



Fourth Global Symposium on Health Systems Research

Resilient and responsive health systems for a changing world

Vancouver, Canada
November 14–18, 2016

PROSPECTUS



Photo Credit: DFID Pakistan

CONTENTS

1. BACKGROUND AND OBJECTIVES	1
2. PROGRAMME THEME	2
3. PROGRAMME STRUCTURE	3
4. ORGANIZATION	4
5. TIMELINE	6
6. BUDGET	6
7. FUNDRAISING	7
ANNEX 1. THE THIRD GLOBAL SYMPOSIUM, CAPE TOWN	8
ANNEX 2. PRELIMINARY BUDGET	9
ANNEX 3. BENEFIT PACKAGE FOR FINANCIAL CONTRIBUTORS	10



1. BACKGROUND AND OBJECTIVES

In spite of massive strides in global health, we live in a world that continues to face considerable challenges related to emerging and persisting epidemics, environmental degradation, economic recession and the threat to public values, armed conflict, and pernicious social inequalities. The era of one-size-fits-all solutions and disease control siloes has finally given way to a broader understanding of health as inseparable from social development, with a central and critical role for stronger, more **resilient and responsive health systems**. Recognizing this value of stronger health systems, communities of health professionals, planners, advocates and scientists engaged in strengthening health systems across our increasingly interconnected world, have made a tradition of close to 2,000 participants from all over the world coming together every two years to share their experiences and expertise at the Global Symposia on Health Systems Research.

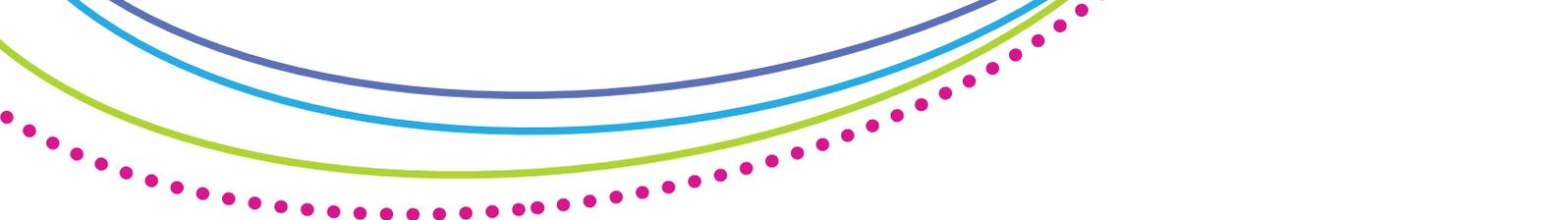
From November 14–18, 2016, Vancouver, Canada will host the Fourth Global Symposium on Health Systems Research and be witness to this global groundswell of experience and expertise. The Symposium will build on the main themes of previous symposia (Annex 1) and the mission of the Health Systems Global organization: convene researchers, policy-makers and implementers from around the world to develop the field of health systems research and unleash collective capacity to create, share and apply knowledge to enhance health systems. This Symposium in Vancouver, with the theme *“Resilient and responsive health systems for a changing world”* will confront questions of how health systems can absorb shocks, respond to emerging needs and take advantage of new opportunities in the face of emerging challenges.

The specific objectives of the Fourth Global Symposium will be to:

1. Share state-of-the-art evidence on strategies to enhance health systems resilience and responsiveness
2. Promote innovative practices that prepare health systems to deal with emerging challenges and be more responsive to unmet needs
3. Facilitate collaboration and learning communities across disciplines, sectors, initiatives and countries
4. Discuss approaches to strengthen the scientific rigor of health systems research, as it pertains to resilient and responsive health systems

The Fourth Global Symposium is co-sponsored by three groups:

- **Health Systems Global**, a professional membership organization of health systems researchers, practitioners and policymakers
- **The Canadian Society for International Health (CSIH)**, a not-for-profit organization that works to reduce global health inequalities and strengthen health systems internationally
- **The World Health Organization**, including the headquarters in Geneva, the Pan-American Health Organization (PAHO) and the Alliance for Health Policy and Systems Research



2. PROGRAMME THEME

A consultative process involving the Health Systems Global membership provided the Symposium title, *“Resilient and responsive health systems for a changing world”*. Sub-themes (which will determine topics of plenary sessions and shape the call for abstracts) will be defined based on further consultations.

Resilience: absorbing shocks and sustaining gains

Like the societies of which they are a part, health systems around the world inevitably confront multiple converging global, national and local challenges: from economic crises to environmental disaster; from infectious disease outbreaks and the public health threats of war to hidden epidemics of mental illness and malnutrition; from rapid urbanization and post-conflict fragility to absent states. Today’s top stories – Ebola and failing health systems in West Africa, maternal health, chronic disease, environmental disasters and conflicts causing thousands of deaths, health care and public health systems facing economic crisis – highlight the convergence of ‘old’ and ‘new’ challenges, and the importance of analyzing, understanding and confronting these converging priorities. Health systems must be resilient, able to absorb the shocks – and sustain the gains already made – or risk having decades of investment wiped out.

Responsiveness: anticipating change, respecting rights, engaging politics

Health systems must also be responsive. They must anticipate future needs, as well as harness emerging opportunities to promote universal health coverage and universal access to effective interventions. Our changing world also brings new opportunities – from information technology and social media to biotechnology – that must be harnessed for building resilience and responsiveness. Health systems must respond to demographic and epidemiological shifts across the world, shifts that are themselves related to social, ecological, economic and geopolitical changes. Tackling the diverse sets of current and future challenges demands robust and inclusive decision-making processes. Better governance, voice and accountability are essential for people-centered and resilient systems. Political action is needed to ensure adequate domestic financing reinforced with international support, where necessary, and efficient resource use.

Many health system drivers lie outside traditional ‘health’ boundaries. Working on them requires diverse groups to be brought together, including policymakers, activists, community representatives, managers, researchers and educators. Social mobilization and intersectoral action are essential for re-orienting health systems to be more people-centered. Research can help suggest new ways in which health systems and intersectoral collaborations can respond to people’s emerging health needs, be directly accountable to communities, and ensure the rights and dignity of people who use and provide health care services. Participatory action research in particular has the potential to directly enable people to voice their concerns and ideas for better health systems.

Health systems as incubators of innovation

Health systems are also incubators of innovation, in diverse settings that can nevertheless learn from each other. At HSR2016 in Vancouver, we will collectively engage and interrogate opportunities and modalities of transformation and resilience in health systems – in all their diverse realities – and as yet unforeseen challenges and opportunities that health systems encounter. We seek to understand these diverse settings, and develop a more integrated understanding of the multiple ‘real worlds’ health systems are embedded within. HSR2016 will explore ways of preserving public value and public goods in the face of the changes facing populations, governments and health systems as a whole, both today and in the future.

3. PROGRAMME STRUCTURE

The Fourth Global Symposium will be a four-day event: three full days of program (16 to 18 November) preceded by two days of satellite sessions that will conclude with an evening plenary and welcome reception (November 15th) (see **Figure 1**).

This unique Symposium emphasizes sharing cutting edge evidence – but also innovations in ways of doing, sharing and using research. The HSR Symposia seek to deepen understanding and debate on a specific theme, and also to build the field of health policy and systems research. A global symposium, it nevertheless engages issues particularly pertinent to the host setting and situates these in a global perspective. In the tradition of biennial HSG symposia, we continue to build the field of health systems research across dimensions relevant to the objectives of the symposia.

The call for abstracts and registrations will be issued in late 2015.

The program is likely to include:

- Opening and closing plenary sessions
- Three of four thematic plenary sessions (not including opening plenary) with distinguished speakers from the health systems community and beyond
- Concurrent sessions selected from proposed, externally reviewed organized sessions and individual abstracts
- Concurrent lunchtime sessions, including the launches of publications or research initiatives
- Hundreds of poster presentations.

Additionally, satellite sessions will be encouraged and organized outside the official program. A collection of papers on the theme of the symposium will be published simultaneously with the Symposium, in a prominent peer-reviewed journal, to bring further attention to the theme. The symposium seeks to ensure full participation from policy-makers and practitioners and will craft parts of the agenda to engage these audiences in particular. Last time in Cape Town the program incorporated highly successful video sessions and social media awards, and we will again seek to engage audiences through multiple types of communication channels, including people who

are not able to be physically present during the Symposium (for example through livestreaming significant parts of the Symposium).

The Symposium Marketplace will provide a networking hub where participants can rent a stall or table to display publications, make known their organization, promote specific projects, exchange proposals and generally make contacts. In previous Symposia, several receptions were also held in this area, drawing hundreds of participants into the marketplace.

Figure 1. Preliminary Symposium-at-a-Glance

	14 Nov	15 Nov	16 Nov	17 Nov	18 Nov
	Satellite sessions	Satellite sessions	Plenary	Plenary	Plenary
			Break Posters & Marketplace	Break Posters & Marketplace	Break Posters & Marketplace
			Concurrent sessions	Concurrent sessions	Concurrent sessions
Lunch			Lunch Posters & Marketplace	Lunch Posters & Marketplace	Lunch Posters & Marketplace
Afternoon			Concurrent sessions	Concurrent sessions	Concurrent sessions
			Break Posters & Marketplace	Break Posters & Marketplace	Break Posters & Marketplace
Evening		Plenary	Concurrent sessions	Concurrent sessions	Plenary
		Welcome Reception		Symposium Dinner	

Satellite sessions	Concurrent sessions
Plenary sessions	Welcome reception/ Symposium dinner

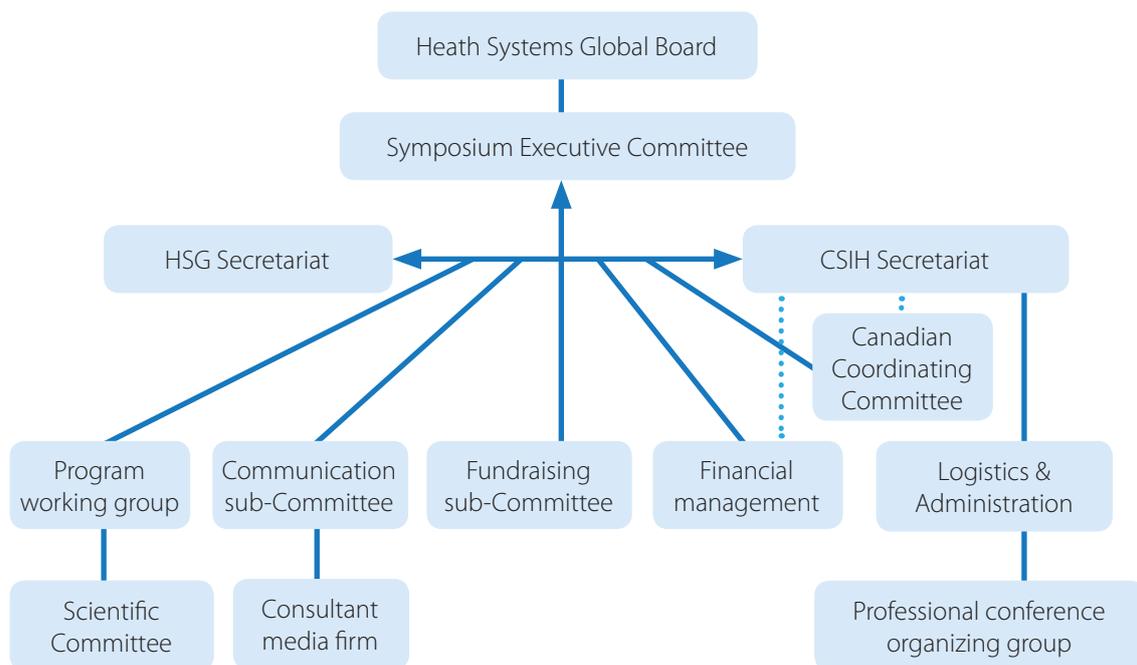
4. ORGANIZATION

A fourteen member Executive Committee, representing HSG board members, Canadian Coordinating Committee members and donors, co-chaired by Sara Bennett (Board Chair for HSG) and Duncan Saunders (co-chair of Canadian Society for International Health), is overseeing the organization of the Fourth Global Symposium. The Canadian Coordinating Committee (CCC) is made up of representatives from CSIH, Canadian Universities, Global Health researchers and

Canadian organizational sponsors of the GHSR Symposium, and is responsible for enlisting Canadian input into and promotion of the Symposium.

The Symposium Executive Committee commenced its work in March 2015. The Executive Committee will strive to ensure that the membership of Health Systems Global is consulted on important organizational issues such as the overall symposium structure and program, its sub-themes and invited speakers. The Executive Committee, along with representatives of the Symposium Secretariat, holds monthly teleconference meetings in order to make timely decisions and to oversee the work of the Secretariat related to the symposium. A sub-group of the Executive Committee has been established to spearhead fundraising for the Symposium. A detailed organogram for the symposium management is provided below. The work of the Executive Committee will be divided across five sub-committees (see **Figure 2**): communications, programme, logistics, fund-raising, and budget & finance. Largely, representatives of the three co-sponsor groups will staff these sub-committees.

Figure 2. Organogram: Fourth Symposium Organization and Governance



5. TIMELINE

Figure 3 is a preliminary timeline of activities towards the Fourth Symposium. Given its preliminary nature, the number of activities included has been limited to key, indicative activities.

Figure 3. Preliminary timeline

Overall	2015												2016											
	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N				
Theme approval																								
Targeted theme rollout																								
Preparation of fundraising prospectus																								
Theme publicity / dissemination																								
Plenary Scientific committee																								
Develop call for abstracts (Ind&org)																								
Identify Scientific committee																								
Release call for abstracts																								
Invitations to plenary speakers																								
Develop scholarship program																								
Online registration open																								
Organized session deadline																								
Review complete(organized)																								
Individual session deadline																								
Review complete (Individual abstracts)																								
Speaker confirmations/visa letters																								
Preliminary program development																								
Final program development																								

6. BUDGET

A preliminary budget (**Annex 2**) was developed based on:

- Preliminary quotations provided by the Convention Centre in Vancouver and the professional conference organizer (PCO);
- Actual costs from the Third Global Symposium (Cape Town, 2014) (in some cases adjusted);
- An assumption that total participation in the Fourth Global Symposium would be approximately between 1,500 – 2,500 represented by 75% of international participants;
- An assumption that the Secretariat would directly cover the costs of 150–300 LMIC participants¹ (or students from HICs);

¹ Depending on the outcome of fundraising efforts

This proposal only reflects costs directly associated with the Fourth Global Symposium. Health Systems Global is currently developing its own strategic plan, and when this is complete, efforts to raise funds to support the work of Health Systems Global will be integrated with efforts to raise funds for the Symposium.

The total cost of the Symposium is estimated between \$US 1.5–2.1 million, depending on number of participants. This budget reflects zero overheads on the assumption that all funding flows through the Health Systems Global Secretariat.

7. FUNDRAISING

Responsibilities for fundraising lie with a sub-group of the Symposium Executive Committee. Efforts of this Fundraising sub-committee have already commenced. All organizations that funded the previous three symposia are being approached, as well as a variety of new potential financial contributors, both internationally and in Canada, for which a strategic plan for domestic fundraising has been developed. We are very pleased to hit the ground running with a surplus from the Third Global Symposium and strong commitments from a number of previous supporters.



ANNEX 1. THE THIRD GLOBAL SYMPOSIUM, CAPE TOWN

The Third Global Symposium on Health Systems Research (HSR) was held at the Cape Town International Convention Centre, South Africa, from 29 September to 3 October 2014. 1,838 participants from 91 countries attended. The theme “Science and practice of people-centered health systems” was selected for the 2014 Symposium.

The specific objectives of the Third Global Symposium were to:

1. Share cutting-edge research addressing the development of people-centered health systems (including both conceptual work and the findings of primary and secondary research);
2. Identify and discuss approaches to research addressing this theme and to strengthening the rigor of this research;
3. Build the capacities of researchers, policy-makers, practitioners, activists and civil society organizations to conduct and use health systems research related to the theme;
4. Strengthen learning communities and knowledge-translation platforms working, to support people-centered health systems across disciplines, sectors and countries and, particularly, bridging practitioner, activist and researcher communities.

On the last day of the Symposium, the closing plenary session announced the “Cape Town Statement” presented by Sara Bennett on behalf of the Executive Committee. It concluded with the following announcement: “Vancouver, Canada is eagerly anticipating the arrival of the global health systems community in 2016, for the Fourth Global Symposium on Health Systems Research. There we will evaluate how far the world has progressed towards adopting a people-centered approach to creating sustainable, equitable, responsive health systems for the benefit of all. In the words of one presenter at the 2014 symposium, we are one world, united in a quest for health for all, beyond the borders of politics and economics. We encourage researchers and funders to contribute towards this global vision.”

A full technical report of the Third Global Symposium is available from

<http://healthsystemsglobal.org/Portals/0/2014%20Cape%20Town%20Symposium%20Technical%20Report%20For%20Publication,%202015.pdf>

ANNEX 2. PRELIMINARY BUDGET

Global Symposium on Health Systems Research

November 15–18, 2016

Vancouver, BC, Canada

2016 estimated budget – July 2015

All funds in \$US

No of Expected Participants	1,500	1,700	2,000	2,500	
Estimated Expenditures					
<i>Symposium venue costs</i>	\$84,000	\$84,000	\$84,000	\$105,000	
Funded participants	150	170	200	250	
<i>LMIC Speakers/Participant travel grants</i>	\$308,250	\$349,350	\$411,000	\$513,750	
<i>Keynote speaker travel</i>	\$17,000	\$17,000	\$17,000	\$17,000	
Jornal Supplement dedicated to symposium	\$60,000	\$60,000	\$60,000	\$60,000	
Social media contest	\$30,000	\$30,000	\$30,000	\$30,000	
Symposium Promotion:					
<i>Printing and Promotional Material</i>	\$12,195	\$13,821	\$16,260	\$20,325	
<i>Final program design</i>	\$2,500	\$2,500	\$2,500	\$2,500	
Conference Organization & Management					
<i>Committee Teleconferences</i>	\$4,200	\$4,200	\$4,200	\$4,200	
<i>Program working group in-person meetings</i>	\$30,000	\$30,000	\$30,000	\$30,000	
<i>Postage, Courier, Freight</i>	\$2,500	\$2,500	\$2,500	\$2,500	
<i>Online Abstract Coordination fees</i>	\$9,000	\$10,200	\$12,000	\$15,000	
<i>Accreditation (Continuing Education Fees)</i>	\$1,500	\$1,500	\$1,500	\$1,500	
<i>Travel (CSIH staff 2015 & 2016)</i>	\$12,200	\$12,200	\$12,200	\$12,200	
<i>Credit card fees @ 5% of reg.fees.</i>	\$45,000	\$51,000	\$60,000	\$75,000	
Professional Conference Organizer	\$85/person (first 1000), \$45/person (1000+)	\$107,500	\$116,500	\$130,000	\$152,500
CSIH Symposium organization costs		\$141,000	\$141,000	\$141,000	\$141,000
HSG Symposium organization costs		\$154,200	\$154,200	\$154,200	\$154,200
Onsite symposium expenses					
<i>Hospitality / Food and Beverage</i>	<i>200 \$ per delegate (3 lunch, 6 breaks)</i>	\$300,000	\$340,000	\$400,000	\$500,000
<i>Gala dinner</i>	<i>80\$ per person – 500 tickets?</i>	\$40,000	\$40,000	\$40,000	\$40,000
<i>Audio-Visual equipment and service</i>		\$82,000	\$82,000	\$82,000	\$82,000
<i>Webcasting</i>	<i>webcasting and recording of plenary sessions</i>	\$8,500	\$8,500	\$8,500	\$8,500
<i>Translation and interpreters</i>	<i>Spanish and French plenary sessions</i>	\$14,000	\$14,000	\$14,000	\$14,000
<i>Signage</i>		\$1,500	\$1,500	\$1,500	\$1,500
<i>Poster Session boards</i>		\$5,500	\$5,500	\$5,500	\$5,500
<i>Delegate materials/bag</i>		\$12,000	\$13,600	\$16,000	\$20,000
<i>Registration badges</i>		\$3,750	\$4,250	\$5,000	\$6,250
<i>On-Site Furniture/ Equipment/Computers/ Communications</i>		\$8,200	\$8,200	\$8,200	\$8,200
<i>liability insurance</i>		\$1,900	\$1,900	\$1,900	\$1,900
<i>Contingency/Misc</i>		\$72,002	\$77,465	\$85,658	\$100,364
Total:		\$1,570,547	\$1,677,056	\$1,836,818	\$2,125,139

ANNEX 3. BENEFIT PACKAGE FOR FINANCIAL CONTRIBUTORS

A four-tier benefits package has been developed as follows:

Gold: USD 250,000 and more

Stall in the Marketplace, 3 full participant registrations, a 90-minute satellite session on 15th November 2016 (with seating for 50 people), acknowledgement in symposium printed materials (logo and text), such as the program, and on the symposium website; listed as gold category and only one printed material/product in the conference bag.

Silver: Between USD 100,000 and USD 250,000

Stall in the Marketplace, 2 full participant registrations, acknowledgement in symposium printed materials (logo and text), such as the program, and on the symposium website; listed as silver category.

Bronze: Between USD 50,000 and USD 100,000

Table in the marketplace, 1 full participant registration, acknowledgement (in text, not logo) in Symposium printed materials, such as the program, and on the symposium website; listed as bronze category.

Contributor: Between USD 10,000 and USD 50,000

Acknowledgment (in text, not logo) in symposium printed materials, such as the program, and on the symposium website.

Please note that a minimum of 15% of all support provided will be used for core symposium activities and may thus not be earmarked.

Benefits	Gold \$US 250,000 and more	Silver \$US 100,000 and more	Bronze \$US 50,000 and more	Contributor Between \$US 10,000–50,000
Participant registrations	3	2	1	
Stall in the Marketplace	Stall	Stall	Table	
Satellite session 90 min (50 people)	1			
Mention at opening ceremonies (opening power point slide)	Yes	Yes		
Mention at exhibit opening	Yes	Yes		
Social media mentions	Yes	Yes		
Acknowledgements				
On overall sponsorship banner	Logo+name	Logo+name	Name only	Name only
Listing in Program	Logo+name	Logo+name	Name only	Name only
Listing in other printed material	Logo+name	Logo+name	Name only	Name only
Listing on Symposium website	Logo+name	Name only	Name only	Name only
In sponsorship category	Gold	Silver	Bronze	Contributor
Product/Ad placement in bag	Yes Only 1 item			

