Bridging health systems’ evidence-policy gap: what role for the Alliance under the 2030 Agenda?

Raquel Tebaldi¹, Talitha Waleska Tschöke², Franz Castro³

¹International Policy Centre for Inclusive Growth (IPC-IG), Brasília, Brazil; ²Faculdade Evangélica do Paraná, Curitiba, Brazil; ³Gorgas Memorial Institute for Health Studies, Panama City, Panama

Introduction: 18 years of promoting health policy and systems research

The Alliance for Health Policy and Systems Research (AHPSR) has been working since 1999 to strengthen the health systems of low and middle-income countries in the policy and research arenas by providing, supporting, stimulating and increasing the production of knowledge and its use by policymakers in order to achieve collective health goals and greater policy outcomes. Since its creation, the AHPSR, with the collaboration of more than 350 partners globally, helped to improve low and middle income countries people’s life by producing rigorous evidences on health intended for the use policymakers, health professionals and practitioners to take critical decisions about health systems strategies while considering local realities and resources.

As the Alliance is a global agency which seeks to combine knowledge generation for health systems and its use in the development of health policy, it is important to emphasize the important role of the AHPSR as a collaborator in several studies and initiatives worldwide that have had great impact on health by strengthening strategies, promoting international debates, focusing on controlling diseases and increasing funding. For example, in 2015, 11 case studies supported by the Alliance were finalized and the results have already contributed to national planning processes in the United Republic of Tanzania. Alliance’s conferences, publications and platforms showed to be important to inform policies, new practices and guidance for implementation research. One example is the first WHO Strategy on Health Policy and Systems Research Changing Mindsets (2012) that was followed by contributions by the Alliance to the 2013 World Health Report on research for Universal Health Coverage (UHC) – one of the biggest aims of Sustainable Development Goals (SDGs) [1].

AHPSR’s 2015 annual report recognized the Alliance’s strength in three key areas: convening power, the value of knowledge and influencing power. In relation to the Sustainable Development Goals Agenda, the AHPSR can contribute to the achievement of Universal Health Coverage by implementing participative research in local contexts, promoting systems thinking and creating partnerships with public health schools and health policy institutions. To identify priorities for the research needed to achieve health goals, it is fundamental to develop new methods and approaches and at the same time strengthening relationships with decision-makers to make them directly involved in the research process. Establishing and reinforcing partnerships has proven to be a key to guarantee AHPSR’s impact [1].

Nevertheless, health systems still have a long way to go in order to ensure the basic human right of health to all. In this essay we seek to embed the discussion of the role of the Alliance in the context of the Agenda 2030 and propose some strategies to enhance its effectiveness in getting health policy research to reach its target audience.
Agenda 2030: challenges and opportunities for achieving global development goals and improving health systems

The sustainable development goals’ framework highlights the interconnectedness of its different aims and of the strategies needed to achieve them. It represents the culmination of a global discourse which has converged to reinforce the need for more equity, including in health systems provision of services and coverage. Developing and improving health systems is thus a priority and the globalization of health issues exposes the need for seeking global responses, engaging international networks of researchers and practitioners in a timely manner to address them. Health Policy and Systems Research have the potential to improve health-related decision-making and to create a great impact on health issues in a collaborative, international, humanitarian, multidisciplinary structure.

Good strategies in health policy and systems research need to take into consideration the social determinants of health (SDH), which are defined by the World Health Organization as the ‘conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems’ [2]. The Agenda 2030 focuses on addressing SDH as a crucial step in order to achieve Universal Health Coverage (UHC). Thus, the SDH should be target points to start creating effective strategies for sustainable, holistic, and preventive healthcare systems. In order to take care of an individual, its environment should be analysed, the public politics of its place should be taken into account, and the international relations of its country should be a way to create better, assertive and collective initiatives to improve global health achievements. Thereby, everyone involved in the process of health policy making and decision-taking need to aim at health equity by considering SDH as an essential component of the post-2015 sustainable development goals (SDGs) and by incorporating this development agenda to their planning in order achieve UHC.

A systematic approach is called for to realise the objectives defined in the Agenda. In this sense, there is a need for interdisciplinary research for proposing wide-ranging health policy solutions. For instance, tax policy can be reformed so as to address issues of tobacco consumption, alcoholism and diabetes by imposing larger levies on related products. Successful experiences on this matter have been reported in countries such as Panama, where a comprehensive smoking ban and a tobacco tax increase resulted in a reduction of tobacco consumption and therefore in a diminution of cardiovascular mortality [3]. Moreover, improving education, cities infrastructure and access to basic services (as 100% sanitation, creating green and safe places to promote physical exercise and cities planned for walkers and bikers) enhances the prevention of diarrhoeal, cardiovascular, and respiratory diseases caused by air and water pollution [4,5]. Inclusive policy instruments such as these interventions have the potential to tackle a multitude of issues and these types of approaches are key to the achievement of the SDGs.

However, the challenge of systematic action remains, and it is increasingly evident that fragmented, one-sided action cannot deliver on the scale of the challenges that have been established. To illustrate this point, one may turn to the recent Zika epidemic in Brazil, which highlighted the need for bridging the areas of health, science and technology to solve the longstanding public health problem of controlling the Aedes aegypti mosquito, which has been met with consistent failure on the part of public policy for the last three decades. Venâncio [6] argues that these underwhelming results are due
to the non-incorporation of the Brazilian society at large in actively combatting the mosquito, a task which was left to the vector control agents. Overemphasizing the elimination of the mosquito while leaving behind more pressing issues such as basic sanitation is also one the faults of this strategy. According to the author, some technological advances may prove to be important allies in the fight against the vector, but if the environmental sanitation issue is not addressed, the fight against the *Aedes aegypti* mosquito will continue to be a fruitless effort.

The systematization of the main global development goals under Agenda 2030 provides an overview of the main challenges faced by the international community, but it also supplies all actors involved with a framework within which to explore opportunities for collaborating. The very multidimensional nature of the tasks at hand calls for multi-stakeholder coordination to address these in a sustainable manner. In this context, the ‘local to global’ reach of the Alliance and its network functioning constitute unique assets in the area of health. Considering the specific nature of the AHPSR, some of the main specific challenges and opportunities in strengthening the uptake of health policy and systems research are outlined in the following section.

**Challenges and opportunities for promoting evidence-based health policy**

*Engaging communities*

George et al [7] point out that engaging actors at the local level of communities is key to promoting people-centred health systems. However, they also highlight that in seeking to enhance communities’ capabilities lies the risk of under or over stating their role, as the latter might lead to overburdening people who are already time poor to cover for states’ shortcomings in providing public services. The authors point out that this is definitely an area where more research is needed to understand in which domains community capability is decisive to achieve better health outcomes and why. This is echoed in the Vancouver Statement for the Fourth Global Symposium on Health Systems Research of 2016 [8], which affirmed that health systems need to increase its resilience focusing on promoting equity and social justice, so that this burden isn’t left to the poorest and most vulnerable populations. The Statement goes on to specify that the focus of resilient health systems should be on primary health care, with communities (supported by governments) as the locus of a bottom-up approach of empowerment.

Reaching the poorest and most vulnerable populations is evidently essential to development policy and the last decades have seen a surge of social assistance programmes, largely propelled by the spread of cash transfer programmes, aiming mainly at poverty alleviation but often including other objectives relating to education and health outcomes [9, 10]. Considering these programmes’ target populations, its implementation strategies are often decentralized. The Brazilian case is illustrative of this point, as its social assistance strategy relies on the Reference Centres for Social Assistance (CRAS, in the Portuguese acronym), which are implementation structures located in low Human Development Index areas comprising staffs of social workers and psychologists that aim at contributing to social inclusion by redirecting beneficiaries to appropriate social services and promoting specific socialization opportunities [11]. However, where such governmental facilities are lacking, other community structures may be considered for filling the gap. Geiger [12] narrates the case of the Tufts-Delta Health Centre to showcase how local health service providers can not solely aim at improving health outcomes of poor communities, but also embrace the prospect of acting as an entry point for reaching broader development goals through community organizing and development. In the sense
of grasping and boosting the role of local communities’ service providers in a much broader sense than “client-oriented service delivery” (as promoted in neoliberal policy praxis), there seems to be space for collaboration between health systems research and social protection systems literature.

In the same vein, George et al [7] stress that to contribute for meaningful structural change, communities’ internal capacity building must be stimulated and their connections to relevant external actors and resources must be furthered to address their health challenges. Speer et al [13] also highlight that in the context of a globalized world where macroeconomic processes seem to stifle the power of local actors, community organizing is key to reclaiming this capacity in order to face the challenges relating to inequalities in social determinants of health. Specifically, the authors propose that the complementary tactics of strategic alliance formation (bonding with allies) and power analysis, defined as identifying opposition forces in the constellation of relevant actors on a given policy domain, should be fully incorporated in community organizing processes.

In terms of ensuring the use of research at the local level, Fagnan [14] proposes the health extension programs model as a way for developing collaboration networks reaching beyond the clinic walls to address social determinants of health and engaging in community-based research. The author argues that by providing a bidirectional link between local researchers and the community, the programme manages to focus on the communities’ priorities, bridging community organizing, service, research, and education. However, funding such initiatives is challenging and this model may have a limited applicability in different settings.

In conclusion, the Alliance, leveraging its global reach, can strengthen local communities’ capabilities to organize by supporting alliance formation and power analysis. By providing community-based health research that responds to local needs, the AHSPR may also promote the inclusion of these research outputs in other community initiatives.

Promoting knowledge exchange: positioning the alliance as a network of networks

Information has never been so widespread and yet 2016 popularized the concept of “post-truth”. Navigating through a world fragmented knowledge production is a daunting task, and the Alliance, as a global network, can thus benefit of this situation by positioning itself as a “network of networks” in the area of health policy research, organizing and making sense of the knowledge production in the field while also mapping and identifying all relevant stakeholders so as to enable more effective employment of their strengths. One way of doing this is promoting and expanding initiatives such as online platforms which act as gateways to knowledge and providers of online spaces for knowledge sharing through online communities of practice, virtual campus and other tools.

Platforms discussions about global health challenges and a multi-sectorial coalition can be created to work on the most diverse and relevant issues as primary and preventive care for better promotion of health, malnutrition, control of communicable and non-communicable diseases, neglected diseases, elderly and population aging health problems, mental health, social inclusion of minorities and people with disabilities, sexuality and gender-based inequalities on health, air pollution, maternal and child health, antibiotic resistance, migrants and refugees health, and so on. However, online portals and communities of practice need the support of “animators” to manage and foster discussions with relevant content. Translation, knowledge management and communication capacities need to be furthered in this scenario. Finally, in terms of getting the evidence to reach target groups, Paul Cairney
stresses that health policy research dissemination strategies should convey messages in the simplest form possible albeit in a persuasive fashion, which often requires more than just highlighting facts, but also appeal to emotions, which are not absent in policy-making.

Within the promotion of knowledge exchange, a specific focus on South-South cooperation modalities is key to advance policy-makers’ ownership of the learning process. More than a mere conduct for policy transfer, South-south cooperation provides opportunities for horizontal exchanges between countries in an otherwise highly unequal international system. Notwithstanding the enormous cultural, historical and societal diversities among low and middle income countries, the similar health challenges that the global South faces pose opportunities for mutual learning. In terms of research, comparative studies which review the best practices and the shortcomings of these health systems can signal possible policy alternatives to be explored [16]. There are many opportunities for the Alliance to act thus as a convener for South-South cooperation in health policy. Beyond ad-hoc opportunities for exchanges, policy-makers and practitioners from the South can benefit from continuous support from peers, and this can be achieved via the greater institutionalization of regional forums through recurrent face-to-face meetings and follow-up online videoconferences and communities of practice. This would provide a unique opportunity for streamlining the collection of insight into the research needs as expressed by the health policy practitioners themselves.

Finally, telemedicine is progressively becoming a reality in developing countries, though its use varies significantly from region to region (considering global telecommunication infrastructures’ disparities) and there is still much debate on whether it can be a cost-effective health investment [17]. There is interesting potential to be explored in terms of telemedicine contributing to addressing shortages of healthcare providers as well as geographical, institutional and gender imbalances in health workforce allocation [18]. The expansion of telemedicine needs to be based on evidence of its cost-effectiveness and well as of its capability of contributing to greater health coverage and equality in health systems. Investment in the area should not trump basic investments in the promotion of education and provision of adequate health human resources. Within this context, the AHPSR can exert an important role in providing evidence-based knowledge to subsidize policy-makers’ decisions on the feasibility, affordability and cost-effectiveness of such investments.

Systems thinking for effective advocacy and sustainable health policy interventions

Acosta and Cecchini [19] point out that the health reforms which were rolled out by Latin American countries in the last 15 years supported an increase in health expenditure of about 1.2 percent of the gross domestic product (GDP) from 1990 to 2014 as well as the expansion of non-contributory social protection schemes resulted in better results in terms of coverage and access. However, as there is substantial evidence to indicate that the world is entering a new phase of “adjustment shock” [20], with a majority of countries set to cut public spending in health, education and social protection systems reforms (which should lower benefits and coverage), it is important to note that in many countries the current political climate may be actually adverse to the sustainability of such achievements and to taking substantive steps towards the SDGs. Addressing the politics in the policy making process by incorporating policy theory in health policy advocacy becomes ever more pressing in this scenario.

As highlighted by Paul Cairney [15], despite having a large body of research work concerning the barriers to the use of evidence-based medicine (EBM) in policy and practice, only a few studies take
into consideration policy theory. Most of these make reference to outdated concepts, indicating unawareness of current policy scholarship. Taking the case of tobacco regulation as paradigmatic in showcasing a successful albeit long process of incorporating evidence into policy-making, “partly to generate a sense of realism when we seek evidence-based policy change” [15, p. 78], the author proposes a number of strategies to diminish the evidence-policy gap in the area of health: making use of knowledge brokers who can “translate” cutting edge knowledge to different settings of policy-making; planning strategies for the long term; and foreseeing a significant investment of time to build trust-based relationships with governments and to strengthen networks of like-minded actions for coalition-building. Moreover, reaching out to those policy practitioners who are part of the routine policy execution at the central and local levels of governance may be a way to inform policy practice more directly. This, however, requires learning to work with different epistemologies, namely the deductive methods applied by evidence-based medicine and its quantitative evidence gathering and the often inductive process of local policy implementation, which involves trial and errors and requires piloting experiments to understand what actually works in practice and a lot of qualitative work to take stock of complex situations.

In the same line of reasoning, Paina [21, p.2] stresses the importance of incorporating systems thinking into health systems strengthening and in the framework of development goals more broadly, especially in terms of capacity building “with more tools and approaches, including new ways of participatory engagement, and modelling complex phenomena and systems (e.g. through system dynamics, agent-based models, dynamic network models)”. The author argues that after decades of global development efforts’ focusing on “one-size fits all” approaches, it is important to recognize that the same policy intervention will never yield exactly the same results in different contexts, so more flexible policy implementation approaches are needed to adapt interventions according to their effects in different settings.

Creating and Strengthening Partnerships for Funding

The 2015 Ebola crisis put in evidence the need to integrate all health services from clinical care to surveillance, health promotion, disease prevention and management, and palliative care [22]. Creating diverse and deep partnerships is necessary to improve AHPSR effectiveness. Projects worldwide conducted in partnership with the Alliance should continue to involve actors from the basic educational system (school-based interventions) to medical and health related schools, research institutions both from developed and developing countries, funding institutions and governmental institutions not only related to health, but to a broad range of matters like economics, environment and urban development. By integrating them, leaderships could be created and the whole society could be involved in building up health systems as a long-term and stable way of care. More than doing it for people, the Alliance needs to conduct its work with people.

The notion of health sector efficiency – and related issues such as cost–effectiveness and value for money – are some of the most discussed dimensions of health care performance. Without efficient health systems, people have to struggle with a flawed health structure not able to fully respond to their basic health needs, as primary care and medications, thus impacting in a negative way their quality of life as a whole, particularly their immediate economic, educational and nutritional statuses. Health Systems efficiency becomes particularly important in the light of financial pressures and
concerns over long-term financial sustainability, as decision-makers seek to demonstrate and ensure that health care resources are put to good use [23].

In order to promote better funding strategies, AHPSR could promote research initiatives to assess cost-effectiveness of strategies intended to solve health issues in low and middle income countries, and replicating previous successful experiences from other countries, taking into account local and sustainable resources. Besides that, it is essential to promote political discussions aimed to guarantee affordable prices for health products and medications and better education and incentives for health workers. As a network of networks, it is crucial to help reorienting governmental strategies in order to prioritize investment in health-related research and education, as a way to promote prevention and reducing additional costs in health originated from preventable diseases. A good example would be research on vaccination and immunization strategies, ranging from education of healthcare users, to access and smart allocation of resources in the scenario of outbreaks of diseases such as *Influenza*.

**Leaderships, Gender equality and Key groups**

Key groups that are more at risk for some diseases need to take a leading role in health promotion and research in order to change their communities’ realities. As an example, UNAIDS verified that young women are twice as likely as their male counterparts to be living with HIV in sub-Saharan Africa and this is linked to a social context of violence [24]. It is worth highlighting women’s empowerment, education about sexuality and gender equality, laws and policies aimed to protect women from violence, as important disease prevention strategies. The Agenda 2030 affirmed that promoting gender equality would make a crucial contribution towards achievement of all the goals and that the systematic mainstreaming of a gender perspective is necessary. It also brings to the forefront the challenge of improving maternal and reproductive health, an urgent necessity reinforced in the context of Zika virus disease and microcephaly: gender equality, maternal and reproductive health showed to be weak points of the Brazilian health system. Therefore the AHPSR needs to continue to strengthen its position as a global champion for gender equality in health, promoting women’s leadership in all decision-making processes related to health systems in all levels of governance.

The consideration of key groups to specific health problems is an effective way to focus on prevention and health promotion strategies. Moreover, it is crucial that AHPSR faces the actual context of refugees and other minorities’ health demands by including them as participants, leaders and health promoters. The empowerment of diverse actors from key groups can deeply contribute in different perspectives to the effective functioning of a health system, from advocacy, legislation to innovation in implementation or research to measure impact [25].

**Conclusion**

Facing the challenge of promoting better health systems in a context where one cannot ignore the systematic nature and the sheer complexity of working towards all development goals is by no means an easy endeavour. By building upon the successes of its 18 years of experience and by strengthening the relationships that constitute the network, the Alliance is uniquely positioned in the global arena to face complex public health and development challenges.

Moreover, considering the role of communities in addressing the social determinants of health, the Alliance should facilitate community organizing strategies by providing leveraging its network to
connect communities with relevant actors and resources that may further their objectives. There is also space to provide health-based evidence to inform the practice of local policy implementers, and these local implementation processes should, on its turn, also provide feedback to health policy and systems research.

Moving forward, the Alliance’s role as a network of networks needs to be stressed, in organizing knowledge and building coalitions that can withstand the long-term fight for evidence-based policy making in the area of health. In producing knowledge, managing knowledge and promoting networking the Alliance needs to not only connect those in the field of public health but also create growing and sustainable linkages with other networks to promote the realization of the Sustainable Development Goals in a systematic manner.

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References


