Reviews of WHO Documents on Health Research

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Purpose of report

To review a selection of World Health Organization (WHO) documents for recommendations that relate, either explicitly or implicitly, to Health Policy and Systems Research (HPSR) with a view of informing the WHO Health Systems Research (HSR) strategy that is currently being developed by the Alliance for Health Policy and Systems Research (herein: the Alliance) [1, 2].

Methods

Several documents originating mainly from WHO were reviewed for recommendations relating to research broader than, but including, HSR, and for recommendations relating specifically to HSR.[*] Documents were selected by means of a search of WHOLIS (search terms: 'health systems research' OR 'health policy and systems research' in all fields; relevant documents relating to HPSR were included from 2005 onwards, the year after the Ministerial Summit on Health Research in Mexico), snowballing, and inclusion of documents that were already familiar to the author and/or the Alliance. In total, 23 documents were included for the review, including several World Health Assembly (WHA) resolutions and documents, resolutions and documents of WHO Regional Committees, reports on HSR and health systems in general produced by WHO departments and the Alliance, reports of (high level) Task Forces on HSR, declarations from the Montreux Symposium and from the Ministerial Summits in Bamako and Mexico, and documents originating from outside WHO that helped to clarify certain topics that emerged as part of the review [3–24].[†]

[*] Health Policy Research (HPR) and HSR are different but linked research areas. Most documents that were included in this review discussed issues related to HSR. In doing so, they commonly include recommendations for HPR [3]. HSR is more often seen to be inclusive of HPR [36]. From this point onwards, this review adheres to the use of nomenclature in the documents reviewed and thus discusses recommendations related to HSR, acknowledging that these include HPR recommendations.

[†] The contents of the draft World Health Report (WHR) 2012 (version 3 October 2011) were also incorporated in this review but the WHR 2012 has not been cited in this report due to its draft status.

Review

Documents that were reviewed either provided recommendations specific to HSR or to research for health in general. In the first part of this review, a succinct synthesis is provided of the latter. Many of the generic recommendations on research for health that were encountered in the reviewed documents have been summarized in a holistic manner by the WHO Strategy on research for health [16, 17]. Therefore, this section starts by highlighting four key sections of the WHO Strategy on research for health. After that, several additional generic recommendations on research for health that were consistently encountered across the reviewed documents are listed. In the second part of the review, a synthesis is provided of recommendations that were found that were specific to HSR. These recommendations have been categorized according to the nature of the recommendation. Finally, several documents provided recommendations for HSR priorities, which are discussed in the third part of this review.

This review aims to convey recommendations from WHO documents. It contains both direct quotes and syntheses from different but related sections of text in multiple documents. The report has been written using a bulleted style to convey recommendations succinctly and to clarify hierarchical relations between different recommendations.

1. Recommendations on research for health and the role of WHO

The following recommendations originate from the WHO Strategy on research for health [16, 17]. Recommendations from the research for health policies, strategies, and frameworks from the WHO regional offices are in line with the recommendations from the main Strategy, with varying degrees of focus on different parts of the Strategy [13–15, 20]. The Strategy draws together recommendations for WHO's role and responsibilities in research and provides a coherent framework that defines the scope of research for health, formulates the cornerstones of WHO's approach to research for health, and highlights the Organization's comparative advantage in contributing to research for health:

- Research is defined as the development of knowledge with the aim of understanding health challenges and mounting an improved response to them. The full spectrum of research can be defined to span **five generic areas of activity**: measuring the problem; understanding its cause(s); elaborating solutions; translating the solutions or evidence into policy, practice and products; and evaluating the effectiveness of solutions.
- A set of **guiding principles** has been defined for WHO's approach to research for health. The principles – **quality, impact and inclusiveness** – will guide decision making in efforts to achieve the goals.
- **Five interrelated goals** have been defined in order to enable WHO to realize the strategy's vision of the application of research-based evidence to inform decisions and actions in support of health and health equity:
    - The **Organization** goal involves the strengthening of the research culture across WHO;
    - the **priorities** goal concerns the reinforcement of research that responds to priority health needs;

- the **capacity** goal relates to the provision of support to the strengthening of national health research systems;
- the **standards** goal concerns the promotion of good practice in research, drawing on WHO's core function of setting norms and standards; and
- the **translation** goal involves the strengthening of links between the policy, practice and products of research.

Figure 1 – the WHO strategy on research for health

- **WHO's strengths in the area of research for health** include the following: a neutral status and independence; a broad global membership; an unparalleled experience in the field of international public health; a central role in global normative work; a commitment to evidence-based debate; an ability to convene numerous formal and informal networks around the world; and a regionalized structure that provides the Organization with numerous opportunities for communicating and cooperating with countries.

The recommendations of the WHO strategy on research for health were echoed in many of the documents reviewed. In addition, five high-level strategic recommendations for research for health received particular emphasis across the reviewed documents:

- Research for health requires the involvement of many sectors (public, private, and civil society) and disciplines. There is a need for a more effective involvement on the part of WHO with the broader global research community and funders of research, including sectors other than health. Policy makers and practitioners should have an active role in each step of the research process. In addition, there is a need to promote research collaboration across countries and within regions [3, 4, 10, 13, 15, 17, 20, 22].
- The global research for health agenda should be determined by national and regional agendas and priorities reflecting local needs and contexts [10, 15, 20].
- Greater equity in research for health is needed: only a small proportion of global spending on research addresses the health challenges that disproportionately affect the poor, marginalized, and disadvantaged. Particular attention should be paid to the research needs of low-income countries [3, 10, 22].
- Greater transparency in research for health is needed: the findings of research should be communicated in ways that effectively inform policy, public health, and health care decision making and be made publicly available [3, 4, 13–15, 17, 22].
- Health research should be developed and conducted according to universal ethical standards and principles [3, 4, 10, 11, 13, 17, 20].

2. *Recommendations for a HSR strategy*

The generic recommendations above can only serve to inform the *structure* of a future WHO HSR strategy. To inform the *contents* of such a strategy, more specific recommendations related to HSR were also collected. In collecting these recommendations, several categories of recommendations emerged. The categories are largely in line with the goals set forth by the WHO strategy on research for health:

- Priorities for HSR
- Standards for HSR
- Capacity for HSR
- HSR translation
- HSR collaboration
- Funding for HSR

Priorities for HSR

- The current growth in initiatives related to HSR would benefit from a more concerted and collective mobilization around a common agenda of research and learning. WHO should ensure a coordinated and adequately resourced ongoing effort to identify and address emerging needs for HSR across clusters and programmes [3, 5, 7, 8, 11, 12, 19].
- WHO should concentrate currently available resources for HSR on high priority projects in order to ensure adequate funding for methodologically sound investigation [5].
- It is critical that the research agenda at country level is informed by specific local needs and contexts. Priority setting for HSR should occur primarily at country level. Global level priorities are deemed helpful for advocacy and for raising the visibility of HSR agendas but should be rooted in country-level and regional-level research agendas.[*] Funders of research should support HSR aligned with priority country needs [3, 4, 6, 9, 12].
- Besides providing recommendations on how HSR priorities should be identified, several documents in fact identify priority areas for research. These are discussed under "Recommendations for framing the HSR agenda" further in this document.

Capacity for HSR

- There is strong global consensus that strengthening capacity for HSR – particularly at country level – is the key to progress in the field. WHO should support member countries to take coordinated action to strengthen HSR within and across countries by building research capacity and developing collaborative networks [4–6, 12, 21–24].
- More research funding should trickle down to developing country institutions and researchers. A recent analysis suggests that in 2008, the median grant size for HSR in high-income countries was nearly thirty times that of low- and middle-income countries [12].

[*] As has been recognized by previous research priority setting exercises conducted by the Alliance [30].

- Strengthening country capacity for HSR could be achieved by:
    - Training and retaining competent cohorts of health systems analysts and researchers [12, 18, 19, 21, 22].
        - Regional and global processes should be convened to map out a framework for "essential" health systems competencies and look to identify strategic avenues for strengthening the training supply chain.
        - Open access training curricula in HSR should be developed that are relevant to the training needs of different types of individuals coming to this field.
        - Gender equality should be promoted among researchers in order to create a larger and more balanced research workforce.
        - Funding for training HS researchers and enhancing the skills of policy makers in the application of research evidence could be acquired by:
            - Working with the health workforce community, represented by the Global Health Workforce Alliance, and to develop a special programme for training of health systems technicians, analysts and researchers.
            - Working through ongoing and new research capacity-building efforts to earmark training and fellowships for HS researchers.
            - Designating overheads for research training as part of specific research grants.
        - Finally, it is important that senior researchers are encouraged to stay in post. Options to achieve this could include innovative fellowship programs and improved intellectual stimulation and recognition.
    - Fostering supportive and sustainable institutional settings and careers for research [9, 12, 18, 19, 21, 22].
        - Specific efforts should be directed towards supporting the development of country-level institutions (such as universities or ministries of health) for leading a high profile HSR agenda.
        - Access should be created for researchers to good quality resources including computers, journals and the internet.
        - Experience suggests that cross-country networks of such research and training institutions help to accelerate and sustain institutional capacity and should be supported as part of capacity development efforts.
    - Environment or network level interventions [9, 12, 18].
        - Resources mobilized through international mechanisms should be channelled directly through country-based research institutions in such a way that they align with country priorities and strengthen research capacity. More specifically, a larger share of funding should be put at the disposal of local stakeholders (such as governments) who use HSR, while ensuring these funds remain earmarked for research support. Funding should be of a sustainable nature (as opposed to short term technical assistance).
        - Networks and links between different organizations and disciplines involved in HSR in one country or local context should be strengthened (especially with the often neglected group of health workers and service delivery organizations). See also "HSR collaboration" further in this document.

- Strengthening information systems to track health and health systems performance [8, 12, 15, 25].
    - WHO, the Health Metrics Network, and other global partners should accelerate their efforts to ensure systematic and predictable support to strengthen country health information systems, to facilitate more robust HSR.
    - A common data architecture across countries that encourages open and transparent assessments of health systems performance would aid such efforts.

  To be credible, such strategic investments to strengthen country capacity for HSR must register and be pursued as priorities within broader policy discussions related to the health workforce, research for health, aid for health, and health information systems, respectively. In addition, such strategies should draw on lessons from longstanding capacity strengthening efforts related to other fields such as clinical epidemiology (e.g. the International Clinical Epidemiology Network, INCLEN) or public health (e.g. Fogarty International Clinical Research Scholars Support Center) [12]. Finally, needs for capacity development will differ per country and thus interventions should be tailored to the context where they are being implemented.
- The evidence base for the effectiveness of both international and nationally-owned strategies to develop HSR capacity is woefully lacking and of a poor quality. This in itself may inhibit investment in capacity development. Evaluation methods should be developed and proper evaluation of capacity development initiatives should be conducted [9, 18].

Standards for HSR

- Direct investments in country capacity strengthening can achieve a much higher yield if complemented by regional and global efforts to overcome common constraints and seize joint opportunities. Legitimate concerns exist about standard methods and the quality of HSR.

  There is a need for the establishment of *consensus* on:
    - definitions of key terms and concepts
    - the use of methods in the HSR field[*]

  There is also a need for the *development* of research tools such as:
    - common frameworks for HSR
    - new methods, standardized instruments and reliable measures to assess health systems strengths/weaknesses
    - benchmarks/indicators to measure systems performance
    - methods for HSR synthesis

  WHO should form an expert panel on HSR to provide normative guidance on these common challenges [3, 6–9, 12, 19, 21, 22].

[*] For instance, the Alliance has supported the development of a Reader on HPSR methods since 2009 that will be finalised in 2011 [22].

HSR translation

- Policy makers and practitioners should be engaged in shaping the HSR agenda and be supported in using evidence to inform policy and decision making. Their involvement in all stages of HSR will increase the likelihood that results are used to inform their decisions [3, 5–7, 12, 21].
- The need for support to policy makers to use evidence to inform policy and decision making will differ per country and assessment on country-by-country basis may be appropriate. Options could include training programmes for policy makers and developing mechanisms that enable policy makers to access relevant research evidence in an accessible format when needed. Country, regional and global repositories for evidence on health systems should be established or improved, including systematic reviews [*] of topics relevant to health systems [5, 12, 22, 23].[†]
- Translation of research into policy and practice can be accelerated by support for appropriate networks and communities of practice that could take responsibility for identifying topics for systematic reviews, developing actionable messages for policy makers from such reviews, and promoting interactions between researchers, policy makers, and other stakeholders. Such networks and communities should exist on a global level and within countries to support national decision making. One global example is the WHO Evidence-Informed Policy Network (EVIPNet) [26]. WHO has a crucial role to play in fostering the development of such networks and communities and should also further develop its knowledge brokering role at country level [3, 5, 12, 19, 22].

HSR collaboration

- Several documents stress that important strategic and operational efficiencies could be gained by creating opportunities for greater interaction between the primary constituents and stakeholders of HSR. It is important that mechanisms are developed at country level to ensure that key stakeholders are engaged from the identification of research priorities and the conception of studies to the interpretation of findings [7]. Mobilisation and engagement should be sought of [3, 5–7, 10, 12, 17, 18, 21, 24]:
    - Different research disciplines (e.g. biostatistics, epidemiology, health economics, sociology, anthropology, demography, political sciences, policy analysis, psychology, geography, history, management sciences, public health)
    - Policy makers, practitioners, and funders of HSR
    - Different sectors (public, private, civil society, communities)
    - Different countries and regions

  Tensions that may arise from differences in disciplinary backgrounds of key stakeholders could threaten effective conduct of HSR and should be adequately managed [21].
- The diverse and growing number of external partners – multilateral, bilateral, foundation, civil society and others – should be aligned around a concerted research agenda that

[*] Several documents explicitly mentioned the need for more systematic reviews of topics relevant to health systems [3, 5].

[†] Examples of initiatives that provide policy makers with HSR information and evidence include Health Systems Evidence [37], the European Observatory on Health Systems and Policies [38], Rx for change [39], and Supporting the Use of Research Evidence (SURE) [40].

supports research leadership and capacity in countries. Due to the recent upsurge in international efforts on HSR, there are risks of duplication and fragmentation. Alignment and harmonization of HSR efforts is important to address such risks, especially among funders of HSR [9, 12, 22].

- Health systems must interact closely with health research systems to generate and use relevant knowledge for their own improvement [3].
- There is a need for a much stronger cross-national identity and sense of association for HS researchers. Researcher isolation should be overcome through communities of practice that aim to: enhance joint research collaborations within and across countries; share methods and results; and set new agendas for the development of the field [5, 12, 21]. Fostering such research networks would have several advantages:
    - Common technical constraints related to methods and measures could be addressed through collaborative and coordinated multicountry research and shared learning [12, 21].
    - Many aspects of health policies and systems are heavily influenced by the local context. As a result, multicentre and multicountry studies have an important role to play. They permit a specific intervention to be studied in contexts that can be both similar and different, allowing conclusions to be drawn on the dependence of the outcome on the context [5].
    - Some strategic issues are driven by global or supranational influences. Through global research networks, HSR could take into account global influences on health systems and incorporate a global perspective about research on issues that may be subject to such influences [5].
    - HSR is as yet limited in almost all countries. Such networks could contribute substantially to creating capacity in terms of human resources for conducting HSR [5].

Funding for HSR

Finally, many documents specifically stress the need for and benefits of increased funding towards HSR [3–7, 10, 12, 21]. In particular the need to generate predictable and sustainable core funding for HSR organisations (as opposed to short term grants) is emphasized [7, 18, 21]. Several also provide recommendations for how funding increases could/should be achieved (both national and international sources should be tapped):

- National sources of financing:
    - Specific provisions for funding HSR should be made within national research policies. One such option would be the creation of a “HSR institute” as part of a family of national institutes of health research involved in research funding or as an arm of a health/medical research council [12, 18].
- International sources of financing:
    - The World Bank Group and regional development banks should deepen and expand their research for health activities as part of their economic and operational research programmes, with particular emphasis on HSR and innovation, and national science and technology capacity building [10].

- WHO should consider allocating a proportion of its country budgets to support high-quality HSR [4].
- A certain percentage of overall financing of health policies and programmes (5%) should be designated a "set aside" for HSR. This opportunity is especially relevant to global funding instruments through Global Health Initiatives whereby the current "set-asides" for research are being requested or used only rarely [7, 12].
- WHO, in collaboration with other partners including the Alliance, should make clear the funding needs for implementing different recommendations aimed at improving country capacity for HSR, creating clear priorities for HSR, creating norms and standards related to HSR, and engaging effectively different stakeholders in HSR [12].

HSR culture at the World Health Organization

Not many recommendations were found that related to strengthening the HSR culture at WHO itself (one of the five goals outlined in the WHO strategy on research for health). The Alliance has already addressed a gap in this area, by initiating the cross-departmental Implementation Research Platform [27]. It could be worthwhile to explore further possibilities for strengthening WHO's HSR culture as part of the WHO HSR strategy.

3. Recommendations for framing the HSR agenda

Several of the reports reviewed made recommendations with regards to priority HSR questions [3, 5, 12]. Since these recommendations could be of help in framing a potential HSR agenda of the future WHO HSR strategy, a synthesis was made of the high-level HSR priority areas that were recommended for investigation in these documents.

A priority focus on the following three HSR questions was recommended:

1. How can health systems be scaled up to meet contemporary health challenges and provide universal, equitable, high-quality, and efficient services? [3, 5, 6, 12, 21]
    - More research should be conducted on each of the health systems building blocks [3, 5, 12] (delivery of health services; health workforce; health information, medical products, vaccines, and technologies; health financing; and leadership/governance [8]) and other specific health systems functions such as the role of the non-state sector [12] and knowledge management [3, 5].
    - More specifically, research into
        - relatively *neglected* (such as regulatory aspects, corruption, (poor) governance, and accountability; health information systems; logistics and supply chains; reconstruction of health systems after major disasters and in conflict countries and regions [3, 5, 6, 12, 15, 25, 28]) and
        - *emerging* (such as health systems in fragile states; the role of health systems related to chronic disease prevention and care; the revitalization of primary health care; and policies to address social determinants of health [12, 29])

      areas of HSR should receive priority attention.

2. What are the effects of global initiatives and policies (including trade, donors, international agencies, and in particular "vertical" single-disease programmes) on health systems and how can synergies be fostered between Global Health Initiatives and health systems? [3, 5, 12]

3. How can health systems performance be monitored and evaluated? More efforts should be aimed at the development of standardized frameworks, measures, survey and evaluation methods, and standardized indicators to assess health systems strengthening and monitor systems performance, as well as at helping countries to implement such tools and develop capacity for monitoring and evaluation [3, 12, 22].

For several of these priority questions and areas, comprehensive research priority setting exercises have been conducted in recent years [30–33] or are underway [34]. For others this has not yet occurred. Priority setting might be beneficial for areas outlined above that have remained devoid of a comprehensive prioritization effort to date.

Limitations

This review aimed to collect generic recommendations for HSR in high-level WHO documents and was therefore not well suited for collecting recommendations for specific HSR areas, for example related to the each of the six building blocks of a health system [8] or the four thematic areas that the Alliance focuses on [35]. For each such area, recommendations are available in area-specific documents by the Alliance itself and by various other WHO departments and partnerships (e.g. the departments of Health System Financing (HSF), Human Resources for Health (HRH), Essential Medicines and Pharmaceutical Policies (EMP), Public Health, Innovation, Intellectual Property and Trade (PHI), Measurement & Health Information Systems (HIS), and the Global Health Workforce Alliance (GHWA)). To generate more topic area specific recommendations than could be made in this review, separate reviews of strategic WHO documents relating to HSR in each of these specific areas could be considered.

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