

HEALTH SYSTEMS AND POLICY RESEARCH IN TANZANIA: DO RESEARCHERS THINK ALIKE, SPEAK THE SAME LANGUAGE, JOIN FORCES TO FIGHT COMMON ENEMIES AND MAKE DESIRED IMPACT?

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Preamble – QUESTIONS YOU CAN ANSWER WITH LIMITED CONFIDENCE

- What actually Health Systems and Health Systems Research are in your view?
- Who are the main active health systems (HS) researchers in your organization, district, region, country or continent?
- Can/should HS Research (HSR) be carried out by everybody motivated to doing it or by only those with specialized training and skills in HSR?
- What do you find to be the highly prioritized and highly neglected public health problems addressable by having a strong HSR in your country?
- How strong is research collaboration in the field of HSR within your organization and between your organization and other organizations doing health research?
- To what extent does leadership in health research organizations promote or hinder strong and collaborative HSR, by comparing your organization and others?
- Is there any prospect for strengthening HSR at organizational and national levels through promotion of HSR and collaboration in this field within and between organizations?

PREAMBLE

- In Tanzania as in other low income countries (LICs), Health Systems (HS) are widely and consistently reported to have for many years been weak in general and specific terms
- LICs' - HS have remained delivering services of low volumes and quality, high costs to users, low accessibility to poor and vulnerable groups, and unsustainable
- Prioritizing HS by increasing investing in HSR has since 1990s been advocated to be an essential step towards strengthening national health systems
- Governments in Tanzania as in other LICs aided by development partners have responded to this advocacy by setting budgets for capacity building and fundable projects in HSR
- However, HSR remains lowly recognized among different science stakeholders as an important field for creation of reliable evidence needed to arrive at informed and rational policy decisions in the health sector
- Both empirical and anecdotal evidence and general experience reveals the presence of factors behind the observed low recognition of HSR in the area of scientific and policy research

WHY DIFFERENT PERSPECTIVES AND LOW PRIORITY TO HSR?

- View of biomedical science and drug discovery as the only science or fields of research which are rigorous to give reliable evidence whereas HSR is generally perceived as “fluffy,” “pedestrian,” and “too applied” (Hoffman et al., 2000).
- HSR findings often do not produce immediate and sometimes quantifiable indicators of successful impact on disease-specific problems of national and international funding interest
- HSR is too susceptible to the changing political atmosphere within country areas where research in health systems is needed and in which researchers operate
- Some (if not most) of the findings from HSR are context-specific, lacking representation of larger and diverse populations and hence generalizability
- Changing national or international priorities in disease-control dominated policies
- There are diverse theories and frameworks, each looking at HS and HSR from particular angles, some emphasizing some angles more than they do to others

SHOULD H-SYSTEMS RESEARCHERS DIFFER IN PERSPECTIVES?

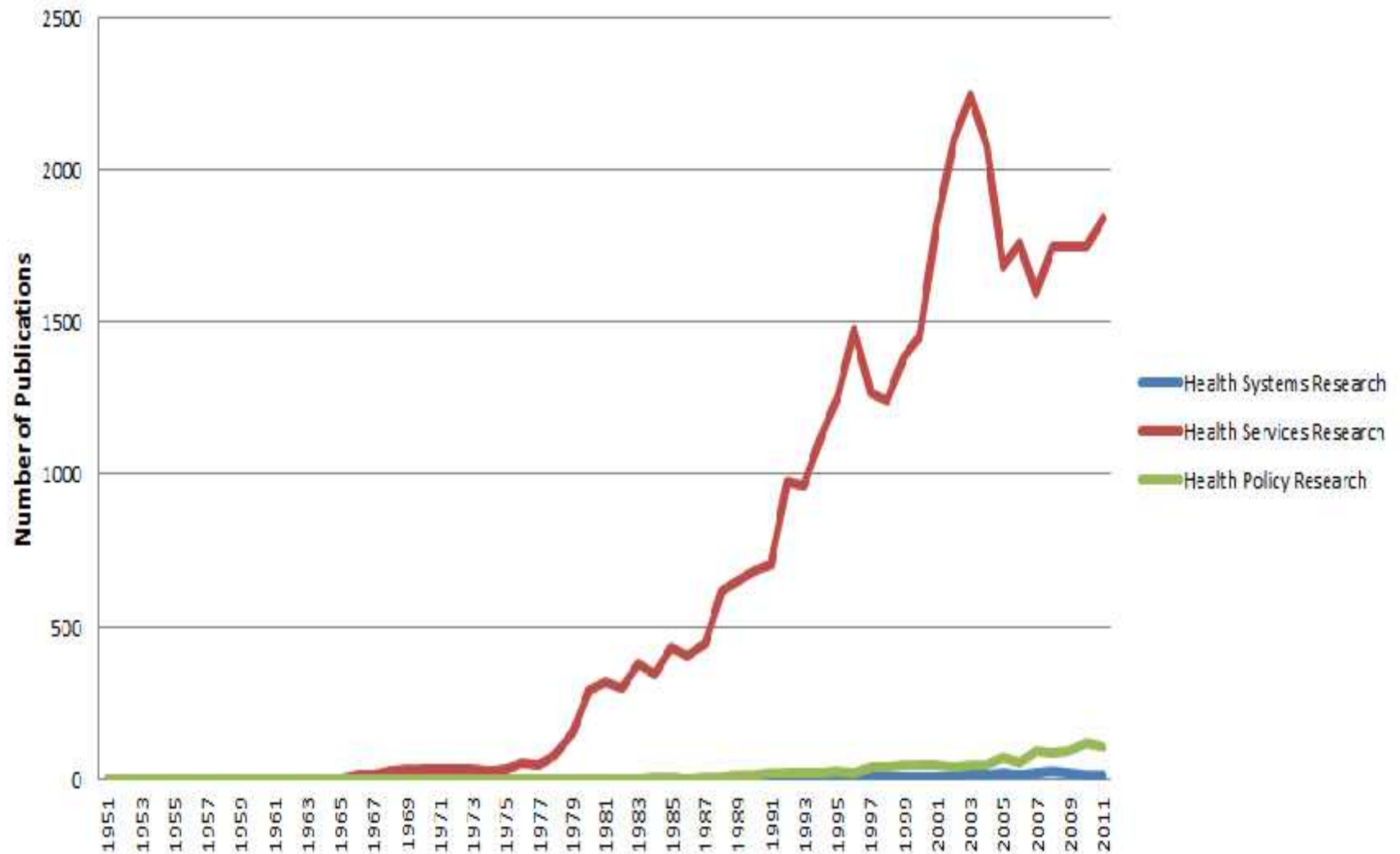
This is a tricky question, but at least Hoffmann et al., (2012) rightly argue that:

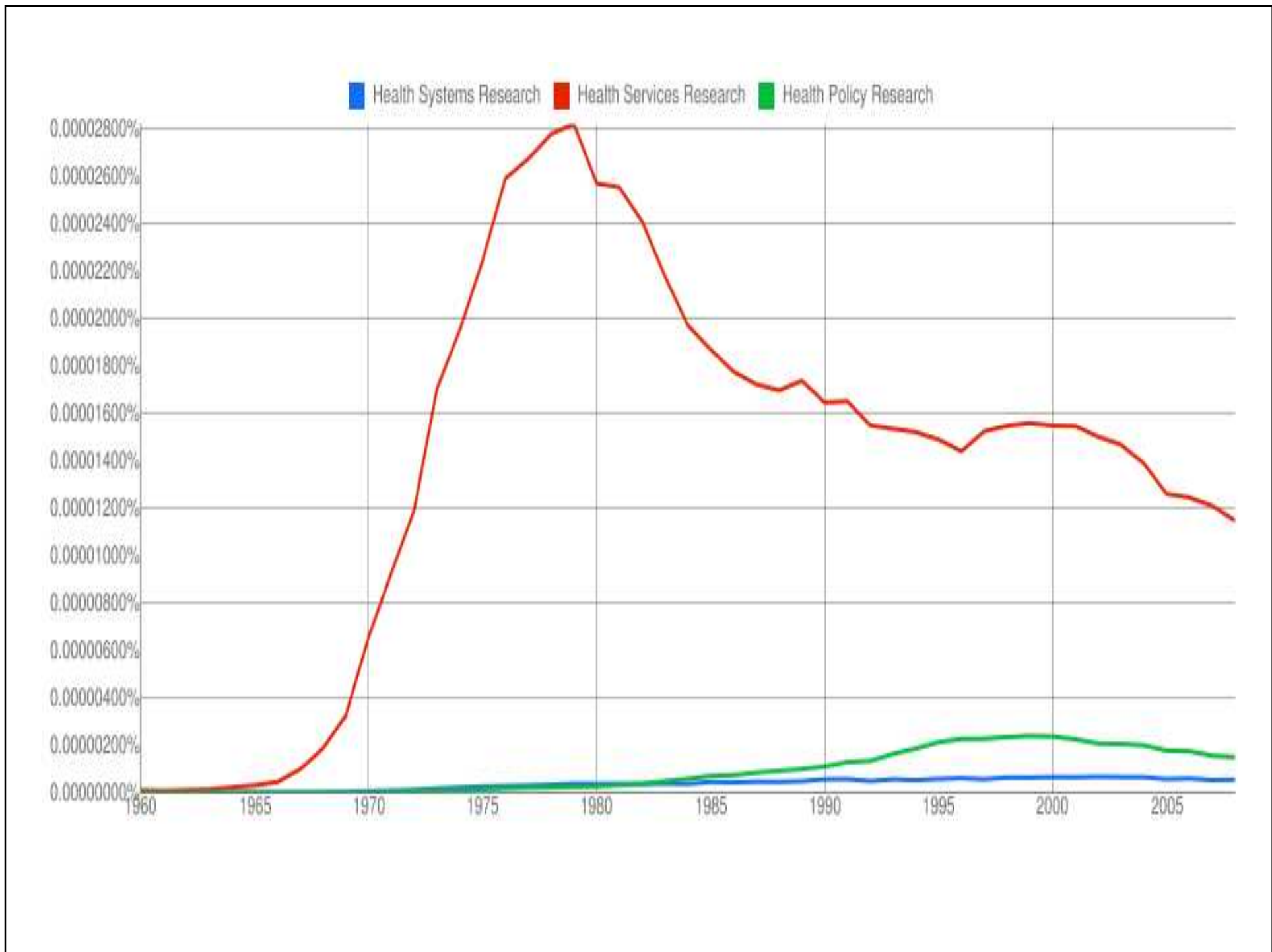
1. Given the diversity of frameworks recommended and used for assessing HS, great variations in how H-Systems are understood by different people, different disciplines and regions are likely to remain, albeit at the advantage or peril of H-systems
2. Discrepancies in conceptualizing HS apparently contribute to the observed lack of coherence, and existence of inefficiencies and untapped opportunities for collaboration
 - i). Large numbers of conceptual issues related to HS show a general lack of consensus for which greater research and deliberation is necessary
 - ii). Differences in choice of Methodological Approaches for carrying out HSR
3. The plethora of HS frameworks globally highlights a continued need for diversity in HSR, considering context-specific problems which call for application of different approaches to address area and context-specific problems

CONSEQUENCES OF DIFFERENT PERSPECTIVES ON HS AND HSR

- HSR can be undertaken much better if it is well conceived or comprehended by research aspirants, government funders and other key stakeholders
- Misconceptions about meanings and scopes of HS and HSR do contribute to what the world observes to be weaknesses or failures in health systems and HSR
- Lack of clear knowledge and illusions about HS and HSR lowers chance for HSR to :
 - be properly valued and practiced as a field of study that can articulate issues, pose critical questions and then establish evidence suitable for answering the questions raised and therefore helping governments strengthen the existing health systems
 - seize the emerging opportunities for funding research on relevant health topics
 - attract collaboration between researchers and other stakeholders from different disciplines, institutions , sectors and even countries
 - Aligning and biasing research in HS and resultant publications and other ways of research dissemination to selected lines of thought and neglecting others

Term Usage Comparison: Publications over Time

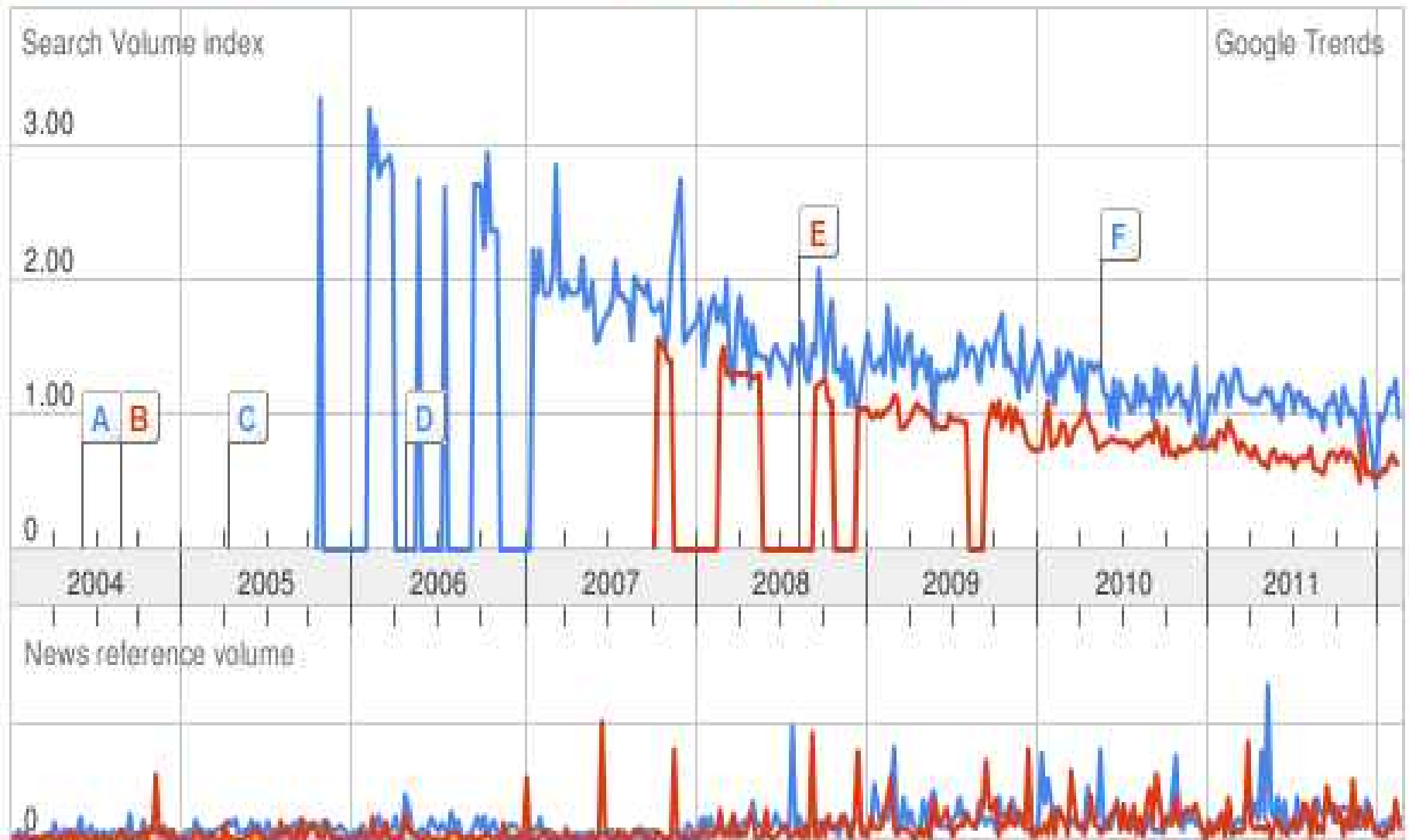




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CONCLUDING STATEMENT AS QUOTED FROM THE WHO

“Something is wrong. For the first time, public health has commitment, resources, and powerful interventions. What is missing is this: the power of these interventions is not matched by the power of health systems to deliver them to those in greatest need, on an adequate scale, in time. In part, this lack of capacity arises from the failure of governments all around the world to invest adequately in basic health systems. It also arises, in part, from the fact that research on health systems has been so badly neglected and underfunded. The two go together. So long as investments in health systems are given low priority, research in this area will also be neglected. In the absence of sound evidence, we will have no good way to compel efficient investments in health systems.”

Dr. Margaret Chan, Director-General of the WHO, Beijing, China, October 29, 2007

RECOMMENDED WAYFORWARD TOWARD HS AND HSR STRENGTHENING

- Tracing and seizing opportunities for collaborative works, building on work in other fields, and using the existing frameworks to fit HSR into appropriate and better perspective (Hoffman et al., 2012)
- More advocacy for HSR to be seen and valued as a truly multidisciplinary and complementary field in public health rather than supplementary or auxiliary field (Hoffman et al., 2012)
- Revisiting inventories to examine the actual number and capacity of HS researchers in each organization and their actual engagement in HSR
- Reviewing the situation, identifying what went wrong , where and why, using experience of the past to reflect on the present situation, then acting immediately
 - Looking at enemies to national HS and HSR as confined within the HS's main building blocks (see the Figure in the next slide)
 - Standardizing methodologies and carrying out large-scale and if possible multi-country studies that start influencing regional policies before they can be accepted at national level
- Need for intra-and-inter-institutional, inter-sectoral and inter-regional collaboration in HSR. This has advantage of seizing all available opportunities both for increased funding in HSR and bringing the desired HS impacts

LOOKING AT HS ENEMIES WITHIN IN ITS INTERRELATED BUILDING BLOCKS

