

## Options at the Health Systems Research Symposium 2018

At this year's [Health Systems Research Symposium in Liverpool, UK](#), Options hosted a satellite session with London School of Hygiene & Tropical Medicine (LSHTM) and the Swiss Tropical and Public Health Institute, looking at applying 'systems thinking' for health system strengthening, and giving examples of where we've done so in our work.

Don de Savigny, from the Swiss Tropical and Public Health Institute opened the session with a summary of what 'systems thinking' means and an introduction to the new book "Applied Systems Thinking for Health Systems Research". He reminded those working in health, not to look at the health system as a system of blocks, but that the health system is complex and interconnected. He says: "There is insufficient focus on the complex processes that translate policy into action. This requires non-linear thinking", adding "We need to understand how a change in one area affects other areas of the health system."

Sarah Fox, Assistant Technical Director then took the theory of 'systems thinking' and showed us how it can be applied in practise. She gave examples of where we've already used it in our work, such as political economy analysis, stake holder mapping, embedded technical thinking and adaptive programming. Exploring the challenges and how we overcome these, she highlighted the opportunities through increased donor recognition for participatory and multi-sectoral approaches.

Representatives from our programmes then presented specific examples of where 'systems thinking' has been applied in our work. Nicole Fulton told us how the MANI programme had used **stakeholder mapping** in Kenya, identifying "autonomy" has a leverage point for change. She explained how the phenomenon of Recentralisation was taking place within the Decentralisation process in Kenya, saying: "Giving more autonomy to counties within a fast moving programme was predominantly a political exercise for us".

>>[Read a case study on MANI's work on autonomy here.](#)

Wina Sangala, Deputy Team Leader for MHSP-TA presented on **participatory approaches** in Malawi. The team worked with local level Health Centre Advisory Committees (comprised of members of the community and health facility staff) to strengthen community engagement and enhance accountability to address issues such as drug theft.

>>[Read more about this approach here.](#)

Cindy Carlson, Team Leader for MHSP-TA shared the importance of **embedded technical assistance** to achieve strengthened stewardship, coordination and action in the health sector: "Relationships developed through embedded TA helped to build trust, which helped us to move forward to more controversial reform areas, such as medicine theft and new community accountability mechanisms" she says.



Matthew Nviiri, Team Leader for the Results-based Financing (RBF) Programme in Malawi, shared how **engaging with stakeholders** at central, district and community levels of the health system allowed the programme to build trust, align with national and political priorities and foster ownership of the RBF interventions at all levels. He said: "Inclusion of stakeholders early in the design and implementation processes was crucial for the RBF4MNH programme". add link to brief:

>>[Read more about this approach here.](#)

Finally, Options', Technical Specialist, Alice Sabino told us of the importance of **process mapping** in our urban health programme in Bangladesh; mapping institutional structures, and identifying decision makers and budget holders for health and urban service delivery. She outlined the process, what worked and what we would do differently next time.



The session was moderated by Karl Blanchet from LSHTM, who reflected on the following points;

1. **We shouldn't look at the health system as a system of blocks** – instead the health system is complex and interconnected. We need to understand how a change in one area affects other areas of the health system.
2. **Power relationships**: Addressing health systems challenges is a lot about power relationships and how these can be addressed in the health system. Key elements that drive such relationships are about: Trust, Power, Policy, Relationships. This has several implications:
  - a. Solutions need to be Multidisciplinary: There is therefore a question about the extent to which we need public health specialist to solve these problems. We need to work with other disciplines, such as anthropologists, psychologists, managers, etc.
  - b. We need to recognise the dynamics of the environment including studying the unintended consequences
3. Are international donors set up to allow more **flexible management of health programmes**?
4. **Using visuals is important** to help policy makers understand how evidence can be used for decision making
5. **Do not assume consensus** of what the system looks like – instead show the system from different perspectives (health workers, government, users)
6. We need to **give space to community level actors** to drive health sector solutions
7. **Public health is about human beings**, therefore social concepts such a trust and legitimacy are key and bring about unanticipated results that need to be documented.