**Cape Town Statement from the Third Global Symposium on Health Systems Research**  
*Cape Town, South Africa*  
*3 October 2014*

**Introduction**
Cape Town welcomed the world to the Third Global Symposium on Health Systems Research between 30 September and 3 October 2014. One hundred and twenty five countries were represented by almost 2000 participants, who gathered to discuss and debate the science and practice of people-centred health systems. Over the course of the symposium, which included four plenary sessions, 170 concurrent and satellite sessions, 572 posters and 11 films, participants had the opportunity to immerse themselves in the field of health policy and systems research. Policy-makers, activists, community representatives, managers, researchers and educators from around the world shared new information and insights from their experiences with the journey to universal health coverage, the theme of the Second Global Symposium, and developed a deeper understanding of people-centred health systems.

This statement was synthesized from broad-ranging discussions over the three days of the meeting, drawing upon rapporteurs’ notes across all the sessions.

**Our Discussions**
Health systems need to be reoriented to respond to people’s emerging health needs, be directly accountable to ordinary people, and respect and ensure the rights and dignity of all people who use health systems and provide health care.

Nowhere is this need more apparent than with the recent ebola epidemic in several West African countries. Ebola and other health challenges worldwide highlight the need to redouble attention on health system challenges, including the unequal availability of resources underpinned by existing power relations between and within countries, the variable quality of health services and lack of appropriate health information to assist those at the frontlines of health care.

The drive towards universal health coverage should be led by citizens, and local and national governments rather than by external actors, and in line with the needs and priorities of communities and citizens. Segmented systems that risk providing poorer services to the poor are unacceptable in people-centred health systems. Multiple disease programs, types of service providers and traditions of health care require effective coordination within health systems.

Many crucial drivers of health system change lie outside of the traditional boundaries of the health system; social mobilization and intersectoral action are critical for re-orienting health systems to be more people-centred. Community health workers can play an important linking role in enabling inclusive and representative community participation. We need to promote local institutional mechanisms that support inclusive and representative community participation in health, recognizing that the collective voice can drown out the needs of the most marginalized and vulnerable.
Health systems serve people but are also made up of people, who need effective environments in which to work. Supportive supervision and high quality, continuing training for health care workers emerged as crucial needs across settings. Supportive and effective working environments for health workers are important, which should include appropriate financial and non-financial incentives.

Barriers to access to care must be removed, including financial barriers that exclude the poorest and most marginalized. Governments need to provide sufficient funding for the provision of effective and responsive care, and develop effective financial protection measures.

Progress since Beijing
We note with pride the accomplishments of key milestones committed to in Beijing in 2012. Building on the 2012 WHO Strategy for Health Policy and Systems Research, there has been a consolidation and growth of the health systems research community. Health Systems Global now has over 1500 members from more than 90 countries, and the Society has further developed through nine active and engaged thematic working groups, and a renewed board. The third symposium has demonstrated the vibrancy of our community.

Actions
The Symposium covered a number of action themes including health systems development, capacity development for research, cutting-edge and innovative research methods, and learning communities and knowledge translation.

Health system development
Informed by discussions and research presented during the meeting, there are a number of important areas for health system development. The focus on people centredness emphasized the following points in particular:

- Encourage and enable national governments to own and lead health reforms towards the achievement of universal health coverage
- Promote a comprehensive financing strategy that underpins a comprehensive set of entitlements
- Engage multiple constituencies to increase the fiscal space for the health sector
- Ensure inclusion of the most marginalized and vulnerable, whose needs and rights must be central in a people-centred health system
- Promote community participation in planning and monitoring health services, to make them more responsive to people’s needs
- Ensure that research is embedded in programs from the point of design
- Promote innovative service-delivery models, including the use of technology such as m-health and e-health to ensure quality and continuity of care

Beyond this, there were recommendations bearing on health systems more generally:

Capacity development for health systems research
- Acknowledge and applaud the emerging voices and leaders amongst us and recognize the need to continue to strengthen our efforts to nurture the future generations of the health systems community
- Address inequities in the availability of health systems research training, and deepen and expand efforts to strengthen teaching for health systems development and research.
**Research topics and methods**

- Promote understanding of civil society and social movements that support people-centredness
- Further develop our understanding of health workers, particularly mid-level health workers, their felt experiences and how to empower them to provide people-centred health services
- Allow the experience of communities and health workers to be heard, through use of innovative research methods that engage and empower communities including participatory action research, photo-voice, simulations and games
- Understanding scaling-up of health programs in different contexts remains a priority research area

**Knowledge networks and learning**

- Build our communities through bringing together diverse groups including policy-makers, activists, community representatives, managers, researchers and educators
- Develop skills to communicate about health systems amongst diverse constituencies
- Journals need to create space for people-centred knowledge and other innovative forms of health systems research
- Promote learning from implementation and capture tacit knowledge

These actions have different implications for different actors. We note, in particular that funders need to engage in longer-term funding of research programs and research capacity building, and we encourage them to help reframe research funding models so as to better engage local stakeholders.

This is the first meeting where the Health Systems Global Thematic Working Groups met and began to coalesce into communities. The Thematic Working Groups will help take forward these and other recommendations arising from the symposium.

**Conclusion**

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-centred 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.