

# Beijing Statement from the Second Global Symposium on Health Systems Research

3 November, 2012

Beijing, China

From 31 October to 3 November, 2012, 1,775 participants from over 110 countries gathered in Beijing, China for the Second Global Symposium on health systems research. Around the theme of inclusion and innovation towards Universal Health Coverage (UHC), the Second Symposium reviewed state-of-the-art research and discussed strategies for strengthening the field of health systems research.

Over four days comprising nearly 200 program events including keynotes, plenaries, concurrent sessions, satellites, posters, films and informal discussions and debates, the following action points related to the inclusion and innovation themes have emerged:

- In our endeavor to achieve UHC, we must ensure the centrality of social and gender equity. UHC is not only a health system's task but a societal goal that requires inclusion of diverse actors, different types of knowledge and innovation across local, district, national, regional and global contexts.
- Effective inclusion recognises the paramount priority of the collective development of indicators that can be used to

monitor countries' progress towards the goal of UHC, as well as being used by civil society to hold governments accountable. Such measures must be relevant to local and national contexts, first and foremost, and amenable to global comparisons.

- Most urgently, local capacities for critical health systems' analysis is required for individual countries to understand what aspects of their health systems (in terms of service delivery, financing and governance) require change so as to make real progress to UHC with equity.
- The social, methodological and technical innovations shared in this Symposium provide a well-spring of knowledge and an enormous opportunity, provided they can be appropriately integrated to bring about systemic change to accelerate progress towards UHC.

Key ideas for action that have emerged related to the objectives of the program include:

- The cutting edge of health systems research should be advanced by supporting analysis of politics and policy; community action interventions; fiscal innovations; equity-oriented health metrics; and longitudinal methods to capture dynamism and long-term impact of interventions.
- Symposium participants want more research on: social inequalities in health, including urbanisation and ageing; social exclusion; governance; and the balance of sectors, including informal, private, and public.
- The development of social science methodologies, health metrics and monitoring and evaluation systems in a balanced manner should be encouraged in order to

appreciate the complexity of health systems, policies and implementation processes and capture their historical origins, current status and future long-term impacts.

- Other innovations that warrant support include strengthened data surveillance systems; better documentation of financial flows at all levels; nesting research and incorporation of knowledge uptake in research design for improved monitoring and accountability, including by communities, in implementation of UHC.
- Knowledge translation should be facilitated by developing communities of practice and trust between researchers, practitioners and policymakers; drawing from multiple sources of knowledge and evidence, including real-world experiences; strengthening open-access databases; and enhancing South-South exchange of innovations to achieve UHC.
- Long term and public financing for public research institutions for health systems research is desired. Interest groups and partnerships should be supported for various forms of training in health systems research, that include communication, values, power relations and context analysis as capacities at all levels.

We note with pride some accomplishments of key milestones committed to in Montreux, 2010

1. The launch of the WHO Strategy on Health Policy and Systems Research represents a significant step forward for the field. It calls for increasing the relevance and utility of Health Systems Research by making it more demand driven. It suggests options for action by member states to embed research into decision-making to ensure that HPSR is

grounded in political realities and at the same time, the grounding of policy processes in evidence and science.

2. The creation of a first international society for health systems research. With more than 1400 members and 11 newly elected board members, Health Systems Global held its first Board and Annual General Meeting and began on its path to catalyse and convene its membership to strengthen the field of health systems research in the pursuit of more just and equitable health systems.
3. Furthermore to meet the expectation, clearly expressed in Montreux, that HSR inform policies more systematically, participants contributed to the first meetings of the global consultation on health in the post-2015 development agenda as part of the United Nations Secretary General's High-Level Panel process. Understanding how to build on the MDGs, address emerging issues, measuring new goals, and linking these to accountability mechanisms relevant to each country requires continued contributions by the health systems research community.

In support of the Symposium themes and recommendations, funders expressed broad support for the establishment of a new mechanism, a Research Consortium for UHC (RC UHC), to improve the coordination of resources to accelerate the knowledge and know-how for universal health coverage. With a committed core of funders and a clear agenda for research, the

development and operationalization of RC UHC will be finalised and launched in 2013.

In 2014, we will gather for a Third Global Symposium on Health Systems Research to continue to evaluate progress, share insights and recalibrate the agenda of science to accelerate universal health coverage. Following a call for proposals, applications from South Africa and Canada, are being reviewed by the Board of HS Global with a decision expected by the end of 2012.

*Approved by the Executive Committee of the Second Global Symposium on Health Systems Research*