



What is Health Policy and Systems Research and why does it matter?

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Alliance for Health Policy and Systems Research

Briefing note 1

Why does health policy and systems research matter?

Every day, ministers of health, senior policy makers and health service managers make critical decisions about how to organize the health system and effect changes. Should the coverage of primary health care services be extended through the use of community health workers or not? Should fees be charged to clients using health centres for curative services? Will introducing performance-related pay motivate health workers to treat their clients better or not? Few would dispute that decisions such as these are likely to lead to better results if they are informed by evidence. Health policy and systems research (HPSR) can produce the reliable and rigorous evidence which helps to inform such decisions.

While questions about the effects of different policies and strategies are critical, senior decision makers often face challenging questions about how to implement reforms. For example, if local government authorities are given responsibility for health, how are they likely to use this responsibility, and what can national policy makers do to ensure that local government action contributes to public health? If private providers are to be contracted to provide priority services, what form should the contract take and how should it be negotiated? If it is planned to implement a new health insurance bill, then which stakeholders are likely to oppose the reform, and how should such opposition be handled? For these types of questions too, health policy and systems research can provide answers, or at least guidance that will enhance the chances of effective decision making.

BOX 1

The returns to health systems research

A recent study estimated the potential returns to investment in new technology versus research that could improve the delivery and utilization of health services¹. Surveying deaths among children under five years of age, in 42 low income countries, the authors concluded that while improved technology had the potential to avert 21.5% of potential deaths, improved service utilization could avert 62.5% of child deaths. Despite the much greater returns to research on service delivery and utilization, the same study found that 97% of the grants awarded by the two largest research funders were for the development of new technologies.

While health policy and systems research has the potential to make major contributions to improved decision making about health and thus promote the achievement of health-related development goals, there are many misunderstandings about what HPSR is and how it can make this difference. This briefing note aims to describe (i) the scope and nature of the field of health policy and systems research (ii) the type of methodologies typically employed in the field and the methodological challenges commonly encountered, and (iii) how health policy and systems research can contribute to policy and decision making. The briefing note aims to provide the broad global health research community and funders of health research with a clearer understanding of what the HPSR field is about and how it relates to other areas of global health research. The note may also be useful to those already working within the field, as an overview of the challenges and issues faced. ■

What is health policy and systems research?

Health policy and systems research is defined broadly as the production of new knowledge to improve how societies organize themselves to achieve health goals. The World Health Organization defines a health system as all organizations, people and actions whose primary intent is to promote, restore or maintain health².

The World Health Organization "Framework for Action"³ on health systems further identifies six building blocks of health systems:

- **Service delivery** – addressing how services are organized and managed, to ensure access, quality, safety and continuity of care across health conditions, across health facilities and over time.
- **Information and evidence** – the generation and strategic use of information, evidence and research on health and health systems in order to strengthen management, leadership and governance.
- **Medical products and technologies** – ensuring equitable access to essential medical products and technologies of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use.
- **Health workforce** – managing dynamic labour markets, to address entry into and exits from the health workforce and improve the distribution and performance of existing health workers.
- **Health financing** – raising adequate funds for health in ways that ensure people can use needed services and are protected from financial catastrophe or impoverishment associated with having to pay for them.
- **Leadership and governance** – ensuring that strategic policy frameworks exist and are combined with effective oversight, coalition-building, regulation, attention to health-system design issues and promotion of accountability in order to protect the public interest in health.

Health systems research can address any or several of these six building blocks. The objective of health systems research is ultimately to promote the coverage, quality, efficiency and equity of health systems.

Health policy research is concerned with understanding how different actors interact in the policy process to contribute to policy outcomes. For example, health policy research has addressed the role of public opinion in shaping policy formulation, the influence that different interest groups exert over decision making, and how communities might be empowered and mobilized to address health problems. While health policy research may be concerned about different aspects of the health system, such

A potted history of Health Policy and Systems Research

Health policy research has its origin in the application of largely political science methods to understanding government behaviour, whereas health systems research has largely evolved out of the field of health services research pursued in industrialized countries. Both fields of enquiry are relatively recent. For example the US National Centre for Health Services Research was only established in 1968⁴. By 1970 there was already substantial interest in health services research in the developing world, with a particular focus on health planning. Throughout the 1970s, discussions in the World Health Assembly drew attention to the importance of the health policy and systems research field and called for greater investment. For example in 1972 it was proposed to the World Health Assembly that greater emphasis should be placed on (1) studies on the economics of health (2) studies dealing with manpower resources and development (3) community participation and (4) the selection, specification and standardization of the procedures and techniques used by more or less skilled personnel⁵.

research has also addressed policy processes around specific issues or diseases such as tobacco control or reproductive health policy.

Another complementary approach to understanding the field of health policy and systems research is to consider the unit of analysis. Health policy and systems research focuses primarily upon the more down stream aspects of health: it focuses upon policies, organizations and programs, but does not address clinical management of patients or basic scientific research (for example into cell or molecular structures).

For many people, the most concrete manifestation of the health system is the pyramid of government funded health facilities in a country. While this is clearly one aspect of the health system, health systems also comprise public health laws and regulations, financing mechanisms such as social health insurance and user fee schemes, the actions taken by households and communities to promote health, and of course the often substantial private health sector composed of both formal and informal providers. Health systems research may be concerned with all these elements of the health system.

The prime focus of health policy and systems research is not a specific disease or service, but rather the health system as a whole. However,

HPSR does sometimes adopt a disease or service-specific focus. Sometimes specific diseases or services can, alone, raise major challenges for the health system. So, for example, several health systems research studies have addressed the scaling up of antiretroviral therapy⁶ which entails significant health system demands. In other circumstances, focusing a health system research study on a specific disease or service can illuminate a broader issue. For example understanding the challenges of regulating the informal drug market has been addressed through a focus on antimalarial drugs⁷. Similarly, considerable light has been cast on approaches to promoting quality of care among private providers through the lens of TB services, and this research has made a major contribution to informing TB strategies around the world⁸. Even where HPSR does not have a disease-specific focus, its ultimate aim is to enhance people's health outcomes (and sometimes financial protection). ■

Methods and methodological challenges in health policy and systems research

Health policy and systems research is characterized by the type of problems which it addresses rather than by any particular disciplinary underpinnings. In fact, much health systems research is necessarily multidisciplinary, drawing upon a range of disciplines, particularly social sciences including economics, sociology, anthropology, political science, psychology, management science, geography and history, as well as epidemiology. The appropriate mix of disciplines to be used depends largely on the nature of the research question being addressed. For example a study of the factors influencing the motivation of health workers would most likely be informed by psychology and management science, whereas an evaluation of a health insurance scheme might draw upon economics to understand the financial consequences of the scheme and its impact upon demand for services, anthropology to understand people's attitude towards the scheme, and epidemiology to understand its health consequences. Health policy research is also likely to be multidisciplinary in nature, although political science often makes a major contribution.

A wide array of methods is used in health policy and systems research reflecting the diverse disciplines brought to bear within the field. It is impossible in a note of this nature to describe the full range of research methods that have been or could be employed in health policy and systems research, but Box 3 illustrates some diverse but commonly used approaches.

Even early discussions at WHO highlighted some of the difficulties in conducting health policy and systems research. For example the Advisory Committee on Medical Research in 1975 emphasized the "unique characteristics" of health policy and systems research including its need to take into account countries' political and social structures, and the heterogeneity of health system structures, all of which makes it difficult to generalize findings from studies in one country to another⁴. This issue of the context specificity of health policy and systems research constitutes a major challenge in the field. In health policy and systems research it is extremely difficult to draw generalizable conclusions from a study conducted in one country at a specific point in time. For example, while community health workers may be found to be effective at promoting breast feeding in a particular context, in another context, different types of training provided to the community health workers, differing degrees of supervision, different societal attitudes towards breast feeding and towards health workers, may all result in different effects. As a consequence of the complexity of most health system interventions, cross-country comparative studies are needed that attempt to disentangle the effects of context and subtle differences in the nature of the intervention upon the effects observed⁹.

The challenges in generalizing from health policy and systems research studies, combined with the lack of a unique disciplinary focus, are some of the reasons why the field is sometimes perceived to be lacking rigour. While social scientists are accustomed to the difficulties of extracting generalizable models and conclusions from research undertaken in different contexts, health research has traditionally been dominated by physicians and scientists schooled in basic science, who are less comfortable with the methods used in health policy and systems research. Moreover the difficulties in conducting rigorous and generalizable HPSR have been exacerbated by limited funding, which has often resulted in single case studies which have been low on analytical rigour, but feasible to implement within the constraints of a tight budget. ■

Making a difference through the use of health policy and systems research knowledge

The utility of health policy and systems research derives directly from its ability to inform policy and decision making. If HPSR is conducted in a manner that is remote from policy and decision making then it is likely to be of limited value. Close involvement of policy and decision makers is required throughout the research process – from identifying research questions, to interpreting data and writing up – in order to ensure the relevance of the final product.

A selection of methods commonly used in Health Policy and Systems Research

Household surveys to identify determinants of care seeking behaviour – many studies employ household surveys to identify the influences upon care seeking. Such studies have been used to help understand how factors such as socio-economic status, health insurance coverage, household and individual characteristics (eg education, access to information, distance to health facility) affect care seeking. Often such studies examine the influence of these determinants not only on the choice of whether or not to seek care, but also whom to seek care from (government or public facility, formal or informal provider). Typically multivariate regression analyses are used to disentangle the relative importance of different determinants.

Stakeholder analysis is a method which maps out the different stakeholders involved in or potentially influenced by a particular policy decision, and assesses the extent to which they may be supportive of or opposed to the decision, and the power that they have to influence the outcome. The method is useful as a means to understanding the politics and power issues surrounding different policy choices, and can help guide policy makers in terms of how to build coalitions or support for different policies.

Cost analysis – a substantial set of methodologies have been developed around the costing of health services. Costing may employ step down methods, where the total costs of running a hospital or a district health service are identified and attributed to specific activities, a step up method whereby the inputs associated with different activities are quantified and costs associated with them estimated. Cost analysis may help cast light on the comparative efficiency of different health facilities and, for example, enable comparison between public and private providers. Cost effectiveness and cost benefit analysis extend the approach so as to compare the costs of alternative strategies for delivering comparable health benefits, and the benefits compared to costs associated with investing in different activities.

Intervention or operational research – this is not really a method, but rather a broad study design under which alternative interventions are tried out as solutions to an identified health system problem. Research is used to assess whether or not the interventions have ameliorated the problem and how the intervention could be further improved.

Health policy and systems research can be critical at several points in the policy cycle, from getting an issue onto the policy agenda, through to evaluating and learning from implemented policies. Formative research in this field, might for example, address how clients perceive their interactions with the health system and how health services could be made more responsive to them. Such research is unlikely to feed directly into a particular policy decision but can help shape policy responses and raise the public profile of particular concerns. Sometimes policy makers will commission specific pieces of research to enable them to develop policy ideas into full blown proposals. For example in the process of developing the Thai universal coverage scheme, research was commissioned to help the government plan how best to implement the policy¹⁰. This included research to help estimate the costs of implementing the new scheme, and how best to organize the scheme. Health policy and systems research can also play a role in monitoring and evaluating existing interventions. For example, through the Global HIV/AIDS Initiative network, research in twelve different countries is proceeding, in order to assess the impact of global HIV/AIDS initiatives on health systems, track issues of harmonization and alignment, and assess equity effects¹¹.

Health policy processes are likely to be political and value-driven. Health is an important social good and it is natural and appropriate that health policies are subject to political processes. Although research will rarely be the only factor that influences policy, it can be an important component among others. Much can and should be done to reap the full benefits of health policy and systems research in terms of promoting the application of research knowledge to policy and decision making, for example¹²:

- **Strategies to promote researcher push including** – dissemination of findings through short policy briefs; syntheses of existing evidence, both domestic evidence and evidence from international studies (as well as providing guidance on the types of contextual factors that need to be taken into account in determining whether or not to adopt a particular policy or practice);
- **Strategies to promote policy maker pull including** – capacity development for policy makers in commissioning research; the development of rapid response mechanisms and policy advisory units;
- **Strategies to promote exchange including** – joint mechanisms to set priorities for health policy and systems research; forums and workshops for exchange between researchers, policy makers and

civil society representatives regarding the health policy and systems research evidence base and its application to specific policy issues.

The Alliance for Health Policy and Systems Research is supporting country level activities in all of these areas.

Often a heterogeneous set of actors are involved in raising policy issues and developing policy, in particular, the media, advocacy groups, and civil society representatives can play critical roles in influencing government. Health policy and systems research not only generates data and findings, but also ideas, criticism and argument that can spur democratic debate between these stakeholders. ■

Health Policy and Systems Research: an Agenda for Progress

From the early 1970s there have been calls for a major increase in investment in health policy and systems research. The most recent such call took place during the Ministerial Summit on health research in Mexico in 2004²⁰, and was reflected in a subsequent World Health Assembly resolution. To-date this desired scale up of the field has not occurred. The Global Forum on Health Research estimates that only 10% of health research spending is directed to the health problems of people in developing countries, but the situation in health policy and systems research is more acute. A recent analysis found, for example, that only 5% of published articles on health policy and systems research concerned developing countries¹⁰.

Why has the scale up of health policy and systems research been so slow, and what can be done? This brief has discussed a number of critical challenges facing health policy and systems research which are summarized here:

- Lack of clarity regarding the scope and nature of the field;
- Perceived lack of rigour in terms of the methods employed;
- Challenges in generalizing from one country context to another.

These problems have been exacerbated by limited funding of HPSR, even relative to other types of global health research, and consequently limited capacity in many developing countries to conduct HPSR. As investments in health systems are now being scaled up, and in light of the Mexico Statement, it is time for the global community to commit to a substantial scale-up of health policy and systems research.

What is needed to ensure that such a commitment to HPSR leads to a sustainable set of research activities that result in real health benefits for developing country populations, and particularly the poor? The points below start to elaborate an agenda for progress.

- **Defining and standardizing the HPSR field** – The HPSR community must start to systematically define and standardize the field. Methodological approaches to commonly asked HPSR questions need to be documented and disseminated. The existing evidence base should be mapped and synthesized. Curricula for HPSR courses should be defined and shared.
- **Developing HPSR Capacity** – Governments, international organizations and donors need to work jointly to address the capacity challenges facing HPSR in developing countries. More funds need to be allocated through mid to long term, substantial grant commitments to developing country institutions. Technical input, through networking, twinning and peer review arrangements, particularly South-South arrangements, should also be supported.
- **Increasing Funding** – As recommended by multiple previous reports, such as that of the Commission on Macroeconomics and Health¹⁴, a percentage (5%) of external funding for health systems strengthening should be earmarked for health policy and systems research. Too much health systems knowledge is on too fragile ground for substantial investments in health systems strengthening to be made without concomitant investment in knowledge building. Funding is needed both for country-specific studies to help guide national and local policy, and for major cross-country studies that produce generalizable findings.
- **Promoting evidence-informed policy making** – while substantial focus is needed on the generation and synthesis of knowledge, equal emphasis should be given to mechanisms which promote the use of such knowledge in policy and decision making. Without this critical link to policy and decision making, HPSR may be of limited value.
- **Supporting, coordinating and monitoring the development of HPSR** – as proposed in the Mexico Declaration and subsequent World Health Assembly resolution, the development of health policy and systems research should be supported by a concerted global programme of work, that coordinates across partners, advocates for the field of HPSR, and monitors the development of the field, while promoting decision making power and implementing responsibilities within low and middle income countries. ■

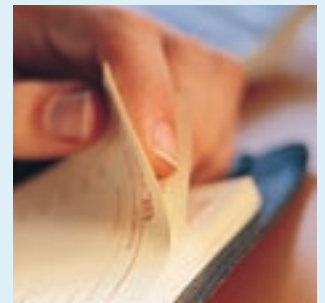
Ten sets of Health Policy and Systems Research studies that made a difference

HPSR has influenced national health policies, strengthened the strategies used by priority disease control programmes, and changed the terms of international debates. This Box highlights ten specific examples where health policy and systems research has made a difference in a positive (and one negative) way.

- 1 Tanzania Essential Health Interventions Project (TEHIP)** – through investing in improved district level planning and priority setting, together with modest investments in health services, and careful evaluation, TEHIP demonstrated the potential returns to strengthening district health management in terms of improved infant and child mortality¹³.
- 2 Commission on Macro-economics and Health** – the Commission did little primary research, but it synthesized the findings of a large number of studies on the links between health and economic development, and as a consequence highlighted the importance of investment in health for economic development. The Commission's report played a major role in changing attitudes amongst industrialized country governments to investing in global health¹⁴.
- 3 Joint Learning Initiative (JLI) on Human Resources for Health** – through research, mapping, analysis and consultation, the JLI drew attention to the immense, and long-neglected problem of the health workforce and helped instigate a new global alliance (on the health workforce) as well as increased national and international attention to this issue¹⁵.
- 4 Thai Universal Coverage Scheme** – in Thailand, research played a critical role in (i) getting the issue of financial protection and coverage onto the policy agenda (ii) designing the new universal coverage scheme and (iii) monitoring and evaluating the implementation of the scheme. At every step of the process, multiple studies have been undertaken to help inform decision making. Recent research suggests that the scheme has increased financial access for the poor and provided much improved financial protection¹⁰.
- 5 Comprehensive health system reform in Mexico** – similar to the Thai case, the Mexican government embarked upon a programme of reform in 2003 with the primary aim of providing financial protection to the poor. Again, like Thailand, this programme of reform has been informed at every step of the way by multiple research studies. Early findings on the effect of the reform are also very positive¹⁶.
- 6 Conditional Cash Transfer in Latin America** – Mexico, Honduras, Nicaragua and Columbia have all experimented with the use of conditional cash transfers to encourage the uptake of health and other social services by poor people. Rigorous impact evaluations of these interventions suggest that in these contexts they have been successful and have stimulated further interest in this field. Similar studies are now required to assess the effects and feasibility of such mechanisms in low income country contexts¹⁸.
- 7 User fees** – research findings from the Philippines and Malaysia in the mid-1980s contributed to the development of a World Bank policy document that supported user fees for health services. Twenty years, and probably 100 studies later, our understanding of user fees is much more sophisticated. Awareness of the negative effects of user fees in low income country settings, particularly for poor people, has led to a reversal of the policy line. The initial pro-user fee policy line illustrates the dangers of generalizing across different contexts¹⁰.
- 8 Understanding processes around health financing policy development** – the "SAZA" research project traced the development and implementation of three areas of health care financing policy change in South Africa and Zambia in the period 1994-1999¹⁷. Later analysis in South Africa traced multiple ways in which the study influenced subsequent policy processes through, for example: helping place the issue of public/private sector interactions on the policy agenda, stimulating the government to undertake a series of stakeholder analyses, and promoting mechanisms to strengthen interaction between research groups and the Department of Health.
- 9 Working with private providers for Tuberculosis (TB) Control** – over the years multiple studies have documented the importance of the private health sector, even for poor populations. The Stop TB Department at WHO decided to investigate the implications of this observation for TB control programmes and in 2000 undertook a global assessment of the involvement of private providers in TB care. As a consequence, a new global strategy (PPM DOTS) was developed that explicitly reaches out to the private sector. Operational research is helping to fine tune the strategy, as implementation proceeds⁷.
- 10 Integrated Management of Childhood Illness (IMCI)** – the Multi-country evaluation of IMCI has highlighted that clinical training alone is unlikely to lead to positive impacts, and has underlined the importance of countries working through all possible channels, particularly at the community level to extend service coverage, as well as enhancing public accountability of service providers¹⁹.

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The Alliance for Health Policy and Systems Research is an international collaboration, based within WHO, Geneva, aiming to promote the generation and use of health policy and systems research as a means to improve the health systems of developing countries. Specifically, the Alliance aims to:

- stimulate the generation and synthesis of policy-relevant health systems knowledge, encompassing evidence, tools and methods;
- promote the dissemination and use of health policy and systems knowledge to improve the performance of health systems;
- facilitate the development of capacity for the generation, dissemination and use of health policy and systems research knowledge among researchers, policy-makers and other stakeholders.

This brief was written by Sara Bennett and reviewed by Abdul Ghaffar, Anne Mills, Judith Mandelbaum-Schmidt, and Monica Yesudian.

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