

How can access to and use of reliable information for health policy decisions be improved in low and middle income countries? An informal discussion among senior policy makers.

Hosted by

WHO, the Milbank Memorial Fund, the Centre for Evidence-based Policy and the Malaysian Ministry of Health

September 16 & 17th, 2004, Kuala Lumpur, Malaysia

Purpose of the Meeting:

To enable participants to share their experiences in making policy, with particular attention to how they acquire and use information in which they have confidence; and to determine whether and how participants' experiences could contribute to the more effective and efficient acquisition and analysis of useful information within and among countries.

Key Messages from the Meeting:

... for the Director General:

1. WHO should take the lead in improving the availability, communication and use of the best available evidence for health policy at global, national, and regional levels.
2. WHO should initiate a collaborative process to study or discuss establishing a sustainable global fund to support health policies and systems research that is responsive to needs expressed by policy makers.

... for the global community:

1. Acquiring and using evidence that can strengthen health systems should have equal priority with acquiring and using evidence to address priority diseases.
2. Substantial resources should be mobilized to commission health systems research and disseminate the results. Priorities must be those that policy makers judge to be relevant to their immediate and long term needs.

Introduction

Dr. Tikki Pang welcomed the participants on behalf of the World Health Organization (WHO). Other hosts and sponsors gave opening remarks: Dato' Dr. Narimah Awini on behalf of the Malaysian Ministry of Health; Dr. Han Tieru representing the WHO for Brunei, Malaysia, and Singapore; Dr. Dan Fox, President of the Milbank Memorial Fund; and Mr. Mark Gibson from the Centre for Evidence-based Policy of the Oregon Health and Science University.

Dr. Pang opened the meeting by giving a brief overview of the background to the meeting and proposed plans. Key points included:

- With the change in WHO leadership came a new approach to assessing WHO's role in supporting policy decisions within and among countries.

- Over the past year, there have been numerous WHO activities that have examined the link between research and policy.
- The upcoming Ministerial Summit on Health Research in Mexico City, November, 2004, will focus on the impact of knowledge on health systems. The meeting will also provide a key opportunity to unveil WHO's initiatives in this area.
- It was hoped that the meeting in Kuala Lumpur would inform the preparations for the Mexico City meeting, future long term directions with respect to research to policy initiatives at the country level, and WHO's Executive Board meeting leading up to the World Health Assembly in the spring of 2005.
- Present at this meeting were a distinguished group of senior policy makers who were identified within their region and by their respective countries as policy makers with significant influence.

The co-chair for the meeting, Dr. Andy Oxman, introduced the discussion stressing that the outcome of the meeting would depend on the contributions of each of the participants. He reiterated that the goal of the meeting was to gain a better understanding of the constraints, needs, and opportunities of policy makers with respect to making well-informed decisions, and to discuss strategies for improvements. Mark Gibson, who together with Andy Oxman facilitated the meeting, suggested that in order to have a candid discussion, participants should obtain permission to quote or paraphrase any comment made during the meeting from the person who made the comment. It was agreed that the style of the meeting would be kept informal with open discussions rather than formal presentations.

Following the opening of the meeting, a roundtable was held where participants introduced themselves by giving a short background on their role, country of origin, and interest in policy making. Attendees included senior representatives from: government (including Ministers of Health and policy advisors), academia, WHO, and host and sponsoring organizations. A total of seventeen countries were represented. There were also a number of observers in attendance. *See Appendix I for a complete list of attendees.*

Country Reports

To start the meeting, members were asked to briefly give an overview of their country's health care system and to describe an important health policy decision that they had made in their country in the recent past. Each participant was asked to address the following questions:

- What information did you use to develop the policy?
- How did you get the information and from whom?
- How much did you trust the information?
- How much of the information came from formal research?
- Did you collaborate with or get any help from other countries or international agencies?
- How typical was this experience to your normal decision making?

Responses from participants included:

In one country they used external surveys and health service research studies to create a master plan for the next five years, but found that research from other countries was not applicable to their unique circumstances.

In another country they used research funded and conducted by external sources, but encountered substantial political barriers to its application.

In a further example, it was stressed that the time required to translate research into policy was an issue. In one case, it took approximately eight years to develop a policy. This timeframe increases the likelihood that anecdotal evidence would be used in place of research. Another participant commented that the need to respond to a potential health issue in 48 hours presented a challenge to providing a well-informed opinion that took into account the relevant research evidence.

One country reported that they commissioned a study on a particular health issue common to other countries, but did not collaborate with other countries because they believed the information would not be transferable to their circumstances. They now believe that access to best practices in different countries would have been helpful.

Day One Summary

Dr. Oxman brought the first day to a close by thanking members for their candid and insightful comments. His summary observations were discussed and refined by the group.

Types of Information:

- Two types of information needs were identified and discussed: information (evidence) needed to recognize a policy need; and information (evidence) needed to guide the design and implementation of the appropriate policy to meet that need.
- There was considerable focus on commissioned research or investigator-driven research and less on accessing and using already available research. Particularly, there was little focus on obtaining and using systematic reviews or best practices.
- Different types of information are included as evidence (e.g., personal experiences, opinion polls, surveys, surveillance data, and published studies) and each brings with it a different level of rigor.
- Health policy makers often do not just rely on health evidence but use other types of information such as economic and social indicators.
- Different types of policies require different types of information.
- Policy makers need to take into account a wide range of considerations when making decisions. Research evidence can help to inform policy decisions, but cannot determine them.

Factors Affecting the Use of Information:

Health System Structure and Management:

- The organization of the health care system is critical to how it operates. Tackling health issues is challenging when there are many health system infrastructure constraints that need to be addressed, such as human resources.

Capacity:

- Policy makers recognize the importance of health research, however country capacity to both conduct research and systematically access and use the resulting knowledge can be limiting.
- Often, information is needed in a very short timeframe.

Culture:

- The relationship between the political process and policy making is complex. Politics can sometimes get in the way of sound decision making (e.g., through selective collection and use of evidence). When deciding how to use research in policy making it is important to consider the power structure within a country.

- There is insufficient inter-country sharing of experiences. Although, it is possible that issues do not translate from one country to another, sharing of best practices and other experiences can be helpful (perhaps through WHO regional offices).
- By focusing on the 'know-do' gap, we may ignore the "do-know" gap (e.g., antibiotic prescribing – despite the well known evidence that over prescribing of antibiotics can be harmful, the practice continues).
- There was little discussion on the role of values affecting information.
- Improving the transparency and participatory nature of research and use of evidence will increase credibility with policy makers and the public.

Priority Setting:

- A key factor in creating research useful for policy is whether the priorities for health systems research are selected by policy makers or individual researchers. Those driven by policy makers are generally more useful.
- Often, differences arise in priorities depending on whether they are set at a national, regional or local level.
- Other factors that influence priority setting for health research include: commitment, coordination, communication, a culture that values research, capacity to have the resources to carry out research, and the credibility of both researchers and policy makers.
- Research is needed on how to effectively improve the use of research evidence in policy making.
- There are many stakeholders in policy setting and it is important to recognize their respective unique roles. They include health practitioners, policy makers, consumers and representatives from NGO's and international organizations.

Day Two

The first day's discussion focused on individual experiences with using evidence. The second day's discussion moved towards specific information needs and how information could be more effectively and efficiently accessed and used. The session concluded with discussion on the possible role(s) for WHO and next steps.

Participants first outlined their priority needs for health research information:

- Health system improvement or reform (e.g., structure and financing, including taxation, cost sharing, co-payments and insurance coverage) and evaluation (e.g., how reform influences progress).
- Factors that contribute to effective stewardship/governance and management of the health system.
- Disease specific information on how best to address: both chronic and communicable diseases (e.g., infant and maternal mortality, HIV/AIDS, malaria, motor vehicle accidents); new emerging issues (e.g., avian flu), and crisis management.
- Health human resources including training, retention, productivity, distribution and motivation of the health care workforce at all levels.
- The differences between rural and urban access to health care and how best to address these differences
- The best configuration of a Ministry of Health in order to perform optimally.
- The influence of health care on equity (gender, access and financing) and peace in a country.
- Private and public roles in the provision of health services – who should do what?
- Corruption, informal payments and how to address these problems.

- How to develop a national health sector strategic plan that has evidence at its core.
- Quality of care, accreditation, and practice guidelines.
- Optimal use of technology.

Dr. Pang then provided an overview of an initiative called the Task Force on Health Systems Research chaired by Professor Andy Haines, Dean of the London School of Hygiene and Tropical Medicine¹. The Task Force is comprised of fifteen members with seven developing countries represented. The group, most of whom are researchers, has compiled a list of priorities for health systems research and their potential to affect the Millennium Development Goals (MDGs). Today's group reviewed the list and gave comments on how the Task Force priorities relate to their experiences as policy makers. The feedback included:

- The list of priorities from this meeting was more a list of action, decisions, or information required versus a list of research priorities.
- The focus on the MDGs may limit action on priorities identified at this meeting since the Task Force list does not include some important questions that are not addressed by MDGs, such as questions about injuries and chronic disease. Those items should be added.
- It was suggested that the WHO Health Services Framework provides a useful model to compile a comprehensive list of information needs.
- A separation of goals and strategies would be helpful.

The participants then discussed two questions regarding how access to and use of reliable information could be improved. The two questions and their responses were as follows:

How can pertinent information be obtained and used more effectively and efficiently for important health policies?

- The capacity of policy makers needs to be improved in the following areas: how to access what is available; how to use what is available; how to coordinate health research and how to gain knowledge of best practices.
- A clearing house or data bank of information that collects evidence from various sources may help improve access, especially to systematic reviews, best practices and international experiences.
- A global fund or resources for priority areas identified by policy makers could help ensure that their information needs are met.
- The culture of sharing information within and between countries needs to be enhanced (e.g., trust, addressing the digital divide, literacy on the use of technology).
- More interaction between policy makers and researchers is needed.
- It is important to recognize that political and cultural barriers can affect the use of research.
- Information needs to be accessible within a reasonable timeframe, sometimes very quickly, if it is going to be useful to policy makers.
- Social marketing to the public on the need for evidence-informed decision making is important for both public and political commitment to improve the extent to which reliable information is sought and used.

¹ Task Force on Health Systems Research. Informed choices for attaining the Millennium Development Goals; towards an international cooperative agenda for health-systems research. *Lancet* 2004;364:997-1003.

- It is important to make certain that when information is disseminated it meets the needs of, and is in the language of, the end user.

What can WHO do to assist policy makers in member countries to make decisions that are informed by the best available evidence? WHO should:

- Take the lead in achieving a global consensus on how to increase access to and use of reliable research evidence in health policy decisions, and should work to ensure that resources are available to address priorities.
- Document and disseminate information on best practices.
- Help build capacity for more health services research and for more opportunities to train policy makers to make better use of research.
- Ensure that its WHO collaborating centres are evidence-based. Those that are not meeting the standard should have their accreditation removed.
- Continue to function as a knowledge broker and be a credible advocate for evidence-informed policy.
- Provide technical advice at the country level and not assume responsibility for implementing policies.
- Use its credibility and extensive networks to move forward this agenda.

Key Actions

At the end of the meeting the participants identified the following specific recommendations for action:

Key messages for the Director General:

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Key messages for the global community:

1. Acquiring and using evidence that can strengthen health systems should have equal priority with acquiring and using evidence to address priority diseases.
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Next Steps

- Dr.s Andy Oxman and Wibulpolprasert Suwit will organize a session on the challenges faced by policy makers in making informed decisions at the Mexico Summit, at which discussion from this meeting can be moved forward.
- There was positive response to holding meetings similar to this one at a regional level. It is important to use regional and local offices to help support this type of initiative. Country offices may even have resources to assist with future activities.
- Collecting best practices and presenting them to policy makers, perhaps using a workshop format, would be important. Such workshops could focus on capacity building (e.g. how to appraise or use knowledge) or on a specific health topic of need (e.g., malaria).
- Lastly, future activities should build on lessons learned from similar initiatives led by WHO or other organizations.

Closing

The day ended with a brief round-table evaluation of the meeting. Participants' comments were very positive and many expressed appreciation for the informal conduct of the sessions. The two days provided opportunities to network, and experience local Malaysian hospitality. Many thanks were extended to the organizers, facilitators and co-chairs and participants for their respective contributions to the success of the meeting. Finally, participants indicated their gratitude to the sponsors: the Milbank Memorial Fund, the Centre for Evidence-based Policy of the Oregon Health and Science University, the Malaysian Ministry of Health and the World Health Organization.

Appendix 1

Policy-makers Forum Kuala Lumpur, MALAYSIA, 16 - 17 September 2004

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