THE EFFORT TO LINK RESEARCH WITH POLICY (AN EXPERIENCE FROM THE CENTER FOR HEALTH POLICY AND SYSTEMS R&D, NIH/R&D, MOH-RI)

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ABSTRAK

Telah lama disadari bahwa menjembatani penelitian untuk perubahan kebijakan dan praktik (linking research into action) adalah masalah laten pada dunia penelitian. Untuk mengatasi masalah ini, tiada cara lain kecuali dengan mendorong produsen penelitian ke dalam dunia kebijakan dan praktik, dan juga membawa para penentu kebijakan dan praktisi ke dalam dunia penelitian.

Artikel ini menyajikan bagaimana Puslitbang Sistem dan Kebijakan Kesehatan (PSKK) berusaha menjembatani penelitian untuk perubahan kebijakan dan praktik. Untuk meningkatkan implementasi hasil penelitian, PSKK mengaplikasikan manajemen penelitian dengan prinsip-prinsip CORA (Client Oriented Research Activities), yakni duduk bersama antara peneliti dengan klien mulai dari penetapan agenda riset, proposal dan protokol penelitian, sampai dengan diseminasi dan advokasi hasil penelitian (rekomendasi kebijakan atau paper kebijakan) pada forum-forum khusus kebijakan. Beberapa contoh penelitian orientasi CORA yang pernah diilaksanakan PSKK adalah penelitian pengembangan sistem kesehatan daerah, evaluasi kebijakan implementasi desentralisasi kesehatan, penelitian untuk akselerasi penurunan AKI dan AKB, dan evaluasi program Askeskin. Namun demikian, untuk menilai seberapa jauh hasil hasil penelitian tersebut telah mempengaruhi kebijakan adalah suatu hal yang sulit, karena hasil penelitian bukanlah satu-satunya input kebijakan. Ke depan, tampaknya perlu dikembangkan koordinasi dan sinergi yang lebih mantap antara produsen penelitian dan klien (Unit Utama Depkes dan Pemerintah Daerah) sedemikian rupa sehingga penelitian menjadi alat manajemen untuk perbaikan manajemen pembangunan kesehatan baik level nasional maupun lokal.

Key words: CORA (Client Oriented Research Activities), research producers, research users

INTRODUCTION

According to World Report on Knowledge for Better Health (WHO, 2004), it has been to be a worldwide problem on how to bring research into action and practice. This kind of problem also happened in the Center for Policy and Systems R&D, one of the centers under the National Institute of Health Research and Development, MOH-RI. To overcome the problem, WHO has made three main recommendations, i.e. (i) more investment is needed for a new, innovative approach to research on health systems, (ii) health research must be managed more effectively to strengthen health systems and build public confidence in science, and (iii) stronger emphasis should be placed on translating knowledge into action to improve public health.

In line with its name, the Center for Health Policy and Systems R&D has the main tasks: (i) research and development in the field of health policy and systems, (ii) dissemination of research results to clients, (iii) health technology assessment, (iv) coordination, facilitation and technical assistance with regard on policy and systems research (Health Minister’s Decree No. 1575, year 2005).

The organization structure of the center consists of: (i) Division of Administration Affairs, (ii) Division of Programs and Partnership, (iii) Division of Research Services, and (iv) Groups of Research Program (Groups of Researchers).

The organization structure of the center is as follows:

Since established in 1965 with the name of National Health Institute, the journey of the center has
reflected a dynamic change to conform to its environment. In the year of 1974, the center became one of centers under the National Institute of Health Research and Development with the name of Center for Health Services R&D. During the period of 1975-1995, the center got the status of WHO-Collaborating Center for Health Systems Research. During the period of 1970 to 1990, the center has contributed much for the development of national health system in Indonesia. To mention, the center has made an outstanding contribution for the development of Community Health Development (PKMD = Pembangunan Kesehatan Masyarakat Desa) concepts and Health Center (Puskesmas) concepts. In the year 2000, the center had changed its name to be the Center for Health Services and Technology R&D with an additional task, i.e. health technology assessment. In the year 2006, as the MOH-RI performed reorganization, the center has changed to be the Center for Health Policy and Systems R&D. With its new name, the center should, of course, conduct research and development which is more in line with the need of policy makers either at national level or at local level.

During the last five years, the center has tried to apply Client Oriented Research Activities (CORA) principles. The principle approach of CORA is "working together between researchers and policy makers".

**THE EFFORT OF THE CENTER TO IMPLEMENT CORA PRINCIPLES**

By adopting a number of approaches published by the Alliance for Health Policy and Systems Research, the center has tried to make a better synergy between research producers and research users by "pushing" researchers to the world of policy makers and "pulling" policy makers to use evidence for setting their policy. In other words, the center has tried to apply CORA principles to bridge the gap between the world of researchers and that of policy makers.
The step-by-step of research management consists of a sequential process including (i) setting research agenda, (ii) setting research topics, (iii) establishing research proposals, (iv) establishing research protocols, (v) data collection, (vi) data analysis, (vii) establishing final report, and (viii) dissemination of research results by publishing scientific articles, writing policy inputs (policy brief, policy paper, and policy memoranda), as well as conducting workshop/seminar/advocacy with policy makers.

According to Hanney et.al. (2002), there are two interfaces between researchers and policy maker which has to improve in order to make research results into policy and practice. The first interface is the setting of research agenda, research topic and research questions. It has been acknowledged world widely that the usage of commissioned research by policy makers is relatively high compared to that of researcher-driven researches. Therefore, a model of commissioned research by policy makers should be taken into consideration as an appropriate model for bridging research into action. The second interface is the dissemination of research results to policy makers. Besides publishing scientific articles which are more consumed by other scientists, the center has tried to produce an actionable message for policy makers, i.e. policy brief, policy paper, and policy memoranda, to feed either policy formulation, policy improvement as well as improvement of health program development. Also, the center has tried to conduct a number of forums for advocating research results to policy makers, such as workshop, seminar and Round Table Discussion (RTD).

The framework of how health policy and systems research can strengthen health system is as shown in Diagram 2.

A number of efforts that the center has done to push research into policy and practices are as follows:

1. The efforts to enhance interface (a) between researchers and clients in identifying research topics and research questions (see diagram 2):  
   - Setting research agenda with a number of main stakeholders  
   - Conducting ‘road show’ to main units in MOH-RI to identify research topics and information demanded by policy makers.  
   - Conducting a workshop for finalizing research proposals with clients and Scientific Committee from both the center and the NIHR&D  
   - Conducting consultation of research protocols with clients

2. The efforts to enhance interface (b) between researchers and clients in disseminating research results (see diagram 2):  
   - Conducting systematic review for certain topics, like research on health decentralization, to

![Diagram 2. The utilization of research results into policy and practice](image)
provide evidence for the improvement of implementation of health decentralization.

- Producing actionable messages for policy makers to provide recommendation for policy formulation and improvement in the forms of policy brief, policy papers and policy memoranda.
- Conducting a number of forums for advocating research results for providing evidence for policy inputs, such as, seminar, workshop and discussion.

SOME EXPERIENCES FROM THE CENTER

During the last five years, the center has done a number of researches which made use of Client Oriented Research Activities (CORA) principles. The following are some examples of researches implementing CORA principles.

The research project on developing local health system (2002-2004)

In response to the implementation of Decentralization Laws (Law No. 22 and No. 25 year 1999), the center had conducted a three-years research project on developing local health system in East Kalimantan, West Nusa Tenggara, and East Java. The project consisted 5 sub-topics, i.e. (i) health institution and management, (ii) health services in health center, (iii) the competencies of health human resources, (iv) health financing, and (v) community empowerment in health. In the first year of the project, it had been done a situation analysis to obtain baseline data in each topic. From this, it can be obtained the problem/gaps to be solved in the second year. The second year of the project it had been conducted some interventions to strengthen/improve a number of issues to be concerned with regard of the 5 issues. Finally, in the third year we conducted an evaluation of all the projects. The project has encouraged the local government to develop local health system (provincial and district/municipal health system). Besides, the local governments have asked the center to provide technical assistance for conducting Health Workforce and Services (HWS) projects. The research project has given a better understanding for local health officials regarding the improvement of local health system.

The research project on supporting health decentralization (2005)

To support the implementation of health decentralization more effectively, the MOH had launched Health Minister's Decree No. 004 year 2003 about The Policy and Strategy of Health Decentralization. This document had recommended 29 key moves to achieve effective health decentralization. In response to this policy, the center had conducted an evaluation research with a number of topics in accordance with the 29 key moves, i.e.:

- The evaluation of Building Learning Organization (BLO) training in health sector.
- The study of the usage and maintenance of medical equipments in hospitals and health centers.
- The development of Local Health System in District/Municipality.
- The development of partnership networking of Non Governmental Organizations (NGO), health associations, and corporate businesses in supporting health development.
- The development of the role of Joint Health Council (JHC) and District Health Committee (DHC) for local health development.
- The study to enhance the capacity of health research and development in provinces and districts/municipalities.
- The development of recruitment and utilization model of paramedics in remote area.
- The development of health information systems in districts/municipalities.
- Performance assessment of the implementation of minimum service standard of health in districts/municipalities.
- The development of disaster management in health sector (a case study in Aceh, Nias and Ailor).

The center has summarized all research projects on decentralization with the approach of systematic review. This research evidence has been presented to policy makers in order to provide inputs for the improvement of Health Minister's Decree No. 004 year 2003 about The Policy and Strategy of Health Decentralization.
The research project on supporting the programs to decrease Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR)

A number of health indicators as life expectancy, IMR, MMR, under-five mortality rate, have shown a better progress; however Indonesia is still left behind by its counterparts in ASEAN countries. Attacked by an economic crisis in 1997, the progress of IMR and MMR indicators seem to be stagnant; in facts at the moment under nutrition has become a main public health problem in Indonesia. To respond this issue, the MOH has put the emphasis on efforts to decrease IMR and MMR. To support this movement, the center had tried to conduct research with the main topic on how to decrease IMR and MMR. World Bank has identified three points to decrease MMR and MMR, i.e.: (i) to improve medical aspects of Maternal and Child Health (MCH), (ii) to improve inter-sectoral coordination and action, and (iii) to improve community participation. By using these approaches, the center has identified some topics for the 2006 projects in order to provide information for the acceleration to decrease IMR and MMR. Such research projects are as follows:

- The study of the effort for posyandu revitalization
- The study of access of information and family planning for decreasing IMR and MMR,
- The study of non-professional delivery referrals for decreasing IMR and MMR
- The study of antenatal services quality for the poor in urban and rural area.
- The study of integration between reproductive health and Sexual Transmitted Diseases (STD) as well as HIV/AIDS services in health center for decreasing IMR and MMR.
- The study of management of partum and post partum at house and health facilities for decreasing IMR and MMR.
- The study of the implementation Basic Emergency of Obstetric and Neonatal Care (BEONC) and Comprehensive Emergency of Obstetrics and Neonatal Care (CEONC) for decreasing IMR and MMR.
- The study of referral management of pregnant women and delivery for decreasing IMR and MMR
- The study of community participation for decreasing IMR and MMR
- The study of inter-sectoral collaboration for decreasing IMR and MMR

- Policy analysis of health services for decreasing IMR and MMR
- The study of revitalization of health center and its network to improve quality of health services.

All of the research projects above are still underway in the year 2006. From those projects, the center will summarize the evidence from such projects, presenting it to key stakeholders, especially main units in Ministry of Health.

The research project on supporting the implementation of Health Maintenance Scheme for the poor

The government of Indonesia has launched Law No. 40 year 2004 about National Social Security System, including National Health Security System. In order to remove barrier for health services for the poor, the government has launched the program of Health Insurance for the poor. In response to this policy, in 2005 the center in the collaboration with a number of universities (University of Indonesia, University of Airlangga, University of Hasanuddin, and University of Gajahmada) has conducted a research with the title: Assessment of the implementation of health insurance for the poor (JPK-MM). There were 3 sub-topics with regard to the study, i.e.:

- The study of PT Askes as a health insurance carrier and the management of participants.
- The study of health providers (health centers and hospitals) in providing health services for the poor
- The study of access and service satisfaction of the participants

From these studies, it has been formulated a policy paper to provide evidence for policy makers in order to improve policy on health security scheme for the poor.

THINGS TO IMPROVE

To improve the uptake of research into policy and practice is not an easy thing. This happened not only in Indonesia but also in other countries. To bridge research into policy and practice, the method is by pushing researchers into policy making cycle and pulling policy makers into research knowledge (evidence). Therefore, the producers of research and the users of research have to work together on how to strengthen health system to achieve better quality,
efficiency and equity and consider health research as a management tool for policy making and planning.

Departing from this approach, we should improve interface (a) and interface (b) in the management of research. Therefore, the following are a number of research management activities that should be taken into consideration and be improved:

- The identification of research agenda with stakeholders
- The identification of research topics with users
- The consultation of research proposals and protocols, especially research questions and variables, with users
- The conducting of systematic review of finished research projects for policy makers
- The translation of research results into policy paper, policy brief, and policy memoranda for inputs to policy makers
- The advocating of research results through seminar, workshop, discussion, and other forum with policy makers
- The involvement of researchers and the center in health policy making and trying to incorporate evidence in policy making.

CONCLUSION

From the experience of the center with regard of bridging research into policy and practice, an appropriate method to enhance the use of research knowledge is by pushing research producers into policy making cycle and pulling policy makers with research evidence.

To push research into policy-making world, the center should improve every step of research management starting from research agenda, research topics, research proposals and research protocols. In each step, we should involve clients discussing the information they need.

In order to pull policy makers with evidence (research knowledge) in setting their policy, the center should produce not only scientific publication (journals) but also actionable messages for policy makers i.e. policy papers, policy brief and policy memoranda. Advocating research results to policy makers through a forum with face-to-face interaction is very important to change policy with research results, such as, workshop, seminars, and round table discussion.

In conclusion, the way to enhance research knowledge into policy and practice is by making a better environment in such a way that health research is to be a part of management tool in strengthening health system. The management and the researchers should be working together with policy makers from identification of research agenda until policy making process.

REFERENCES

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