DISCUSSING RESILIENT HEALTH SYSTEMS WITH DR MARGARET CHAN: AN INTERVIEW WITH SHAKIRA CHOONARA

On the 4th of June 2015, RESYST's Shakira Choonara, PhD fellow at the Centre for Health Policy, participated in a high-level panel on 'Defeating Ebola and Building Up Systems for a Better Future', alongside WHO Director-General Dr Margaret Chan and other speakers involved in fighting the Ebola crisis in West Africa. The debate was part of the European Development Days 2015 (EDD15) and Shakira participated through the Future Leaders programme, which gives young people the opportunity to share their views and experiences in high-level debates and policy discussions.

Tell us how you came to attend this meeting, and what your impressions were.

I initially applied to participate in the EDD15 because I saw it as a great way of participating in critical discussions around the Sustainable Development Goals and the post-2015 development agenda. Being involved in RESYST, and the call for health being linked to building resilient systems, I thought this was an excellent opportunity to contribute to the high-level discussion on Ebola.

Why is it important to involve future leaders in discussions about global health issues such as Ebola?

Including young individuals allows one to draw on young researchers' experiences and perspectives, to mould these individuals to be the leaders of tomorrow, and enables them to play a pivotal role in shaping decisions and discussions that will affect their future. More importantly future leaders represent young people around the world and through participation ensure that the 'youth voice' is heard. This is essential in tailoring health systems to meet community needs, in particular youth needs.

What role can researchers play in influencing health agendas at national and international levels?

Research provides much needed insight into challenges and strategies for stakeholders across the health system, including policy-makers, district managers and the community. While we are struggling to find and solidify effective knowledge-translation practices, I do feel that researchers have a critical role to play in influencing stakeholders across all levels of the health system within the country and outside of our countries. I feel strongly that researchers need to be advocates and change-agents; we must find a way of identifying relevant stakeholders and communicating our research. It should however not stop at communication, as advocates we need to ensure that our research filters into policy formulation and implementation.

Building resilient health systems was a key theme of the session and you highlighted the importance of communities in this. Can you explain why communities are important?

For a number of years, health policy and systems research has been geared towards creating 'resilient' systems. As the world echoes the call to build resilient systems, there is much to be learnt from existing health policy and systems research. In line with building resilient health systems, responsiveness is absolutely key - placing community needs particularly marginalised groups at the heart of the health system. Resilient systems must be responsive to health needs. Systems ultimately serve communities, if there are access barriers or stigma associated with diseases we see that facilities or health services are not utilised. It is vital to think of communities as partners in our health system, as a resource on its own. We should make use of this important resource particularly the knowledge, experiences and skills of the community in building resilient health systems.

What do you think the international community can do going forward to gain community trust, and what is the role for researchers in this?

What we saw during the Ebola outbreak and in many other health programmes is that communities are always included as an after-thought. The most important lesson from the Ebola outbreak is that community involvement was key in fighting the outbreak. If we are to gain communities trust we need to include communities at the project development/research protocol phase. By truly achieving community inclusion we will ensure that communities are able to mobilise and assist with strengthening the health system and fighting outbreaks.

This case study is based on a RESYST blog on **Putting people at the heart of the health system.** http://resyst.lshtm.ac.uk/news-and-blogs/putting-people-heart-health-system