

Scaling up research and learning for health systems: now is the time



Report of a High Level Task Force,
presented and endorsed at the Global Ministerial Forum
on Research for Health 2008, Bamako, Mali



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Executive summary

The importance of health systems in achieving the health-related Millennium Development Goals (MDGs) has been increasingly recognized in recent years. In many countries, the problems of health systems are so serious that they create barriers to scaling up access to health care.

It has also been realized that greater investments in health systems research may yield rich health dividends for resource-constrained countries. Health systems research has been described as “the brains of the health system” and it is argued that small investments in research can inform policy and focus implementation in ways that drive success, eliminate health systems failures and, most importantly, make best use of scarce resources in low-income countries. For this reason the Director-General of WHO convened a High Level Consultation and Task Force on Scaling up Research and Learning for Health Systems. This report summarizes the main findings and recommendations of this Task Force, which were presented to the Bamako Ministerial Forum on Research for Health in November 2008 and endorsed in *The Bamako call to action on research for health*.

Main recommendations

1. Mobilizing a high profile agenda of research and learning to improve performance

The current growth in initiatives related to health systems research would benefit from a more concerted and collective mobilization around a common agenda of research and learning. To this end, the Task Force has identified three major areas or “grand challenges” that are extremely relevant in the current context:

- ▶ How can synergies be fostered between Global Health Initiatives (GHIs) and health systems?
- ▶ How can health systems be scaled up to provide universal and equitable services?
- ▶ How can progress in health systems strengthening be measured and evaluated?

While these areas of health systems research are overlapping, their primary constituents and stakeholders seldom work together in a concerted way. The Task Force feels that there are important strategic and operational efficiencies to be gained by creating opportunities for greater interaction between these research constituencies. More importantly, while each of these research areas is necessary, on their own they are not sufficient to accelerate evidence-informed improvements in systems performance, such as achieving the globally agreed health targets of the MDGs.

While there is broad global agreement on the relevance of these high profile areas of research, it is critical that the research agenda at country level is informed by specific local needs and context. Consequently, the Task Force recommends that priority setting for health systems research should occur primarily at country level. Global research agendas should reflect the needs that are common across countries.

2. Engage policy-makers and practitioners in shaping the research agenda and using evidence to inform decision-making

Research often fails to influence policy and practice due to insufficient engagement of policy-makers and implementers. The Task Force recommends, therefore, that these key stakeholders are engaged throughout the entire process of research, as it is their learning that will influence change most significantly.

Emerging innovative mechanisms to promote the use of evidence in policy, such as policy networks and knowledge brokering functions, may be able to make a significant contribution in this area and they should be supported and evaluated. WHO has a crucial role to play in fostering their development, as well as in enhancing its own role in synthesizing and summarizing evidence to support the development of guidance and policies.

Furthermore, mechanisms should be developed that enable policy-makers to access relevant research evidence in an accessible format, when needed. To accelerate growth of the global knowledge-base on health systems, it is recommended that repositories for evidence on health systems be established or improved, similar to existing repositories for clinical evidence such as the Cochrane Collaborative.

3. Strengthen country capacity for health systems research backed up by effective regional and global support

Strong ownership and leadership by countries is vital if health systems research is to succeed and yield meaningful evidence to inform policy and practice to improve health. The Task Force recognizes the need to invest strategically in strengthening country capacity related to: (a) training competent cohorts of health systems analysts and researchers; (b) fostering supportive and sustainable institutional settings and careers for research; and (c) strengthening information systems to track health and health systems performance. To be credible, such strategic investments must register and be pursued as priorities within broader policy discussions related to the health workforce, research for health and health information systems, respectively.

Direct investments in country capacity strengthening can achieve a much higher yield if complemented by regional and global efforts. A first order of business is to accelerate the development of research tools such as common frameworks for health systems research, new methods, standardized instruments and reliable measures to assess health systems strengths and weaknesses. These “tools” constitute global public goods that can enhance the efficiency and quality of national research. Second, is the need to overcome researcher isolation through communities of practice that aim to: enhance joint research collaborations within and across countries; share methods and results; and set new agendas for the development of the field. Third, is the opportunity of aligning the diverse and growing number of external partners – multilateral, bilateral, foundation, civil society and others – around a concerted research agenda that supports research leadership and capacity in countries.

4. Increase financing for health systems research and learning

Clear priorities for research, credible country capacity backed by effective regional and global support, and effective research engagement of policy-makers all demand dramatically increased financing. The Task Force recommends that both national and international sources of financing should be tapped. On the national front, specific provisions for funding health systems research should be made within national research policies. Institutional arrangements for financing health systems research should be sensitive to the need for balance between proximity to the policy process while retaining sufficient independence. One such option would be the creation of a “health systems research institute” as part of a family of national institutes of health research involved in research funding or as an arm of a health/medical research council.

In addition, a certain percentage of overall financing of health policies and programmes should be set aside for health systems research, with clear rules governing how researchers can access these funds. This opportunity is especially relevant to global funding instruments through GHIs whereby the current “set-asides” for research are being requested or used only rarely. The Task Force recommends that these “set-asides” be more systematically tapped through demand mobilization as part of the GHI and health systems strengthening effort. It is also recommended that resources mobilized through international mechanisms be channelled directly through country-based research institutions in such a way that they align with country priorities and strengthen research capacity.

Introduction

The importance of health systems (Figure 1) in achieving the health-related Millennium Development Goals (MDGs) has been increasingly recognized in recent years. In many countries, the problems of health systems are so serious that they create barriers to scaling up access to health care. Research has revealed some startling facts about the problem – such as the global shortage of over four million health workers (2) or the out-of-pocket health-care costs that push 100 million people into poverty each year (Figure 2, 3,4) – and point to deep and complex health systems failures. These shortfalls have been recognized at the highest level in global policy circles, for example in the recent G8 Hokkaido Toyako Summit Follow-Up (5).

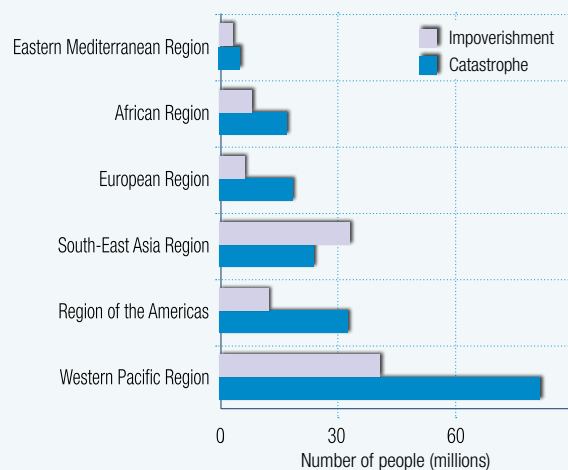
The imperative has never been greater for better understanding of how health systems can be designed, delivered and managed, to accelerate – rather than constrain – achievement of the MDGs and other health targets. It is for this reason that in 2008 the Director-General of WHO convened a High Level Consultation and Task Force on Scaling up Research and Learning for Health Systems. This report summarizes the main findings and recommendations of this Task Force (see Annex for functions and membership) that were then presented to the Bamako Ministerial Forum on Research for Health (November 2008) and included in *The Bamako call to action on research for health* (6).

Figure 1: The WHO health system framework



Source: (1)

Figure 2: Number of people suffering financial catastrophe and impoverishment due to health spending, by WHO region



Source: (3)

What do we mean by “health systems research”?

“Health systems research” can be defined as the purposeful generation of knowledge that enables societies to organize themselves to improve health outcomes and health services. It covers a wide range of subject areas that are focused on common health systems functions such as stewardship, financing, resource inputs and delivery of services. It is not research that focuses on the discovery or development of new interventions to improve health. Rather, it is research that aims to understand how new interventions that are successful can be made more widely and quickly accessible to potential beneficiaries through policies, organizations and programmes.

Why health systems research matters?

Health systems research has been described as “the brains of the health system” and it is argued that small investments here can inform policy and focus implementation in ways that drive success, eliminate health system failures and, most importantly, make best use of scarce resources. There are many real world examples where health systems research has been proven to make a difference (Box 1). There is also evidence that returns on investment in health systems research can compete favourably with investment in biomedical research. For example, a recent study of childhood mortality in low-income countries showed that improved technologies have the potential to avert more than one-fifth of all child deaths. By comparison, improved service utilization could avert nearly two-thirds of child deaths (12). However, the same study showed that 97% of research grants were for developing new technologies, rather than improving service delivery.

Box 1: Research that makes a difference

Health systems research has influenced national health policies, strengthened priority disease control programmes and changed the terms of international debates. Here are some examples.

■ A large-scale, three-year trial promises superior community-based care

The WHO-based Special Programme for Research and Training in Tropical Diseases (TDR) pioneered research covering over two million people in three African countries, which found that trained community workers could deliver a package of health interventions – including treatment for onchocerciasis (river blindness) and malaria, insecticide-treated mosquito nets and vitamin A supplements – more effectively than conventional programmes and at no extra cost to the health services. This trial has great significance for rethinking community-based delivery of services (7).

■ Impact evaluation brings health to the poor

Benefits, such as conditional cash transfers in Mexico, have promoted the uptake of health and social services by low-income groups. The impact of early experiences was rigorously evaluated, and this research has encouraged at least 20 other countries to replicate and pilot similar schemes. This research led to considerable policy discussions and highlighted the need for evidence-informed evaluations (8).

■ Multistakeholder research paves the way for task shifting

A year-long WHO-led research programme on task shifting investigated the conditions under which delegation of tasks to less specialized members of the health team is an effective strategy for delivering HIV services. This research was discussed in a series of multistakeholder meetings and formed the basis for recommendations and guidelines that identify and define key elements that must be in place to ensure that task shifting is safe, efficient, effective, equitable and sustainable (9). As a result of this initiative, task shifting – which was already happening informally in many countries – has been endorsed by health authorities in many low-income countries.

■ Beneficial effects of scaling up insecticide-treated bednets

The insecticide-treated bednet (ITN) is one of the most efficacious and cheap evidence-based child survival tools of recent years. Its coverage on child mortality was studied in four Kenyan districts. Overall, the level of protection was estimated at about seven deaths averted for every 1000 ITNs used (10).

■ Informing national health sector strategic plan

Analyses of health systems in the International Health Partnership and related initiatives (IHP+) Compact in Ethiopia pointed to system deficits, including a lack of robust health information systems and lower cadre human resources. The result being that strengthening health information systems and a health extension plan was given a high priority in the national health plan, and global partners correspondingly devoted funding and expertise to these areas in Ethiopia (11).

Why now?

This imbalance in research investment mirrors the global scenario. It is estimated that less than 0.02% of total health funding is spent on health systems research in low- and middle-income countries (13). On this lamentable situation, *The world health report 2008* comments:

“No other I\$ 5 trillion economic sector would be happy with so little investment in research related to its core agenda: the reduction of health inequalities; the organization of people-centred care; and the development of better, more effective public policies. No other industry of that size would be satisfied with so little investment in a better understanding of what their clients expect and how they perceive performance. No other industry of that size would pay so little attention to the intelligence on the political context in which it operates – the positions and strategies of key stakeholders and partners. It is time for health leaders to understand the value of investment in this area” (14).

The recognition of the importance of health systems research is not new: in the past 50 years there have been numerous initiatives and efforts to mobilize greater attention and investments for this type of research. Despite some progress, the general view is that the response has been largely inadequate and insufficient relative to need. This slow progress was confronted head on in 2004 at the Mexico Ministerial Summit on Health Research. Informed by the recommendations of the Task Force on Health Systems Research for the Mexican Summit (Box 2, 15), the Summit declaration committed to supporting a “substantive and sustainable programme of health systems research” calling for enhanced funding, institutional capacity and knowledge development in the field (16).

Seizing new opportunities to overcome constraints

Whether directly due to the Summit, or to secular trends more broadly, there has been an almost exponential increase in health systems research efforts in the past four years (Box 3). Analysis of this positive trend suggests that despite significant increases in international funding there are several reasons for continued

concern and attention to the field as whole. First, while some areas of health systems research receive more attention, such as the health workforce or the public–private mix, others such as governance or regulatory functions are relatively overlooked. Second, the mushrooming of research efforts as indicated in Box 3 portends significant risks of duplication and fragmentation, especially in specific countries. Third, legitimate concerns remain that are related to standard methods and quality of this research (i.e. its robustness) (42). Fourth, despite the surge in resources, little has trickled down to developing country institutions and researchers. In fact, a recent analysis suggests that in 2008, the median grant size for health systems research in high-income countries was nearly thirty times that of low- and middle-income countries (43). Analysis of the conditions for health systems research in developing countries indicates that there are significant constraints related to infrastructure (e.g. computers), the internet, basic health information and qualified researchers.

It is this basic assessment of the state of health systems research that triggered the Task Force’s deliberations over a five month period (July–November 2008). The Task Force drew on assessment from three specific streams of research related to health systems: ① operations and implementation research; ② research on specific

Box 2: Recommendations of the 2004 Task Force on Health Systems Research

Financial and human resources

- Community-based financing and national health insurance
- Human resources for health at the district level and below
- Human resource requirements at higher management levels

Organization and delivery of health services

- Community involvement
- Equitable, effective and efficient health care
- Approaches to the organization of health services
- Drug and diagnostic policies

Governance stewardship, knowledge management

- Governance, and accountability
- Health information systems
- Priority setting and evidence-informed policy-making
- Effective approaches for intersectoral engagement in health

Global influences

- Effects of global initiatives and policies (including trade, donors, international agencies) on health systems

Source: (15)

health systems building blocks (e.g. health workforce); and ③ monitoring and evaluation of health systems performance. Specifically, the Task Force aimed to look at ways in which these three research streams could converge to build and strengthen capacity for research in developing countries, as well as at how they could secure and accelerate the development of the field of health systems research globally.

The Task Force issued a four-point agenda of recommendations around: ① a high profile agenda of research; ② the engagement of policy-makers in this agenda; ③ stronger country and global capacity for research; and ④ increased financing for health systems research. This four-point agenda was presented to the Bamako Ministerial Forum on Research for Health, where it was endorsed unanimously in *The Bamako call to action on research for health* in November 2008 (6).

Box 3: Growth in global initiatives promoting health system research

2004*

Alliance for Health Policy and Systems Research – partnership based in WHO (17)

ExpandNet – initiative of Special Programme of Reproductive Research based in WHO (18)

2005–2006

Canadian Global Health Research Initiative – partnership of four Canadian agencies (19)

GAVI Health System Strengthening window – partnership based in Geneva (20)

Global Health Work Force Alliance – partnership based in WHO (21)

Health Metrics Network – partnership based in WHO (22)

Health Systems 20/20 – USAID (23)

Norwegian Forum for Global Health Research – Government of Norway (24)

2007–2008

African Health Initiative – Doris Duke Charitable Foundation (25)

AusAID Development Research Strategy (2008–2010) – Australia (26)

“Delivery” strategy of Global Health Programme – Bill & Melinda Gates Foundation (27)

Department for International Development (DFID) 2008 research strategy on health – United Kingdom (28)

Global Fund’s Five Year Evaluation (29)

G8 2008 Toyako Framework for Action on Global Health (30)

Implementation Science – National Institute of Health – Fogarty International Center (31)

Institute for Health Metrics and Evaluation – Gates Foundation and University of Washington (32)

International Health Partnership and related initiatives (IHP+) – a partnership between 34 signatories from developing countries, developed countries and health agencies (33)

Netherlands Platform for Global Health Policy and Health Systems Research (34)

Paying for Performance – Norwegian Agency for Development Cooperation and World Bank (35)

Public Health Evaluation – initiative of the United States President’s Emergency Plan for AIDS Relief (PEPFAR) (36)

WHO Special Programme for Research and Training in Tropical Diseases (TDR), 2008–2013 business strategy – partnership based in WHO (37)

Transforming Health Systems – Rockefeller Foundation (38)

Maximizing positive synergies – Government of Italy and WHO (39)

Seventh Framework Programme for Research – 2007–2013 European Union (40)

Swiss Agency for Development and Cooperation, health policy 2003–2010 (41)

* In existence in 2004.

Recommendations

1. Mobilizing a high profile agenda of research and learning to improve performance

The current growth in interest, and in initiatives, related to health systems research would benefit from a more concerted and collective mobilization around a common agenda of research and learning. To this end, the Task Force has identified three “grand challenge” questions that are extremely relevant in the current context:

- **How can synergies be fostered between Global Health Initiatives (GHIs) and health systems?**
- **How can health systems be scaled up to provide universal and equitable health services?**
- **How can progress in health systems strengthening be measured and evaluated?**

Across all three grand challenges, the Task Force recommends that:

- 1.1 research follows the country lead and is responsive to needs; research priority-setting processes for health systems research should be developed to ensure this and employed at both the country and the global levels – at the global level, the common priority-setting process should be rooted in country needs and priorities;
- 1.2 research contributes to country capacity development in a coordinated and sustained manner;
- 1.3 common technical constraints related to methods and measures are addressed through collaborative and coordinated multicountry research and shared learning.

The recommendations related to each grand challenge are discussed in the following sections.

How can synergies be fostered between GHIs and health systems?

The abundance of cost-effective interventions to address priority health problems has led to the formation of GHIs that actively advocate and finance implementation in low- and middle-income countries. In recent years, there has been increasing interest in understanding how interventions supported by GHIs interact with health systems and impact health outcomes. Several research programmes, such as the System-wide Effects of the Fund, the Global HIV/AIDS Initiative Network and the HIV/AIDS Monitor, have been tracking the effects of global HIV initiatives on country health systems. Findings illustrate that GHIs can impact health systems in both positive and negative ways, and they draw attention to the underlying strengths and weaknesses of health systems (44). New research efforts are quickly emerging, which seek to understand this interface more fully. For example, the new public health evaluation focus of the United States President’s Emergency Plan for AIDS Relief (PEPFAR) will bring significant research attention to the links between HIV/AIDS-related interventions and health systems (45). More recently, in preparation for the 2009 G8, the Italian government is supporting WHO in leading an initiative entitled Maximizing Positive Synergies between Health Systems and Global Health Initiatives. This initiative brings together researchers from academia, advocates from civil society and implementers from countries to systematically explore how these interactions occur in various contexts. Key questions are being posed to inform policies on how GHIs can strengthen health systems and how health systems should be designed to earn maximum benefits from GHIs (46).

These, and other new research initiatives related to GHIs and health systems, represent a major opportunity to advance health system research in low- and middle-income countries, which should not be squandered.

To harness this potential, the Task Force recommends that mechanisms be explored to:

- 1.4 establish a community of practice that shares experiences and best practices in managing a productive interface between the delivery of GHI interventions and health systems;
- 1.5 retain strong links with country and global decision-making constituencies;
- 1.6 examine how coverage surveys of GHI interventions could be improved in terms of their accuracy, alignment and local ownership;
- 1.7 evaluate specific programmatic efforts aimed at optimizing the interface between interventions and health systems, such as the GAVI Health Systems Strengthening initiative;
- 1.8 mobilize country demand for the financing of specific research activities on “synergies” as part of the proposals from countries to global funds.

How can health systems be scaled up to provide universal and equitable services?

Progress towards universal coverage is moving slower than expected, and the widespread trend – across virtually all countries – towards inequities in access to services points to the imperative for better understanding of systems design and functioning. Specific dimensions of health systems – whether building blocks or key functions such as financing, stewardship/leadership and human resources – constitute central foci of research to improve the performance of health systems, as do more comprehensive policy reforms.

Previous research on key dimensions of health systems has helped to understand their importance. *The world health report 2006* (2), for example, quantified the enormous global shortfalls in the availability of health workers required to meet the MDGs and referenced research that identified the independent association between higher density of health workers and better health-care coverage and outcomes (47). Similarly, evidence indicating that 100 million persons are impoverished annually, by paying out-of-pocket for health care, has helped to direct policy towards prepayment health financing systems (Figure 2).

A more systematic agenda for health systems research was presented to the Mexico Ministerial Summit on Health Research in 2004 (39). This agenda has been picked up most directly by the Alliance for Health Policy and Systems Research (AHSPR), which has focused on three priority areas of health systems research – human resources, financing and the role of the non-state sector. For each of these areas AHSPR has undertaken explicit research priority-setting exercises, as seen for example in relation to human resources for health in Box 4 (48,49).

Box 4: Examples of some priority research questions on the theme of human resources for health

- How can financial and non-financial incentives be used to attract and retain health workers to underserved areas?
- Should dual practice (i.e. in public and private sectors) be regulated, and if so, how?
- How can financial and non-financial incentives be used to optimize health worker performance?
- Which policy mechanisms can be used to improve the distribution and retention of health workers?
- What can be done to mitigate problems related to the migration of health workers?
- What can be done to ensure the optimal impact of task shifting?

Reflecting on progress since Mexico, AHSPR identified areas of relative research neglect such as “governance and accountability”(50), “health information systems”(51), and logistics and supply chains. Furthermore, emerging priorities for health systems research were identified, including: the need to focus on health systems in fragile states (52); the role of health systems related to chronic disease prevention and care; the revitalization of primary health care (14); and policies to address social determinants of health (53).

The Task Force recommends:

- 1.9 continuing to pursue and further elaborate research in specific health systems building blocks/functions, such as human resources, financing and the role of the non-state sector;
- 1.10 mobilizing greater support for the relatively neglected building blocks of health systems, such as health information, stewardship/governance and supply chain management;
- 1.11 mobilizing support for emerging priorities in the field: related to health systems strengthening in fragile states; for chronic diseases; for the reforms of primary health care; and for action on the social determinants of health.

How can progress in health systems strengthening be measured and evaluated?

The growing awareness of the importance of health systems has led to a surge in demand from GHIs and donors for evidence that larger investments in health systems strengthening are yielding results. The concerted efforts of recent years have led to greater agreement on the frameworks (e.g. Figure 3, 54), indicators and measurement methods that are required to monitor health system strengthening and assess basic performance of health systems; nevertheless much remains to be done. Moreover, in many countries relevant data are not available or are of unacceptable quality. This reflects widespread weaknesses in the capacity of national technical staff and institutions, as well as the heavy burden imposed by the fragmented nature of health systems, with multiple donors and reporting requirements.

The rapid growth in evaluation research is fostering innovative approaches, such as efforts to achieve real-time monitoring (55). Improved understanding of the levels and determinants of health systems performance has the potential to lead to shared learning across health systems, which can benefit all countries (56). The US\$ 100 million Africa Health Initiative seeks to foster shared learning, by supporting implementation research, training and service delivery partnerships that are designed to measure the strengthening of local health systems (25).

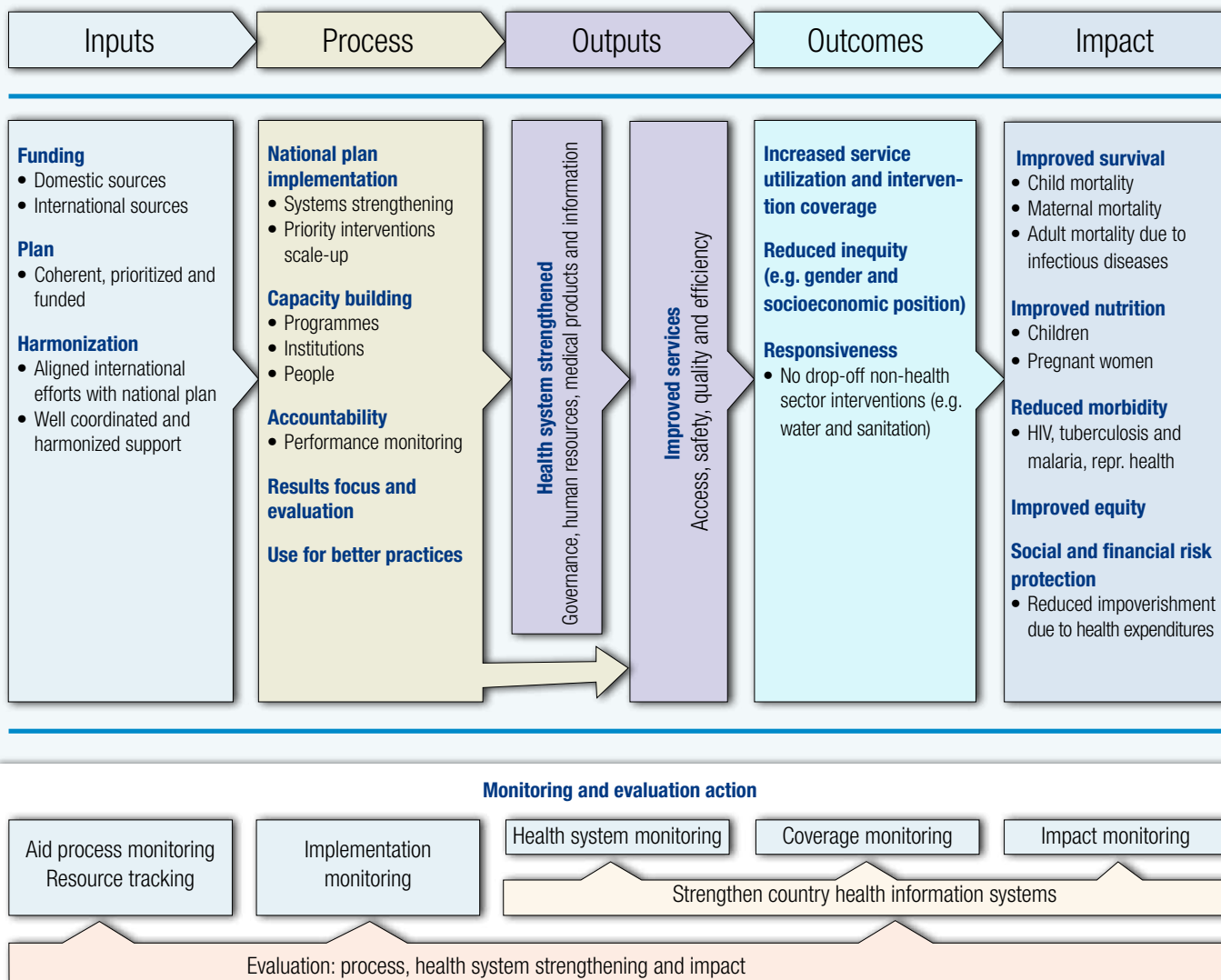
The Task Force recommends:

- 1.12 developing and disseminating a tool kit of standardized frameworks, measures, survey and evaluation methods;
- 1.13 mobilizing support for countries and international partners to undertake a multicountry effort to improve the availability, quality and use of data on health systems; to strengthen country health sector review processes; and to improve global monitoring of health systems;
- 1.14 aiming to strengthen institutional capacity for monitoring and evaluation through country health observatories or “learning platforms” (through this multicountry effort);
- 1.15 providing implementation support to countries.

2. Engage policy-makers and practitioners in shaping the research agenda and using evidence to inform decision-making

Research often fails to influence policy and practice due to insufficient engagement of policy-makers and implementers. Those on the front lines of policy-making or service delivery are particularly sensitive to what is working and what is not, and therefore they are able to point to important priorities for

Figure 3: IHP+ framework for monitoring performance and evaluation of the scale-up for better health



IHP+, International Health Partnership and related initiatives.
Source: (54)

research. Their involvement in research will increase the likelihood that results are used to inform their decisions. Moreover, a greater sense of the utility of health systems research will help to foster greater demand for such research, which will lead to a virtuous cycle. For example the Malawi Emergency Human Resources Programme, which was based on research driven by the Government of Malawi, has resulted in significant improvements in training and retention of health workers within a space of five years (57).

Translation of research into policy and practice can be accelerated by support for appropriate networks and communities of practice. One example of these is the WHO Evidence-Informed Policy Network (EVIP-Net), which promotes the systematic use of health research evidence in policy-making (Box 5). Country teams, linked through regional networks in Africa, Asia and the Americas facilitate policy development and implementation through summarizing evidence, hosting policy dialogues and intensifying exchange between researcher and policy communities (58).

Policy-making is a complex process and research evidence is just one of the many factors that influence policy. For policy-makers, who may not be schooled in research, it can be challenging to assess the quality of research. Furthermore, research results are often nuanced without clear evidence that a particular policy or strategy is effective under all conditions. Accordingly, capacity development is necessary to enhance the skills of policy-maker to apply research evidence in the policy process, and this should be pursued as part of a broader capacity development strategy. Also related are dedicated knowledge brokering functions – supporting evidence-informed policy through encouraging connections that ease knowledge transfer – which are beginning to emerge in low- and middle-income countries, The Zambia Forum for Health Research being one example (59).

The Task Force recommends that:

- 2.1 mechanisms be developed at country level to ensure that key stakeholders (particularly policy-makers but also civil society) are engaged from identification of research priorities, through conception of studies, to interpretation of findings;
- 2.2 WHO further develop its knowledge brokering role at country level and also support the emerging knowledge brokering platforms;
- 2.3 mechanisms be developed that enable the research community and other stakeholders to access relevant research evidence in a succinct and easily understood format, when needed. To accelerate growth of the global knowledge-base on health systems, it is recommended that country, regional and global repositories for evidence on health systems be established, similar to existing repositories for clinical evidence such as the Cochrane Collaborative.

Box 5: WHO evidence-informed policy network (EVIPNet)

EVIPNet is an innovative initiative to promote the systematic use of health research evidence in policy-making. Focusing on low- and middle-income countries, EVIPNet promotes partnerships at the country level between policy-makers, researchers and civil society in order to facilitate both policy development and policy implementation through the use of the best scientific evidence available.

Low- and middle-income countries have scarce resources to address their health system challenges and need high-quality evidence to use those resources efficiently. Scientific evidence is a fundamental building block to improve the public health situation. If health sector managers and policy-makers ignore evidence on the root causes of problems or what works best to address these problems, they risk wasting precious resources on inadequately designed programmes and policies. The direct consequence of ignoring this evidence is poor health for the population.

Source: (28)

3. Strengthen country capacity for health systems research backed up by effective regional and global support

Country capacities

There is strong global consensus that strengthening capacity for health systems research – particularly at country level – is the key to progress in the field. Few developing countries have the capacity to perform the analyses and syntheses needed to assist leaders and managers to address public health problems. Instead, they often depend on short-term consultants and advisers for analytical work on health systems. The growing trend in overseas development aid towards technical assistance, which now comprises more than 40% of the value of such aid, is indicative of this systematic bias in support to research capacity (14). This represents something of a substitution of efforts towards developing technical and research capacity on the ground.

There have been some small-scale attempts, such as the now defunct International Health Policy Program (60), to develop capacity in the health systems research field; however the scale of the investment has fallen

far short of the needs, and a concerted initiative to develop health systems research capacity in low- and middle-income countries is required. The Task Force recognizes the need to invest strategically in strengthening country capacity in three areas: ① training competent cohorts of health systems analysts, researchers and research-aware policy-makers; ② fostering supportive and sustainable institutional settings and careers for research; and ③ strengthening information systems to track health and health systems performance. In general, the necessary ingredients – curricula, courses, faculty, diplomas and degrees – to provide training related to health systems are in extremely short supply. Strategies should draw on lessons from longstanding capacity strengthening efforts related to other fields such as clinical epidemiology (e.g. the International Clinical Epidemiology Network, INCLIN) or public health (e.g. Fogarty International Clinical Research Scholars Support Center, <http://www.aamc.org/students/medstudents/overseasfellowship>). Such strategies should be linked to renewed efforts to revitalize higher education of health professionals in view of the more widespread health workforce crisis (2).

There is increasing consensus that capacity development strategies should focus on the organizational or institutional level, ensuring that trained individuals have an enabling and rewarding institutional environment within which to work.

As mentioned earlier, one of the key infrastructures for health systems research is a robust health information system. Information on health status, intervention coverage and health systems performance is fundamental to planning and delivering effective health services. Unfortunately, in too many countries, good information systems are lacking as are strategies for their strengthening.

The Task Force recommends that:

- 3.1 regional and global processes be convened that would map out a framework for “essential” health systems competencies and look to identify strategic avenues for strengthening the training supply chain;
- 3.2 specific efforts be directed towards supporting a common institutional mechanism for leading a high profile health systems research agenda. The specific institutional form will depend on country context but should be informed by the growing interest in health systems observatories, policy units and learning platforms¹. Experience suggests that cross-country networks of such research and training institutions, organized on a South–South or regional basis, help to accelerate and sustain institutional capacity and should be supported as part of this capacity development effort.
- 3.3 with the follow-up to the G8 in Toyako (5) WHO, the Health Metrics Network and other global partners accelerate their efforts to ensure systematic and predictable support to strengthen country health information systems, to facilitate more robust health systems research. Furthermore, the Task Force joins in endorsing the recommendation for a common data architecture across countries that encourages open and transparent assessments of health systems performance.

Regional and global efforts to nurture capacity

Direct investments in country capacity strengthening can achieve a much higher yield if complemented by regional and global efforts to overcome common constraints and seize joint opportunities. A general lack of clarity and differing uses of terms and concepts (including the definition and boundaries of health systems) is seen by many as an obstacle to progress in building the field (43,61,62). There are other common constraints related to methods and measures in health systems research. For example, if the gold standard of evidence for clinical medicine is the randomized controlled trial, what is it for scaling up health systems (42) and striking synergies with GHIs? The complex nature of health system interventions is demanding the development of new research designs that can capture complexity, and is leading some to argue for the development of a new field such as “implementation science” (31).

The Task Force recommends that:

- 3.4 WHO form an expert panel on health systems research to provide normative guidance on these common challenges that are related to definition of key terms and concepts, research methods and measures.

¹ There has been a recent proliferation of organizations, usually described as “observatories”, for tracking health systems performance. Some of these focus on a particular aspect of the health system, such as human resources; some are regional, others are country-specific. Innovations in this regard include “policy analysis institutes” (to produce and promote the use of evidence for policy) and “country learning platforms”. The latter will aim to document the experience of scaling up programmes in real time, and they are being proposed by the United Nations Children’s Fund (UNICEF) and WHO as implementation research sites in three to four countries.

Improvements in these research “tools” constitute global public goods that can be used freely to enhance the efficiency and quality of national research.

Regional and global collaboration can also help to overcome researcher isolation and/or excessive fragmentation of research efforts.

The Task Force recommends:

- 3.5 the need for a much stronger cross-national identity and sense of association for health systems researchers. Specifically, it recommends that WHO and the Alliance for Health Policy and Systems Research, together with other partners, host a global symposium on health systems research in 2010. The symposium would bring together the diverse research constituencies, share state-of-the-art findings, propose agendas for priority research, building capacity and the development of the field, as well as agree on mechanisms of ongoing association such as communities of practice.

Given the rapid emergence of new research initiatives (Box 3), involving diverse external partners, there is a real risk from a country perspective of multiple, duplicative and competing research activities that may divide and fragment rather than build country capacities. The Task Force endorses the principles of alignment and harmonization emerging from the Paris Declaration and the recently concluded Accra Agenda on Alignment (63).

Consequently, the Task Force recommends that:

- 3.6 external sponsors of health systems research (including multilateral, bilateral, foundations, civil society and others partners) take part in the proposed health systems research symposium in 2010 with a view to better aligning the diverse and growing number of research efforts around the research leadership and capacity of beneficiary countries.

4. Increase financing for health systems research and learning

While the Task Force is encouraged by the rapid emergence of new initiatives in health systems research and the significant new funding that they bring, its recommendations related to priority areas of research, country capacity and global support call for further mobilization of funds and changes in the way these are allocated.


Therefore, the Task Force recommends that:

- 4.1 both national and international sources of financing be tapped. On the national front, specific provision for funding of health systems research should be made within national research for health policies. Institutional arrangements for financing of health systems research should be sensitive to the need for balance between proximity to the policy process while retaining sufficient independence. One such option would be the creation of a “health systems research institute” as part of a family of national institutes of health research involved in research funding, or as an arm of a health/medical research council.

Such an option also provides more formal governance for health systems research, thereby enhancing its credibility and integrity relative to other types of research.

In addition, the Task Force recommends that:

- 4.2 a certain percentage of overall financing of health policies and programmes (5%) be designated a “set-aside” for health systems research with clear rules governing how researchers can access these funds.



This opportunity already exists in many global funding instruments of GHIs, however, the current “set-asides” for research are only rarely being requested or used. The Task Force recommends that these “set-asides” be more systematically tapped through demand mobilization as part of the GHI and health systems strengthening effort. WHO should work with partners towards achieving this goal. It is recommended that resources mobilized through international mechanisms be channelled directly through country-based research institutions, in such a way that they align with country priorities and strengthen research capacity. Agencies and donors funding research should demand priority setting of research at the country level, to inform their investment decisions.

Furthermore, funding is required to support the development and training of health systems researchers and enhance the skills of policy-makers engaged in the application of research evidence.

The Task Force recommends that:

- 4.3 at least three options be pursued in this regard. The first option is to work with the health workforce community, represented by the Global Health Workforce Alliance, and to develop a special programme for training of health systems technicians, analysts and researchers. The second option is to work through ongoing and new research capacity-building efforts to earmark training and fellowships for health systems researchers. The third option is to designate overheads for research training as part of specific research grants.

Finally, funding for work related to global public goods, convening a symposium in 2010 and ongoing networking – while modest – represents a particularly good investment given the prospect of greater alignment and efficiency in the aggregate research effort around health systems.

The Task Force recommends that:

- 4.4 WHO in collaboration with other partners, including the Alliance for Health Policy and Systems Research, make clear the funding needs for such activities.

The Task Force recognizes that the value of a robust capacity of health systems research in every low- and middle-income country offers a much more cost-effective medium-term prospect than continued reliance on expensive external technical assistance. ■

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Task Force functions and membership

On 2 June 2008, a High Level Consultation convened by the Director-General of WHO, Dr Margaret Chan, recommended the creation of a Task Force on Research and Learning for Better Health to follow up on the main suggestions emerging from the Consultation and to prepare recommendations for the 2008 Bamako Ministerial Forum on Research for Health. The Task Force oversaw four Working Groups that developed the recommendations. Terms of Reference for this Task Force including its functions and membership are as follows.

Functions

1. In follow-up to the High Level Consultation, oversee the four Working Groups related to: priorities; synergies between health systems and GHIs; monitoring and evaluation; and country capacity.
2. Make recommendations to WHO and key partners on a priority research agenda in the field of health systems, and on how best to address this agenda to strengthen health systems and scale up the coverage of effective interventions.
3. Formulate an action plan for country capacity development in these areas of research, which looks at the supply side related to individuals and institutions; the demand side related to career structures; and the opportunities of networks.
4. Consider the best ways of using the Bamako Ministerial Forum on Research for Health to catalyse the research and capacity building agendas emerging from functions 2 and 3.
5. Advocate/promote this area of work among partners, including investment partners, and identify specific opportunities to champion this area of work.

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