Health policy and systems research in Ghana
Current trends and key lessons on how to improve the use of evidence in health policy

Key Messages

01 Though a number of Ghana’s major national health policies have been informed by evidence, relatively little is known about the role that locally-generated research plays in health-related decisions, nor about the profile of health systems research institutions operating in the country.

02 This technical brief presents the results of a study that explored the evidence-to-policy process in Ghana. It aims to support efforts by the national government, as well as funders, to develop and strengthen existing institutions towards enhanced generation and uptake of research.

03 Creating strong relationships between policy-makers and research teams early in the research process is the most critical enabler to translating evidence into policy and practice in Ghana. It builds trust and awareness, and also supports the timeliness and relevance of findings.

04 Limited domestic funding means that Ghanaian researchers draw most of their funding from international donors, often aligning to their priorities. This limits how responsive researchers can be to national needs, which in turn has an impact on the use of evidence in decision-making.

This technical brief draws on research produced by the Regional Institute for Population Studies, a regional center of excellence for teaching and research located in Accra, Ghana. Data collection took place between February and July 2020. The brief is part of a multi-country study commissioned by the Alliance for Health Policy and Systems Research to understand the evidence-to-policy process around health decisions in Ghana, Ethiopia and Mozambique. Support was provided by the Doris Duke Charitable Foundation.
As part of Ghana’s commitment to improving health outcomes, policymakers have drawn on a range of locally-generated research studies to inform flagship health policies. The government’s decision to integrate vitamin A distribution into routine child health services, for example, happened as a result of evidence that showed severe deficiencies in some parts of the country (1). Ghana’s Community-based Health Planning and Services initiative, and its National Health Insurance Scheme, were also scaled-up following formal evaluations of initial pilots, and research is feeding into their ongoing reform.

While some of the country’s health policies have been informed by evidence, this has not been the case consistently. What is more, little is known about the role that research plays in health-related decisions in Ghana. This is particularly the case for health policy and systems research (HPSR), a field that encompasses research on the policies, organizations, programmes and people that make up health systems, as well as how their interaction influences system performance. Using robust evidence to inform public health policy is considered critical to ensuring the greatest and most equitable population health gains (2). Therefore, understanding the mechanics of research uptake into policy is an important part of developing strategies to build capacity to generate and use research going forward.

To support these efforts, the Alliance for Health Policy and Systems Research at the World Health Organization commissioned a study to explore the evidence-to-policy process in Ghana. Through surveys and in-depth interviews with representatives from 11 local research institutions and 12 health policy-makers, the study explored the entire chain of evidence generation, from conception of the research idea, through to its synthesis and dissemination. This included discussions with key actors involved in two tracer policies – that is, policies that provide concrete examples of the evidence-to-policy process in the country. Funding was provided by the Doris Duke Charitable Foundation.

This technical brief draws on the findings of the study to offer insights into what factors make it more or less likely that research will feed into policy and practice in Ghana. It also provides an up-to-date snapshot of the range of actors involved in conducting research in the country as well as their institutional profile. This learning aims to inform efforts by national governments, as well as funders, to develop and strengthen existing institutions towards enhanced uptake of research. Two complementary studies in Ethiopia and Mozambique used the same research approach and were undertaken at around the same time to provide the opportunity to do a comparative analysis and distil regional lessons.
Profile of organizations conducting health policy and systems research in Ghana

Only research institutions that had an active HPSR profile within the previous three years were included as potential respondents and of the 15 organizations identified during the scoping phase (see Box 1), a total of 11 participated in the study. This section provides an analysis of these organizations including their affiliation, funding arrangements, capacity levels and main areas of focus. Figure 1 provides an overview of key data.

Box 1: List of HPSR institutions operating in Ghana

- Alliance for Reproductive Health Rights
- Centre for Health Systems and Policy Research (Ghana Institute of Management and Public Administration)
- Council for Scientific and Industrial Research (Science and Technology Policy Research Institute)
- Dodowa Health Research Centre
- Institute of Health Research (University of Health and Allied Sciences)
- Integrated Social Development Centre
- Kintampo Health Research Centre
- Kumasi Centre for Collaborative Research
- Navrongo Health Research Centre
- Noguchi Memorial institute for Medical Research
- Regional Institute for Population Studies
- Research and Development Division (Ghana Health Service)
- School of Health and Medical Sciences (University for Development Studies)
- School of Public Health (Kwame Nkrumah University of Science and Technology)
- School of Public Health (University of Ghana)

The study found that research in the country is overwhelmingly conducted by public entities. This includes a combination of institutions embedded in universities or within the health service itself, plus one national research organization. Only two private, not-for-profit organizations were among the study participants. All had been active for around 19 years, although many did not exclusively focus on HPSR. Staff working within these institutions have a mix of experience levels, with around nine senior researchers, eight mid-level researchers and eight junior researchers or research assistants reported.
However, these averages hide wide variations between organizations where some have one senior researcher, and others have over 30. All respondents were directly involved in research, but six also had a management remit.

**Generating HPSR is a key area of focus for research institutions and maternal and child health themes receive particular attention,** followed by universal health coverage. Organizations averaged two projects over the period assessed (2016 to 2018) with outputs including peer-reviewed articles, reports and posters. There appears to be less emphasis on dissemination through meetings with political stakeholders, even though over 80% of respondents said they have “strong linkages with policy-makers” and use formal policy platforms to communicate their findings. In terms of the audiences for research, technical officers working in the health ministry/health service are the main target, followed by academia and research networks. Access to supportive services is mixed, with four institutions reporting access to domestic journals and only three to international journals.

**Funding source and flexibility is an issue for most research institutions.** Organizations shared views on a range of operational matters including recruitment and funding. Only a small proportion face serious challenges that affect quality when it comes to hiring and retaining staff. In terms of funding, however, 90% of respondents reported that the level of flexibility in the use of funds is low. The majority receive their funding from a mix of domestic and international sources, although the latter comprises the overwhelming majority of revenue. Three draw their funding exclusively from international donors.

**Research institutions feel they perform well, but some policy-makers contest this assessment.** Across four dimensions of quality – timeliness, policy relevance, feasibility and completeness – researchers scored themselves just over 4, on scale of 1 to 5. They also reported prioritizing their activities based on what is most “policy-relevant”, following liaison with relevant partners. Some policy-makers disagreed. While the majority said there is more locally-generated research now than in previous years, and that it is being used more frequently, they argued that the communication of findings is overly technical and that recommendations are not feasible in many cases. A small proportion also said that studies do not meet national policy needs. This divergence in views is not entirely unsurprising given that researchers draw the majority of their funding from external donors, which means they must balance both national and international interests when designing their studies.
**Profile of organizations conducting HPSR in Ghana**

19 Years working on HPSR

Sources of funding
- Mix of international and domestic
- International Only
- Domestic Only

7 Research staff experience level
- 9 Senior Researchers
- 8 Mid-level Researchers
- 8 Research Assistants

Research staff education level
- 7 Doctorate level
- 9 Master’s level
- 9 Bachelor’s level

Organizational affiliation or status
- 0 Private for-profit
- 2 Private not-for-profit
- 9 Public

Level of focus on HPSR activities
- Conduct policy-relevant research
- Networking with domestic and international partners for mutual support
- Communicating research findings
- Building capacity to use evidence for policy-makers
- Mobilizing adequate funding

Top HPSR themes
- Maternal and child health
- Universal health coverage
- Reproductive health
- Burden of disease
- Health information
- Access to medicines

Priority functions of HPSR institutions

<table>
<thead>
<tr>
<th>Activity</th>
<th>Conduct HPSR</th>
<th>Conduct research other than HPSR</th>
<th>Policy advocacy/communication</th>
<th>Training/workshop/short course</th>
<th>Monitoring and evaluation</th>
<th>Formal education</th>
<th>Allocate funds to others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage (%)</td>
<td>100</td>
<td>91</td>
<td>73</td>
<td>73</td>
<td>64</td>
<td>54</td>
<td>9</td>
</tr>
</tbody>
</table>

* Institutions gave themselves a score on each activity between 1-5. For each activity, their relative level of focus is provided.

* The yellow area represents the proportional focus on HPSR themes.
Enablers and inhibitors of evidence-informed policy-making in Ghana

The study revealed significant overlap between what researchers and policy-makers see as the main enablers and inhibitors to evidence-based policy-making in Ghana. Both groups provided similar accounts, citing credibility, trustworthiness, timeliness and the compelling nature of research – along with its actionability – as key considerations.

Critical enablers

The need to create strong relationships between policy-makers and researchers from the very beginning of the research process is important. Respondents explained that doing this has a number of important benefits. First, it helps build trust between policy-makers and researchers, who are involved in distinct activities with different skill sets and motivations. Second, it promotes an appreciation and awareness of the research process and of the health policy environment. Third, it supports other important enabling factors, such as research timeliness and the development of context-appropriate policy options since policy-makers have the opportunity to shape the focus of research studies, thereby making them more directly relevant. In fact, early and sustained collaboration was mentioned as being present in all recent instances of evidence uptake in the country, including the Community-based Health Planning and Services initiative and the National Health Insurance Scheme, as well as maternal care and anti-malaria policies.

Effectively communicating HPSR in appropriate formats is a second key enabler. This was highlighted repeatedly during interviews with policy-makers, but researchers agreed it is an essential part of the research-to-policy process. What presents a problem, however, is that peer-reviewed academic journal articles continue to be the most common way to disseminate research findings in Ghana, even though policy-makers do not tend to refer to them. This is especially the case for researchers in institutions whose career progression is tied to publications and not policy influence. Lack of communications training or support within research institutions compounds this issue. Nevertheless, policy-makers stressed that for research to have impact it must be packaged in a way that is appropriate to its audience (i.e., short, non-technical, actionable), and that dissemination should use various mediums.

Critical inhibitors

Both researchers and policy-makers mentioned the inverse of enabling factors as major inhibitors to the use of research in health decision-making. Lack of credibility, quality and timeliness were particularly prominent themes. However, many felt that these could be overcome through a focus on developing and maintaining strong relationships between researchers and policy-makers.
and by ensuring that the quality of research continues to improve. Weak or fragmented institutions, coupled with a lack data repositories to house research, were also put forward as factors that pose barriers.

Another inhibitor, underscored by researchers, is limited domestic funding. This results in Ghanaian research institutions having to seek funding from external sources, which often skews their focus away from national policy priorities and towards more global public health issues. It also tends to have a negative impact on trust levels between researchers and policy-makers since policy-makers noted concern about hidden agendas from research that is funded by external actors. While successive governments have made reference to the important role that evidence plays in informing their work, the amount of budget allocated to research remains modest.

Conclusions and recommendations

HPSR in Ghana has had some influence on policy-making and interaction between researchers and policy-makers is growing – as is the amount of research being produced and disseminated. In order to build on this momentum and ensure evidence informs health-related decisions more systematically, the study provides a number of recommendations for consideration:

1. **Both policy-makers and researchers should create more opportunities for regular collaboration.** This could be done by increasing the participation of researchers in existing health policy fora (e.g., health sector working groups), or by hosting routine HPSR events especially around September – a key moment in the policy calendar because this is when inputs into the planning and budgeting process are collated. Research institutions should also make a point of informing their policy counterparts of new research projects early in the process to increase collaboration and meaningful input.

2. **Research institutions should incorporate capacity building into their annual work programmes, putting particular emphasis on communicating research more effectively.** A focus on making evidence more accessible, 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 staff within research teams, and to offer training to policy-makers on research methods to build awareness of what is involved in conducting studies.

3. **Greater domestic funding for research should be considered, especially for HPSR.** This may help make evidence more locally relevant and responsive to policy needs. 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.
4. International funders should critically reflect on the impact that their involvement in HPSR has on the prioritization of research themes in Ghana and explore ways to consistently link their 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.

References