

Report

HPSR Webinar Series 2022

Systems Thinking for Health System Strengthening

6 April 2022 | 3:00 to 4:30 pm IST





Contact

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This webinar report titled 'Systems thinking for Health System Strengthening' has been developed by Health Systems Transformation Platform (HSTP) to share the summary of proceedings of the webinar.

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Our mission is to enable Indian health systems respond to people's needs. We do this in collaboration with Indian & Global expertise through research for health systems design, enhancing stakeholders' capabilities and fostering policy dialogue.

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Prof (Late) Maharaj Kishan Bhan, HSTP's pillar of strength, continues to inspire our work. We are grateful to the HSTP board and our donors for their support. We thank HSTP colleagues Rajeev Sadanandan, Sridhar Guduthur, Rahul Reddy, Diwakar Gautam, Peter Parekattil, M Rugma and Prince Mehdiratta.

Objective

Health Systems Transformation Platform (HSTP) is a not-for-profit organization based in New Delhi, India. Our mission is to enable policymakers and researchers in the Indian health systems to generate and utilize evidence for improving health outcomes and financial protection. We work in the areas of health policy, service delivery, financing, and health policy and systems research in partnership with Indian & Global researchers/ institutions.

Health policy and systems research (HPSR) is a new discipline within public health research that studies the system as a whole and comes up with evidence that has policy implications. HPSR looks at the health problem from a systems perspective. The main objectives of the HPSR webinar are to bring together HPSR stakeholders and interested participants on a common learning platform to promote HPSR, understand various concepts and increase awareness of HPSR among health researchers, policy makers, practitioners and implementors.

The first webinar titled “Systems thinking for Health system strengthening” was organized on 6 April, 2022 from 3 to 4:30 pm IST. In his opening remarks, [N Devadasan](#), Chair, Academic Committee India HPSR Fellowship program gave an overview of a health system and highlighted its interlinkages with each of the six building blocks, setting the tone for the webinar. In her keynote address, [Lucy Gilson](#) addressed the importance of using a systems thinking approach for strengthening health systems.

This was followed by an experience sharing session where mid-career Indian researchers provided their perspectives on systems thinking & its application. The speakers were [Harsha Joshi](#), (Program Officer, India Primary Care Initiative & India HPSR Fellow Cohort 2021), [Sudha Ramani](#) (India Primary Care Initiative & HPA Fellow 2017-19) and [Ankita Mukherjee](#) (Qualitative Researcher, The George Institute of Global Health & India HPSR Fellow Cohort 2021).

The webinar was moderated by [Dorothy Lall](#), Faculty, Christian Medical College and facilitated by [Shilpa John](#), Specialist, HSTP. The webinar concluded with a vote of thanks by [Rajesh Kumar](#), Technical Advisor, HSTP.

170 researchers participated in the webinar. Questions from participants reflected upon practical applications of a systems thinking approach for health systems strengthening, pre-requisites of decentralizing power in health systems and other aspects such as how political and socio-cultural influences are tackled in health system research.

Learnings

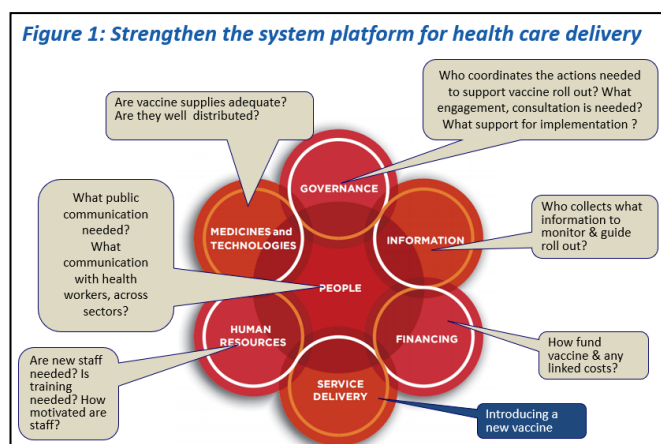
Systems Thinking for Health Systems Strengthening

Prof. Lucy Gilson M.A, Ph. D

University of Cape Town, South Africa and London School of Hygiene and Tropical Medicine, UK

In thinking about 'health systems' we need to recognize, first, that population health goes beyond thinking about sickness at the individual level to considering broader social wellbeing. A system, meanwhile, is any collection of related parts that interact in an organized way for a purpose; and to understand a system we can adopt two thinking principles: a) Thinking system wide and b) Thinking system deep

In health systems analysis, the WHO building block framework¹ is commonly used. It reminds us that people are central to any system and that there is much more to health systems than service delivery. In considering how to go about health system strengthening it suggests that there is a need to think about the interconnections among all six building blocks of service delivery, governance, human resources, financing, information, medicines & technologies (*Figure 1*). Such 'system-wide thinking' acknowledges that improving population health requires more than health care. The body of global evidence indicates we must also think about how to strengthen the governance and resourcing platform for action to promote health, as well as encouraging local level actions, engagement with communities and intersectoral collaboration.



To consider the linkages within the health system, the interactions between elements and people that bring the system alive, we can also consider a framework adapted from J. Frenk² (1994). This highlights that to understand a health system one needs to identify groups of actors, such as resource generators, health care providers, public governance structures and their interactions, as well as consider the connections between the various agents of a health system. These connections include the 'schemes for interpreting human experience' at play at the provider-patient level i.e. the way providers interpret ill-health in their interactions with patients, and their power over patients. Interactions with any health system are not just about the obvious connections but also about mindsets and thinking processes that feed into these activities. An

¹ WHO: Everybody's Business: Strengthening Health Systems to Improve Health Outcomes: WHO's Framework for Action. Geneva, WHO; 2007,1-56

² Frenk J. Dimensions of health system reform. Health Policy. 1994;27(1):19–34. Available from: [http://dx.doi.org/10.1016/0168-8510\(94\)90155-4](http://dx.doi.org/10.1016/0168-8510(94)90155-4)

Learnings

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example which showcases how these interactions are connected, and the feedback loops within a system, is that where supervisors and health providers demonstrate respect for each other, these positive relationships in turn affect provider-patient interactions positively; and vice versa. Such interactions ultimately have long term consequences for quality & equity of access.



Looking beyond the types of interactions and relationships, ‘thinking systems deep’ requires looking into what shapes these interactions. The iceberg metaphor (*Figure 2*) highlights that what we see (the tip of the iceberg) is a small part of a much larger picture (what lies beneath the surface of any system). Organizational theory also suggests that the visible part of an organisation - the vision mission, goals, strategies – is underpinned by the invisible part: informal networks, power patterns, feelings, interpersonal relations, organizational culture etc. Similarly for health systems we can think about the interactions between hardware, tangible and intangible software as influencing how health systems ‘work’. The hardware refers to aspects such as organizational structures, finances, human resources, infrastructure. Tangible software includes management knowledge, practices and intangible software refers to the norms, power, trust etc. embedded in the system. As an open and nested system, the health system is infused with influences from the broader socio-cultural context, political and economic pressures & interests, including global factors, and historical forces. In a complex health system, the building blocks might be thought of as the visible part of the system, but what lies beneath the surface is the human dimension i.e., people, teams, relationships with community actors, and the various forms of system ‘software’ that influence human interactions.

Thinking system deep, finally, directs our attention to particular issues for health systems strengthening. These include decentralizing power within a system, establishing mechanisms of mutual accountability, the importance of distributed leadership development, or purposeful interventions for organization culture change – all of which take time and persistence to be implemented. We need to think of health system strengthening as requiring action beyond any one building block and instead, as a complex process of adaptation & development working across various levels within a nested system and engaging various actors.

Learnings

Experience Sharing

An experience sharing session, facilitated by [Dorothy Lall](#), was conducted. Following mid-career Indian researchers provided their perspectives on Systems Thinking & its application:

- [Harsha Joshi](#), (Program Officer, India Primary Care Initiative & India HPSR Fellow Cohort 2021)
- [Sudha Ramani](#) (India Primary Care Initiative & HPA Fellow 2017-19)
- [Ankita Mukherjee](#) (Qualitative Researcher, The George Institute of Global Health & India HPSR Fellow Cohort 2021).

The session highlighted the following:

- Harsha reflected on her research under the HPSR fellowship focused on 'health inequities' and how that relates to primary health care. She expressed how she wanted to study the translation of policy articulation into implementation and the gaps in the 'program' compared to the policy document, using a policy triangle and systems thinking approach.
- Sudha referred to her recent research experience on looking at health systems as complex entities comprising of 'hardware' and 'software', primacy to human agency in systems. She highlighted the particular focus on intangible software, defined as the range of ideas, norms, values, and issues of power or trust that affect the performance of health systems.
- Ankita reflected on how using a systems thinking approach has been useful in her research. She expressed how using a system thinking lens to approach would help her to understand the focus area of her research problem and understand issues related to poor integration of mental health services in primary healthcare.

Next Steps

Robust scientific research and evidence synthesis is fundamental to evidence-based policy making in India. At the core of this are the Indian researchers and policy makers. We value their contribution to current understanding of the Indian health systems. To enable transformation and lead the system on the path towards universal health coverage and achieving Sustainable Development Goals, India needs enhanced research capabilities especially in conducting health policy and systems research. HSTP's program on enhancing capabilities is committed to continue conducting activities in this direction.

The HPSR Webinar series aims to bring together key HPSR stakeholders and interested participants on a common learning platform to promote HPSR, understand various concepts and increase awareness of HPSR among health researchers, policy makers, practitioners and implementors. We plan to conduct at least three webinars in a year, with global experts, to provide focus on HPSR research and practice.

Agenda

3:00 – 4:30 pm IST (Virtual)

6 April 2022, New Delhi

Time	Session
3:00 – 3:05 pm	Welcome & Introduction <i>Shilpa John, Specialist, HSTP</i>
3:05 – 3:15 pm	Opening Remarks <i>N Devadasan, Chair, Academic Committee, India HPSR Fellowship program</i>
3:15 – 3:40 pm	Keynote address: Systems Thinking for Health Systems Strengthening Lucy Gilson University of Cape Town, South Africa and London School of Hygiene and Tropical Medicine, UK
3:40 – 4:05 pm	Experience sharing: Perspectives from mid-career researchers on Systems Thinking & its application <i>Harsha Joshi, Program Officer, India Primary Care Initiative & India HPSR Fellow Cohort 2021</i> <i>Sudha Ramani, India Primary Care Initiative & HPA Fellow 2017-19</i> <i>Ankita Mukherjee, Researcher, The George Institute of Global Health & India HPSR Fellow Cohort 2021</i> <i>Dorothy Lall (Moderator), Faculty, Christian Medical College, Vellore</i>
4:05 – 4:20 pm	Q&A session
4:20 – 4:30 pm	Vote of Thanks & Closing Remarks <i>Rajesh Kumar, Technical Advisor, HSTP</i>



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