Financing and stewardship of health systems research

First Global Symposium on Health Systems Research
Friday, November 19 2010
Montreux

John-Arne Røttingen, Professor, Chief Executive, Norwegian Knowledge Centre for the Health Services
Outline

1. Current international landscape of health systems research – *the evidence*
2. Directions forward for health systems research – *ideas and visions*
   • The “*LEGO House vision*” for health systems research
3. *Stewardship* functions on the international level
From *Mexico* via *Mali* to *Montreux*
Developments since 1990

- Commission on Health Research for Development (1990)
- Alliance for Health Policy and Systems Research (1999)
- World report on Knowledge for Better Health + Mexico declaration + WHA resolution (2004-5)
- High level task force on Scaling up research and learning for health systems + Bamako declaration + WHA resolution (2008-9)
- WHO Research Strategy (2010)
Mexico Ministerial Summit on Health Research called for

- Increased funding for HSR
- Increased institutional capacity for HSR
- Knowledge development in HSR

From Mexico to Mali: progress in health policy and systems research

Sara Bennett, Taghreed Adam, Christina Zaroweik, Virjo Tangcharoensathien, Kent Ranson, Tim Evans, Anne Mills, Alliance STAC

In 2004, the ministerial summit in Mexico drew attention to the historic neglect of health policy and systems research (HPSR) and called for increased funding, investment in national institutional capacity for HPSR, and resources for selected priority research topics. On the basis of meeting discussions, published reports, and available data from research funders and organisations in low-income and middle-income countries, we discuss how HPSR has evolved since the summit in Mexico. Funding for HPSR, particularly in low-income countries, is mainly supported by international and bilateral organisations. Increased interest in health systems has translated into increased support for HPSR. However, small grants and lack of coordination between funders inhibit capacity development, and substantial gaps remain between institutional capacities of high-income and low-income countries. Lack of national capacity is judged to be the key constraint to the development of HPSR. Recommendations from the summit in Mexico remain pertinent, and momentum towards their achievement must be accelerated through the ministerial forum in Mali and beyond.

Introduction

In 2004, stakeholders in global health research—including ministers of health, researchers, research funders, and civil society organisations—met in Mexico to discuss key challenges of international health research. One of the crucial issues that emerged from the background documents, the ministerial summit itself, and the subsequent World Health Assembly resolution was the historic neglect of health policy and systems research (HPSR). The invigoration of HPSR was one of the main recommendations of the summit. Recommendations and subsequent related documents called for:

- Increased funding for HPSR. Grants should support institutional and capacity building.

We believe that progress is essential on all three recommendations to achieve the benefits of stronger health policies and systems that can improve the health of populations in low-income and middle-income countries. Health services research, to which HPSR is closely related, emerged as a distinct research area in developed countries in the early 1960s. Health services research in low-income and middle-income countries began to be developed during the 1970s, but is often viewed as lacking in prestige, and hence funding has been insufficient. Recommendations of the summit in Mexico invited increased attention to health services research, particularly in low-income and middle-income countries.
International landscape of health systems research - data sources

- Bibliometric analysis of the general state of health systems research (Global Forum for Health Research)
- Bibliometric analysis of four thematic areas (Alliance for Health Policy and Systems Research)
  - Access to medicines – pharmaceutical policies
  - Human resources for health – health workforce
  - Health financing – insurance
  - Non-state sector – private sector
- Survey of studies from the World Bank Group
- Alliance’ Partners Survey
- Interview study of implementation research funders (TDR)
The state of HSR, by building block

Articles in reviews published in HSR building blocks
(Service delivery uses LH scale, all others use RH scale)

Data and Analysis: Evidence, Thomson Reuters

Marta Feletto, in preparation
The state of health systems research (HSR) globally

Articles and reviews published globally in HSR (LH axis, bars) against a global benchmark* (RH axis, line)

Data and Analysis: Evidence, Thomson Reuters

* Journals categories associated with HSR in Thomson Reuters Web of Science: Health Care Sciences & Services and Health Policy & Services

Marta Feletto, in preparation
The World Bank Group’s health systems research portfolio 2000-2010
Number of publications focused on low-income and middle-income countries over time by topic

Taghreed Adam, Saad Ahmad and Abdul Ghaffar, in preparation
Temporal trends in the four thematic areas (LMIC)

**Human resources**

- $R^2 = 0.917$

**Health financing**

- $R^2 = 0.7748$

**Non-state sector**

- $R^2 = 0.7394$

**Access to medicines**

- $R^2 = 0.4336$
Proportion of HSR studies on LMICs in four thematic areas

Human resources

- 14% HIC
- 14% LMIC

Health financing

- 8% HIC
- 8% LMIC

10 - 90% gap still!

Taghreed Adam, Saad Ahmad and Abdul Ghaffar, in preparation
Percent of publications on LMICs by topic and residence of lead author (2004-2009)

Taghreed Adam, Saad Ahmad and Abdul Ghaffar, in preparation
Number of publications on LMICs by residence of lead author, grouped by income group (2004-2009)

**Human resources**

**Health financing**

**Non-state sector**

**Access to medicines**

Taghreed Adam, Saad Ahmad and Abdul Ghaffar, in preparation
Distribution of HSR publications on LMIC issues by residence of lead author, grouped by region (2009)

North America: 19%
Europe & Central Asia: 22%
East Asia & Pacific: 22%
Latin America & Caribbean: 11%
Middle East & North Africa: 9%
Sub-Saharan Africa: 10%
South Asia: 7%
## Funding of HPSR: Grant sizes and sources

### 2007

<table>
<thead>
<tr>
<th>Source of funding</th>
<th>LIC</th>
<th>LMIC</th>
<th>UMIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>International or bilateral</td>
<td>78%</td>
<td>57%</td>
<td>16%</td>
</tr>
<tr>
<td>National govt</td>
<td>15%</td>
<td>35%</td>
<td>58%</td>
</tr>
<tr>
<td>Private</td>
<td>7%</td>
<td>14%</td>
<td>21%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
<td>5%</td>
<td>16%</td>
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</table>

### 2009

<table>
<thead>
<tr>
<th>Source of funding</th>
<th>LIC</th>
<th>LMIC</th>
<th>UMIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>International or bilateral</td>
<td>71%</td>
<td>41%</td>
<td>60%</td>
</tr>
<tr>
<td>National govt</td>
<td>14%</td>
<td>41%</td>
<td>31%</td>
</tr>
<tr>
<td>Private</td>
<td>14%</td>
<td>19%</td>
<td>24%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
<td>6%</td>
<td>0%</td>
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</tbody>
</table>

### Slight increase in grant size

Mainly intl funding in LICs

Taghreed Adam, Saad Ahmad and Abdul Ghaffar, in preparation
Perceptions of availability of funding and interest in HPSR (2008 and 2010)

- **Funding**
- **Interest**

2010
- Still increasing interest
- No further funding increase

2008

Taghreed Adam, Saad Ahmad and Abdul Ghaffar, in preparation
Conclusions from the landscaping

- General increase in HSR
- Some, but smaller, increase in HSR on LMICs
- About 10% of HSR on LMICs – only a small fraction by LIC based researchers
- The increase in HSR on LMICs is mainly due to research by HIC- and partly MIC-based researchers
- Most HSR in LICs is externally funded

- Need capacity building and funding of HSR in LMICs
  - HSR: A key component of essential national health research
Health systems differ ...
... but share the same purpose
A health system in one country ....
... has evidence, knowledge and innovations that can be transferred, adapted and utilized ...
... but adding local evidence, knowledge and innovations is in addition needed ...
... to inform building and improving the health system in another country
Developments since 1990

- Commission on Health Research for Development (1990)
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- WHO Research Strategy (2010)

First Global Symposium
ON HEALTH SYSTEMS RESEARCH
Science to accelerate universal health coverage
Things
Take
Time
Thinking, Terms, Taxonomies, Typologies
Different terms are used for the same concept
Different concepts are described by the same term

**Implementation research**
- implementation research
- operations research
- health and social care services research
- applied research
- health systems/services research
- optimization research
- translational research
- cost effectiveness research

**HSR**
- Applied, complexity, delivery, diffusion, evaluation, formative, implementation, operations, program, process, scale-up, spread, systems, translation two or “T2”...etc. etc.

*Tim Evans, opening plenary*
HSR concepts - goals and framework

- Not enough HSR is conducted to understand which HSS approach works best
- Majority of donors/research organizations do not use a specific framework to define HSR
  - «(health system) can literally mean anything [...] that contributes to improving, maintaining health», Medical Research Council, LMIC

- WHO Framework is a reference
  - «it helps us stabilise the categories we work on», Bilateral Agency

- A simpler framework is needed that can be more amenable to research
  - «(WHO Framework) can be used for certain analytical purposes (or) to categorize investments or expenses [...] but within a research context [...] you’d need something else », Global Health Initiative

Marta Feletto, in preparation
Implementation research - Conclusions from report

- Urgent need for uniform nomenclature to define IR
- Lack of a more standardized definition makes it difficult for funders to allocate resources and to advocate for advancing the science
- Without clear terms, no structure (methodology, curriculum) can be build and few investors can be convinced to invest.
- While the recognition ... has grown, the human capacity to carry out the research has not kept pace.
- However, innovative forms of governance are required that ensure harmonization
Concepts
Classifications
Coordination
Curricula
Bridging different communities
Bridging different communities

- ... research and policy
- ... disease oriented and systems oriented
- ... health services research community (north) and health systems research community (on LMICs)
- ... reductionistic/single factors and complexity and systems science
- ... epidemiology and economics and policy analysis and social science
- ... knowledge translation and knowledge management

- Multidisciplinarity, multiprofessional, multi-actor
Methods

Matters

Most
Need methods and measures for ...

- Monitoring Evaluation
- Policy making
- Policy briefs Guidance
- Systematic Reviews
- Generalizable Primary research Contextual
- Teaching

Translation
- Local

Production
- Local
- Global
- Demand

Re-production
- Supply
Feed-ins and feedbacks

- Monitoring Evaluation
- Policy making
- Policy briefs Guidance
- Systematic Reviews
- Generalizable Primary research Contextual
- Teaching
- Local
- Global
- Demand
- Supply

New production
Translation
Production
Re-production
Health Policy and Systems Research

The international stewardship role
What we should do together – We need:

- Better understanding of the field: oversight of funded, planned, ongoing, finalized and translated HSR
- A comprehensive strategy of HSR
  - Concepts, production, reproduction and translation of knowledge
  - Set standards, define quality, excellence and rigor (but not rigidness)
- Platforms for collaborative research and learning
  - Networks of HSR institutions
- Platforms for coordinated methods work
  - Working groups on HSR synthesis, HSR designs, checklists and reporting guidelines
- Platforms for creating and sharing teaching materials
  - Textbooks, readers, handbooks, curricula, course materials, e-courses
- Platforms for translating HSR and informing policy processes
  - Networks of knowledge brokering institutions and networks for policy makers
What we should do together – We need:

• A common platform for further work:
  – An International Society/Association for Health Systems and Services Research
  – with sub-groups, interest groups and working groups, and regional entities

• A common arena for sharing and learning
  – A series of symposia/conferences
  – Website: www.hsr-symposium.org

• A platform for strategic international discussions
  – An ”affinity group” of HSR funders

• Platforms for coordinated or joint funding
  – e.g. the Implementation Research Platform

• Build on what is there and has been started
• Build capacity together!
From Mexico via Mali via Montreux to ......
The next arena
for sharing and learning

• … in partnerships with others
• … is willing to facilitate the further development of the ideas that have come up
• and to contribute to the organization of:
  – a Second Global Symposium on Health Systems Research in 2012 or 2013
• … with you!
Thanks!

Acknowledging contributions from

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