One way to strengthen health systems and improve health outcomes is to ensure that policies and programmes are evidence informed. As such, significant effort has been made to promote the generation and use of health policy and systems research in low- and middle-income countries over the last two decades.

While this has led to an increase in the amount of research undertaken by local research institutions, evidence often remains inadequate in terms of timeliness and policy relevance. Poor dissemination of health studies - coupled with the limited capacities of individual policy-makers to appraise them and a lack of incentives at the institutional level - all have an impact on uptake.

There remain gaps in our understanding of how these supply and demand factors interact with each other in influencing the degree to which evidence feeds into policy and practice in different contexts. We also do not know whether, and how, the profile of health systems research institutions (including their affiliation, funding and capacity levels) helps or hinders success.

This technical brief distils regional lessons from studies that explored the evidence-to-policy process in Ethiopia, Ghana and Mozambique. It also offers a set of recommendations to support efforts to develop and strengthen existing institutions towards enhanced uptake of research.
It is generally acknowledged that the use of evidence to inform public health policy can lead to more equitable population health gains and stronger health systems (1). As such, significant efforts have been made to increase the generation and use of health-related evidence over the last two decades. These include national and international programmes to build the capacities of researchers and decision-makers, as well as initiatives to enhance the frequency and quality of engagement between these groups (2-3). As a result, the number of local health research institutions has increased with many focusing on health policy and systems research (HPSR), a field that explores the policies, organizations, programmes and people that make up health systems, as well as how their interaction influences system performance.

While these trends are positive and many policies, programmes and laws have been informed by evidence, locally generated research is not used consistently in health-related decisions in low- and middle-income countries, particularly in sub-Saharan Africa. What is more, little is known about what makes it more or less likely that evidence will play a role in policy-making, nor about the profile of health systems research institutions operating in different contexts. Do certain institutional characteristics such as affiliation (public or private), funding source and flexibility, or capacity level and mix have a bearing on their success in influencing policy? Is research prioritized over advocacy work? Is the quality of research perceived as an issue? What is the relationship like between researchers and policy-makers? Understanding these dynamics is an important part of developing strategies to build capacity to generate and use research.

To support these efforts, the Alliance for Health Policy and Systems Research at the World Health Organization commissioned three studies to explore the evidence-to-policy process in Ethiopia, Ghana and Mozambique. Through surveys and in-depth interviews with representatives from 54 locally based research institutions and 41 health policy-makers, the studies explored the entire chain of evidence generation, from conception of the research idea, through to its synthesis and dissemination. For each country, this included discussions with key actors involved in tracer policies - that is, policies that provide concrete examples of the policy-making process in the country. This technical brief distils regional lessons from the studies and offers a set of recommendations to support efforts to develop and strengthen existing institutions towards enhanced uptake of research.
Profile of organizations conducting health policy and systems research

The study found that health systems research in these countries is conducted by a mix of public and private not-for-profit entities, and that the number of for-profit research firms is low. This includes health units embedded in – or officially linked to – national ministries of health, specialist faculties housed in universities, professional associations, and private not-for-profit research firms. In Ethiopia and Ghana, most organizations that generate evidence are public, whereas in Mozambique the picture is more mixed, with international non-governmental organizations comprising over 50 percent of the local health research community. These institutions have been active for 13 years on average (Ethiopia: 9 years, Ghana: 12 years and Mozambique: 20 years), although they did not focus exclusively on HPSR throughout that entire period – in many cases also conducting broader health studies, national or subnational surveys, and clinical or biomedical research.

In all three countries, the distribution of research skills is uneven, but recruitment and retention dynamics play out and affect research institutions differently. A significant number of staff, especially senior researchers, are concentrated in just one or two public institutions, which has an impact on the capacity of some organizations. Respondents in Ethiopia reported that there is also a general lack of experienced researchers, which results in a heavy reliance on junior staff to undertake critical research activities. This was evidenced by poor response to vacancy announcements and the weak skills profile of many researchers in the country. In Mozambique, the challenge of attracting and retaining high-quality staff from a range of disciplinary backgrounds is also an issue, though respondents blamed this on research being almost entirely project based. This was deemed to be less of an issue in Ghana, where only a small proportion of institutions say they face serious challenges that affect quality when it comes to hiring and retaining staff. Access to supportive services, such as domestic and international journals and statistical software, is limited in all contexts.

Developing HPSR studies is not the main area of focus for research institutions in Ethiopia and Mozambique who put more emphasis on training and advocacy activities, along with conducting general health research. Ghana is more focused in this respect with over 90% of institutions engaged in HPSR evidence generation. In terms of the themes that countries prioritize, these vary widely, although universal health coverage ranked top (or joint top) for two countries. In all countries, government officials (especially technical officers) are seen as the key target audience for research, however, international agencies that commission research are often as important. In terms of perceived quality of research, institutions feel they perform well, but policy-makers contest this to varying degrees - noting issues with the format and relevance of research as well as the feasibility of recommendations, especially in Ethiopia and Ghana.
**Funding is a major constraint for all research institutions.** Across all three settings, little core funding for HSPR was reported, which prevents research organizations from improving their overall research processes through investments at the institutional level according to respondents. Limited resources also act as a critical bottleneck to the consistent generation of quality evidence. In Ghana and Mozambique, funding comes mainly from international sources, whereas respondents reported that funding is more evenly split between domestic and international sources in Ethiopia. Aside from the overall level of funding, issues such as disbursement delays, short funding periods and lack of flexibility in the use of resources are also seen as problematic.

**Common issues affecting evidence-informed policy and practice in Ethiopia, Ghana and Mozambique**

The study found that evidence does not systematically and consistently influence health policy and practice in Ethiopia, Ghana and Mozambique. Several critical factors affect the demand, supply and use of research according to researchers and policy-makers. These fall into three main themes: inadequate presentation of research in formats appropriate for policy audiences; ineffective or limited interaction between researchers and policy-makers; and low levels of domestic funding for HPSR affecting the quality and kind of evidence produced.

1. **Inadequate presentation of research in formats appropriate for policy audiences**

HPSR studies are often not communicated in appropriate or accessible ways. Due to academic incentive structures, where career progression is tied to publications not policy influence, researchers in Ghana and Ethiopia say they rely on traditional avenues to publicize their work (e.g., peer-reviewed academic journals and annual research conferences). In Mozambique, researchers do not prioritize high-impact journals, instead writing up their findings in reports. These formats are often inaccessible to policy-makers. Therefore, although all countries also conduct policy advocacy work, its effectiveness is compromised by the fact that research is not packaged in a policy-friendly way (i.e., short and non-technical). The absence of a place to store and catalogue evidence, along with a lack of communications training or support within research institutions, are further issues that constrain dissemination efforts. Taken together, these affect the degree to which policy-makers can review and understand research and, by extension, make use of it in policy and programming decisions.
2. **Ineffective or limited interaction between researchers and policy-makers**

Researchers collaborate with ministries and participate in technical groups and workshops at national and subnational levels, but evidence is not systematically or actively disseminated, nor does it arrive at timely moments. In Mozambique and Ghana, engagement between researchers and policy-makers is reported to be somewhat *ad hoc*, while in Ethiopia, researchers and policy-makers operate almost entirely in their own spheres and do not come together consistently around key issues. The lack of formal policy platforms to present and debate research was put forward as a possible reason for this. At the same time, evidence is rarely available at strategic moments, when key policy windows open and information on a particular topic is needed. The inability of researchers to regularly produce and share information to meet the pressing needs of government officials comes up as a major inhibitor across contexts. However, when strong relationships are forged around a particular topic, impact can be significant. This is because research is said to be more relevant and recommendations more feasible or grounded in policy realities.

3. **Low domestic funding for HPSR affecting the quality and kind of evidence produced**

Low domestic funding not only affects the quality and consistent dissemination of evidence, it also skews research priorities. As a result of limited funding for health research in general, and the lack of core funding for HPSR in particular, research institutions are unable to make significant investments at the institutional level to develop incentives to retain staff, provide training, or improve research processes. Their ability to develop and maintain strong working relationships with policy-makers is also said to be affected. What is more, because research institutions seek much of their funding from external sources through competitive tender processes in Ghana and Mozambique, their ability to prioritize national policy issues is limited because of the need to focus on the global public health topics of interest to donors. This has a negative impact on the relevance of research, and in some contexts also strains relationships between researchers and policy-makers.
Charting a way forward: Common recommendations

While each study provided a set of context-specific recommendations, some were common across studies and are worth highlighting.

For national governments:

■ Consider developing and regularly updating a national health research agenda if it does not already exist. This should be closely linked to national goals so that HPSR can directly respond to needs and operational priorities in a timely way. The formulation and monitoring of the plan should involve all key research institutes, as well as relevant policy-makers, so that varying perspectives can be presented, debated and agreed.

■ Consider increasing the amount of funding allocated to HPSR, putting specific emphasis on the institutional development of research organizations. This may help attract and retain more skilled researchers, thereby improving the quality of studies and their dissemination. It may also have a positive impact on how research is prioritized. If this is not possible in the short term, the government may want to formally evaluate the effectiveness of research centres housed within government, compared to independent research institutions, to decide where funding might be most effectively prioritized.

■ National and subnational research forums could be established to regularly bring together research organizations, donors, NGOs and other stakeholders. These may play a role in promoting and cultivating research leadership and making sure that studies are demand-driven, and linked to programme and operational challenges. Regular interaction between researchers and policy-makers may also help promote a more positive culture with regards to research in the policy-making process, and make recommendations more feasible, tailored and timely.

For research institutions:

■ While resources may be limited, consider putting greater emphasis on making key data and research findings more available, and disseminating them in policy-friendly formats. A focus on providing evidence through short presentations and policy briefs is particularly important as these are preferred formats for policy-makers. Another consideration may be to include more communications training for research teams or to hire staff with research translation skills. Building these activities into funding proposals may be a way to achieve this in the short to medium term.
To increase collaboration with, and garner meaningful input from, policy-makers, research institutions should also make a point of informing their policy counterparts of new research projects early in the process. This could be the case even for research that is not domestically funded.

For international donors

- Critically reflect on the impact that involvement in HPSR has on the prioritization of research themes, and explore ways to consistently link funding to research that aligns directly to national policy priorities. This could be done by supporting implementation research projects that call for explicit linkages between researchers and national health decision-makers, and that prioritize solving ongoing policy problems as part of their design. Ongoing liaison with national counterparts and stakeholders to ensure that internationally funded research meaningfully aligns to local needs is also important.

- Consider providing greater resources for networking and dissemination activities as part of calls for funding and making funding timeframes longer. The use of research is contingent on its effective communication so structuring grants to reflect this is important. Providing funding over longer periods so that the attention of researchers is not compromised by the need to search for their next grant is also critical.
References


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