

Getting Research into Policy and Practice

9th NIH Scientific Meeting

18 September 2006

Medical science has become a potent cultural symbol that permeates modern life. Today, we see the widening of remarkable therapeutic opportunities and gains in the quality of life from new technologies, new drugs and drug delivery systems. Although science has provided a foundation for health care, social values and economics have also re-shaped much of the system.

As we move on, from year to year, decade to decade, we see shifts in paradigms and changes in boundaries of health care. Many new and formidable challenges evolve before us, as if mocking us and daring us to adapt, to change or to languish away into antiquity. Preventing and managing diseases, in an era of tremendous social, political, economic and ideological shifts within and outside the country, are not easy. Unfortunately we do not have high tech quick-fix solutions to help us grapple with these challenges. We can and should only depend on rigorous scientific proof, derived from sound and well-conducted research, to help us make intelligent decisions and provide amicable solutions.

Against the backdrop of increasing consumer demands and increasing healthcare costs, those of us responsible for managing health and health care organisations are continuously faced with having to make difficult and at times, unpopular decisions. To reduce inequalities and disparities in health for example, policy makers and health service providers must find the best or optimum solutions to ensure smooth health care delivery, within a health system that is often over-stretched and under-resourced.

So how do we convince ourselves and others to provide us with what we need in order to fulfill our responsibility of delivering health care that is fair, equitable, accessible and efficient and yet robust, sophisticated, advanced and competitive? Well, we would have to make effective and convincing decisions, and, effective and convincing decision-making can only be done if, one, we have adequate and relevant scientific evidence to support our arguments, and two we are able to articulate convincingly, either in terms of verbal repartee or better still, by producing solid evidence from publications in peer-reviewed journals, so that the battle is won even before the discussion starts, so to speak.

Policy makers can be hard nuts to crack, stubborn even when convinced. In contrast, health care providers can be stubborn even without being convincing. All these innuendos call for

renewed efforts in health research. Research findings have been shown to influence decisions at many levels. Our prime objective, as health care providers, is to see how we can prevent diseases better, take care of our patients better, monitor and evaluate what we do better and ensure that everything that we do, takes cognisance of our national disease burden, our socio-cultural sensitivities and our multicultural uniqueness. We need to also ensure efficient and optimum use of limited resources and measures that are cost-effective.

The theme for the 9th National Institutes of Health (NIH) scientific meeting is "GETTING RESEARCH INTO POLICY AND PRACTICE". Let me tell you that, although it is this year's theme for this conference, we have been talking about this for many years now. And the fact that we are still talking about it still is because it is not easy to do this.

What is even more disconcerting is that it is not easy to do this, despite the growing awareness of the gap between clinical practice and research findings, the need to justify huge public investments in research and the outcry for greater accountability in what we do. From this NIH meeting, I hope all of you will be able to provide new insights as to how we can employ the evidence-based approach to ensure the successful implementation of our many projects in the 9th Malaysia Plan, to start with.

As I have often said, many a time, we Malaysians are brilliant at providing great ideas and innovative plans for better ways of doing things. Our problem seems to be in the implementation of these ideas. History is replete with examples of how we have failed despite getting tremendous support for introducing the idea. Make no mistake, Ladies and Gentlemen, there is really no problem translating these ideas to fellow Malaysians and to others outside Malaysia. The problem is, once we wet the appetite of the others, and begin with our first course in the agreed menu, the others are already having dessert, and coyly waiting for their next meal.

The establishment of the NIH is seen as a major step in providing a continuum to assist researchers translate their vision for research, from the bench to the bedside, and to policy and practice. Our NIH is aimed at creating useful and effective networking for health and medical research, and supporting the needs of the service providers by providing the relevant information and evidence needed. In the recently concluded 8th Malaysia Plan, 57 research projects conducted at a cost of RM13 million had been undertaken over a five year span. These projects received funding from the Ministry of Health's research grants. In addition, 21 other IRPA funded research projects at a cost of RM 41 million were also successfully completed. 5 patents have been registered and 4 research products commercialised.

So, do we pat ourselves on the back or can we do better?

I say, WE CAN, AND WE SHOULD, DO BETTER, MUCH BETTER.

In theory, "evidence based decision-making" should work well. Researchers produce evidence which policy makers and other medical practitioners can then use to support decision making. In return, those in managerial positions provide researchers with resources including reasons for shortfalls for research, also using the evidence-based approach. This symbiotic relationship between researchers and policy makers and health managers has intuitive and common sense logic.

However, in practice, this so-called symbiotic relationship does not always work. In a case study of 7 countries published in November 2000 conducted by the Council on Health Research for Development (COHRED), it was reported that many researchers were skeptical about the extent to which research findings were being adopted. And conversely, the same report also noted that policy makers and managers were themselves skeptical about the usefulness of the research findings; often either finding them not relevant to real life problems or that they have been stated in esoteric or obscure language, published in inaccessible journals. Criticisms from decision-makers are leveled at the relevance and usefulness of research findings. Even if these findings were deemed useful - the timeliness of presentation, the lack of conciseness and inappropriate channeling of research results make them unhappy and unmoved with the research findings. So they remain unconvinced, undeterred and unimpressed. This negative perception was also noted amongst those who were convinced of the value of an evidence-based approach to planning their service programmes.

So, what do we do?

We need to address the 2 research gaps. Before and after conducting the research. No point doing research only YOU are interested in but not the industry, for instance, if you are into trying to produce new commercialised products.

The divergent perspectives between researchers and policy makers have been well-researched and documented. An article published in the Journal of Epidemiology and Community Health in its 2005 December issue, studied the reasons that impede the translation of research into policy and practice. One such reason put forward is that both researchers and policy makers have different views of what constitutes evidence.

Researchers are obsessed about research methodology and the levels of evidence gathered through different study designs, such as clinical trials and observational studies. Policy makers on the other hand, are more often informal in their assessment of information, even one that is quantitative in nature. They tend to look for important information based on quick reflections of reality such as through poll results, opinion surveys, anecdotes and real life stories.

Although we agree that urgent and timely information is important, there are repercussions. The time needed to produce valid and reliable evidence is often under-appreciated. Because doing good research often takes time, decision-makers become disillusioned with research and look for other sources of evidence. Researchers sometimes get tempted to take 'short cuts' to complete the research more quickly, compromising the utility and credibility of their research, in the process.

Improved understanding of the reasons for poor uptake of research findings is obviously important in order to address the theme of this conference. It is necessary to identify, potential barriers to implementation and to develop strategies to overcome them. Some of these barriers have already been highlighted earlier.

The incompatibilities between researchers and decision-makers can be overcome by building bridges. Unfortunately, knowledge is often lacking about where these bridges should be built, how, or by whom.. and we, in Malaysia, know, how difficult it can be build bridges.

So, how do we go about doing things better?

Firstly, there is a need for mutual trust and respect between researchers and decision-makers. Do not assume that just because we have done the research, decision makers just have to swallow the results or be damned! The real world is more complex. The British Medical Journal in 1998 reported that approximately 2 million articles on medical issues are published annually. Thus undertaking systematic reviews, to aid decision makers make sense of all the evidence buried in a mass of conflicting opinions and research findings, can help.

Secondly, we need to recognise each others strengths and weaknesses, as well as likes and dislikes. Studies by Patton and colleagues have shown that many attempts to apply research findings into policy and practice have suffered as a result of researchers' unrealistic expectations, their usage of unclear definitions, and their lack of comprehension and possibly, ignorance of the decision-making environment and process. A word of caution, though. Simplifying and occasionally over-condensing results just to address the dislike for lengthy reports by decision-makers may deny decision-makers access to sufficient information, with which to formulate or design coherent policies and practical programmes.

Thirdly, address the research gaps. This highlights the importance on the need for decision-makers to be more involved in the early stages of research development and planning, for example in the problem identification phase. Policy makers and other decision-makers can often identify problems but may not be able to formulate them into research questions; researchers on the other hand can provide a valuable service in helping to frame an issue to manageable proportions. Also what to do with research findings once results are validated and become obtainable. Whilst some researchers can promote their own work, in general, researchers have not been systematically involved in the implementation of their own findings and thus, may not be well-equipped to do so.

Fourthly, we need to address the issue of how research results are being communicated and disseminated. Researchers are often unprepared or ill-prepared to communicate their results to decision-makers; to them, the publication of research findings in scientific journals is sufficient to attract the attention of decision makers. However, from the perspective of decision makers, the traditional output of research projects such as final reports and peer reviewed papers are often inaccessible to them, either materially, or because of the language used. For this, increasing attention is now being given on the concept of interfaces between researchers and users of research in getting research into policy and practice. One way is to train a new kind of professional - the "knowledge broker". The latter is one who is knowledgeable enough about research to act as a translator of research in local settings. The "knowledge brokerage" model is not something new as it has been successfully applied by the European Observatory on Health Systems and Policies, and those working at the Milbank Memorial Fund. In addition, to act as the interface, knowledge brokers also simplifies the information. Its success has led to the WHO setting up the Health Evidence Network (HEN). A similar move is already in the pipeline for Asia, with the setting up of the Evidence Informed Policy Network (EVIPNET) pilot project of which Malaysia is one of the collaborators.

Fifthly, the dissemination of research findings to a variety of audiences, including other health professionals, lay readers and journalists is another proven effective strategy. This will result in a wider acceptance and utilisation of research findings. For this, the mass media can play an important role, not only in the process of dissemination of information and recommendations

to the public but also in communicating the importance of a health issue to decision-makers either directly or by creating public advocacy. I am glad to note that there will be a plenary paper to be presented by a representative from the media at this Scientific Meeting. But the media must not be overly influenced or swayed by those who flout ethics and provide claims based on flimsy or no evidence. This sort of false and misleading information provided through the mass media is a disturbing trend in this country, especially when it comes to T/CM. I urge the media to be wary of such unscrupulous characters. Dissociate yourselves from them and stick to those who practice evidence-based medicine and who work hard to provide sound evidence through properly conducted research.

For us in Malaysia, like in any other country which invests in proper and meaningful research, we need to have a national research agenda in order to harness, provide or align adequate resources for research that have been identified. As always, in matters of health, the MOH has always played a leading role, and recently took the initiative to organise the National Conference on Research Priorities in the Health Sector for the 9th Malaysia Plan to produce the National Research Agenda with the participation of other key stakeholders from the



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universities and research institutions. Recommendations and other outputs from that conference will form the main strategies to pave the way for getting research findings into policy and practice. I am also happy to note that plenary presentations centering on these issues will also be presented in this 9th NIH Scientific Meeting.

Let me reiterate what I said earlier. Getting research findings into policy and practice is not a simple process. We must work hard to bridge the gap between researchers and policy or decision makers by taking stock and effecting the five recommendations outlined above. Our researchers must also have a better understanding of the decision-making environment and produce quality research results relevant to addressing issues of local, national, and global importance.

For us in the MOH, this heavy responsibility falls on the shoulders of our research institutes under the umbrella of the NIH. On this note I must congratulate the Institute for Health Systems Research for taking the initiative to develop a module to help facilitate the translation of research into policy and practice. A significant proportion of this module is aimed at

facilitating better understanding of the decision-making environment and decision-making process. To all the other component institutes, I hope you'll rise to the challenge of developing innovative strategies and mechanisms to attract potential users and get your research information into policy and practice.

Policies and practices are necessarily subjected to change and are constantly framed and reframed in response to changing contexts and scenarios. We know that the relationship between research and policy is often tenuous. But we have no choice in the matter. We have to work together. The world is becoming more conscious and aware of the limited resources and the need for accountability and measures to ensure cost-effectiveness. We need each other. We have different responsibilities but the same objective. We want to do our best to ensure good outcomes for everyone. We must not just look at our own perspective only but at the bigger picture.

I end my speech in 2 quotations:

"It is not enough to be busy. The question is: what are we busy about?" Henry David Thoreau.

"To laugh often and much, to win the respect of intelligent people and the affection of children, to earn the appreciation of honest critics and endure the betrayal of false friends, to appreciate beauty, to find the best in others; to leave the world a little better; whether by a healthy child, a garden patch or a redeemed social condition; to know even one life has breathed easier, because you have lived. This is the meaning of success" Ralph Waldo Emerson.