



From Mexico to Mali: Taking Stock of Achievements in Health Policy and Systems Research

June 2008

Final statement of a meeting held in Nyon, Switzerland from 25 to 27 May 2008

Co-sponsored by the Alliance for Health Policy and Systems Research, WHO
and the International Development Research Centre, Canada

Background

Building upon the Ministerial Summit on Health Research held in Mexico in 2004,
World Health Assembly Resolution 58.34 called for:

“The global scientific community, international partners, the private sector, civil
society, and other relevant stakeholders, as appropriate:

- to provide support for a substantive and sustainable programme of health-
systems research aligned with priority country needs and aimed at achieving
the internationally agreed health-related development goals, including those
contained in the United Nations Millennium Declaration;
- to strengthen or establish the transfer of knowledge in order to communicate,
improve access to, and promote use of, reliable, relevant, unbiased, and timely
health information;”

In preparation for the forthcoming Ministerial Forum on Health Research, to be held in
Bamako, Mali in November 2008, more than 40 researchers from 28 countries, both
in the South and the North, who have a particular interest in health policy and systems
research (HPSR) and the application of evidence to health policy, gathered in Nyon,
Switzerland on 25-27th May to:

- critically assess developments in HPSR in low and middle income countries
and its application to policy since the Mexico Summit, 2004;
- highlight current gaps, priorities and challenges in the HPSR field that need to
be addressed;
- discuss and agree how best to move forward the HPSR field.

Meeting participants reviewed evidence about the evolution of the HPSR field and
debated emerging needs, with a view to informing discussions at Bamako, and further
action by the institutions sponsoring and participating in the meeting, as well as by
other key stakeholders including national governments, researchers, research and
development funders.



From Mexico to Mali: Taking Stock of Achievements in Health Policy and Systems Research

The following represents the key conclusions of the meeting:

1. Capacity for HPSR

- 1.1. Although there has been both greater investment in the HPSR field since Mexico and a greater focus on and interest in HPSR, there has continued to be a lack of longer term investment in capacity development for HPSR in low and middle income countries. In many contexts capacity for HPSR is so weak that sustained funding for capacity development is required. The feasibility of re-directing existing development assistance from short term consultancies to longer term research capacity development needs to be investigated.
- 1.2. Strong country-level leadership for HPSR and capacity development for HPSR is key and research funders should align with country priorities.
- 1.3. Capacity development for HPSR needs to be approached systematically and be situated within the broader research system: investment in information systems, research systems, individuals' skills across the main disciplines, institution building and networking between institutions is required. No one funder can support all of these activities, and a more coordinated approach across funders is necessary – with each one playing to its strengths.
- 1.4. Investments in capacity development need to be evaluated in order to understand better what works and sharing of good practices should be facilitated.

2. HPSR Methods

- 2.1. While new methods specific to HPSR are not necessarily needed, greater understanding is required of the range of methods available, when particular methods are appropriate, and how to combine methods to answer specific policy questions.
- 2.2. The domain of HPSR needs to be better described and mapped, so that (a) the range of methods employed in HPSR and (b) how HPSR links with various other forms of research (such as evaluative research, implementation research, operational research) is better understood.
- 2.3. In terms of specific research methodologies, there needs to be greater investment in approaches to designing and implementing multi-country studies as well as in methods for policy analysis, implementation research and evaluation, and community-based, participatory research.

3. Research Priority Setting and Emerging Issues

- 3.1. Priority setting for HPSR should primarily occur at the country level as part of broader priority setting processes, and global HPSR agendas should be driven principally by evidence needs articulated at the country level.
- 3.2. A number of emerging topics needing to be addressed by HPSR were identified, including:
 - enabling health systems to manage better the growing burden of non-communicable diseases;
 - promoting improved governance and accountability;
 - strengthening health systems in fragile and post-conflict states;
 - promoting health impact assessments for interventions outside of the health sector (such as food pricing policies, climate change interventions);
 - supporting the implementation of primary health care;
 - understanding how to improve implementation of policies and programmes.



From Mexico to Mali: Taking Stock of Achievements in Health Policy and Systems Research

3. Research Priority Setting and Emerging Issues

- 3.1. Priority setting for HPSR should primarily occur at the country level as part of broader priority setting processes, and global HPSR agendas should be driven principally by evidence needs articulated at the country level.
- 3.2. A number of emerging topics needing to be addressed by HPSR were identified, including:
 - enabling health systems to manage better the growing burden of non-communicable diseases;
 - promoting improved governance and accountability;
 - strengthening health systems in fragile and post-conflict states;
 - promoting health impact assessments for interventions outside of the health sector (such as food pricing policies, climate change interventions);
 - supporting the implementation of primary health care;
 - understanding how to improve implementation of policies and programmes.
- 3.3 A unifying factor across many of these emerging issues, and a field of HPSR endeavour that was thought to be particularly important, concerns effective approaches to inter-sectoral action. For example the recent endorsement by the World Health Assembly of the draft Action Plan for Prevention and Control of Non-communicable diseases creates an opportunity to move forward research on inter-sectoral action through this particular, and well-defined lens.



4. Progress towards Established Priorities

- 4.1. Considerable progress has been made in established HPSR areas such as health financing, human resources for health (HRH) and the role of the non-state sector, though achievements in these areas vary substantially. In some, such as health financing, a large number of studies and recent reviews have begun to synthesize findings; in others, such as HRH, relatively limited empirical work has been conducted and there is a need to intensify research efforts.
- 4.2. There is an urgent need to move from research that is descriptive and identifies problems, to research that is action oriented and helps develop and evaluate potential solutions. Stronger links among researchers, policy makers, and research and development funders are required to facilitate this.

5. Knowledge Translation

- 5.1. The time is ripe to scale-up funding of knowledge translation efforts: since Mexico there has been substantial experimentation with different forms of knowledge translation, and “proof of concept”; however, extremely limited funding has flowed to this field of activity.
- 5.2. Policy making is typically non-linear - knowledge translation efforts need to recognize this complexity and reach out even more to civil society and media which can play critical roles in the knowledge translation process.
- 5.3. Knowledge translation efforts in the health sector need to collaborate more with similar efforts in other sectors to help build understanding regarding effective strategies for knowledge translation.

From Mexico to Mali: Taking Stock of Achievements in Health Policy and Systems Research

6. Valuing an under-valued field

- 6.1. Despite interesting work in the field, and the fact that HPSR is replete with “stories” - the meat and drink of the media - HPSR continues to be perceived as the poor relation to more basic health sciences research. More must be done to highlight the positive contributions that HPSR can make to the big health issues of our time.



Follow-up

The co-organizers of the meeting, the Alliance for Health Policy and Systems Research, WHO and the International Development Research Centre, Canada, committed to pursue specific activities arising from the meeting, namely:

- Disseminating the key conclusions of the meeting through a meeting statement, reports, and published papers;
- Continuing to support capacity development for HPSR, advocating for the need for long term investment in capacity for HPSR in developing countries, and evaluating the effectiveness of capacity development strategies;
- Developing products which describe the scope of HPSR, the methodologies it employs and how it links to other forms of research, as well as publishing a reader on HPSR methodologies;
- Conducting advocacy, and where possible directly supporting, research on emerging issues in HPSR;
- Continuing to invest in knowledge translation and encouraging larger research funders to make more significant contributions to this field;
- Developing advocacy products and strategies that improve the positioning of the HPSR field.