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

Key Messages

01. Though many of Mozambique’s policies, laws and service delivery approaches have been informed by evidence, locally generated research is not used consistently in health-related decisions. What is more, little is known 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 Mozambique. It aims to support efforts by the national government, as well as funders, to develop and strengthen existing institutions towards enhanced uptake of research.

03. Policy-makers see research institutions as important reference entities and their relationship with researchers is positive. Research is also regarded to be of good quality. However, engagement is somewhat ad hoc, and the timing and presentation of studies means they often fail to have the impact they could have.

04. Funding for research comes mainly from external donors who focus on global, rather than national, priorities. The absence of a national research agenda against which to align compounds this issue. Limited core funding also creates ongoing recruitment and retention issues, and staff development is minimal.

This technical brief draws on research produced by the Instituto Nacional de Saúde, an organization that manages and regulates health research activities located in Maputo, Mozambique. Data collection took place between September and October 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 decisions in Ethiopia, Ghana and Mozambique. Support was provided by the Doris Duke Charitable Foundation.
Health research became important in Mozambique in the 1990s when the government developed its first five-year medium-term strategic plan and as requests for research from international agencies operating in the country became more frequent. During this period, the number of primary health care programmes being designed and implemented in the country significantly increased, with HIV/AIDS, tuberculosis and routine immunization receiving particular attention. This prompted the emergence of local health researchers and research institutions, who gained expertise across a range of thematic areas as well as research methods and approaches. This was 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 the interactions amongst these elements influence system performance.

As a result, policy-makers have drawn on a range of locally-generated research studies to inform major health policies and laws over the years. These include legislation to decriminalize abortion and reduce chronic malnutrition through food fortification, and national policies on immunization, colon cancer, HIV and malaria. Moreover, service delivery issues such as district-level coordination and planning, the use of telemedicine and public information campaigns have also been evidence informed. However, not all research that is produced is used. Since using robust evidence to inform public health policy is considered critical to ensuring the greatest and most equitable population health gains (1), understanding the mechanics of policy uptake in Mozambique is critical. This is especially important when it comes to developing strategies to build capacity to generate and use research in the future.

To support these efforts, the Alliance for Health Policy and Systems Research at the World Health Organization commissioned a study to understand the evidence-to-policy process in Mozambique, and to get a sense of the profile of health systems researchers in the country. Funding was provided by the Doris Duke Charitable Foundation. Through surveys and in-depth interviews with representatives from 27 Mozambique-based research institutions and five 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 a concrete example of the evidence-to-policy process in the country.

This technical brief draws on the findings of the study to provide insight into how research feeds into policy and practice in Mozambique. 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 Ghana 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 Mozambique

Representatives from a range of institutions were identified as respondents, including both national and international entities with an active HPSR profile. Over 40 organizations were identified (see Box 1) in the scoping phase, but only eight 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 Mozambique

» Associação Coalizão da Juventude de Moçambique
» Associação de Desenvolvimento dos Direitos da Saúde
» Associação Moçambicana de Mulheres de Carreira Jurídica
» Associação Nacional de Segurança Alimentar
» Associação para o Desenvolvimento Comunitário-KUTENGA
» Centro de Investigação em Saúde da Manhica
» Centro de Investigação e Desenvolvimento de Etnobotânica
» Centro de Investigação Operacional da Beira
» Centro Internacional para Saúde Reprodutiva
» Comité Nacional de Fortificação de Alimentos
» Comunidade Santo Egídio-DREAM-Moçambique
» COWI
» Development Media International
» Family Health International
» Friends in Global Health
» Fundação para o Desenvolvimento da Comunidade
» Handicap International
» Helen Keller International
» Instituto de Investigação Agrária de Moçambique
» Instituto de Estudos Sociais e Económicos
» Instituto de Investigação Sociocultural
» Instituto Nacional de Saúde Central
» Instituto Superior de Ciências de Saúde
» Ipas
» Kula
» Ministério de Educação e Desenvolvimento Humano
» Ministério de Género, Criança e Acção Social
» Ministério da Saúde (Departamento Jurídico, Direcção Nacional de Saúde Pública)
» Médicos Sem Fronteira
» Muleide, Associação Mulher, Lei e Desenvolvimento
» N’weti
» Observatório do Meio Rural
» Population Service Internacional

Continued next page...
The study found that health research in the country is mostly conducted by a mix of public and private not-for-profit entities. This includes a range of university faculties, standalone national health institutes, as well as a variety of international non-governmental organizations who also implement programmes. Only one private, for-profit organization was among the study participants. On average, these organizations had been operational for 20 years, although many did not focus exclusively on HPSR throughout that entire period and some respondents did not provide concrete data on the number of years they had been active. Staff have a mix of experience levels, with around 23 senior researchers, 24 mid-level researchers and 32 junior researchers or research assistants reported across organizations. However, a significant number of staff across all levels are concentrated in just one public institution making the distribution of skills and experience uneven and skewing the averages considerably.

HPSR is not the main area of focus for research institutions whose emphasis is on advocacy and more general health research. Where HPSR studies are conducted, reproductive health and social determinants of health are themes that receive particular emphasis. Key outputs produced over the period assessed (2016 to 2018) include reports and policy briefs shared during presentations in congresses, scientific meetings, and technical working groups. In terms of the target audiences for research, government officials are cited as the main group that organizations want to influence. However, the international agencies that commission research are also seen as important. Access to supportive services is poor, with only one institution reporting full access to domestic journals, and two to international journals. The overwhelming majority report limited or no access to these resources at all.

Funding largely comes from international sources and is project-based, which influences the research themes that are prioritized as well as the ability of research organizations to develop and retain high-quality staff. Organizations shared views on a range of operational matters including recruitment and funding. In terms of funding, domestic resources constitute a very small proportion of resources for health research.

Box 1: List of HPSR institutions operating in Mozambique (continued)

» Secretariado Técnico de Segurança Alimentar e Nutricional
» ThinkWell/ECHO
» Universidade Católica de Moçambique
» Universidade Eduardo Mondlane (Faculdade de Letras e Ciências Sociais, Faculdade de Medicina, Faculdade de Ciências Biológicas, Centro de Estudos Africanos)
» Universidade Pedagógica
» Universidade UniLúrio
» Women and Law in Southern Africa Research and Education Trust
» World Vision
Profile of organizations conducting HPSR in Mozambique

Research staff experience level
- 23 Senior Researchers
- 24 Mid-level Researchers
- 32 Research Assistants

Research staff education level
- 6 Doctorate level
- 21 Master’s level
- 28 Bachelor’s level

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

20 Years working on HPSR
Average across all organisations

Top HPSR themes
- Reproductive health
- Social determinants of health
- Communicable diseases
- Maternal and child health
- Health information
- Universal health coverage

Organizational affiliation or status
- 3 Public
- 4 Private not-for-profit
- 1 Private for-profit

Priority functions of HPSR institutions

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct research other than HPSR</td>
<td>36</td>
</tr>
<tr>
<td>Policy advocacy/communication</td>
<td>36</td>
</tr>
<tr>
<td>Conduct HPSR</td>
<td>27</td>
</tr>
<tr>
<td>Monitoring and evaluation</td>
<td>27</td>
</tr>
<tr>
<td>Training/workshop/short course</td>
<td>18</td>
</tr>
<tr>
<td>Allocate funds to others</td>
<td>9</td>
</tr>
<tr>
<td>Formal education</td>
<td>0</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.

1 of the 8 organizations did not provide data on staff experience and staff numbers across organizations varied considerably.
Despite the existence of the Fundo Nacional de Investigação (FNI), an entity dedicated to funding research across a range of priority sectors, allocations to HPSR studies are few and far between. Perhaps as a result, almost 60% of respondents said that they rely entirely on international funding secured through competitive grant applications. While this has provided a reasonable stream of support, researchers spend a lot of their time searching and applying for funding, and delays in the disbursement of funds can be problematic. The lack of institutional-level budgets also creates challenges in terms of attracting and retaining high-quality staff from a range of disciplinary backgrounds.

Research institutions feel they perform well, and policy-makers have a good relationship with them, seeing them as valuable consultation and reference entities. Across four dimensions of quality – timeliness, policy relevance, feasibility and completeness – researchers scored themselves 4, on scale of 1 to 5. Policy-makers and researchers both reported that there has been a progressive evolution of health research over the years, which has improved the quality and credibility of evidence. However, according to policy-makers, lack of systematic or timely dissemination, coupled with the inadequate presentation of research, often makes its uptake into decision-making difficult. Researchers, on the other hand, expressed concern that many decisions are based on political considerations, rather than being evidence based.

Issues affecting evidence-informed policy and practice in Mozambique

The study revealed that evidence often goes unused or that it does not have the impact it should have, with several critical factors affecting the demand, generation and use of research. Issues raised by researchers and policy-makers fell into three main themes: inadequate translation of research into formats appropriate for policy audiences; ineffective or limited interaction between researchers and policy-makers; and low levels of domestic funding for research affecting the ability of organizations to meet local needs.

HPSR studies are often not communicated in appropriate or accessible formats nor are they provided in a timely way. Long reports are the preferred format used to share research findings, with shorter, peer-reviewed articles or policy briefs less frequently deployed as part of dissemination plans. What is more, there is nowhere to store and catalogue the evidence that is produced on key health themes. These issues affect the degree to which policy-makers can review and understand research and, by extension, make use of it in policy and programming decisions. 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 is considered to be a major inhibitor when it comes to evidence-informed decision-making in Mozambique.
Engagement between researchers and policy-makers is somewhat ad hoc, but when strong relationships are forged impact can be significant. While advocacy is reported to be a key activity for many research organizations, with researchers regularly attending meetings and working groups, its impact appears to be limited since forums for substantive policy dialogue rarely create a space for research results to be shared and debated. This disconnect has resulted in a lack of appreciation and awareness by researchers of the health policy environment, thereby preventing them from feeding into - and influencing - key policy processes. As a result, researcher felt that some policies are formulated on the basis of opinion and political motivations, rather than drawing on evidence. However, where momentum around a particular policy issue is created, research institutions have been able to positively influence change, while gaining prestige and recognition from within government.

Another inhibitor, underscored by researchers, is limited domestic funding. This results in Mozambican 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.

Conclusions and recommendations

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

1. The Government of Mozambique, through the National Institute of Health who is mandated to manage health research, could explore the possibility of developing a national research agenda. Closely linking it to the country’s current five-year national plan is encouraged, so that studies directly respond to national 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.

2. The Ministry of Health could consider creating a mechanism or forum to manage the activities of institutions conducting research and implementing projects in the health sector. There are numerous local and international organizations operating in the country, but much of their work is not harmonized and duplication has been noted. As part of this, the ministry may also want to create a repository for better archiving of the evidence produced in Mozambique.

3. Research organizations should put greater emphasis on making key data more available and disseminating their research 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 to research teams or hire staff with research translation skills.

4. **International funders should critically reflect on the impact that their involvement in HPSR has on the prioritization of research themes in Mozambique** 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.

5. **The Government of Mozambique should consider increasing the amount of funding it allocates 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.

References


The Alliance is able to conduct its work thanks to the commitment and support from a variety of funders. These include our long-term core contributors from national governments and international institutions, as well as designated funding for specific projects within our current priorities. This brief, in particular, received support from the Doris Duke Charitable Foundation and from Alliance core funds. For the full list of Alliance donors, please visit: https://ahpsr.who.int/about-us/funders.

Health policy and systems research in Mozambique: current trends and key lessons on how to improve the use of evidence in health policy. Technical brief

ISBN 978-92-4-003033-6 (print version)

Some rights reserved. This work is available under the [CC BY-NC-SA 3.0 IGO licence](https://creativecommons.org/licenses/by-nc-sa/3.0/).