

Research for health and health system strengthening in Africa

A study on the relevance and impact of research on health and health system strengthening in Sub-Saharan Africa

Results of a Stakeholder Consultation
April 2009



SCIH Swiss Centre for
International Health
A department of the Swiss Tropical Institute

**Council on Health Research
for Development (COHRED)**
Making health research work.....for everyone

Acknowledgement

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Abbreviations

ART	Antiretroviral Treatment
COHRED	Council on Health Research for Development
DHS	Demographic and Health Survey
DSS	Demographic Sentinel System
EDL	Essential Drugs List
EVIPNet	Evidence-informed Policy Network
GFTAM	Global Fund to Fight AIDS, Tuberculosis and Malaria
KEMRI	Kenyan Medical Research Institute
LIPHEA	Leadership Initiative for Public Health
NGO	Non-governmental organisation
PALSA	Practical Approach to Lung Health in high-HIV prevalence countries
PMTCT	Prevention of Mother to Child Transmission of HIV
REACH	Regional East African Community Health
SCIH	Swiss Centre for International Health
SDC	Swiss Agency for Development and Cooperation
STI	Swiss Tropical Institute
SURE	Supporting the Use of Research Evidence

Key messages

Strong political and financial support and strong leadership are needed for evidence-informed policy making to become a reality in many countries. This is the overall finding of this study and a follow-up consultative meeting during the Global Ministerial Forum on Research for Health (Mali, 2008). The study and the findings in this Record Paper reflect the perspectives of African scientists and policy makers, senior northern scientists, and representatives of funding organisations.

With the broadening of the perspective from '*health research*' to '*research for health*¹', new strategies are needed for managing research and communicating about research, as this requires the involvement of new sectors, beyond health, and new stakeholders.

Achieving research impact relies not only on fruitful interactions between researchers and policy makers. It also requires a well-developed research management system or structure. Governments usually provide the leadership for such research management structures at country level. For research to have the desired impact, it is crucial that relevant stakeholders are involved in management structures, and in the research process itself.

A research management structure helps provide financial stability for research. It creates a favourable environment in which research can take place. Alignment of funding to local and national research priorities, and harmonisation among funders to jointly support a local or national agenda, are two strategies that can help develop financial stability.

In addition to the importance of a 'systems' approach to move research into action, this study identifies a number of practical strategies that can be used to support this process. They range from developing incentives for researchers and policy makers to strengthen their interactions, to facilitating access to new knowledge, and strengthening the capacity of researchers and policy makers to better understand the policy and the research processes.

¹ Research for health takes a broader view than health research. It includes sectors beyond health (such as agriculture, housing and environment) that have a direct impact on the health of populations. To ensure an effective move towards research for health, the involvement of stakeholders from various sectors and disciplines – including civil society organisations – is needed.

Executive Summary

Background

This paper presents the results of a stakeholder consultation on the role of research in health development, conducted jointly by the Swiss Agency for Development and Cooperation (SDC), the Swiss Tropical Institute (STI) and the Council on Health Research for Development (COHRED) between July and October 2008. Against a background of increased importance given to making effective use of health research to achieve the Millennium Development Goals, this assessment was conducted to document opinions, experiences and best practices of scientists and policy-makers on the role of research for health development, with a specific focus on the relevance and impact of research on health and health systems strengthening in Sub-Saharan Africa.

Methods

Data was gathered through an e-questionnaire and in semi-structured telephone and face-to-face interviews. From 2821 e-questionnaires sent out, a total of 150 responses were received. In addition, 14 in-depth interviews were conducted with senior African scientists and policy makers, senior Northern scientists, and representatives from funding organisations. The results of the assessment were presented and discussed at a special session at the Global Ministerial Forum on Research for Health, Bamako, Mali, in November 2008.

Summary of findings

The results from this study point to a general acknowledgement of the potential positive impact of research on health and health system strengthening, and the positive role that a functional research- policy interface could play in achieving this. Some 95% of the respondents to the e-questionnaire indicated that interaction between policy makers and researchers is essential to influence the impact of research on health and health system strengthening. Respondents provided examples of how research contributes to health policy changes at various levels in countries.

The study highlighted the many challenges faced in getting research into use, particularly related to communication, access to information, engagement of various actors and the capacity needed by both researchers and policy makers to make this happen. Respondents discussed a number of strategies to address the challenges. Many pointed out the importance of context-specific approaches acknowledging that approaches in more developed research production and policy environments, like South Africa, differ from those in less developed contexts. More generally the assessment highlighted common issues – in the areas of building of capacity and skills to improve links between research supply, demand and use, and on issues related to the broader policy environment.

Respondents generally recognised that strong political and financial support – and strong leadership – is needed for evidence-informed policy making to become a reality in countries.

Discussion and conclusions

As the perspective of the global health research community is broadening from health research to 'research for health', the challenges to move from research to action become different in scope and magnitude. Research for health takes a more holistic view, and requires the involvement of new sectors, beyond health, and new stakeholders. This approach requires new strategies for managing research. It calls for different kinds of capacities to be developed, and new and varied communication channels to link research producers and users.

Achieving research impact relies not only on fruitful interactions between researchers and policy makers. It also requires a well-developed research management system or structure. Governments usually provide the leadership for such research management structures at country level. For research to have the desired impact, it is crucial that relevant stakeholders are involved in these research management structures, as well as in the research process itself. This starts with the involvement of stakeholders in the research agenda-setting process at local, national or global level. Involvement of beneficiaries in the design of research helps create interest and develops mutual understanding and respect. This, in turn, helps people value research.

A research management structure also helps provide financial stability for research. It creates a favourable environment in which research can take place. Alignment of funding to local and national research priorities, and harmonisation among funders to jointly support a local or national agenda, are two strategies that can help develop financial stability.

1. Introduction

Over the past two years there has been a marked interest in making effective use of health research to achieve the Millennium Development Goals as well as other national health goals in low- and middle-income countries. Showing the impact of research on development and assuring a knowledge translation from research to policy have increasingly become of concern. This is underlined by various recent publications (e.g. Cordero et al. 2008; Kuruvilla et al., 2007; Moynihan et al., 2008)

In parallel, the International Conference on Health Research and Development in Bangkok (2000) and the Mexico Ministerial Summit on Health Research (2004) highlighted the vital role of research in the improvement and sustainable development of population health. Especially during the Mexico meeting emphasis has been given to the question of how to translate knowledge into action - the 'know-do gap' - to improve health.

Generation, dissemination and utilisation of knowledge for health and health system development in low- and middle income countries is faced with many challenges. Elements such as knowledge production, research capacity-building, informed decision-making; health and health sector benefits, and economic benefits are all of relevance (Canadian Health Services Research Foundation, 2008) and contribute to health system strengthening. Compared to “basic research”, a health services and policy researcher is often exposed to high expectations to describe the benefits of the research conducted on population health, mainly due to the applied nature of this type of research.

Based on a stakeholder consultation process, this Record Paper presents the results of an opinion survey whose main objective was to document opinions of scientists and policy makers on the role of research for health and health system development, with a specific focus on experiences and best practices from sub-Saharan Africa.

The results of the stakeholder consultation process were presented and discussed during a special session on research for health and health system strengthening in Africa during the Global Ministerial Forum on Research for Health (Bamako, November 2008). These discussions have further informed and enriched this Record Paper.

The first section of the paper describes study methods for the stakeholder consultation. This is followed by the presentation of key findings, discussion of these findings and recommendations for various actors in the research process to make the research to action and policy linkage work better.

2. Approach and methods

This was a rapid exploratory stakeholder consultation. Data were gathered using a structured web-based questionnaire and through semi-structured in-depth interviews with high level African scientists and policy-makers, high level Northern scientists, and representatives from funding organisations.

The web-based questionnaire was adapted from the 'FlexiForm' format developed by the University of Basel for internet surveys (<http://flexiform.unibas.ch/info.html>). Respondents needed a maximum of ten minutes to respond to all questions of the questionnaire. After a pilot test and revision, the final e-questionnaire was mailed (in July 2008) through the COHRED mailing list which consisted of 2821 contacts. Analysis of the responses was subsequently done using the "FlexiForm" tool and an Excel worksheet.

In-depth interviews were conducted between August and September 2008 using a semi-structured interview guide for face to face or telephone interviews. The interview guide was structured along 16 questions to be answered in not more than 40 minutes. The sample of respondents was purposive and included senior researchers and policy makers involved in research, policy making and implementation activities in Africa. Geographic and gender balance were taken into consideration in the final selection of the interviewees. Data was analysed manually, along broad emerging themes.

The first results of the study were presented and discussed during a special session on research for health and health system strengthening in Africa during the Global Ministerial Forum on Research for Health (Bamako, November 2008). During the session additional case studies were presented by senior researchers and policy makers from various African countries, which have been incorporated into this final report. The session attracted around 50 participants and their comments have been incorporated into this report.

All data in this study were treated with confidentiality.

¹ The questionnaire was sent by email to 2821 contacts, 448 people opened the mail.

3. Findings

3.1 Characteristics of respondents

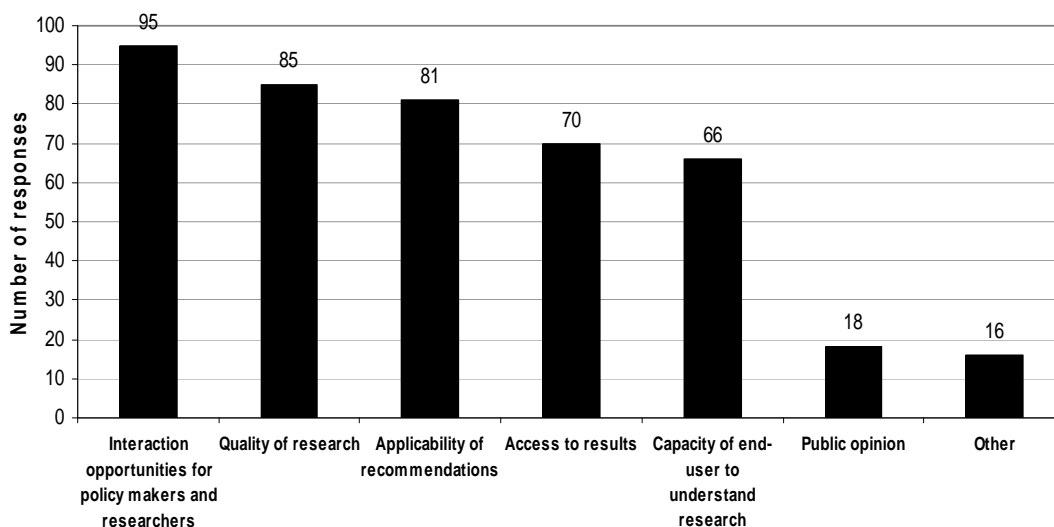
In total, 162 people filled the web-based questionnaire. After excluding 12 duplicate questionnaires, 150 questionnaires were included in the analysis. The response rate was 5.3%. Respondents were drawn from sixty different countries with about a quarter each resident in Europe and Africa (see Figure 1 and 2, in annex 1). The majority of the respondents were male (67%), about half (55%) were scientists working in academia, national and international research institutes, while about a fifth (19%) were government employees. The rest of the respondents (26%) worked for international and non-governmental organisations, and consulting companies (see Figure 3 in Annex 1). Around a quarter of the respondents worked in the area of policy and another quarter in disease specific research (see Figure 4 in annex 1).

Fourteen in-depth interviews were conducted. Three quarters of respondents were Africa-based, mostly researchers focusing on health policy or health care planning.

3.2 Factors facilitating positive impact of research

Nearly all respondents to the web-based questionnaire (99%) agreed that health research has a positive impact on health and development. When asked to cite key factors facilitating positive impact, 'Interaction opportunities for policy makers and researchers' (95%), 'Quality of research' (85%) and 'Applicability of recommendations' (81%) were the three most frequently cited (Chart 1).

Chart 1: Factors facilitating positive research impact on health and development (n=150, multiple answers possible)



Similar issues were highlighted by respondents in the in-depth interviews, during discussions on practical mechanisms to facilitate evidence informed policy making.

'...I dream about research that is not exceptional, but spread in all projects. That everyone has understood that research is the basis for all development, that Africans build their own development tools to solve their problems.'

Other key factors highlighted included positive interactions between researchers and policy makers, the role of effective communication in facilitating this, and the importance of researchers and policy makers appreciating and valorising processes entailed in both research and policy making. A number of cross cutting issues were mentioned, such as transparency in policy making, research leadership, community engagement, the importance of a participatory approach, and crucial need for strong political commitment and support, including research prioritisation and financing. A respondent suggested that:

“What is needed is a combination of initiatives that generate good evidence as this is currently lacking; a promotion of better understanding of research by policy makers and the public; build up capacity of researchers to communicate research in a format policy makers and public can easily understand; and help the public understand about research and its use.”

Also highlighted were other factors such as political stability and economic development, as well as adherence to principles of good governance. Though these are beyond the realm of influence of either the researcher and, to some extent, that of the policy maker, they have a strong bearing on the impact of health research and development.

3.3 Quality of interactions between research and policy-making

Most key informants alluded to glaring gaps in the research – policy interface, and to the poor quality of interactions.

“There are a few selected and specific areas where positive interaction has occurred. But on the whole, the big picture is not very positive. There is very little interaction between research and policy makers. There is a lot of indifference in both directions. In some cases, the interaction could even be described as hostile.”

Some respondents however stressed that quality of interactions between researchers and policy makers was highly variable and depended to a large extent on the context. And even though there are many obvious gaps, positive and productive interactions exist, as exemplified in initiatives such in PALSAPLUS (South Africa), Regional East African Community Health (REACH), and Evidence-informed Policy Network (EVIPnet) (see section 3.5 for more information about these initiatives). These all aim to bridge health research and policy/decision making by facilitating interaction between stakeholders from policy making, research and civil society arena.

But besides these and other sparse examples, interaction between researchers and decision makers is mostly ‘poor’. Flagging the substantial need for improved quality and frequency of interactions, respondents said that interactions at national level are generally limited to formal relations on protocols, and, according to one interviewee, ‘are of mediocre quality’. Interactions at global level are also suboptimal, with poor quality of communication and feedback between global and national policy level. Suggested reasons for poor quality of interaction were both general and context specific, mainly related to:

- Restricted communication/dissemination of research results;
- Diverging world views, mindsets, languages, timeframes; and
- Limited (policy-maker) interest in research results.

Restricted communication of research results

A large majority of those who responded to the e-questionnaire (94%) were of the view that research outcomes are not satisfactorily disseminated to policy/decision makers and that decision makers are not sufficiently interested in research outcomes (75%).

According to respondents, priority for most researchers is to publish results in scientific journals to ensure career progression. Dissemination at scientific conferences and in research reports is limited and useful information remains at the level of universities – unavailable to the wider audience. It was further argued that researchers often do not know how to sell their results to policy makers, and that there is limited awareness among the researchers of the specific research and information that is relevant for policy making. Scientific papers are often written in technical jargon.

“Research results are not always disseminated in an accessible format. It is often too technical, too much and not well aligned with what policy makers want / need.”

Successful platforms for communicating research results that were highlighted include workshops, bi-annual conferences, forums or science days. In Côte d'Ivoire ‘national consensus workshops’ (atelier de consensus national) with participants from research and political sectors are currently held for dissemination of research results and are used as a platform for discussions on how to translate recommendations into policies for implementation.

Diverging world views, mindsets, languages, timeframes

Various respondents cited differences in mentality, language and time frames between research and policy-making:

“Researchers and policy makers view the world differently. The agendas that drive them are different. They don’t speak the same language. They don’t share common goals.”

The urgency of policy making often requires that decisions are made fast. Researchers on the other hand insist on consistent and coherent methodologies and approaches to produce high quality products, which is time consuming. These are fundamental differences in work approach.

“Researchers have the impression that the politicians/policy makers only answer to emergencies and short term topics; and that politicians have limited means for intermediate issues/questions and long term visions. On the other hand, policy makers’ view is that research projects take too long, are inefficient, too expensive and not compatible with their budget.”

Limited interest of policy-makers in research results

The opinion of respondents was that politicians mostly perceive research as of limited use for development and/or consider research results as non-applicable. They rarely seek research evidence to inform decision making, and are selective in the information they take on board when they do.

The agenda driving policy making is often complex and difficult to understand for an outsider. Decisions are not solely based on evidence. Policy makers may only be interested if the research has an impact or implication at population level. Research evidence is more likely to be utilised if it can provide political leverage. Consultation for research evidence also occurs if there is an inherent high risk in a decision to be made.

It was pointed out that since the Algiers Ministerial Conference on Research for Health in 2008 and the Mexico Ministerial Summit on Health Research in 2004, some policy makers are now more aware of the potential role of research evidence to inform public health programming, health system development and disease control.

3.4 Possible approaches to improve the quality of interactions

There was broad consensus among respondents regarding the need to improve the interaction between research and policy making (99%). Key suggestions for improvement strategies were:

- Better communication and interactions between researchers and policy-makers;
- Capacity building and PR measures; and
- Commitment, stakeholder involvement and broad based participation.

Better communication and interactions between researchers and policy-makers

The need to translate research findings and knowledge into meaningful concepts relevant to policy makers was the main message conveyed by the respondents.

'... have capacity to respond quickly and directly to burning policy research needs / questions. To be able to anticipate and know what the research needs are for specific policy gaps, and to be able to look for and obtain, synthesise and avail to policy makers this research information in a timely manner and in a format easy for them to understand and use.'

Face to face meetings were suggested as one way to improve interactions, which would allow for opportunities to clarify issues and ask deeper questions.

Policy makers expressed their expectation to obtain short and concise information on research results, delivered through an appropriate and easily readable format such as policy briefs or media briefings. The importance of using simple comprehensible language was reiterated.

"The format should be simple, short and easy for policy makers to understand."

"There is a need for researchers to better communicate within their country, in simple terms. And not only communicate to policy makers. Also communicate to community members. Sometimes people ask; what do researchers do in Senegal? We need to explain to them what we are doing and how this affects them."

Access to research findings was another area highlighted by interviewees. This includes the provision of forums for knowledge and information sharing, e.g. through common platforms and tools of effective communication and learning, access to information in scientific journals, health observatories, and publicly accessible data bases on ongoing health research projects on governmental websites. It was also mentioned that researchers should be proactive and should try to understand research needs of policy makers.

Mechanisms for brokerage of knowledge between producers (researchers) and end users (decision makers) could facilitate interaction between research and policy.

"Brokerage mechanisms would help lobby / advocate for improved interaction between research and policy. For uptake of research produced and its use for policy making....to play the role of middle man, reaching out to both researchers and policy makers."

Media was proposed as an effective way to increase visibility of research. This could be through media coverage of scientific conferences, open days at universities, science laboratories or field work sites. In Africa, the media may not really be interested in research. Researchers, thus, often have to be pro-active to get media attention.

Budgeting for research communication is essential. Research funding should include a budget line for dissemination, and research deliverables could include reports or research briefs tailored for policy makers and the public.

Capacity building and PR measures

Respondents highlighted the need for capacity building for policy makers and planners to enable them to better understand the role of research in promotion of population's health and to interpret research findings for policy making. The profile of research among policy makers could be improved through the selection of national (high profile) research leaders who could advocate for research as they engage with policy makers.

"Policy makers need to be sensitised, to feel that research is relevant. Then they would ask what relevant research evidence is available to inform specific decisions they are tasked with making."

At the same time it was recognised that there is a need for capacity building at the level of researchers to understand the complexity of the policy making process as well as the research needs of policy makers.

"Impact would be facilitated if researchers did not stand aloof, keep to themselves. Researchers should reach out to policy makers and find out what their research needs are."

Joint courses for researchers and policy makers were proposed by respondents. Courses would include topics such as mechanisms of policy making, evidence-based decision making, research needs and use of research results. Health-related PhD programs should include modules on policy making.

Incentives for policy makers to get involved into research can be created by increasing publicity around research that promotes a feeling of ownership – for example targeted profiling of successful research projects that improved public health at community level. Research impact reports should be illustrative, for example by describing what a proposed implementation could mean with respect to the number of deaths averted.

Researchers could receive incentives to promote good quality research, e.g. annual research awards given at universities for excellent research projects, theses and publications. In addition, international organisations could act as intermediaries by supporting research at local level. International organisations such as the Global Fund (GFTAM), WHO and others play an important role as intermediaries in dissemination of research results and innovations, and are viewed by most as a credible interface between research and politics.

Commitment, stakeholder involvement and broad based participation

It was generally recognised that strong political and financial support (own or mobilised via funding structures) as well as strong leadership are needed for evidence informed policy making. This includes support for building capacity of policy makers and researchers, building up (good quality) research evidence, and infrastructure, as well as leaders steering the research processes. Allocation of research funds should not be restricted to research activities but also be invested in human resources, e.g. through continuous professional development courses, including at local community (end-user) level. Strengthening capacity of community based groups can stimulate their involvement in research and subsequent uptake of research recommendations.

Some respondents pointed out the need for broad based participation for the research process, including civil society.

"If our populations readily appreciated the value of research for development, and that research is used to inform a number of policy decisions that affect them, then, for example, when policy makers say that indoor spraying of DDT is recommended for malaria control, our communities can ask: Is there good evidence that this works? Is there a better way to prevent / control malaria?"

Networks across policy makers, end users and other relevant stakeholders can be created by actively integrating them in all stages of research projects (e.g. as members of planning-, coordination-, steering committees). Some interviewees suggested the 'how-to' of participatory approach. Some of key principles suggested include:

- Negotiation and mutual agreement between researchers and decision makers on relevant research topics/questions and priority research areas (research agenda setting and joint tasks);
- Incorporate policy aspects when designing research proposals;
- Jointly develop research/action plans and make individual parties responsible for the implementation of specific aspects;

- Create mechanisms for follow-up implementation of action plans, e.g. during the project design phase, jointly elaborate relevant indicators and methods and ensure commitment to implement them; and
- Develop recommendations for future use so that resources for implementation of recommendations can be allocated by decision makers.

Another suggestion made was to provide 'evidence-based' support: financial support to research projects and researchers based on the quality and usefulness of results delivered.

3.5 Experiences to build on

Even though the majority of respondents highlighted major gaps in the research - policy interface, many also alluded to a slow but growing recognition of the role of research in informing policy, citing initiatives to strengthen this interface, and practical examples of evidence informed policy at global and local level.

Examples of initiatives include EVIPNet (Evidence-Informed Policy Network), an innovative global initiative initiated by WHO in 2005 to promote systematic use of health research evidence for policy making through the establishment of national mechanisms and structures that facilitate better linkages and dialogue between researchers and policy makers in low and medium income countries. Another example cited was Supporting the Use of Research Evidence (SURE) for Policy in African Health Systems, a collaborative project to support evidence-informed policy making in Africa. The project, established by the WHO Advisory Committee on Health Research and funded by the European Commission, works through collaboration with existing initiatives such as EVIPNet Africa and REACH, the Regional East African Community Health Policy Initiative that also promotes evidence informed policy making. Another regional initiative cited was LIPHEA (Leadership Initiative for Public Health) which aims to strengthen capacity building of public health professionals. Challenges facing these initiatives include lack of sustainable financial mechanisms and a lack of political will and support.

Respondents pointed out that some countries are taking steps to prioritise research for health by setting up research directorates or separate research departments within the Ministry of Health (i.e. Zambia) or by including a research component in national health strategic plans (i.e. Zambia and Senegal). These clear signs of political commitment to research for health will help create an environment within which research is more appreciated.

Interviewees provided examples of research projects and programmes, which, in their opinion, contributed to health system and health policy development. The Practical Approach to Lung Health in high-HIV prevalence countries (PALSA Plus) project in South Africa exemplifies the use of research for health system strengthening. Based on results from a randomised control trial in Free State, PALSA Plus guidelines on nurse-managed integrated HIV care were integrated into treatment and care protocols. This was achieved through a collaborative process of workshops with expert clinicians, managers and policy makers. The PALSA-Plus model has been replicated and adapted for use in other provinces in South Africa.

In the debates during the Bamako Ministerial Forum special session, a success story from Uganda was shared that demonstrated the establishment of a policy to provide nevirapine to pregnant women to prevent mother-to-child transmission of HIV. The practice was introduced only two years after the results of a study were published. This change in practice builds on one single study that produced evidence that one dose of a drug to each mother and newborn child could decrease HIV/AIDS transmission. Within two years the use of that one drug became a national policy. HIV/AIDS control and prevention was high on the agenda in Uganda and policymakers viewed the intervention as affordable and effective. Researchers championed the use of the drug and had teamed up with government to widely disseminate the results of the study. Even though the drug manufacturer promised that the drug would be free, however, the program was not as effective as anticipated because only 40% of women in Uganda deliver their babies in health units, and others thus had no access to the intervention. This success story was contrasted with another study that took place in Kenya, Uganda and South Africa. Three clinical trials all pointed in the same direction: that circumcision could reduce the transmission of HIV. However, no policy regarding circumcision has been set in place in Uganda. The reason given is the lack of support from the highest levels of policymakers. These two examples illustrate the difficulties to understand the research to policy process, and also raise the question about the 'right amount' and type of research needed to build the evidence base for decisions on and to change policies.

Another example highlighted by interviewed persons is the South African Cochrane Collaboration (SACC). Evidence from SACC systematic reviews has been used to inform policy guidelines such as the use of ART for PMTCT, emergency contraception, and the inclusion of steroids in the national essential drug list for treatment of eczema. Research evidence has also influenced the South African medicines pricing policy.

According to interviewees, research evidence on ART adherence in Senegal influenced national policy guidelines for provision of free ARVs, and supported roll out of ART program at regional level. In Zambia, evidence from research conducted in the early 1980's is now being used to inform policy on human resources for HIV/AIDS programs.

Respondents provided other examples related to disease control. National research institutes have produced research to guide policy on prevention and control of endemic diseases: Examples cited include the Bandim project (Guinea Bissau), KEMRI (Kenya), and Institut Pasteur (Senegal).

These success stories illustrate the potential of research to have an impact on health policy development. A more in-depth analysis of the reasons for success was not part of this rapid assessment, but would be a very useful activity especially if and when this can link to key strategies research actors can apply to increase the chance of implementation of research findings.

² Evidence-Informed Policy Network. Website: <http://www.who.int/rpc/evipnet/en>

³ Supporting the Use of Research Evidence (SURE) for Policy in African Health Systems. Website: <http://www.who.int/entity/rpc/evipnet/SURE-Supporting%20the%20Use%20of%20Research%20Evidence.pdf>

⁴ Website: <http://www.knowledgetranslation.uct.ac.za/palsaplus.htm>

4. Discussion and conclusions

This study was a rapid assessment meant to inform discussions at the Global Ministerial Forum on Research for Health (Bamako, 2008), where ministerial delegations, researchers, funding agencies and civil society debated the needs, challenges and opportunities of research for health and development. The study did not attempt to be representative, but rather wanted to obtain a varied view from various actors, operating in various geographic and organisational settings. The study partners jointly identified the interviewees for the in-depth interviews, thus moving beyond involving 'own contacts and partners' only. The e-questionnaire however, was circulated to the COHRED database only, which may have resulted, together with the rather low response rate, in a bias in the responses obtained.

Despite the limitations of time and representativeness, the overall result (across e-questionnaires and in-depth interviews) can be seen as a general acknowledgement of the potential positive impact of research on health and health system strengthening, and the role played by a functional research – policy interface in achieving this. Respondents alluded to examples of contribution of research to health policy change at various levels, and gave a number of good examples of networks and mechanisms being put in place to help develop and strengthen the linkage between research production and use. At global level the increased importance given to knowledge translation is mirrored by the 58th World Health Assembly's declaration in 2005, encouraging enhanced knowledge translation. The World Health Assembly will discuss in 2010 the new WHO research strategy thus acknowledging the role of research for health at high international level.

On the flipside, the respondents highlighted the many challenges faced at the interface between the research production, translation and effective use, particularly related to communication, engagement of actors and capacity needs of both researchers and policy makers. WHO defines knowledge translation as: "The synthesis, exchange and application of knowledge by relevant stakeholders to accelerate the benefits of global and local innovation in strengthening health systems and improving people's health." (WHO, 2005), and it has been pointed out that low income countries are especially in need to engage in this process (Siddiqi et al, 2005). A recent study has shown that strong relationships between researchers and policymakers appear to increase the prospects for research use (Lavis et al, 2008). During a Human Resources for Health Research conference, held in Nairobi in 2006, participants also highlighted the diverse skills needed for health research communication. Although this need to 'translate' research findings and knowledge into meaningful concepts relevant to policy makers is generally acknowledged, the impact of communication is related to its nature, quality, diffusion medium used and receptivity of the receiver. Research is needed to test effectiveness of various methods of communication between researchers and policy makers.

Respondents highlighted a number of strategies to address the challenges, most being quick to underscore though that 'the how-to' would necessarily be context specific. Although it was acknowledged that approaches in more developed research production and policy environments, like South Africa, would differ from those in less developed contexts, this research highlighted common issues – in the areas of building of capacity and skills of researchers and policy makers to improve links between research supply, demand and use, and on issues related to the broader policy environment.

As the perspective is broadening from health research to 'research for health', the challenges to move from research to action become different in scope and magnitude. Research for health takes a more holistic view, and requires the involvement of new sectors, beyond health, and new stakeholders. This approach requires new strategies for managing research. It calls for different kinds of capacities to be developed, and new and varied communication channels to link research producers and users.

Achieving research impact relies not only on fruitful interactions between researchers and policy makers. It also requires a well-developed research management system or structure. Governments usually provide the leadership for such research management structures at country level. For research to have the desired impact, it is crucial that relevant stakeholders are involved in these research management structures, as well as in the research process itself. This starts with the involvement of stakeholders in the research agenda-setting process at local, national or global level. Involvement of beneficiaries in the design of research helps create interest and develops mutual understanding and respect.

⁵ Human Resources for Health Research An African Perspective – Conference. Final Report and Record of Expert Consultation, July 2006, Nairobi.

http://www.cohred.org/main/publications/informalreports/HR-HR_reportFINAL.pdf

A research management structure also helps provide financial stability for research. It creates a favourable environment in which research can take place. Alignment of funding to local and national research priorities, and harmonisation among funders to jointly support a local or national agenda, are two strategies that can help develop financial stability (COHRED, 2008). Cordero et al. (2008) have recommended that funding agencies might positively influence research synthesis (thereby focusing on health equity) through supporting knowledge translation by fostering and encouraging interactions between researchers and relevant stakeholders.

Governments should, thus, invest in strengthening their research management structures, and ensure political and financial support for research to flourish.

The impact of research does not only rely on the interaction between researchers and policy-makers. A research management system or structure should involve other stakeholders that can make a contribution to better use of research. One stakeholder group is the civil society organisations that can support the move from research results to health action, as well as be a channel to identify public health and research needs and advocate these needs to policy makers and researchers.

In parallel to actions by government and civil society, a number of practical strategies can support the research into action process. These practical strategies include:

- Incentives for researchers to use communication channels relevant and accessible to policy-makers. Research institutions can stimulate their scientists to expand communication beyond scientific papers, i.e. using media, stories and narratives. Funding organisations can provide financial support for science communication and/or request a science communication component in all project proposals;
- Incentives for policy makers to become involved in research, for example by illustrating what research contributed to the health situation of the people in their community or district;
- Create platforms for interaction at local, national and global levels, thus improving access to information;
- Use knowledge brokerage to stimulate interaction between the policy and research arenas;
- Strengthen the capacity and skills of researchers to better understand the policy process and be creative about communicating research results;
- Strengthen the capacity and skills of policy makers to better understand the research process, and be able to demand relevant research; and
- Promote access and use of existing evidence by researchers and policy makers.

⁶ A Call for Civil Society Engagement in Research for Health. Presented at the Global Ministerial Forum on Research for Health (Bamako, 2008). Available from:
http://www.cohred.org/main/Assests/PDF/Bamako_web.pdf

References

Canadian Health Services Research Foundation. 2008. Measuring the Impact of Research: What do we know? (Part I). Canadian Health Services Research Foundation, Insight–Action Issue 46. http://28784.vws.magma.ca/other_documents/insight_action/documents/InsightandAction_46_e.pdf (Accessed 20 October 2008)

COHRED. 2008. Alignment and Harmonization in Health Research. Synthesis Report. ISBN 929226016-2. http://www.cohred.org/AHA/files/resources/Synthesis_web.pdf (Accessed 20 March 2009)

Cordero C, Delino R, Jeyaseelan L, Lansang MA, Lozano JM, Kumar S, Moreno S, Pietersen M, Quirino J, Thamlikitkul V, Welch VA, Tetroe J, Ter Kuile A, Graham ID, Grimshaw J, Neufeld V, Wells G, Tugwell P. 2008. Funding agencies in low- and middle-income countries: support for knowledge translation. *WHO Bulletin* 2008; 86(7):524-34

Kuruville S, Mays K, Walt G. 2007. Describing the impact of health services and policy research. *Journal of Health Services & Research Policy*; 12(1): 23-37.

Lavis JN, Moynihan, R, Oxman A, and Paulsen EJ. 2008. Evidence-informed health policy 4 – Case descriptions of organizations that support the use of research evidence. *Implementation Science*, 3:56

Moynihan R, Oxman AD, Lavis J, Paulsen E. 2008. Evidence-Informed Health Policy: Using Research to Make Health Systems Healthier. Norwegian Knowledge Centre for the Health Services. Rapport fra Kunnskapssenteret1-2008.

<http://hera.helsebiblioteket.no/hera/handle/10143/33952> (Accessed 2 October 2008)

Siddiqi K, Newell J, Robinson M. 2005. Getting evidence into practice: what works in developing countries? *Int J Qual Health Care* 17:447-54

World Health Organization. 2005. Bridging the3. “know-do” gap meeting on knowledge translation in global health, 10-12 October 2005. Geneva: WHO; 2005.

http://www.who.int/kms/WHO_EIP_KMS_2006_2.pdf (Accessed 2 October 2008)

Annex

Annex 1. Characteristics of respondents

Figure 1. Country of residence of respondents to the web-based questionnaire (n=150)

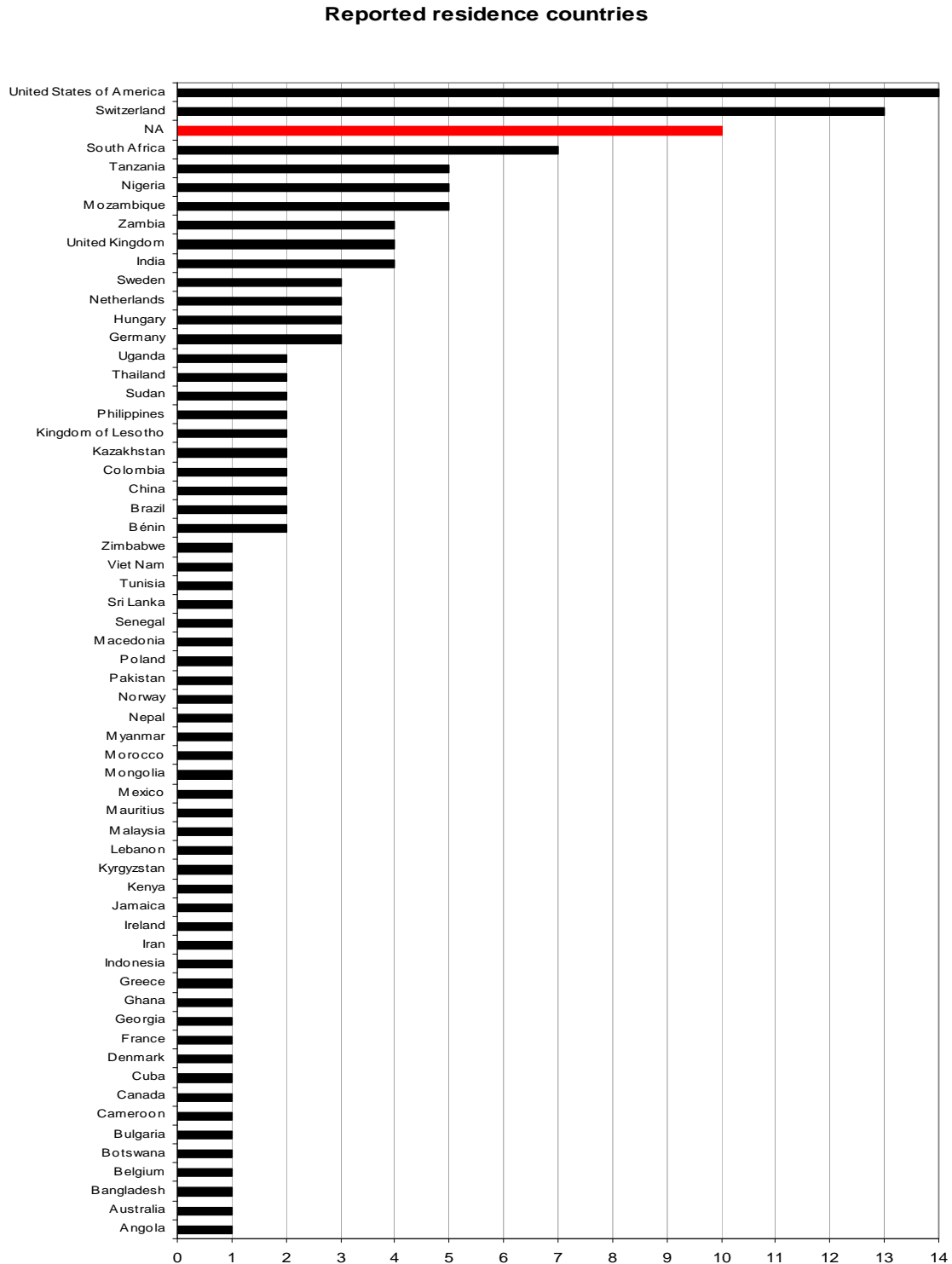


Figure 2. Country of residence of respondents to the web-based questionnaire by WHO region (n=150)

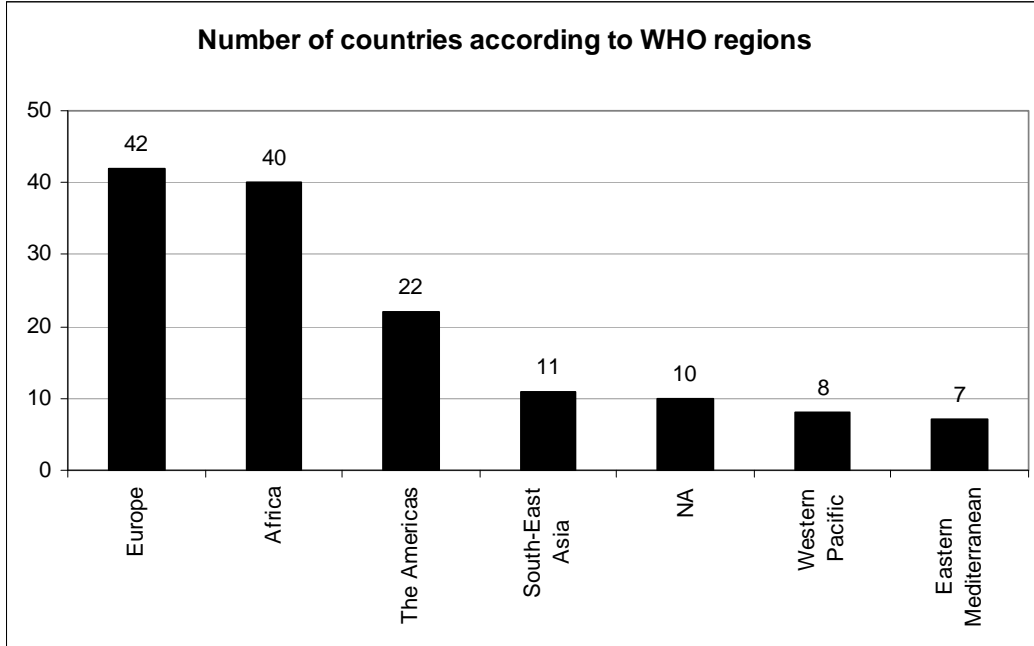


Figure 3. Employer of respondents to the web-based questionnaire (n=150)

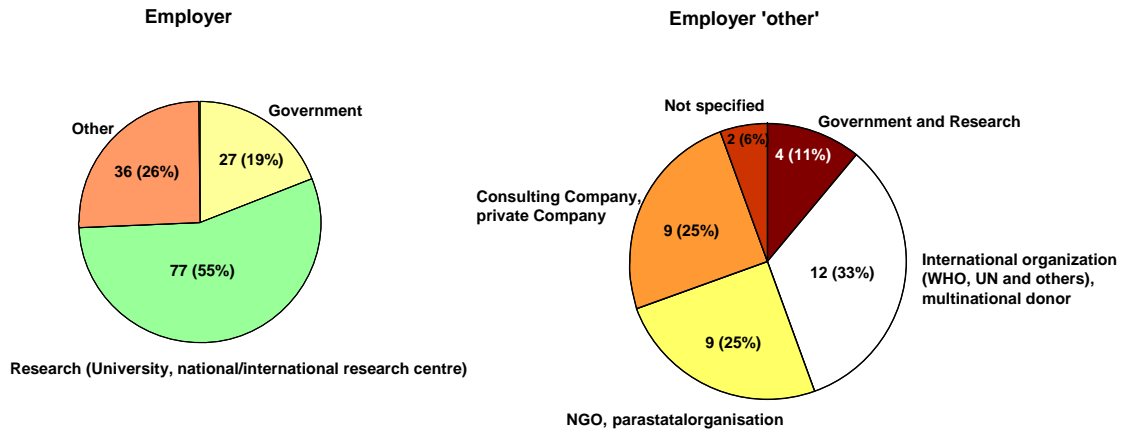


Figure 4. Area of work of respondents to the web-based questionnaire (n=150)

