

## Final 'From the Halls' of the Health Systems Research Symposium – podcast transcript

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**Dr Kim Ozano:** Hello listeners, and welcome to Connecting Citizens to Science. I'm Dr Kim Ozano, and this is a podcast where we hear about current debates and discussions on global health. Welcome to this third episode from the halls of the 8th Global Symposium on Health Systems Research here in Nagasaki. We have been working in collaboration with the ReBUILD for Resilience programme to bring you conversations from the halls, speaking to attendees at the symposium as well as presenters.

We speak to Hanna-Tina Fischer from the German Alliance for Global Health Research about fostering interdisciplinary research through innovative capacity building and funding models. We then hear from Dr. Ayat Abu Agla, who is from the Health Services Management Center at the University of Birmingham, Dubai, who discusses the decolonisation of health policy and systems research. Moving on to Dr. Rosie Steege from the Liverpool School of Tropical Medicine, who talks about One Health and antimicrobial resistance and the interconnectedness between animals, humans, and our ecosystem. And finally, Dr. Zahra Zeinali a medical doctor and a public health professional from Iran, who speaks about gender mainstreaming and the need to take a gender lens into all aspects of our work in health systems research and policy. Enjoy the episode.

**Abriti Arjyal:** Hello, I'm Abriti Aryjal from HERD International in Nepal. I've just been to a session fostering interdisciplinary research through innovative capacity-building and funding models. It was a really interesting session to know a lot of capacity-building activities happening in different part of the world to foster interdisciplinary research. So, can you please introduce yourself and share your thoughts on today's session.

**Dr Hanna-Tina Fischer:** Thank you. And it's wonderful to have this chat. So, I'll just say a word of introduction. My name is Hanna-Tina Fischer and I work at the Charité – Universitätsmedizin Berlin. It's a medical university in the heart of our capital in Germany. So, we just had a session on fostering interdisciplinary research and capacity building and essentially what we wanted to do was to share some of what we've learned in Germany through the German Alliance for Global Health Research, a new entity or alliance that was formed a few years ago to bring together global health researchers, what we've learned on capacity building models and approaches. And really to hear from you and the participants at the conference what you've been doing and how you've learned and how essentially we can improve practice going forward.

We mentioned the Berlin University Alliance work, which is one example of a model to build capacity on pandemic preparedness, but essentially we were getting to the

heart of the question of how we try to go beyond these global north to global south, so this unidirectional model of capacity building, how do we break down the barriers? But also, how do we break down barriers between disciplines? And clearly for the challenges we're facing today in global health, we need to go beyond the siloed thinking on virology, bacteriology, health systems research or health services research, I should say, but really to think much more in terms of systems and how they connect. and of course, this is the heart of the conference, which is why it's a wonderful opportunity to connect with like-minded individuals to see how we can improve practice. And a number of suggestions came up in the workshop, which we were really thankful for. We thought it was a really rich discussion. Thoughts around how we can build capacity building models based on a variety of competencies, how we can understand that interdisciplinary should not just mean differences between disciplines, but also differences between the positionality of different stakeholders.

So, where they are in the research ecosystem. Not everybody who wants their capacity strengthened essentially works in academia, of course, and research is such a fundamental part of everyday interventions in global health, and we need to improve our practice there. Some of the suggestions that came up, we're also looking at how we can improve South-to-South partnerships, how we can improve understanding sort of competency assessments and different levels of competency, how we can link existing offers to career pathways, and the importance of seeing, for example, accreditation bodies or associations in different countries as actual stakeholders we engage with. And this is something we traditionally have not done. We've looked at different groups of institutions, but not necessarily those that sanction practice or that provide even legal frameworks within which to work, and that makes a difference.

Because if you take a certificate in a different country and you return back home, you want it to be relevant and you need it to be relevant to the work that you're doing. So, these were all really interesting and important takeaways, but most importantly, I think to be humble and to have a bit of humility and how we approach this notion of capacity strengthening and seeing ourselves as just one actor that also needs to be strengthened in the work that we do.

**Abriti Arjyal:** Thank you so much for sharing your experiences. It was really great to learn more. Thank you.

**Thazin La:** Hello I'm Thazin La from Myanmar. I work for the Burnet Institute and research manager for the ReBUILD for Resilience Consortium. Now here today, Aya is joining us. Aya, could you please introduce yourself very briefly?

**Dr Ayat Abu-Agla:** Thank you for this opportunity. My name's Dr Ayat Abu-Agla. I lead the Health Services Management Centre at the University of Birmingham, Dubai, and I also co-chair the thematic working group of teaching and learning HPSR.

**Thazin La:** I joined your workshop and it was very interesting. Could you please tell me about your reflection on decolonisation in health system and research?

**Dr Ayat Abu-Agla:** Indeed, within the field of health policy systems research, decolonisation of the HPSR is very important. Although global health in general and public health have been indeed research. However, we're curious at HSG as the thematic working group on teaching and learning to further explore what that means within the field of health policy and system research. Hence our capacity strengthening session yesterday to reflect on cases from the field and link that to the theory and to better grasp the understanding of what we mean, how we as HSG, as researchers, educators, policymakers within the field of health policy systems research, can better what we are doing, rethinking and re-evaluating and challenging the status quo for a better well-equipped health systems in that area.

**Thazin La:** Can you explore a bit more the role of researchers in decolonisation?

**Dr Ayat Abu-Agla:** Thank you for the question. So, indeed researchers play a major role, and part of it is teaching and learning the present and the future health policy and system researchers and student leaders on what it means. Reflecting on that, I would like to share a current case study, and it's from our current experience at the University of Birmingham, Dubai, which opened its campus several years back. How we built and initiated it was built on our civic reputation participation. So, we wanted it to reflect the health systems and population needs within the Middle East and North Africa. So, desk reviews, scoping reviews, stakeholder consultations with national, regional and global organisations, networks, health authorities in an interdisciplinary manner, a participatory manner so that we reflect on the priorities within the region and hence tailor our offerings, which include the MSC in global health system leadership, which was the first degree to be actually developed in the Dubai campus to be delivered there. It's tailored based on the health systems and population needs of the region on the essential public health function, Eastern Mediterranean priorities, and also streamlining the UHC competency framework to better our teaching and learning, and student experience to create that future and present cadre of health systems, acknowledging that health systems is indeed a science, and in order for us to have good leaders that understand how our health systems function per se. So, including an introduction to global health systems and policy leadership in management in global health, implementation science and equipping them with strategic planning, global health economics and emergency preparedness, response and resilience.

As the region is 22 countries, we have high, we have low, we have middle-income countries. We have conflict and stable-affected states. There's diversity and climate change hitting the region faster than predicted. We need to equip and better develop health policy and system researchers that are fit for purpose and fit for practice relevant to their health systems and population needs, hopefully through whole government and the whole society approach as we, as a TWG, and within the field of HPSR, health policy and system research, are indeed interdisciplinary, including policymakers, researchers, educators and so forth.

**Thazin La:** Thank you for your great reflection that's inspired us. And also I hope our audience were inspired from you.

**Abriti Arjyal:** Hello, I'm Abriti Aryjal from HERD International in Nepal and I'm joined today by Rosie Steege from Liverpool School of Tropical Medicine. So, Rosie, it was really nice listening to you this morning on One Health and antimicrobial resistance. Could you please tell us more about what does One Health mean and what it means in today's world?

**Dr Rosie Steege:** Thanks, Abriti. So, I'm from Gear Up, a new regional grant for the Fleming Fund, working on equity and antimicrobial resistance [AMR], and if you want to learn more, please do visit our website, [gearupaction.org](http://gearupaction.org). So, One Health is an approach that highlights the interconnectedness between animals, humans, and their ecosystem that we live in or the environment. So, it really highlights, interconnectedness and tries to make things holistic, and One Health has been embodied by indigenous communities for centuries, very successfully. But today, in today's world, we're seeing more of a shift to One Health being very human-centred. As it's currently theorised, One Health can be quite colonial or human-centred or anthropocentric by thinking about other species or other animals as vectors, reservoirs, or just as determinants of human health.

And so, taking AMR as a or antimicrobial resistance as a One Health issue, we can think about how that is being shaped by today's world as well in terms of increased climate change, rapid urbanisation, and increased conflict and fragility. So, for example in conflict zones, there's contamination from heavy metals that drives AMR and also disruption to healthcare systems which spreads disease. And similarly the environments for many who live in urban informal settlements globally. They're living in close proximity with poor access to water and sanitation and may live and work very closely with animals. So, those things can all shape AMR, drive AMR. And obviously, it's the interconnection between humans, animals and the environment that we live in.

**Abriti Arjyal:** Okay. So how do you think justice can be embedded into One Health?

**Dr Rosie Steege:** So, I think that so far we've come a really long way in having really wonderful surveillance data of the scale of antimicrobial resistance globally, but often that is done at a facility level and the community lens is not always there. So, there's not always attention to the structural inequities that are actually driving AMR in the community level and the overlaps with the environment. And there's also not always attention to the knowledge and the agency of communities that antimicrobial resistance is most affecting. So, what I think could be done there, I've got four key takeaways that I spoke about this morning.

So, the first one I think is to question our assumptions. Engage critically with social science work. So, thinking about ethics, thinking about safeguarding, the nature of rights. Secondly, we can reflect on our own positionalities to, to support a knowledge

shift towards anti-colonial, bio-social and trans-disciplinary approaches. Thirdly and really importantly recognise and value community and indigenous knowledge through co-design, co-creation, participation. And finally, there's some interesting work that could be done to look at decentering humans from ethical and legal frameworks to give cultural rights to non-sentient beings like forests, rivers, or coral reefs. So, in New Zealand, a Māori tribe gave cultural rights to a river. So, that was just quite an interesting idea that I learned about recently.

**Abriti Arjyal:** Thank you, Rosie, for your insights.

**Abriti Arjyal:** I'm Abriti Aryjal from HERD International in Nepal, and today I am with Zahra, who has just received a societal award in HSR2024. Many congratulations, Zahra. So, could you please introduce yourself further and tell us more about the award and the work that you have been doing to advance gender and equity in the health system?

**Zahra Zeinali:** Thank you. Hello. My name is Zahra Zeinali. I'm a medical doctor and public health professional from Iran. I'm currently based in the University of Washington, Seattle, USA, studying for my Doctor of Public Health Leadership degree. I've had the immense honour of being awarded the Young Professional Award. For the societal awards in the Health Systems Research Symposium 2024 here in Nagasaki, Japan. The award is hosted by Health Systems Global and the Alliance for Health Policy and Systems Research in recognition of people's impact in the field of health systems and policy research. And I'm truly privileged to have received the award for my dedication to advancing gender equity and strengthening health systems policy and research through my research and advocacy.

A little bit of background about the work that I have been doing for the past decade. I have been mostly trying to look at the ways that health systems research and policy have been gender blind in the past, or when gender mainstreaming has happened, it hasn't happened at the scale and with the impact that we want, so I have dedicated my efforts to advocating for research methods and for just raising awareness to incorporate gender considerations into the work that we do as health systems researchers and policy makers.

We know that health systems are not gender neutral. The people that they serve, the people that are providing the care and working in the health system, they vary in their genders. But moreover, the decision-making power is also not distributed equally. And so, it is imperative that we make sure that we take gender into consideration when working on any aspect of health systems and policy research.

My efforts have been mostly focused on trying to visibilise the fact that the health workforce specifically is mostly comprised of women around the world. But when we go up the career trajectory within the health systems, when we get closer to leadership positions, we see that most of women have this attrition effect and most of these leadership and decision-making and policy-making positions, are held by

men. And this unequal distribution may cause some difficulties in terms of ensuring that health systems are gender aware and also gender transformative and are able to better serve the populations. But moving beyond gender equity, some of the work that I've done has also focused on intersectionality.

We don't have a lot of work on incorporating intersectionality in our health systems research methodology, but it's incredibly important that we look at the intersection of gender and other social stratifiers and social factors such as age, caste, ethnicity, race and any other relevant social stratifiers depending on the context. That has mostly been some of the work that I've done trying to show how much more we need to incorporate this gender lens into any aspect of the work that we do in health systems, research and policy. And I am truly grateful to the Alliance and Health Systems Global for the recognition because I believe this is a fantastic moment to highlight the work that's being done on gender. So, I'm going to use this momentum and advocate further for incorporating gender considerations into our work. Thank you so much for having me.

**Abriti Arjyal:** Thank you, Zahra. And I wish you all the best for the future.

**Dr Kim Ozano:** What a fantastic group of speakers that was, giving us access to some of the innovations being shared here at the 8th Global Symposium for Health Systems Research. We hope you enjoyed listening to our podcasters and speakers and that you feel inspired. Until next time, thanks for listening and have a good day.