

# Health policy and systems research: achievements in the field and potential for greater impact to tackle current health crises

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# Aiming for impact

2024–2028 strategy of the Alliance for Health Policy and Systems Research



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# Overview

The past 30 years of health policy and systems research: achievements and gaps

How can research better contribute to current health crises?

Introducing the Alliance's new strategy –  
Aiming for impact

How might Japan contribute more globally to health policy and systems research?

# The potential of health policy and systems research





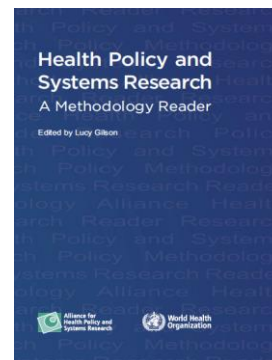
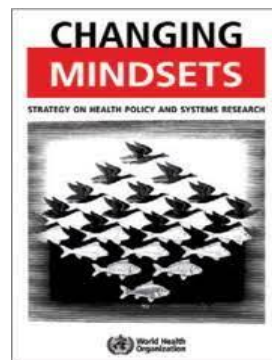
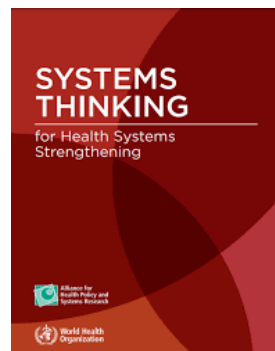
# What is health policy and systems research?

- Seeks to understand and improve how societies organize themselves to achieve collective health goals
- Aims to bridge “know-do” gap, ensuring policies and interventions with evidence of health benefit are actually developed and implemented equitably, by:
  - Considering linkages and interactions within and between health systems and social determinants of health
  - Considering how different actors interact in policy and implementation processes
- Is multidisciplinary – a blend of economics, sociology, anthropology, political science, public health and epidemiology



# The past 30 years of health policy and systems research: achievements

- Built a mature field
- Built a global community (Symposia and Health Systems Global)
- Supported research with documented impact on policy and implementation
- Built capacity at several levels
- Led on embedded implementation research
- Expanding beyond health systems building blocks
- Generated key ideas and publications



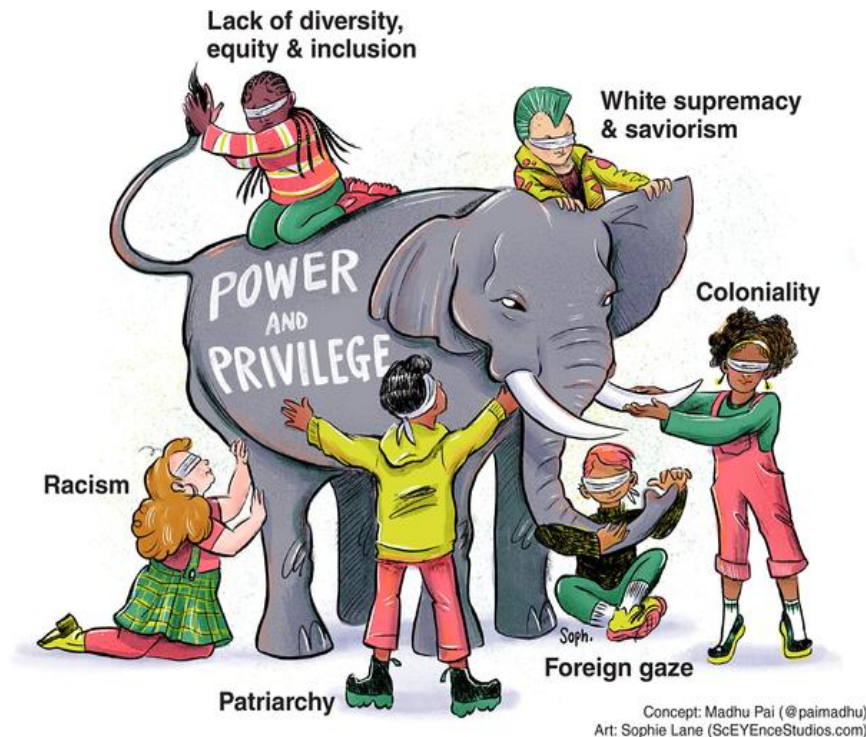
# The past 30 years of health policy and systems research: gaps



- Challenges in achieving and showing real world impact, compared to success in generating knowledge
- Field still lacks visibility and understanding
- Funding has remained relatively low
- Opportunities where systems failures have attracted high attention (e.g., West Africa Ebola epidemic, COVID-19 pandemic) have not led to major investments
- Indicators to make case for value of field remain underdeveloped

**“When I was appointed minister, I thought I was the Minister of Health and, therefore, responsible for the health of the country. Instead, I found I was the minister for health projects run by foreigners...”**

#### Asymmetries in power and privilege in global health



Source: Abimbola S, Asthana S, Montenegro C, Guinto RR, Jumbam DT, et al. (2021) Addressing power asymmetries in global health: Imperatives in the wake of the COVID-19 pandemic. *PLOS Medicine* 18(4): e1003604.  
<https://doi.org/10.1371/journal.pmed.1003604>

- Grotesque failures and inequities in COVID-19 response and call for decolonization reinforce need to strengthen regional and national institutions
- Can aim to replicate success of countries like China, Thailand, Mexico and Ghana
- Can reinforce national institutions to convene partners and sustain health policy and systems research collaborations

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*Health Policy and Planning* 2012;27:194–203  
doi:10.1093/heapol/czr035

## Influencing policy change: the experience of health think tanks in low- and middle-income countries

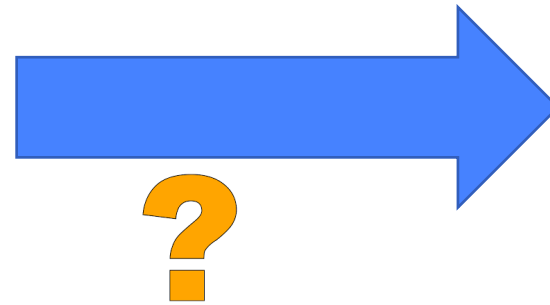
Sara Bennett,<sup>1\*</sup> Adrijana Corluka,<sup>1</sup> Jane Doherty,<sup>2</sup> Viroj Tangcharoensathien,<sup>3</sup> Walaiporn Patcharanarumol,<sup>3</sup> Amar Jesani,<sup>4</sup> Joseph Kyabaggu,<sup>5</sup> Grace Namaganda,<sup>5</sup> A M Zakir Hussain<sup>6</sup> and Ama de-Graft Aikins<sup>7</sup>



# The challenge of polycrises and the need to make resilience concrete to achieve health targets



Sources: Al Jazeera, DW, WHO, CC BY-SA 2.0

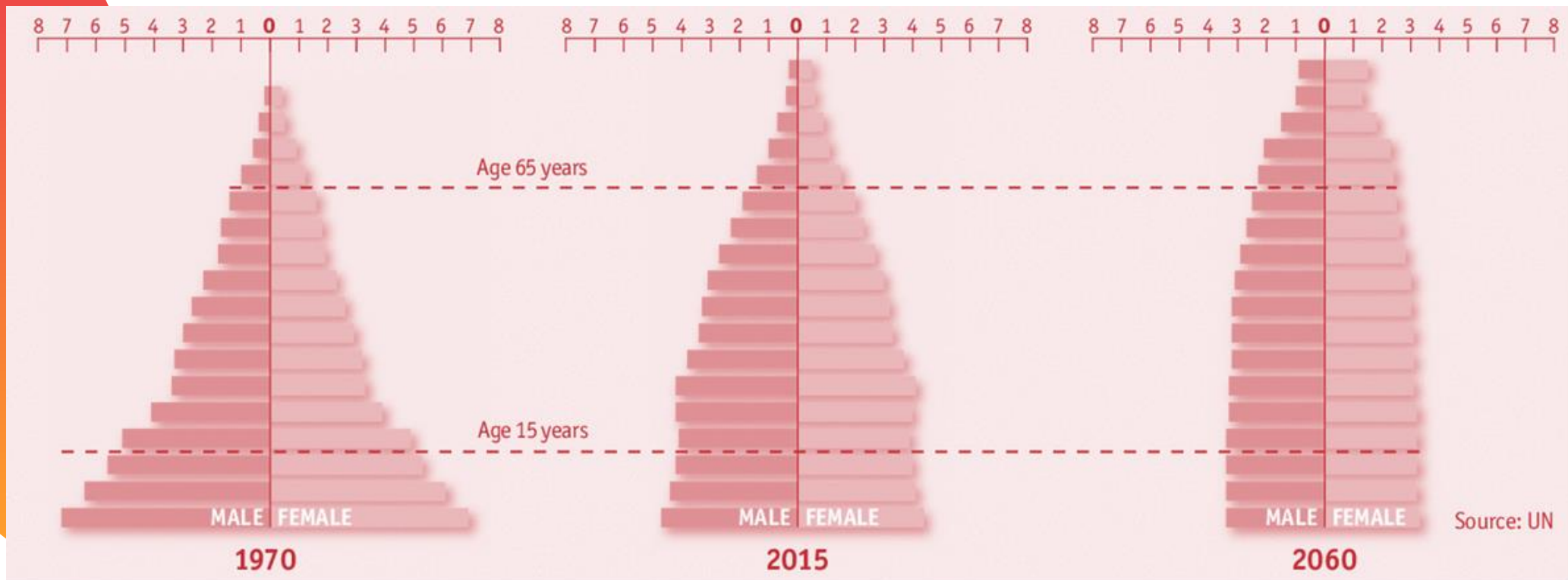


# World in transition

## Demographic shifts

### A rapidly ageing population

Global population, percent of total

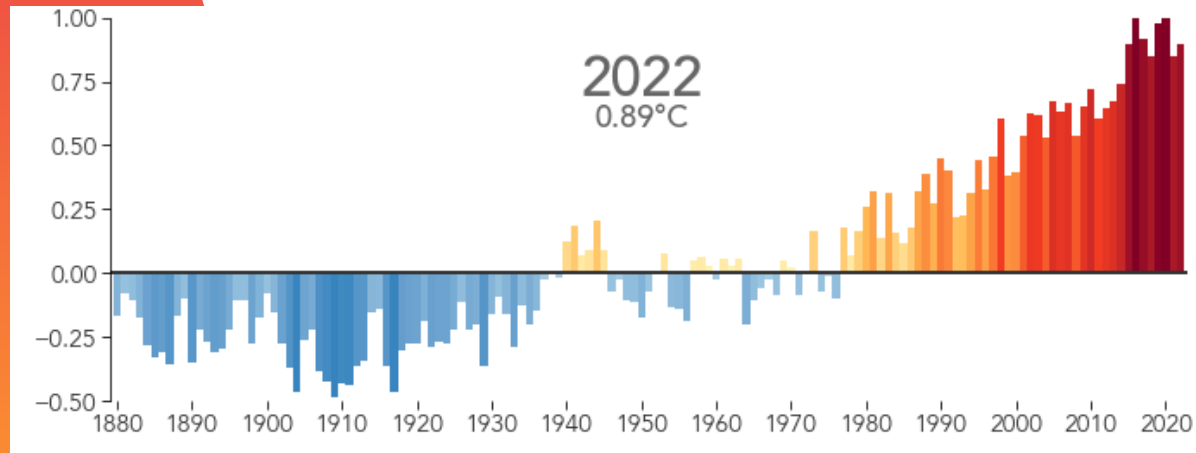


# World in transition

## Climate change and decarbonisation

### Last nine years were the warmest on record

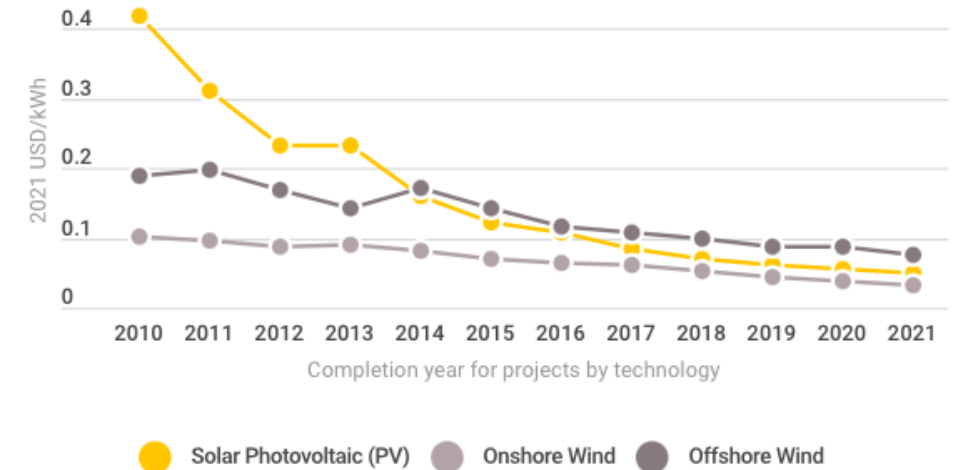
Increases in global temperature (°C compared to the 1951-1989 average)



Source: NASA

### Falling renewable energy costs

Cost in 2021 US\$/kWh



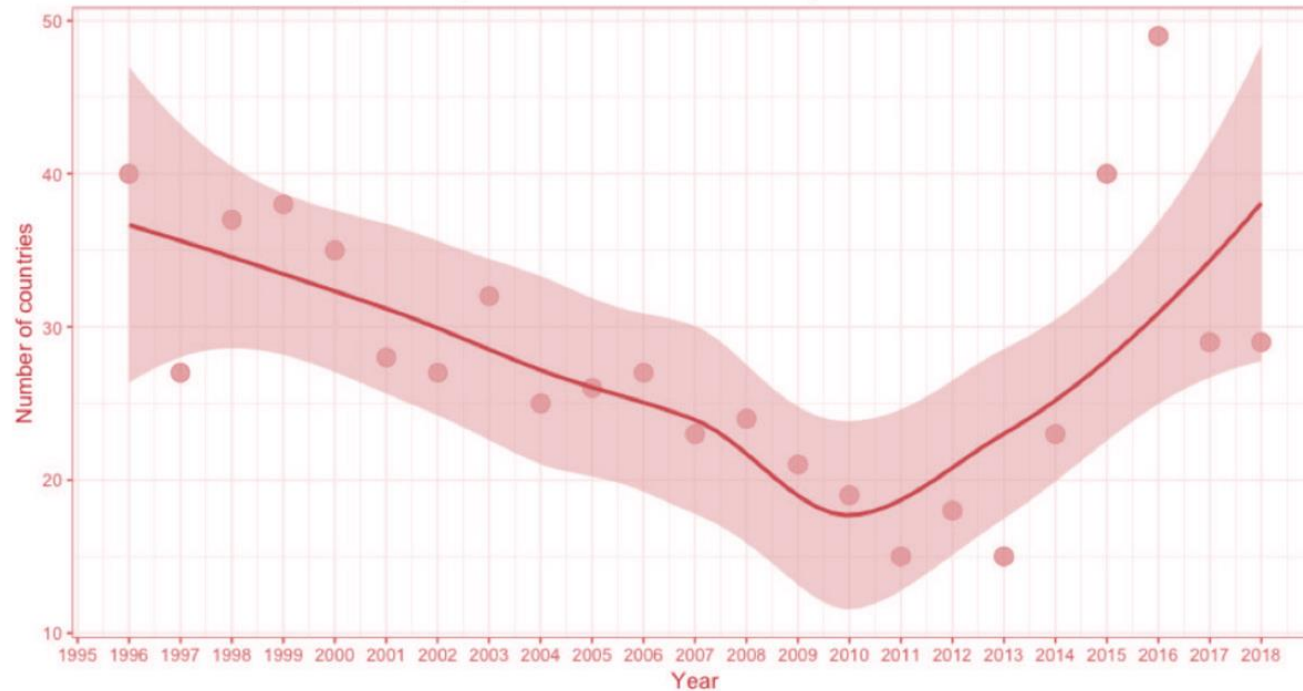
Source: IRENA

# World in transition

## Disease outbreaks

**Significant disease outbreaks are more and more common**

Number of countries experiencing significant disease outbreaks



Source: Harvard Global Health Institute/World Economic Forum analysis of data from WHO Disease Outbreak News (<http://www.who.int/csr/don/en/>)

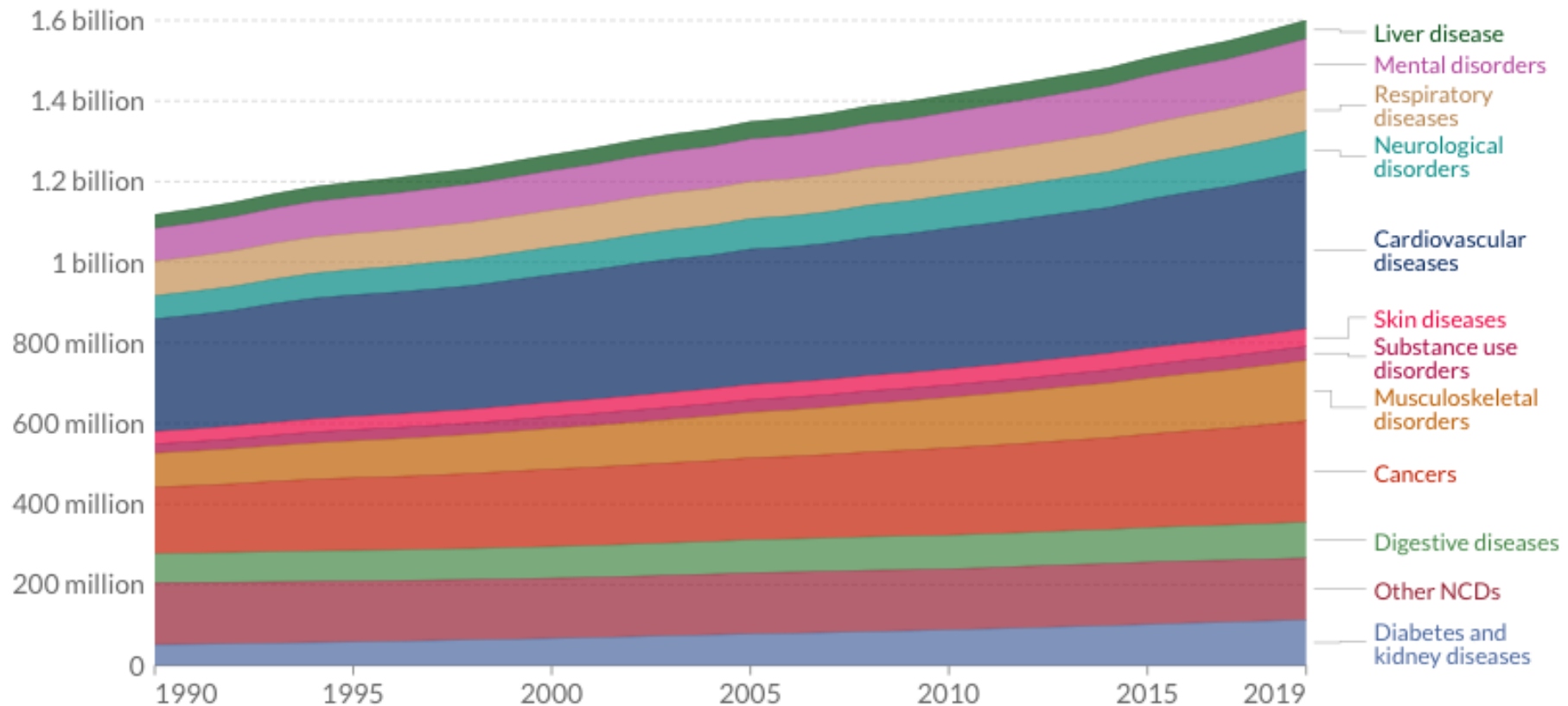


# World in transition

## Rising burden of noncommunicable diseases

### Disease burden from non-communicable diseases, World, 1990-2019

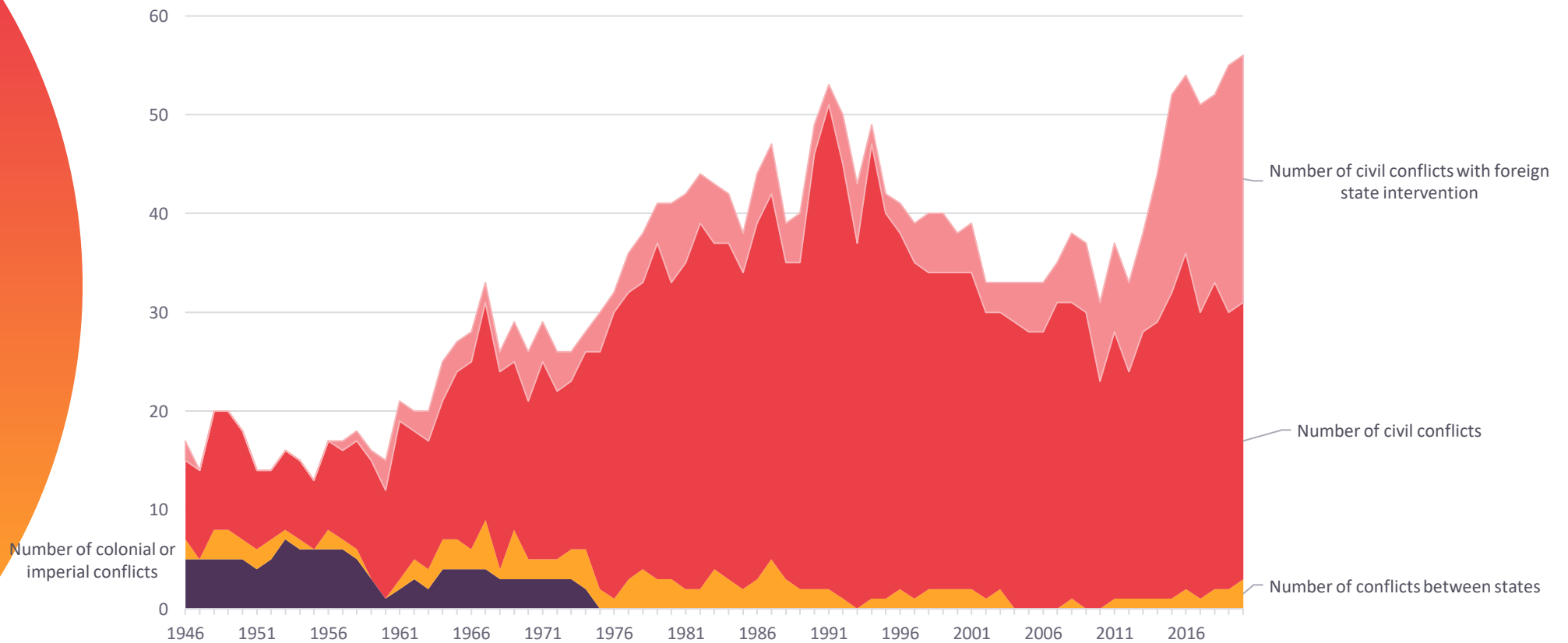
Total disease burden from NCDs measured in DALYs per year



Source: Our World in Data

# World in transition

## Conflicts rising



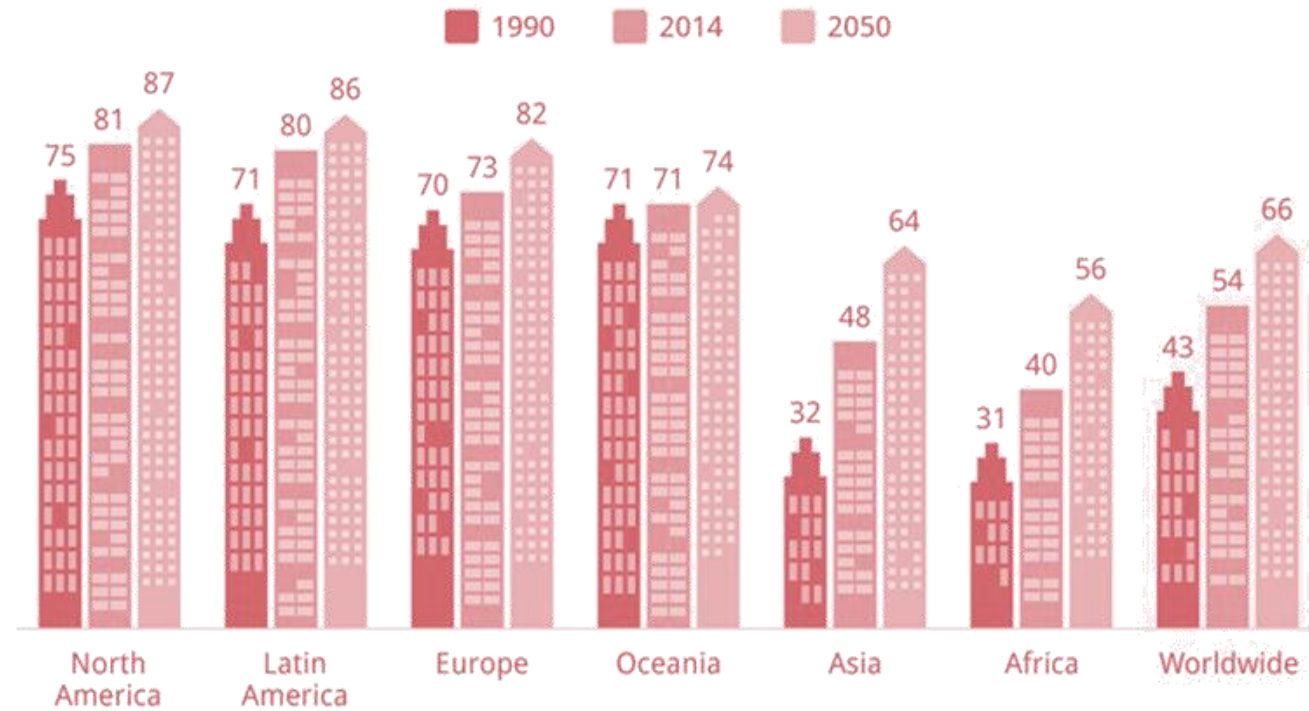
Source: Our World in Data based on UCDP/PRIO

# World in transition

## Urbanization

**54% of the world's population now lives in cities**

% of the population living in urban areas

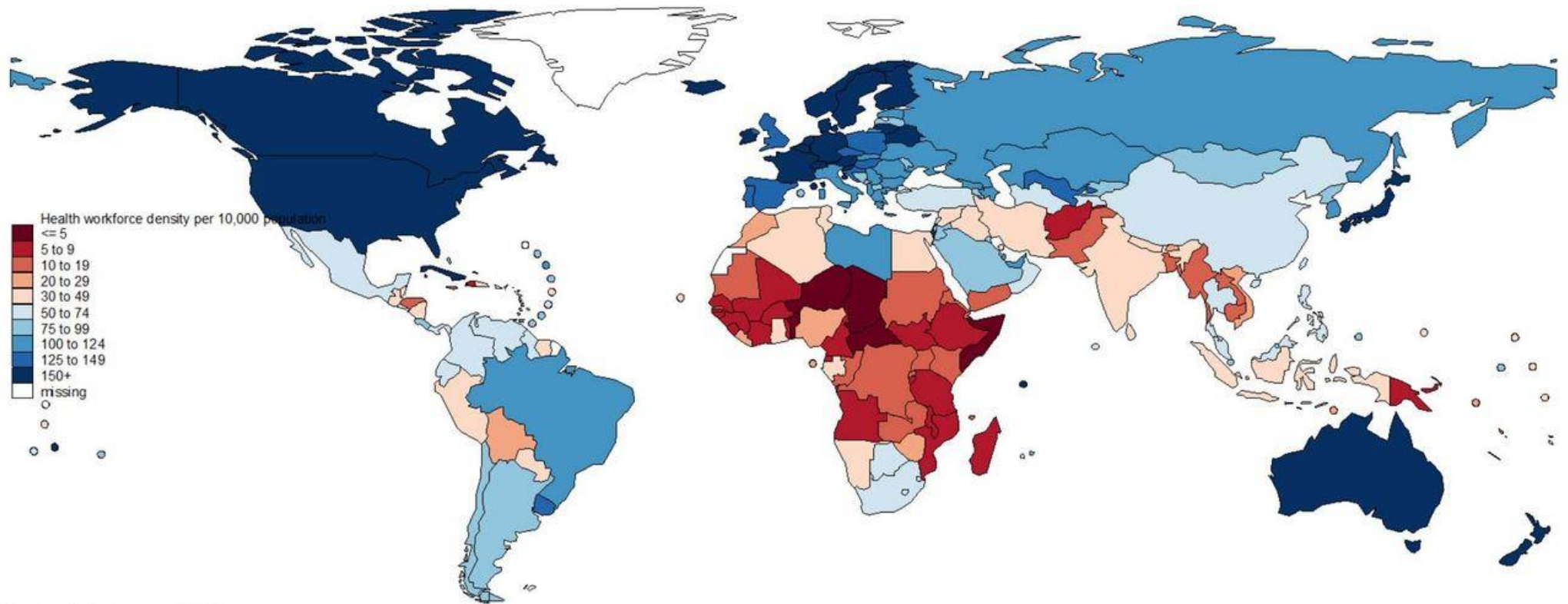


Source: United Nations

Mashable statista

# The workforce crisis

Map of health workers (dentists, medical doctors, midwifery personnel, nursing personnel, pharmacists) density per 10 000 population in 2020.



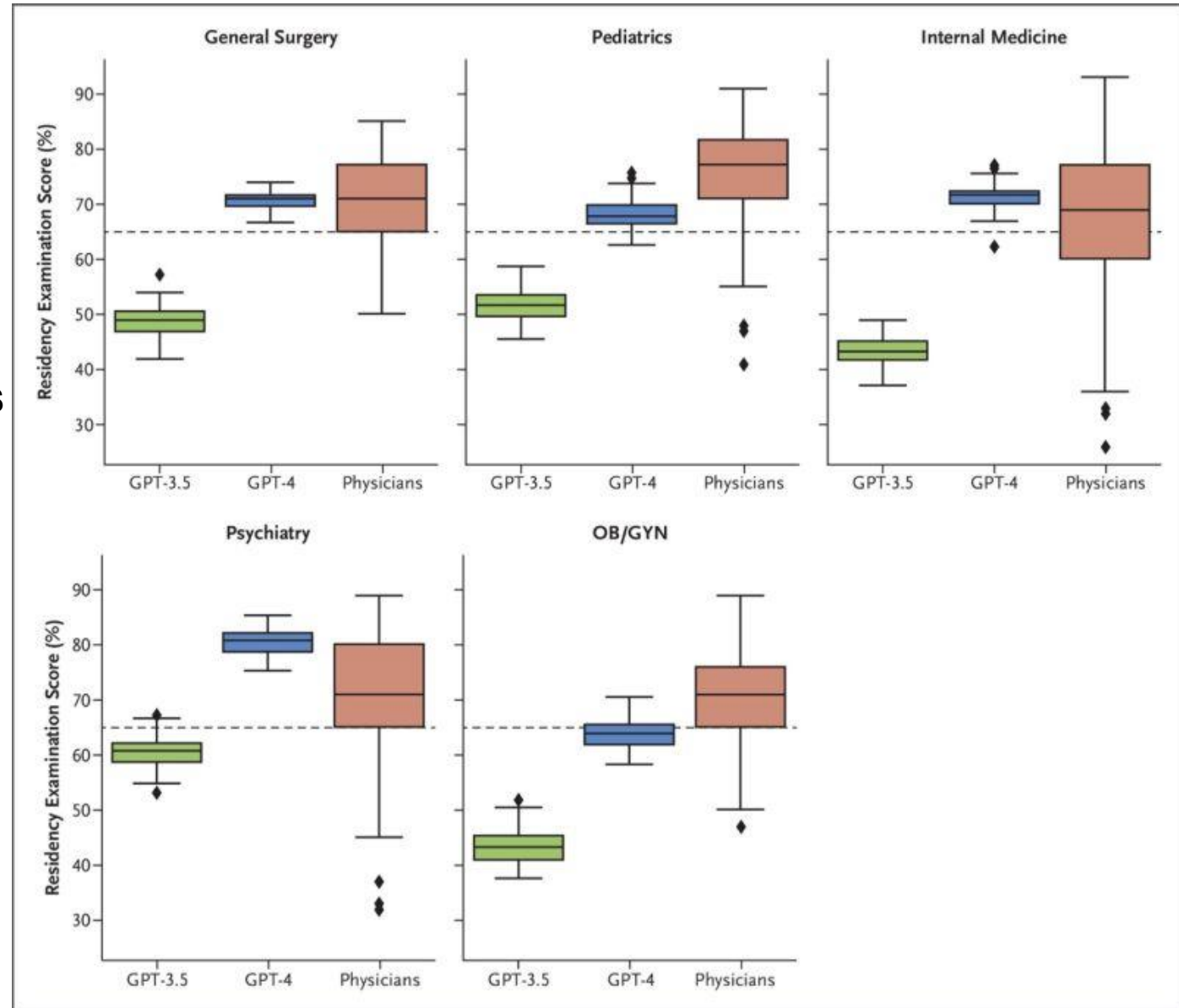
\* Latest available density as of 2020.

incl. medical doctors, nursing personnel, midwifery personnel, dentists, pharmacists



# Digitalization and AI: saviour or peril?

**GPT and Physician percentile US  
Board examination scores**  
*Katz et al. NEJM AI 2024;1(5)*

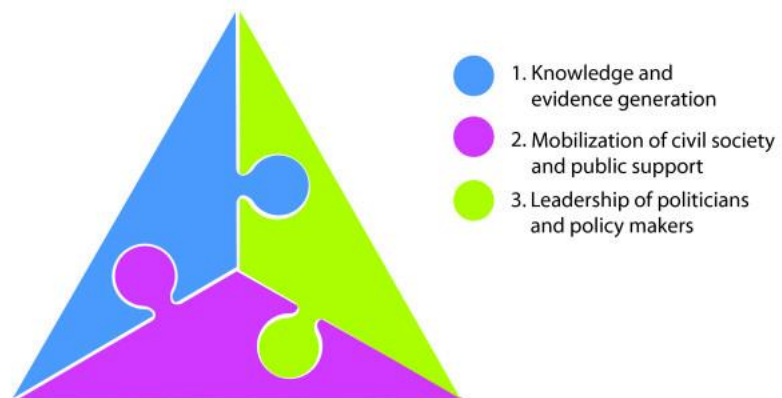


# How can research better contribute?

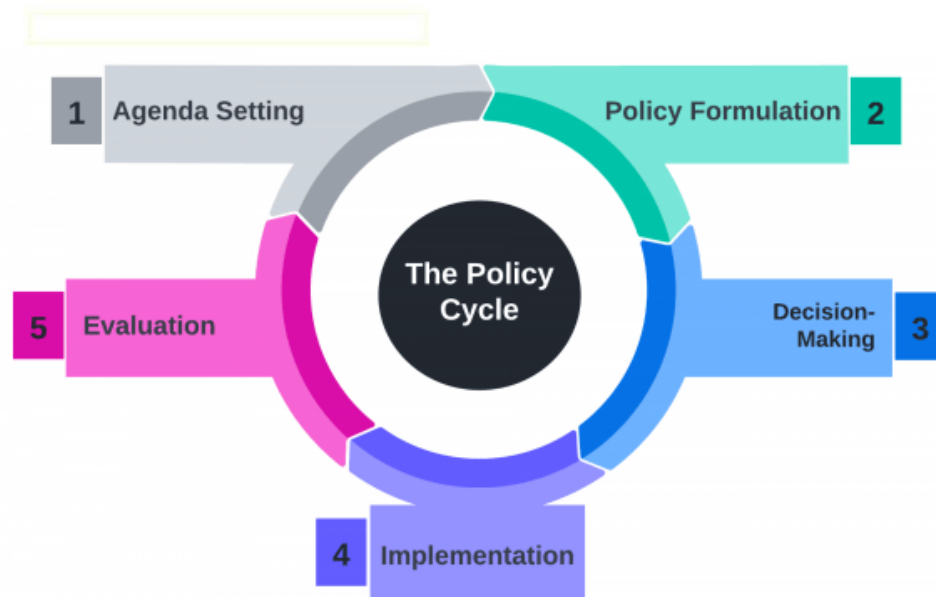
1. Greater attention to timeliness and impact
2. Solving the challenge of interdisciplinarity
3. Harnessing digitalization



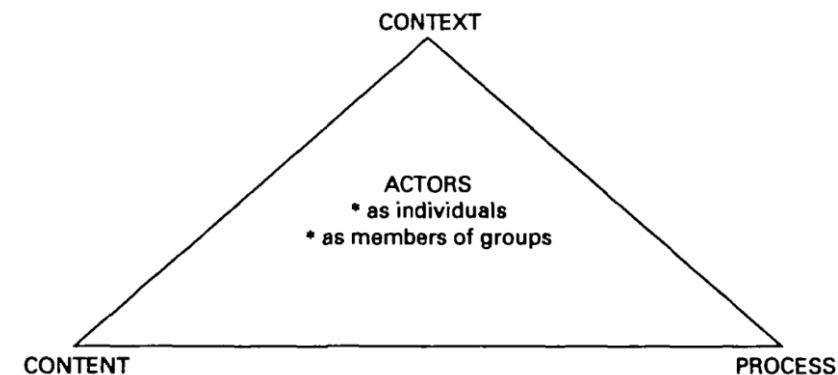
# Aiming for impact



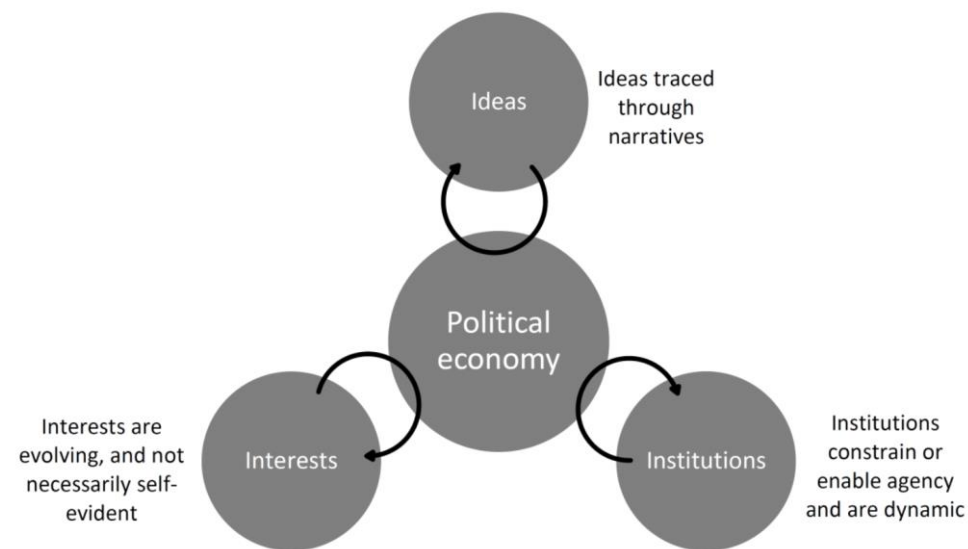
*Wibulpolprasert et al. Globalization and health 2011;7:32*



*Jann and Wegrich, 2006*

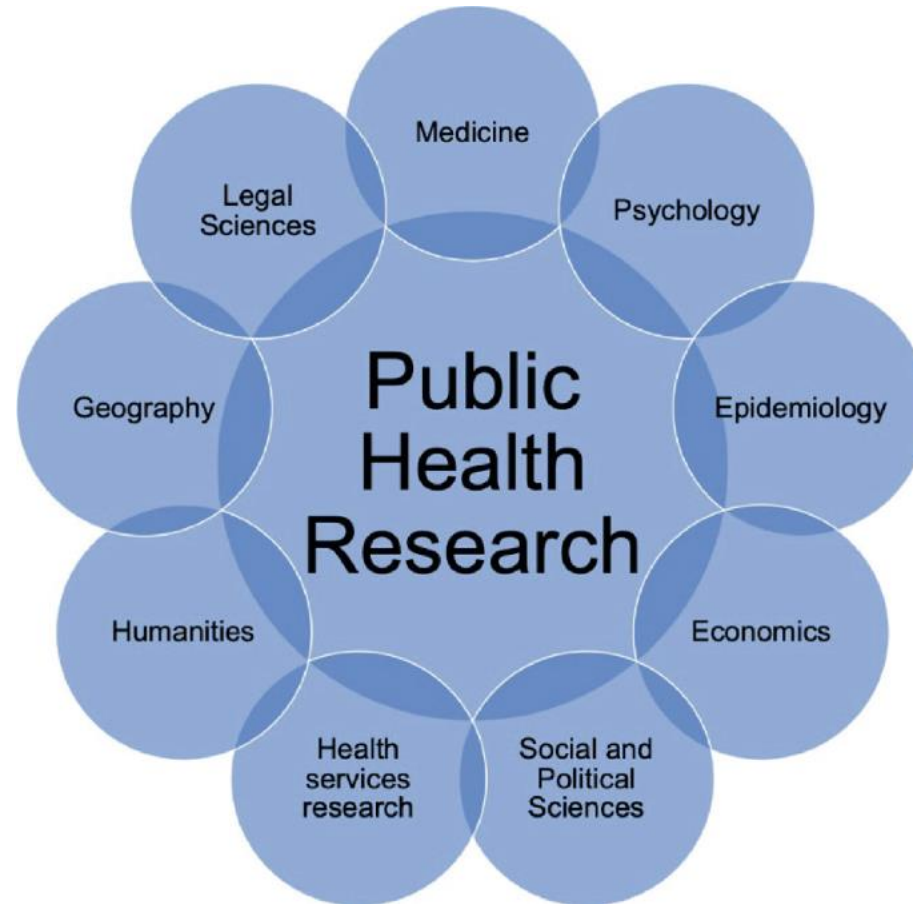


*Walt and Gilson, Health Policy and Planning 1994;9:353-370*



*Byrne and Mbeva, 2017 adapted from Hall, 1997*

# Beyond epidemiology



*Source: Sarkar et al, 2022*



# Digitalization of research itself



Source: ETCIOSEA

# Aiming for impact

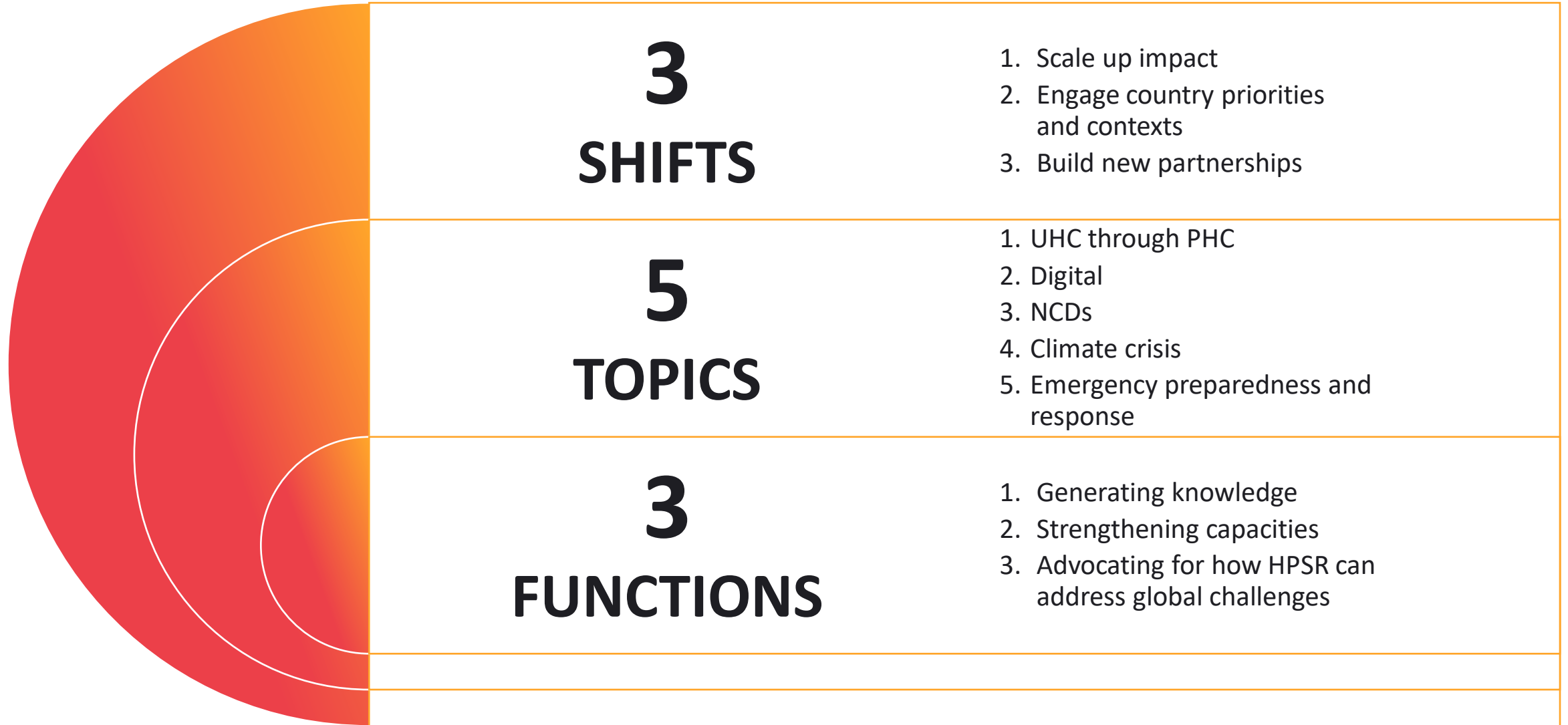
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# Strategic overview





# Five focus areas

1. Reforming health systems and services to **achieve universal health coverage** through a **primary health care** approach
2. Improving health through **digital transformation**
3. Preventing premature death and disability by tackling the risks and determinants of **noncommunicable diseases**
4. Building health systems resilience and realizing co-benefits in response to the **climate crisis**
5. Applying a systems approach to health **emergency preparedness and response**



# Three functions

1. **Generating new and impactful knowledge** with national policy-makers, researchers and communities to address **national and subnational health challenges**.
2. **Strengthening national and regional institutions** to improve policy and implementation through research and learning.
3. **Advocating** for how health policy and systems research can address **global health challenges**.



# Examples of current work

1. Vaccine uptake
2. Health taxes
3. National public health agencies
4. Service delivery in humanitarian settings





# How might Japan contribute more globally to health policy and systems research?

1. Sharing lessons on its journey of health improvement and response to crises
2. Sharing lessons on the way it has incorporated evidence generation and use into decision-making
3. Capacity strengthening and training, reflecting on its own history in building institutions

# Eighth Global Symposium on Health Systems Research: Nagasaki, 18-22 November 2024



**hsr 2024**

EIGHTH GLOBAL  
SYMPOSIUM ON  
HEALTH SYSTEMS RESEARCH

NAGASAKI, JAPAN 長崎



# Conclusion

The past 30 years of health policy and systems research: achievements and gaps



How can research better contribute to current health crises?



Introducing the Alliance's new strategy –  
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How might Japan contribute more globally to health policy and systems research?



# Questions and discussion