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### **Technical paper**

## **Bridging the gap between health researchers and policy-makers in the Eastern Mediterranean Region**

A key determinant of health inequity in the Region is the critical disconnect between research findings, and use of research evidence for policy-making and implementation of programmes. The Regional Committee is invited to consider ways to bridge the potential gaps between health researchers and policy-makers.

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## **Executive summary**

Despite the major gains in knowledge in the industrialized world with regard to improving health, disparities and inequities in health remain major challenges in the developing countries, including most countries of the Eastern Mediterranean Region. An important factor in this regard is that there had been little or no use of research evidence in policy-making, particularly in developing countries.

It is common knowledge that the existing research-to-policy “production line” is not producing the product needed by planners and policy-makers to improve decision-making. There is a need to understand and appreciate that perceptions (and explanations) of science vary in different societies and different sections of the world, and there is need to recognize that policy is a complex political process.

There is clear evidence of serious communication and other gaps between researchers and policy-makers. This paper examines how the research policy interface has been shaped and tested to provide the realistic role, relevance and contribution of the two most important stakeholders, i.e. the research community and policy-makers.

At the regional level a major strategic objective that needs to be pursued is to strengthen and formalize communication among researchers, health managers, planners and decision/policy-makers. All this warrants the design of an effective strategy at the regional and national level. Such a strategy should include all interested stakeholders, especially researchers and policymakers, who need to work together to understand the role, contribution and potential of each and find ways and means of working for the improved health of the population.

The purpose and objective of this paper is to identify the gaps between health researchers and policy-makers and provide direction that increases translation of research evidence into effective policy and planning, with a focus on improving the performance of national health systems and health of the population in the Region.

## 1. Introduction

Despite the major gains in knowledge in the industrialized world with regard to improving health, disparities and inequities in health remain major challenges in the developing countries, including most countries of the Eastern Mediterranean Region. It is generally agreed that substantial knowledge already exists to save lives, especially of children and women, but that it has not been fully used for the benefit of those who need it most.

The desire to use research evidence for better health policy decision-making has long existed. However, recently it obtained fresh and decisive impetus, initially from the publication of The World Health Report 2004, and thereafter from the Mexico Ministerial Summit [1]. There is no consensus that health research is essential to improve health policies. Moreover, the link between health research and policy-makers is weak. Therefore, research results do not always inform policy-making, and gaps in policy makers' information are seldom addressed.

There are five main players involved from production to utilization of health research: researchers, primarily academics in medical and public health schools; major funding agencies; prestigious medical journals; policy-makers; and civil society. The ultimate objectives of each player often do not coincide. For some the objective is to improve health policies and management decisions. For others it is to provide new medical information to health care providers through medical journals, without looking at the bigger picture of national health and development. The question is, are there or should there be any obligations to each other with regard to the efficient use of resources at their disposal to improve policies, and are they partners in the business of health development or independent entities with separate goals?

Traditionally, researchers have been satisfied to publish their research results in the scientific journals and not worry about whether these results are used by a policy-maker or health manager. At the same time, major funding agencies have been satisfied if they are able to disburse the allocated funds according to the negotiated terms and conditions, and editors of medical journals have been pleased to publish cutting-edge research without worrying too much about whether it helps policy-makers or not, especially in the low- and middle-income countries. The policy-makers have also avoided responsibility, by saying that there is nothing of value to them in the journals to read or use. Despite these individual stances, there is now a growing realization, both in the policy-making and research community, of the importance of using research evidence in policy-making and management decisions.

There seems to be general consensus that medical/public health schools carry out state-of-the art research; that major funding agencies fund grants to academics and researchers based on the quality of proposals and also on the track record of publications; that such a track record is defined by a high impact (factor) in "prestigious" journals and that prestigious journals only publish "prestigious research" which yields high impact factors. The weakest link in this research-to-policy chain is the lack of involvement of policy-makers.

If this is a true picture of the situation, then who demands research in this 'research-to-policy cycle'? At first sight, it appears that medical journals are only interested in publishing research, without caring much about its impact on national health policies and/or systems. Academics are under tremendous pressure to publish in the medical journals for their own sake but not for health promotion or to ensure that the use of the results will improve health programmes. Editors of medical journals and deans of schools of medicines and public health could clearly do more to promote research that serves national health development. Appreciating this dilemma, that the existing research-to-policy production line is not producing the product needed by the policy-makers to improve decision-making, it is important to understand whether the conduct and use of research is possible without confronting the perceived chasm and potential mistrust between the scientific and policy-making community (Table 1).

**Table 1. Features distinguishing researchers and policy makers**

	<b>Researchers</b>	<b>Policy makers</b>
Overall goal	To advance science	To gain popular and political support
Specific objectives	<ul style="list-style-type: none"> <li>• Tenure track positions</li> <li>• Publications</li> </ul>	Re-election
Output	Detailed reports, based on science	Press releases, sometimes with political spin
Desired outcome	Respect by the peers	Popularity among supporters
Impact	Real (based on science)	Perception more important than what happens in reality
Time factor	Some studies can take years	Demand results in the short-term
Accountable	Peers and editors of medical journals	Constituents

Despite the abundant availability of evidence, policy-makers have not acquired a scientific attitude towards decision-making, and often create or revise policy without analysis or basis in available evidence. This goes back to the historical circumstances and environment in which policy-makers have been trained, evaluated, rewarded and promoted. Policy-makers must, therefore, try to analyse their decisions with an open mind and benefit from the available evidence. When analysis becomes clouded by preconceived notions, even though these may have some general acceptance, the conclusion is likely to be predetermined and inaccurate. There is need to understand and appreciate that perceptions (and explanations) of science vary in different societies, and sections of the world, and there is need to recognize that policy-making is a complex political process.

At the regional level, a major strategic objective that needs to be pursued is to strengthen and formalize communication among researchers, health managers, planners and decision/policy-makers. All this warrants the design of an effective strategy at the regional and national level. Such a strategy would include all stakeholders but especially researchers and policymakers, who need to work together to understand the role, contribution and potential of each and find ways and means to work for the improved health of the population.

The purpose and objective of this paper is to identify the gaps between health researchers and policy-makers and propose a strategy that increases translation of research evidence into effective policy and planning, with a focus on improving the performance of national health systems and health of the population in the Region.

## **2. Situation**

### **2.1 General situation**

Researchers in the industrialized countries of the world have largely focused, in recent years, on three areas of health research: biomedical, clinical and public health. Biomedical research refers to the study of health conditions, clinical research to the study of individual responses to such conditions, and public health research to the conditions and responses to health status at the social level [2]. Therefore, public health research takes into account not only the objectives of research (conditions and responses) but also the different levels of analysis, i.e. the individual and the population.

Studies show a steady rise in public health scientific publications over the past 10 years [3,4], however, this remains low compared with biomedicine, which is fuelled by the large investment of pharmaceutical companies in genomic research laboratories and clinical trials to obtain patent rights for drugs which can be sold at premium prices. Research, such as health system and policy research, that does not lead to commercial patents is trailing far behind, because the results of such research are erroneously perceived to contribute 'only' social benefits rather than profit [3].

The situation with regard to public health research in developing countries is worse, owing not only to similar factors as in the industrialized world but also to external and internal pressures related to economic policies, poor culture of use of information, low literacy and weak political will.

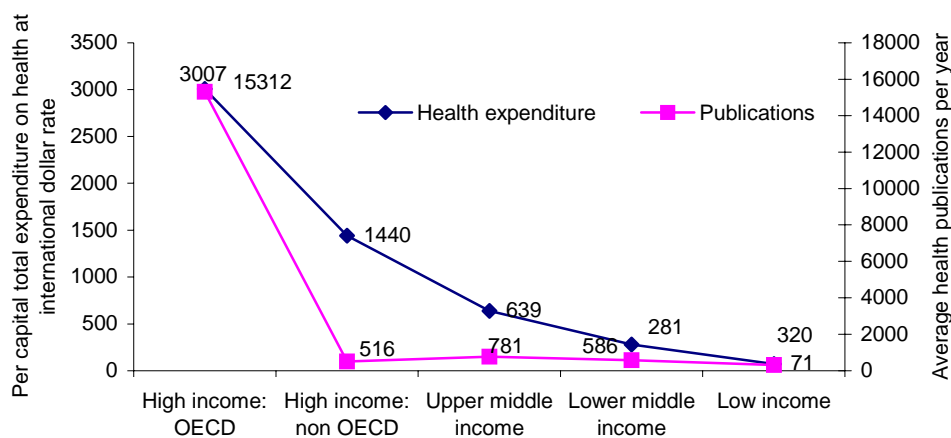
## 2.2 Regional situation

The Regional Office recognized the weak state of communication between researchers and policy-makers in the countries of the Region 20 years ago. A detailed discussion on “a collaborative initiative to improve utilization of research in decision-making in health systems and manpower development” took place in the 12th session of the Eastern Mediterranean Advisory Committee on Health Research in 1987 [5]. It was noted that in spite of remarkable progress in strengthening national capabilities, and initiation of substantive research in priority areas, the impact of research evidence had been limited. One of the main reasons indicated for this limited impact was “the lack of integration of health systems research into the managerial process for national health development”. The Regional Committee also touched on the issues involved in communicating the outcomes of research in the discussions of its 34th Session.

Despite the global efforts to develop and promote adequately resourced and effectively governed, managed and organized health research systems, there are hardly any effective models for use of research for improved policy-making and management decision-making in the developing world and none in the Region. Rather, uncoordinated, piecemeal and increasingly vertical and selective interventions are being applied, indiscriminately. The fragility of health systems in low-income countries of the Region has aggravated already chronic underdevelopment of research for health, including health systems research. As a result, donor agencies are pulling research institutes, health researchers and research stakeholders, including ministries of health, in different directions. These external forces undermine coherent planning of research for health, and weaken health research systems.

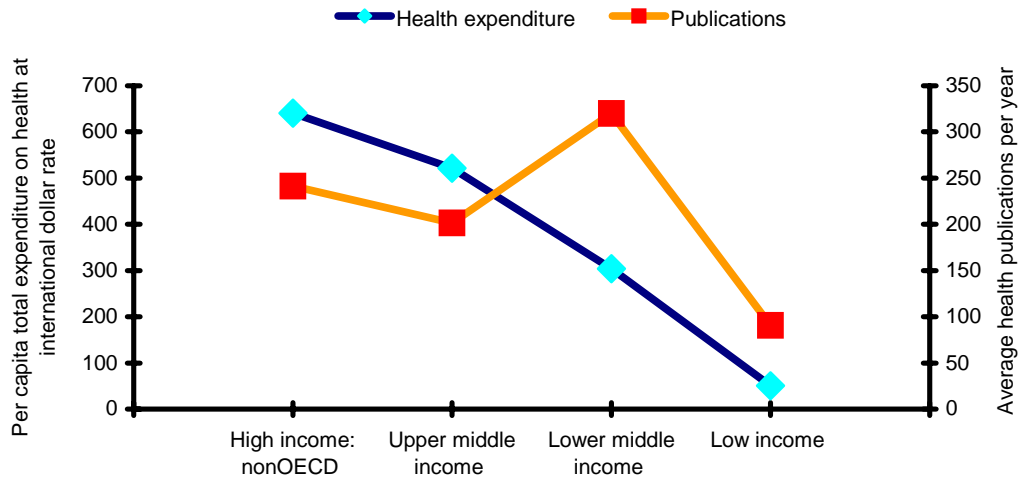
The number of research publications in a country is considered a good research output indicator, but it does not necessarily reflect whether research is being used for policy-making. Several studies have shown a significant relationship between national spending on research and publication output in industrialized countries [6]. A recently conducted analysis of health research publications data derived from the National Centre for Biological Information (NCBI) database PubMed shows a strong linear relationship between overall national health spending and publication output (Figure 1). This relationship is lost when countries of the Eastern Mediterranean Region are analysed on the same basis (Figure 2). However, as already noted, the number of publications in a country or on a specific topic has no correlation either with the use of or demand for research by policy-makers.

Further analysis of the data shows that the average number of health-related research publications in countries of the Region of different income groups is far lower than the world average for the same groups (Figure 3). This shows that economic resources are not the only factor responsible for low health research output in the Region.



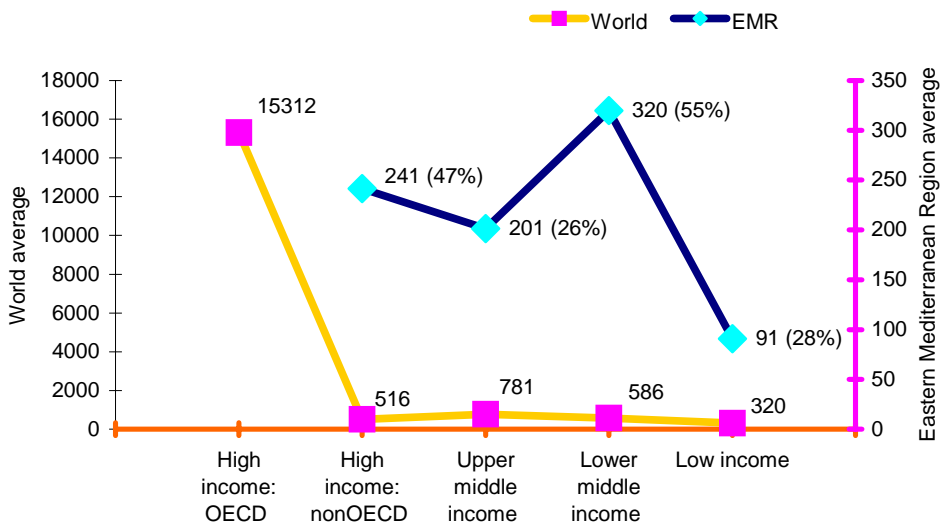
OECD: Countries belonging to the Organization for Economic Cooperation and Development  
 Data source: WHO Statistical Information System: <http://www.who.int/whosis/en/>; and NCBI PubMed: <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi>.

**Figure 1. World per capita total expenditure on health versus average health publications per year**



Data source: WHO Statistical Information System: <http://www.who.int/whosis/en/>; and NCBI PubMed: <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi>.

Figure 2. Regional per capita total expenditure on health versus average health publications per year



Data source: NCBI PubMed <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi>

Figure 3. Average number of health-related publications (2001–2006) by income group in the world and Eastern Mediterranean Region countries

Despite fragile health research systems, in recent years public health agencies in many countries of the Region have considerably improved their ability to rapidly detect and respond to public health issues and emergencies and to initiate the research processes necessary to solve the issues, irrespective of economic status. Investment in medical and higher medical education has induced some research culture in medical schools, but the trend is more towards the career development of the academic staff than actual contribution to research for improved policy. The following factors are considered relevant in this regard.

- There is very limited collaboration between the different research institutions which contribute to health but are not necessarily under the ministries of health, such as food and agriculture, and road safety. There is an urgent need to promote a culture in which researchers and research institutes related to “research for health” can interact with each other, i.e. a partnership approach and networking within the countries and the Region needs to be encouraged.
- Mechanisms and resources to support collaborative research within academic institutions, research institutes and industry are either absent or have not been identified and tested.
- The factors that affect outcome of research are not necessarily the factors that help translation of research into policy and that needs to be recognized.
- There is a severe limitation on developing new products owing to dependence on imported products.
- The time taken in low-income countries from research and development to implementation is long, making it unfeasible for small institutes to follow through on the entire process.

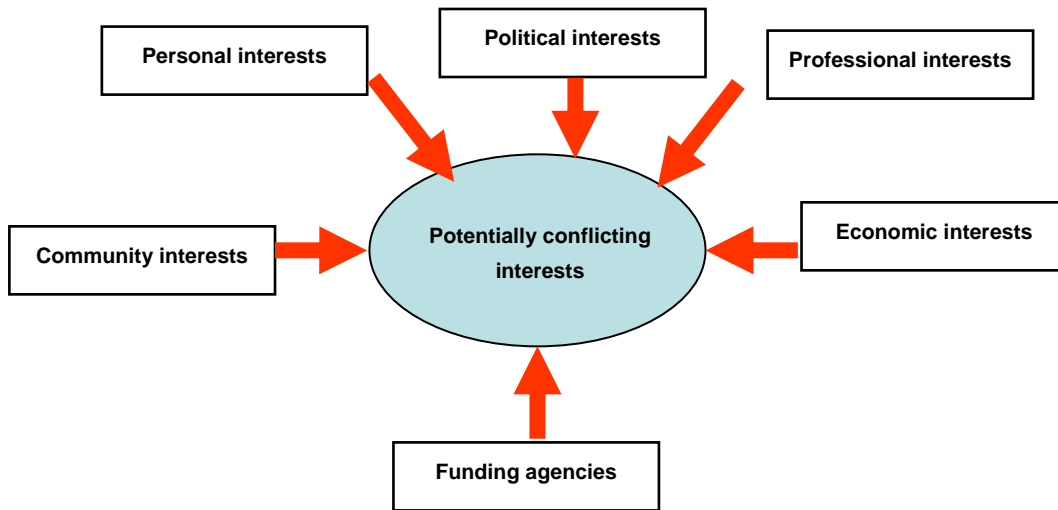
Despite the poor base of research for health in the Region, health researchers, managers and practitioners tend to be deeply concerned about government policies, programmes and resource allocation decisions that affect the health services and health of the population. These professionals often have long experience with programmes, extensive knowledge of user needs, and access to the information that should play a key role in guiding policy decisions. Yet all too often, their knowledge, experience and research findings fail to reach influential audiences and, consequently, are not used to shape policies and programmes. This communication gap arises for a number of reasons in the Region.

- There is need to recognize that policy-making is a complex political process.
- Population and health professionals are often unfamiliar with the policy-making process and the information needs of policy-makers.
- Researchers often fail to see the policy relevance of their own knowledge and experience.
- Researchers do not make extra effort to communicate their study results in non-technical language to policy-makers, or to shape messages specifically for policy-oriented audiences.
- Policy-makers lack appreciation for the use of evidence, either because they do not see any value in its use or because they consider such information irrelevant to their planning and decision-making.

### **3. Current strategy, response and challenges**

Irrespective of the meagre research output in the countries of the Region, there is a critical disconnect between research findings, and policy-making and programme delivery and this is, in and of itself, a key determinant of the health inequity in society. Therefore, one of the major challenges in the countries of the Region is to overcome the barriers (bridge the gaps) that prevent the benefits of research from reaching populations, and particularly policy-makers. To ensure that the research is relevant and appropriate, everyone directly concerned with a particular health or health care problem should be involved in the research, including its planning, prioritization, conduct, dissemination and translation into policy and practice. Because of the interests and interdependence of different partners and stakeholders in “research for health”, the potential for conflicting interests is natural (see Figure 4).





**Figure 4. Potentially conflicting interests for planning and conduct of research**

Integrating research with practice and policy requires the development of a common language and common understanding about the meaning of knowledge generation, translation and synthesis and the use of research evidence. For this purpose, new and enhanced investments in communication, dissemination and use of research are needed to review existing models and develop new conceptual frameworks to integrate research with practice and policy. Partnerships between research, practice and policy will be critical in all aspects of future generation of knowledge, and dissemination and use of research evidence for improved policy and management decisions.

#### **4. Proposed action**

An effective communication and dialogue is needed between researchers and policy-makers. Regional and national research strategies should be based on a process that is inclusive and participatory and improves the degree of adoption, reach and impact of evidence-informed policy-making. The following steps would enhance the use of research by policy-makers:

1. documenting and communicating the outcome of research to interested stakeholders;
2. building the capacity of researchers to communicate their findings, and the abilities of policy-makers to use research evidence;
3. creating a culture and environment where the work of researchers is recognized and appreciated and evidence is demanded by the policy-makers.

In order to materialize the above, it is essential to undertake following actions:

- develop national strategies for health research based on the systems approach, where there is clear relationship between inputs and outcome/impact of research activities on the health of the population;
- inculcate a research culture among all concerned with the health sector, in order that the value of research and of researchers is recognized, and a supportive environment for research is created at all levels;
- structure national health research systems according to national needs and enable them to form partnerships with industry, development partners and civil society and sectors other than health;
- ensure policy relevance as a critical variable when setting national health research priorities or funding any research out of public funds;

- develop capacities and abilities of national policy-makers in use of research by introducing seminars/talks at the national public policy-making level and in management schools;
- introduce a cadre of intermediaries in the ministries of health who understand both research and the intricacies of policy planning;
- ensure that research funded by public funds and WHO has a planned and budgeted activity for dissemination and communication of results to the policy-makers and people of that country/region;
- plan regional consultations where policy-makers and researchers can share their frustrations and discuss ways to improve the use of research.

## 6. Conclusion

Developing links, partnerships and networks between researchers and policy-makers in particular, and dialogue with other stakeholders, such as editors of medical journals, the development community, research funders and civil society, is essential to enhance the use of research for informed policy-making. The Regional Office can play a catalytic role in convening the meetings of different interested partners and initiating a dialogue. Development of national health strategies, which involve all stakeholders in a transparent manner and are planned to improve the use of research evidence for policy-making, will be a good starting point for the Member States. Strengthening the capacities and abilities of both researchers and policy-makers to generate and demand policy-relevant knowledge is essential.

## 7. Recommendations to Member States

1. All Member States should develop national strategies for health research involving all interested and concerned stakeholders and ensuring research outcomes are used in the decision-making process.
2. Communication, dissemination of health research outcomes to relevant stakeholders, especially policy-makers, should be built into all health-related research proposals from the outset.

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