Knowledge to Policy Center K2P

Research capacity building for Health Emergency and Disaster Risk Management (Health EDRM)

Session 2- Key challenges in regions and countries: Policy challenges and research questions in EMRO

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Research in Context of Health Emergencies

⤑ Using the best available research evidence and data to guide public health and health systems decisions is integral to an effective and efficient response during health emergencies:

> ⤑ Improves decision-making process by providing **relevant**, **objective**, and **unbiased** information to policymakers and other stakeholders to inform policies, programs and interventions

> ⤑ Enhances **accountability** and promotes **public trust in decision-makers** and the **decisions** undertaken

> ⤑ Ensures **emergency response** by ensuring adoption of the best possible policies and interventions
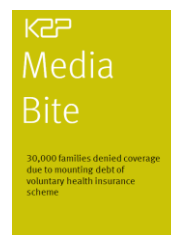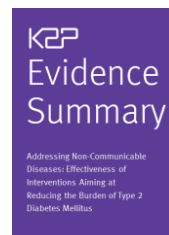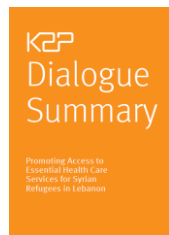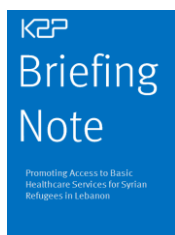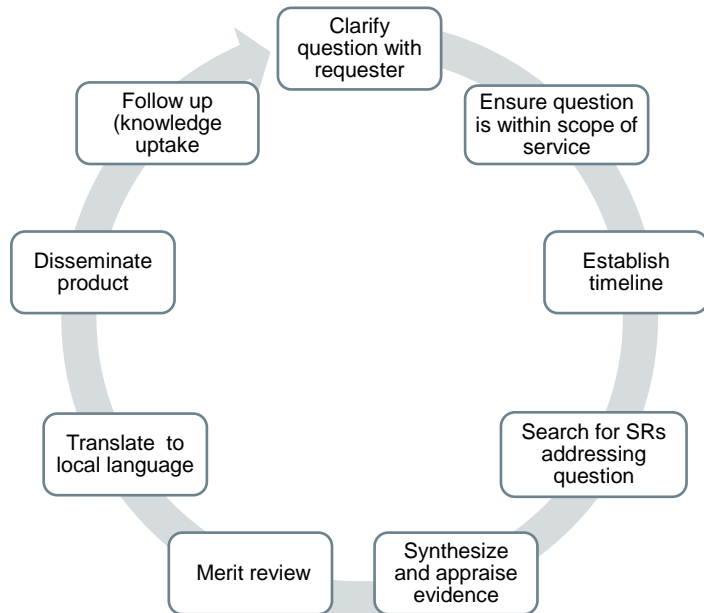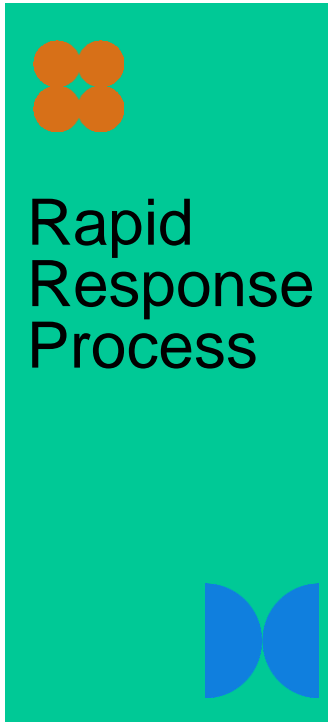
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Research in Context of Health Emergencies

⤷ Decision-makers are **under tremendous pressure to respond urgently**, thus necessitating the provision of evidence in a timely manner

⤷ Need to follow up closely on how the emergency situation is unfolding and be responsive to changing policy and research priorities and needs, both upstream & downstream

⤷ Need to reach out and cater to the research needs of wider audiences beyond governments and policymakers- municipalities, healthcare providers, influencers, citizens, civil society organizations & communities that can be the real drivers of change

⤷ **Prevalence of political decisions despite availability of scientific evidence; how to ensure scientific advise is strongly integrated in political decisions?**

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Knowledge Translation Products and Process
Sample K2P Products

K2P	K2P	K2P	K2P	K2P	K2P
Policy Brief	**Briefing Note**	**Dialogue Summary**	**Evidence Summary**	**Media Bite**	**Rapid Response**
Securing Access to Quality Mental Health Services in Primary Health Care in Lebanon	Promoting Access to Basic Healthcare Services for Syrian Refugees in Lebanon	Promoting Access to Essential Health Care Services for Syrian Refugees in Lebanon	Addressing Non-Communicable Diseases: Effectiveness of Interventions Aiming at Reducing the Burden of Type 2 Diabetes Mellitus	30,000 families denied coverage due to mounting debt of voluntary health insurance scheme	Informing the Salt Fluoridation Law in Lebanon

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Rapid Response Process

Clarify question with requester

Ensure question is within scope of service

Establish timeline

Search for SRs addressing question

Synthesize and appraise evidence

Merit review

Translate to local language

Disseminate product

Follow up (knowledge uptake

Process takes between 3 to 30 working days, depending on urgency of the question and availability of evidence

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Content of Rapid Response Products

⋯⋯⋗ Key messages
    ⋯⋗ Key messages should be in bullet points
    ⋯⋗ Key messages should not extend beyond 2 pages.
⋯⋯⋗ Current Issue and Question

⋯⋯⋗ Synthesis of Identified Evidence
    ⋯⋗ Depending on question of interest, one may opt to fill one or several summary of findings table.
    ⋯⋗ For 10- and 30-day rapid response products, each table should be preceded by a narrative summary of key findings including number of systematic reviews (and primary studies) informing the intervention/comparison
⋯⋯⋗ What other countries are doing?
    ⋯⋗ This should only be filled for 30-day rapid response products
⋯⋯⋗ Implementation Consideration
    ⋯⋗ This should be filled for 10- and 30-day rapid response products

⋯⋯⋗ Insights for Action
    ⋯⋗ This provides a summary of the applicability of the findings to a given context
⋯⋯⋗ References

3-10-30-day turnaround rapid response products

3-business days	10-business days	30-business days
• **Included** • Key messages • A summary of findings table: • Key findings from systematic reviews only • Quality appraisals (only if already available) • Countries in which included studies are conducted (only if available) • **Not included** • Identification of primary research studies or Grey literature • Quality appraisal of systematic reviews not appraised in HSE • Detailed summary of key findings • What other countries are doing • External Merit review	• **Included** • What is done in 3-days • Brief narrative summary of findings from systematic reviews and primary studies • A summary of findings table: • key findings from systematic reviews (and relevant primary studies) • Quality appraisal and countries where studies are conducted (if already available) • **Not included** • Grey literature • Quality appraisal of systematic reviews not appraised in HSE • A detailed summary of key findings • What other countries are doing • External merit review	• **Included** • What is done in 10-days • Detailed narrative summary of the available research evidence • What other countries are doing • Implementation considerations • Internal and External merit review • **Not included** • Conducting a full systematic review

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Adapted from McMaster health forum, 2014

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+20 Evidence Products

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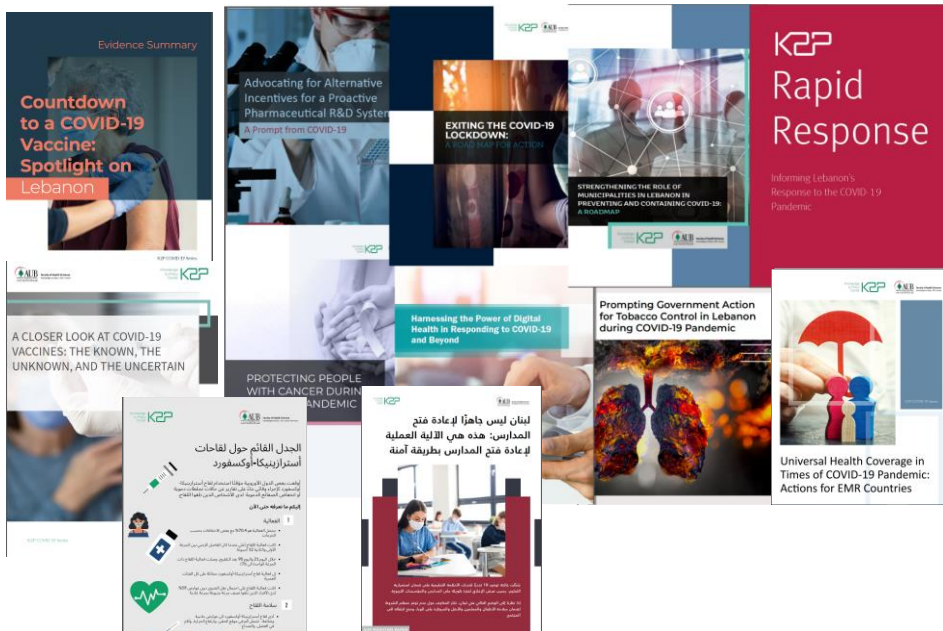
Situating Research within the Broader Economic, Social, Environmental and Political Realities

Priority Setting

┄┄┅╸ Engage policymakers and stakeholders in formal and informal priority setting exercises to identify and prioritize policy issues for knowledge translation products.

┄┄┅╸ Align research and knowledge translation products with the emerging priorities of policymakers and the needs of the country to help maximize impact and promote evidence-informed health policymaking

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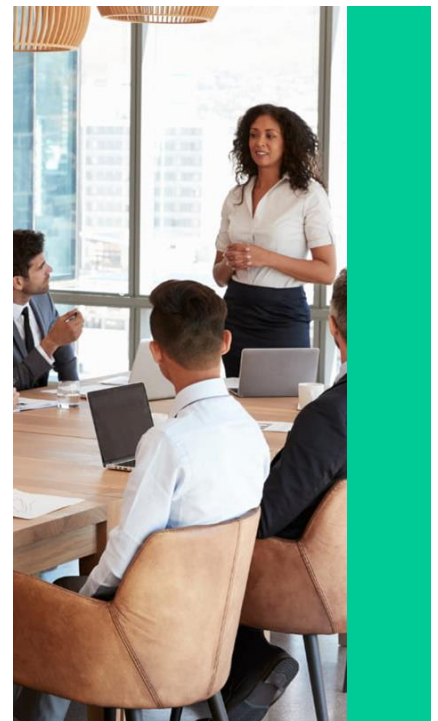
Mapping of Political/ Policy Context

┄┄⟩ Political context describes the political facets of the setting that are significant for policy action

┄┄⟩ Political facets involve factors like:

┄┄⟩ Way in which power is distributed

┄┄⟩ Variety of groups participating and their respective goals

┄┄⟩ Formal and unofficial norms that regulate how various participants interact

┄┄⟩ Understanding the political context is important to individuals or institutions that want to influence policy because it affects the viability, appropriateness, and success of their efforts

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Mapping of Political/ Policy Context

┄┄⟩ Understanding and mapping the political/policy context around the problem/issue is essential before starting to develop knowledge translation products. This step is very important in understanding the context and thus designing the proper response.

┄┄⟩ The knowledge of the context can help shape and focus the product itself, the choice of stakeholders to be involved, and the uptake plan to champion the actions recommended in the product.

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Mapping of Political/Policy Context

Guiding Questions

What is the problem or issue/s at hand?

What progress has been made on the issue/ problem so far in your country?

Is the issue/problem at hand within the policy/ political agenda?

Is there a **window of opportunity** to start discussions/ bring attention to the issue/ problem?

What are the **formal & informal rules, norms, precedents and organizational factors** (including current government structures) that structure political behavior ?
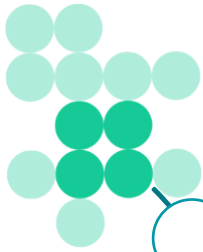
Who are **the stakeholders** that could influence the policy process and the power?

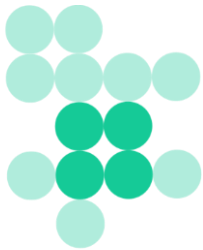What is the **power interplay** among and between these stakeholders?

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Key Policy Priority Areas for Researchers to Focus on in Coming Years
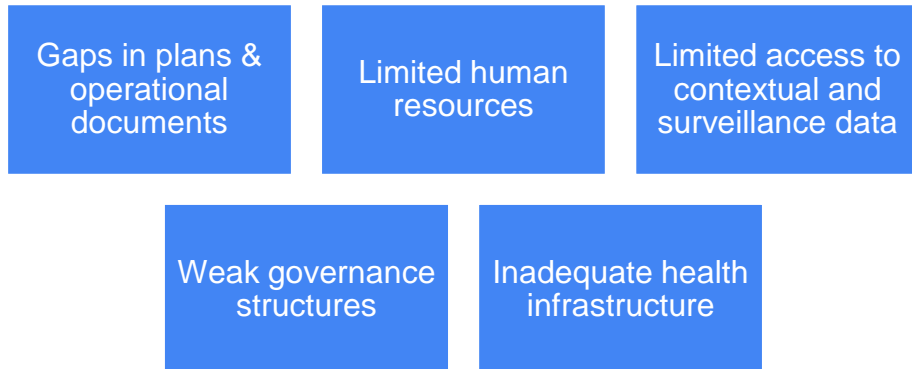
Health Emergency Management in the EMR
Challenges

Insufficient financing structures & mechanisms for emergency management

Inadequate health and relief structures in countries facing humanitarian crises

Limited availability of established and implemented emergency management structures

Limited progress in emergency preparedness and response

Siloed approaches to emergency management

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Health Emergency Management in the EMR
Challenges cont'd

Gaps in plans & operational documents

Limited human resources

Limited access to contextual and surveillance data

Weak governance structures

Inadequate health infrastructure

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Policy Challenges

Governance Arrangement Level

→ Lack of clear and timely health emergency preparedness and response strategies backed by appropriate laws and regulations

→ Poor governance coherence, weak leadership capacity and multiplicity of actors particularly in conflict affected settings

→ Absence of institutional mechanisms for multisectoral collaborations

→ Mistrust between state and non-state sectors

→ Poor structures to support the translation of high-level policies and regulations into practical measures & implementations at local levels

→ Weak mechanisms and arrangements to draw on best available evidence supported by effective knowledge translation between research & policy

→ Ensuring transparency, legitimacy and accountability in policy decision-making and implementation

→ Infodemics and communicating transparently with the population and relevant stakeholders

→ Limited information on services provided, quality and capacity

→ Unclear roles for civil society & private sector

→ Lack of a system of risk assessment to determine the country's risk profile

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Policy Challenges

Financial Arrangement Level

→ Contingency appropriations earmarked for dealing with health emergencies either non-existent or very hard to access due to legal, political or administrative and technical reasons

→ Budget re-prioritizations or generation of supplementary budgets are nearly impossible to administer, even in cases where national or state level leaderships offered strong support for these decisions

→ Government procurement systems proved to be incredibly brittle and generally unable to step up to surging needs in the short-term

→ Weak and fragmented social protection systems

→ Already stretched global system of foreign aid from Western donors came under extreme system stress due to the simultaneous upsurge of financing and technical needs around the world

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Policy Challenges

Data and Information System

⤑ Limited or fragmented information systems which challenge both detection and response activities during any emergency

⤑ Weak data stewardship and data governance systems

⤑ Poor functional disease surveillance systems

⤑ Weak early warnings and alerts systems to rapidly mobilize and coordinate activities with other sectors, including education, transportation, agriculture, law enforcement, energy

⤑ Limited accurate baseline epidemiologic data on population health and health determinants to identify high-risk populations and local health systems that may already be stretched

⤑ Lack of integrated and/or interoperable databases across sectors for effective and efficient response during emergencies

⤑ Lack of a structured knowledge management framework that is interdisciplinary across sectors for translating data from, into information for improving performance and decision making

⤑ Private provider reporting of health data is often not required, unsystematic, or not readily accessible to public sector authorities

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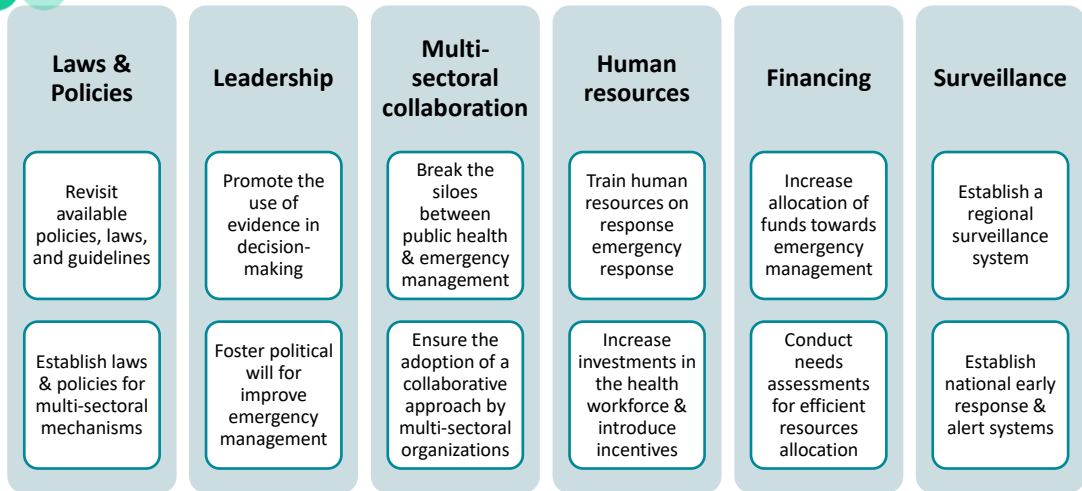## Policy Challenges

Service Delivery Arrangement Level

⤑ Difficulty of deploying surge capacity: Only 41% of EMR countries recruited additional staff, or implemented task shifting, highlighting both constraints with the health systems as well as their rigidity.

⤑ Challenges in maintaining essential health services: According to two rounds of a pulse survey conducted by the World Health Organization between May-September 2020, 74% of countries reported disruptions to communicable disease treatment, 73% reported disruptions to immunization, and 38% reported disruptions to non-communicable disease treatment.

⤑ Poor HRH planning and lack of data

⤑ Inefficient service delivery models which are oriented towards hospital provisions

⤑ Underinvestment in primary healthcare, prevention and public health, which makes health systems more vulnerable to health emergencies
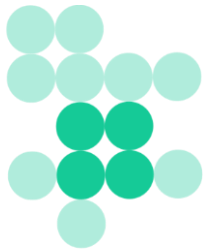
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Health Emergency Management in the EMR

Priority areas

Laws & Policies	Leadership	Multi-sectoral collaboration	Human resources	Financing	Surveillance
Revisit available policies, laws, and guidelines	Promote the use of evidence in decision-making	Break the siloes between public health & emergency management	Train human resources on response emergency response	Increase allocation of funds towards emergency management	Establish a regional surveillance system
Establish laws & policies for multi-sectoral mechanisms	Foster political will for improve emergency management	Ensure the adoption of a collaborative approach by multi-sectoral organizations	Increase investments in the health workforce & introduce incentives	Conduct needs assessments for efficient resources allocation	Establish national early response & alert systems

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Research questions

Governance Arrangement Level

→ How can capacity for government stewardship be built and sustained in different political contexts for effective health emergency and disaster risk management?

→ What are the minimum required competencies for health official training in health protection and emergency preparedness and response?

→ How can recently initiated multisectoral collaborations be scaled up? How does context affect success and what factors are necessary for sustainability?

→ How does the use of evidence differ across different sectors and how can successful mechanisms be promoted to facilitate translation of research findings into policy? What effective models of collaboration and institutional arrangements have been implemented to institutionalize the use of evidence during emergencies?

→ What innovative policies or programs have been implemented to support or protect vulnerable populations during health emergencies and disasters?

→ What are the different modalities through which citizens and communities hold governments accountable during emergencies and what is the role of context?

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→ What is needed for successful public-private partnerships for Health Emergency and Disaster Risk Management?
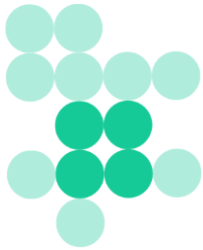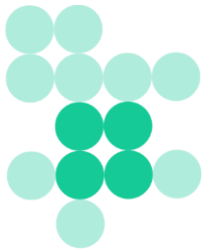
Research questions

Financial Arrangement Level

→ What is the comparative benefits of different risk financing initiatives for different delivery programs during health emergencies?

→ What is the minimum desirable threshold for contingency appropriations, to enable effective mobilization during health emergencies?

→ How have emergency procurement practices been utilized in response to past disasters, and what lessons could be drawn from these experiences for use in future situations involving emergency procurement?

→ What measures have been successfully implemented for mitigating risks of corruption in emergency procurement?

→ What social protection reforms should be in place to enable government to develop sustainable social health protection system that will enable it to respond to any health emergencies?

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Research questions

Data and Information Systems

⤑ What health-related data are needed to inform effective health emergency and disaster risk management (e.g. community vulnerabilities, hospital functional status, infrastructure, lifelines and health workforce)?

⤑ Which are the most effective health and non-health indicators for measuring health outcomes of people affected by a health emergency?

⤑ What methods can be used to verify the accuracy and reliability of data collected during health emergencies? What are the minimum data quality thresholds that should be met?

⤑ What mechanisms have been employed to identify the location and needs of vulnerable populations affected by a health emergency?

⤑ What are the barriers and facilitators to harmonizing information systems and promoting interoperability of databases across sectors and actors for more effective and efficient response during emergencies?

⤑ What mechanisms are effective for integrating research, data and expertise across stakeholders and sectors in transparent ways for a more effective policy response during health emergencies?

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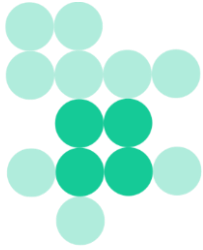
Research questions

Service Delivery Arrangement Levels

⤏ What are the key attributes of disaster risk management training programs, and what strategies will support retention, motivation and deployment of trained people?

⤏ What are the most effective indicators for both monitoring the ongoing delivery of the core services and deployment of human and capital resource reserves in the event of service disruptions?

⤏ What quality assurance and safety systems can closely monitor crisis quality of care to prevent excess mortality and morbidity?

⤏ What are the key barriers and facilitators to building surge capacity for health services and public health functions?

⤏ What incentive and gate-keeping systems are needed to re-orient the health system towards prevention and primary care?

⤏ What are the minimum essential health services that should be maintained in the event of service disruptions during emergencies?

⤏ To what extent have digital health been utilized to expand service delivery during emergencies? What are some of the key learnings?

⤏ What support mechanisms are available for protecting health workforce during emergencies?

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Thank You!

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