

Nyon, 25-27 May 2008

**From Mexico to Mali:
Taking stock of achievements in the field
of Health Policy and Systems Research**



Background

- One of the critical issues emerging from the 2004 Mexico Summit was the systematic neglect of health policy and systems research (HPSR).

- One of the main recommendations of the Summit was calling for:
 - (i) enhanced funding for HPSR
 - (ii) enhanced institutional capacity for HPSR and
 - (iii) knowledge development in the HPSR field with a particular focus on twelve priorities identified by the Task Force on Health Systems Research.

Objectives

- This paper aims to take stock of how the field of HPSR field has evolved in these three areas since then, particularly in low and middle income countries.

Recent trends in global health and health systems

- Increased attention to health systems versus a more vertically oriented disease-specific approach;
- Recognition that major scale up of health services was unlikely to be successful without major investment in health systems;
- Creation of new funding streams such as GAVI and global fund health systems support component;
- A plethora of new initiatives with strong focus on health systems, e.g., Canada catalytic initiative;
- Several partnerships with health systems focus such as Health Metrics Network, Global Health Workforce Alliance;
- Renewed interest in appropriate investments in evaluation and research—e.g., call for health systems research and learning in the context of the G8 Tokyo Summit;
- Launch of new institutions with primary interest in health systems research
 - Caruso
 - Health metrics and evaluations institute

Definitions: HPSR

- Refers to the production of new knowledge to improve how societies organize themselves to achieve health goals.
- Addresses primarily the more downstream aspects of health, focussing upon policies, organizations and programs
 - but not the clinical management of patients or basic scientific research.
- Is not generally specific to a disease or service, but rather any of the six building blocks of the health system:
 - leadership and governance, health financing, health workforce, medical products and technologies, information and evidence, and service delivery

Methods

Three primary data collection methods were used:

- (i) **Survey of international funders** of health research
(next presentation)

- (ii) **Survey of research organizations** involved in HPSR relevant to LMICs in order to assess changes in the funding environment and in institutional capacity

- (iii) **Bibliometric analysis** to assess growth of research publications in key areas.

Survey of research organizations

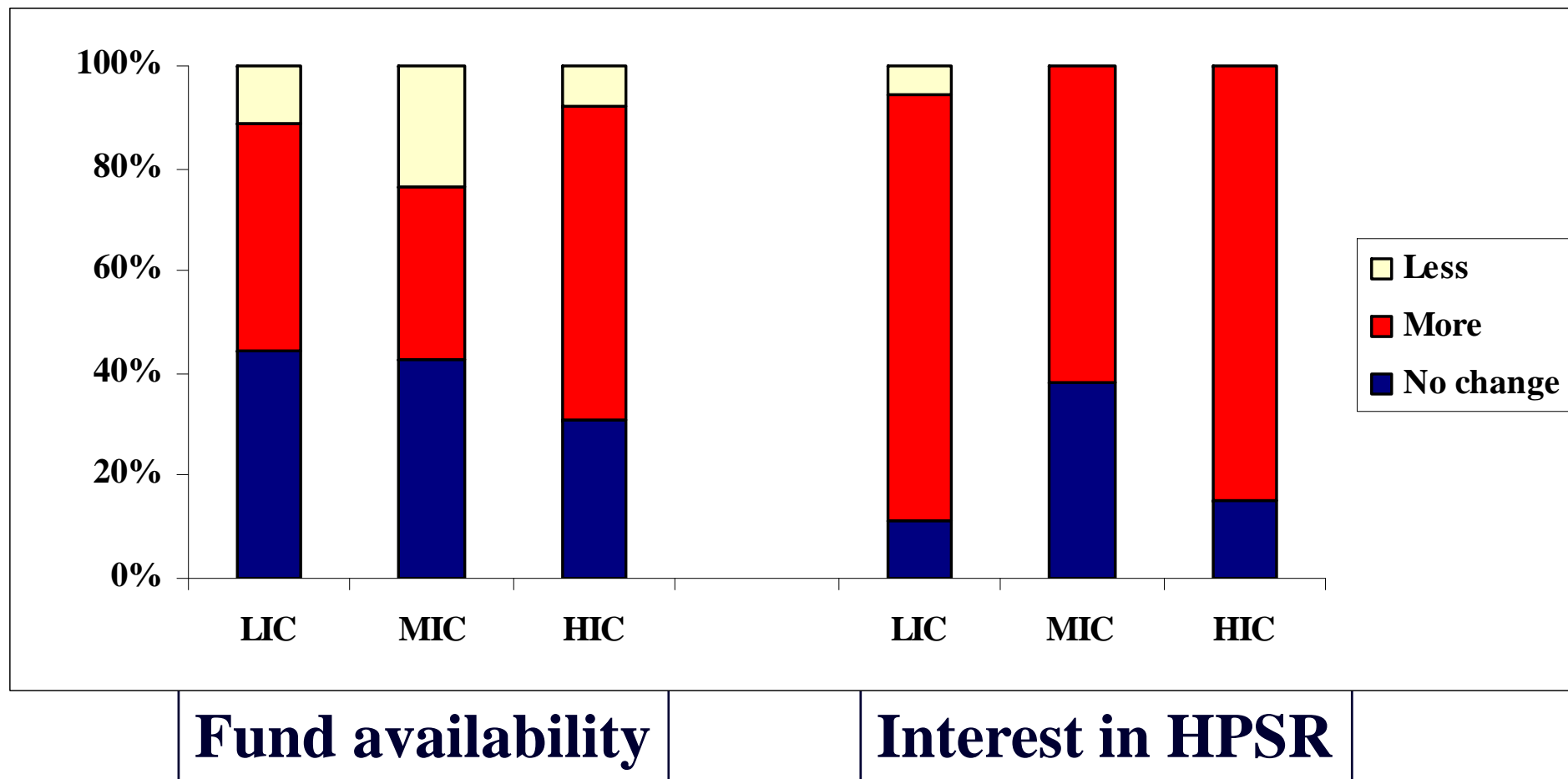
- Alliance partners who are producers of HPSR were surveyed in 2003 to assess institutional capacity and funding for HPSR
- A follow up survey conducted in April 2008
- Successfully sent to 164 partners of the Alliance
- 52 valid responses were received in 2008 compared to 111 in 2003
- Analysis compares changes between 2003 and 2008 in
 - funding availability to conduct HPSR
 - institutional capacity
 - Leadership and governance
 - Resources (HR skills, access to computers, internet, publications)
 - Communications and networks

Bibliometric analysis

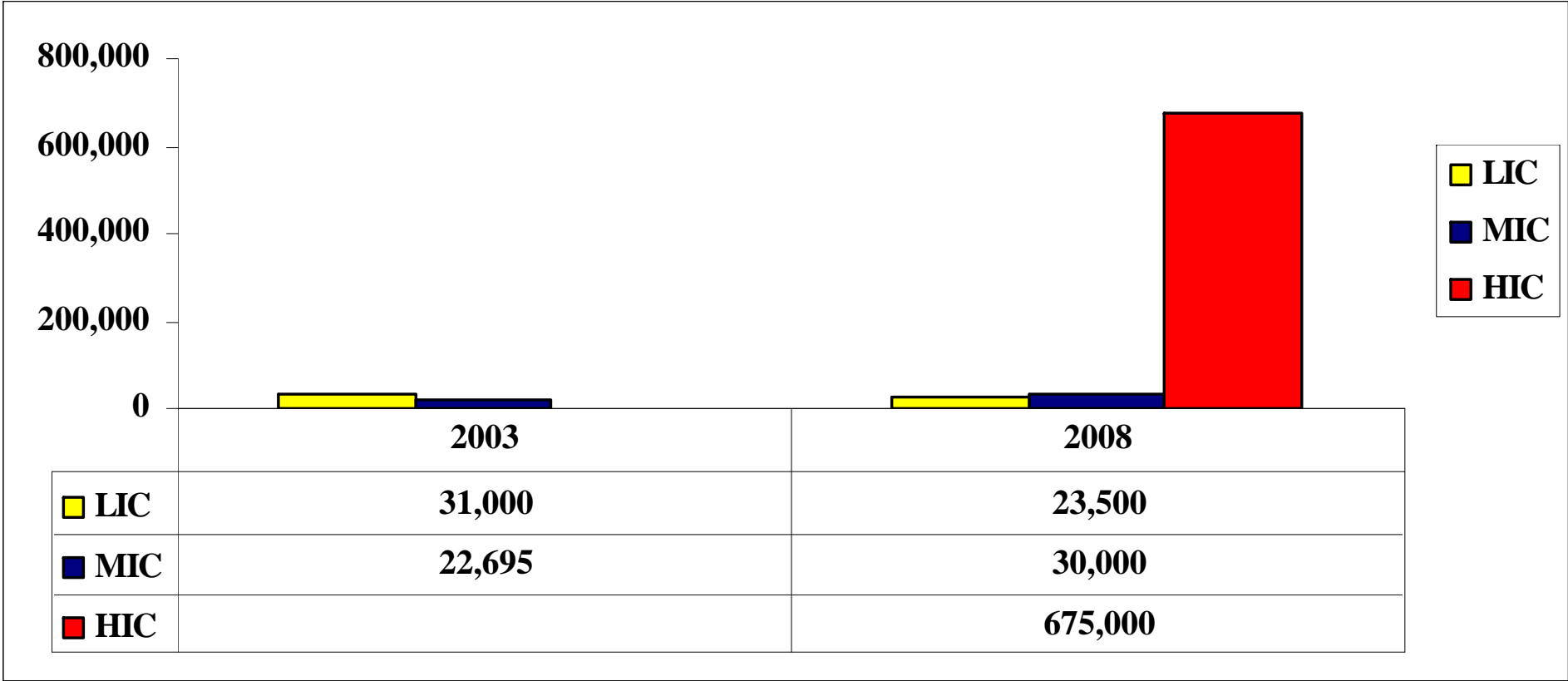
- Search limited to peer-reviewed HPSR publications
- Conducted in PubMed for three of the 12 priority areas identified by the Task Force on health Systems Research
 1. **Models for service delivery** –e.g., public-private partnerships, contractual arrangements, franchising and community-based services
 2. **Insurance schemes**, fund pooling and insurance coverage
 3. **Health workforce** issues related to in-service training, quality assurance and health personnel distribution and management
- Analysis by year and affiliation of first author
- Citation analysis conducted in Web of Science to identify most cited articles in the three areas

Funding availability for HPSR

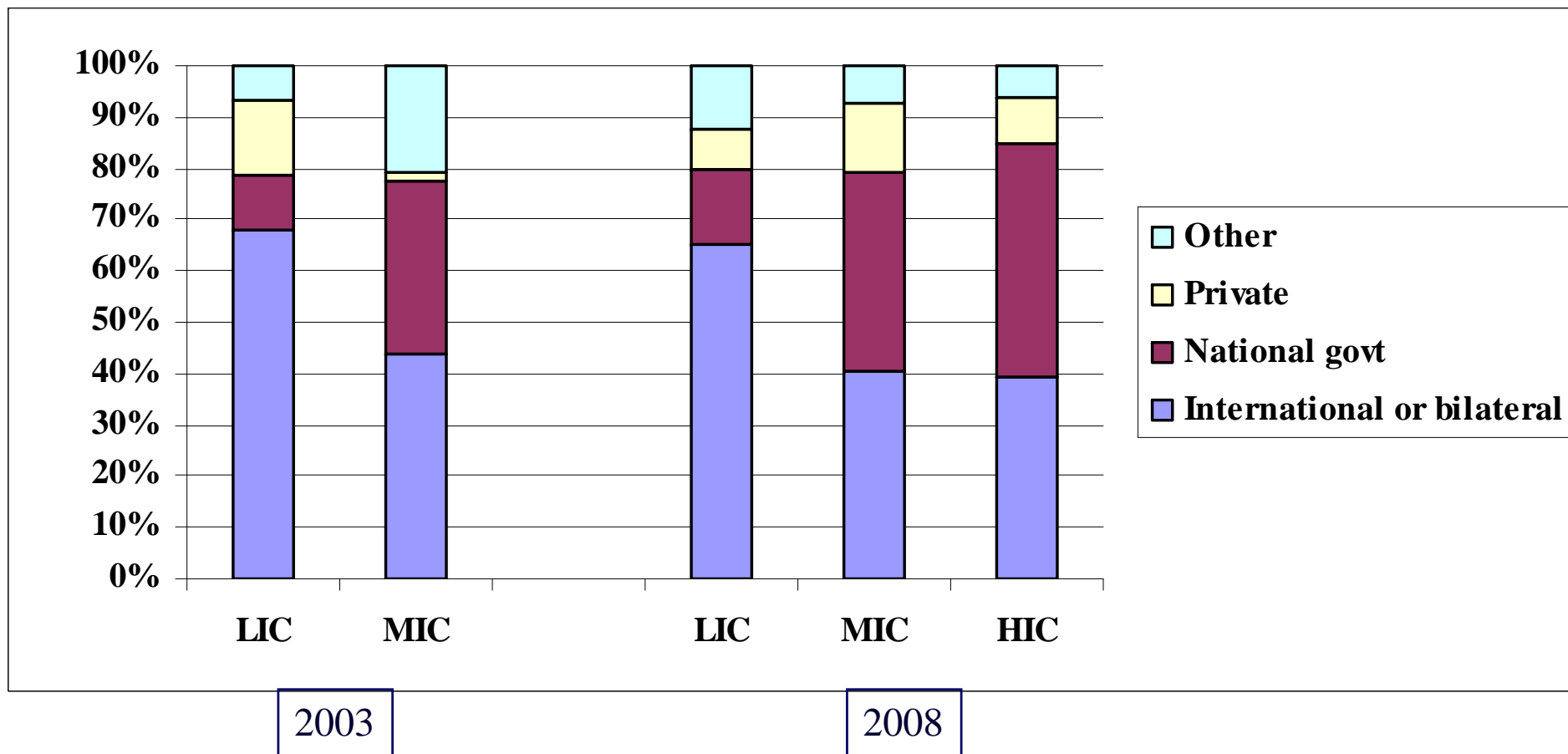
Perception of change in availability of funding for and interest in HPSR over the past 5 years



Median grant size for HPSR between 2003 and 2008

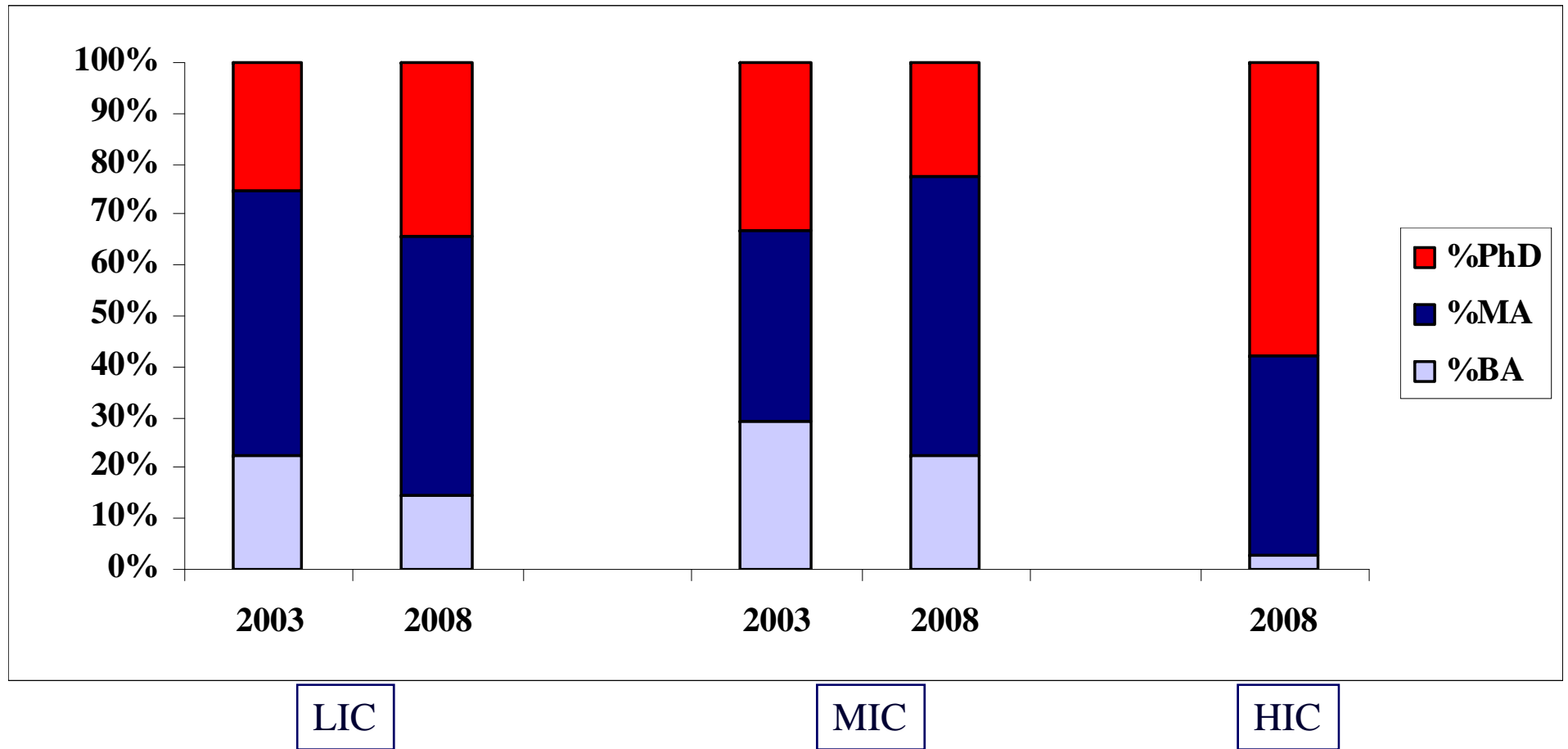


Comparison of funding sources for HPSR between 2003 and 2008

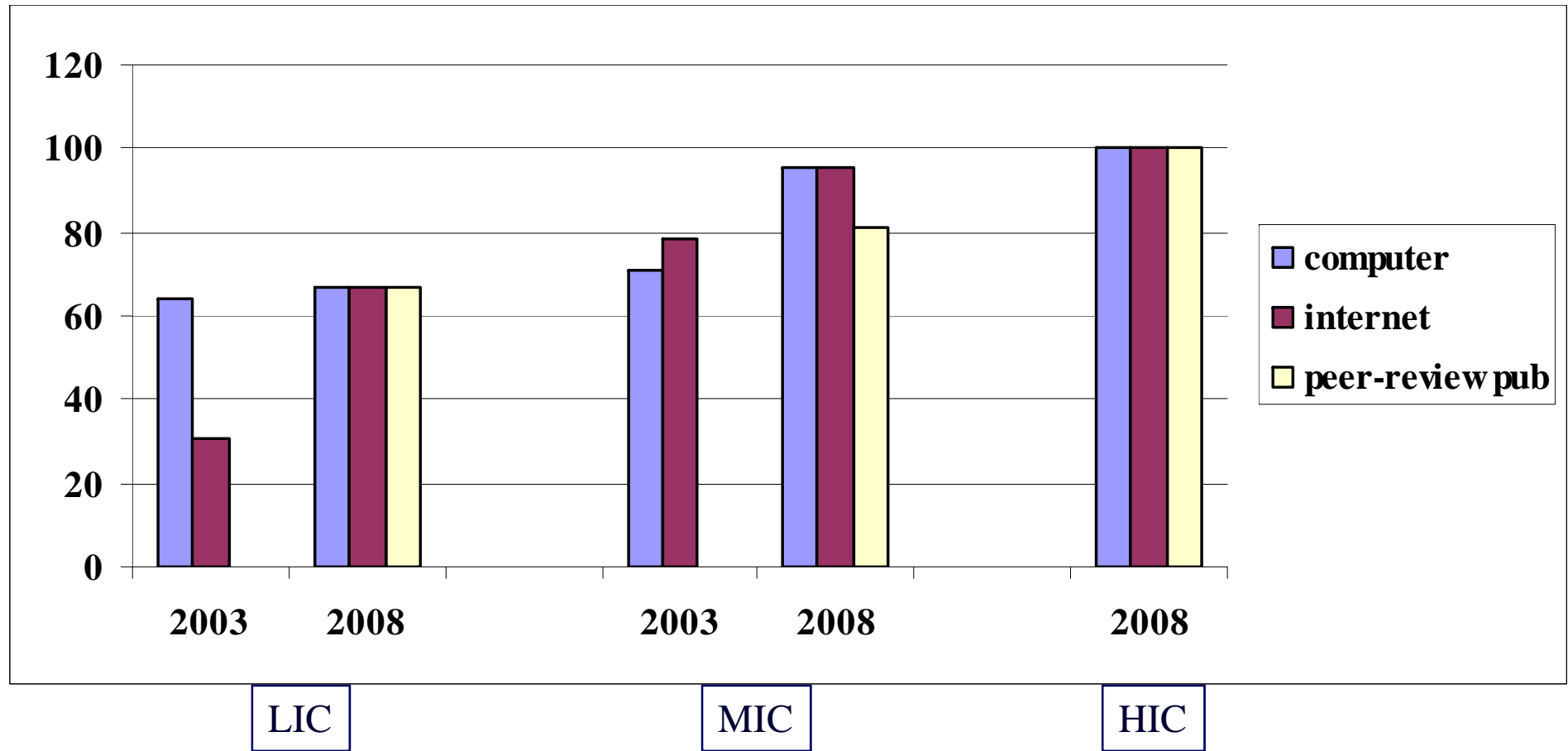


Organizational capacity to conduct HPSR

Percentage of professional staff by level of qualifications

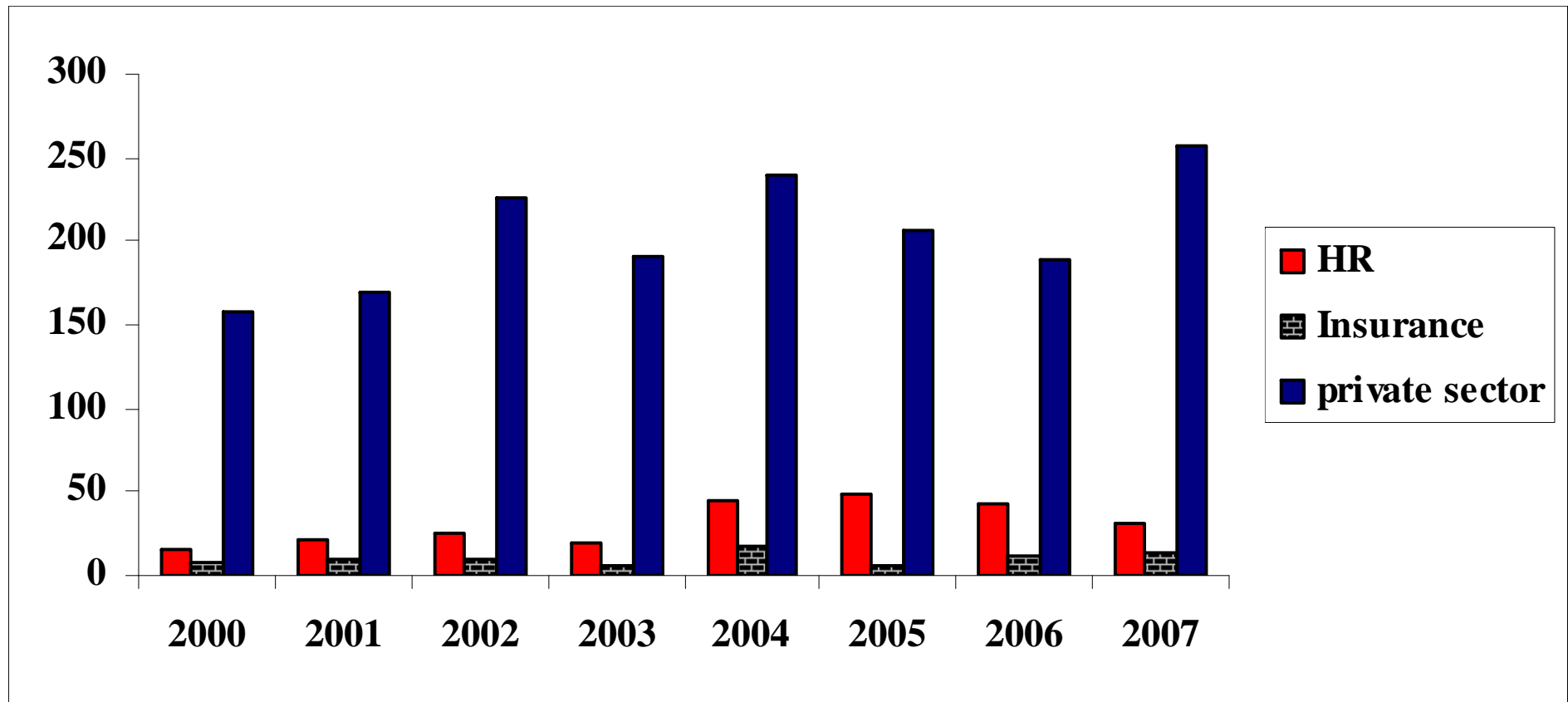


Percentage of institutions with access to key resources

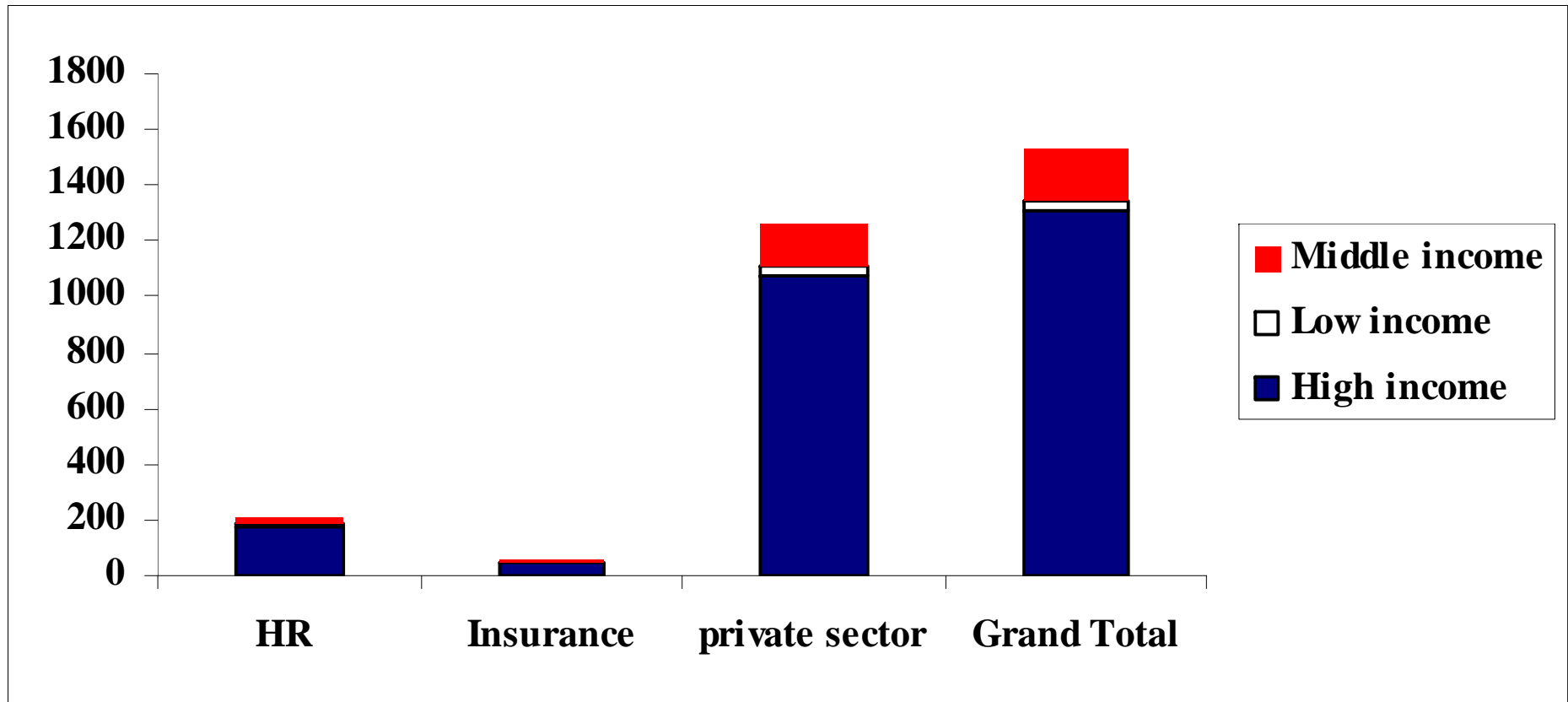


Knowledge development in the field of HPSR

Growth in the number of publications over time by topic



Number of publications by topic and country of lead author



Limitations

- Small sample size in the Alliance partner survey ---data may not be consistently reliable;
- Did not assess the impact of HPSR on policy, program development and implementation, nor the magnitude or trends in unpublished research studies,
 - although we know that much HPSR in LMIC takes this form.
- While the paper has documented the evolution of the HPSR field over the past four years, it is not clear that any of the changes identified are linked to the Mexico Summit.

Emerging conclusions

- **Significant and growing attention** to health systems, and significant **increased funding** for HPSR,
- To-date this **increase in funding has benefited HIC** institutions, and to a much less extent in LICs;
- New funding for HPSR is coming from **multiple actors and not well coordinated**.
- Focus on short term, "**low hanging fruit**" investments, rather than the longer term projects necessary to build capacity.
- **Very few institutions in LMIC receive core funding** for their work and much is sourced from international bodies.

Emerging conclusions (2)

- Institutional capacity to conduct HPSR improved in developing countries,
 - however there remains a large gap between the capacities of HIC institutions that work on developing country issues, and the capacities of the institutions in the developing countries themselves.
- Increased HPSR publications in peer reviewed journals.
 - However the base number of publications was extremely low and the rate of growth to-date in most HPSR topics has been slow.

Implications for action

- While there have been significant achievements in the field of HPSR since Mexico, it is clear that to-date these achievements have not dramatically improved the picture in terms of
 - institutional capacity to conduct HPSR,
 - the volume of HPSR studies conducted or
 - the knowledge base on which to base health systems strengthening.

- The recommendations from Mexico are still pertinent, and momentum towards their achievement must be maintained through the Mali Ministerial Forum and beyond.

- While it was recently argued that in the field of HPSR a "responsible, independent, international research organisation is needed to coordinate the country-level efforts" our analysis runs quite counter to this.
 - What is needed is long-term sustained investment in country-level capacity through longer term core institutional grants, as well as further project based funding.
 - To support this aim, international funders could do much to reorient their support towards a longer term vision of capacity development for HPSR.

Issues for discussion

- Definitions--- How can we better define & understand the boundaries for HPSR—how and where we need to define them;
- Funding--- does what we have found in terms of funders practices and perspectives coincide with your experience?
- Capacity to undertake HPSR--- to what extent our findings correspond to what you perceive?
- What are we missing by only focussing on peer-reviewed publication in terms of other measures of development in the field?