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HPS research, education and decision-making capacity needs, assets and opportunities–HSG member survey findings

Health Systems Global

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ACRONYMS

EAP	East Asia and Pacific
ECA	Europe and Central Asia
HSG	Health Systems Global
HPS	Health Policy and Systems
HPSR	Health Policy and Systems Research
LAC	Latin America and the Caribbean
LMIC	Low- and Middle-Income Country
MENA	Middle East and North Africa
NA	North America
SA	South Asia
SSA	Sub-Saharan Africa
WHO	World Health Organization

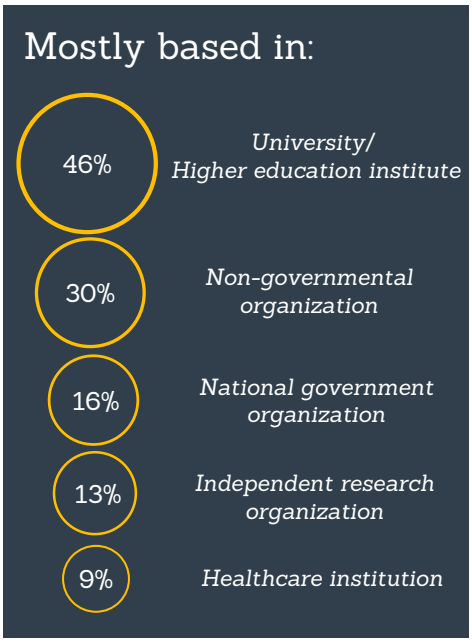
INTRODUCTION

Health policy and systems (HPS) is an emerging field that is centered on the organization of societies and institutions in achieving health goals. It engages multiple stakeholders, including users of health services, healthcare providers and managers, and policymakers. Health policy and systems research (HPSR) supports HPS, especially by understanding the roles and interactions of different stakeholders. It is multi-disciplinary and uses diverse methods to understand how health systems are implemented and respond to health policies, and how health policies respond to health systems and other determinants of health. Many members of HS are engaged in HPS education and research, or working in HPS decision-making roles. With financial support from the International Development Research Centre in Canada, in 2019, an online survey was carried out to better understand the capacity strengthening needs of HSG members around teaching, research, and decision-making for HPS. They answered questions about these areas. They also indicated where they felt capacities needed to be strengthened at the individual level, organizational level, and network level, and made some recommendations about how to achieve this. The results of this survey are presented in the report that follows.

PARTICIPANTS

All HSG members were invited to participate in the online survey, and 901 participants completed it. Overall, 50.7% of participants were female, 48.5% were male and <1% identified as non-binary. Based on World Health Organization (WHO) regions, most participants were from Sub-Saharan Africa (SSA), followed by Europe and Central Asia (ECA), North America (NA), South Asia (SA), East Asia and Pacific (EAP), Latin America and the Caribbean (LAC), and finally, the Middle East and North Africa (MENA).

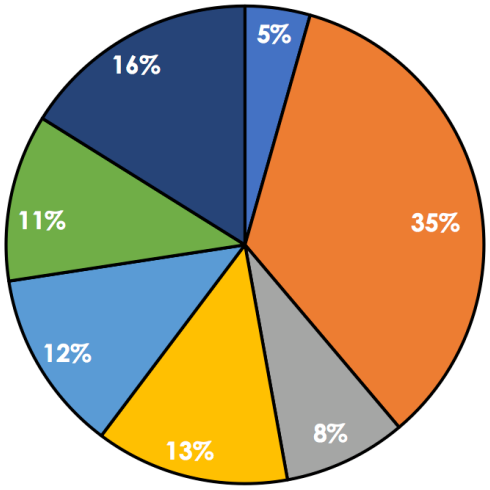
Most participants (82%) are involved in research, but carried out from a range of organizational bases, including non-governmental organizations (NGOs). More than half of participants are involved in HPS teaching, and again, from a range of organizational bases. Importantly, 43% are affiliated with an organization involved in decision-making activities for HPS. HSG is not made up of only researchers, but individuals from national governments and global organizations, including funding organizations.



Participants' main activities

1. *Research (63%)*
2. *Evaluation (49%)*
3. *Using evaluation/research (45%)*
4. *Teaching 42%)*
5. *Advocacy (38%)*
6. *Convening HPS actors (36%)*

Participants' region of residence



- Sub-Saharan Africa
- South Asia
- Latin America & the Caribbean
- East Asia & the Pacific
- Middle East & North Africa
- North America
- Europe & Central Asia

Participants' years of HPS experience

12% with <3 years
33% with 3-8 years
29% with 8–15 years
25% with >15 years

INDIVIDUAL-LEVEL FINDINGS

Individual capacity-strengthening needs

Participants identified areas where they judged they would benefit from skill development. A summary by activity of the top five *needed* skills that participants identified are indicated below. Participants identified different skills according to their organizational base. For HPS teaching, participants from NGOs—based outside of NA and ECA—and government organizations also emphasized a need for course evaluation and mentoring and supervision. For HPSR skills, participants from governmental organizations were more likely to report a need for critical appraisal of research, engaging other health systems actors, mixed methods data collection and analysis, and communicating effectively with policy/public audiences than other participants. Across all four domains, participants from NGOs based in NA or ECA generally reported the lowest need for skill development, and participants from other NGOs and governmental organizations reported the highest.

Top five skills identified for individual-level capacity strengthening

HPS teaching	1. Blended teaching approaches 2. Integration of theory 3. Interactive teaching approaches 4. Developing assessments 5. Program design
HPSR	1. Analysis/modelling with secondary data 2. Use of cross-disciplinary theory in study design 3. Grant-writing 4. Action/participatory research approaches 5. Designing research/evaluation studies
Decision-making	1. Engaging in activities to support evidence use in decision-making 2. Critical appraisal for HPSR evidence 3. Understanding/analyzing policy processes 4. Preparing evidence briefs 5. Analysis/interpretation of statistical data
General	1. Engaging with international policy audiences 2. Engagement with the public 3. Engagement with the media 4. Advocacy activities 5. Engaging with national/sub-national policy audiences

Priority individual capacity strengthening needs by region

Participants from different regions prioritized areas for capacity strengthening slightly differently. These priority areas are listed in the table below. Overall, these findings suggest that, in order to most effectively strengthen capacities, there is a need for different types of content in capacity strengthening activities according to regional audiences, rather than a generic package that may be applicable across the board.

Most frequently cited skills needed for individual-level capacity strengthening by respondents' region

Region	HPS Teaching	HPSR	Decision-making	General
MENA	Blended teaching	Quantitative data collection and analysis	Engaging in wider activities to support evidence use	Recognizing and addressing ethical dilemmas
SSA	Program design Integration of theory	Grant-writing	Engaging in wider activities to support evidence use	Engaging with global/ international policy audiences
LAC	Interactive teaching approaches Integration of theory	Grant-writing	Accessing published HPSR using available databases	Engaging with global/ international policy audiences
NA	Interactive teaching approaches Blended teaching	Grant-writing Engaging other health system actors	Preparing evidence briefs	Engagement with the public
SA	Integration of theory Working in a teaching team	Analysis/ modelling using secondary data Use of cross-disciplinary theory in study design	Accessing published HPSR using available databases	Engagement with the public
EAP	Integration of theory Course evaluation Blended teaching	Communicating effectively with policy/public audiences	Preparing evidence briefs Analysis and interpretation of routine statistics	Engaging with global/ international and national/sub-national audiences Advocacy activities
ECA	Blended teaching	Analysis/ modelling using secondary data Use of cross-disciplinary theory in study design	Accessing published HPSR using available databases	Engagement with the public

Recommendations for strengthening individual-level capacities

Participants were asked for suggestions about how individual capacities for HPS teaching, research, and application to decision-making could be strengthened. The top five suggestions are highlighted below. The importance of mobilizing resources to support the creation of fellowships, networks, and to fund HPSR was highlighted consistently. Support for collaboration and networking across institutions and stakeholders to support meaningful exchanges was raised by participants. Finally, the need to determine how decolonial thinking can inform future HPS activities was raised as important, as well as earmarked support for those based in low- and middle-income countries. (LMICs). Many of these suggestions are re-emphasized in responses in the sections that follow for what participants feel that organizations and funders can do to support HPS/HPSR.

ORGANIZATIONAL-LEVEL FINDINGS

HPS teaching

1. Insufficient funding
2. Lack of critical mass of instructors for HPS teaching
3. Inappropriate staff demographic and disciplinary backgrounds for HPS teaching

HPSR

1. Lack of funding for knowledge translation activities
2. Lack of critical mass of staff doing HPSR
3. Unclear organizational vision for HPSR
4. Inappropriate mix of staff disciplinary backgrounds for HPSR

HPS evidence use in decision-making

1. Staff aren't trained to use HPS evidence
2. Limited commissioning of HPS evidence review
3. Lack of critical mass of staff who use HPS evidence

Identified areas for needed organizational support and resources

The top organizational gaps in capacity strengthening specific to HPS teaching, HPSR, and HPS evidence use according to participants are shown here. Across the three domains, insufficient funding and a lack of a "critical mass" of staff with specific expertise arose. This points to the need for HPS work to be prioritized across all organizational types, and to ensure sustained staffing and funding. Platforms of exchange can assist in motivating staff in the field. Additional general questions about support for research also highlighted a need for support in grant-writing and training in communicating for impact.

Participants were also asked about resources that are required to fill these gaps. In terms of *infrastructure resources*, office space, access to the internet and electricity, and access to libraries and journals—especially to access HPSR evidence—emerged. These types of resources were emphasized more by participants based in SSA than others. *Personnel resources* include access to colleagues with HPSR experience, or experience using HPS evidence. Additional *resources specifically for HPS evidence* use are knowledge repositories and specific resources (training, access to software) to support preparation of outputs for different audiences.

Funding and priority-setting for HPSR

International research funders currently provide the most funding for HPSR. These funders are also key players in outlining priorities for HPSR. Individual researchers, however, were also identified as playing a significant role in outlining HPSR priorities. National research funders are also an important source of HPSR funding, often linked to specific research calls. Government-commissioned projects, core funding, and short-term consultancies are also important sources of HPSR funding. Longer-term consultancies were least common source of HPSR funding. There were some regional variations in funding sources, as indicated below, where the top two HPSR funding sources are listed for each region. These findings reflect different prioritization of HPSR by national bodies. For example, in MENA and SSA, it was reported that there was limited support from national research funders or government-commissioned projects.

NETWORK-LEVEL FINDINGS

HPS network membership and perceived network performance

Networks are important platforms that bring people with shared interests or purpose together. Almost 40% of participants indicated that they are or were a part of a HPS network (other than HSG). These networks are predominantly global, followed by networks with a regional or national reach. Confidence in network performance was high, though many important suggestions were highlighted by participants (see page 9) to strengthen these networks, including specific suggestions for their role in capacity strengthening among members.

COMMONLY STATED HPS NETWORKS

IHEA
CHESAI
Joint Learning Network for UHC
WANEL
RESYST
Emerging Voices
CHEPSAA
EVIPNET
AHPSR
AfHEA

Common HPS networks and their activities

Participants indicated common HPS networks and their activities. Building relationships was indicated as the primary purpose for HPS networks.

Given that HPS is an emerging field of practice and research, it is perhaps unsurprising that developing a shared understanding of HPS between members was also a commonly reported purpose of these networks. Further to this, the importance of networks as a space for debate and field-building was highlighted. Very practical activities around convening people physically were also viewed as important. These networks also directly serve functions around capacity strengthening—by linking people with different skill sets, providing opportunities for mentorship, sharing work and resources between members, and so forth. Given the focus on HPS, specific activities to support strengthening of health systems were also common within these networks.

Opportunities to utilize networks for capacity strengthening

Noting the unique role of networks to facilitate capacity strengthening, participants made a number of suggestions for building the potential of networks, and also highlighted specific activities to support capacity-strengthening that networks can undertake. Acknowledging that many networks are global, participants made a number of suggestions specific to collaborations between individuals and organizations from different countries.

Participants also noted what, in their experience, has enabled networks to function well, and what has constrained networks. Key enablers include: active, effective leadership; adequate funding to maintain the network and undertake activities; consistent, effective communication (from leaders and between members); regular face-to-face meetings; and dedicated members who have a shared interest in the focus of the network. The primary network barriers indicated by participants were: a lack of adequate funds; a lack of person-time, especially considering the many competing demands that members may have for their time; network activities not being of relevance or interest across members; ineffective leadership; and a lack of enough members with knowledge and skills needed to fulfil network activities or enable meaningful exchanges between members.

To build capacity-strengthening potential:

- Ensure transparency, trust, and respect in collaborations
- Shift power and capitalize on expertise and leadership from LMICs
- Have clear strategies/ programs/ terms and responsibilities for activities
- Maintain dedicated funding for networks

Specific capacity-strengthening activities of networks:

- Training (different modes)
- Conferences, meetings, and seminars
- Sharing information about opportunities (e.g. jobs and funding)
- Mentorship activities
- Activities to support writing (mostly academic)

ADDITIONAL RECOMMENDATIONS FOR CAPACITY-STRENGTHENING

Suggestions for HSG

As all participants are members of HSG, they had a broad range of responses around what they perceived as the role of HSG in supporting capacity strengthening for individuals, organizations, and networks to be. They also had some more general suggestions. The most common responses are indicated here. Across these "levels", HSG is clearly seen as having a critical role in advocacy for HPS and HPSR, providing resources (funds, tools, training materials, etc.), and creating platforms for engagement between different HPS actors.

Generally...

- Create tools for tracking policy implementation
- Create easy-to-use diagnostic tools for HPS
- Provide governance and funding for HPS
- Advocate for HPS capacity strengthening and for HPSR
- Support the decolonization of HPS/HPSR
- Support global and national HPS priority setting

For individuals...

- Organize capacity-strengthening opportunities (e.g. fellowships, webinars, conferences)
- Support mentorship, promote exchange visits, and give space to the younger generation
- Link funding for HPSR capacity-strengthening and research to individual efforts

For organizations...

- Support twinning arrangements/ cross-organizational networks to share experiences and set research agendas
- Provide accreditation from HSG for HPS teaching
- Supporting postgraduate HPS programming (e.g. by setting benchmarks)
- Create platforms for decision-makers and organizations to discuss research and evidence

For networks...

- Support the exchange of ideas (e.g. establish repositories)
- Support conferences, meetings, and workshops at regional and global levels
- Link people (researchers, policy-makers) and organizations across different countries/regions, sectors, and disciplines

Suggestions for funders

Participants had many suggestions for the role of funders in terms of supporting capacity strengthening for HPS. Four overarching areas emerged: supporting specific activities; improving funding processes; supporting LMIC applicants; and mobilizing funding. There are some points that transect more than one area, for example, having earmarked funding for capacity strengthening activities, or ensuring that funding addresses local priorities.

Supporting specific activities:

- Funders hosting or having earmarked funding for capacity strengthening activities like training (particularly for grant-writing), mentorship, fellowships, and networking. These funds should be made available both to individuals and to organizations.
- Hosting or funding specific career development opportunities (continuing education, postdoctoral opportunities or PhD funding, and so forth), particularly for individuals who have less experience in HPS/HPSR.
- Given the multifaceted nature of HPS, providing funding that encourages cross-country or multi-disciplinary activities (e.g. convening meetings or networking opportunities with a diverse range of HPS actors, supporting online training or conferences that can bring people together from across the globe, allowing for meaningful exchanges without unnecessary expenses or visa restrictions)
- Provide specific funding for open-access publishing (especially for practitioners or researchers from the LMICs, for whom access to journals is a persistent barrier)
- Provide specific funding to support monitoring and evaluation activities linked to HPS programs or initiatives, which is presently a perceived gap in funding

Improving funding processes:

- Ensuring funding is made available for longer-term projects (e.g. 3–5 years or longer), which offers applicants some flexibility in its use, accommodating possible changes that may occur over time.
- Ensure funding for smaller-scale grants to support emerging researchers
- Ensuring funding for capacity strengthening is embedded within projects to ensure practical skill development by asking applicants to plan for this from the outset
- Embedding funding to support sustainability within projects, again, asking applicants to plan for this from the outset
- Ascertaining funding priorities with partners and other donors to best support locally-established HPSR needs

Suggestions for funders (continued)

Supporting LMIC applicants:

- Prioritize applications from the LMICs—earmark funding for these applicants in terms of capacity strengthening activities and research
- Carry out local/national needs assessment to develop funding opportunities that directly respond to local/national needs and priorities in LMICs.

Mobilize funding:

- Increase available funding for HPS activities
- Increase funding specifically for capacity strengthening for HPS and HPSR (e.g. for training, for research, for collaborations and collaborative activities, for knowledge translation, and so forth)

Suggestions for organizations

DEDICATE FUNDING AND STAFF	• Dedicate funding and staff for HPSR • Dedicate funding and staff for decision-maker led research • Hire staff who know and value HPS • Ensure researchers (not funders) dictate research agenda
HOST STAFF CAPACITY STRENGTHENING INITIATIVES	• Support training in grant writing • Facilitate leadership development • Facilitate mentoring • Encourage teamwork and collaboration
LEAD HPS STRENGTHENING ACTIVITIES	• Identify local research priorities/ align with national policy • Have a dedicated structure to run HPSR • Advocate for HPSR/ raise profile for HPSR
CONNECT WITH OTHER RESEARCH GROUPS	• Commit funding to connect with other research groups • Create platforms for engagement • Establish university partnerships • Promote cross-disciplinary work

Participants noted the changes that organizations could make in order to facilitate HPS/HPSR capacity strengthening. Prior work by the Alliance for Health Policy and Systems Research has found that people working in HPS or doing HPSR sometimes felt that they worked in silos, disconnected from colleagues with relevant skill sets and sometimes unsupported by institutions. Findings here echo this, emphasizing the importance of raising the profile of HPS/HPSR (evidenced through suggestions for more advocacy, dedicated funding, dedicated structures to run HPSR, dedicated staff, and support to capacity-strengthening).

Suggestions for individuals

Finally, participants noted what they, as individuals were doing or could be doing in the future—mediated through HSG—to support capacity strengthening for HPS/HPSR, the top five of which are highlighted here. Overwhelmingly, these suggestions stem from individuals recognizing their specific skills and knowledge, and engaging in different practices to share them. Support for teaching emerged as the most common way that individuals felt they could support capacity-strengthening. HSG's thematic working group on Teaching and Learning provides opportunities for sharing of resources and expertise.

1

Support teaching: design materials/ curricula; design capacity strengthening activities; carry out teaching/ training

2

Mentor: be a mentor/ coach, especially for junior researchers

3

Offer experience across topics

4

Engage in collaboration/ networking with a range of actors, through a number of platforms

5

Generate evidence: develop research agendas and proposals; carry out research; engage others in research

IN SUMMARY

What we can do better

Increasing funding for HPS/HPSR capacity strengthening and offering different opportunities (virtual and face-to-face) for meaningful exchange and sharing of expertise across institutions, disciplines, and regions seems to be a frequent and achievable suggestion. Continuing to establish repositories—and to better advertise existing ones—to share data, publications, teaching materials, and so forth would be especially useful for many members who may struggle to access resources. Across the board, raising the profile of HPS and HPSR to start building a "critical mass" of HPS teachers, researchers, and users/decision-makers would be beneficial. Underlying all efforts to support capacity strengthening in HPS/HPSR should be an emphasis on equity, with opportunities prioritized for colleagues in LMICs.