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Problem Analysis

Basis for Policy Decision

But…

Current Approach

Desired Approach

Rational  Irrational

Rational  Irrational
From research to change

• “We should stop all research for two years and concentrate instead on implementing what we already know.”

• “Why are research findings not used?”
Key factors

• Agenda
  – Who determines?
  – How is it determined?

• Quality of research
  – Methodology
  – Interpretation

• Dissemination

• Institutional arrangements
The Agenda
Key Goal

• To generate information through
  – Relevant research
    • Strengthen decision making
    • Fine-tune/Set health priorities
    • Allocate resources efficiently
    • Inform health intervention planning & implementation
    • Deliver better health services
    • Improve health status
The Agenda

• Guided by the 5YPOW of health sector
  – Access to health service
  – Quality of health care delivery
  – Efficiency in use of resources
  – Collaboration
  – Health financing
Conceptual Framework

Health Status

Availability & Utilisation of health interventions

Availability & Utilisation of health related interventions

Access
Quality
Efficiency
Collaboration
Financing
The annual review process:

- Morbidity & Mortality Analysis
- Health Intervention Analysis
- Health System Analysis

Health status: Can some issues be resolved through research?
WHO SETS THE AGENDA?

Health Sector 5 Year Programme of Work

WHO IS IN-CHARGE?

WHO HAS THE MONEY?
FOCUS ON IR/OR/HSR

A 5-Year Research Programme of Work
In the context of the Medium Term Health Strategy for Ghana,
2002 - 2006.

WHAT ABOUT BIOMEDICAL RESEARCH?

IS THE FRAMEWORK BROAD ENOUGH?
The Approach

• Demand-driven
• Relevant to Ghana medium term health strategy
• Contributes to evidence-based decision making
• Stakeholder involvement
• Partnership
What is the process?

- Agenda set through consultative process
- Key stakeholders
  - Academia
  - Policy makers
  - Service providers
  - NGOs representing the community
  - Health partners
- Ministry of Health coordinates of the process
Who are the stakeholders?

What is consultation?

Should they be part of the agenda setting process?
Ensuring Participation

• Who is the convenor
  – Clout, Acceptability

• Process of engaging
  – Who sits at the table?
  – How are they selected?
  – What are the acceptable norms?

• Transparency of process

• Flexibility
  – Methods, approach

• “What is in it for me?”
Regular Consultation Essential

Consensus brings Acceptability

Consensus building is expensive
Quality of Research
Different perspectives

Different approaches

Most appropriate methodologies?
Transparency of the process

Repeatability

Credibility of the process
Specific issues identified

- Unacceptable Staff attitudes
- Uncoordinated referral system
- Quality assurance system
- Development of microbial resistance
- The complimentary role of traditional herbal and allopathic medicine an appropriate quality control system
Recommended preliminary activities

- Development of relevant bibliography and database on research carried out relevant to these topics in Ghana and validate it and compare it with international literature where appropriate.

- Capacity building within Ghana to develop appropriate proposals to address the issues / specified areas.
Specific research proposed

• Staff attitude
  – To identify constraints preventing health staff from satisfying the needs of clients
  – To design and evaluate appropriate intervention mechanisms to improve staff attitude to clients

• Referral system
  – Examine mechanisms of referral procedures within the health system (including traditional and private sectors)
  – Develop and evaluate referral procedures to rationalise the referral system.
Specific research proposed

• Assurance of technical skills of providers
  – Examine and evaluate various ways of maintaining and improving technical skills of health staff
  – Identify the most cost-effective means of a quality assurance system

• Drugs and Logistics management
  – Describe and compare efficiency of drug and logistic management between various sectors of the health system based on a benchmarking approach
  – Examine and evaluate intervention studies to improve management of equipment, drugs and supplies
Specific research proposed

• Monitoring and confronting anti-microbial resistance
  – Review literature on rational use of drugs
  – Develop and evaluate interventions to improve the use of antimicrobials agents at all levels of the health system
  – Develop a system to monitor resistance to antimicrobial drugs

• Herbal remedies
  – Examine and compare the quality control procedures for traditional herbalists and neo herbalists.
Health Financing

Exemption policy-

• Development of clear guidelines for implementation of the exemption policy at the different levels within the health sector

• Development of criteria to define who is a pauper
Health Financing

Health insurance-

• A review of any existing literature on any insurance or prepayment schemes

• Research into the Mutual health organizations and other prepayment schemes, and determine alternative forms of prepayment acceptable to community.

• Examine poverty and income levels and develop strategies for ensuring sustainable financing arrangements that protect the poor and vulnerable.

• The impact of the abolishment of the cash and carry system.
Health Financing

• Effectiveness of resource allocation criteria:
  – What criteria exist at the national, regional and district levels for resource allocation? How is it being applied and do these work, and if not why?
  – Examine the effective management of financial resources at the district level
  – The impact of increased resource allocation to the four regions identified as deprived.
Need to reflect on the process

Yearly review
Specific priority areas

- **Addressing Disease specific issues**
  - Put then in the context of cross-cutting issues
  - Product development
  - Developing and testing new interventions
  - Developing new delivery mechanisms

- **Analytical studies rather than purely descriptive studies**

- **Poverty reduction issues**

- **Private sector participation**

- **Inequities and inequalities**
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Dissemination
From information to change

• Achieving change is hard

• Information on its own rarely changes practice

• “Combinations of audit and feedback, computerised reminders, educational outreach, and interactive educational sessions will sometimes change practice”
Dissemination of research

• There are tens of thousands of journals
• Millions of studies are published each year
• Most studies are neither valid nor relevant
• It’s hard--usually impossible--for clinicians and policy makers to keep up
• There is a need to review research results systematically
Research utilization for decision making: what facilitates this?

- Recognition of evidence-based research helps create better understanding and utilisation
- Innovative dissemination strategies
- Monitoring implementation of findings and providing feedback
Institutional arrangements
Research within Ghana Health Service

- Headquarters- R&D Division (one of 8 divisions)

- Regions/Districts

- Demographic surveillance sites
  - Dodowa
  - Kintampo
  - Navrongo
GHS Health Research Centres
Navrongo, Kintampo & Dodowa (DSS sites)
Role of field sites

• Primarily to generate information for policy consideration
  – Work closely with programme implementers and policy maker in defining the problem.
  – Design appropriate research methods for answering the questions
  – Analyse and report appropriately

• Facilitate the policy dialogue

• Monitoring and evaluation of interventions
What are they currently doing?

• Collect data from whole communities over time
  – Monitor new health threats
  – Track population changes
  – Assess policy interventions

• More accurate reflection of health and population challenges
What is the Context?

• A paradigm of research funding that Combines the concepts of:
  – Ownership
  – Partnership
  – Sustaining Institutional Capacity in Health Research
Challenges

• Addressing the entire spectrum of needs
• Financing the agenda
• Credible business plan for implementation
  – Will partners buy into the business plan?
• Keeping to the agreed agenda
• Private sector participation
• Addressing Inequities and inequalities
Driving with the brakes on: How interventions lose traction in health systems

Efficacy

Access

Diagnostics

Provider compliance

Patient adherence

Effectiveness

Averages mask inequities

Poorest quintile = 16%

Effectiveness = 37%

Data source: IMPACT Tanzania. Effectiveness data are actual. Poorest quintile estimates are hypothetical.
Lets make them happier!
Thank you