



Liverpool Statement for the Fifth Global Symposium on Health Systems Research

Liverpool, United Kingdom

12 October 2018

This symposium commemorated anniversaries of two significant global health events - the Alma Ata declaration and the birth of the UK National Health Service. These events have been foundational to the field of HPSR, as they continue to remind us of the values that underpin our society; the need to keep pushing for goals to become reality; and how critical it is to combine socially relevant science with effective, accountable, and inclusive institutions, on our path to the attainment of better health and equity.

The Symposium's Theme: *Health Systems for All in the SDG Era* encapsulates the spirit of these historical commitments and brings them forward into current debates and actions on the Sustainable Development Goals, and especially, Universal Health Coverage. Both the older declarations and the more modern goals are particularly relevant given the current challenges in our global context. Our democracies are under threat, our societies more polarized, our ecosystem undermined, conflict and diseases such as Ebola continue without due political attention, and inequalities, including those related to gender and intersectionality increase. In the face of such massive challenges – social solidarity, breaking down siloes, smart use of scarce resources, and innovation are imperative.

In Montreux in 2010, we committed to creating an international society for health systems research. Eight years later, this meeting in Liverpool has demonstrated how we have matured and gained confidence as a field and community.

Each symposium shows improvement in our shared and continued commitment to diversity and inclusion. Liverpool welcomed 2368 delegates from 146 countries, including HPSR scholars, practitioners, funders, policy actors, community activists and the media. Together, we engaged in vibrant exchanges facilitated through 125 parallel sessions, including oral presentations, 451 posters, several launches, and Thematic Working Group special sessions. Over half of the attendees were from LMIC settings, and representative of all regions of the world. On social media the #HSR2018 had a reach of 6,204,009 from the start of the symposium until 10am today, enabling those who did not have the privilege of being here in Liverpool to follow a part of deliberations.

Targeted programs and scholarships for policymakers, media fellows, emerging researchers and change agents resulted in more perspectives and healthier dialogue. It was particularly satisfying to see the transition of those were previously early career researchers mature into confident leaders of our community.

Key reflections on the Symposium's four sub-themes:

Each of the symposium's four sub-themes – multisectoral action, community health systems, engaging the private sector, and leaving no one behind - helped advance conversations and commitments to stronger and more resilient health systems, so that the burden of such resilience does not on the vulnerable - a key message from the fourth Symposium.

Multisectoral action

The multiple determinants of health and their interactions requires us to span sectors outside of health. Just as people's lives and needs cannot be neatly divided into categories to match government structures or professional disciplines, our research, policy and practice needs to transcend these boundaries. We need to be conscious that we predominantly represent the health sector and tend to view systems from this positionality. The importance of multi-sectoral action is acknowledged once again, now we need to move beyond rhetoric.

Community health systems

Engaging communities in policy, practice and research was stressed throughout the symposium sessions, including the Photovoice exhibit and the Community Corner. Moving beyond the importance of community health worker programs, we need to recognize the multiple ways in which households and multiple actors in communities contribute to health, to ensure truly people-centered health systems.

Engaging the private sector

Advances in commercial products, services, technologies, and business models have generated diverse forms of service provision, expanding the influence of the private sector. These advances have generated novel opportunities to expand the reach of the health system, as well as challenges due to the misalignment with commercial interests. Continued efforts are needed to move beyond polarizing, ideological questions (about whether the private sector has a role), towards more granular considerations within specific government, societal and market contexts. Healthy critique about private sector engagement remains relevant and whole systems perspectives needed.

Leave no one behind

The field is more inclusive of marginalized voices than ever, but certain vulnerable populations remain under-represented. While some communities benefit from improvements in quality, affordable healthcare, healthy environments, and economic opportunities, others remain marginalized without adequate access or voice. Yet movements have demonstrated that those in positions of power *can* be held to account. The assessment of power, privilege and positionality remains central to our work.

Cross-cutting reflections

Several cross-cutting themes emerged, recognizing our systems-thinking lens, and the challenges that we must address in the future.

We see silos and parallel conversations – dividing the terrain into sectors, disciplinary perspectives, and groups – between North and South; practitioners and researchers; technical vs. relational approaches. We must continue to pursue robust debate about our **conceptual starting points** to promote greater mutual understanding. Further, as a community we must nurture our brokers and bridge-builders and be conscious of intended and unintended effects across the entire health system, and with other systems.

We learned more on knowledge translation and embedded research experiences. But there is still work to be done on understanding local learning systems, which must include multiple stakeholders such as frontline workers, the media, civil society and the public at large. We are pleased that building on the discussions in Cape Town the Fifth Global symposium was used as a launchpad for a new coalition supported by a diverse group of partners and focused on advancing implementation research and delivery science. This coalition aims to address the challenges of equitable implementation, sustainable programs and scale up through wider use of research embedded in real- time policy making, programme management, and health service practice.

Power is central to HPSR. We have an activist agenda, seeking to promote equity and speaking truth to power. We must make ethical practices routine in all our research activities, strengthen research governance and support relevant training opportunities.

We call for further research and action summarized in this statement and discussed in Liverpool. This includes broadening and expanding foreign and domestic investment in HPSR particularly for building capacity in LMICs and opportunities for embedded research. Funding must align with national priorities, but provide opportunities for broadening how research agendas get set in ways that are open to innovation and inclusive of marginalised voices.

In conclusion, we affirm the importance of ensuring that all people are at the center of health systems in the conversations and commitments to be made at the Global Conference on Primary Health care in Astana and subsequently at the 6th Global Health Systems Research Symposium in Dubai.