded by the US Agency for International Development (USAID) to strengthen capacity in developing countries to gather, interpret, and use data to improve health. The project creates tools and approaches for rigorous evaluations and strengthens health information systems so countries can make better decisions and sustain good health outcomes. MEASURE Evaluation is led by the University of North Carolina at Chapel Hill and its partners are ICF, John Snow, Inc., Management Sciences for Health, Palladium, and Tulane University.
www.measureevaluation.org

National Institute for Health Research (NIHR)
Hall 2  Booth 41
The National Institute for Health Research (NIHR) is the research arm of the NHS and is funded through the Department of Health and Social Care to improve the health and wealth of the nation through research. It is a large, multi-faceted and nationally distributed organization. Together, NIHR people, facilities and systems represent the most integrated clinical research system in the world.
www.nihr.ac.uk

NHS70
Hall 2  Table 15
www.nhs70.nhs.uk

North Star Alliance
Hall 2  Booth 44 and Booth 45
North Star Alliance provides quality health care to mobile workers, including long-distance truck drivers and sex workers, and the communities they interact with. Over the last 11 years, North Star has established nearly 50 Blue Box clinics along transport corridors in 13 countries in sub-Saharan Africa. Clinics offer a basic package of primary health care services. North Star’s innovative e-health system enables clients to continue their treatment at any Blue Box, thereby ensuring continuity of care across borders and increasing health care efficiency.
www.northstar-alliance.org

Nossal Institute for Global Health
Level 3 Table 6

Nuffield Centre for International Health and Development, University of Leeds
Hall 2  Booth 25
The Nuffield Centre for International Health and Development at the University of Leeds aims to assist low- and middle-income countries to achieve Universal Health Coverage. We seek to understand how health systems operate and what factors influence their effectiveness. We develop and test interventions appropriate to the context to see whether they are effective and cost-effective. We strengthen the capacity of health professionals to use their talents, education and professionalism to work effectively.
www.medhealth.leeds.ac.uk/info/648/nuffield_centre_for_international_health_and_development

Oxford Policy Management (OPM)
Hall 2  Booth 40
Oxford Policy Management (OPM) aims to help low- and middle-income countries achieve growth and reduce poverty and disadvantage through public policy reform.
www.opml.co.uk

Oxford University Press
Hall 2  Booth 6
Oxford University Press (OUP) publishes key research in public health including health systems and policy across the journals, books and online products portfolio. This furthers the University’s objectives of excellence in scholarship, research and education. Visit us in Hall 2 at Booth 60 to pick up your free journal copies, meet the editors, and learn more about related OUP books with the exclusive Symposium discount.
www.academic.oup.com/journals
**Population Council**

Hall 2  Booth 10

The Population Council conducts research to address critical health and development issues. It works to stop the spread of HIV, provide more reproductive choices, and ensure that young people lead full and productive lives. Population Council research leads to better policies, programs, and technologies that improve lives around the world.

www.popcouncil.org

**RAPTIM**

Galleria Table 1

www.raptim.org

**ReBUILD Consortium**

Hall 2  Booth 21

The ReBUILD Consortium was formed in 2011 and is a research program consortium funded by the UK Department for International Development (DFID). Partners in the UK, Sierra Leone, Uganda, Cambodia and Zimbabwe have come together to explore different approaches to health system development in countries that have been affected by political and social conflict. Decisions made in the early post-conflict period can set the long-term direction of development for the health system. Yet health systems research has tended to neglect these contexts, because it may be more difficult to carry out studies in unstable environments and relevant capacity is often weak.

www.rebuildconsortium.com

**Research, London School of Hygiene & Tropical Medicine (LSHTM)**

Hall 2  Booth 20

The London School of Hygiene & Tropical Medicine is renowned for its research, postgraduate studies and continuing education in public and global health. LSHTM has an international presence and collaborative ethos, and is uniquely placed to help shape health policy and translate research findings into tangible impact.

www.lshtm.ac.uk

**Results for Development (R4D)**

Hall 2  Booth 38

Results for Development works with change agents around the globe to create self-sustaining systems that support healthy, educated people.

www.r4d.org

**Rockefeller Foundation**

Hall 2  Booth 57

The Rockefeller Foundation’s mission is to promote the well-being of humanity throughout the world. Together with partners and grantees, the Rockefeller Foundation strives to catalyze and scale transformative innovations, create unlikely partnerships that span sectors, and take risks others cannot.

www.rockefellerfoundation.org

**RTI International**

Hall 2  Booth 18

www.rti.org

**Save the Children**

Hall 2  Booth 13

www.savethechildren.org.uk

**Supporting Public Health Institutes Programme (SPHIP)**

Hall 2  Booth 14

The Supporting Public Health Institutes Programme (SPHIP) is a multi-country five-year program (2015–2020) funded by the European Union. Its overall objective is to contribute to the protection and promotion of population health via the provision of policy analysis and policy advice in eight countries (Burundi, DR Congo, Uganda, Kenya, Lao PDR, Myanmar, Bangladesh, Haiti). More specifically, the program’s purpose is to enhance expertise, knowledge and resources of selected schools and institutes of public health in low-income countries.


**Swedish International Development Cooperation Agency (Sida)**

Hall 2  Booth 48

Sida is a government agency working on behalf of the Swedish parliament and government, with the mission to reduce poverty in the world. Through its work and in cooperation with others, Sida contributes to implementing Sweden’s Policy for Global Development (PGU).

www.sida.se/English

**TARSC/SHAPING HEALTH/EQUINET**

Hall 2  Booth 11
UHC2030
Hall 2  Booth 27

UHC2030 is the global movement to strengthen health systems for Universal Health Coverage as part of the SDGs. It is a multi-stakeholder platform that promotes collaborative work at global and country levels on health systems strengthening, advocates for increased political commitment to Universal Health Coverage and facilitates accountability and knowledge sharing. UHC2030 brings together a wide range of stakeholders including governments, international organizations, civil society organizations, the private sector, academia, media and parliamentarians.

www.uhc2030.org

Thoughtworks Technologies Pvt Ltd
Hall 2  Booth 52

www.thoughtworks.com

United States Agency for International Development (USAID)
Hall 2  Booth 43

USAID is the world’s premier international development agency and a catalytic actor driving development results. USAID’s work advances US national security and economic prosperity, demonstrates American generosity, and promotes a path to recipient self-reliance and resilience. USAID’s health programs improve access to quality health services for vulnerable populations around the world, while building locally led and sustainable health systems. USAID supports collaborative research to increase the impact of health programs globally, including through technology development, research and evaluation, and the introduction and scale-up of real world, evidence-based solutions.

www.usaid.gov/what-we-do/global-health

University of Sheffield
Level 3  Table 8

www.sheffield.ac.uk

University Research Co., LLC (URC)
Hall 2  Booth 32

URC – Improving systems. Empowering communities. In 1965, a group of university professors and social activists created University Research Co., LLC (URC) to address the social challenges of the 1960s. From its beginning, URC combined the idealism of the era and the rigor of academic research with the pragmatism necessary to achieve results. Today, URC is well established as an influential leader in international development and has grown into a global company of some 1,000 staff dedicated to improving the quality of health care, social services and education. Together with its not-for-profit affiliate, Center for Human Services (CHS), URC has managed projects in over 80 countries, including the United States.

www.urc-chs.com

USAID’s flagship Maternal and Child Survival Program
Hall 2  Booth 28

The Maternal and Child Survival Program is a multi-partner, flagship program in support of USAID’s priority goal of preventing child and maternal deaths. Its work is evidence-based and results-oriented. It focuses on increasing coverage and utilization of high-quality reproductive, maternal, newborn and child health interventions at the household, community and health facility levels.

www.mcsprogram.org

Wellcome Trust
Level 3  Table 12

The Wellcome Trust exists to improve health for everyone by helping great ideas to thrive. The Trust is a global charitable foundation, both politically and financially independent. It supports scientists and researchers, takes on big problems, fuels imaginations, and sparks debate.

www.wellcome.ac.uk/home

World Vision International
Hall 2  Booth 9

World Vision is a global Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice, in nearly 100 countries. World Vision is committed to improving the health and nutrition of women and children in the areas in which it works, contributing to the global reduction of under-five and maternal mortality.

www.wvi.org
HSR2018 would not have been possible without the commitment of these committees and their members.

**Symposium Executive Committee**

Kabir Sheikh (Co-Chair), Health Systems Global (HSG) Board Chair  
Sally Theobald (Co-Chair), Liverpool School of Tropical Medicine (LSTM), UK  
Tom Barker, Health Systems Global (HSG) UK  
Asha George, HSG Board Vice-Chair, School of Public Health, University of the Western Cape, South Africa  
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Becoming a member of HSG comes with many benefits:

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Symposium venues

1. ACC Liverpool, Kings Dock, Liverpool L3 4FP
2. Exhibition Centre, Kings Dock, Liverpool L3 4FP
3. Liverpool Cathedral, St James Mt, Liverpool L1 7AZ

Symposium hotels:

4. Jurys Inn, 31 Keel Wharf, Liverpool L3 4FN
5. Pullman Liverpool, Kings Dock, Liverpool L34FP