

Informal Consultation on
National Health Research
Systems Analysis in the
WHO Western Pacific Region



Penang, Malaysia
9-11 May 2006

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REPORT

INFORMAL CONSULTATION ON NATIONAL HEALTH RESEARCH SYSTEMS
ANALYSIS IN THE WHO WESTERN PACIFIC REGION

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

and

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NOTE

The views expressed in this report are those of the participants in the Informal Consultation on National Health Research Systems Analysis in the WHO Western Pacific Region and do not necessarily reflect the policy of the World Health Organization and/or Council on Health Research for Development.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for governments of Member States in the Region and for those who participated in the Informal Consultation on National Health Research Systems Analysis in the WHO Western Pacific Region, which was held in Penang, Malaysia from 9 to 11 May 2006.

SUMMARY

The Informal Consultation on National Health Research Systems (NHRS) Analysis in the WHO Western Pacific Region was held in Penang, Malaysia from 9 to 11 May 2006. The objectives of the meeting were:

- (1) to share information on the development of NHRS in each participating country;
- (2) to finalize draft NHRS instruments that are appropriate to the member country; and
- (3) to discuss and agree on a workable process to implement the NHRS initiative.

The World Health Organization (WHO) Headquarters initiated the Health Research System Analysis in 2002. It began as a pilot project to test instruments in a few selected countries in all regions, including Malaysia and the Lao People's Democratic Republic in the Western Pacific Region.

In 2003, WHO's Western Pacific Advisory Committee for Health Research recommended that the WHO Regional Office for the Western Pacific should work with member countries to develop their NHRS. In May 2005, the fifty-eighth session of the World Health Assembly recommended the development of health research systems (Resolution 58.34).

In line with these recommendations, the WHO Regional Office for the Western Pacific launched the NHRS initiative in 2005 to develop and test tools that could assess the NHRS of countries in the Region—a step towards evidence-based assessments. The initiative began at the end of 2005 with the signing of agreements of performance of work (APW) with four member countries, namely Cambodia, Mongolia, Philippines, and Viet Nam. The project is scheduled to be implemented in 2006.

The WHO Regional Office requested the Institute for Health Systems Research of Malaysia (IHSR), through a separate APW, to provide technical leadership in developing and testing the tools. In addition, the WHO Regional Office and the Council for Health Research and Development (COHRED) agreed to work together with IHSR on this initiative.

The informal consultation was organized to provide a forum for participating countries to discuss the execution of the NHRS initiative. The WHO Regional Office and COHRED jointly funded the consultation and IHSR assisted in its local coordination.

The consultation succeeded in meeting all of the intended objectives, as well as the participants' expectations of the consultation. The participants (1) identified priority questions to be included in the institutional survey to assess their NHRS, (2) discussed and agreed on the methodology and logistics of the initiative, and (3) discussed issues related to parallel processes to formulate a mechanism to develop and sustain the growth of the NHRS.

CONTENTS

	<u>Page</u>
SUMMARY	i
1. INTRODUCTION	1
1.1 Background.....	1
1.2 Objectives	1
1.3 Participants.....	2
1.4 Opening ceremony.....	2
2. PROCEEDINGS	2
2.1 Day 1.....	2
2.2 Day 2.....	4
2.3 Day 3.....	6
3. CONCLUSION.....	6

ANNEX 1 - LIST OF PARTICIPANTS AND SECRETARIAT

Key words:

Health services research / Project formulation / Questionnaires / Sampling / Western Pacific

1. INTRODUCTION

The Informal Consultation on the National Health Research Systems Analysis in the WHO Western Pacific Region was held in Penang, Malaysia from 9 to 11 May 2006.

1.1 Background

The World Health Organization (WHO) Headquarters initiated the Health Research System Analysis (HRSA) in 2002. It began as a pilot project to test HRSA instruments in a few selected countries in all regions, including Malaysia and the Lao People's Democratic Republic in the Western Pacific Region.

In 2003, WHO's Western Pacific Advisory Committee for Health Research recommended that the WHO Regional Office for the Western Pacific should work with member countries to develop their national health research systems (NHRS). In May 2005, the fifty-eighth session of the World Health Assembly recommended the development of health research systems (Resolution 58.34).

In line with these recommendations, the WHO Regional Office for the Western Pacific launched the National Health Research Systems in 2005 to develop and test tools that could assess the health research systems of countries in the Region—a step towards evidence-based assessments. The initiative began at the end of 2005 with the signing of agreements of performance of work (APW) with four member countries, namely Cambodia, Mongolia, the Philippines, and Viet Nam. The project was designed to be carried out in 2006.

The WHO Regional Office requested the Institute for Health Systems Research of Malaysia (IHSR), through a separate APW, to provide technical leadership in developing and testing the tools. In addition, the WHO Regional Office and the Council for Health Research and Development (COHRED) agreed to work together with IHSR on this initiative.

The informal consultation was organized to provide a forum for participating countries to discuss the execution of the NHRS. The WHO Regional Office and COHRED jointly funded the consultation; IHSR assisted in its local coordination.

1.2 Objectives

- (1) To share information on the development of NHRS in each participating country.
- (2) To finalize draft NHRS instruments that are appropriate to the member country's context.
- (3) To discuss and agree on a workable process to implement the NHRS initiative.

1.3 Participants

The 18 participants represented member countries, resource persons, sponsoring organizations and the host institution. The list of participants is attached as Annex 1.

1.4 Opening ceremony

Dr Maimunah Abdul Hamid, Director of IHSR, opened the consultation on behalf of the Deputy Director-General of Health (Research and Technical Support), Ministry of Health, Malaysia. Opening remarks were then made by Dr Reijo Salmela, Medical Officer, Situation Analysis for Policy, WHO Regional Office for the Western Pacific; and Dr Andrew Kennedy, Scientific Officer, COHRED.

Each participant was introduced. Dr Salmela explained that representatives from China and the Lao People's Democratic Republic would share their experiences, as they had already used the HRSA approach initiated by WHO Headquarters.

The consultation proceeded to appoint Dr Le Vu Anh from Viet Nam as Chairperson, Professor Dr Bounngong Boupha from the Lao People's Democratic Republic as Vice-Chairperson and Dr Jaime Montoya from the Philippines as Rapporteur.

2. PROCEEDINGS

2.1 Day 1

After the election of Chairperson, Vice-Chairperson and Rapporteur, the group reviewed the background, objectives and agenda of the consultation. The consultation was designed to enable each country to identify a "first step" in improving its national health research system. This was followed by presentations on the conceptual frameworks of the HRSA by Dr M. Hamid, and COHRED's process for development of NHRS by Dr Kennedy.

After the morning break, Dr Boupha from the Lao People's Democratic Republic and Dr Jie Chen from China presented their experiences with the WHO HSRA. Participants from Cambodia, Mongolia, the Philippines and Viet Nam later presented their national health research systems, based on the outline provided in the NHRS mapping questionnaire distributed prior to the consultation.

After lunch, Dr Kennedy presented a synthesis of the member countries' presentations:

- (1) Each country's level of capability in terms of its NHRS is different. Therefore, the instrument designed to assess NHRS would have to be unique and sensitive to each country's specific NHRS needs.
- (2) The member countries would like to use this opportunity to learn from each other's successes, mistakes and experiences.
- (3) Most countries are interested in establishing a national health research policy. Some are in the process of making this happen, while others already have a national health research policy in place.

(4) Based on the experiences of the Lao People's Democratic Republic and China, the existing instruments of the WHO HRSA were found to be too difficult. This consultation provided an avenue to simplify them.

Dr Nordin of IHSR then presented the tools used in the WHO HRSA pilot study. He described briefly the contents of questionnaires for the individual survey, media review, focus group discussion and institutional survey. He also shared the NHRS approach developed by COHRED, which looks at producers, users and funders as three separate entities.

Prior to the consultation, the WHO Regional Office, COHRED and IHSR discussed what was required and what could be achieved during the consultation and within the timeframe of the APWs. In view of the limited time (the APW should be implemented before the end of 2006) and the limited financial resources provided for the NHRS initiative, the technical group decided the following:

- (1) Countries would adopt COHRED's approach, utilizing variables and questions from the WHO institutional survey.
- (2) Many of the variables in the individual survey questionnaires could be captured in a collective manner through the institutional survey.
- (3) Media reviews would not be included because of the considerable human resource requirements.
- (4) Focus group discussions would not be included because of the need for specific skills to conduct the focus groups.

However, countries with sufficient resources were given the option of using tools beyond the institutional survey if they saw the need in their own context.

To close the first day, each country team was asked to review the institutional survey questionnaires overnight. On Day 2, they would select and prioritize the questions in the context of their country's needs. As a guide for question selection, the following criteria were proposed:

- (1) the question provides information relevant to the country;
- (2) the question provides information useable and/or actionable by the country; and
- (3) the question is well defined and measurable.

Subsequently, the teams were requested to prioritize the selected questions into two categories:

- (1) P1, which means that the question addresses an immediate NHRS need; and
- (2) P2, which means that the question addresses future NHRS needs.

The suggested prioritization criteria were:

- (1) usable and actionable by the country;
- (2) well defined and measurable;

- (3) relevant to the country;
- (4) cost-effective (in relation to the cost of obtaining the answers);
- (5) timeliness (able to be obtained within the stated period); and
- (6) methodologically feasible.

2.2 Day 2

The second day started with the country teams selecting and prioritizing the questions in the institutional survey. Once completed, the results were forwarded to the secretariat for compilation.

After the morning break, Dr M. Hamid presented a review and later facilitated a discussion on matters related to the methodology and logistics involved for this initiative. It was agreed that flexibility should be given to countries on the methodological approach, depending on the availability of sampling frame and resources at local level. The face-to-face interviews and self-administered questionnaires had been deliberated, considering the pros and cons of each of them. Dr Boupoua from the Lao People's Democratic Republic and Dr Jie Chen from China shared the strategies they adopted to overcome some of the logistical difficulties in attaining good response rates. Issues of sample, sampling strategy as well as stratification of the institutions according to the intensity of research work or use of research products were discussed at length. It was concluded that each country may use their own classification and sampling strategy, if needed, but it was noted that a detailed report of the methods employed should be included in the progress and final reports. It was agreed that the primary principle of the assessment work was to provide evidence for each country to inform improvement of their NHRS, rather than a comparison of performance across countries.

The consultation also discussed matters related to logistical arrangements for the initiative. The teams agreed that they would refer administrative matters to Dr Salmela, WHO Regional Office, and technical matters to IHSR and COHRED. The teams also agreed on a set of milestones for the implementation plan of the initiative (Table 1).

Table 1: Activities, responsibilities and deadlines for the NHRS initiative

	Activities	Responsibility	Deadline
1	Selection and prioritization of questions	Country PI	10 May 2006
2	Identification of the first step in NHRS improvement	Country PI	10 May 2006
3	Outline of the process for the first step	Country PI	11 May 2006
4	Confirmation of the prioritized questions	Country PI	31 May 2006
5	Revision of questionnaires	IHSR	15 June 2006
6	Progress report 1	Country PI	14 June 2006
7	Pre-test questionnaires	Country PI	May-June 2006
8	Data entry screen	IHSR	15 July 06
9	Reporting framework	IHSR	15 August 2006

10	Data collection	Country PI	June-September 2006
11	Data entry and editing	Country PI	September 2006
12	Progress report 2	Country PI	15 October 2006
13	Data analysis	Country PI	September-October 2006
14	Report writing <ul style="list-style-type: none">• Technical report• Process report	Country PI	October-November 06
15	Submission of reports to the WHO Regional Office	Country PI	1 December 2006

IHSR - Institute for Health Systems Research of Malaysia

PI - principal investigator

It was agreed that the following would be reported through e-mail to IHSR and COHRED:

- (1) progress report 1
 - (a) mapping tool (for those who have not completed)
 - (b) project team members
 - (c) translation and difficult terms identified
 - (d) pre-test of the instrument and changes made
 - (e) sampling frame (if any)
 - (f) sampling technique (if any)
 - (g) sample size
 - (h) parallel processes
 - (i) identification of stakeholders
 - (ii) consultations with stakeholders
- (2) progress report 2
 - (a) response rate and reasons for non-response
 - (b) difficulties and strategies used in data collection
 - (c) difficulties in analysis and interpretation
 - (d) parallel processes
 - (i) dissemination strategies
 - (ii) potential use of results
 - (iii) specific action taken.

After the afternoon break, Dr Kennedy gave a presentation on COHRED's strengthening programme for NHRS and led a discussion on COHRED's role in supporting country-led strengthening efforts.

2.3 Day 3

The day began with a summary of the consultation for the last two days by Dr J. Montoya from the Philippines. The participants unanimously agreed on his summary.

Dr Nordin presented the results of the compilation of questions prioritized for the HRSA initiative by each country using Excel. Similarities and differences in the selection were highlighted in the Excel tables. The participants felt that the consolidated tables represented their countries' needs; though they needed additional time to consult their colleagues to further refine their selection.

Dr M. Hamid then presented a synthesis of the expectations of the participants of the consultation, reported at the beginning of the meeting. The common expectations were:

- (1) to share and learn from each others' experiences;
- (2) to understand the tools, framework and process of NHRS, including the "parallel processes";
- (3) to get ideas on the study design;
- (4) to review NHRS instruments; and
- (5) to join a future network.

Dr M. Hamid, and the organizers, thanked the participants for their excellent work. Each country team was given a compact disc that contained documents of the consultation.

3. CONCLUSIONS

The main conclusions of the consultation were as follows:

- 3.1 The participants agreed that the consultation met all of their expectations.
- 3.2 Dr Salmela discussed the 'next steps' in this initiative. All countries participating in the consultation requested assistance from the WHO Regional Office to help them gain support at local level. They also asked COHRED to consider the application of a common research grant for this initiative.
- 3.3 Dr Salmela expressed his confidence that the country reports would be ready on time. He announced that another meeting for the participants would be held if financial resources were available. The meeting would enable countries to discuss the use of the NHRS instruments for further action.
- 3.4 WHO intends to prepare a regional research report that would be used for the 2008 Ministerial Summit on Health Research and published in peer review journals.

WORLD HEALTH
ORGANIZATION



ORGANISATIONS MONDIALE
DE LA SANTE

REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU REGIONAL DU PACIFIQUE OCCIDENTAL

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HEALTH RESEARCH SYSTEMS ANALYSIS
IN THE WHO WESTERN PACIFIC

9 May 2006

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