

# “Knowing is not enough, we must apply; willingness is not enough, we must act”<sup>1</sup> - Translation of research outcome for health policy, strategy and program use

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### Introduction

The above quote from the 18<sup>th</sup> century clearly depicts the value of knowledge when and if it is applied for practical purpose. Over the last century, advances in science and technology have immensely contributed to global development in general and health development in particular (2). However, there remained questions on how much have advances in science indeed contributed to health development. What is transpiring however are evident malfunctions in the health system, emerging and re-emerging diseases posing challenges to public health across the world (3). Addressing such challenges requires investment in research and innovation.

Relevant research is always a sine qua non of good policy and program. WHO's emphasized that, “A well-functioning health system is critical to the development and delivery of interventions that affect public health and health outcomes. On the other hand, a strong health research system is important for an effective and efficient health system. Both systems are equally complex and chaotic, which makes them challenging to manage and difficult to describe” (2).

Literally, research is a means to get closer to the truth. As such, it is multifaceted in its approach. “Research for health” as such implies provision of useful inputs and insights for improved health outcomes. However, it is believed that research seems to miss the depth and breadth it is supposed to have.

In 2010, PLoS Medicine commissioned state-of-the-art manuscripts that aim to among others iron-out existing gaps on Health Policy

and Systems Research (HPSR). The manuscripts were meant to serve for further policy dialogue. Three independent authors have critically examined the manuscripts and came up with the fact that context specificity of the research, limitation in quality and level of rigor made broader generalisations of the findings difficult and in turn compromised the use of such evidences for policy and program use (4). It was explained that clash of knowledge between paradigms of sciences i.e clinical, community and social sciences warrant the context specificity of conclusions reached in every single research. The key message from the commissioned manuscripts is the need to bridge the gap between science and knowledge. They suggested the need to break disciplinary boundaries and benefit from other knowledge paradigm so as to improve generalisability, knowledge generation; sharing experience of supporting policy learning; and clarifying expectations of each other's disciplinary culture (5).

WHO's report on “Knowledge for Better Health: Strengthening health system” (WHO 2004) called for more concerted effort in the translation of knowledge to action so as to bridge the gap between science and action. This particular WHO report as well as PLoS commissioned authors called for investment in new and innovative approach to health systems research that could inform contemporary public health agenda (2,4).

Despite limitations in investment in research especially in developing countries, accomplishments of health related Millennium Development Goals (MDGs) have benefitted from guidance obtained from research (6). The same report has shaded light on the fact that limited investments in research may challenge the pace at which post 2015 health development agenda could be shaped. That being the reality

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<sup>1</sup> Johann Wolfgang von Goethe. Brainy Quote. com, XploreInc, 2017. <https://www.brainyquote.com/quotes/quotes/j/johannwolf161315.html>, accessed

about research in general and health research in particular, long standing

rhetoric between academics and research institutions on the one hand and policy makers and implementers on the other hand have not subsided yet. Irrespective of the continued rhetoric, those who are engaged and advocate for research argue that there is still more need for research while those at policy and operational level complain on lack of evidence to guide plans and interventions (7).

In order to ameliorate such unyielding rhetoric in the health sector, WHO has developed and approved a strategy on research for health in 2010. The strategy has recognized the fact that global health development is dependent on the quality of research outcome. To this effect, WHO as well as ministries of health of the member countries are called to improve research standards and capacities to plan and implement relevant and usable research evidence for practical application (2,4).

As much as concerns on research-policy interface are global, the problem is more serious in the developing countries where the role of research in public health policy, strategy and program remains below expectation. As the quote goes, "*What we have today is not the lack of evidence; it's the lack of trust*"<sup>2</sup> (Fareed Zakaria). In as much as there is capacity limitation in undertaking quality research, there still is evidence out there which fails to contribute to policy. The argument thus is not about lack of evidence but the artificial gap between such evidence and those who could have benefitted from it<sup>1</sup>. Despite varied names and titles, teaching institution's interest to make research useful to inform decisions on health policies, strategies and programs is steadily growing (8). Currently, teaching universities elsewhere are introducing implementation research, implementation science, knowledge translation to improve the role of research in development programs including health policies and programs.

In Ethiopia, health sector felt the gap between health research and health policy, strategy and

program need for evidence is apparent. Over the last decade or so, several universities have been

established in Ethiopia and most of them train health professionals at different levels of competence and research is an integral component of every university. Both staff members and students are expected to carry out research. Thus, the question is not lack of research and its output. There are publications in peer reviewed journals, presentations in local and international forums. However, the question is on relevance, whether such researches are easily usable and transferable to action remains critical question.

Thus, the Ministry has established National Research Advisory Council composed of university professors, research institutes, program areas and the ministry itself. The Council is expected to distil available evidences for policy, strategic and programmatic consumption. In just a year, the team of specific thematic public health areas developed eight useful policy briefs that were considered useful for annual plan preparation.

This is a wakeup call to universities. How to make academic research relevant to address practical issues of practical concern? How would academic research contribute to endeavors to mitigate health problems in connection to climate change? How would academic research help preposition for emerging and re-emerging public health challenges? How would academic researchers come out of their den to challenge and straighten interventions and chosen approaches? These are outstanding questions for academic and research institutions. The health sector has itself taken the right course of action within the broader framework of global call and WHO's strategy for health research.

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<sup>2</sup> CNN TV host's statement

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