COHRED approach to National Health Research System Assessment & Development

Symposium on the Comparative Analysis of National Research Systems

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Council on Health Research for Development
Overarching aim

- Enable national stakeholders to drive development of National Health Research Systems (NHRS)
- Evidence based - action oriented
NHRS development approach

1. Framework
   - Picture the NHRS and understand what it should do

2. Technical components, approaches to:
   - collecting evidence to inform decision making:
     NHRS assessment
   - policy development, priority setting, …

3. Process
   - Not simply a technical exercise
   - How you do it often more important than what you do
Political support from government and the other influential decision makers within the NHRS

NHRS governance and management framework

- NHRS governance and management mechanisms
- Priority Setting Process
- National Health Research Priorities
- Implement strategies to align research activity with agreed priorities
- Policy Development Process
- National Health Research Policy
- Policy implementation driving NHRS development

Foundations of NHRS Development
COHRED – Council on Health Research for Development

NHRS Framework

National Health Research System

Information environment

1. Priority setting process

0. Demand for research

1. Resource alignment

2. Research outputs

2. Dissemination & utilisation process

3. Research outputs

4. Innovation

5. Adoption

6. Outcomes

NHRS Governance & Management Framework
Levels of NHRS Assessment

- **Mapping – system description**
  - Governance & management, policies, institutions, key actors
  - Donor alignment, Health equity

- **Profiling – system capabilities**
  - Main focus inputs, process, outputs
  - Capacities, human and financial resources available, partnerships, activity, output

- **Analysis – system performance**
  - Greater focus on adoption and outcomes
  - How well do specific components of the system perform

- **Intervention evaluation – system intervention**
  - How effective are reforms and other strengthening efforts
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NHRS Mapping & Donor alignment

Africa
Burkina Faso
Cameroon
Mozambique
Uganda
Zambia
NHRS Mapping & Profiling/Analysis

East Asia
Cambodia
China (Shanghai)
Mongolia
Philippines
Viet Nam
Lessons learned -1

• Political support
  – Essential, but how can we measure this?
  – What arguments can we use to build this support?
    • Talk to decision makers in a language they understand
    • Example, UK Dept of Health, Director of Research:
      – Market failure argument
Lessons learned -2

- Stakeholder involvement
  - Decision makers and those influenced by the decisions made
  - MoH, MoST, Academia, NGO, Civil Society, (Donors)
- Mapping and Profiling levels
  - fairly standardised
- Analysis level
  - 100s of indicators potentially useful
  - Present a ‘basket’ of indicators, enable stakeholders to select those most useful to them
  - Example from 5 country East Asia study : 100% of questions selected by at least one country, only 19% selected by all
Lessons learned - 3

• Process driven – not a one off ‘academic’ exercise:
  – Staged approach beneficial, enables early action highlighting the usefulness of NHRS development
  – Initial improvements are often to system governance and management:
    • Mongolia: Policy development
    • Shanghai: Improve coordination between governance and management bodies
    • Philippines: M&E system
    • Vietnam: Priority setting and institutional development
    • Central Asia: building political support
    • Middle East: Priority setting
    • T&T and PICs: Strengthen governance
Health Research Web

www.cohred.org/HealthResearchWeb
Health Research Web

- **Global knowledge platform**
  - Providing information on national “research for health” systems
  - Our own and links to others
- **Approach is based on ‘wikipedia’**:
  - Information controlled through transparent, peer-review editorial policy
  - Public domain information
  - Low cost – multiple contributors
- **COHRED is developing the platform**
  - *but does not want to ‘own’ it*
  - Share at ‘national’ and ‘regional’ level (*e.g. Pan American Health Organization*)
  - Share with institutions (*e.g. donors & research sponsors*)
  - Quality control through designated reviewers / review process
- **Phase 1 (‘static’), 2(‘interactive’), 3 (meta-analysis)**
Collaborators

Bahrain : Dr Jamal Alsayyad; Cambodia: Dr Vonthanak Saphonn; Cameroon: Dr Pierre Ongolo Zogo, Dr Innocent Takougang, Dr Peter Mbondji; Canada: Dr Don de Savigny; China: Prof Jie Chen, Ms Du Li; Fiji : Dr Jan Pryor, Dr Zac Morse, Dr Shirley Prasad, Dr Makeleta Koloi; India: Dr Shyama Kuruvilla; Jordan : Dr Mai Saob; Kazakhstan: Dr Bakhyt Sarymsakova; Kuwait : Dr Abdulaziz Khalaf Abdullah Karam; Laos: Prof Bungong Boupha, Dr Sengchanh Kounavong; Lebanon : Dr Salim Adib; Malaysia: Dr Maimunah abt Hamid, Dr Nordin Saleh, Dr Azman Abu Bakar, Dr Tahir Aris, Ms Low Lee Lan; Mongolia: Dr Badrakh Burmaa; Oman : Dr Asya Al-Reyami; Philippines: Dr Jaime Montoya, Ms Merlita Opena; Qatar : Dr Naser Ali Asad Al-Ansari; Saudi Arabia : Dr Tawfik A M Khoja, Dr Mohamed S. Hussein, Dr Abdullah M. Al – Bedah; South Africa: Prof Mohammed Jeenah; Tajikistan: Dr Zarina Ishkakova; Trinidad & Tobago: Dr Dan Ramdath, Ms Nicole Hunt, Dr Donald Simeon; Tunisia : Dr Hassen Ghannem, Dr Noureddine Bouzouaia; UK: Dr Steve Hanney; United Arab Emirates : Dr Abdullah Al-Naimi; Uzbekistan: Dr Mohir Ahmedov; Vietnam: Prof Le Vu Anh, Dr Tran Huu Bich, Dr Le Thi Kim Anh; Yemen : Dr Tarek Salah Asaad; WHO: Dr Alaa Abou Zied, Dr Reijo Salmela, Dr Rebecca de los Rios.
Sources

• Central Asia study

• Middle East study
  Eastern Mediterranean Health Journal May 2008

• Framework – NHRS development manual
  http://www.cohred.org/NHRSsupport

• Health Research Web
  www.cohred.org/HealthResearchWeb

• (Health) research evaluation
  http://www.brunel.ac.uk/about/acad/herg/publications/payback

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