Health Policy & Systems at UCT

Embedded HPSR

"…embedding of research in real world policy, practice and implementation is needed to strengthen health systems worldwide" (Ghaffar et al. 2017)

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Embedded HPSR

'Embedded research' is an increasingly popular term in HPSR

- WHO *'Changing mindsets: strategy on health policy and systems research,* called for the embedding of research into health systems processes (WHO 2012), argues that **when embedding happens, researchers and decision-makers are linked through a system in which the need for evidence to inform policy is understood by decision-makers.**

- WHO's 2013 World Health Report (*Research for UHC*) says a priority for research UHC is the translation of research into policy and practice is to **"Embed research within policy-making processes in order to facilitate the dialogue between science and practice"** (WHO 2013).

In HPSR there has been a rapid uptake

Year	Citation	Group
2012	Koon A, Nambiar D, Rao DR. 2012. **Embedding of research into decision-making processes.** Alliance for Health Policy and Systems Research, WHO.	Alliance
2013	Koon AD, Rao KD, Tran NT, Ghaffar A. 2013. **Embedding health policy and systems research into decision-making processes in low-and middle-income countries**. Health Research Policy and Systems, 11: 30.	Alliance
2016	Caffrey L, Wolfe C, McKevitt C. 2016. **Embedding research in health systems: lessons from complexity theory.** Health Research Policy and Systems, 14: 1-9.	UK, Kings College
2017	Ghaffar A, Langlois EV, Rasanathan K, et al. 2017. **Strengthening health systems through embedded research.** Bulletin of the World Health Organisation, 95.	Alliance
2017	Langlois EV, Tran NT, Ghaffar A, Reveiz L, Becerra-Posada F. 2017. **Embedding research in health policy and systems in the Americas.** Rev Panam Salud Publica (Pan American Journal of Public Health), 41: e68.	Alliance
2017	Molyneux S, Tsofa B, Barasa E, et al. 2017. **Ethical challenges in conducting embedded, long-term research.** RESYST Policy Brief.	Kenya, RESYST KEMRI
2017	Olivier J, Scott V, Molosiwa D, Gilson L. 2017. **Embedded systems approaches to health policy and systems research.** In: Savigny et al (eds). Applied Systems Thinking for Health Systems Research: A Methodological Handbook. Maidenhead Berkshire: Open University Press.	South Africa, CHESAI, DIAHLS
2017	Tran N, Langlois EV, Reveiz L, et al. 2017. **Embedding research to improve program implementation** in Latin America and the Caribbean. Revista Panamericana de Salud Pública, 41	Alliance
2017	Vindrola-Padros C, Pape T, Utley M, Fulop NJ. 2017. **The role of embedded research in quality improvement: a narrative review.** BMJ Qual Saf, 26: 70-80.	UK, University College London
2017	Tugwell P, Knottnerus JA. **Benefits of embedding researchers in a health service setting**. Journal of Clinical Epidemiology, 85: 1-2.	Australian & Canadian
2017	Wolfenden L, Yoong SL, Williams CM, et al. **Embedding researchers in health service organizations improves research translation and health service performance**: the Australian Hunter New England Population Health example. Journal of Clinical Epidemiology, 85: 3-11.	Australian & Canadian

Embedded HPSR?

"…research conducted in partnership with policymakers and implementers, integrated in different health system settings and that takes into account context-specific factors can ensure greater relevance in policy priority-setting and decision-making" (Ghaffar et al 2017)

The HPS 'Researcher' is *part of* the system

governance, Information, medicines & technology, People, human resources, financing, service delivery

'*All those engaged in research and analysis* on health policy and systems *are part of the web* of actors and organisations shaped by social, political, and economic forces *that together make up health systems*'

(Sheikh et al 2014)

Is HPS RESEARCH a building block? An interaction? A function of the HS? An intervention?

Benefits of embedded HPSR:
Research Leading to Stonger Health Systems

- **Research becomes a core function of every well-functioning HS**
- **Embedding (researchers into HS, or implementers into HPS research) will promote the systematic uptake of research findings and evidence-based strategies into routine action (implementation / policy)**
  - As a result of stronger trust between researchers and HS actors
  - Because findings will feed more rapidly back into the HS
  - Because critical issues will be more easily identified – and lead to actionable and useable results (identifying critical issues, and in a better position to make the changes within the system)
  - Difficult findings can be engaged in a safe space (inside the HS)
- **Leading to improved evidence-based/informed decision-making in HSs**
- **Leading to improved capacity within the HS – 'learning systems'**
- **Embedded HPSR should itself have a HSS effect**

Benefits of embedded HPSR: Better Quality Research

More deeply embedded HPSR leads to:

- **Identifying substantively relevant problems/questions**

- **More in-depth (insider) knowledge of the system and context – including tacit knowledge**

- **At same time, insider-outsider perspective (of researcher) can bring fresh perspective, and can more easily 'speak truth to power'**

- **Better access to people and information – less likelihood of being blocked by gate-keepers**

- **Better chance of observing routine systems functioning**

- **Enables the focus on 'people' in the HS and their relationships, and how actions lead to strengthened HSs**

- **Results in more responsive research**

How 'embedded HPSR' is framed in the current literature

1. Nested (method) / within, underlying

2. **Social and contextual embeddedness** (NB systems within systems)

3. **Processes for ensuring uptake of research/evidence into health system's decision-making** (currently main focus on institutions at macro level, and localisation)

4. **Embedded research informing HS implementation**

5. **Embedded HPSR leading to learning systems**

6. **Embedded people** (people embedded in health systems)

7. **Embedded research 'approaches' for rigorous and relevant HPSR** (e.g. insider research challenges and benefits, including ethics)

Paradigms of knowledge

Positivism

Critical realism

Relativism (Interpretivism/ Constructivism)

Embedded HPSR as KT (knowledge transfer)

Embedded HPSR as relational

(but we can put processes in place to improve E2P)

Embedded HPSR as relational

Top-down approaches favoured

Bottom-up approaches favoured

e.g. functional solutions

e.g. Embedded HPS Researchers need competencies re reflexivity & positionality, but also able to provide functional solutions

e.g. PAR, ethnography

EMBEDDED INDIVIDUALS

Many <u>types</u> of embedded HPS research(ers)

Insider-researchers
Jointly appointed / affiliated staff
Insider student research
HPSR project researchers immersed in the HS
NGO/agency staff planted in the HS
Research partnerships & joint prog of work
Government organisations
Advisory bodies
Research institutions
NGOs
Committees
Think tanks
Technical agencies
Academic institutions
Consortia & networks
Bi/multi-laterals & funders

EMBEDDED INSTITUTIONS

Some characteristics of embedded HPSR

- **Positioned** as 'insider-research' – inside the health system

- Is **changeable**, flexible, and adapting

- Is **interdisciplinary** and intersectional

- Is highly **relational**

- Is aligned with **local priorities and policies**

- Prioritises **health system decision-makers**

- Is **locally-driven**, or should have local-ownership

- (as HPSR) Focuses on **inequalities**

- Involves the flattening of **hierarchies of power**

- [Can be a web of embedded activities and relationships (indivudial and institutional) that emerge over time]

Characteristic challenges of embedded HPSR

- **Beware of 'pseudo' embedded research (or gaming 'participation')**

- **It takes time, and the slow speed creates challenges**

- **It can be more 'expensive' than other rapid research approaches**

- **Requires specific capacities/competencies from the researchers**

  - **Insider-researchers struggle to maintain objectivity**

  - They might get caught in power dynamics and local politics; feel compelled to report more positively; find it difficult to evaluate their own intervention/program; find it hard to remain detached, especially when seeing something 'wrong'

  - Tensions in utilising observation and experiential knowledge

  - Insiders can be blind to norms

- **Raises particular ethical challenges – not well served by traditional HREC, the very embeddedness can raise risk to HS**

Required competencies for embedded HPS RESEARCHERS

- **Systems thinking**

- **Reflexivity** (incl being able to understand own **positionality** and power)

- A **critical perspective**

- Knows how to act as an 'insider-researcher' within 'their' HS

- Has high levels of **communicative capacity**

- Can **translate** between groups, can be a **'knowledge broker'**

- Knows how **to network and connect** across groups and institutions

- Can speak **'truth to power'**

- Has **ethical mindfulness**

- Can apply standard good / **rigorous research methods**

- Can negotiate **complexity, change and uncertainty**

- **'Conflict management' and facilitation**

- **'Reputation management'**

Thank You

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All suggestions and comments welcome

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