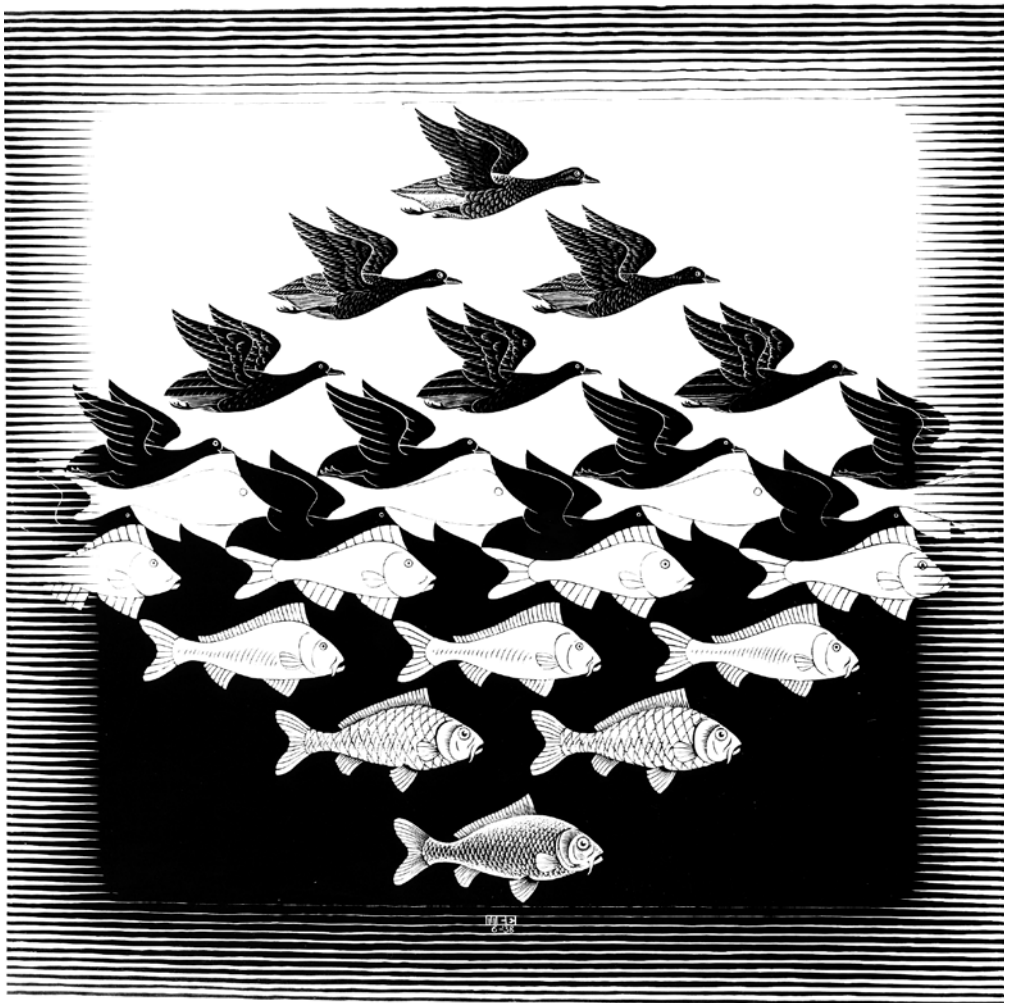


OPTIONS for ACTION

STRATEGY ON HEALTH POLICY AND SYSTEMS RESEARCH



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■ Context and Purpose

■ In November 2010, more than 1200 diverse stakeholders from the realms of health research, policy, funding, implementation and civil society gathered for the first time in Montreux, Switzerland (at the First Global Symposium on Health Systems Research) to discuss and debate the important role and contribution of health policy and systems research (HPSR) in decision-making. Together, they called for the development of a Strategy on Health (Policy) and Systems Research in order to advocate for greater generation and use of research evidence in health policy and build a case for further investment in this critical area of research.

The World Health Organization took the lead in developing this strategy on HPSR entitled “*Changing Mindsets*” from which these options for actions have been drawn (available at <http://www.who.int/healthsystems/en/>). This strategy is based on robust science while also drawing on the experience and wisdom of multiple stakeholders in a transparent, inclusive and participatory manner. For this purpose, a 29-member advisory group was established, composed of men and women, research leaders and policy-makers, and from all over the world. The group was co-chaired by Julio Frenk (Dean, Harvard School of Public Health) and Sujatha Rao (former Secretary of Health, India).

As the first-ever global-level strategy on HPSR, “*Changing Mindsets*” represents a unique milestone in the evolution of health policy and systems research. It has three broad aims. First, it seeks to unify the worlds of research and decision-making and connect the various disciplines of research that generate knowledge to inform and strengthen health systems. It is targeted at decision-makers at all levels of the health system—from national policy-makers to front line providers of health services, and seeks support to make HPSR increasingly demand-driven and responsive to the needs of 21st century health systems.

Second, the strategy contributes to a broader understanding of the field of HPSR by clarifying the scope and role of HPSR. It provides insight into the dynamic processes through which HPSR evidence is generated and used in decision-making.

Finally, it is hoped that this strategy will serve as an agent for change. It advocates for a paradigm that emphasizes the need for close collaboration between researchers and decision-makers rather than work along parallel pathways. The strategy speaks to decision-makers and researchers as part of one community and proposes actions that both can take in order to strengthen the performance of health systems. It calls for a more prominent role for HPSR at a time when the health systems mandate is evolving towards broader goals of universal health coverage and equity.

As 2015 approaches, countries are intent on hastening progress towards the Millennium Development Goals (MDGs), and preparing to develop a post-MDG road map for global health. It is an appropriate moment for HPSR to position itself as the able aide of health systems. Whatever the menu of prioritised health programmes in a country, and whatever their level of integration, the network of HPSR actors, including decision-makers, managers, implementers and trans-disciplinary researchers, should now step up to the centre stage and lead the efforts to strengthen health systems. The time to act has come and HPSR—more than ever before and more than any other field of research, offers the unique potential and promise to make every action count.

The options for action proposed here are intended to enable the embedding of research and decision-making processes in the health ecosystem and, ultimately, to increase evidence-informed decision-making at all levels of the health system. Clearly, the responsibility for change, and the selection and implementation of specific actions, lies in the hands of researchers, decision-makers, and all key stakeholders from the field of HPSR, who see the value in setting aside their differences to contribute collectively towards the common goal of better health outcomes for communities and individuals.

■ Options for Action

■ Outlined below are a number of options for action by stakeholders to facilitate evidence-informed decision-making and the strengthening of health systems. These complementary options are intended to support the embedding of research within decision-making processes and promote a steady programme of national and global investment in HPSR. Member States of WHO may opt to pursue some or all of these actions, based on their individual context and available resources. In making these choices, countries should remain ever-conscious of the ultimate goal of HPSR and health systems strengthening: to improve the health of populations.

1. Embed research within decision-making processes

Evidence-informed decision-making is most effective when research is embedded at all stages of policy and programme development. When this happens, researchers and decision-makers are linked through a system in which the need for evidence to inform policy is understood by decision-makers who can readily reach out to researchers within their network to support this process. Health policy and systems researchers, who are integrated in the ecosystem in which decision-makers operate, are better positioned to provide relevant and timely evidence that can inform the design and implementation of policies as well as challenge their effectiveness.

Action: To facilitate the systematic use of research evidence in the development of public policy and programmes, efforts should be made to establish institutional mechanisms such as protocols for policy formulation, planning, and implementation that explicitly refer to research evidence, which could be used by decision-makers.

Action: To ensure a benefit to society, efforts should be made by ministries to systematically evaluate public policies and large-scale social programmes. Such evaluations, whether conducted internally or externally, should be planned for in consultation with researchers, during the design of the programme.

Action: To strengthen the relationship between researchers and decision-makers, efforts should be made to create opportunities for greater engagement and collaboration in both the research and in policy-making processes. Placing data in the public domain along with other mechanisms for policy dialogue could be implemented as a means of increasing transparency and fostering greater trust between the two and building a culture of evidence-informed decision-making.

2. Support demand-driven research

In order to be relevant to decision-making, HPSR has to be responsive to the need to identify the cause of problems and find feasible solutions when health systems are not delivering the desired health outcomes. It has to be demand-driven and cannot be viewed only as a supply-driven activity wherein the researchers pursue an area of interest and expect decision-makers to readily alter policy in response to the results. However, the articulated demands for evidence should come from a wide range of stakeholders including decision-makers, implementers, civil society, communities at large, and researchers themselves.

Action: To facilitate the generation of demand for research evidence, efforts should be made to establish national platforms to identify research needs. Stakeholder consultations, open calls, and similar inclusive processes for priority setting could be used to systematically assess the needs of the health system as well as the research needed to address these gaps.

Action: To ensure greater alignment with articulated demands of diverse stakeholders and needs of health systems, funders of HPSR should direct resources towards priorities that have been identified through a systematic, transparent, and inclusive process.

3. Strengthen capacity for research and use of evidence

Increased evidence-informed decision-making and health systems strengthening will not be possible without adequate numbers of trained researchers who are able to undertake HPSR and advocate for its use in decision-making. While a lack of capacity has been previously enumerated, few strategies have been successfully implemented to rectify the problem. Decision-makers too need to be assisted in developing an understanding of the purpose and process of HPSR so that they can better appreciate the products of research. The use of 'evidence' and 'knowledge' for decision-making must be extensively illustrated during such interactions, so that the benefits of evidence-informed decision-making and the pitfalls of ignoring good evidence are adequately recognised.

Action: To ensure ongoing development of capacity within countries, efforts should be made to develop HPSR teaching and training programmes within academic and research institutions. Both short-term (courses) and long-term (degree programmes) strategies could be employed to enhance the sustainability of capacity strengthening efforts.

Action: To facilitate the use of HPSR to answer complex questions relating to health systems strengthening, efforts should be made to advance methods of research as well as develop common taxonomies, reporting guidelines, quality assessment instruments and evaluation platforms. Standardizing these processes could enable cross-country comparisons and facilitate the sharing of learning.

Action: To increase peer-to-peer learning and collaboration, efforts should be made to establish linkages between researchers engaged in HPSR. Regional networks among countries at similar stages of development could be formed to facilitate joint research endeavours as well as create opportunities for mentorship.

Action: To strengthen the capacity for the uptake of evidence, efforts should be made to provide decision-makers with training on the role of research in decision-making and health systems strengthening. Schools of public policy and/or other executive training institutes could be supported to develop courses or modules on HPSR and its application to the policy development process.

Action: To reinforce the capacity of decision-makers to use evidence, efforts should be made to expose them to the research process. Rotations of staff between health ministries and research institutions could be instituted to help decision-makers—and researchers, better understand and appreciate the challenges and requirements related to the generation and use of policy-relevant knowledge in decision-making.

4. Establish repositories of knowledge

The complexity of decision-making requires inputs from a broad evidence-base that includes knowledge generated from research, best practices, as well as tacit knowledge. Some of this knowledge is published in peer-reviewed journals but a lot of it is confined to project/programme reports and not shared more broadly. As a result, many successful innovations go unnoticed, and the knowledge generated from these experiences is not optimized by decision-makers, researchers, and other stakeholders in the development of policy and programmes.

Action: To increase the uptake of evidence by decision-makers, efforts should be made to synthesize and consolidate relevant evidence as well as other knowledge. A national repository of evaluations, best practices, and grey literature could be established within countries to enable greater access to existing knowledge that could improve decision-making.

Action: To facilitate the dissemination of evidence globally, efforts should be made to synthesize and consolidate relevant evidence as well as other knowledge. A global repository of evaluations, best practices, and grey literature could be established to inform decision-making as well as to ensure that the benefits of research and other learning activities are shared globally.

5. Improve the efficiency of investments in research

Despite increased calls for greater investments in health policy and systems research, a major barrier to the generation of evidence is the limited availability of financial resources, particularly in low- and middle-income countries. Moreover, traditional research funding mechanisms, in most countries, are severely restricted by disciplinary boundaries and limited time frames. These make trans-disciplinary collaboration and measurement of health system change very difficult. Consequently, the most meaningful questions often fail to get addressed through the most rewarding research methodology.

Action: To support the ongoing generation of evidence for decision-making, efforts should be made to by funders of research to prioritize HPSR. Minimum targets for HPSR funding, as a proportion of all health research funding, could be established by donors and governments in order to ensure sufficient resources for the conduct of research.

Action: To increase the efficiency of existing resources, efforts should be made to allocate resources for HPSR as part of programme activities (planning, implementation, and evaluation). Establishing designated line items for knowledge generation activities within programme budgets would ensure adequate funding for relevant research to inform these processes.

Action: To facilitate the generation of evidence that responds to complex health system challenges that can only be understood over an extended period of time, efforts should be made to establish flexible funding mechanisms that are not restricted to individual projects. Institutional endowments and/or cooperative agreements could be used by funders of research to support a range of trans-disciplinary research activities to address multi-faceted health system problems.

6. Increase accountability for actions

Sustaining a culture of evidence-informed decision-making will require greater transparency and accountability by all those who contribute to the development of public policies and programmes. Researchers and decision-makers must share responsibility for the health impact—or lack thereof, on populations. Similarly, donors and governments must also ensure that investments in HPSR are producing the desired improvements in capacity, conduct, and use of research.

Action: To increase the accountability for investments in HPSR, efforts should be made to assess the capacity for, and investments in HPSR on a routine basis. The use of HPSR-generated evidence should also be monitored. This will help Member States and funders of research to optimize existing resources and identify priorities for future investments.

Action: To encourage shared responsibility among researchers for the health outcomes they seek to improve, efforts should be made to reorient performance measures within academic and research institutions. Shifting of incentive structures from publication in high-impact journals to measures of policy influence and impact could be institutionalized to increase the accountability of researchers.

Action: To ensure greater accountability among decision-makers for evidence-use, efforts should be made to allow public access to policy debates, dialogues and evaluations. Creating opportunities for public input during the policy development process could make decision-making more transparent and help to ensure greater use of evidence.

“Public health [today] enjoys commitment, resources, and powerful interventions...but the power of these interventions is not matched by the power of health systems to deliver them to those in greatest need, on an adequate scale and in time...This arises, in part, from the fact that research on health systems has been so badly neglected and underfunded...In the absence of sound evidence, we will have no good way to compel efficient investments in health systems.”

Dr Margaret Chan, Director-General, World Health Organization
Beijing, China, 29 October 2007

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