

'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 in global health. We have a special episode brought to you from the 8th Global Symposium on Health Systems Research in collaboration with the ReBUILD for Resilience programme.

Today, myself and other researchers from across the globe are bringing you real time insights from the symposium here in Nagasaki. Our team have been out in the halls capturing fascinating conversations with speakers and colleagues about global health challenges and opportunities that they've been presenting throughout the conference.

In the episode, you'll hear reflections on building just and sustainable health systems, the role of climate and resilience in health systems and its growing importance on the global agenda. We will also gather insights on resilience in crisis and conflict affected settings.

I start us off by catching up with Ana Amaya, who is a board member of Health Systems Global, or HSG, to gather her insights on the aspirations for the symposium and what HSG hopes to achieve over the next few days. Then we hear from Dr Ali Ardalan, who is a regional advisor for WHO Eastern Mediterranean Regional Office, and Dr Usman Gwarzo, who is from the LAFIYA programme in Nigeria. We hope you enjoy these valuable insights from our very impressive set of speakers. I'm here at the symposium with Ana, who is a Health Systems Global board member.

Ana, thank you so much for joining us at the podcast. If you could tell us a bit about your role as a board member and also why the symposium themes are so important in the current global health landscape.

Dr Ana Amaya: Well, thank you so much for having me. It's such a pleasure to have this opportunity to communicate a little bit more about the symposium. So, I am Ana Amaya. I am associate professor at Pace University, and I'm also a board member with Health Systems Global. I've been a board member for four years now, and as part of the board, I am in charge of the financing but I'm also involved in other aspects of the board like governance. And we're really excited to be here in Nagasaki this year to discuss some really important topics. Our main theme is building just and sustainable health systems, centring people and the planet.

And we think this is a really crucial time to talk about these topics, primarily because we have a very complex international environment where we have conflict in various parts of the world. We also have a very real climate crisis, and I know there are currently some discussions happening in other conferences about climate change and

the importance of acting on that. And we also have a changing geopolitical environment with the results of the last U.S. election. So, a really important time to bring policymakers, researchers, activists, everyone together to discuss the latest research and really to strategise on the way forward.

Dr Kim Ozano: Thank you very much. There's so many themes here and so many topics you're covering. It would be great to hear a bit more about your hopes and aspirations and also the opportunities that will come from this symposium and the interventions that are happening. So, what do you hope to achieve? Well, as Health Systems Global, one of our main goals is to build the field of health policy and systems research.

Dr Ana Amaya: So, I think that is one of our key objectives with the symposium, really bringing all of these different groups of actors, politicians, policymakers, researchers, activists, students, funders, bringing them together on the table and discussing what information do we need now to make progress in building more just health systems and really improving health outcomes around the world. So that's the main goal of Health Systems Global. In addition to that, I really hope to see some strategising again on the way forward. We may have a few complicated years ahead in terms of global health funding. What can we do in terms of really raising our voices of the importance of health policy and systems research of reaching those underserved communities as well as what is the role of the research community in helping solve some of these conflicts that we have around the world.

Dr Kim Ozano: Thank you very much. It's really interesting that you brought up the theme of conflict and crisis affected settings as well. I know that some people couldn't be here at the symposium with us, which is very sad to hear. How is the Health Systems Global board trying to reach the people that couldn't make it?

Dr Ana Amaya: Yes, it's such a sad situation that we had a number of researchers that we're planning on coming, but unfortunately weren't able to get visas or aren't able to leave their countries. We know this is a concern. It's a really important priority for us to try to improve the reach of the symposium. Our plenaries are being live streamed on YouTube so that is a great opportunity for people around the world to listen into some of these discussions. And going forward, we will continue to work on improving access to this information. And that's one of the main themes as well of the symposium, looking at how we can build that knowledge base and make it more accessible to others.

Dr Kim Ozano: It's great to see that climate and health are coming together in this symposium. That's quite novel, isn't it? Maybe you could talk us through why health and climate are so interlinked and a feature here at the symposium.

Dr Ana Amaya: Yes, it was really important for us to have climate change as one of the main themes of the symposium. It's something that has now been proven to have effects on health in so many different ways, and I think it's also an opportunity for us to begin to think a little bit more about how the field can begin to contribute some possible solutions to climate change and the effects of climate change on health.

So, I do expect that going forward, it will be continuing to be one of the themes of our symposia because obviously climate change is really here to stay and we need to be acting from all angles as researchers, but also engaging with other sectors outside of health.

Dr Kim Ozano: So as we were coming up the stairs, you were telling me a bit about your background as a researcher and that you've been coming to the symposium since Beijing. I think it's great to hear about your journey as a researcher and what you've gained from taking part in the symposium and what led you to your position right now.

Dr Ana Amaya: Yes. I've been coming to the symposium for over 10 years. We organise the symposium every two years, but the first time I participated, was to present on my research, my dissertation research in China. And it was really the first time that I was at a conference where I was able to meet all of my research heroes, see all of my professors, meet other students who have similar interests in me.

And that really helped encourage me to continue in the field, to really continue in academia as well. And it's also one of the reasons why, after being a member for so many years, I decided to run for the board. I really wanted to give the opportunity for other early career and underrepresented researchers to have those opportunities of collaboration, dissemination of their work, as well as being able to network in this fantastic venue, which is a symposium.

Dr Kim Ozano: Thank you so much for sharing your journey with us and for answering those very important questions. We look forward to the symposium and hearing from more guests.

Dr Rouham Yamout: This is Rouham Yamout. We are now collecting the impression of Dr Ali Ardalán. Please, Dr Ali, introduce yourself to us.

Dr Ali Ardalán: My name is Ali Ardalán. I am Regional Advisor and Head of Health Systems Resilience Unit in WHO Eastern Mediterranean Region.

Dr Rouham Yamout: Dr Ali, thank you for the presentation that just has taken place. It was really very interesting, very animated. You mentioned during this presentation the nexus implementation in relation to de facto actors and governments. If you can please, tell us more about it.

Dr Ali Ardalán: Thank you so much for the interesting question. It's actually very important and a frequently asked question, because the term nexus being used and being heard these days, frequently. I would start with what is the background of the term and why we are using that. Basically, uh, in the region that I'm serving, we are facing with many protracted emergencies. Examples include Afghanistan, Sudan, Somalia, Gaza, Libya, Iraq, Syria, Lebanon. And in these settings, there are different groups of actors that want to serve the people. These groups are classified mainly to three; humanitarian actors, development actors, and peace actors. These three groups have different objectives, mandates, and way of working. What we want is

that actually the maximum collaboration and coordination and synergy between these actors. So, the term nexus means interlinkage. And with operationalisation of this approach, we try to enhance the collaboration between these three group of actors and actually maximise the benefit of their works to the people.

Dr Rouham Yamout: Please, Dr Ali, can you, give us some examples of nexus?

Dr Ali Ardalán: I can give you some examples of how the nexus can be operationalised actually in the health sector that we are serving. There are many examples of implementation of this approach by leveraging the comparative advantages of the actors, existing actors, and also the operational entry points. For instance, strengthening the health information system in any of the protracted emergency countries as an entry point, that with that strengthening, with not, with not only serving the humanitarian response, but also with having a longer-term perspective and objective, we leave actually a functioning health system in the country after the end of the conflict. Investing on the essential package of the health services is another operational entry point to implementation of the nexus.

Dr Rouham Yamout: Thank you very much. Dr. Ali, last question, please. What do you hope to achieve through this symposium?

Dr Ali Ardalán: I think this symposium is an excellent opportunity for networking, for meeting new people from various groups from academia, from practitioners, policy makers, and all coming with coming with new innovative ideas, and sometimes with the difficult questions that is not easy to be answered. However, having all those ideas and thinking together will inform my own work and planning, in my current function in WHO.

Karen Miller: This is Karen Miller of ReBUILD for Resilience and I'm here with Dr. Usman Gwarzo of the LAFIYA programme in Nigeria. Dr Gwarzo, in your presentation, you spoke about how the LAFIYA programme is supporting community based ethical health financing in Northeast Nigeria. Why did your programme adopt an ethical community-based approach and how can that lead to health systems resilience?

Dr Usman Gwarzo: Thank you. When we talk about ethical health financing, it's not really a new concept in terms of social intervention. What is different is how we use the concept to address health issues. So, in LAFIYA one of our key outputs is healthcare financing. We do the normal intervention through public health institutions. But we notice in country Nigeria, which is facing a lot of challenges, the GDP allocated per capita when it comes to health is very low, an average of \$8 per person. So we need to start looking inward, and what needs to be done to improve on that. So, we look at the potentials which the social security instrument of workers can do and decided to go further by involving those key stakeholders, community leaders, which are traditionally the finance experts, Islamic academicians and institutions, banks and many others who have the experience and interest in intervention of this nature. So, what we did is to try to structure the process, and after restructuring, we build the capacity of the communities. We sat down with them. We identify those

areas which we think is for them to intervene based on their peculiarities. And here we are. So far in the last about a year or two, we are able to establish 90 of these communities spread over the five states we are working. Two of the states are in the northern eastern part of the country and you are aware how insurgency have destroyed health infrastructure, displaced communities and healthcare workers from Borno state, and this is a state where people really accepted the intervention, and one of the lessons learned from this intervention is how people accept because they look at it as part of their religious tenant and social security. The approach fits into their culture of taking care of each other and that resulted in increase in assets, reducing some resistance to intervention, improving accountability in services because the communities are putting in their resources and also opening new windows to reach other areas.

For example, improving healthcare workers, education and training and at the same time supporting other government programmes like equity programmes for health insurance, trying to identify vulnerable groups and many other good practices.

Karen Miller: It sounds like this has real sustainability potential that can lead to health system resilience.

Dr Usman Gwarzo: Yeah, the basic principles of the worker, which is endowment, is to establish a financing mechanism which will remain perpetual. So, the process, how we do it, we try to liaise with some institutions that are very good in investment. For example, most of the communities adopted 60-40 formula, where 60 percent of the resources they realise are invested, and the proceeds from that investment continue to be used to intervene in their choosing area or the identified gaps in the health system, especially at the primary health care system. So it's sustainable and it's scalable in the region where we are working and even in other regions because it's something which nobody interpreted as new but taking on the opportunity to improve on healthcare finance.

Karen Miller: That's great. Thank you very much.

Dr Kim Ozano: Well, I certainly learned a lot from listening to those speakers, and there's more to come. So please join us over the next few days as we continue to capture the conversations from the halls at the 8th Global Symposium on Health Systems Research. So thank you for listening, and we'll see you next time.