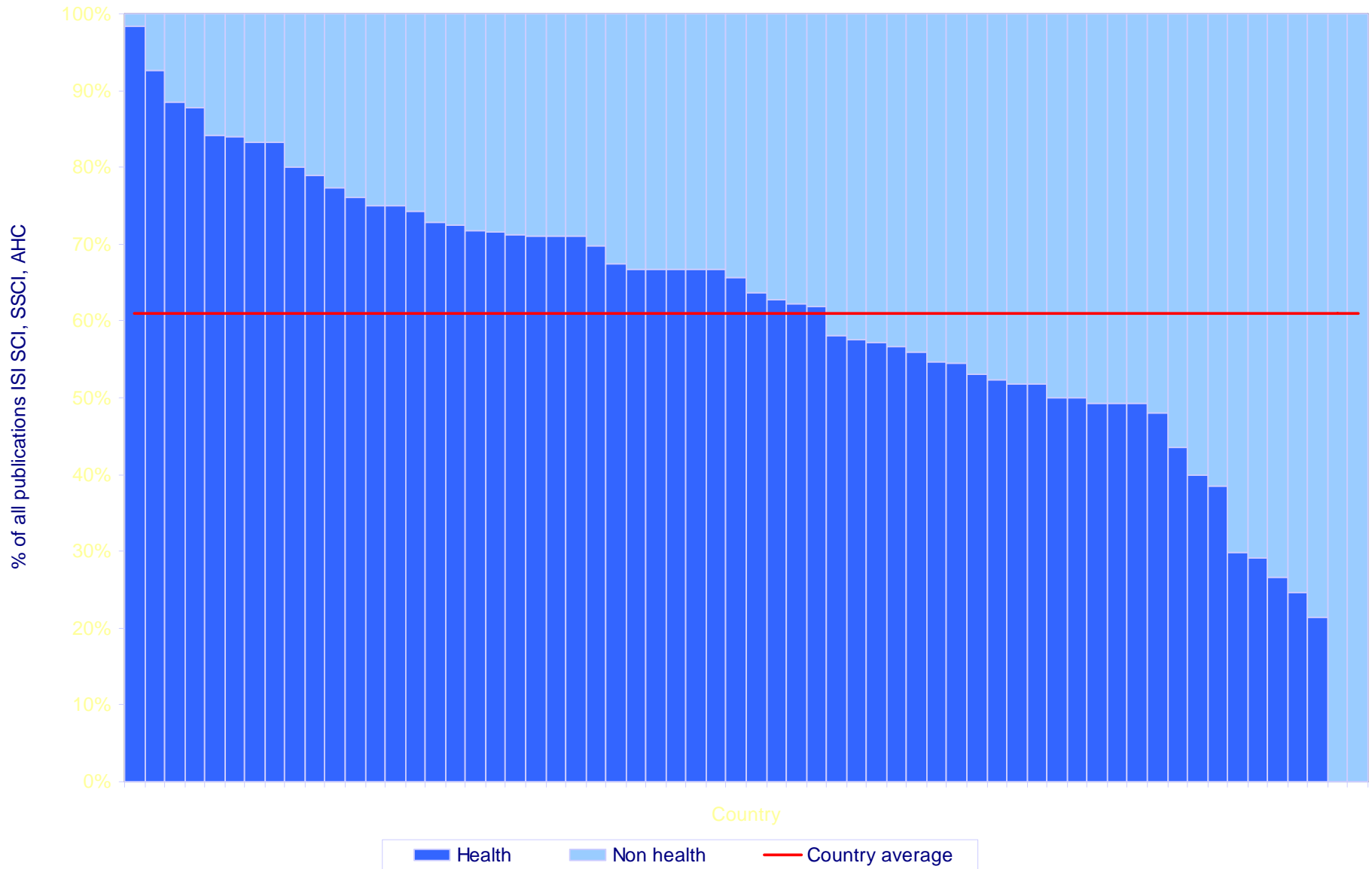


COHRED approach to National Health Research System Assessment & Development

Symposium on the Comparative Analysis of National Research Systems
UNESCO, Paris, 16-18 January 2008

Dr Andrew Kennedy
COHRED
Council on Health Research for Development

Health research publications as a percentage of all publications (1999 - 2001) for 62 low income countries



Overarching aim

- Enable national stakeholders to drive development of National Health Research Systems (NHRS)
- Evidence based - action oriented

NHRS development approach

1. Framework

- Picture the NHRS and understand what it should do

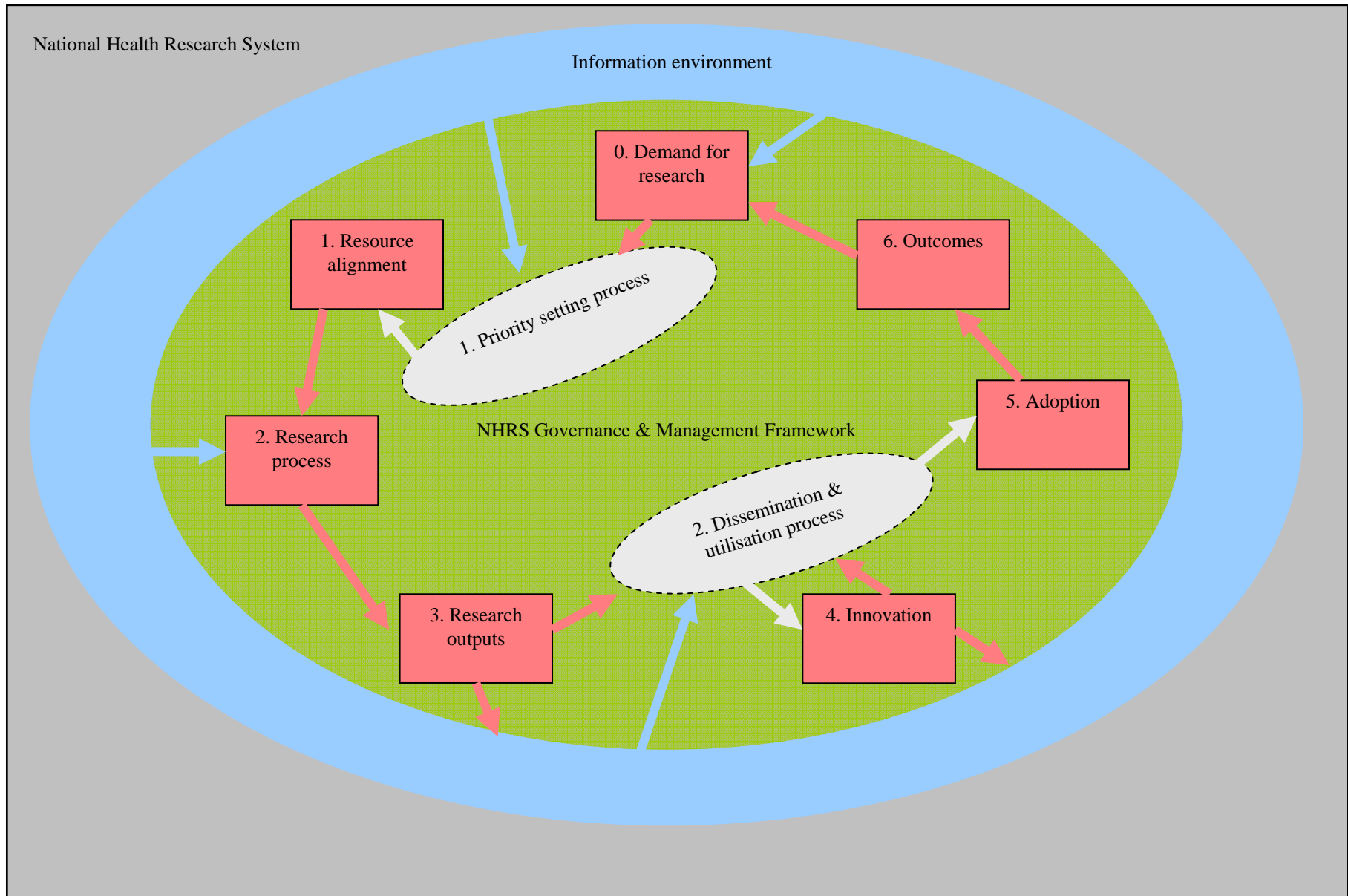
2. Technical components, approaches to:

- collecting evidence to inform decision making:
NHRS assessment
- policy development, priority setting, ...

3. Process

- Not simply a technical exercise
- How you do it often more important than what you do

NHRS Framework



Levels of NHRS Assessment

- Mapping – system description
 - Governance & management, policies, institutions, key actors
 - Donor alignment, Health equity
- Profiling – system capabilities
 - Main focus inputs, process, outputs
 - Capacities, human and financial resources available, partnerships, activity, output
- Analysis – system performance
 - Greater focus on adoption and outcomes
 - How well do specific components of the system perform
- Intervention evaluation – system intervention
 - How effective are reforms and other strengthening efforts

NHRS Mapping

Africa

Burkina Faso
Cameroon
Mozambique
Uganda
Zambia

Central Asia

Kazakhstan
Kyrgyzstan
Tajikistan
Uzbekistan

Caribbean

Trinidad & Tobago

East Asia

Cambodia
China (Shanghai)
Mongolia
Philippines
Viet Nam

Middle east

Bahrain
Jordan
Kuwait
Lebanon
Oman
Qatar
Saudi Arabia
Tunisia
UA Emirates
Yemen

Pacific islands

Cook Islands
Fiji
Kiribati
Marshall Islands
Nauru
Niue
Palau
Papua New Guinea
Samoa
Solomon Islands
Tokelau
Tonga
Tuvalu
Vanuatu
American Samoa

NHRS Mapping & Donor alignment

Africa

Burkina Faso

Cameroon

Mozambique

Uganda

Zambia

NHRS Mapping & Profiling/Analysis

East Asia

Cambodia

China (Shanghai)

Mongolia

Philippines

Viet Nam

Lessons learned -1

- Political support
 - Essential, but how can we measure this?
 - What arguments can we use to build this support?
 - Talk to decision makers in a language they understand
 - Example, UK Dept of Health, Director of Research:
 - Market failure argument

Lessons learned -2

- Stakeholder involvement
 - Decision makers and those influenced by the decisions made
 - MoH, MoST, Academia, NGO, Civil Society, (Donors)
- Mapping and Profiling
 - fairly standardised
- Analysis
 - 100s of indicators potentially useful
 - Present a 'basket' of indicators, enable stakeholders to select those most useful to them
 - Example from 5 country East Asia study : 100% of questions selected by at least one country, only 19% selected by all

Lessons learned - 3

- Process driven – not a one off ‘academic’ exercise:
 - Staged approach beneficial enables early action highlighting the usefulness of NHRS development
 - Initial improvements are often to system governance and management:
 - Mongolia: Policy development
 - Shanghai: Improve coordination between governance and management bodies
 - Philippines: M&E system
 - Vietnam: Priority setting and institutional development
 - Central Asia: building political support
 - Middle East: Priority setting
 - T&T and PICs: Strengthen governance

Health Research Web

COUNCIL ON HEALTH RESEARCH FOR DEVELOPMENT (COHRED)

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**Health Research Web –
Continents and Countries**

[Africa](#)
[Americas & the
Caribbean](#)
[Asia and Pacific](#)
[Europe](#)
[Middle East](#)

Welcome to *Health Research Web*

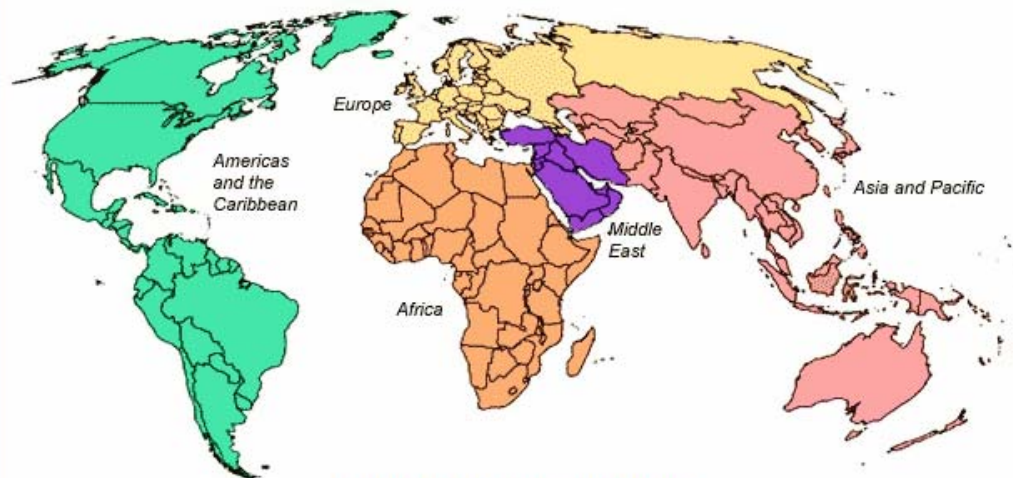
A new service from the Council on Health Research for Development

[A growing resource](#)

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[Editorial Policy](#)

Health Research Web: information on national health research systems in low and middle income countries.



[Click the map to view country pages](#)

Last updated: 10 October, 2007

www.cohred.org/HealthResearchWeb

Health Research Web

- Global knowledge platform
 - Providing information on national “research for health” systems
 - Our own and links to others
- Approach is based on ‘wikipedia’:
 - information controlled through transparent, peer-review editorial policy
 - public domain information
 - low cost – multiple contributors
- COHRED is developing the platform
 - *but does not want to ‘own’ it*
 - share at ‘national’ and ‘regional’ level (e.g. *Pan American Health Organization*)
 - share with institutions (e.g. *donors & research sponsors*)
 - quality control through designated reviewers / review process
- Phase 1 (‘static’), 2(‘interactive’), 3 (meta-analysis)

Collaborators

Bahrain : Dr Jamal Alsayyad; Cambodia: Dr Vonthanak Saphonn; Cameroon: Dr Pierre Ongolo Zogo, Dr Innocent Takougang, Dr Peter Mbondji; Canada: Dr Don de Savigny; China: Prof Jie Chen, Ms Du Li; Fiji : Dr Jan Pryor, Dr Zac Morse, Dr Shirley Prasad, Dr Makeleta Koloji; India: Dr Shyama Kuruvilla; Jordan : Dr Mai Saob; Kazakhstan: Dr Bakhyt Sarymsakova; Kuwait : Dr Abdulaziz Khalaf Abdullah Karam; Laos: Prof Bungong Boupha, Dr Sengchanh Kounnavong; Lebanon : Dr Salim Adib; Malaysia: Dr Maimunah abt Hamid, Dr Nordin Saleh, Dr Azman Abu Bakar, Dr Tahir Aris, Ms Low Lee Lan; Mongolia: Dr Badrakh Burmaa; Oman : Dr Asya Al-Reyami; Philippines: Dr Jaime Montoya, Ms Merlita Opena; Qatar : Dr Naser Ali Asad Al-Ansari; Saudi Arabia : Dr Tawfik A M Khoja, Dr Mohamed S. Hussein, Dr Abdullah M. Al – Bedah; South Africa: Prof Mohammed Jeenah;Tajikistan: Dr Zarina Ishkakova; Trinidad & Tobago: Dr Dan Ramdath, Ms Nicole Hunt, Dr Donald Simeon; Tunisia : Dr Hassen Ghannem, Dr Nouredine Bouzouaia; UK: Dr Steve Hanney; United Arab Emirates : Dr Abdullah Al-Naimi; Uzbekistan: Dr Mohir Ahmedov; Vietnam: Prof Le Vu Anh, Dr Tran Huu Bich, Dr Le Thi Kim Anh; Yemen : Dr Tarek Salah Asaad;

WHO: Dr Alaa Abou Zied, Dr Reijo Salmela, Dr Rebecca de los Rios.

Sources

- Central Asia study

<http://www.cohred.org/main/publications/workingpapers/COHREDWP2CentralAsia.pdf>

- Middle East study

Eastern Mediterranean Health Journal March 2008

- Framework – NHRs development manual

<http://www.cohred.org/NHRsupport>

- Health Research Web

www.cohred.org/HealthResearchWeb

- (Health) research evaluation

<http://www.brunel.ac.uk/about/acad/herg/publications/payback>

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Essentials of NHRS Development

- Political support
- Governance and management framework
 - System Governance & Management bodies
 - Health Research Policy Framework
 - Health Research Priority Setting Process
- Process
 - How you do it can be more important than what you do
 - Evidence based development

Few countries are achieving their potential benefits from health research

- “National Health Research Systems” are indistinct, complex and fragmented
- Key elements of the system lie in different sectors:
 - under different lines of authority
 - with range of goals and roles in health research
 - Often not considering themselves as part of the NHRS
- Poor communication & coordination across the system
- The system is not focused on priorities
- To realise the full benefits from health research the NHRS needs to be managed

Approaches to research evaluation

- Research system: OECD, Eurostat, & RICyT
- Higher education: Research Assessment Exercise (UK), National Academies of Science (USA) ...
- Funder: IFS, ZonMW, CIHR, UK NHS R&D, Arthritis Research Campaign, ... - Payback approach of Buxton & Hanney
- Elements of the health research system: Inputs (Resource flows, Human resources), Outputs (Bibliometrics, patents), Utilisation (policy makers, practitioners, public)
- Health research system: WHO HQ HRSA project (RICTSAL, Philippines)