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RECOMMENDATIONS AND ACTION PLAN

“Now is the time to make it happen where it matters, by turning scientific knowledge into effective action for people’s health.”
(Jong-Wook Lee)

*“Knowing is not enough, we must apply;
willing is not enough, we must act.”*
(Johann Wolfgang von Goethe)

5.1 RECOMMENDATIONS

Knowledge for Better Health reaffirms the view that the generation and application of high-quality knowledge is vital to a high performance health system and the socioeconomic development of any given country.

In order for national health research systems to effectively utilize knowledge to improve their performance, they should:

- be based on the principles of ethical practice and transparency, and focused on achieving health equity;
- be able to obtain and sustain public trust, confidence and support;
- be able to access and communicate reliable and relevant evidence, knowledge and information;
- be adequately financed and supported by strong and sustainable human and institutional capacities;
- be closely tied to the national health system, and be able to set research priorities and influence the research agenda;
- be strongly focused on narrowing the gap between what we have the knowledge to do and what is actually done, and on developing a culture where decisions taken by policy-makers, health professionals and the public are based on evidence;
- be able to integrate learning, problem-solving and innovation within the system;

- be linked with and contribute to regional and international health and health research activities and agendas.

The report proposes the following recommendations:

1. More investment is needed in relatively under-funded areas of health research, especially for a new, innovative approach to research on health systems.
2. Management of health research should be strengthened if research is to contribute to strengthening health systems and to building public confidence and trust in science.
3. Stronger emphasis should be placed on translating knowledge into actions to improve health thereby bridging the gap between what is known and what is actually being done.

These recommendations take into account support for existing initiatives and past recommendations, as well as identifying future opportunities and new initiatives relevant to current challenges.

The recommendations of *Knowledge for Better Health* are at the heart of the report's action plan, which is outlined in the following section. It is now a matter of urgency to make health systems the focus of national and international efforts in order to improve their ability to provide health care in an equitable fashion.

5.2 ACTION PLAN

The key components of the action plan are summarized in Table 5.1 and described in more detail below. The eleven-point action plan includes examples of both ongoing and planned initiatives in the three recommendation areas. By no means an exhaustive list, its aim is to highlight activities at the national, regional and global level that address the recommendations in an effective and targeted manner.

INCREASE INVESTMENTS IN HEALTH RESEARCH

1. **The “grand challenge” of health systems research:** A major programme along the lines of a “grand challenge in global public health” (see reference 24 in Chapter 2) is urgently needed to support research which may improve delivery and achievement of high and equitable coverage of health services. The level of support for such a programme must be substantially higher than what has been spent on this field of research to date. Countries and international agencies must focus on important areas such as research into equity issues including gender, community participation in health research and operational studies on health systems. At the same time, the programme should also promote and encourage the more “fundamental” and “frontier” areas of health systems research.

Table 5.1 Action plan overview

<i>Recommendation</i>	<i>Action items and initiatives*</i>
Increase investments in health research	<ul style="list-style-type: none"> ■ Programme to support health systems research (1) ■ Financing health research (2) ■ New diagnostics, vaccines and therapeutics (3)
Strengthen management of health research systems	<ul style="list-style-type: none"> ■ Access to information (4) ■ International clinical trials register (5) ■ Ethical health research (6) ■ Benchmark national health research systems towards health goals (7) ■ Regional and global alliances for research governance (8)
Bridge the gap between knowledge and action	<ul style="list-style-type: none"> ■ Evidence-informed policy and practice (9) ■ Use of evidence by national policy-makers in decision-making (10) ■ Basic health information (11)

* Numbers in brackets refer to the 11 action items and initiatives listed in Section 5.2.

Source: World Health Organization, 2004.

It should also include research into outcomes of health system reforms and development of standardized indicators to monitor performance. Focus must be placed on strengthening health systems so that they are able to deal with the dual threat of both communicable and noncommunicable diseases. Initiatives such as the Alliance for Health Policy and Systems Research and linked networks of institutions serving as regional research and training centres on health systems research should be evaluated and strengthened.

2. **Financing health research:** As first proposed by the Commission on Health Research and Development in 1990, countries should allocate at least 2% of national health expenditure and 5% of health project assistance to health research. This should include an effort to monitor health research spending within national health accounts (NHA). Countries also need to explore more innovative ways to finance health research. Some countries have introduced a “sin” tax which allocates a proportion of tax revenue from gambling, alcohol and tobacco sales to health promotion and research. On a global level, major supporters of health research must renew their commitment to reduce the 10/90 gap.
3. **New diagnostics, vaccines and therapeutics:** There is a need to continue to promote the role of public-private partnerships and other innovative approaches in addressing the neglected diseases that mainly affect the poor. The development of priority diagnostics, vaccines and therapeutics should be a priority. Consideration should also be given to analysing issues such as tax relief schemes and other financial incentives within the existing patent system. Other novel approaches such as the "open source" approach to research should also be evaluated.

STRENGTHEN MANAGEMENT OF HEALTH RESEARCH SYSTEMS

- 4. Information access:** (i) There are a number of initiatives that promote access to reliable health information and research (both primary and secondary) such as BIREME (Latin American and Caribbean Center on Health Sciences Information), the Cochrane Collaboration, HEN (Health Evidence Network), HINARI (Health InterNetwork Access to Research Initiative), INCLEN's (International Clinical Epidemiology Network) Knowledge Plus Project, the Ptolemy project to improve access to health information in Africa, and SHARED (Scientists for Health and Research for Development) as well as "open access" journals. These should all be promoted, expanded and allocated more funding. Where appropriate, such initiatives should also consider non-Internet based strategies, such as CD-ROMS, and advances in information technology such as Wi-Fi connectivity; (ii) developing countries should also invest in increasing the number of national and regional health and medical journals, as well as in improving their quality and expanding distribution. It is necessary to improve editorial and managerial skills, support peer review processes and boost access to these publications (e.g. through a web presence, full text electronic versions and CD-ROMS); (iii) the use of electronic information and communication technologies in health can help health professionals not only to keep pace with the latest scientific findings but also provide health professionals and lay persons with high-quality and relevant data. This can facilitate learning by removing distance and time barriers to the flow of information and knowledge for health. WHO's E-Health initiative could play a major role in providing people in developing countries with reliable web-based health information by facilitating the use of information to improve health; (iv) a global initiative should be launched to improve access to health-care and health research information in the developing world, led by WHO and its partners. The initiative could consider drafting a declaration of universal access to relevant, reliable and up-to-date health-care and health research information.
- 5. International clinical trials register:** Responding to intense current interest in this issue, wide-ranging consultations on the establishment of an international clinical trials register are urgently needed. These consultations should include all interested stakeholders including research organizations, journal editors, consumer groups, funders and industry. A register could make information on clinical trials more easily accessible and would facilitate the recruitment of patients, and also help reduce duplication and publication bias. By improving the efficiency and transparency of the research process, such a register would address major contemporary ethical concerns and also help to build public confidence in science. Information contained in such a register would facilitate international collaboration in specific areas, capacity building activities in countries and public education about clinical research. In the longer term, a strengthened evidence base on such

trials will help in the formulation of policy pertaining to health services interventions. National registers of trials taking place in countries should also be established, perhaps led by national ethical review boards.

6. **Ethical research:** Countries should invest in building national capacity for the ethical review of health research. This fast evolving area has an impact on issues like human rights, justice, fairness, confidentiality, discrimination and stigmatization. At the global level, international organizations and donor agencies should consider allocating resources to help build such capacity in countries. The role of regional forums for improving ethical review capacity, such as FERCAP (Forum for Ethical Review Committees in Asian and Western Pacific region) and PABIN (Pan-African Bioethics Initiative), should be considered. At the same time, many researchers and research institutions in the developing world feel disadvantaged when entering into research collaborations with partners in the developed world. They have little say in determining priorities, are often treated as mere “specimen collectors” and do not share in the financial and intellectual benefits of the research. In clinical research, participants often have limited education or are illiterate and are sometimes coerced into participating in clinical trials. They are often not fully informed of their rights and of the risks involved, and sometimes not told of the results, or given the chance to benefit from the findings of the trial. In recognition of such potential problems, international agencies should consider establishing an international code of conduct for equitable partnerships in health research.
7. **Benchmark national health research systems towards health goals:** As an important managerial tool, countries should give priority to the development of indicators and a national process with many stakeholders, to describe, analyse and monitor health research systems to make these move toward health goals. The aim would be to provide indicators on all key functions and processes within health research systems, such as leadership, ethics, financing, human and institutional collaboration, information sharing, synthesis, and access on a range of research outputs not limited to scientific publications. WHO’s Health Research Systems Analyses initiative is developing and testing this approach involving national task forces in 13 low- and middle-income countries. These task forces discuss how to institutionalize on-going monitoring, and its relevance to national policy-making and to health systems needs. Experiences gained are also shared across countries and at the regional level. Focusing more specifically on one key dimension of health research systems, there is also a dearth of reliable information on the number of people working in health research in many low- and middle-income countries. Arguably, some of these countries do not have enough skilled staff to maintain even a minimal health research system. More reliable data and analysis are needed to help develop incentives for health researchers in developing countries to make staying at home

attractive and lucrative. International agencies and initiatives involved in workforce migration issues need to do more to address these challenges.

8. **Regional and global alliances for research governance:** Regional health research forums in Asia, Africa, Latin America and other regions were established following the International Conference on Health Research for Development in Bangkok in 2000. Their role should be more clearly defined and their activities given more support. The conference also proposed setting up a global coalition for health research. These entities and other forms of alliances or coalitions involving national health research councils, major research institutions or agencies from developed and developing countries need to be critically assessed to ensure their unique and value-added contributions. More recently, the Research Agency Collaborative for Global Health (REACH) proposed the creation of a network of national research agencies with the broad aim of increasing research on the health problems of low- and middle-income countries and simultaneously contribute to research capacity building in these countries. An idea for a Forum of Health Research and Development Partners has also been mooted. This would be a forum for research agencies, development agencies, donors and industry players to improve coordination of their activities and prevent duplication of the research they support in developing countries. Such a forum could consider models of collaboration and coordination, as well as potential initiatives in various areas of health research.

BRIDGING THE GAP BETWEEN KNOWLEDGE AND ACTION

9. **Evidence-informed policy and practice:** Several ongoing initiatives in this area should be promoted and provided with more support. These include: the Agency for Healthcare Research and Quality's Evidence-based Practice Centres Programme (EPC), the Alliance for Health Policy and Systems Research (AHPSR), Cochrane Collaboration's Effective Practice and Organization of Care Group (EPOC), European Observatory for Health Systems and Policies, GRADE (Grading of Recommendations Assessment, Development and Evaluation) Working Group, HEN, International Network of Agencies on Health Technology Assessment (INAHTA), INCLEN's Knowledge Plus Project, and the United Kingdom's National Institute for Clinical Excellence (NICE). Countries should also develop the skills to synthesize research and evidence to help them reach the conclusions that can help to shape policy, improve healthcare and better educate the public. Such skills should be acknowledged as crucial and as a legitimate form of research, and appropriately rewarded. Systematic reviews of existing research should inform decisions on whether to finance further research. A similar approach should also be taken in the development of policy, technical and practice recommendations, including those put forward by WHO. At the global level, more should be invested in improving the quality and

coverage of existing databases of research information including those in languages other than English. The publication of systematic reviews as bona fide scientific articles should also be encouraged. Additionally, more systematic reviews of health problems in developing countries should be carried out, and methodologies for performing such reviews beyond clinical trials should be improved. Short research and policy briefs for policy-makers based on research syntheses and systematic reviews should be promoted.

10. **Use of evidence by national policy-makers in decision-making:** The use of sound evidence to develop health policies at all levels should be practised by all countries. Systems should be created whereby evidence-based advice is relayed to government policy-makers. This could include the training of intermediaries who could communicate researchers' data to policy-makers. Other players, such as parliamentarians, the media and civil society, could also be involved in the process of translating research data into policy. The need is especially acute in developing countries due to sometimes limited access to information and scarce capacity for knowledge translation. An initiative that builds on previous efforts should be launched with support from governments, donors and international organizations to try out various mechanisms that would effectively place evidence in the hands of policy-makers when making decisions in the health sector. Successful initiatives in the developed world, such as the Reforming States Group and the European Observatory on Health Systems and Policies, could potentially serve as models for national decision-making in low- and middle-income countries. An analogous "Reforming Nations Group" should be established in regions of greatest need.
11. **Basic health information:** Countries need to make a concerted effort to build capacity for generating and disseminating reliable and accurate basic health information at the district and national level, and to integrate data collection and analysis within national health systems. This is vital in order to overcome the lack of access to such information on health in many developing countries. This basic health information should cover areas such as mortality, morbidity, disease incidence and prevalence, equity and coverage of health-care interventions and quality of service delivery. It should also include data relevant to scaling up treatment and prevention programmes. Moreover, there is a critical need for data that describe the performance of health systems and critical dimensions of health systems functions (e.g. financing, human resources and service delivery), in addition to information on health research systems mentioned above. The newly formed Health Metrics Network at WHO is an effective international vehicle for providing more accurate and reliable health information. Successful models like INDEPTH (International Network for the Continuous Demographic Evaluation of Populations and Their Health in Developing Countries) need to be supported and promoted.