

Evaluation of the Fifth Global Symposium on Health Systems Research

Liverpool, UK, 8–12 October 2018



Final report

January 2019

Evaluation team:

Glenn O'Neil & Patricia Goldschmid, Owl RE, Switzerland



Executive Summary

The Fifth Global Symposium on Health Systems Research (HSR2018) in Liverpool, UK (October 2018), brought together 2247 actors involved in health systems and policy research and practice from more than 125 countries. The main purpose of this evaluation was to assess to what extent the HSR2018 symposium contributed to achieving the key objectives of Health Systems Global (HSG) that include:

- Assure inclusiveness and connect diverse stakeholders (researchers, policy makers, program managers, advocates, community organizations, media representatives) from different geographic regions, country income groups and language backgrounds;
- Facilitate equitable knowledge acquisition and dissemination around health policy and systems research;
- Disseminate HSR methods including methods for knowledge translation;
- Support capacity-building for the conduct, translation and utilization of health policy and systems research.

The research conducted for the evaluation included an online survey (1079 – 48% response rate), semi-structured interviews (18 delegates), onsite observation and an analysis of secondary data.

Findings

Finding 1 – Overall: HSR2018 fully or partially met the expectations of 95% of surveyed delegates. The symposium was successful in providing a platform for professionals in health systems research to learn, exchange views and develop their professional networks. Feedback on the symposium from both the survey and the interviews indicates that delegates were generally very satisfied with the content of HSR2018 and the opportunities to network and learn. Concerns were linked mainly to the high number (126) of sessions, some overlapping and difficulty to access due to overcrowding.

Finding 2 – Promotion of inclusiveness and connectivity: HSR2018 was a diverse symposium with a balanced representation from high income countries (HICs) and low- to middle-income countries (LMICs), both as delegates and presenters. The balance between North and South views was perceived more positively by HICs than by LMICs. The high value of the symposium for networking was confirmed by delegates in their responses and increased from HSR2016.

Finding 3 – Equitable knowledge acquisition and dissemination: HSR2018 was successful in facilitating knowledge acquisition and dissemination around health policy and systems research. It demonstrated a shift in the balance with more acquisition

from LMIC delegates compared to HIC delegates. Obstacles in knowledge acquisition identified during the HSR2018 were linked mostly to the inability of delegates to access some sessions due to overcrowding and/or sessions running in parallel.

Finding 4 – Dissemination of health systems research methods including knowledge translation: One third of HSR2018 session profiled research methods or knowledge translation. Delegates prioritized gaining new knowledge from research findings and networking over learning of research methods and knowledge translation approaches. HSR2018 did have a potential positive impact on changing the use of research methods and knowledge translation, most notably with delegates from LMIC countries.

Finding 5 – Capacity-building for health policy and systems research: HSR2018 supported delegates in building their capacity for health policy and systems research. The symposium was strong in building networks for participants and supporting them in facing challenges and using and disseminating research findings and methods. Capacity building was markedly stronger for delegates from LMIC, notably in the use of research methods and state-of-the-art tools and resources.

Finding 6 – Organization and communications of HSR2018: HSR2018 was well organized in general with positive feedback from delegates on all aspects from registration to the venue set-up, with the main critical comment being on the quality and type of food offered. The conference App was seen as under-performing but communications provided considerable visibility to the symposium, through its website and on social media.

Conclusions

Overall, HSR2018 was very successful in contributing to the key objectives of HSG. HSR2018 was an inclusive and diverse symposium that facilitated equitable knowledge acquisition, notably for delegates from LMIC. The greatest value for delegates was the opportunities to learn and network. The organizational aspects were also largely appreciated, both online and on-site.

Conclusion 1: HSR2018 was an inclusive event. It provided a strong platform for networking for delegates of diverse backgrounds. Delegates from LMIC were consistently more satisfied than delegates from HIC although overall satisfaction was high. At the same time, there was a suggestion from LMIC delegates for an even stronger representation from the South.

Recommendation 1: Consider strategies to increase the participation of representatives from the South, particularly in high-profile sessions/formats.

Conclusion 2: HSR2018 was strong in the networking opportunities it provided delegates and this was a real added value for them. Delegates sought even further expanding opportunities for networking. Further skills-building sessions were also requested.

Recommendation 2: Consider placing networking more centrally in the HRS2020 program in terms of venue set-up and time/sessions that facilitate networking. Consider increasing the number of skills-building sessions.

Conclusion 3: HSR2018 was challenging for delegates in the competing parallel sessions and the difficult to attend all sessions of interest due to program clashes and overcrowding. The program may have to be re-thought in terms of the number of sessions and more pre-planning done on possible attendance numbers for adequate space booking. Providing more in-depth information on sessions may also ease the difficult choices of delegates.

Recommendation 3: Consider how the program could be further streamlined and program clashes of similar topics avoided where possible (consider thematic threads that follow sequentially verses pitching same topics at the same time); provide more information of sessions if possible; consider introducing pre-booking for some sessions.

Conclusion 4: HSR2018 was very successful in providing knowledge from research findings – it was less successful in reaching its objective of disseminated health systems research methods including methods for knowledge translation. It may have to be recognized that this is a secondary priority for future symposia or if it remains an equal priority, extra effort made to adapt program content to better match this objective.

Recommendation 4: For future symposia, determine if disseminating health systems methods and knowledge translation is an equal or secondary priority; adapt the program content accordingly.

Conclusion 5: Both HSR2016 and HSR2018 were very successful in building the capacity of LMIC delegates for their potential use of the methods and knowledge from the symposium. At the same time, it was much less successful in doing the same for HIC delegates. It has to be reflected upon if capacity building on the use of methods and knowledge for HIC delegates is a secondary priority for HSG.

Recommendation 5: Explicitly prioritize delegates from LMIC for capacity building activities, if this is acceptable for HSG and would not infringe on equity aspirations. If not, then consider how better to support capacity building for HIC delegates in this respect.

Conclusion 6: HSR2018 was well prepared and organized, based on the feedback of the delegates and the observations by this evaluation team. The communications before and during the symposium increased considerably its visibility and extended its potential reach. At the same time, two main obstacles were identified that affected the experience of delegates; the quality of the food offered and the under-performing event App.

Recommendation 6: To ensure a successful HSR2020, consider the following; adapt and capitalize on the social media potential of the symposium as done for HSR2018; ensure that the food offered is adequate, healthy and culturally sensitive; and develop/source a new event App that works better and allows delegates to connect and network virtually.

Table of contents

1. Introduction.....	8
2. Methodology.....	8
3. Findings.....	9
3.1. Promotion of inclusiveness and connectivity.....	11
3.2. Equitable knowledge acquisition and dissemination.....	15
3.3. Dissemination of health systems research methods including knowledge translation	19
3.4. Capacity-building for health policy and systems research.....	21
3.5. Organization and communications of HSR2018	23
4. Conclusions and recommendations	34
Annex 1: Survey data tables	36
Annex 2: Participant profiles	39
Annex 3: Evaluation methodology.....	43
Annex 4: Evaluation tools.....	45
Annex 5: Evaluation matrix.....	57

1. INTRODUCTION

This document is an evaluation of the Fifth Global Symposium on Health Systems Research (HSR2018), which was held in Liverpool, UK on 8–12 October 2018. The symposium was organized by Health Systems Global (HSG), in partnership with the UK consortium of universities led by the Liverpool School of Tropical Medicine (LSTM) and Alliance for Health Policy and Systems Research (AHPSR)/WHO.

HSR2018 brought together 2247 actors involved in health systems and policy research and practice from more than 125 countries. Beginning with the First Global Symposium in Montreux in 2010, the symposia has played a crucial, catalytic role in convening a global community dedicated to strengthening health systems and building the field of health systems research (HSR). HSG aims to ensure balanced participation by giving a voice and space to representatives from low- to middle-income countries (LMIC), as well as to researchers, policymakers, practitioners, students, NGOs and civil society from both LMIC and high-income countries (HIC).

The evaluation was carried out by Dr Glenn O’Neil and Ms Patricia Goldschmid of Owl RE, a research and evaluation consultancy based in Geneva, Switzerland.

2. METHODOLOGY

The main purpose of the evaluation was to assess to what extent the HSR2018 symposium contributed to achieving the key objectives of HSG. Insights are also provided on the deficiencies/gaps that would need to be considered in preparation for the next symposium, to be held in Dubai in November 2020.

The key objectives of HSG for HSR2018 were:

- Assure inclusiveness and connect diverse stakeholders (researchers, policy makers, program managers, advocates, community organizations, media representatives) from different geographic regions, country income groups and language backgrounds;
- Facilitate equitable knowledge acquisition and dissemination around health policy and systems research;
- Disseminate HSR methods including methods for knowledge translation;
- Support capacity-building for the conduct, translation and utilization of health policy and systems research.

The evaluation also considered the following aspects of HSR2018:

- The overall scientific value and quality of HSR2018 as perceived by delegates;

- The greatest value offered by HSR2018 to delegates;
- The organizational aspects of HSR2018 including availability/access to information; abstract submission process; registration and payment systems; on-site services for delegates.

The research conducted for the evaluation included a combination of quantitative and qualitative methods:

- Online survey: 1079 respondents who attend HSR2018 completed the survey – 48% response rate (of 2247 delegates who received an email invitation);
- Semi-structured interviews: 18 delegates conducted at HSR2018;
- Onsite observation: the evaluation team visited HSR2018 for three days to observe participation and processes at the symposium;
- Secondary data: Registration data, social media and web analytics data were analyzed and integrated within the evaluation.

The data and information collected was analyzed and forms the basis for the findings, conclusions and recommendations of this report. Statistical testing was carried out to establish statistically significant differences between delegates based on income group and region. Within this report, survey charts are noted with the indication “n=xx” which indicates the number of delegates who responded to that given survey question. Reference is also made to evaluation carried out for the previous symposium (HSR2016), held in Vancouver, Canada. Annex 1 provides additional survey data tables; annex 2 provides further details on the demographics of surveyed delegates; annex 3 details the evaluation methodology; annex 4 contains the evaluation tools used and annex 5 details the evaluation matrix.

3. FINDINGS

Finding 1: *HSR2018 fully or partially met the expectations of 95% of surveyed delegates. The symposium was successful in providing a platform for professionals in health systems research to learn, exchange views and develop their professional networks. Feedback on the symposium from both the survey and the interviews indicates that delegates were generally very satisfied with the content of HSR2018 and the opportunities to network and learn. Concerns were linked mainly to the high number of sessions (126), some overlapping and difficulty to access due to overcrowding.*

Most of the surveyed delegates (95%) denoted that the symposia met their expectations (either to some (41%) or to a great extent (54%)), with only a small percentage (5%) specifying that their expectations were not met. Expectations were met more for delegates from LMIC than HIC: 97% vs. 94% ($p < 0.01$) although the difference was only three percent, as reflected in the following comments:



"The symposium allowed me to connect with fellow policy makers, academic institutions and research organizations for possible collaboration on areas of mutual interests within health systems research and strengthening."

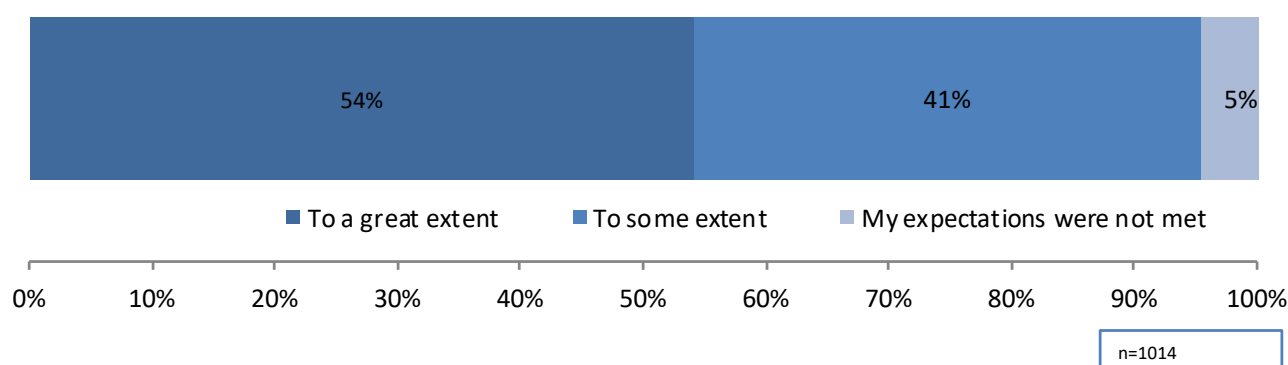
(Survey participant – LMIC (Papua New Guinea))

"The symposium offers a unique opportunity to have a very wide range of professionals and organizations under the same roof talking about the same topic, many of whom share similar values or at least are interested in health systems or work with health systems and health policy."

(Survey respondent – HIC (Sweden))

Scientific mainly met [expectations]. Logistics – some rooms were small and couldn't attend sessions of interest. Meals and refreshments could also have been better."

(Survey participant – LMIC (Uganda))

Figure 1: Expectations met by HSR2018

The majority who felt that their expectations were met fully or partially described in their survey responses that the symposium was excellent, engaging, interesting, useful/helpful, well organized/coordinated and well-attended. They appreciated engaging with interesting colleagues and the quality of researchers/presenters and panels/plenaries and the variety of topics/themes. As described throughout this report the networking opportunities and acquiring of new knowledge on HSR were the main added values for delegates.

A minority, whose expectations were not met, underlined improvements that they would like to see. Some of the issues raised by these 47 delegates (5%) (32-HIC; 15-LMIC) were: they felt HSR2018 was not environmentally friendly or cost-effective for them; issues of program cohesiveness, the need for a reinforced voice from the South and the overflowing sessions (rooms not large enough).

3.1. Promotion of inclusiveness and connectivity

Finding 2: *HSR2018 was a diverse symposium with a balanced representation from HICs and LMICs, both as delegates and presenters. The balance between North and South views was perceived more positively by HICs than by LMICs. The high value of the symposium for networking was confirmed by delegates in their responses and increased from HSR2016.*

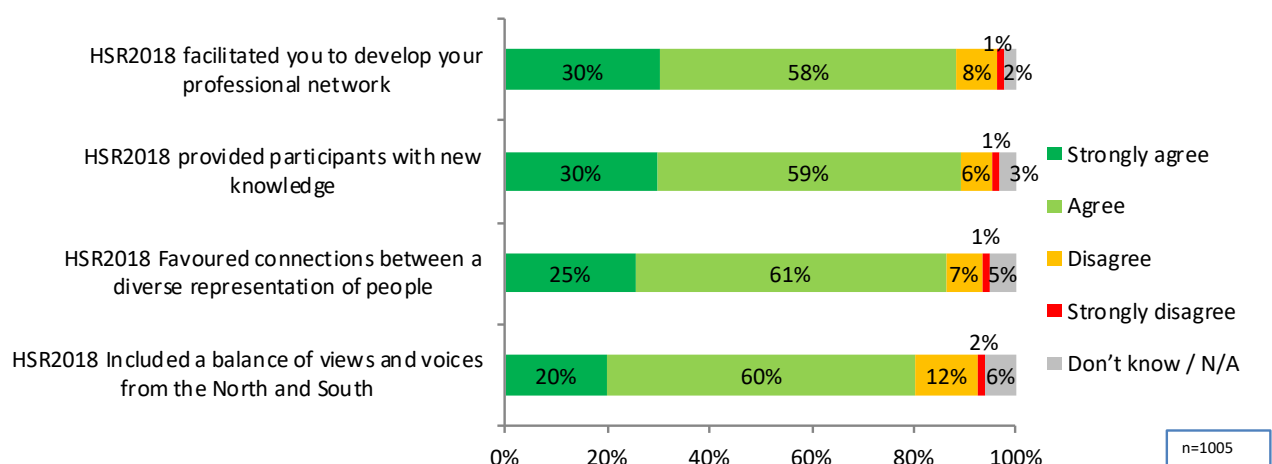
Out of the total delegates who participated, 56% were from HIC and 44% from LMIC¹, similar to HSR2016 (58% HIC and 42% LMIC). The diversity of participants was confirmed by delegates both in the survey and interviews. As seen in the chart below, 86% agreed or strongly agreed that the symposium favored connections between a diverse representation of individuals (similar to HSR2016 – 85%).

¹ LMIC delegates were slightly more represented in the survey responses: 52% from HIC and 48% from LMIC.



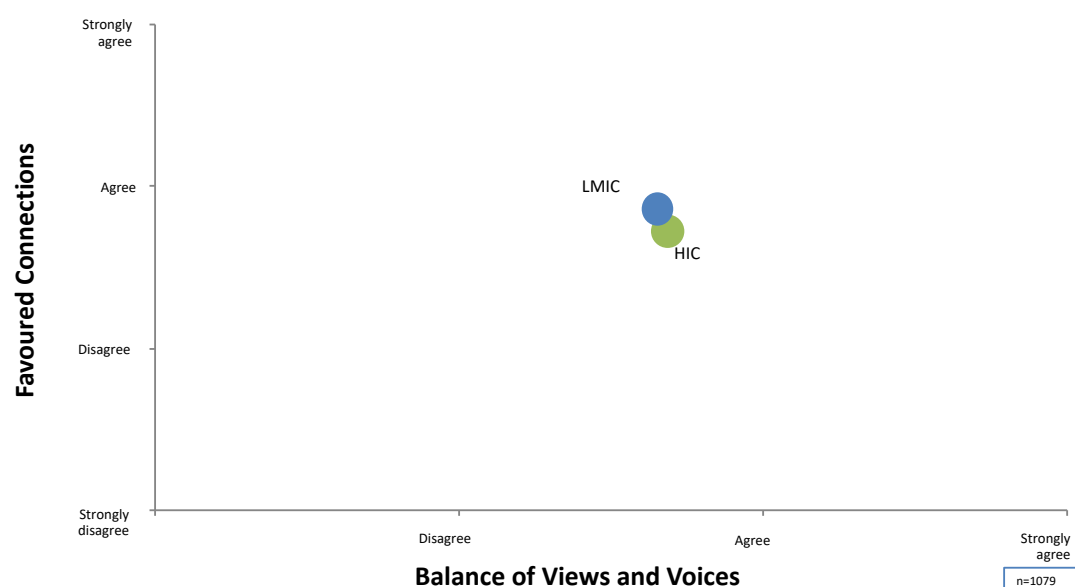
Concerning HSG membership, 31% of surveyed delegates were HSG members before registering and a further 21% joined at the time of registration (see annex 2). 66% of surveyed delegates were attending a HSR symposium for the first time; 34% had attended previous symposia. Of symposium delegates, 62% were females and 48% were 39-year-old or younger (see annex 1). In terms of age and gender, those delegates presenting at the symposium were representative of the total delegates in attendance (see annex 1 for further details).

Figure 2: Networking, knowledge and North/South balance factors



While 80% of surveyed delegates were positive that HSR2018 included a balance of views and voices from the North and South, LMIC delegates showed slightly less agreement on this point than those from HIC (75%-LMIC; 77%-HIC $p < 0.01$ excluding N/A). This is illustrated in the chart below, which depicts these two factors according to LMIC and HIC delegates.

Figure 3: Connections and North/South balance factors by LMIC and HIC



The balance of views and voices was reflected in comments from some delegates:

"We need to hear more voices, share more examples and learn from the experience of the global south. The facilitation of the symposium should also have a global face."
(Survey respondent – Kenya (LMIC))

"Very enthusiastic audience for our session, excellent representation of presenters and delegates not just from the usual suspects (white male HIC development community) but with lots of genuine LMIC participation."
(Survey respondent – HIC (UK))

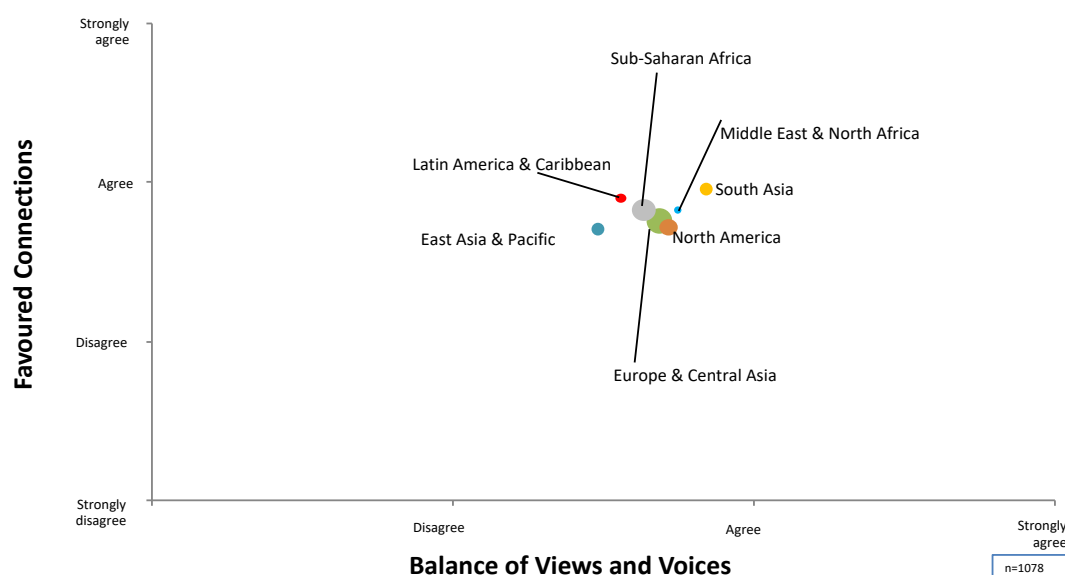
Diversity was also seen in those who presented their research at HSR2018: Out of a total of 683 presenters, 325 (47%) were from HIC and 358 (53%) from LMIC (same as for HSR2016). 89% of surveyed delegates also agreed that HSR2018 provided them with new knowledge as seen in the chart above.

Delegates were represented from all regions of the world with most from Europe and Central Asia (35%), Sub-Saharan Africa (22%) and North America (19%). Three main changes were seen from HSR2016:

- An increase of delegates from Europe and Central Asia (HSR2016-(310)17%; HSR2018-(761) 35%);
- An increase of delegates from Middle East and North Africa ((HSR2016-(22)1%; HSR2018-(52)2%).
- A decrease in delegates from North America (HSR2016-(617)33%; HSR2018-(413)-19%).

Delegates from South Asia were the most positive in terms of connectivity and North/South balance and those from East Asia and Pacific less so, as seen in the chart below.

Figure 4: Connections and North/South balance factors by region

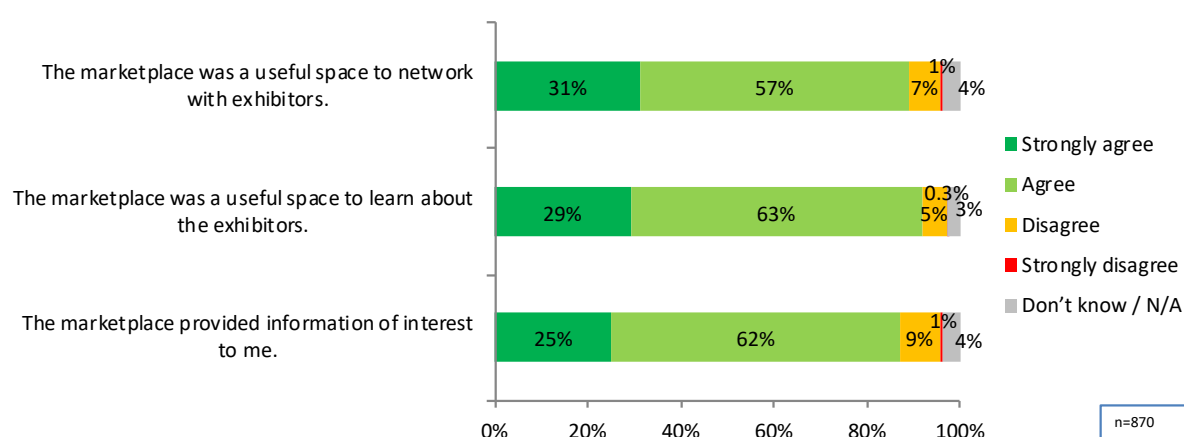


HSR2018 was seen as successful in facilitating networking for delegates; 88% agreed as seen in figure 2, an increase from HSR2016 (82%). When describing how their expectations were met, some one third of surveyed delegates mentioned networking as a key value for them. The marketplace was mentioned as a venue for networking with 81% of surveyed delegates reporting having visited the marketplace, a marked

increase from HSR2016 (56%). The marketplace was also more appreciated by delegates at HSR2018 than HSR2016: the value of the marketplace for networking with exhibitors (88%; 83%-HSR2016), learning about exhibitors (92%; 87%-HSR2016); and in providing information of interest (87% - not measured in 2106). Those who did not attend indicated that it was mostly due to lack of time².

² Those delegates who did not attend the marketplace indicated that it was mostly due to lack of time (56%), lack of interest (31%), or that they were not aware of it (13%). Only 4% felt that the booths were not relevant to their field/experience.

Figure 5: Rating of marketplace



Many delegates commented that the marketplace was interesting and informative, that it helped in learning/networking, and it was well arranged and easy to access. Some minority critical comments referred to the level of noise and the lack of space to network:

“The marketplace really served as a useful place to network and know/learn about the value exhibitors add to what is shared in the scientific sessions.”
(Survey respondent—LMIC (Ghana))

“The market place should be organized in an order; say alphabetical order to enable tracking. Quite crowded.”
(Survey respondent – LMIC (Uganda))

“I liked the marketplace sessions which assisted in learning as well as social networking however, most times I ended up trying to rush to another hall for a presentation and spent less time on the marketplace”
(Survey respondent – LMIC (Malawi))

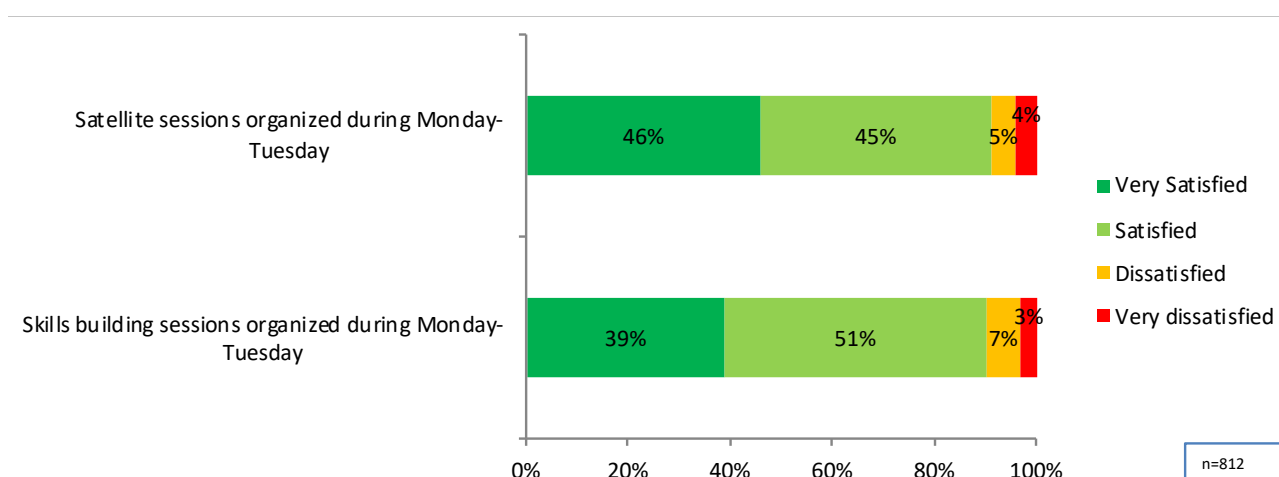
3.2. Equitable knowledge acquisition and dissemination

Finding 3: HSR2018 was successful in facilitating knowledge acquisition and dissemination around health policy and systems research. It demonstrated a shift in the balance with more acquisition from LMIC delegates compared to HIC delegates. Obstacles in knowledge acquisition identified during the HSR2018 were linked mostly to the inability of delegates to access some sessions due to overcrowding and/or sessions running in parallel.



In general, knowledge acquisition, as seen through both delegate satisfaction with HSR2018 sessions as described in this chapter and knowledge acquired (figure 2), was consistently higher (statistically significant) for surveyed delegates from LMIC compared to HIC, as also found for HSR2016. For the Monday and Tuesday programme, satisfaction levels were very high: 91% for satellite session and 90% for skills building as seen in the chart below. Similar results were also seen for HSR2016.

Figure 6: Rating of satellite sessions and skills-building sessions



The main criticism of the Monday and Tuesday programme was the inability to attend all desired sessions due to either room overcrowding or competing parallel programmes:

“Most sessions I wanted to attend did not allow me to get in, therefore I am very disappointed with the planning, since I paid quite a high fee to attend and could not join at least 4 sessions I wanted to join despite having been on the room 15 min before the starting.”

(Survey respondent --HIC (Germany))

“There were many satellite sessions, but I found giving communities a voice with research evidence most exciting.”

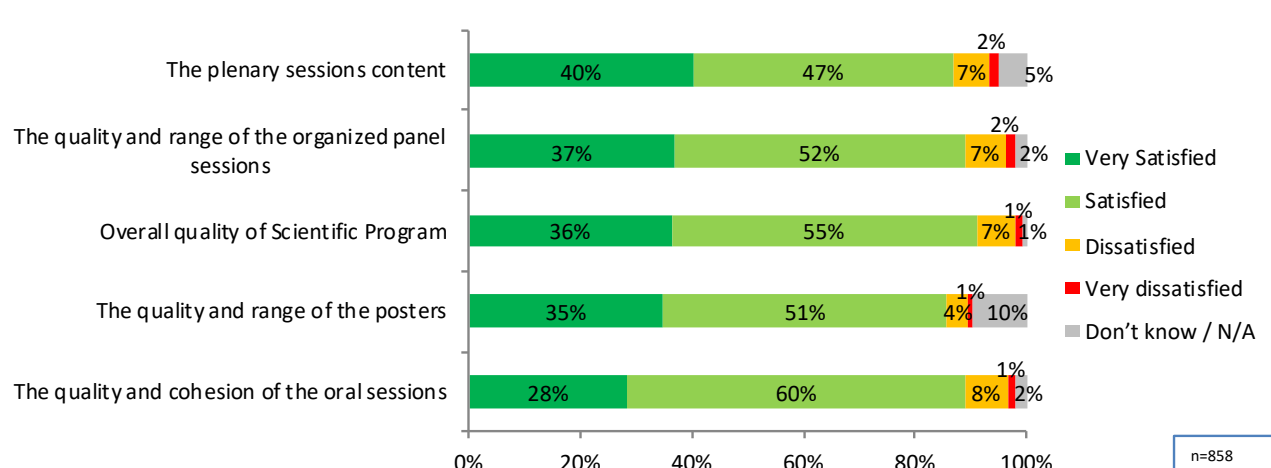
(Survey respondent –LMIC(Malawi))

“There was a big problem with the rooms being really small. This doesn't really work for skills building and well attended satellites. This was very disappointing as people were queuing.”

(Survey respondent—HIC(UK))

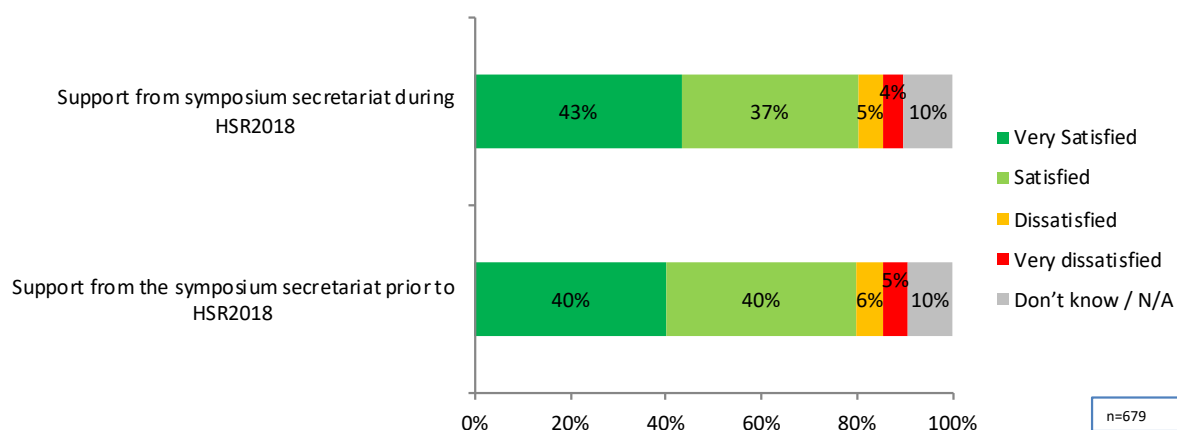
The scientific program was also a successful aspect of HSR2018, with 1,055 (98%) of the surveyed delegates participating in these sessions. This is a significant increase from 2016, where only 81% of surveyed delegates indicated having participated in the scientific program, although ratings for these aspects were similar to those found in 2016. Responses indicate that the overall quality of the scientific program was rated very positively (91% satisfied or very satisfied), followed by the quality and range of the organized panel sessions (89% satisfied or very satisfied), the quality and cohesion of the oral sessions (88%), the quality and range of the posters (86%), and the plenary session content (87%). For all factors, with the exception of posters (no difference seen), delegates from LMIC were more satisfied than those from HIC ($p < 0.01$).

Figure 7: Ratings of scientific program



Surveyed presenters were positive about the support they received from the symposium secretariat, with 80% indicating that they were satisfied or very satisfied both with the support they received during and prior to the event, with no major difference seen. Delegates from LMIC were more satisfied with the support than delegates from HIC ($p < 0.01$).

Figure 8: Rating of support from conference secretariat



Overall positive comments of survey and interview respondents referred to the scientific content as interesting, diverse and inspiring with significant learnings. Critical comments were comparable to those found for the Monday and Tuesday programme; referring to disappointment and frustration with the number of sessions running parallel, the difficulty in accessing some sessions due to overcrowding, and a few felt that some sessions lacked new content:

“Frustrating not to be able to attend all the sessions one would like to as at any one time, there are multiple sessions running simultaneously” (Survey respondent – LMIC (Kenya))

“So many good sessions were happening at the same time. I had a hard time deciding which session to attend” (Survey respondent – LMIC (Bangladesh))

“The plenary sessions were exceptional, engaging and informative with nuanced and multiple perspectives presented and discussed” (Survey respondent – LMIC (South Africa))

“Nothing new. Would prefer posters with more innovation or more emergent topics like health systems and its relation to climate change, insurgencies etc.” (Survey respondent – LMIC (Philippines))

3.3. Dissemination of health systems research methods including knowledge translation

Finding 4: One third of HSR2018 session profiled research methods or knowledge translation. Delegates prioritized gaining new knowledge from research findings and networking over learning of research methods and knowledge translation approaches. HSR2018 did have a potential positive impact on changing the use of research methods and knowledge translation, most notably with delegates from LMIC countries.

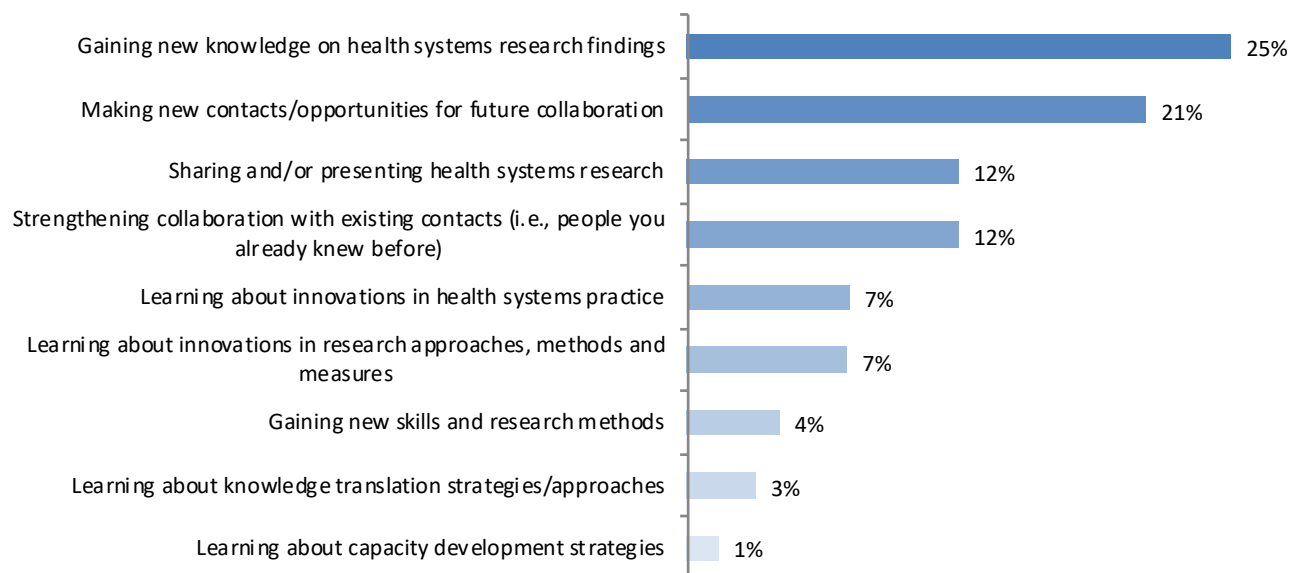


The content of HSR2018 created favourable conditions for learning about research and for knowledge translation methods. Overall, 29% (107/333) of parallel sessions, excluding business meetings and closed sessions, were found to showcase either a research method or a method for knowledge translation (similar to HSR2016–31%). Out of these, 46% (49/107) focused upon research methods, 44% (47/107) on knowledge translation methods, and 10% (11/107) considered both. It should be noted that the remaining 61% of sessions also showcased research methods or knowledge translation methods to a certain extent, but their focus was on mainly presenting research findings.

This was also illustrated when surveyed delegates were asked to identify the main value of attending HSR2018; for 25% of delegates it was in gaining knowledge on health systems research findings rather than in learning about research methods, skills or knowledge translation – 14% (combined), as seen in the chart below. As detailed in the previous

chapters, networking and collaboration was also another main value for delegates – 33% combined.

Figure 9: Main value in attending HSR2018 (one choice only)



At the same time, the majority of surveyed delegates were positive that HSR2018 would impact on their use of research methods and knowledge translation: 60% said it would change how they share, disseminate or translate research results and 50% said it would change how they interpret or use research methods, as seen in figure 10. For both, impact was significantly higher for delegates from LMIC than those from HIC (see next chapter). The following comments from surveyed delegates support these findings:

“I got to learn new knowledge, skills and research methods in the field of public health Got to connect and network with a variety of health system stake holders.”
(Survey respondent – LMIC (South Africa))

“Has been learning experience for me. Learned about knowledge translation. How to prepare your presentation if you want to present to policy makers, how to prepare a good poster.” (Interview respondent – LMIC (Sierra Leone))

“I learnt new research methods that is applicable to my job and gain more knowledge on global health.”
(Survey respondent – LMIC (Liberia))

“There were several sessions on new and emerging health systems research methods that I found helpful.”
(Survey respondent – HIC (USA))

“My participation in the symposium helped me to reflect on further improving my research methods and frameworks for my own PhD research.”
(Survey respondent – HIC (Singapore))

3.4. Capacity-building for health policy and systems research

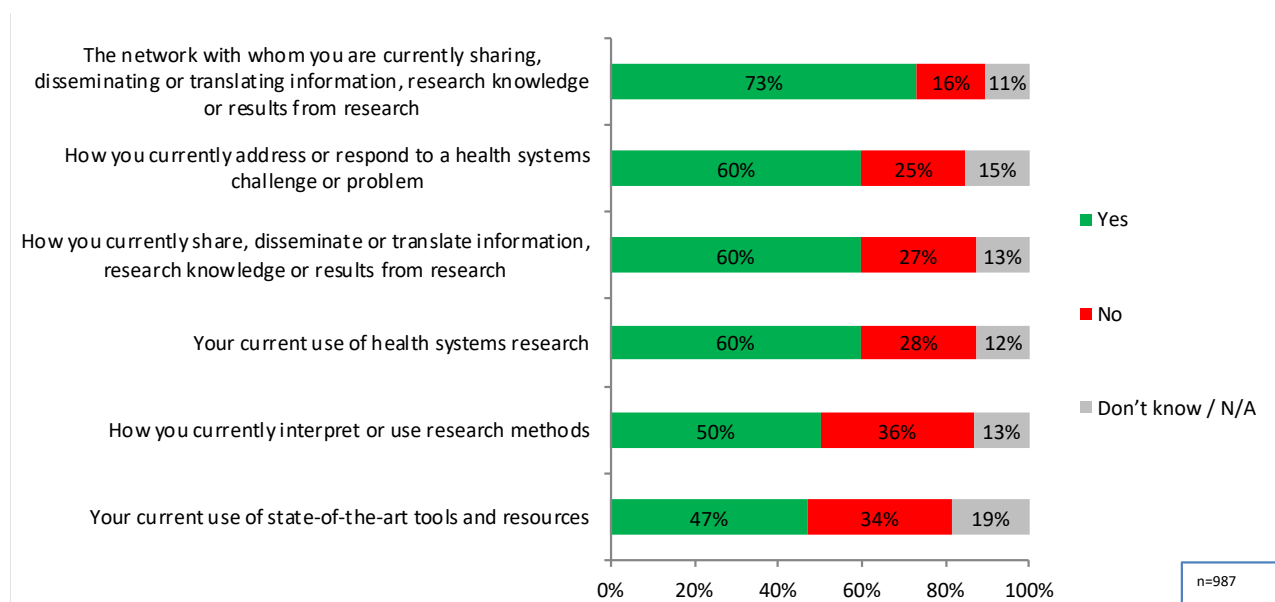
Finding 5: HSR2018 supported delegates in building their capacity for health policy and systems research. The symposium was strong in building networks for participants and supporting them in facing challenges and using and disseminating research findings and methods. Capacity building was markedly stronger for delegates from LMIC, notably in the use of research methods and state-of-the-art tools and resources.



HSR 2018 supported delegates in building their capacity for health policy and systems research as confirmed by both survey and interview responses. This capacity building was markedly stronger for delegates from LMIC than from HIC, also found for HSR2016.

Surveyed delegates were asked if they thought their participation in HSR2018 would change certain aspects of their work and interaction in health research, as seen in the chart below. Most respondents (73%) felt that it would influence the network with whom they are sharing, disseminating or translating information, research knowledge or results from research. More than half (60%) also agreed that it would influence how they address or respond to a health systems challenge or problem, how they share, disseminate or translate information, research knowledge or results from research, and their current use of HSR. Delegates also indicated, but to a lesser extent, (50%) that it would influence how they interpret or use research methods and 47% felt that it would influence their use of state-of-the-art tools and resources. Although a different scale was used in 2016, results were similar³.

Figure 10: HSR2018 participation will change the following actions
(Q. Do you think your participation in HSR2018 will change any of the following)

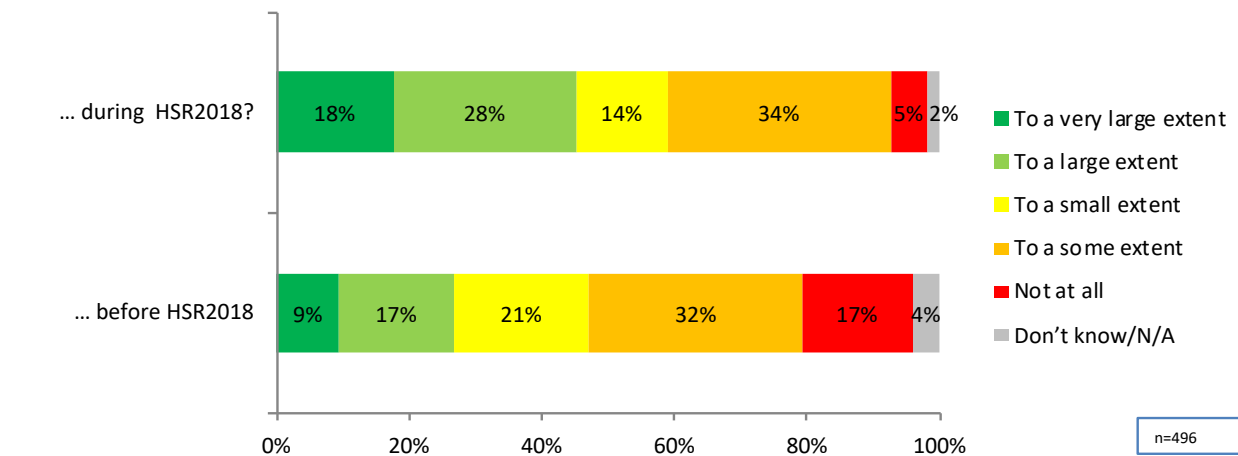


For all actions, there was a major difference between surveyed delegates from LMICs and HICs, with the most significant difference being the greater change anticipated by LMICs in the use of state-of-the art tools and resources (44%-HIC; 71%-LMIC, excluding N/A $p < 0.01$) and the use or interpretation of research methods (45%-HIC; 70%-LMIC, excluding N/A $p < 0.01$).

Surveyed delegates were asked to what extent social media contributed to their learning. Responses show that 26% agreed (to a large or very large extent) that it contributed to their learning prior to the event and 46% during the event. This is a significant increase from 2016, where only 19% agreed that social media contributed to learning before prior to the event and 35% during the event.

³ A five point scale plus N/A was used for a similar question in the HSR2016 evaluation.

Figure 11: Contribution of HSG social media to learning



3.5. Organization and communications of HSR2018

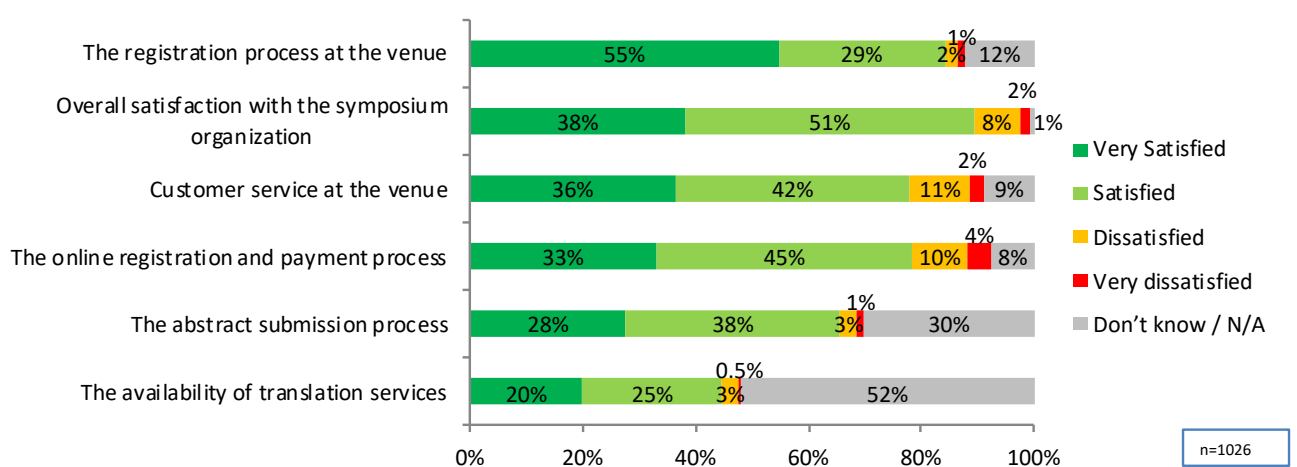
Finding 6: HSR2018 was well organized in general with positive feedback from delegates on all aspects from registration to the venue set-up, with the main critical comment being on the quality and type of food offered. The conference App was seen as under-performing but communications provided considerable visibility to the symposium, through its website and on social media.



HSR2018 organization: The overall reaction to the HSR2018 symposium organization was positive, both in the survey (89% satisfied and very satisfied rating) and the interviews. Similarly, both the registration at the venue and the online registration were rated positively (84% and 88% respectively). Those who used the translation services (approximately half of surveyed delegates) were also very positive. Delegates from LMICs were more satisfied than delegates from HICs on the following points: customer service, abstract submission process, online registration and overall organization ($p<0.01$).

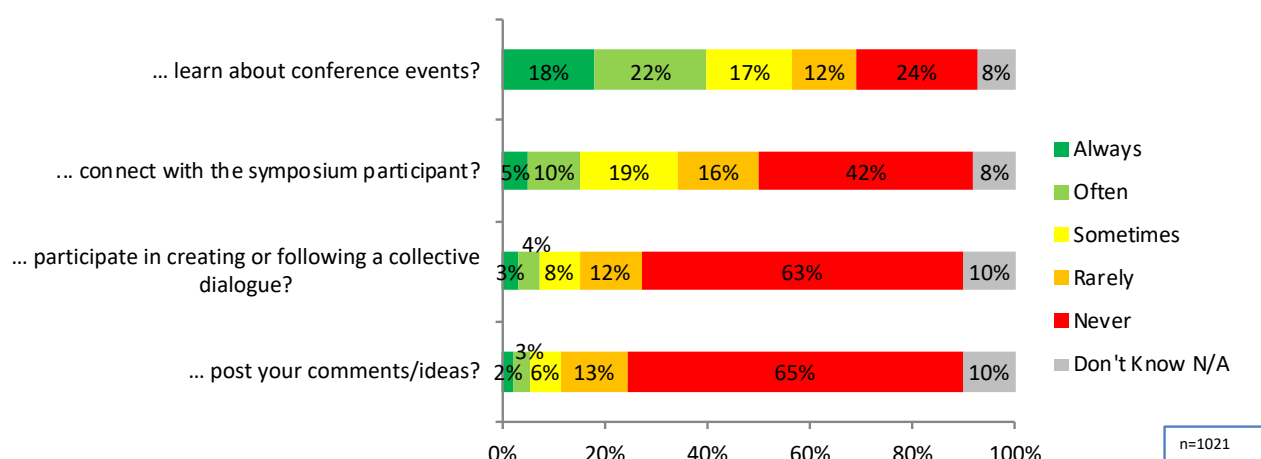
General feedback in the interviews linked to the overall organization was predominantly positive, with interviewees praising the efficiency of organizers. Some comments were made about the difficulties in obtaining visas. Over 450 comments were received from surveyed delegates on organizational aspects, with nearly 200 comments criticizing the quality and availability of food during HSR2018: that it was insufficient and unhealthy according to delegates. Other frequently mentioned aspects included: the small rooms and poor signage at the venue, some impolite venue staff, lack of translation, minimal environmentally friendly set-up/food/materials, the under-functioning App, program issues (i.e. too many parallel sessions or quality of sessions) and cost of attending. Positive comments on the organization referred to HSR2018 being a well-organized, informative and successful event.

Figure 12: Rating of organizational aspects



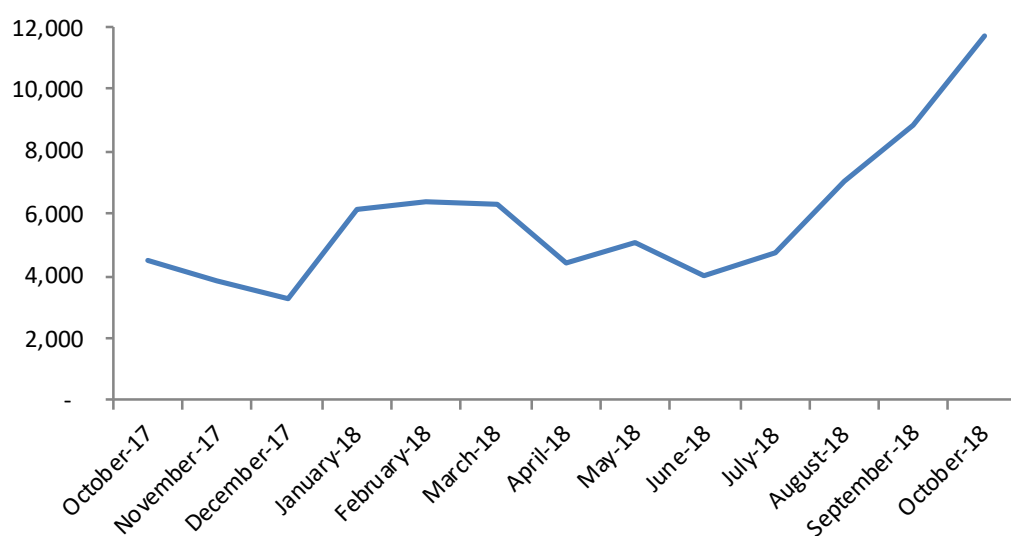
Event App: The event App received mixed reviews, with many delegates in both the interviews and the survey responding that it was difficult to load and use. Those who were able to download the App used it mostly to learn about conference events (40% always or often) and to some extent connect with other participants (15% always or often). Few used it to create or follow a collective dialogue (7% always or often) or to post comments or ideas (5% always or often). This is a decrease from HSR2016, which showed that 18% used it (very often or always) to create or follow a collective dialogue, and 17% used it (very often or always) to post comments.

Figure 13: Use of the Event App



Website: The symposium website indicated the building of interest in HSR from just over 4,000 visitors in October 2017 to 12,000 in October 2018.

Figure 14: No. of visitors to HSR2018 website: October 2017-October 2018



Social Media: HSG was active on three platforms prior and during HSR2018. The platform most used before and during the event was Twitter, followed by Facebook and Instagram. Half of the surveyed delegates (51%) responded that they followed HSR2018 on social media.

The table below shows the evolution of tweets and Facebook interaction prior and during the symposium. The results show that there were significant spikes in reach and engagement from August 2018 to October 2018:

- 1 million people to almost 2 million on Twitter;
- 37,000 to 117,000 users on Facebook;

- Twitter engagement rates from 9.5 to 17.5 interactions per post;
- 103,837 impressions on Facebook to 200,943.

Table 1: Social media reach and engagement before and during the HSR2018

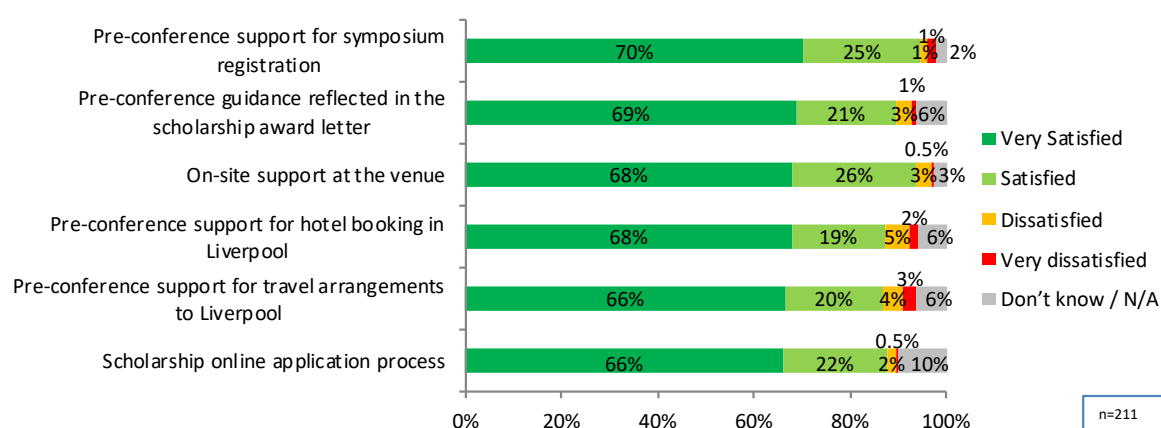
Profile	Total Reach			Engagement		
	August	September	October	August	September	October
Twitter	1'031'837	1'291'370	1'959'872	9.59 engagement rate (interactions per post)	9.61 engagement rate (interactions per post)	17.56 engagement rate (interactions per post)
Facebook	37,067 users (1,196 per day)	40,769 users (1,359 per day)	117,355 users (4,047 per day)	103,837 post impressions (3,350 per day)	91,408 post impressions (3,047 per day)	200,943 post impressions (6,929 per day)

The following comment from a delegate commented positively on social media:

“Excellent social media presence with great Twitter guidance for organisers. Having been to many global health conferences this was a breath of fresh air and I’d like my organisation to be represented much more prominently in the next symposium. But please, please, please sort out the catering in your next venue!!” (Survey respondent –HIC (UK))

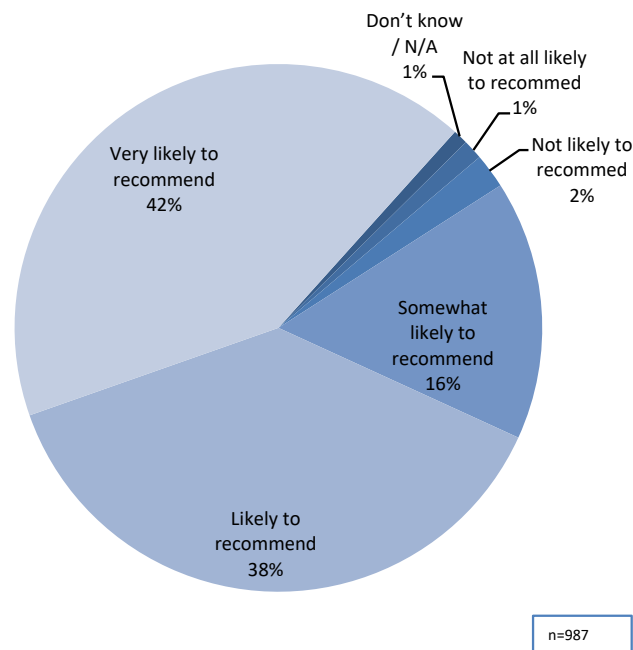
Scholarships: Pre-conference support for registration was most appreciated by scholarship recipients who responded to the survey (95% satisfied or very satisfied), followed by on-site support at venue (94%), and pre-conference guidance in the scholarship letter (90%). All other points were rated positively; between 86–87% for satisfied or very satisfied.

Figure 15: Ratings from scholarship recipients



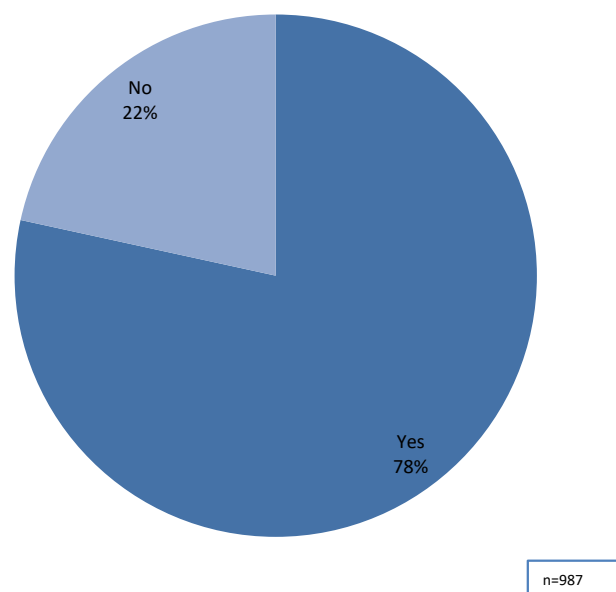
Intention to attend/recommend: A large majority of delegates who responded to the survey (80% very likely or likely and 16% somewhat likely) indicated that they were likely to recommend participation in the symposium to colleagues and only a very small amount felt that they would not recommend the symposium (3% not likely or not at all likely). This is an increase from HSR2016 where 87% answered “Yes”, 8% “No” and 5% N/A.

Figure 16: Recommend HSR symposium to a colleague



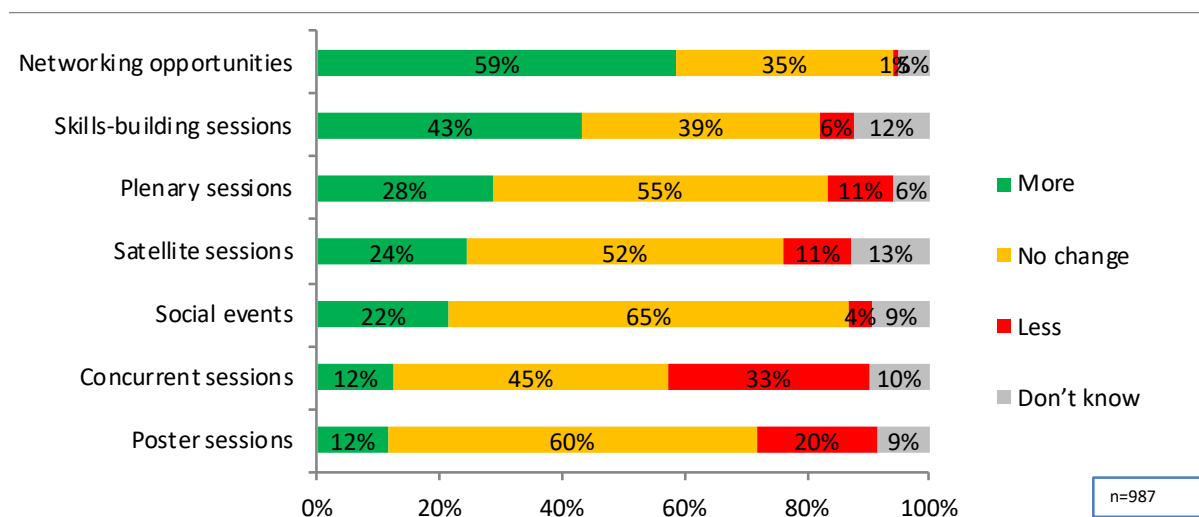
Similarly, many of the delegates (78%) stated that they would attend a future symposium, the next HSR symposium to be held in Dubai in November 2020 (not asked in 2016).

Figure 17: Intention to attend next HSR symposium



Improvements: Surveyed delegates were asked which symposium components they would like to see more or less of (or no change). As seen in the chart below, reflecting the value seen in networking by delegates, 59% would like to see more networking opportunities followed by skills-building sessions (43%). For plenary sessions, satellite sessions and social events and posters sessions, the majority would like to see no change, with only concurrent sessions and posters with considerable “less” responses (33% and 20% respectively).

Figure 18: Symposium components – more/less



Surveyed delegates were asked to provide suggestions or improvements for the next HSR symposium with some 400 comments received (most comments included several suggestions). Feedback focused mainly on the following:

Format and scheduling (160 comments):

Delegates mentioned having missed sessions due to overlaps, therefore suggesting avoiding scheduling similar sessions at the same time or providing more information about each session to clearly decide which is more relevant. The desire for more skills sessions was also mentioned in addition to more innovative methods of presentations and better organization of the posters (i.e. by themes) and time-keeping. A better balance of North/South presenters and diversity in general (gender and race) was also mentioned.

“It was excellent, but sometimes I had some frustration simply because it is not possible to be in two places at once. In other words, when there were at least two sessions in which I was interested happening at the same time. As the Symposium has grown, it is increasingly difficult, but honestly I don’t know that I have a good idea of what to do about it. Perhaps there could be fewer satellite sessions, but not sure this is feasible.” (Survey respondent – HIC (Switzerland))

"I suppose it's difficult but if there's a way of structuring the concurrent sessions such that one can build on their theme of interest by attending one after another rather than having to choose between them when they are happening at the same time." (Survey respondent – LMIC (Nigeria))

"There were so many sessions that i wanted to attend but couldn't because they were clashing with other sessions. A more overview in the program book will help in future to decide out priority," (Survey respondent – HIC (UK))

"Reduce on the number of so many important sessions running at the same time." (Survey respondent – LMIC (Uganda))

Organization (120 comments) in total, including comments about event App (18), social events (14), information (10) scholarships (9), policy makers (10), visas (5)).

Improve event app (18 comments):

Delegates commented that they were unable to download or use the Event App due to bugs and suggest improvements such as testing in advance on different devices or selecting alternative providers.

"Ensure the app works effectively as it continuously crashed throughout the duration of the symposium." (Survey respondent – HIC (UK))

A better functioning app that links to your calendar and enables you to search for content more easily." (Survey respondent – LMIC (South Africa))

"Please promote the app more, so that liaising gets easier. Please provide the presentations to participants. Maybe questions and discussions could be done through the app to also discuss among participants," (Survey respondent – HIC (Germany))

Scholarships (9 comments):

The scholarships were appreciated by delegates in their comments and suggestions include increasing the number of scholarships (especially for LMICs), mentoring and a better geographic balance.

"Congratulations for the very professional work undertaken to make all requirements possible at time! I was very remarkably surprised by the quality of the organization" (Survey respondent – LMIC (Burkina Faso))

"The scholarship award letters delayed a lot and we had quite little time for Visa processing"
LMIC (Uganda)

"I would like to suggest that scholarship opportunities should be increased for early career researchers"
(Survey respondent –LMIC (Bangladesh))

Include policy makers (10 comments):

Some surveyed delegates called for more representation from policy makers.

"More voices from southern based researchers and policy makers. More focus on power, gender and intersectionality."
(Survey respondent – LMIC (South Africa))

"...More inclusion of policy makers e.g. politicians within the conference so that the conference is more inclusive to all its players. more of sessions and research findings that can be translated to action and not just based on an academic research finding" (Survey respondent – LMIC (Malawi))

Information (10 comments):

Surveyed delegates suggested that more in-depth information programme information is available to facilitate choices.

Social events (14 comments):

Survey respondents commented that there was a need to improve social events such as their organization, make them less expensive, proposed more "lighter" events such as the walking tour.

"The social events were too noisy, the music was deafening, and I could not network as well as I would have liked."
(Survey respondent – HIC (USA))

"More social events and more support to participants like transport from nearby hotels."
(Survey respondent – LMIC (Uganda))

"Do away with the social night and instead have more lighter social events like the public health walk this time on all the days." (Survey respondent – LMIC (India))

Languages (9 comments):

Some delegates commented on increasing translation services and inclusion of Spanish language presentations.

“Improve visibility of other languages. More Spanish, Portuguese, and French speakers should be able to communicate their research findings.” (Survey respondent – HIC (Canada))

“Continue with the three languages French, Spanish and English with simultaneous translation, helps to make the adoption of knowledge more equitable and provides more opportunities for participation to researchers from around the world. It also removes the hegemony of using only one language.” (Survey respondent – LMIC (Mexico))

Visas (5 comments):

Delegates suggested selection of countries with visa-friendly approaches for future symposia.

Networking (30 comments):

Delegates suggested more networking sessions, social events that facilitate networking, build in more time for networking; subject-themed networking; more free space that encourages networking.

Venue and room capacity (21 comments):

Better management of room size: delegates commented on the fact that some sessions were missed due to overcrowding and suggest improving room management, reserving rooms with more capacity or repeating sessions. One delegate suggested pre-registration for popular sessions in order to ensure the adequate room size is available.

“Coordinate rooms for greater capacity of participants. Some were full, and you had to listen to the standing presentations.” (Survey respondent – LMIC (South Africa))

“Reduce on the number of so many important sessions running at the same time.” (Survey respondent – LMIC (Uganda))

“Enable participants to indicate interest in attending sessions prior to the symposium (such as an advance, non-binding sign-up) so that appropriate sized rooms are allocated. I was locked out of a session that had been scheduled in a room too small, even though I arrived prior to the start time.” (Survey respondent – HIC (USA))

Catering (80 comments):

Surveyed delegates emphasized a need for better catering, some calling for more food, warm food, better quality, culturally sensitive dishes, better management of service, and inclusion of beverages including coffee and tea.

“The food. This was the biggest issue at the conference. Food was not sufficient and not good quality. The conference was expensive, and the food was lacking. There was practically no food at the welcome reception and the lunch were terrible.” (Survey respondent – HIC (USA))

“I don’t think the variety of food did take account of the diversity of people who attended the conference, and this should be taken into account in future meetings. Serving cold meals and crisp for lunch all through the days of the meeting was a downside.” (Survey respondent – LMIC (Ghana))

“This symposium really lacked in amenities at the facility. There was limited coffee and tea available, water was hard to find, and the lunches were really unappetizing, as well as meagre in quantity. During the welcome event, the music was too loud to have any conversation, and there was hardly any food to be found. The conference has done much better in the past.” (Survey respondent – HIC (USA))

Topics (25 comments):

Suggested topics: surveyed delegates suggested the following topics as possible for future events: mental health, gender, systems-thinking, sexual violence, indigenous people, health rights, accountability and governance, alternative medicine, macro dynamics, health finance, social inequalities, war, ageing population, social media use, the future of HSR, presentation of health systems in HIC that LMIC can learn from.

“It is not only the sessions, but the issues that are covered. i will like to see more of engaging indigenous people, Health Rights, Accountability and Governance. Also, more on Qualitative research methods.” (Survey respondent – LMIC (Peru))

“Most of the health system globally has been challenged in addressing maternal mental health. So, I would like to see at least this topic brought strongly in the agenda” (Survey respondents – HIC (UK))

“More focus on macro dynamics, the politics of health financing, the politics of NCD Social inequalities and their relationship with health” (Survey respondents – LIC (Mozambique))

“Better use & public encouragement of social media. More practical examples of how research has been used for advocacy and impact in development. Less about research for research’s sake”. (Survey respondents – HIC (UK))

Pricing (16 comments): Some surveyed delegates suggested reviewing the cost of the symposium especially of LMICs, greater transparency on pricing and some also suggesting that the social event should be included in registration price.

“... You need to bring down the cost of the conference. If the high price is subsidizing people from LMIC, then make it clearer exactly how, so that I can see where my money went.” (Survey respondent -- HIC (USA))

“The cost of registration should be reduced for Africa and middle-income country. The Lunch meals should be improved, and snacks should be served along with the tea break as it was done in Vancouver [HSR2016].” (Survey respondent – LMIC (Nigeria))

Quality issues (20 comments):

Despite the overall positive feedback on the quality of HSR2018, there were a limited number of surveyed delegates that were critical on quality issues, such as the quality of sessions, requesting less sessions and higher quality – “quality over quantity”; better organization and preparation of the panels (i.e. chairs of panels to contact presenters prior to the event); improve cohesion of sessions where abstracts were presented together.

4. CONCLUSIONS AND RECOMMENDATIONS

Overall, HSR2018 was very successful in contributing to the key objectives of HSG. HSR2018 was an inclusive and diverse symposium that facilitated equitable knowledge acquisition, notably for delegates from LMIC. The greatest value for delegates was the opportunities to learn and network. The organizational aspects were also largely appreciated, both online and on-site.

Conclusion 1: HSR2018 was an inclusive event. It provided a strong platform for networking for delegates of diverse backgrounds. Delegates from LMIC were consistently more satisfied than delegates from HIC although overall satisfaction was high. At the same time, there was a suggestion from LMIC delegates for an even stronger representation from the South, such as in panels, plenaries and other high-profile formats.

Recommendation 1: Consider strategies to increase the participation of representatives from the South, particularly in high-profile sessions/formats.

Conclusion 2: HSR2018 was strong in the networking opportunities it provided delegates and this was a real added value for them. Delegates sought even further expanding opportunities for networking, in terms of facilitated networking and setting up future venues to have networking at its core. Further skills-building sessions were also requested.

Recommendation 2: Consider placing networking more centrally in the HRS2020 program in terms of venue set-up and time/sessions that facilitate networking. Consider increasing the number of skills-building sessions.

Conclusion 3: HSR2018 was challenging for delegates in the competing parallel sessions and the difficult to attend all sessions of interest due to program clashes and overcrowding. The program may have to be re-thought in terms of the number of sessions and more pre-planning done on possible attendance numbers for adequate space booking. Providing more in-depth information on sessions may also ease the difficult choices of delegates.

Recommendation 3: Consider how the program could be further streamlined and program clashes of similar topics avoided where possible (consider thematic threads that follow sequentially verses pitching same topics at the same time); provide more information of sessions if possible; consider introducing pre-booking for some sessions to better estimate the size of rooms needed.

Conclusion 4: HSR2018 was very successful in providing knowledge from research findings – it was less successful in reaching its objective of disseminated health systems research methods including methods for knowledge translation. It may have to be recognized that this is a secondary priority for future symposia or if it remains an equal priority, extra effort made to adapt program content to better match this objective.

Recommendation 4: For future symposia, determine if disseminating health systems methods and knowledge translation is an equal or secondary priority; adapt the program content accordingly.

Conclusion 5: Both HSR2016 and HSR2018 were very successful in building the capacity of LMIC delegates for their potential use of the methods and knowledge from the symposium. At the same time, it was much less successful in doing the same for HIC delegates. This would appear understandable given the profile of HIC delegates and the resources available to them. Nevertheless, it has to be reflected upon if capacity building on the use of methods and knowledge for HIC delegates is a secondary priority for HSG.

Recommendation 5: Explicitly prioritize delegates from LMIC for capacity building activities, if this is acceptable for HSG and would not infringe on equity aspirations. If not, then consider how better to support capacity building for HIC delegates in this respect.

Conclusion 6: HSR2018 was well prepared and organized, based on the feedback of the delegates and the observations by this evaluation team. The communications before and during the symposium increased considerably its visibility and extended its potential reach beyond the participating delegates. At the same time, two main obstacles were identified that affected the experience of delegates; the quality of the food offered and the under-performing event App.

Recommendation 6: To ensure a successful HSR2020, consider the following; adapt and capitalize on the social media potential of the symposium as done for HSR2018; ensure that the food offered is adequate, healthy and culturally sensitive; and develop/source a new event App that works better and allows delegates to connect and network virtually.



ANNEX 1: SURVEY DATA TABLES

The following table contains the key survey questions split by HIC/LMIC delegates. With the exception of the “Yes/No questions”, the calculations are for the mean (average) of ratings for a four point scale then converted to a percentage, excluding “Don’t know/NA” response. The numbers shown are percentages with the exception of “n” that are the number of responses for the given question. The differences between the HIC and LMIC delegates were mostly statistically significant ($p < 0.01$) – those responses that were not statistically significant are marked with an*.

To what extent do you agree or disagree with the following (Mean of 1=completely disagree to 4 fully agree):	HIC (%)	LMIC (%)	ALL (%)	ALL n
HSR2018 Included a balance of views and voices from the North and South	77	75	76	944
HSR2018 Favored connections between a diverse representation of people*	78	80	79	952
HSR2018 facilitated you to develop your professional network	79	82	80	980
HSR2018 provided participants with new knowledge	78	82	80	973

With regard to the organization of HSR2018 to what extent were you satisfied or dissatisfied with the following? (Mean of 1 = very dissatisfied to 4 absolutely satisfied):	HIC (%)	LMIC (%)	ALL (%)	ALL n
The abstract submission process	80	86	83	717
The online registration and payment process	76	81	79	949
The registration process at the venue*	88	90	89	901
The availability of translation services*	82	84	83	493
Customer service at the venue	78	83	80	936
Overall satisfaction with the symposium organization	79	83	81	1019

As a presenter, to what extent were you satisfied or dissatisfied with the following?	HIC (%)	LMIC (%)	ALL (%)	ALL n
Support from symposium secretariat prior to HSR2018	79	84	82	614
Support from symposium secretariat during HSR2018	81	85	83	609

With regard to the Scientific Program to what extent were you satisfied or dissatisfied with the following?	HIC (%)	LMIC (%)	ALL (%)	ALL n
The plenary sessions content	82	84	83	814
The quality and cohesion of the oral sessions	78	81	80	839
The quality and range of the organized panel sessions	80	83	81	839
The quality and range of the posters*	84	83	83	774
Overall quality of Scientific Program	80	83	81	851

To what extent your expectations were met by the symposium?	HIC (%)	LMIC (%)	ALL (%)	ALL n
Great extent	49	60	54	549
Some extent	45	37	41	418
Expectations not met	6	3	5	47

Do you think your participation in HSR2018 will change any of the following (% of respondents)	HIC (%)	LMIC (%)	ALL (%)	ALL n
Your current use of health systems research (% of respondents)				
Yes	56	79	68	588
No	44	21	32	276
How you currently interpret or use research methods (% of respondents)				
Yes	45	70	58	495
No	55	30	42	360
Your current use of state-of-the-art tools and resources				
Yes	44	71	58	464
No	56	29	42	340
How you currently share, disseminate or translate information, research knowledge or results from research				
Yes	58	79	68	589
No	42	21	32	271
The network with whom you are currently sharing, disseminating or translating information, research knowledge or results from research				
Yes	77	87	82	722
No	23	13	18	161
How you currently address or respond to a health systems challenge or problem				
Yes	60	81	71	592
No	40	19	29	244

The following two tables compare gender and age for all surveyed delegates and those who gave a presentation (no major differences seen).

Gender	Female (%)	Male (%)	Prefer not to Say (%)	ALL n
Surveyed delegates*	79	84	82	614
Oral/poster presentations (surveyed delegates)*	81	85	83	609

Age	21-29 years (%)	30-39 years (%)	40-49 years (%)	50-59 years (%)	60 years & older (%)	ALL n
Surveyed delegates*	12	36	29	17	6	1079
Oral/poster presentations (surveyed delegates)*	9	36	30	17	7	684

ANNEX 2: PARTICIPANT PROFILES

The following charts and table detail the demographic profiles of delegates that responded to the online survey.

Figure 19: Role of surveyed delegates

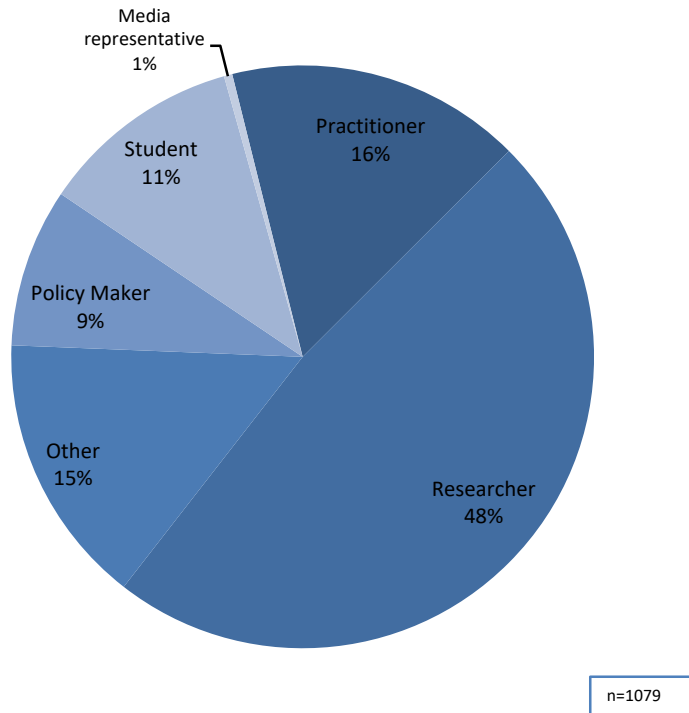


Figure 20: Type of organization of surveyed delegates

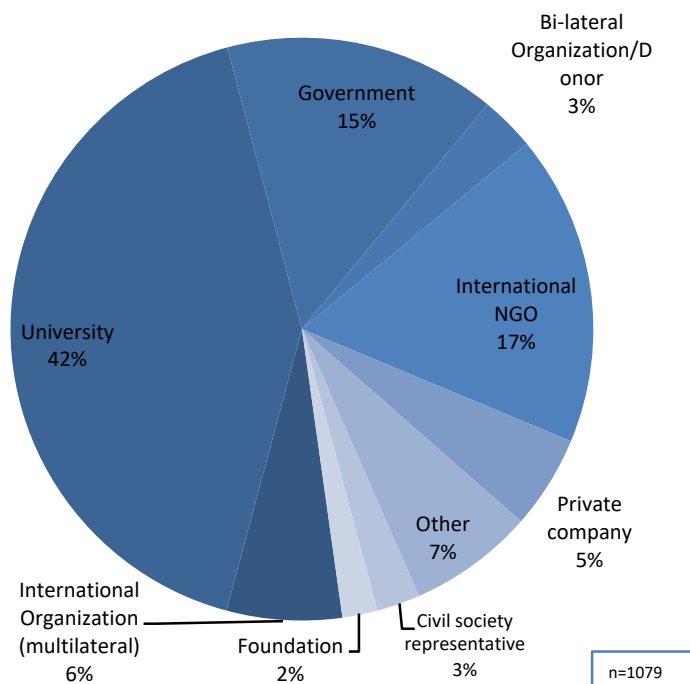


Figure 21: Gender of surveyed delegates

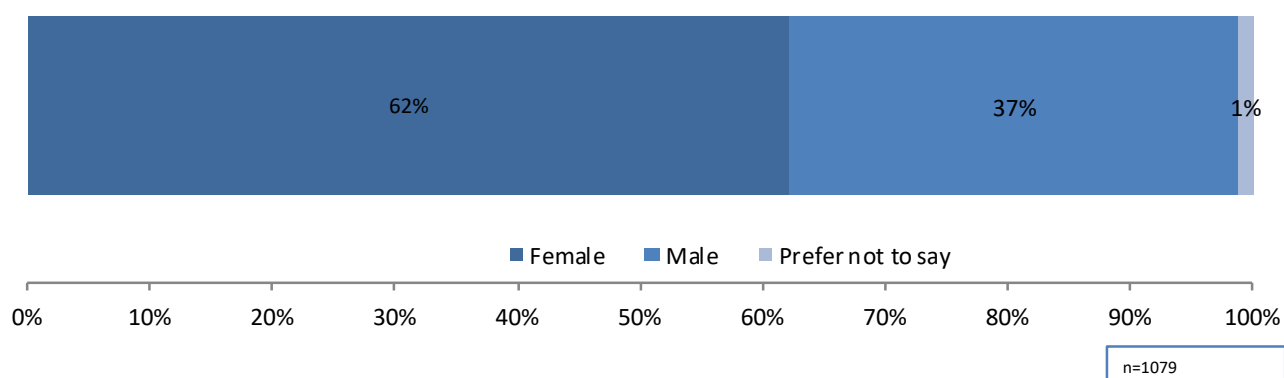


Figure 22: Age of surveyed delegates

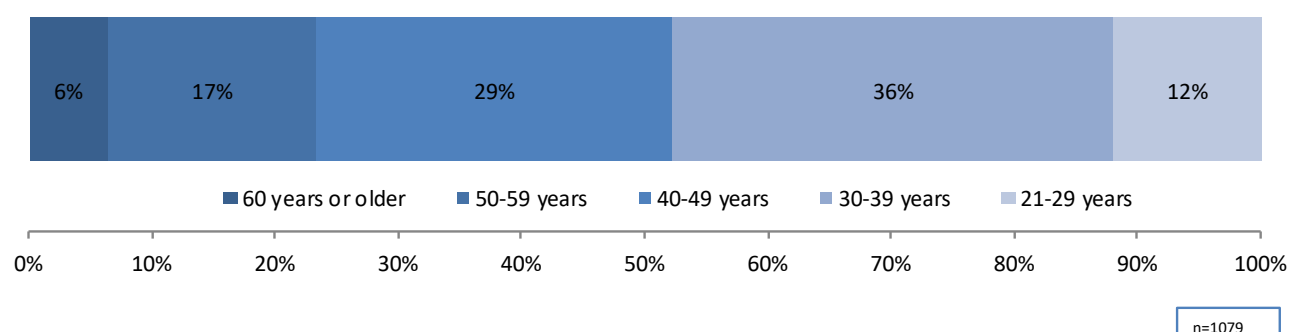


Table 2: country of surveyed delegates

Country	Number of Responses	Country	Number of Responses
UK	223	Australia	17
USA	150	Malawi	17
India	49	Netherlands	15
Kenya	49	Nepal	14
Nigeria	40	Sweden	14
South Africa	40	Georgia	12
Switzerland	29	Philippines	12
Canada	27	Germany	11
Bangladesh	23	Mexico	11
Ghana	23	Myanmar	11
Tanzania	20	Ethiopia	10
Uganda	20	France	10
Belgium	19		
5-9 participants per country: China, Indonesia, Peru, Zambia, Lebanon, Argentina, Chile, Guatemala, Thailand, Brazil, Cambodia, Ireland, Panama, Sierra Leone, Tunisia			

Less than 5 participants per country: Burkina Faso, Colombia, Costa Rica, Rwanda, Spain, Zimbabwe, Democratic Republic of the Congo, Haiti, Japan, Lao People's Democratic Republic, Malaysia, Mali, Mozambique, New Zealand, Norway, Pakistan, Togo, Vietnam, Bolivia (Plurinational State of), Burundi, Cameroon, Croatia, Egypt, Iran (Islamic Republic of), Italy, Jordan, Liberia, Morocco, Saudi Arabia, Senegal, Singapore, Turkey, Afghanistan, Algeria, Benin, Bosnia and Herzegovina, Botswana, Congo, Côte D'Ivoire, Cuba, Denmark, Gambia, Guinea, Iraq, Kazakhstan, Libya, Madagascar, Mongolia, Namibia, Occupied Palestinian territory, Oman, Papua New Guinea, Poland, Republic of Moldova, Slovenia, South Sudan, Swaziland, Taiwan, The former Yugoslav Republic of Macedonia, Ukraine, United Arab Emirates, Vanuatu, Various

Figure 23: region of surveyed delegates

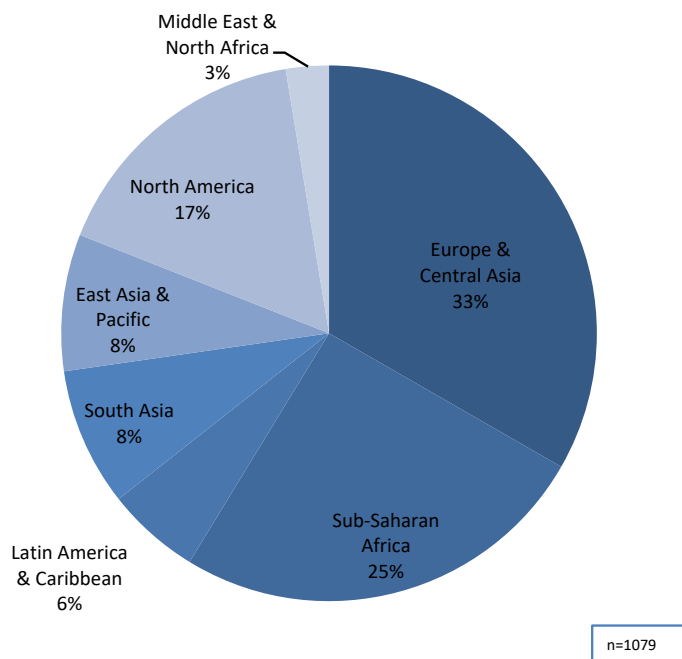


Figure 24: joined HSG as a paying member before HSR2018 symposium or during the registration process

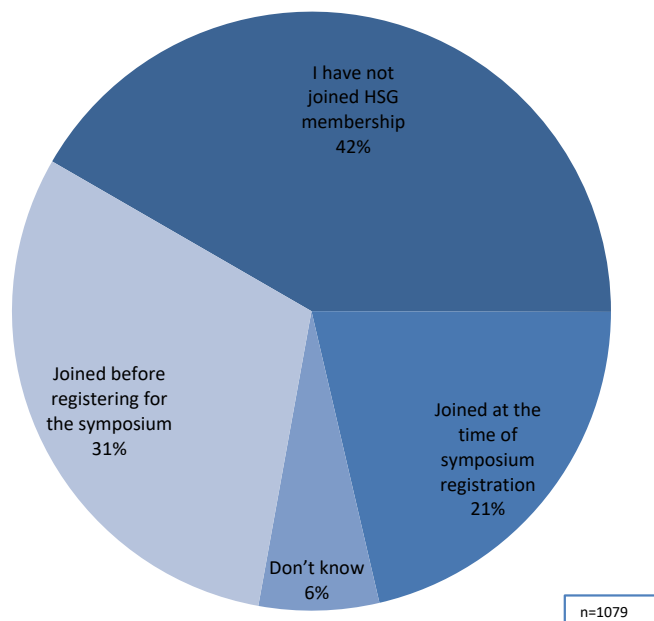
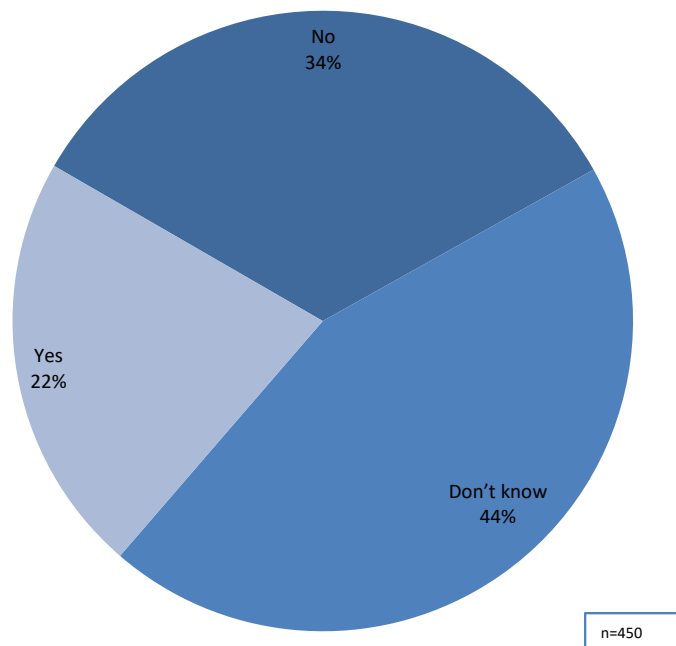
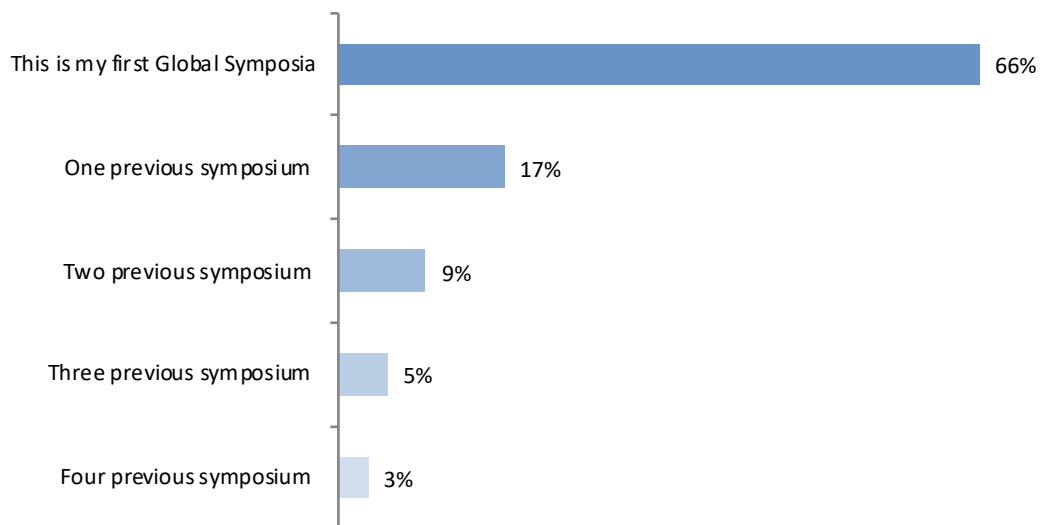


Figure 25: if you did not become an HSG member during registration, based on your experience at the symposium do you plan to become an HSG member and pay membership fees?



*Figure 26: previous HSR symposia attended
(Q. How many previous symposiums have you attended?)*



ANNEX 3: EVALUATION METHODOLOGY

The following table contains a description of the methods used, including sampling targets, which aimed to gather sufficient responses for a representative and credible evaluation.

Table 3: Evaluation methods, sampling targets and results

Tools	Description	Sources	Sample	Result
Delegates survey	The online survey included a majority of closed questions with a limited number of open questions. It was distributed in English and sent to participants as a link at the closure of symposium. The survey used a selection of questions from the HSR2016 symposium survey to allow for comparisons. The survey questions are found in annex 3.	All participants (including presenters)	30% of total participants (~2000)	48% – 1079 from 2249 delegates
Semi-structured Interviews	18 semi-structured interviews were conducted in-person during the symposium. The interviews included a series of questions drawn from an interview guide found in annex 3.	Emerging Voices for Global Health participants Media fellowship participants Presenters	18	18
Onsite observation	The evaluation team attended the HSR2018 to observe participation and processes at the event (see annex 3 for observation guide).	N/A	N/A	Carried out
Secondary data	An analysis of secondary data, such as abstract submission rates, registration data, social media and web analytics. Further data from instant polling was disregarded given the low response rates (less than 10 delegates).	HSR2018 secretariat	N/A	Carried out

The HSG key objectives were transformed into evaluation questions and matched to tools and indicators in the evaluation matrix found in annex 4.

Ensuring sufficient responses: The approach that was used to ensure sufficient responses to the survey and interviews included:

- HSR2018 Secretariat provided the evaluation team with the contact details of the proposed interviewees some three weeks prior to HSR2018 so initial contact could be made and meetings scheduled. A list of proposed interviewees was provided by the HSG. A number of additional interviewees were selected randomly on location.
- The online survey was sent late afternoon on the last day of the HSR2018 symposium (Friday 12 October).

Analytical approach: The data collected was compiled and analyzed with findings, conclusions and recommendations extracted from the analysis. Appropriate qualitative and quantitative analysis may be found below. To determine trends and results of interest, data was segmented as follows:

- Income group (e.g. Low-middle income countries compared to high-income countries)
- Region of origin
- Gender (if available)
- Age

Statistical testing was carried out on the delegates survey results to determine statistically significant differences based on income group and region. Statistical tests used were T-test, Chi-square test and Anova test.

ANNEX 4: EVALUATION TOOLS

This annex details the three main evaluation tools used by the evaluation team.

1. Online survey

Introduction

Thank you for attending the Fifth Global Symposium on Health Systems Research (HSR2018), Liverpool, UK, 8-12 October 2018. We are carrying out an evaluation of the conference and would very much appreciate your feedback by completing this online survey. Your input and feedback is important to us and we would be grateful if you could complete the survey that will only take about 10 minutes. The survey will be available for a limited time; therefore, we would appreciate if you could complete it as soon as possible. Your responses will remain confidential, used only for the purpose of this evaluation.

Glenn O'Neil
Symposium evaluator

Please click the "Next" button below to start.
Questions marked with * are mandatory.

Section 1: Please tell us about yourself

1. Are you a...:*

- ☐ Student
- ☐ Researcher
- ☐ Practitioner
- ☐ Media representative
- ☐ Policy maker
- ☐ Other (please specify)

2. For which organization do you do most of your work?*

- ☐ University
- ☐ Government
- ☐ NGO
- ☐ Civil society
- ☐ International Organization
- ☐ Foundation
- ☐ Private company
- ☐ Other (please specify)

3. What is your gender?*

- ☐ Female
- ☐ Male
- ☐ Other
- ☐ Prefer not to say

4. What country are you from?*

[Country pull-down list]

5. Were you HSG paying member before registering for the symposium?*

- ☐ Yes → **Go to question 7**
- ☐ No
- ☐ Don't know

6. Based on your experience at the symposium do you plan to become an HSG member?*

- ☐ Yes
- ☐ No
- ☐ **Don't know**

7. Did you participate at the symposium as a presenter (ex. session organizer, presenter, poster, panel, plenary, exhibitor)?*

- ☐ Yes
- ☐ No → **Go to question 10**

8. As a presenter, to what extent were you satisfied or dissatisfied with the following?*

Dissatisfied

Very dissatisfied

Satisfied

Very satisfied

Don't know / N/A

Support from symposium secretariat prior to HSR2018

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Support from symposium secretariat during HSR2018

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

9. Please provide any comments on the support here:

Section 2: Your overall appreciation of the symposium

10. Did you attend a satellite or skills-building session on Monday 8 October or Tuesday 9 October?*

- ☐ Yes
- ☐ No → **Go to question 14**

11. Which category of satellite or skills building session(s) did you attend?*(Select all that apply)

- ☐ Satellite sessions organized during Monday-Tuesday
- ☐ Skills building sessions organized during Monday-Tuesday
- ☐ Do not remember

12. To what extent were you satisfied with the session(s) you attended:*

- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Don't know / Not applicable

13. Please provide any comments on the session(s) here:

14. Did you participate in the Scientific Program (Wednesday 10 October to Friday 12 October)?*

- ☐ Yes
- ☐ No → **Go to question 17**

15. With regard to the Scientific Program to what extent were you satisfied or dissatisfied with the following?*

Dissatisfied Very dissatisfied Satisfied Very satisfied Don't know / N/A

The plenary sessions content

☐ ☐ ☐ ☐ ☐

The quality and cohesion of the oral sessions

☐ ☐ ☐ ☐ ☐

The quality and range of the organized panel sessions

☐ ☐ ☐ ☐ ☐

The quality and range of the posters

☐ ☐ ☐ ☐ ☐

Overall quality of Scientific Program

☐ ☐ ☐ ☐ ☐

16. Please provide any comments on the Scientific Program here:

Section 2: Your overall appreciation of the symposium

17. Did you visit the marketplace (exhibition booths) area?*

- ☐ Yes → **Go to question 19**
☐ No → **Go to question 18**

18. If you did not visit the marketplace area, please select the main reason(s) from the list below (Select all that apply)*

- ☐ I did not have time
☐ I was not aware of the marketplace area
☐ I was not interested
☐ None of the booths was relevant to my field/experience
☐ Other, please specify:

→ **Go to question 21**

19. To what extent do you agree or disagree with the following concerning the marketplace:*

Strongly disagree Disagree Agree Strongly agree Don't know / N/A

The marketplace was a useful space to network with exhibitors.

☐ ☐ ☐ ☐ ☐

The marketplace was a useful space to learn about the exhibitors.

☐ ☐ ☐ ☐ ☐

The marketplace provided information of interest to me.

☐ ☐ ☐ ☐ ☐

20. Please provide any comments on the marketplace here:

21. Did you receive a scholarship to attend the symposium?*

- ☐ Yes
☐ No → **Go to question 24**

22. With regard to the scholarship, to what extent were you satisfied or dissatisfied with the following?*

Dissatisfied Very dissatisfied Satisfied Very satisfied Don't know / N/A

Scholarship online application

☐ ☐ ☐ ☐ ☐

Pre-conference support once your scholarship was awarded

☐ ☐ ☐ ☐ ☐

On-site support at the venue

☐ ☐ ☐ ☐ ☐

23. Please provide any comments on the Scholarship Programme here:

Section 3: The organization of the symposium

24. With regard to the organization of HSR2018 to what extent were you satisfied or dissatisfied with the following?*

Dissatisfied Very dissatisfied Satisfied Very satisfied Don't know / N/A

The abstract submission process

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

The online registration and payment process

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

The registration process at the venue

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

The availability of translation services

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Customer service at the venue

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Overall satisfaction with the symposium organization

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

25. Please provide any comments on the symposium organization here:

Section 4: Communications and Social Media of the symposium

26. To what extent did you use the Conference App to...*

Never	Rarely	Sometimes	Often	Always	Don't know/N/A
-------	--------	-----------	-------	--------	----------------

... learn about conference events?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

... post your comments/ideas?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

... participate in creating or following a collective dialogue?

☐ ☐ ☐ ☐ ☐ ☐

27. Did you follow the HSR2018 on social media (e.g. Facebook, Twitter, LinkedIn, YouTube, Instagram)?*

- ☐ Yes
☐ No → **Go to question 0**

28. To what extent has Health Systems Global social media contributed to your learning...*

Not at all To a small extent To some extent To a large extent To a very large extent Don't know/N/A

... before HSR2018

☐ ☐ ☐ ☐ ☐ ☐

... during HSR2018?

☐ ☐ ☐ ☐ ☐ ☐

Section 5: Value and learning of the symposium

What was the MAIN value for you in attending HSR2018? (select all that apply)*

- ☐ Gaining new knowledge on health systems research
☐ Gaining new skills and research methods
☐ Sharing and/or presenting health systems research
☐ Making new contacts/opportunities for future collaboration
☐ Strengthening collaboration with existing contacts (i.e., people you already knew before)
☐ I cannot identify a main value from conference
☐ Other, please specify:

29. To what extent your expectations were met by the symposium?*

- ☐ To a great extent → **Go to question 30**
☐ To some extent → **Go to question 30**
☐ My expectations were not met → **Go to question 31**

30. Please explain how your expectations were met by the symposium?

→ **Go to question 32**

31. Please suggest what could have been done differently to meet your expectations:

32. To what extent do you agree or disagree with the following:*

Strongly disagree

Disagree

Agree

Strongly agree

Don't know / N/A

HSR2018 Included a balance of views and voices from the North and South

☐☐☐☐☐

HSR2018 Favored connections between a diverse representation of people

☐☐☐☐☐

HSR2018 facilitated you to develop your professional network

☐☐☐☐☐

HSR2018 provided participants with new knowledge

☐☐☐☐☐

Section 6: Looking forward

Do you think your participation in HSR2018 will change any of the following:*

Yes

No

Don't know / N/A

Your current use of health systems research

☐☐☐

How you currently interpret or use research methods

☐☐☐

Your current use of state-of-the-art tools and resources

☐☐☐

How you currently share, disseminate or translate information, research knowledge or results from research

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

The network with whom you are currently sharing, disseminating or translating information, research knowledge or results from research

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

How you currently address or respond to a health systems challenge or problem

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

33. What would you like to see more or fewer of at the next HSR symposium:*

	More	No change	Less	Don't know
Satellite sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skills-building sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plenary sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concurrent sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poster sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Networking opportunities

☐ ☐ ☐ ☐

34. Please provide any suggestions or improvements for the next HSR symposium here:

35. Would you recommend attending a future HSR symposium to your colleagues?*

☐ Yes

☐ No

36. Do you plan to attend the next HSR symposium taking place in Dubai during November 8–12, 2020?*

☐ Yes

☐ No

37. Please indicate if you would like to be entered into the prize draw for three Amazon \$100 gift voucher (please note your email address will not be connected to your responses)*

☐ Yes

☐ No

Thank you very much for your participation!
We will look forward to meeting you again at HSR2020.

End of the survey

2. Interview guide

(This interview guide will be adapted to the profile of the given participant)

General questions (for all)

1. Please tell us of your reasons for participation in HSR2018?
2. What has been the greatest value so far of your participation in HSR2018?
3. Where would you describe you have gained the greatest knowledge or learning from HSR2018?
4. In this respect, how does HSR2018 compare to other similar conferences? (better, same, worst...)
5. What do you think needs to be improved for future HSR symposiums?

Questions for Emerging Voices for Global Health (EV4GH) participants:

1. How has the blended learning programme (e.g. e-learning, in-person, pre-conference session, symposium) been for you to date?
2. What did you like the MOST about EV4GH?
3. What did you not like the LEAST about EV4GH?
4. Thinking of the future, how do you plan to use what you have learnt from the EV4GH? What will it change for you?

Questions for media fellowship participants

1. What have been the most interesting topics/stories at HSR2018 from a news perspective for you to date?
2. What are the challenges you see in reporting on health systems topics today?
3. What can be done to make health systems topics more interesting to the news public?
4. Can you provide examples of stories from HSR2018 that you have published already?

3. Observation guide for evaluation team:

The following are the main elements to be examined during the onsite visit by the evaluation team:

Registration area

Ease of registration process

Helpfulness of staff/volunteers

Marketplace area

Ease of navigating marketplace area

Ease of access to booths

Location of marketplace area (easy to find?)

Poster exhibition area

Ease of navigating exhibition area

Ease of access to view posters (layout, font size, etc)

Location of exhibition area (easy to find?)

Plenary sessions

Layout of plenary session area (ease to hear/see)

Participation (estimated) in plenaries

Running of plenaries (time-keeping, handover, etc).

Individual sessions

Layout of individual session area (ease to hear/see)

Participation (estimated) in sessions

Facilitation of plenaries(time-keeping, handover, etc).

General

Availability of areas to network (seating, etc)

Networking observed (in breaks, etc)

Availability of food and beverages

Signage within the venue

Communication provided to participants

ANNEX 5: EVALUATION MATRIX

Evaluation questions	Key indicators	Participants survey	Semi-structured Interviews	Onsite observation	Secondary data
1. How did the HSR2018 activities promote inclusiveness and connect diverse stakeholders from different geographic regions and language backgrounds?	Representation of participants across low-high income countries				X
	Inclusiveness of LMIC countries and presenters				X
	Level of perceived connection between diverse stakeholders	X	X	X	
	Level of perceived balance of views between North and South	X	X		
2. How did the HSR2018 activities facilitate equitable knowledge acquisition and dissemination around health policy and systems research?	Level of participants identifying knowledge acquired	X	X		
	Level of participants identifying knowledge disseminated	X	X		
	Level of satisfaction with HSR2018 knowledge content		X		
3. How did the HSR2018 activities disseminate health systems research methods including methods for knowledge translation?	Level of participants identifying learning of research methods	X	X		
	Availability of sessions showcasing research methods			X	X
4. How did the HSR2018 activities support capacity-building for the conduct, translation and utilization of healthy policy and systems research?	Anticipated use of HSR2018 learning in capacity building	X	X		
	Level of satisfaction with skills-building sessions	X	X		
	Level of opportunities for networking	X	X	X	

