# Becoming more effective actors for evidence-based health systems policy and practice;

Experiences of research, research uptake and capacity-building from the ReBUILD research programme consortium

**Authors:** Nick Hooton<sup>1</sup>, Sreytouch Vong<sup>2</sup>, Haja Wurie<sup>3</sup>, Yotamu Chirwa<sup>4</sup>, Millie Nattimba<sup>5</sup> and Sally Theobald<sup>1</sup>

(1) ReBUILD & Liverpool School of Tropical Medicine, UK, (2) ReBUILD Consortium, Cambodia, (3) ReBUILD & Biomedical Research and Training Institute, Zimbabwe, (4) ReBUILD & College of Medicine and Allied Health Sciences, Sierra Leone, (5) ReBUILD and Makerere University School of Public Health, Uganda

## Introduction

For sustainable evidence-based health systems (HS), researchers need skills both to conduct high-quality research and to support its use in policy and practice. But lack of national capacity to conduct health systems research (HSR) and weak systems to support evidence-based policy and practice, are magnified in countries recovering from conflict or crisis, with exaggerated imbalances between national and international actors, and low demand and supply of contextualised, nationally-led HSR.

# ReBUILD: Research – Research uptake – Capacity building

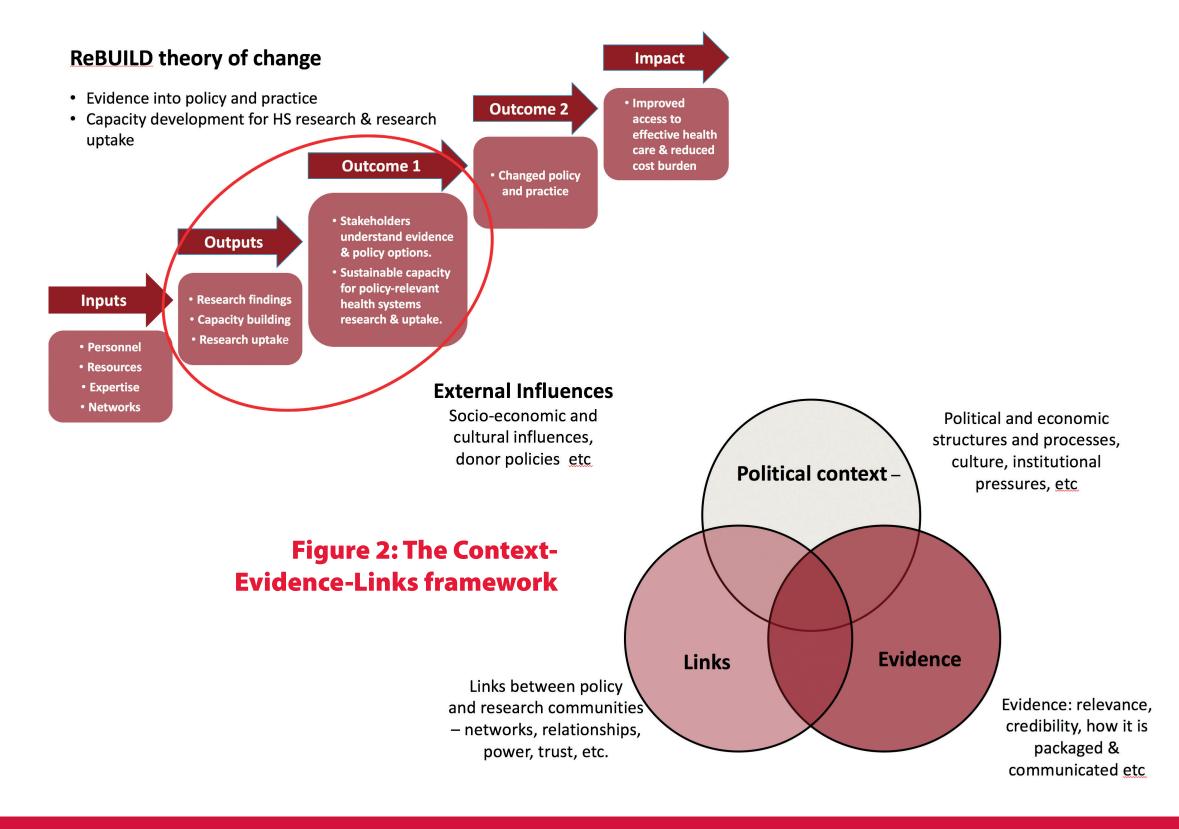
The ReBUILD research programme consortium (RPC) has been conducting health systems research in a number of post-conflict settings, with a specified objective of supporting the use of its evidence in policy and practice within partner countries and at international level. Alongside the collaborative research activities with partners from Sierra Leone, Uganda, Cambodia, Zimbabwe and the UK, ReBUILD's theory of change (figure 1) includes strategies both for research uptake and for capacity-building of partners to become more effective actors in HS policy processes.

# Different contexts – different approaches

With very different contexts, research uptake strategies have differed significantly between countries. The Context-Evidence-Links framework (figure 2), developed by ODI, is a useful tool to illustrate how research uptake approaches have been adapted based on differences in 'external environment', political & economic context, linkages between health systems actors, relevance of ReBUILD evidence to current priorities, and broader context around use of evidence in policy and practice.

<sup>1</sup>See ODI (2014) Tools for bridging research and policy: the RAPID Context, Evidence, Links Framework www.odi.org/publications/8287-tools-bridging-research-policy-rapid-context-evidence-links-framework

#### Figure 1: Summary of ReBUILD's Theory of Change



#### Cambodia

- Context: Limited national HS research; new Health Strategic Plan expanding 'Special Operating Agency (SOA) model of contracting; influential development partners; most evidence externally sourced.
- **Evidence:** ReBUILD's evidence on contracting relevant; limited evidence on SOA effectiveness.
- Links: Limited links between HS decision-makers and researchers.
- ReBUILD research uptake approach:
  - Presented contracting evidence directly to development partners' group.
    New study commissioned.
  - Supported 'Health Researchers Forum' (HS researchers & decision makers) mapping national HS research, including ReBUILD's, onto policy priorities.

#### **Sierra Leone**

- **External environment:** Ebola outbreak: ReBUILD research pre-Ebola continued through outbreak.
- Context: *Pre-Ebola* Limited demand for evidence; few RU opportunities. *During/after Ebola* increased demand for evidence; quite chaotic.
- **Evidence:** ReBUILD's evidence on health workers (HW) very relevant.
- **Links:** ReBUILD staff links to MoHS via technical working group (TWG) and donors. ReBUILD UK partners linked to international discourses on Ebola.



- Actively shared HW evidence during/after outbreak; ReBUILD staff embedded in post-Ebola recovery process (evidence now in national strategies); national ReBUILD staff on international platforms.
- Realigned some research into HW experiences during Ebola
- New programme to develop national HSR capacity

#### **Zimbabwe**

- **Context:** Extremely difficult political & economic context; highly sensitive to argue for change.
- **Evidence:** ReBUILD financing & HW evidence relevant to policy priorities.
- **Links:** Already effective TWG established by MoHCC & ReBUILD affiliate partner. Effective civil society organisations (CSOs)
- ReBUILD research uptake approach:
  - Worked through existing TWG for communication of research, MoHCC staff involved in affiliate research.
  - Developed new links with CSOs and programme supporting parliamentary committees.

#### Uganda

- **Context:** Strong culture of evidence-based policy but a crowded space and challenging to be heard. ReBUILD focus on post-conflict north seen by some as 'favoured' area.
- **Evidence:** All ReBUILD evidence particularly relevant for north, but national interest in ReBUILD's social network analysis (SNA) **method**.
- **Links:** Strong links between MUSPH and MoH; new RU partnerships developed in north.
- ReBUILD research uptake approach:
- Active RU in north, with community-level RU piloted.
  Maintained RU nationally; interest in SNA method enabling research findings to be shared.

#### **International**

- **Context:** Increased focus on fragile and conflict-affected settings (FCAS), and on health systems strengthening (HSS).
- **Evidence:** Relevant 'themes' developed from cross-cutting analysis of different post-conflict contexts; resources developed.
- **Links:** Initially no strong community of practice (COP) on HSR in FCAS, nor collation of evidence on post-conflict contexts.
- ReBUILD research uptake approach:
  - Active development of HSG TWG on fragile & conflict-affected states.
- Active engagement (meetings/consultations/online) raising profile; invitations for strategic input on HSS in FCAS from number of agencies. Resources on post-conflict HSS developed. Active engagement with international NGO community

### Conclusions

- The RPC approach, focusing on research uptake and capacity-building, has enabled evidence to feed into very different policy discussions more flexibly and effectively than individual partners could have managed.
- National partners are better placed for research uptake as evidence emerges and opportunities occur. ReBUILD is also well placed for supporting evidence-based policy and practice for HSS in FCAS.
- ReBUILD's experience suggests the RPC model does help develop more effective and sustainable capacity for researchers at all levels to be effective actors in evidence-based HSS.

#### Further information:

More on ReBUILD's research and research uptake can be found at www.rebuildconsortium.com





