



## **Global Meetings, 2 and 9 November 2021 communiqué**

### **Introduction**

Since the publication of the Alliance for Health Policy and Systems Research (the Alliance)'s third flagship report on *Systems Thinking for Strengthening Health Systems* in 2009, systems thinking in health policy and systems research (HPSR) has been widely accepted. However, it has become apparent in recent years that systems thinking in HPSR has remained, for the most part, the purview of researchers. It has been perceived as primarily conceptual, with limited examples of applications of systems thinking available. This is particularly the case in policy-making and practice, and especially in low- and middle-income countries (LMICs).

In response to this, the Alliance developed the Systems Thinking Accelerator (SYSTAC) to foster a global community for applied systems thinking in HPSR. SYSTAC seeks to be: (i) a platform to advance systems thinking science and practice in HPSR; (ii) a community of practitioners, decision-makers, and researchers interested in the application of systems thinking approaches to improve the health of populations; and (iii) an amplifier of applied systems thinking for health with a focus on LMICs, by promoting and advocating for increased use of systems thinking in policy-making and practice.

The SYSTAC Global Meeting was convened by the Alliance to share and showcase SYSTAC's inception work during 2021. 185 participants from across the world participated over two days. The main objectives of the meeting were to:

- Take stock of the state of systems thinking in HPSR;
- Share regional and capacity perspectives of partners, as well as those beyond the health sector; and
- Open the call to interested researchers, policy-makers and other stakeholders to join an emerging global community of practice focused on applied systems thinking.

### **Presentations and panels**

#### **Regional perspectives**

Five regional institutions (University of Costa Rica, Ghana Institute of Management and Public Administration, Geneva Centre of Humanitarian Studies, The George Institute for Global Health (Delhi) , and University of Philippines), undertook needs assessments with the objectives to: (i) understand the needs and demands of system thinking, (ii) learn about existing efforts and challenges related to implementation of systems thinking, and (iii) map and catalogue existing and potential actors and initiatives in the region. The needs assessments broadly consisted of stakeholder mapping, stakeholder workshops, surveys, and consultative workshops.

Across global regions, common themes concerning needs and demand for applied systems thinking included the following: involvement of community-centred approaches, civil society and other organizational capabilities, and harmonization with other complex approaches, such as the social determinants of health and Health in All policies (Latin America); a focus on increasing practitioner awareness of systems thinking where engagement with approaches already exists, and strengthening systems thinking to address political challenges and leadership capacities (Africa); promotion of richer regional conversation with local application and specificity for capacity strengthening (South-East Asia); a focus on use of champions of SYSTAC to reach diverse (including private sector) stakeholder groups (Europe); and encouraging the creation of partnerships for capacity strengthening, co-designing activities and projects with regional stakeholders, and identifying convergence of systems thinking with agenda-setting priorities (Western Pacific).

### **Capacity strengthening: What are we learning?**

Reflections from the SYSTAC capacity strengthening stream include the following: (i) there's a need to better describe key systems thinking concepts and make them more accessible for different audiences; (ii) opportunities for peer support and learning should be sought; and (iii) "soft" skills in systems thinking (i.e., problem framing and advocacy) should be used in tandem with "hard" methodological skills.

### **Distilling multi-disciplinary experiences for HPSR**

Two diverse panels highlighted experiences from systems thinking use at district health management level, within local government planning, and from beyond health sectors. The following are some key takeaways:

- Systems thinking can be combined with qualitative and quantitative methods to analyze implementation of policies;
- Systems thinking approaches should include communities, end-users, and private sector;
- Actors within the system need to learn to see themselves as part of the system, thereby asking more recursive questions (i.e., how are we contributing to the current system?) to help identify leverage points for system change;
- Systems thinking is ripe for a paradigm shift: the current focus on mechanistic modelling is only subset of the total systems thinking approaches available – other approaches that focus on resilience and adaptability have been less used in HPSR (e.g., distinguishing between 'restricted' and 'general' complexity);
- Systems thinking is important when considering scale from policy-maker perspectives, e.g., "data islands" across sectors make it difficult to use systems thinking to integrate local interventions;
- Systems thinking should include a focus on human and social capital.

## Breakout sessions

Six discussion topics enabled exchange on participant views. Key emerging themes include:

### 1. Clarifying systems thinking terminology: what is it, and what do we mean?

Current formal definitions of systems thinking are too simplistic and static. There is also a need to focus on skillsets, mindset and resources for systems thinking, rather than the standardised tools.

### 2. Identifying systems thinking tools (when to use and which one)

The choice of tools needs to be much broader than programme software; reflexive skills of the intervenor as part of the system is important.

### 3. Models for funding applied systems thinking: what is needed?

Orient funders and domestic organisations to benefits of systems thinking; working closely with them to demonstrate systems thinking utility in areas of research, training and implementation is critical.

### 4. Overcoming challenges to systems thinking in policymaking and practice

Establishing a 'basecamp' – i.e., pooled-together resources, tools and approaches that are adaptable, adoptable to policy-maker need and context. Applied systems thinking should be on the 'terms' of the stakeholders.

### 5. Strengthening capacities for systems thinking: curricula and other models

Learning-by-doing, and opportunities to engage with and learn systems thinking may be more useful than traditional didactic approaches.

### 6. Measuring systems thinking impacts: how will we know?

Multisectoral initiatives show importance of networks and relationships for demonstrating impact: measurable in terms of alignment, formality and sustainability. Reflective exercises and interviews can also capture stakeholder perceptions on systems change. Behavioural science approaches to evaluating systems thinking also exist. Changes in outputs of the system are driven by changes in system structures (i.e., norms and regulations)

## Conclusions and way forward

In the current context of persistent and emerging challenges facing health systems, including climate change, urban health, noncommunicable diseases, among others, there is great need to further the field of systems thinking. Transdisciplinary systems thinking work provides a needed opportunity.

## Links to the SYSTAC Global Meeting recordings

Day 1 [https://youtu.be/RqbeOg44\\_Bk](https://youtu.be/RqbeOg44_Bk)

Day 2 <https://www.youtube.com/watch?v=2FvI4sKNaGU>