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**MINISTERIAL ROUND TABLE: TRANSLATION OF RESEARCH  
INTO POLICY AND HEALTH CARE PRACTICE**

Public policy-makers interested in improving the health of their people and in reducing health inequalities need to find the best solutions to the most burdensome health problems, the best ways to apply those solutions, and the best ways to bring about desired changes in complex and under-resourced health systems.

In making health policy and strategy decisions and allocating resources, it is crucial to use the most reliable scientific evidence. Currently, there is insufficient use of such evidence-based knowledge by policy- and decision-makers attempting to improve health systems performance. This has two dimensions. First, there is a significant lack of information on health systems performance and how it is affected by policies. This knowledge gap is particularly apparent at a time when there are abundant efforts to expand funding for the health sector, engage in new forms of development partnerships and scale up health services for specific diseases. Secondly, even when this knowledge exists, it is not always available to policy-makers or used by them.

The availability and utilization of knowledge depends on the capacity of the health sector to produce, disseminate and apply high-quality, highly relevant research. Far more investment is needed to develop a new, innovative approach to health systems research. Health research must be managed more effectively in strengthening health systems and building public confidence in the usefulness of scientific research. Stronger emphasis should be placed on translating public health knowledge into action by bridging the gap between what is known and how such knowledge is used.

This background document presents a range of issues concerning the translation of research into policy and health care practice that the ministerial round table at the fifty-seventh session of the Regional Committee for the Western Pacific may wish to discuss.

## **1. INTRODUCTION**

Research plays a vital role in health policy-making, service management and professional practice. However, there is a wide gap between what we know and what we use in policy-making and health care practice. This so-called "know-do gap" can be characterized as follows:

- Sufficient evidence, knowledge and financial resources now exist to substantially reduce the unacceptable burden of disease in the Western Pacific Region.
- The translation of knowledge into policy and action is weak.
- Researchers are relatively ineffective in providing optimally packaged, high-quality, highly relevant research to policy-makers.
- Policy-makers are relatively inefficient in utilizing research for policy and practice.
- Policy-makers are relatively inefficient at influencing research agendas.

Evidence-based policy is an approach that helps people make well-informed decisions about policies, programmes and projects by putting the best available evidence from research at the heart of policy development and implementation. It encourages a more rational, rigorous and systematic approach. The pursuit of evidence-based policy relies on the premise that policy decisions should be better informed by available evidence and should include a comprehensive analysis of problems, potential solutions, mechanisms for making solutions work for specific health systems, and strategies for promoting change. Policies and practices based on systematic evidence produce better outcomes.

Evidence can be used in various ways: alerting policy- and decision-makers to important health issues that need intervention; informing the design and choice of policy and decision options; recommending cost-effective interventions, or "doing the right things"; and implementing evidence-based monitoring and evaluation, or "doing things right".

It is clear from research literature that:

- Evidence use does matter. Better use of evidence in policy and practice can help reduce poverty and improve economic performance in developing countries.
- Policy should be informed by a wide breadth of evidence, not simply empirical data. Key issues include the quality, credibility, relevance and cost of policies.

- Evidence is needed in all the components of the policy processes—and different evidence is needed for different components of the process.
- Various constraints—time, capacity and cost—will affect the mechanisms available for mobilizing evidence for policy in developing countries.
- Policy processes are inherently political. Although many developing countries may have troubled contexts, all countries should use evidence-based policy approaches.

The Fifty-eighth World Health Assembly, in resolution WHA58.34:

- urged Member States to establish or strengthen mechanisms to transfer knowledge in support of evidence-based public health and health-care delivery systems, and evidence-based health-related policies;
- called upon the global scientific community, international partners, the private sector, civil society and other relevant stakeholders to strengthen or establish the transfer of knowledge in order to communicate, improve access to, and promote the use of reliable, relevant, unbiased and timely health information and to recognize the need to involve the relevant authorities in Member States concerned in the initial planning of health research projects; and
- requested the Director-General to assist in the development of more effective mechanisms to bridge the divide between ways in which knowledge is generated and ways in which it is used, including the transformation of health-research findings into policy and practice.

The Fifty-ninth World Health Assembly, after discussing the report of the Commission on Intellectual Property Rights, Innovation and Public Health, decided to establish a working group to develop a global strategy and plan of action based on the recommendations of the Commission.<sup>1</sup> Such a strategy and plan of action aim at securing an enhanced and sustainable basis for needs-driven, essential health research and development relevant to diseases that disproportionately affect developing countries.

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<sup>1</sup> Resolution WHA59.24.

The Regional Framework for Health Research, which was approved in the meeting of the Western Pacific Advisory Committee on Health Research in 2003 and endorsed by the Regional Director, emphasizes the need to more effectively translate research findings into policy and practice. This Framework includes the following five goals for strengthening of research in the Western Pacific Region:

- to develop and implement a national strategy for health research in all countries in the Region;
- to build the capacity to conduct quality research that addresses priority health needs in accordance to the strategic plan;
- to enhance the dissemination and utilization of the outcomes of health research;
- to enhance communication on research activities within and between countries and areas; and
- to evaluate the effectiveness of the Framework in building and strengthening health research capacity and contributing knowledge that improves health systems across the Western Pacific Region.

In the period 1992–2001, four Member States from the Western Pacific Region—Australia, China, Japan and the Republic of Korea—were among the 20 highest producers of health-related publications indexed in international reference databases. China and Japan increased their proportion of the world's total research output substantially during this period due to strong government investment in health research. In most of low- and middle-income countries of the Western Pacific Region, the number of articles in international journals still remains very low.

The *World Report on Knowledge for Better Health*, published by WHO in 2004, includes several strong examples from the Western Pacific Region, including articles on the strengthening of national health research systems in Malaysia and the Philippines; the rapid, evidence-based response to SARS in Hong Kong (China); the use of operational research for the development of national drug policy in the Lao People's Democratic Republic; health research by and for Maori people in New Zealand; and the financing of public health research using earmarked tobacco taxes in Victoria, Australia.

Despite progress in some areas of health research, more and better research is required on how to best prevent and control diseases in the Western Pacific Region. For example, there is need for a fuller understanding of the causes of the high prevalence of hypertension in some countries and areas, and the high prevalence of diabetes in others. Planning, implementation and monitoring of public health interventions or health sector reforms must be founded on research in each country and area. Such research results cannot always be transferred between countries as they are country context specific.

The main research-to-policy initiative in the Western Pacific Region is Evidence-Informed Policy Networks (EVIPNet), which was launched in June 2005 by WHO and five Member States—China, the Lao People's Democratic Republic, Malaysia, the Philippines and Viet Nam. The concept for such networks was first discussed at the WHO Ministerial Summit on Health Research in November 2004. The overall goal of EVIPNet is to improve health and reduce health inequities by increasing the access to and use of high-quality evidence by decision- and policy-makers.

The key activities of EVIPNet include:

- building research capacity in low- and middle-income countries and helping address key health issues;
- encouraging and enabling decision-makers to have better access to user-friendly, high-quality evidence;
- improving standards of evidence-informed decision-making through the collection and dissemination of best practices;
- facilitating partnerships among countries in the Western Pacific Region and also between countries in the northern and southern hemispheres; and
- creating a learning environment for different stakeholders.

The main challenges facing the Western Pacific Region in moving towards evidence-based policy include the following:

- Research evidence relevant to the country context is usually not available when needed by decision-makers, or it is difficult to find.
- The national health research system in many countries is weak and does not focus sharply enough on priority health problems.

- Health policy and systems research is weak in most countries and areas, and is not an integral part of health systems development.
- There is little interaction between researchers and decision-makers, highlighting the need for better mechanisms to translate research to policy and health care practice.
- There is no forum to systematically collect and analyse experiences (e.g., what does and does not work) on health policy and systems development or on health interventions.

## **2. OBJECTIVE**

The ministerial round table is a forum that encourages the sharing of information and ideas on how Member States can further improve health research and translate results into health policy-making and health care practice.

## **3. DISCUSSION POINTS**

### **3.1 How do ministries of health find and use the best evidence for decision-making?**

Research findings and other types of evidence are often not available or are not in a user friendly format when policy-makers need them. Government officials in low- and middle-income countries have very few credible, unbiased sources of research evidence and related types of support to turn to when faced with difficult decisions about health care.

The best available evidence is derived from systematic reviews of research—the gold standard for assimilating and digesting research. By applying a rigorous and transparent methodology to research synthesis, such reviews reduce systematic error, or bias, and random error, or chance, all of which bedevil the review process. Other sources of evidence include policy reviews and briefs, which also should be based on systematic reviews. In addition, a comparative database review, using the databases of WHO, the Organisation for Economic Co-operation and Development and the World Bank, provide useful information for policy analysis and decision-making.

Systematic reviews can inform policy-makers by providing research-based answers to their questions. Policy-makers can encourage more informed policy-making by requesting systematic reviews on priority issues, commissioning reviews when none exist, and placing more value on such work in their deliberations and interactions with stakeholders. Donors and international agencies can encourage more informed policy-making by supporting national and regional efforts to undertake reviews and assess their local applicability.

Systematic reviews summarize global evidence (i.e., the best evidence from around the world) which is the best starting point for judgements about effects, likely modifying factors and sometimes resource utilization. In addition to global evidence, decision-makers need local, or context-specific, evidence for the specific settings in which decisions and actions will be taken. Systematic reviews allow policy-makers and managers to focus on appraising the local applicability of the best scientific evidence and on collecting and synthesizing other types of evidence, such as evidence about political and cultural acceptability and feasibility.

The *Cochrane Database of Systematic Reviews* in the Cochrane Library is one important source of systematic reviews, offering decision-relevant information on all aspects of health care. A few years ago, the Cochrane Collaboration set up “Health Promotion and Public Health Field” to improve the relevance of its systematic reviews to global public health priorities.

*Possible discussion points:*

*How can ministries of health search, synthesize and analyse the best evidence so that it is part of the decision-making process?*

*Examples of good practices for improving access to and use of research evidence in Member States.*

### **3.2 How can the Member States produce better evidence through the national health research system?**

Every country should have a well-organized national health research system to conduct relevant research. Each health research system should have strong leadership and effective management to enable the allocation of resources efficiently and fairly, sustain human and institutional capacities, generate and use knowledge, and create an environment in which research can flourish.

World Health Assembly resolution WHA58.34 in 2005 urged Member States to consider implementing the recommendation, made in 1990 by the Commission on Health Research for Development, that “developing countries should invest at least 2% of national health expenditures in research and research capacity strengthening, and at least 5% of project and programme aid for the health sector from development aid agencies should be earmarked for research and research capacity strengthening”.<sup>2</sup>

*Possible discussion points:*

*Country experiences on strengthening national health research systems, either by long-term investment of its own resources or by long-term support from development partners.*

*How can ministries of health influence the allocation of resources to health research and on research priorities?*

### **3.3 What is the role of health policy and systems research in the strengthening of health systems?**

Rapid progress towards disease control targets and the United Nations Millennium Development Goals in developing countries is greatly hampered by weak and poorly functioning. It is critical to know how best to approach health system strengthening and what specific actions are appropriate in different settings. Much is known about the barriers or constraints to scaling up health services. However, very little is known about how best to address these barriers and constraints.

Research helps improve knowledge of health systems and provides insight on how to apply that knowledge effectively. However, such research in most countries is weak. Funding for health systems research in developing countries is only about 0.02% of total health expenditures, far too low to ensure impact. Only 5% of all publications on health systems worldwide focus on developing countries. A major priority for health systems research should be research into the development of policies for scaling up health services to meet contemporary health challenges, such as achieving the Millennium Development Goals.

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<sup>2</sup> Commission on Health Research for Development. *Health research: essential link to equity in development*. New York, Oxford University Press, 1990.



*Possible discussion point:*

*Experiences from countries on strengthening capacity for health policy and systems research, and on using research results in decision-making.*

### **3.4 What are the best practices for translating research into policy and health care practice?**

Ministries of health and the research community should develop good practices for translating research results and findings from systematic reviews into understandable messages that can be applied to local context.

The key factors that increase the prospects for research use by policy-makers and health care managers include the following:

- interactions between researchers and policy-makers that engage policy-makers and managers in setting research priorities and discussing research questions and results; and
- timeliness of research results to accommodate the decision-making process.

Several international groups of researchers and decision-makers have suggested ways to address these factors:

- facilitate retrieval of optimally packaged high-quality and highly relevant reviews (e.g. one-stop shopping to find statistical and research information; rapid response units at the country level; short briefing notes for policy-makers based on policy reviews);
- require the publication of an evidence base for policy decisions; and
- provide open access to information, leading to more informed citizens and civil society groups.

*Possible discussion points:*

*Country examples of fruitful interactions between policy-makers and researchers.*

*Examples where in-country research or systematic reviews of global evidence have played crucial roles in the formulation of policy options and evaluation of policy implementation.*

### **3.5 How can regional or subregional collaboration improve the evidence base for policy and health care practice?**

Regional collaboration and networks are useful for sharing experiences and for building research capacity. Examples of such networks are the Asia Pacific Health Economics Network, the Asia Pacific National Health Accounts Network, and Equity in Asia Pacific Health Systems. Networking also is useful at the country level. In China, for example, the Health Economics Network is actively involved in training and health policy research.

Other WHO regions have developed mechanisms to serve the policy-makers with better evidence. For example, the European Observatory on Health Systems and Policies supports and promotes evidence-based health policy-making through comprehensive analyses of the dynamics of health care systems in Europe. It is a partnership between the WHO Regional Office for Europe, several governments, the European Investment Bank, the World Bank and several research institutes. It brings together academics, policy-makers and practitioners to provide evidence-based advice in the form of newsletters, policy briefs and reports and country health systems profiles.

Health policy-makers and managers often need to find advice from a trustworthy source of evidence on short notice. The WHO European Region provides this with the Health Evidence Network (HEN), which gives rapid access to reliable health information and evidence. HEN provides answers to policy questions in the form of evidence-based reports and summaries. There has been increasing demand from policy-makers for these services. The HEN experience shows that evidence tailored to specific concerns and deadlines of policy-makers is an effective knowledge translation strategy.

*Possible discussion point:*

*What would be the best ways to analyse health systems, policies and programmes and to learn from the experiences of other countries in the Western Pacific Region?*

## **4. CONDUCT OF THE MINISTERIAL ROUND TABLE**

Ministers attending the session, or their representatives, may participate in the round table discussions. Each Member State is invited to nominate one participant.

**Recommended further reading:**

Alliance for Health Policy and Systems Research. *Strengthening health systems; the role and promise of policy and systems research*. Geneva, 2004 (<http://www.alliance-hpsr.org>)

Lavis J N: Use of research to inform public policymaking. *The Lancet* 2004; 364:1615-21.

Paraje G, Sadana R, Karam G. Increasing International Gaps in Health-Related Publications. *Science* 2005, vol 308:959-960.

WHO: *World Report on Knowledge for Better Health. Strengthening Health Systems*. Geneva, 2004.