

# Global Health Policy and Systems Research movement and the role of IHPP

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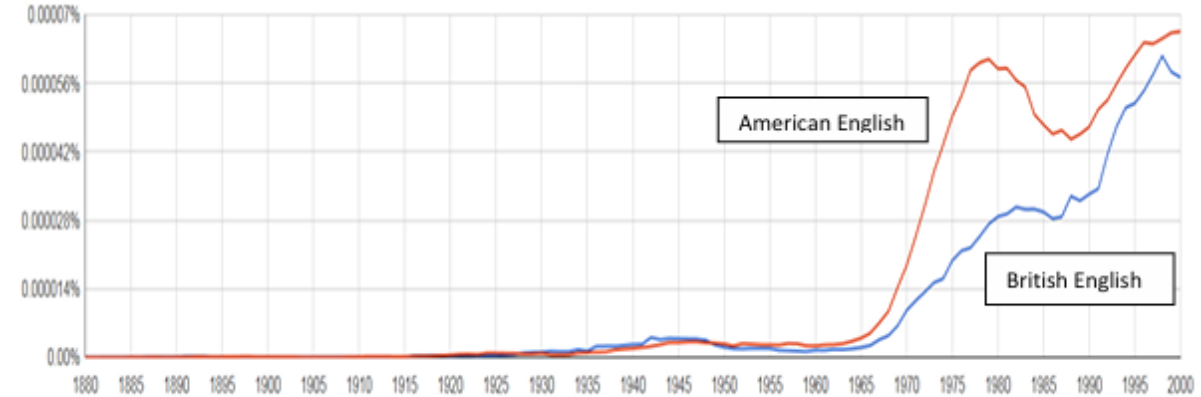
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# The Origins of Health Policy and Systems Research

- Term 'Health System' –began in 19C, more visible in 1930s and 40s; escalated in 1960s and 1970s with work of Anderson, Abel-Smith and Roemer

Gorsky M (2016) *The Idea of a Health System: International Health Organisations and the Genesis of Comparative Health Systems Research, 1891-1969*. *China Journal of the Social History of Medicine and Health*, 1 (1). pp. 28-57



Ngram of occurrence of 'health system' in Google Books English language corpus, 1880-2000

- Health Systems Research emerged in US and UK in early 1960s as Health Services Research, with earmarked research funding and dedicated journals and conferences
- Comparative health systems/services research appeared from late 1960s

# The Origins of Global Health Policy and Systems Research

- 1996 report '*Investing in Health Research and Development*' by the Ad Hoc Committee on Health Research recommended promoting and strengthening Health Policy and Systems Research
- Norwegian and Swedish members agreed to facilitate development of a proposal (Lejondal meeting)
- Alliance for Health Policy and Systems Research established in 1999 as partnership with WHO and forum for health policy and systems research and user communities
- Deliberately broad conception: includes
  - 'policy' in title - to indicate not just research for policy but also on policy
  - Encompasses global level as area of interest
  - Includes broader determinants of health



# The field of HPSR\*

Encompasses:

- the 'hardware' of health systems - eg the 'building blocks': governance, financing, medical products, management and information systems, human resources, service delivery organisation
- the 'software' of global health systems - ie ideas, interests, values, norms, relationships, and distribution of power

3 health system 'levels':

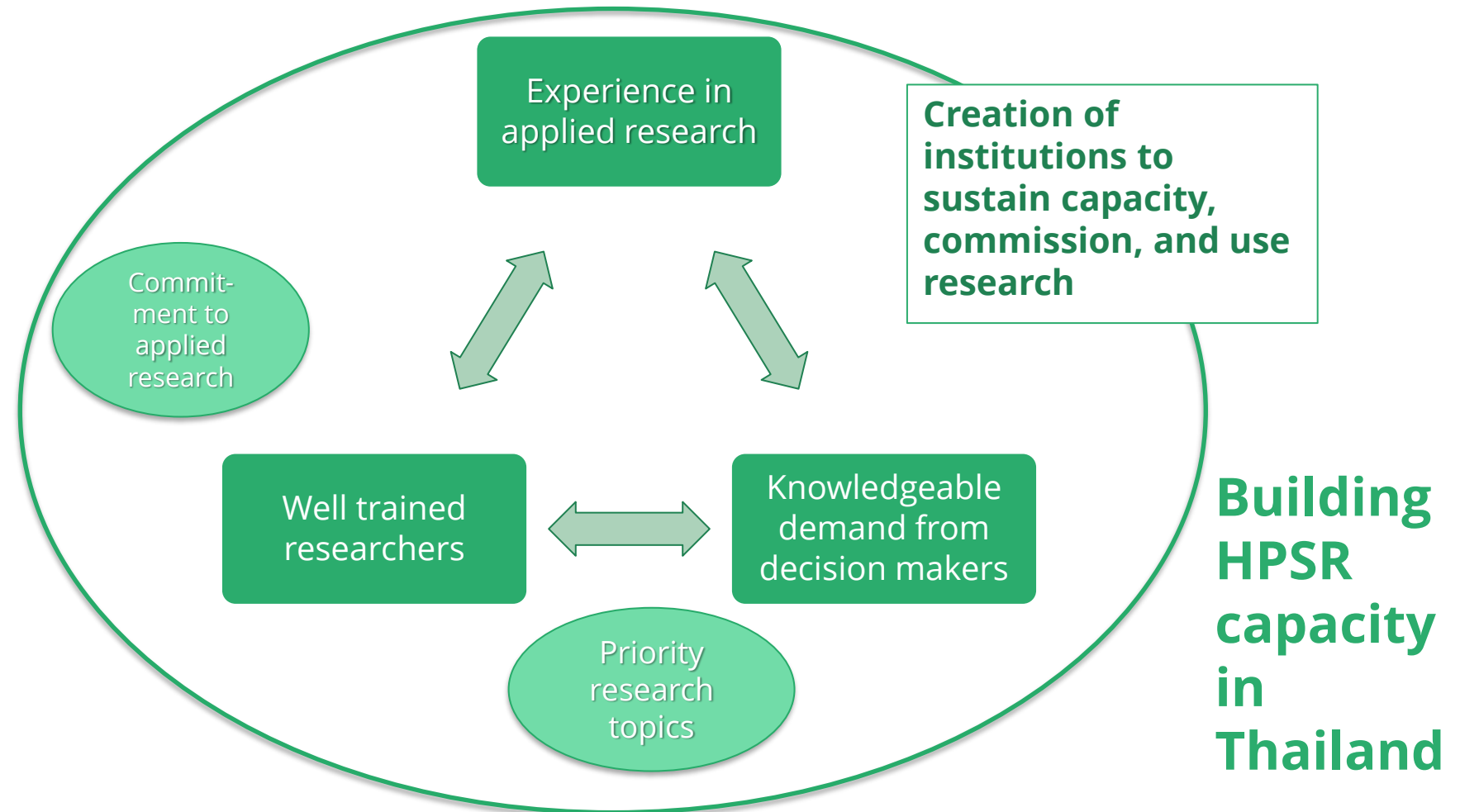
- Macro- national and global policy and system environment
- Meso - organisations
- Micro - individuals and their behaviour in delivering and using services within the system

# The growth of HPSR in Thailand

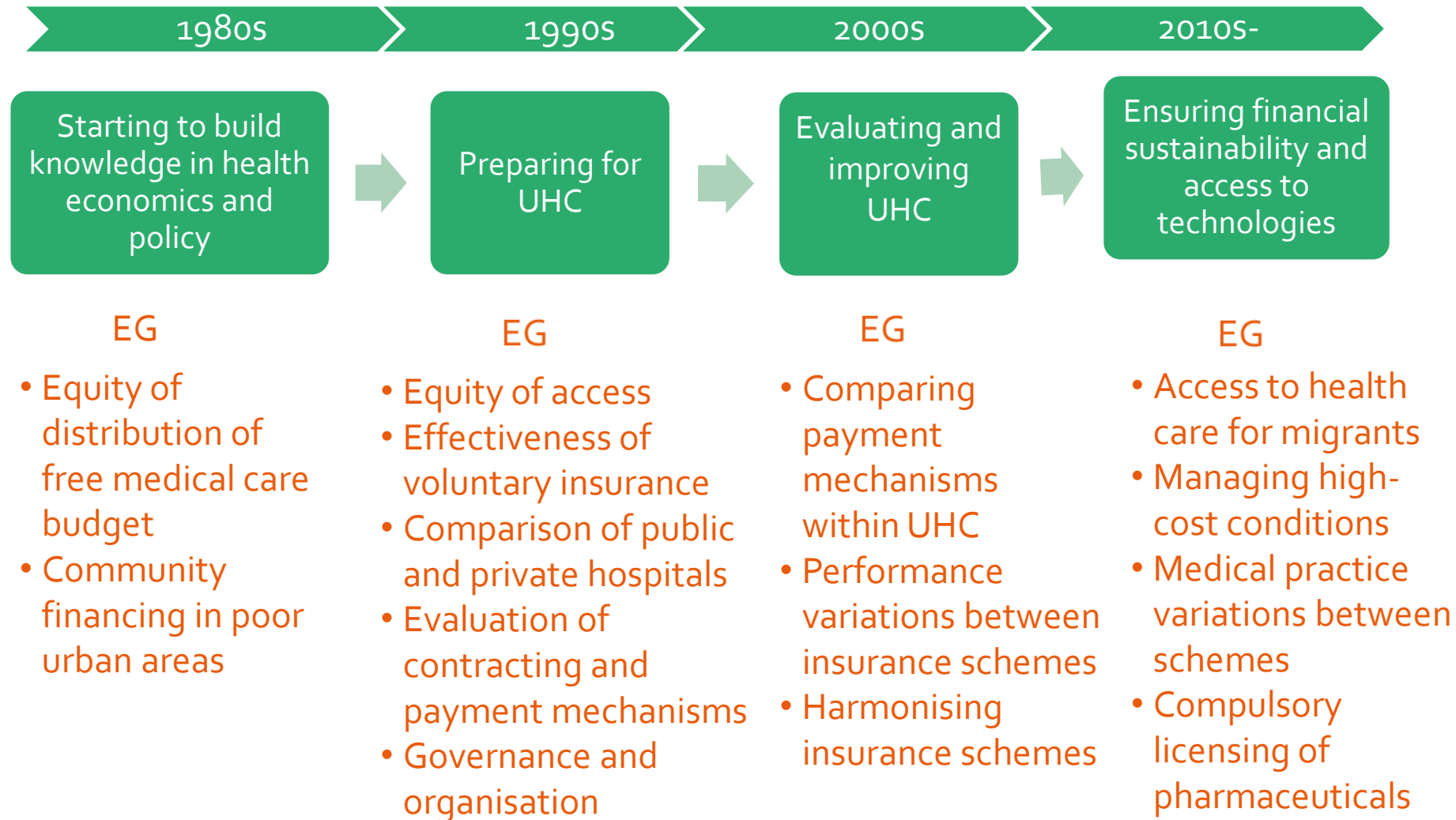


Late 1990s: limited HPSR capacity in LMICs – reflected in limited representation in AHPSR development process

- Exceptional recognition in Thailand of the importance of HPSR - systematic process of capacity strengthening from late 1980s
- Provides example to other countries



# IHPP Applied Research Supporting Universal Health Coverage Development in Thailand



# Well trained researchers

## Research career trajectory

Masters courses in Thailand and elsewhere

PhD training in Thailand and elsewhere

External support to locally registered students; Thai support to externally registered students

Thai-based empirical research for PhD theses

Experience on LSHTM research consortia (HEFP, CREHS, RESYST)

Post doc research experience and support

Exposure to researchers from other countries

Leadership of consortia work packages

Research leadership experience

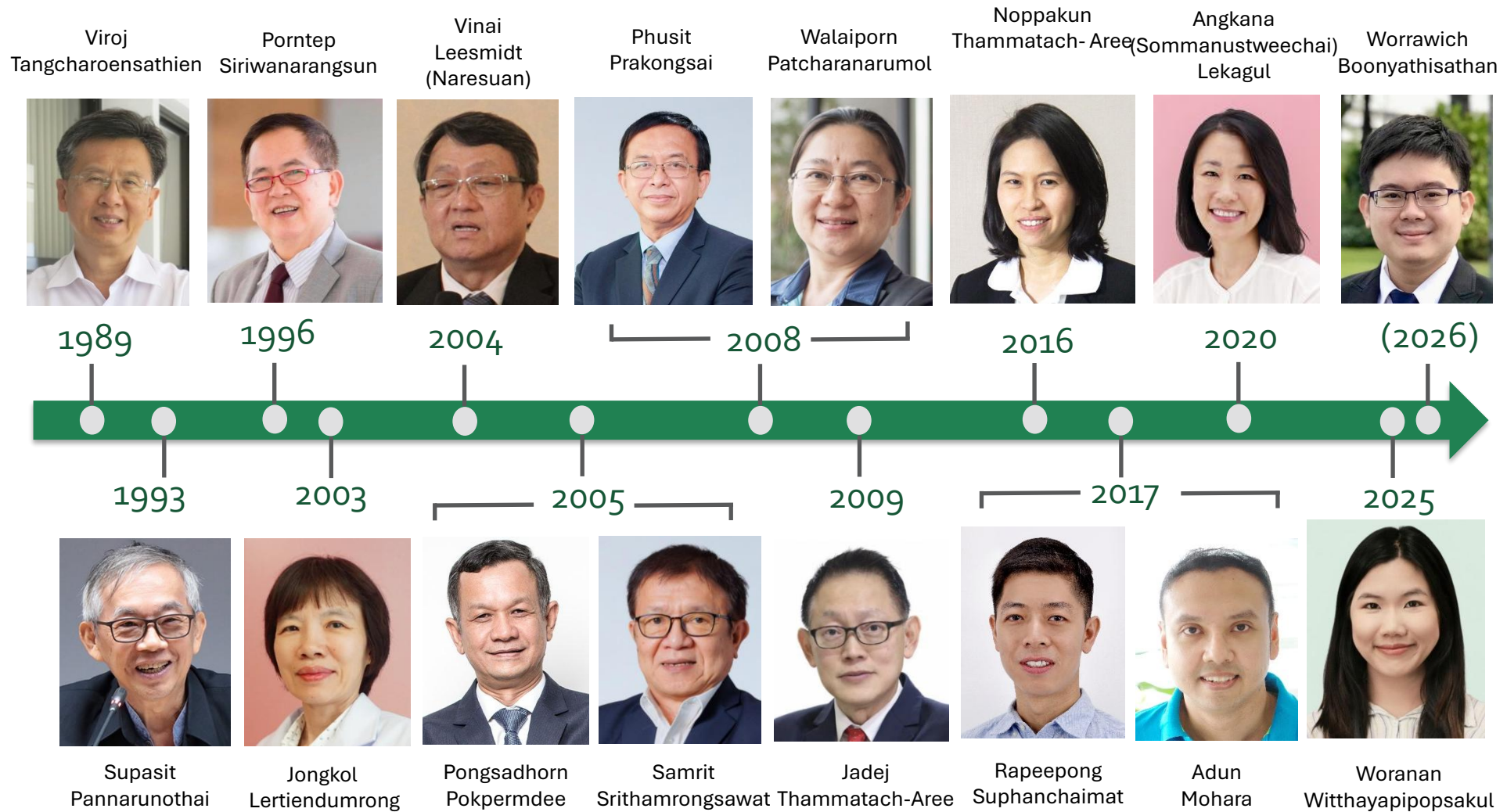
International engagement eg research funding panels, advisory roles

Programme and unit leadership



# Thai PhD students

(AM lead, co-lead and advisory committee)



# Knowledgeable demand from decision-makers

- Early Thai policy-maker interest in health economics and health system development: eg
  - participation in LSHTM Seminar on Health Economics and Health Financing 1986-89 :
  - PhD training in health systems research started in 1980s
- International workshops on health care reform convened by MoPH in 1990s to learn from other countries eg
  - Nitayarumphong S (ed) *Health Care Reform: At the frontier of research and policy decisions*. Office of Health Care Reform, Ministry of Public Health, 1997
  - Nitayarumphong S; Mills A (eds). *Universal coverage for health care: challenges for developing countries*. Health Care Reform Office, 1999
- PhD graduates in health systems research entered both research and decision-making careers

# Institutionalisation of health systems research and evidence to policy process



- New institutions created as part of health policy, system and research ecosystem – eg Hospital Accreditation Institute, Health Interventions and Technology Assessment Programme, International Health Policy Programme, Health Systems Research Institute,, National Health Security Office
- Domestically driven
- Not reliant on external funding
- Strong, well-trained leadership, retained within country
- Strong national and global connections and networks
- Fluid boundaries between researchers and policy entrepreneurs which adapted to changing policy environments and ensured resilience over time

Thank you!

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