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Governance and policy frameworks for health research in 38 countries

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Areas

The aims of this study were twofold, firstly to describe the governance and policy frameworks for health research in selected countries; and secondly to conduct an exploratory analysis examining the relationships between key components of these frameworks a) governance structures, b) health research policy, and c) health research priorities.

Methodology

This meta-analysis is based on six National Health Research System (NHRS) Mapping studies covering 40 countries in which the Council on Health Research for Development (COHRED) has been involved. Five of these studies were conducted as multi-country initiatives in Africa (Burkina Faso, Cameroon, Mozambique, Uganda, Zambia), (COHRED 2008) Central Asia (Kazakhstan, Kyrgyzstan, Uzbekistan), (COHRED 2007) East Asia (Cambodia, China (Shanghai), Laos, Mongolia, Philippines, Vietnam), (WHO 2006) Middle East (Bahrain, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Tunisia, UAE, Yemen), (Kennedy et al 2008) Pacific Islands (Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu); (Prior et al 2007) the other as a national effort (Trinidad and Tobago) (ENHR 2007). Two countries involved in these studies (Cambodia and the Philippines) failed to complete data collection in time for inclusion in this analysis.

The COHRED National Health Research System Mapping Form was completed for 37 countries; for China the form was adapted to focus on the research system of the municipality of Shanghai. The compilation of the information followed different processes in different countries. Study team members took responsibility for data collection based on document review, interviews with key stakeholders (ministry and research council officials and senior researchers), and their own knowledge of the NHRS in their country. Study team members were either Ministry of Health officials, members of the academic community in the country or COHRED staff members. The Pacific Island initiative was undertaken as a regional study and data was compiled by the study team in collaboration with Health Research Council of

the Pacific country focal points. Following data compilation the information collected was validated by ministry officials or in the case of Lebanon and Qatar study team members.

The NHRS Mapping Form consists of more than twenty questions describing different aspects of a NHRS providing a structured template around which a common set of information describing the governance and policy framework for health research in a country and the key institutions involved in commissioning, producing and using health research can be compiled.

Due to the broad range of possible responses on these issues information is collected in the form of open-ended questions requiring narrative responses. These responses were subsequently coded by the authors. To ensure valid interpretation, coding was performed by one author and then independently reviewed by a second. Discrepancies were resolved through discussion, involving members of the national study team where necessary.

To examine the relationship between the three components of national governance and policy frameworks for health research chi-squared tests were conducted using the Yates statistic and the Fischer Exact test where expected cell values were too small.

In coding, two principles were observed. First, the focus of the analysis was on structures, policies or statements dealing with the national research and health research systems as opposed to specific parts of the system e.g. institutional policies or governance structures. Second, data abstraction dealt with formal systems and not ad hoc or occasional examples of good practice. The following definitions and distinctions were used to guide coding.

NHRS governance structures are concerned with the relationships, systems, processes and rules for making decisions within the system. They provide the structure through which the objectives of the system are set, and performance and achievement of these objectives are planned, executed, monitored and evaluated. Countries differ in the models of research system governance that they employ, in this article these have been classified as councils, committees or commissions that deal all fields of research, termed general structures, those that deal with health or medical research specifically, health structures, and models in which a number of bodies play a role, multiple structures.

A policy framework for health research can be composed of a series of specific polices regulations or pieces of legislation. Formal plans or strategies providing national direction for the health research system were considered as constituting a health research policy. Such plans could be part of broader policy documents, for example focused on health, research, science and technology or national development. In such cases, these documents were classified as "health research policies" if they had significant health research content, as opposed to the simple identification of health research as a strategy or priority with no further elaboration.

Health research priorities were defined as priorities for health research formally endorsed by the body responsible for general or health research in the country, or by the Ministry of Health. General research priorities were accepted as "health research priorities" if these included health related topics.

Outcomes

Half of the countries in the sample (n=19) had formal governance structures for health research. For the majority (n=11) these took the form of general structures covering all fields of research with lines of responsibility to Ministries of Science and Technology (S&T) or Offices of the Prime Minister. Four were health research specific structures reporting to Ministries of Health, and four had multiple structures with significant roles for different ministries, Health Education and S&T. Eight counties had developed a policy framework for health research and 20 had set national health research priorities.

Statistically strong relationships were identified between the three NHRS components of governance structures, policy and priorities. All eight countries is this study that had developed a health research policy also had an established NHRS governance structure (p=0.003); however, 11 of the 19 countries with governance structures had not developed a health research policy framework.

17 of the 19 countries with governance structures had set health research priorities (p=0.001); three countries had set health research priorities but had not established formal governance structures for health research. No country with a health research policy had failed to identify priorities for health research (p=0.003). 12 countries had identified health research priorities, but had not developed a wider policy to guide health research development.

Future perspectives

Many low and middle income countries have major gaps in their governance and policy frameworks for health research. Only half of the sampled countries have established governance structures for health research, and less than half of these governance structures have put in place a policy framework to guide health research development, though they were more successful in identifying research priorities for their countries.

The paper suggests a close relationship between governance structures and the development of policy and priorities for health research; a relationship which should be confirmed by further research. Whilst this finding may not be surprising, this is the first study to document such a relationship, and the information can help national decision makers plan health research system development in their countries.

The findings support the importance of establishing a governance and management structure to drive development and implementation of a policy framework, an important component of which will be a rigorous process health research priority setting.

The paper demonstrates that NHRS Mapping studies provide a useful first step on the road to NHRS development identifying gaps in system infrastructure that can in a short period of time inform system development needs and priorities.

The scope of this study was to describe the existence of health research governance and policy frameworks in a sample of mostly low and middle income countries. It was not able to go further to examine whether these foundations of a national health research system increase the effectiveness, efficiency and quality of health research outputs, or their impact on health and socio-economic development. This question should be a research priority for the field.

Partners