HEALTH POLICY AND SYSTEM RESEARCH IN GLOBAL SOUTH: BRIDGING THE GAP THROUGH CITIZEN PARTICIPATION

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ABSTRACT

The challenges that elicited the conception and promotion of health policy and system research (HPSR) as a delineated field are ever-present and increasing in complexity. Challenges such as (re)emergence of deadly infectious diseases; increasing burden of non-communicable diseases; and the paucity of human and financial resources are inevitable as a result of fluxes in the face of contending national and global priorities. Although health system influences a nation's health status, the dearth of information in the field of HPSR in Global South as evident by their fragile and unresponsive health systems as seen during Ebola virus outbreaks, armed conflicts and dismal research outputs compared to Global North calls for multifaceted actions. Hence, the need to strengthen health systems to increase nations' health systems resilience and efficiency through simple, innovative and evidence-based approaches towards achieving and maintaining sustainable development goals (SDGs) becomes ever imperative. This paper leverages on personal reflection & experiences and evidence from the literature to suggest innovative ways with focus on citizen participation in governance and decision making, in addition to existing strategies, to keep the HPSR in Global South relevant and dynamic to catalyze change in attitude, improve in resource mobilization and sustainable reforms in health care systems.

Key Words: Health policy and system research, Developing countries, Global South, Citizen participation

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INTRODUCTION

The global health system is today more complex and interconnected than it ever was, due to the unprecedented effects of globalization and urbanization. Health systems vary according to individual country's level of health investments and attitudes toward population health. The health systems in low and middle-income countries (LMICs, herein referred to as Global South) are far worse off than those of the high-income countries (i.e., Global North). However, with the current level of globalization, the real strength of global health system lies not in the strength of individual countries but in the strength of its weakest link, as demonstrated by the recent spread of Ebola and Zika virus outbreaks. The spread of the viruses proved that overlooking weak health systems as they are is a burden to the entire world. The SDGs agenda provides a rare opportunity to streamline efforts towards self-sustenance and empowerment. Therefore, the most cost-effective and sustainable ways to surmount the current challenges of weak health systems are through an increasing commitment to (and investment in) strengthening health systems from all stakeholders using evidence from health research. Health policy and system research (HPSR) provides an avenue to harmonize research, knowledge and reforms to achieve overall greater health outcomes[1]. To increase demand for (and use of) HPSR in the Global South, we conceive that more significant results would be achieved through informed citizen participation, in addition to other strategies outlined in this text.

HPSR Learnings from Global Health Financial Initiatives:

The resilience of a health system, in addition to the established roles of economic prosperity and other social determinants such as education, has a vital role in determining the health status of a country. For this reason, some major international health (financing) initiatives were initiated — few of the examples are, the Global Alliance for Vaccines and Immunization, and the U.S. President's Emergency Plan for AIDS Relief. The interventions were an attempt to bridge the gaps in health funding between the Global North and South and to help the latter surmount some of the most topical health issues at the time[2]. However, avoidable health

system barriers such as corruption, poor organization and resource distributions, and inexplicable domestic financing channels have been the major challenges faced by the initiatives in the countries of Global South. The health system barriers encountered made their tasks difficult, impeded the set targeted outcomes and served as valuable learning opportunities.

Further, the difference in research output between the global divisions is exceedingly vast and a call for concern. While HPSR outputs in Global North had doubled from 91,900 in 1991 to 178,800 in 2001, the corresponding increase seen in Global South was reportedly much less and discouraging, from 3,900 to 8,200 for the same period[1,2]. Thus, HPSR in the Global South must be engineered to generate knowledge on the health system and health policy, promote the use of the generated knowledge and build the capacity of relevant stakeholders for sustainability and ownership[3].

HPSR Breakthroughs in Global Agenda:

The Alliance for HPSR (AHPSR), a global partnership within the World Health Organization (WHO) was birthed following the WHO 1996 Ad Hoc Committee emphasis on health research, a year before the adoption of the ambitious MDGs. Its mandate has been to champion HPSR to strengthen health systems in LMICs. The Alliance had achieved tremendous feats in attaining some of its set-out objectives among which include but not limited to establishing a robust partnership across the globe (more than 350 partner institutions), and playing important role in the formation of Health Systems Global (HSG), a society for research on health system and policy[4].

In September 2000, the world adopted the ambitious Millennium Development Goals (MDGs) agenda. It was unprecedented and was set to achieve a 15-year time-bound [2000–2015] 8 Objectives in the various sectors of life, with focus on Global South for obvious reasons. Realistically, the combined 8 MDGs make up the determinants of health. For example, health equity, social support, access to economic opportunities, quality education, and quality health services amongst other societal provisions congruently underpin the health of individuals and population at large. The MDGs agenda was to an extent a success. However, the unmet goals served as learning opportunities, upon which yet another long-term global agenda, the SDGs would later build on, if it is to succeed.

Unlike the MDGs, the SDGs ditched the binary global classification of North and South as we will see later in this text. The lesson learnt from the MDGs have indicated that inequality and social injustice which were (and still) are worsen by armed conflicts, and fragile health structures due to economic woes were and remain the major stumbling blocks in global development[5]. Still, it is not difficult to link HPSR with some of the significant leaps in system strengthening schemes yielding incredible results across Global South.

For example, in Nigeria, a novel capacity building on social accountability project for indigenous civil society organizations (CSOs) called Partnership for Advocacy in Child and Family Health (PACFaH), funded by the Gates Foundation, has proven to be a massive success, despite being in its early phase. It has catalyzed the increase in budgetary allocations to some of the program areas in some states in Nigeria, and active engagements among stakeholders have been initiated[6]. Another instance in Nigeria is the much older international mentoring partnership scheme between the United Kingdom through the Department for International Development (DFiD) and Nigeria.

There are currently 5 of such partnership projects running in Nigeria. The State Partnership for Accountability, Responsiveness and Capability (SPARC) which began in August 2008 and was to run for seven years; the Partnership for Transforming Health System II (PATHS2) to support health governance; and the State Accountability and Voice Initiative (SAVI) to support citizens' right in governance participation. Others were the Growth, Employment and Markets in States (GEMS) to support growth; and the Education Sector Support Program in Nigeria (ESSPIN) to support education governance. The broad mandates here have been to "improve the planning, financing and delivery of sustainable health services for those most in need" at both state and national levels[7].

These partnerships or concepts are essential for two reasons: a) it affords developing nations technical know-how to strengthen their health systems for long-term self-sustenance; and b) the SDGs is intended to be pursued as a universal movement through internal resource mobilization, hence the need for independence of the involved nations[6].

EXISTENTIAL CHALLENGES

In the face of the numerous challenges bedevilling the Global South such as widespread armed conflicts, natural disasters as in Nepal and economic woes, it is essential to increase the generation and uptake of HPSR and making it a platform for improving and sustaining positive health reforms in these troubled regions. The aim is to allow for fast-tracked health reforms in health sectors toward making the systems resilient, responsive and dynamic for health access to all, and to withstand recurrent shocks prevalent in the region.

We are advancing innovative ways to ensure greater use of HPSR under the four broad strategic Objectives (2016–2020) of the AHPSR[4].

1. **"Increase the demand for and use of knowledge for strengthening health systems":**

The major stakeholders (the AHPSR and its partners) promoting health system strengthening are often focused and engaging only the policy and decision-makers, overlooking the masses whom the policymakers represent. While such a strategy is useful, it produces only ephemeral outcomes and indirectly reinforces public nonchalance towards the health sector. With the increasing acceptance and normalization of democracy in Global South, policy-makers often only enjoy as much term limits the constitution allows before getting replaced by another set of people, with most likely entirely different agenda and priorities. Most often than not, policy process traverses beyond constitutional term limits thereby necessitating continuity even when there is a change of regime. It takes a whole lot of time to get an idea articulated into a policy document to getting it adopted, while the policymakers jostle with competing priorities. The process could take years. In such a scenario, the whole advocacy had to be restarted to get the new decision-makers in tune. This strategy is not only cost-ineffective, but it is also laborious and repetitive. A pragmatic way to go about this for sustainability is to prioritize pre-election political engagement and citizen engagement over the current practice of focusing squarely on incumbent decision-makers.

1a). Pre-election Engagements:

Major contending political parties and their corresponding candidates for decision-making positions should be strategically engaged before election periods. The health system strengthening promoters need to educate contending political parties and candidates on the importance of strengthening the health system in clear terms. Prove to them why it is more cost-effective to strengthen a health system than not. This method will have a psychological advantage on the prospective policy makers since it creates "positive reality feedback" in them. Additionally, the candidates become more approachable if they eventually get elected and subsequent engagements become more accessible and more likely to produce positive outcomes. On the other hand, still, the losing candidates and parties could equally be reminded if the winning candidate/party are not committed, and the "health system agenda" be made a political pressure tool by the opposition. Either way, it is a win-win situation when the incumbents and the oppositions are informed.

1b). Citizen Engagement:

The most potent power resides within the masses. Sadly, with regards to health sectors and legitimate demands, the citizens are primarily detached for lack of information. The promoters of health system strengthening could engage actively and strategically with the populace to raise their awareness and empower them with information on their right to demand services, including sustainable health services[8]. Firstly, some 'regular' individuals wield enormous influence in the community. Such persons include the most educated, the mothers, the religious leaders or the most accomplished in the community. These persons should be identified and engaged directly with. Citizen engagement via social media is another important strategy. The number of Africans on the Internet has risen over 500% in the last decade. For example, as of June 2016, there were 340,783,342 internet users in Africa, and 146,637,000 Facebook subscribers with a penetration rate of 28.7% and 12.4%, respectively[9]. The internet offers a unique opportunity for direct engagement with the populace. For instance, the importance of the Internet in "reversing citizen apathy and increasing the numbers of new voters by up to 8 million in the American 2008" has been highlighted[8]. The study added: "Unlike other mass media, the internet facilitates new forms of two-way communication and political participation, encourages interaction among citizens and public officials and provides a rich forum for discussion of contentious political issues."

2. "Provide a unique forum for the HPSR community":

2a). Comprehensive landscape study of Civil Society Organisations (CSOs): One way to achieve this is for AHPSR to carry out a comprehensive landscape study of CSOs in the countries of interest and establish critical criteria for expanding partnerships. International and national CSOs and academic institutions' departments whose missions align closely with health system strengthening, taking into cognizance the overreaching extents of determinants of health, should be identified. CSOs with a focus in health, social, economic, youth, women and other related facets associated directly or indirectly with health should be documented; and their strength, weakness, opportunity and threats (SWOT) identified. More importantly, youth organizations should especially be considered.

2b). Health Policy Dialogue:

Further, "convene a dialogue to coordinate advancements in knowledge brokering"[10]. This convention should be periodical and either national, regional or international. The convention would be a perfect platform to have the already engaged decision-makers, CSOs, international donors and academic experts to share information and way forwards.

2c). Harmonized Monitoring & Evaluation (M&E) Frameworks:

Adopt a uniform framework for categorizing ongoing development projects. Similarly, common frame-

works for tracking donor developmental investments should be adopted to allow for comparative analysis of "donors' contributions to strengthening specific aspects of the countries' health system in multi-donor-supported environments"[11]. These would allow for proper M&E of projects and investments to determine areas needing more focus, research or funding.

3. "Stimulate the generation of knowledge and innovations to nurture learning and resilience in health systems":

3a). Literary Competitions:

The dearth of information in the public domain on health systems in LMICs mandates for increased intellectual efforts. The people are always eager to showcase their creativity, often motivated either by material benefits or public recognition. Hence, activities such as school quizzes should be convened and publicized.

3b). Promote Publication of Findings among Stakeholders:

The CSOs advancing and advocating for various agenda in developing countries often stop at pamphlets and posters productions. There is often no zeal or intellectual capacity to publish findings in international peer-review journals. In the few cases where findings are published, often only because the donor agencies require it, many of the CSOs go for stand-alone journals or obscure conferences, making their work invisible to scientific search or documentation. Thus, there is a need for the CSOs to be trained on to identify and share their projects in peer-reviewed platforms.

3c). Increase Graduate Students Opportunity:

The field of HPSR has a lot to gain from emerging scientists and graduate students. Incentivized short-term fellowship and internships should be floated or expanded, where graduate students of LMICs come together to share information and solve pre-defined questions. Publishable materials should be required from every summit.

4. "Support institutional capacity for the conduct and uptake of health policy and systems research":

4a). Build capacity of indigenous CSOs:

The biggest challenge bedevilling the local CSOs in the Global South is the lack of technical capacity. International NGOs are often setting priority in developmental areas in Africa. For example, in the Social Good Summit (an SDG launch activity) that held in Abuja, Nigeria in September 2016, the international NGOs present in the occasion shaped the narrative and goal settings[6]. This was not only unsustainable, but it defeats the purpose of the SDG Charter. Another landscaping study done by a Nigerian CSO, Development Research & Projects Centre, for the Bills and Melinda Gates Foundation found that NGOs in Nigeria are most deficient in the area of advocacy[6].

4b). Linkage between local and International NGOs:

The complementary partnership that does not have to be under legal term or obligations should be forged. Such voluntary associations should focus on critical areas to such as M&E; communication and advocacy strategies; project and human resources management amongst a host of other institutional strengthening drives. This is because "when decision-makers understand the kinds of information that can be used to inform decisions and improve results, they are more likely to seek out and use this information".

Particular emphasis should be given to Effective information, education & communication (IEC) material development, research and publication by strengthening the partnership between academic institutions and non-academic institutions. Finally, for every project funded by the AHPSR or its partners, a modest number of research & peer-reviewed publications in addition to regular reports should be made mandatory.

CONCLUSION

The AHPSR must harmonize a framework for assessing health system weaknesses, the performance of CSOs in the utilization of funds and capacity building for indigenous CSOs in the Global South.

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