

Sessions on Gaps, priorities and challenges

HPSR: where are the gaps?

	Research cycle			Research practice	
Topic	Priorities	Knowledge / Production	Research to action	Research Capacity	Methods / approaches
HRH	-	+	?	?	?
Equity	-	Depends	?	?	Depends
Financing	-	Depends	?	+	+-
Non-state Providers	+ - (emerging)	+	?	\$?
Overall	GAPS? Emerging issues	GAPS Y - areas	GAPS ?	GAPS ?	GAPS Designs, Large scale policy experiment, Standards of practice, innovative methods, ethics,

1 Fin, Reg Mechanisms, non financial performance, macro-politics (migration)

2 Access service needs, information, Prev vs curative

3 Additional resources, coverage (HI), Equity in financing, Improv Stewardship, Management

4 Market dynamics, Quacks, Coping with M failure, Equity, benefits for the poor, experimentation

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What about the orphans?

	Research cycle			Research Practice	
	Priorities	Knowledge / Production	R. to action	Research Capacity	Methods / approaches
Governance Accountability	-	- Research that would make change - Best Practices - Ethics?	Inherent		+++ (paradigms & processes)
Fragile states	Y	- Descr. – analytical - Intervention, - Implementation	Inherent		
Chronic diseases	-	- Intervention - Implementation		•Research. •Capacity to implement	
Health inform. systems	-	- As an object of res. - More contribution to research.		\$	Specific issues (data, use monitoring)
Overall	Varies				

Evidence Gaps?

- Information needs in HPSR (ordered):
 - Descriptive: limited
 - Analytic (causes): variable (emerging & neglected areas)
 - Health Interventions (policies, programs, services)
 - **Innovations, implementation research, impacts.**
- Caution:
 - Filling knowledge gaps vs responding to D-Ms' needs for information (social insurance vs community assurance)
 - Partial perspectives while issues are systemic and intertwined
Ex: Proof the Regressivity of direct payment mechanisms ...
D-M: OK, What should replace user fees?

Standards of Practice: Methods

- Limited concerns expressed (?)
- Gaps in methods / approaches
 - Less: Financing, HRH, Equity analysis (contrib: Social Epi & Economics)
 - More: Emerging issues, Governance & Accountability, Fragile States.
- Research quality and credibility
 - Do we need RCTs?
 - NoRCT Robust designs: Cluster RCT, sound quasi-experimental designs (T-Series, Case-control),
 - Large scale experiments,
 - Mixed methods
 - Innovative approaches (shared paradigm).
 - Sound systematic reviews

Priorities

- Priorities well detailed
 - ? Emerging areas
- Link priority – questions
 - Some questions unclear
 - HRH – Private?
- Process:
 - Ex: social insurance vs community insurance

Conflict and health programme

- Not a systematic review
- Fragile states: what are they? Various lists
 - 15% of the world's pop. One third of the poor
- Limited research, very few papers.

Governance accountability (rl)

- Right to health advocacy
- Why neglected?
- Suggestions for Research that could make a difference (to derive knowledge, change.
 - If shared paradigms, visions: opp for multi-level programs
 - What methodologies to translate research into practices without a “policy transition”.
 - Linear research to publication
 - Technical validity?
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Fragile states

- Fragile states – limited research culture
- Health system “do not exist” (perceived)
- Innovative work done
- No southern partners to engage with
- With research in FC?
 - Knowledge production
 - Unique “milieux” (poverty, needs, resource gaps, constraints).
 - Providers: contracted NGOs(policy transfer to other FC)
 - Neglected topics (Serv Delivert, Management of aid, role od the health sector in state building.

- How do you replace user fees?
- Relevance as perceived per the west: reservoirs of terrorism.
- Small community
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Chronic diseases and health systems

- Neglected topic
- No question that it is a major and growing issue
- Not a MDG but a global goal (sic)
- Impactable (rapid and substantial progress possible to reduce the burden)
- Knowledge to achieve the goal exists : not need for that much research...

- 32 millions deaths could be avoided by already known simple interventions.
- No doubt about govt roles.
- Slim: key is in IMPLEMENTATION RESEARCH?

Health information systems

- Which data sources are used?
 - Population based: census, surveys civil registration
 - Service-based: individual records, service records, resource adm records
- What are the data needed for?
 - Monitoring
 - Research

- Should contribute more to research
- Could be an object of research

- Demand-Supply imbalance in health statistics
 - Supply very fragmented
 - Underuse of data.
- Information not seen as an outcome

- Research needs
 - System building for health inf
 - Enhancing demand for data
 - Strengthening data sources
 - Strengthening data utilisation

Research to do

- Cost and economic value of HIS
- Integration between actors involved in the process
- Regulatory strategies
- ICT

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