World Health Organization

Regional Office for South-East Asia

Agenda Item 3.6.1

REVIEW OF REGIONAL STRATEGY ON RESEARCH FOR HEALTH:

COUNTRIES SITUATION TOWARDS FUTURE HEALTH RESEARCH STRATEGIES IN SEAR

Contents

COUNTRIES SITUATION TOWARDS FUTURE HEALTH RESEARCH STRATEGIES IN SEAR

1. Background

WHO SEARO saw research as an important strategy to achieve better health for people in the regions. Countries in SEAR are diverse with countries of large population such as India and Indonesia to countries with less than a million population such as Bhutan, Maldives and TL. The geography in countries are also quite diverse with hard to reach population, not to mention cultural variation even within the same countries. All governments in SEAR gave high priority to health development with emphasis on addressing various health challenges such as HIV, MCH, Tbc, etc while also continuously strengthening their health system based on PHC, trying to work with other development sector in reaching the MDG's goals. Health research has been expected to contribute to all these fronts of efforts in health development. Some countries are increasingly putting emphasis on health research leading to health technology development as a component in their research strategy hoping to find diagnostics or therapeutic tools to fight their priority health threats as well as generating economic return.

The 2008 has seen the 30th anniversary of PHC and various regions including SEAR has reviewed PHC strategies and found to be of relevance while needing adaptation to fit the new socio-economic context both in countries and globally. Three areas of emphasis have been identified in SEAR with regards to PHC revitalization. The first is the need to strengthen health system based on PHC with the view to ensure coverage and quality service delivery to the people. The second is the need to work at the grass root level with the view to build up capacities of community health workforce that include both health personnel as well as various types of workforces in the community, paid and unpaid. The third area is the need to work with multisectoral partners with the view to developing healthy public policies. One of the expected concrete outcome is to generate knowledge and actions that will help countries better achieve the goals of MDG, not to mention other national health priorities.

WHO HQ starting in 2007 has consulted a vast range of stakeholders in health research at global, regional and national level, to identify key areas for future strategies on research for health. This is an attempt to strengthen and better coordinate research practices and culture among key players in health research. It was also an attempt to bring attention to the broadened scope of research for health which will also involve other development partners beyond health sector alone. Five strategies have been identified: strengthening research culture across WHO, identifying priority research, setting and ensuring norms and standards, capacity building and knowledge translation.

So far SEARO has taken particular interest in ensuring that research work is one of the important components in countries programme and that research supported meet technical and ethical review standard. Although there have been guidelines developed towards this end since 2001, there is still a need to further strengthen the actual application of such guidelines in collaboration with national research review mechanism to ensure that research supported through WHO budget meets the required norm and standard. In this respect many countries in the region have had good-quality research review mechanism in various institutions within countries and could serve as technical backup without the regional offices having to carry out all the reviews using its own in-house mechanism.

With the vision to revitalize PHC as major strategy for countries health development and the need to tackle health in the most wholistic concept encompassing various development aspects and not merely health services delivery, it is an opportune time to review existing health research strategies and plans for countries in SEAR. The five strategies of the new WHO strategy on research for health should serve as a good reference and framework for this effort. It has been reviewed and adopted by the executive board in its 124th session with a resolution on research strategy requesting member states to invest and work towards strengthening their NHRS and for WHO to support such actions wherever needed. Although the 62nd WHA in May 2009 had to postpone the discussion of this important item due to more urgent issue on containing the spreading of H1N1 2009 influenza, it is crucial for SEARO to take proactive role

in discussing with countries on their national research strategy as well as developing a regional research strategy that will include both strategies in countries as well as at the level of regional office.

2.   Review of countries situation in health research

A review of existing health research strategies in countries as well as the level of investment and their management to ensure proper utilization of the research results will help WHO SEARO to work closely with countries to develop future strategy of research for health. Such strategies should exist at both levels, countries and regional. It will serve as a framework for countries to not only guide investment and resources mobilization for research but also to identify proper partners to work with. It will help to identify proper actions that SEARO can adopt to facilitate and promote continuous joint learning and exchange among countries with common interest and thus help accelerate achievement of NHRS strengthening and learning health system in countries.

Key findings from the most recent 2007 review of national health research situation using the system approach revealed the following areas that may need to be taken into consideration in the development of future research strategies in the region.

(1)   Establishment of national body to better coordinate health research in countries. Such bodies exist in certain countries such as Sri Lanka, Nepal, India, Thailand, Indonesia. Its structure and functions varies from setting priorities and policies to granting research to mainly coordinating among key players in the health research system. It is worth noted that some countries are yet to start establishing such mechanism. Most countries that have had such mechanism are also looking forward to further building up their capacity.

(2)   Few countries had national priorities health research agenda. Those with policies on research towards health technologies are working on dual parallel goals of health and economic return. The best that could have been done seemed to be a "better coordinated agenda" rather than "common priority agenda".

(3)   Most countries saw the needs to build capacity towards better research utilization. This has been an area of high priorities in those 3 countries that have assessed their training needs for research management. So far most countries tried to improve thru better disseminating completed research, while there are many other possible models being developed in various countries such as those participating in WHO EVIPNET, or the approach through knowledge translation and knowledge management, creating policy dialogue using knowledge brokering mechanism.

(4)   Existence of researchers and institutions in both system research and diseases specific research (both basic sciences and action research). A few also invested on research for technology development – India, Thailand, Indonesia. No report on research for health promotion or healthy public policies or the tackling of broader (social) determinants of health.

(5)   Sources of funds – national sources quite scanty in most countries. External sources are not secured and well planned but area of research were mostly determined by external "programmes managers".

Countries in SEAR have also identified the needs for capacity building in research management from planning to implementation and utilization. SEARO has been working to provide technical support for countries to build capacity in health research management by developing training modules and organizing workshops for countries to discuss about the needs for improving health research management in countries. So far 3 countries have taken steps towards capacity building in countries, India, Nepal and Thailand. It seemed quite clear that there were 3 areas of common concern, research quality (involving capacity to carry out proper technical review and ethical review including bioethics), research utilization, and knowledge management as an integral part of research management to better support evidence-based policy development.

Review of SEAR countries budget for health research showed encouraging trends in most countries, except for 3. Though the range is wide (from 15%-3%) most are spending 4% or more of their countries budget in health research while some countries have shown significant increase in the more recent biennium. Of

particular interest is the fact that most of these budget are used for research in reproductive health, and major infectious diseases e.g. HIV, Malaria and Tbc, and virtually non-existence for NCD. Health system strengthening also received a high proportion of allocation (40% of all budget for research). There is still room for improvement in terms of allocating budget for research support activities, in particular for capacity building and promoting research utilization.

3. Towards future health research strategies

Based on the interest, policy and trends in health development and health research movement and the review of countries situation with regards to health research in SEAR, the following should be considered as a framework towards future health research strategies for SEAR.

4. Vision for the future

Countries in SEAR will have the capacity to generate knowledge and make use of new and existing knowledge to guide the development of a health system based on PHC and also reduce their priority diseases burden working with multisectoral partners, national as well as regional and global.

5. Mission

Build up capacity in, and creating platforms to facilitate and support, knowledge generation, sharing, and utilizing, while supporting capacity building of all key stakeholders in a countries health research system

6. Strategies

6.1 At country level

Countries in the region should identify relevant strategies among these 6 main strategies as follow:

(1) Establishing and strengthening national mechanism to ensure better coordination of key stakeholders in health research funding, production and utilization. Based on the situation review, a

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mechanism to promote health research exists in most but not all countries in the region. Those countries where such mechanism already exists need to be strengthened through identifying the right roles and functions and also to build up key capacity in research management and coordination. Such mechanism will be crucial to help bring about at least 3 concrete outputs – relevant (national) health research plan and priorities, good practices according to norms and standards, and knowledge translation and utilization.

(2) Capacity building in KM and RM. Training of key staffs in various types of institutions in the countries health research system will be needed e.g. granting agencies (good practices in technical and ethical review), policy analysis/development units (in KM), research institutions (in research dissemination and knowledge translation).

(3) Resources mobilization and/or coordinating with external donors/funders for health research to ensure that there will be resources needed for health research as well as capacity building in KM and RM. Such functions could be a part of the mechanism mentioned in the 1st strategy or can be more attached to the budget and finance departments in the relevant national body. WHO country budget should also be allocated to support high priority research areas and help to mobilize counterpart funding from other external sources.

(4) Research capacity building. There is still a need to build up more research capacity for countries in the region. Of particular focus would be capacity in health system research (in particular health financing, HIS and HRD), policy analysis and health impact assessment (to address healthy public policy), socio-behavioural research (necessary for research towards NCD control and community participation and empowerment in health). Research capacity to help countries work better towards achieving the MDG's may also be needed especially in those small countries with limited existing research capacity.

(5) IT tools and infrastructure should be made available and well functioning to all effective KM and learning by both research institutions and policy analysis/development bodies.

(6) South-south collaboration with other countries, both within and outside of the region to form institutional networking and sharing of experiences in research areas that are of high priority and relevance to countries.

6.2 4 main strategies should also be adopted by SEARO

(1) Promoting CB in research management and knowledge translation aiming at knowledge synthesis, dissemination and policy dialogue in countries. The target is within the MOH and relevant policy and programme development and management units. Modules in RM already available and should be further improved based on countries' experiences.

(2) Supporting countries health research coordinating mechanism to define relevant key functions and build up those capacity needed so that they can effectively coordinate various stakeholders in the health research system.

(3) Strengthening capacity in technical and ethical review among those institutions in countries that are still lacking (most relevant for small countries in the region). Of high priority will be those institutions coordinating and/or managing research granting, national or external.

(4) Build up an IT platform to facilitate compiling and sharing of research information as well as retrieval of existing studies from relevant sources both within and outside of the region. The platform should also allow exchange of (tacit) knowledge. This "IT knowledge management" system should be used by key actors in health research system in countries (researchers, policy analysts and policy makers, health programme managers, and community groups and civil societies).

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7. Specific targets/outputs towards the next 10 years

(1) All countries in SEAR will have at least one mechanism in each country to coordinate various partners (granting agencies, policy makers, researchers and the public) to ensure that relevant health research and knowledge will be generated and used to address priority health challenges and health system strengthening based on PHC.

(2) A regional knowledge management system using IT will be available to facilitate share and learn by policy makers, administrators and researchers based on new knowledge generated by countries in the region as well as those from other sources.

(3) National health policies and strategies will be informed by relevant knowledge derived from various sources by units within policy development mechanism that have the capacity to retrieve, analyse and synthesize knowledge of various kinds (from HIS, research and other explicit and tacit knowledge).

(4) Health research funding from both national and external donors will be geared towards high priority issues as well as health system strengthening in countries.

(5) Critical mass of people with capacity in research and research management will be available and working actively in at least half of the countries in the region, especially in the 3 small countries (Bhutan, Maldives and TL).

8. Evaluation

This strategy should be evaluated to reflect on some of the outputs and targets mentioned above. However they need to be adjusted according to specific targets as identified by each country when they finally develop their own national health research strategy and plan.

Cross country evaluation should also be tried as a way of share and learn through networking of countries. This could be in either one of the two types of countries networking. One between countries with comparable issues and socio-economic as well as political context, the other being those twinning between one small country with another larger country with more experiences.

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