

# **Introduction to the theme Health systems and Health contexts (theme 4)**

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## **The relevance of research for development**

Research can play an important role in the development process. Research is not only relevant for improving our knowledge and understanding - not only do we have to know what we are doing -, but we also have to look for technologies and interventions that may contribute to people's efforts to improve their situation. Recognition of the value of popular knowledge and its use within "knowledge systems" can also be helpful in this respect. Technologies and interventions are not introduced in a vacuum. Analysis of successes in development programmes show that active participation by the people for whom development efforts are intended is of the utmost importance.

Within a system of research, one may distinguish fundamental research, which is solely aimed at expanding and deepening knowledge and insight within the research system itself, strategic-fundamental research which is fundamental in character but takes into consideration its potential use in society, and applied research which is aimed at more immediate application. In this distinction, strategic-fundamental and applied research in particular are potentially useful for development. Within the same worldwide system of research, however, only a very small percentage of the latter types of research is aimed at development, since the majority of any kind of research takes place in the North and deals with "Northern" problems, while research in the South is only partly aimed at development. In addition, we know that in both North and South complaints are received of under-utilisation of potentially useful research.

Haines and Donald write in the introduction for a series of eight articles on 'Getting Research Findings into Practice': "There is increasing interest in implementing research findings in practice both because of a growing awareness of the gap between clinical practice and the findings of research and also of the need to show that public investment in research results in benefits for patients" (Haines and Donald 1998). Others have also analysed problems with using research results and have come to similar conclusions. Research results are often not used because insufficient attention is paid to the conditions for eventual use of the research (Davis and Howden-Chapman 1996).

Haines and Donald (Haines and Donald 1998) provide the following points with regards to getting research findings into practice. These are related to clinical research, but they also have value for any other kind of research, specifically for health research for development.

1. Reasons for failing to get research findings into practice are many and include the lack of appropriate information at the point of decision making and social, organisational, and institutional barriers to change.
2. All people within an organisation who will have to implement the change or who can influence change should be involved in developing strategies for change.
3. Better links between clinical audit, continuing education, and research and development need to be developed.
4. Evidence of the effectiveness of specific interventions to promote change is still incomplete, but a combination of interventions will probably be needed.
5. The pressure for more effective and efficient implementation of research findings is likely to grow."

In their point three Haines and Donald mention 'clinical audit'. In the case of health research for development where a lot of public health interventions are involved we can replace that by 'project audit' or 'project monitoring and evaluation'.

### **Health: no fit-for-all solutions**

The publication of the report of the Commission on Health Research for Development in 1990 signified an important change in thinking about health research for development (Commission on Health Research for Development 1990). Conventional health research was not meeting the needs of countries in the South and existing North-South research partnerships were often counterproductive. Donors have since then gradually tried to change their policies with regards North-South research partnerships, among them the Directorate-General for Development Cooperation of the Dutch Ministry of Foreign Affairs (DGIS). In 1996, the Netherlands Development Assistance Research Council (RAWOO) initiated an assessment of health research and development in three potential candidate countries where a pilot could be done for the development of an innovative health research for development partnership between a country in the North (the Netherlands) and a country in the South. This resulted in the Ghanaian-Dutch programme for health research for development.

Though 95% of the health needs are in the South, 95% of health research is on the needs of the North (World Health Organisation 1997). This paradox was stressed again at the International Conference on Health Research and Development in Bangkok in October 2000 (Global Forum for Health Research 2000). Research priorities of the North and the South are not naturally the

same. In a comparison of applications submitted to STD/CEC programme by scientists from the North and the South, European scientists proposed to work on a few major tropical diseases, while the South gave priority to preventive medicine and health problems related to environment and nutrition (Gaillard 1995). Assessment of the use of research findings into health policy revealed that research findings are too often ignored, but that better dissemination of research results would be enhanced if policy makers would be involved in the focus for research. "In the case of health restructuring there is ample evidence of sustained and vigorous policy development across a broad range of health systems, but this seems to have occurred largely in the absence of any clear and compelling body of evidence" (World Health Organisation 1997, page 866). Too often we see excellent development-related research that is not asked for and will have no impact on health policies, simply because it ignores the context and it is not integrated into an organisation of research that facilitates use of research results.

The initiative to promote Essential National Health Research (ENHR) in the countries in the South (Commission on Health Research for Development, 1990) was a step forward to develop health research agendas in the South that can play a role to steer the scientific contributions of 'medicine in the tropics' to improve the health of the local population. Since the introduction of the ENHR concept a lot of developments took place, among others the foundation of COHRED (Council on Health Research for Development) in Geneva. Though international donors (Worldbank, WHO) support COHRED, the individual European donors often mainly continue to support more the conventional development-related research in tropical medicine. Especially those with a strong colonial background such as France, the United Kingdom, Belgium, Germany, the Netherlands, Spain and Portugal had a tradition of technical support and tend to focus on such research (Bunders and Mukherjee 1997).

The joint Ghanaian-Dutch Programme of Health Research for Development is a programme that was designed to prevent this unequal relationship. Agenda setting by the Ghanaian partners is the basis for this programme and the challenges are to develop strategies to involve researchers from the developed world in a meaningful way. Just saying that the research agenda has to be based on the Ghanaian needs is not enough to reverse the existing relationship between researchers from developing and developed countries.

### **Contextualisation of research**

Research as a tool for development needs appropriate agenda setting for the research and this goes back to identifying the social needs or demands of the different stakeholders in a society, all with their own interests. Proper need articulation is therefore a process in itself. It is a matter of democratic representation of stakeholders, of an enabling environment in which a platform for discussion is created and of continuing networking. This leads to other roles for researchers than they were used to. The researchers will have to step out of their communities of researchers and interact with the other stakeholders. Demand-driven research is a process in itself, in which dialogue and feed back among the various stakeholders are the most important features. Within this process, the roles of the stakeholders should therefore be institutionalized.

A consequence of the attitude of seeing research as a tool for development is that if one wants to come to set a research agenda it is essential to get all stakeholders around the table. And this automatically leads to 'location specificity', because there have to be concrete end users of

research on the other side of the table. If only researchers and national policy makers are involved in the process it would not reflect all stakeholders. That does not automatically lead to 'provincial research'. "One may attempt to see the locality in a global context, and thus proceed from a local to a more global view" and "it is often necessary to pay attention to the local dimension in order to understand the global dimension". From the agenda setting workshop which Ivan Wolffers attended in Mali in 1994 he remembers that the stakeholders linked desertification and poorer living conditions in their villages to urban and international migration, to the effects on role changes of men and women due to the modernization that was linked to the migration process, and to macro-environmental causes. These are different dimensions at different levels.

### **How to monitor and evaluate such programmes**

There are many more problems to overcome in order to get all stakeholders in as well the North as the South involved in the process of building innovative partnerships that can make a difference for health and development in specific countries. To monitor and evaluate our efforts to develop better programmes we need tools. Measuring the impact of research is not easy and examples to measure a multi-sectoral demand-driven research programme are not available yet. One of the authors prepared a first attempt for such a tool for a meeting of SDC (Swiss Agency for Development and Cooperation) and SNSF (Swiss National Science Foundation) at the occasion of the seminar 'Enhancing research capacity in developing and transition countries' in September 2000. As it was meant to measure capacity building, that format had to be adapted to meet the needs of measuring the impact of a research partnership. This was done for the parallel session on North-South partnership programmes at the International Conference on Health Research for Development in October 2000 in Bangkok. During that session participants discussed the matrix which is presented below.

This matrix is based on stages of research and stakeholders. We have taken the three 'classical' stakeholders involved in the research process – researchers, policy makers and end users of research - to which the research partner in the North is added. The three stakeholders in the South have to be defined more precisely: in the first place they are the researchers and their institutes. Policy makers are not only those at national level, but also at local level where key decisions with regards to health are taken. At the national level we have to think of ministries and of course the Ministry of Health is one of the key stakeholders. The third group of stakeholders - the end users of the research - can be divided into two clear categories. The first category is that of the professionals who are supposed to implement certain new knowledge and innovations (one can think for instance of health staff at district health posts). The second category is that of the local population, often represented by NGOs or CBOs.

The stages of the research speak for themselves, but some may not always be so evident for researchers (like the prioritisation process of the research agenda and aspects like empowerment). Every time we have to also look at gender issues. There are male and female end users of research and gender can make a distinction between the researches prioritised or research results used. Researchers can also be men or women, which also impacts the research environment. Also equity and ethics should be aspects for consideration at all levels in the matrix.

	End users of research: Professionals, NGOs, CBOs	Policy makers: National as well as local	Researchers in the South as well as their institutes	Researchers in the North and donors in the North
Gender				
Equity and ethics				
Prioritisation and setting the research agenda				
Design of the research: what capacities are needed?				
Management of the research?				
Analysis				
Dissemination of research results				
Utilisation of research results				
Who is empowered by the production of knowledge through this research?				
Capacity building				
Sustainability				
Impact of the research on the concrete situation				

### **Towards new partnership for research**

Conventional North-South research partnerships often ignore this need and tend to create their own academic world where priorities are set in isolation. Instead of strengthening the research infrastructure, such co-operation can even be counterproductive for developing a sustainable research for development environment. This is because this kind of co-operation:

1. pushes international/regional priorities that do not coincide with national priorities (international networks push diagnosis-related priorities like malaria research, AIDS research, bilharzia research, while national research priorities are malnutrition, access to health care etc);

2. creates divisions of work between the Northern and Southern partner (fieldwork by the Southern partner, blood analysis or statistical analysis in the North) that are not useful for the Southern partner, because it brings insufficient transfer of knowledge and technology;
3. isolates the researcher in the South from his own context by pushing Northern academic values, so that he or she is not able to deal with local realities anymore;
4. makes national co-operation impossible by favouring North-South connections instead; and
5. neglects national needs for distribution and use of research results by assuming research is done in a vacuum and has its own academic rules and laws that are more important than the national context (Wolffers, Adjei, vd Drift 1998).

Conscious donors have opted for regulations of research programmes that are respecting national needs. However, the traditions and rituals of decades of conventional 'tropical medicine' sometimes come in the way. Most of the informants that were interviewed in the framework of the above-mentioned RAWOO assessment (Wolffers, Adjei, vd Drift, 1998) stressed the fact that it is time for a national research programme and that co-operation between North and South should adapt itself to it. Northern researchers will have to learn that aspects of their work that seem self-evident in their own country may not be so in the South. That does not imply any compromise on scientific criteria for doing research, but rather a challenge to look for innovative methodologies and approaches to guarantee contextualised and usable research that fits the demands of the country.

### **Towards a new approach**

During the forthcoming conference attention will be focused on results obtained in the past and on new approaches for the future.

In the framework of the workshop on health issues three papers, e.g. on international partnerships, on research embedding in the society and on capacity building for relevant health research have been prepared.

The themes have been discussed from an international perspective.

Lessons can be learned from the programmes which have been analyzed.

The first important observation is that indeed research is relevant from a developmental perspective.

Also for health issues it is clear that no solutions fit for all problems can be found.

Research on infectious and non-infectious diseases should be performed in the context of the health structure in a specific country.

The results of intervention strategies depend on the embedding in the local environment with its specific social and cultural context.

In this framework the consultation of relevant stakeholders has been shown to be of utmost importance.

Monitoring and evaluation at project and programme level requires research efforts as well.

Of particular importance, also in the framework of sustainability is the analysis of the impact of research. A final test may be the effect and impact of research on the level of health regulations and legislation.

It is our conviction that research in the context of development is highly relevant when ownership of the research programme is in the South. As a consequence for northern health systems and northern researchers partnerships with the South are enriching events.