Connecting the streams: Engaging users of health systems research in low and middle income countries

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Parallel universe or dynamic interactions?

'Like two people trying to assemble a jigsaw each with half the pieces... and working in separate rooms’ R Narayan 2006

Policy  rational, linear → chaotic; complex

Knowledge to policy  knowledge driven → interest driven

Knowledge  objective → subjective
A modified Kingdon model of the interaction between research, politics, policy and practice

- political economy stream
- policy stream
- institutional stream
- Knowledge, problem stream

What happens within streams to encourage interaction?  What supports ‘coupling’ across streams?
Methods

- **Literature review** 104 papers on KT with focus on LMIC
- **Content review** of 9 African country health policies/strategies post 2000
- **Key informant interviews** with 10 policy/programme managers
- **Case studies** from Asia, Africa and Latin America
- **Acknowledgement**: Walter Flores and Pongpisut Jongudomsuk input to selected case studies and KI interviews
Political economy context

- Political, electoral change
- Uncertain, time bound, collective, subject to competing claims
- Contestation can open- and close- spaces for evidence
“We can speak to the journalists and the politicians; but we have also the opportunity to go over their heads and influence those who ultimately award all the power - the people”

G Myrdal 1953
Political economy context

• Political, electoral change
• Uncertain, time bound, collective, subject to competing claims
• Contestation can open- and close- spaces for evidence
• Feeding into public knowledge and pressures
• “The triangle that moves the mountain” – research, policy and civil society
• Researchers: Strategic positioning, activist, facilitating, engaging, sharing, informing….
Policy demand and use

- Research evidence competes with other influences, evidence on whether to give attention and how to act on an issue
- Health strategies cite administrative, household survey data or joint surveys with Ministries
- Availability of ‘on the shelf’ evidence during brief windows of opportunity
- Credibility, quality, costings, timing, format, delivery of research evidence
“The time used for HSR may be one of the main obstacles since policy makers need to develop policy to respond to health problems rapidly. I realize that researchers need time to get quality HSR but policy makers cannot wait for such a long time to get this technical input”

(W Sawasdiworn, Sec General, National Health Security Office, Thailand 2010).
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• Clear policy direction, sustained mechanisms, institutional links, longer term relationships

Knowledge to policy and practice catalysts
Demand and use in institutional practice

- Capacities for gathering and using evidence in the implementing agency – research skills in health agencies, health agency personnel in research training

RESEARCH
- Problem solving, solution setting
- involving and empowering programme personnel; providing tools for practice
- Linked to feasible, stepwise cycles of change

CONSTRAINTS
- Limited use of local evidence, HIS
- Limited training and incentives
“A health knowledge industry... has been emerging internationally to provide technical support to developing countries”. In Ghana itself ....“the size of the industry is small compared to the need and no conscious effort is being made to grow the local knowledge industry”

(Ghana National Health Strategy 2007).
Research that engages policy and practice

Nature of the research

• Problem solving - operations, implementation, evaluation, health services research
• Participatory action research – facilitating links between knowledge, decision making and action
• Systematising knowledge- Multi-country research; systematic reviews

Process issues

• Joint agenda setting with target communities
• ‘Bridging activities’ – partnership, information sharing, review
Challenges in L(M)IC

- Sometimes volatile swings in context
- Institutional and political limits to action
- Top down, hierarchical approaches
- Resource, institutional limitations
- Influence, focus of international organisations
- Strength, use of information systems
- Under-reporting of LMIC research in bibliographic databases
- Digital divide
What supports coupling across the streams?

- political economy stream
- policy stream
- institutional stream
- Knowledge, problem stream
Stimulating links across research, policy and practice communities

• PUSH- journals, actionable messages, user voice, user friendly formats (1:3:25), mass media communication, story telling, photojournalism

• PULL – capacity building, joint agenda setting, policy-researcher forums

• EXCHANGE- dialogue forums, KTE roles

Collaborative trust relations, formal and informal networks
Stimulating links across research, policy and practice communities

**KNOWLEDGE SYSTEMS: MECHANISMS, PROCESS**

- Advocacy, policy, advisory, expert, think tank, professional, institutional coalitions, forums, networks, committees, task forces, working groups, associations, consortia
- Knowledge networks and communities of practice
- Information technology and personal links

**ACTORS**

- **KPP catalysts** - researcher/ health activists, knowledge brokers, policy / programme ‘entrepreneurs’
Issues for the conference: How to

• Build future knowledge systems for health?
  – longer term interaction between political, policy, practice and research communities
  – KPP catalysts
  – Local -> national -> regional -> global

• Align to local, national agenda’s?
  – international agencies with local agendas in LICs
  – Integration in national health strategy processes

• Overcome the information and ‘voice divide’?
  – use and reporting of HSR at and from local levels
  – Gap in access to information technology
  – Inclusion of LMIC led work in published resources
Overcoming inequity in voice and access... to improve global knowledge