Dr El-Jardali wins the Global Health Leadership Award

In October 2009, Dr. Fadi El-Jardali won the Global Health Leadership Award from the Global Health Research Initiative (GHRI) for his program of research entitled: Towards Evidence Informed Policies In the Middle East and North Africa Region". We did an interview with him to discuss this award grant and how it is relevant to Lebanon. Dr. El-Jardali was selected as one of only 14 global health leaders worldwide to receive this award to date. This is also the first award of its kind in the Middle East and North Africa region and one of the first to address health systems and policy in the region.

1- What does this award means?

This award is given to support the career progression of emerging leaders in health systems in Low and Middle Income Countries (LMICs) by building individual and institutional capacity to conduct strategic applied health research that addresses pressing health system and policy issues; and to develop and implement innovative mechanisms for integrating research with policy and practice on national, regional, or global relevant health system issues.

The grant award will span a three year period. This award will provide me with support to undertake my program of research entitled: "Towards Evidence Informed Policies in the Middle East and North Africa Region: Capacity Development and Baseline Assessment of the Policy Making Process and Research Production and Translation".

2- What does "Evidence-Informed Policies and decisions" mean?

Evidence-informed health policymaking is an approach to policy decisions that is intended to ensure that decision making is well-informed by the best available research evidence. The same is true for management decisions in health care organizations. Evidence-informed decisions allows for evidence to be an important input into the policymaking process and decisions. For instance, opening a new hospital (whether public or private); introducing the health card for the uninsured; developing community public health programs, reforming national social security funds etc, are examples of decisions that should not be made without information and evidence.

In health care, poor decisions that are not informed by evidence are costly to human lives and it renders those who make such decisions subject to criticism for failures. If a health professional commits a mistake out of negligence, one person might get injured or die, but if a policy maker or a manager took a poor decision, many would be harmed or injured. Evidence-informed approach to policies and decisions allows politicians, policy makers and managers to make better decisions that will improve the health of citizens. Policy and decision makers should demonstrate to us that they are using good information on which to base their decisions. An evidence-informed approach to decisions would help create a culture that promotes the use of evidence and continuous improvement to decisions. In short, evidence-informed decisions can strengthen health systems and management in health care organizations.

3- What are the plans for your program of research on this topic?

First, let me tell you that the Ministerial Summit on Health Research in Mexico in 2004 and the Global Ministerial Forum on Research for Health in Bamako in 2008 focused on the need to use research evidence as a major policy-planning tool. In

November 2008, fifty-three countries officially represented at the Global Ministerial Forum on Research for Health issued the Bamako Call to Action, urging National governments and international development agencies to continue to promote and finance the application of evidence-informed policies; and to engage policymakers and practitioners in using evidence to inform decision-making.

In our region, and over the last 2 years, we have conducted the first priority-setting exercise that identified regional policy concerns and research priorities related to health financing, human resources and the non-state sector, based on stakeholders in nine Low and Middle Income Countries (LMICs) of the MENA region. The countries included in this study were: Algeria, Egypt, Jordan, Lebanon, Morocco, Palestine, Syria, Tunisia and Yemen. In this work which has been just published in the Health Policy and Planning Journal, we found that policy makers and stakeholders are concerned about health financing, in particular: poor health spending; poor quality of care; absence of a social security insurance system; lack of regular needs assessment; centralization of services and limited communication between ministries; and lack of a structured mechanism of paying private Providers. In terms of human resources for health, we found that policy makers and stakeholders are concerned about shortages, poor planning and lack of data, geographic and sectoral mal-distribution; lack of programmes for continuing education and training; lack of updated curricula and educational programmes; lack of re-licensing policies for health professionals; lack of financial and non-financial incentives; out-migration; lack of regulation of foreign-educated health workforce and non-national health workers and poor social image of some segments of the health workforce. In terms of the non-state sector, we found that policy makers and stakeholders are concerned about poor regulation of the non-state sector including the private sector; no monitoring of performance; mistrust between state and non-state sectors; limited information on services provided, quality and capacity; lack of needs assessment (poor coordination) and duplication of services; misuse and over-utilization of services in the non-state sector; unclear role for the civil society and dual employment in both sectors.

Building on this work, we have identified the policy-relevant research priorities, and we communicated this with ministries of health, stakeholders, WHO and all funders. In our new program, we will conduct a baseline assessment that will profile the production of health system and policy research including systematic reviews in the Middle East and North Africa (MENA) region. This will help us identify which of the policy concerns and priorities can be addressed from existing literature. We will also conduct media analysis to assess how policymakers, stakeholders, and researchers talk in the media about health policy priorities and evidence. We will also survey stakeholders about health policy making process; and we will undertake national case studies on how health policies and decisions are made. Countries will be selected based on different political and social structures. Such work will help us identify the context where policy making and decisions take place and would allow us to identify the policy entry points where we can advocate for evidence to be transferred into policy. In addition, we will work on packaging and disseminating summaries of evidence and policy briefs on priorities and convening national and regional policy dialogue on pressing health policy issues.

4- What does it mean for Lebanon both at the system level and at the organizational level

Over the last few years and through our interaction with policy makers and managers in Lebanon, I am realizing more and more that the demand for change in the way health policies and organizational decisions are made in Lebanon is high. Policy makers and decision makers are more receptive of evidence and they are encouraging us as researchers to increase the supply of relevant evidence. In other words, there is a very good opportunity that we promote a culture of evidence-informed decisions in Lebanon both at the system level and organizational level. Also, let us not forget that citizens are demanding more accountability and transparency in the way decisions are being made. And this is a right in itself.

5- By the way, who are the policy makers in Lebanon?

Let me say that contrary to what some people might think, policy makers are not only those people who work in the public sector, say Ministry of Health (MOH). After all, public health is not a sole responsibility of MOH. I would rather say who are the policy makers and stakeholders in Lebanon who have a direct and indirect stake in health. I usually put them under different categories: politicians, directors in MOH; directors in health-related ministries such as Ministry of Finance, Education, Labor; directors in professional associations such as syndicate of hospitals, orders of nurses, physicians, pharmacists, etc; directors in non-governmental organizations, directors in the private sectors(including main hospitals); media; and donor organizations and funders. As you might realize, all of the above play a key role in shaping, influencing, directing and making decisions and policies. We should also not underestimate the collective nature of how decisions and policies are made. Health policy decisions are complex in nature and they would require input and effective engagement of all stakeholders. Thus, we need to make sure that all policy makers and stakeholders are informed whenever they tackle health policy issue.

6- What other countries have done and what about countries in our region?

The uptake of research evidence into policy is not only a challenge in our region. Several regions and countries have been challenged by this issue. Many countries such as Canada and some other European countries have embarked on big initiatives to promote a new culture of decision making. Many countries have established knowledge translation platforms in collaboration with Evidence Informed Policy Networks (EVIPNet). The mandate of EVIPNet is to help inform policies by evidence and to help make better use of existing evidence. There is no doubt that we can learn a lot from them. By the way, last January 2009, and in collaboration with WHO, we launched here in Beirut the EVIPNet East Mediterranean Region (EMR) and so far 14 countries from the region have participated in this initiative. In addition, a WHO meeting was recently organized in Lebanon to strengthen the role of academic institutions to help inform policies. And the Faculty of Health Sciences at AUB and other institutions in Lebanon contributed well to this meeting. The meeting was well attended by many researchers and policy makers from the region and it helped create a network to help move this forward. In short, efforts have been mobilized in several countries in our region in order to strengthen the use of evidence in decisions and some of them are establishing partnerships between academia and policy makers.

7- Will this program be feasible for Lebanon?

Why not? In fact, I have to say that we have many successes here in Lebanon. Over the last few years, and through the department of health management and policy at AUB, we have established an Academic/ Practitioner Collaborative Teaching Model. Two health policy courses: HMPD 318 - Policy and Decision Making in Health Care and HMPD 320 - Governance in Health Care were co-taught together by a faculty member and a policy maker. For each session of those two courses, the faculty member covered the theory component after which the policy maker (Dr. Walid Ammar) covered the practice aspects related to policy making and governance. Real life examples and case studies were shared with students. This would not have been successful without the partnership we have made with the Ministry of Public Health, and particularly the General Director Dr. Walid Ammar. In addition, the Faculty of Health Sciences now send students to do their practicum on a policy relevant issue at the Ministry of health.

Another success story is our partnership with the Syndicate of Private Hospitals. Over the last four years, we have conducted several research projects that were supported by both the syndicate and MOH and the results were disseminated. In fact, we have developed a unique partnership with the Syndicate of Private Hospitals, and Mr. Sleiman Haroun was among the first leaders who promoted and encouraged such partnership. As you might know, we have done several projects including accreditation, patient safety, nursing workforce issue and more importantly the current national initiative which is called the Lebanese Hospital Quality Performance Scorecard System (LHQPSS) which will be launched soon. This project is a national initiative in Lebanon, aiming to promote a standardized list of key performance indicators which all private and public hospitals report on in a unified way. The objectives of this work entail the identification of core performance indicators for all hospitals in Lebanon that are currently being developed collaboratively and measured consistently using similar tools across all institutions. Furthermore, this initiative entails building the capacity of these hospitals to measure and report on the identified key performance indicators; that is through educating and empowering the staff to perform such operations. MOH is informed about this and we are continuously discussing with them how this can be institutionalized through their policies to ensure that enough incentives are present for hospitals where good performing hospitals (based on balanced set of indicators) are rewarded. So far, things seem positive in that regard. To our knowledge, there has been no such exercise in the region where researchers and policy and stakeholder organizations and managers have worked together through a participative and consensus based approach to develop and implement such initiative at the national level.

LHQPSS is done in close collaboration with hospitals and funded by WHO Lebanon office. All of the above initiatives were conducted with the aim of increasing the evidence and information that would help make better decisions in hospitals and at the system level. By the way, all the results, papers and reports that were published over

the last three years were sent to policy makers and managers in health care organizations in Lebanon. This was well received by stakeholders who acknowledged that the evidence provided to them is guiding some of their decisions and strategies. We hope that such exchange would help provide them with data and information to improve their decisions.

One last thing to mention is the fact that we are now developing proposals with policy makers and managers and in certain instances several policy makers and managers are becoming members of the authorship team of articles and reports.

8- What is required from policy makers and stakeholders?

We hope that they will use the relevant evidence that is being disseminated to them. The new book that was just published by Dr. Ammar (Health beyond Politics) provides a good example of how policy makers are making more use of available and relevant published literature. We hope that policy makers and managers would help promote a new culture of evidence informed decisions. This can be done by establishing and strengthening partnerships and engagements and requesting specific information about their key concerns in the hope those researchers and other organizations can help supply such information to them. Decisions that are complex require involvement from everybody including researchers, and that is why they need to engage them more and more in their deliberations. In addition, they need to encourage research on key relevant issues and more importantly use available evidence in their decisions. Policy makers and managers should recruit people who can help access and synthesize evidence. For example, policy analysis units are required in many MOHs in the region. People working in the information management departments in health care organizations should be able to translate data into information and knowledge so they can make use of available data to improve decisions. Same thing applies to professional associations, civil society groups, and international organizations. Besides, they should invite experts and researchers to participate in technical committees and advisory boards. I also hope that policy making and stakeholder organizations would encourage operational research and would allow it to be done by technical experts and in a scientific way.

Lastly, policy makers and stakeholders should allow for the formation of social networks and should engage civil society groups and consumers in the decision making process. Such groups are the ultimate recipients of the desirable and undesirable impacts of health policies, and many governments and organizations have acknowledged the value of involving them in policy development. The potential benefits of doing this include: the establishment of policies and decisions that include their ideas and address their concerns, the improved implementation of policies and decisions, and more importantly improved health services. The civil society should be involved in reviewing and commenting on identified policy options, implementation strategies, and draft policies. Such involvement would even encourage participative democracy, public accountability and transparency.

9- What is required from professional associations?

They need to encourage partnerships with different organizations including academic institutions and researchers. I see the experience with the partnership with Syndicate of Private Hospitals and also the experience of the Ministry of Health as a key success stories that they can build on them. I really hope that other professional associations and civil society groups will start forming partnership with academia.

10- What is required from hospital managers?

Hospital managers and other health managers should use all available information and data when planning and implementing decisions, and evidence from research should play a role in that. They should invest in a capable information system. They should encourage research on relevant issues; they should use its results to improve their decisions. So far in Lebanon and in collaboration with many researchers and institutions, we have generated a substantial body of knowledge on quality, accreditation, patient safety, performance reporting, human resources and nursing workforce, etc and they need to make use of the evidence provided to them to help improve their organizations.

11- What is required from health system researchers and research funders?

I strongly believe that health system researchers should play the role of advocates and/or activists. It is not enough to publish in high impact peer review journals. What is more important is to publish on policy relevant issues of high priority to policy makers and managers. More importantly, we need to make sure that our results are being consumed by those who make decisions. We need to use effective dissemination mechanism to ensure the uptake of research output by managers and policy makers. Training of health system research on communication with policy makers is required. We need to knock at the doors of policy makers and managers to elicit their concerns and understand their priorities. More importantly, we need to cater knowledge and evidence to their needs. We should ask ourselves: is our research making a difference? In other words, more work needs to be done to improve the

trust between policy makers and managers and researchers. A public health system is a collective social responsibility and we need to all work together. We hope that health system researchers would start addressing the policy relevant research priorities that were generated from the nine country study and which were just published. Lastly, the promotion criteria in colleges and universities should start taking account of the new role of health system and policy researchers, which is beyond teaching and research.

In terms of funders, it is hoped that funding agencies will support and align financial and human resources towards addressing top priorities. In addition, MOHs, professional associations, civil society groups and others should dedicate sufficient amounts of their budget to do research. Funders should not have a predetermined agenda when it comes to funding projects in a certain country. More context specific work should be encouraged in order to ensure uptake. Funders should fund knowledge gaps and not invest its resources on topics that much is done about it.

12- Where do you see the role of media?

It is well known that media affects policy. It can inform health policy issues, acts as agenda setter by emphasizing the importance of a certain issue; and can frame issue and select stories. Some media transmits facts only and others inform and initiate an engaging debate. Unfortunately, and to a certain extent I am not seeing such initiatives in Lebanon. In certain instances, some print media are not informed about the issues when they write about it. In addition, they do not give a good coverage regarding health sector issues and they do not provide details that are rarely substantiated by evidence from literature, reports or studies. Sometimes, there are important stories in the media that require follow up and in many instances, this is missing.

I understand that journalists have many constraints on their ability to report evidence accurately. These include a lack of time, publishable space (where many newspapers do not dedicate separate sections on health) and knowledge; competition for audiences; difficulties with jargon; difficulties finding and using sources; problems related to editorial control; and commercial pressures. I believe that journalist should be better informed; they should be trained on how to use of evidence in their news articles about health. Partnership between academia and media is required as well. This would help address some of their constraints, since it would allow better access to experts. In addition, this would strengthen the role of media in prioritizing and defining problems; identifying policy options and relevant evidence; identifying barriers to implementing those options and strategies to address them.

13- What are some of the strategies that can be done in Lebanon?

Let me say that the intent of promoting evidence-informed approach to decision is not to change political systems. All what we strive for is to work with policy makers and managers to help inform their choices and decisions. After all, they are the ones that will make the decisions and we should acknowledge that evidence is just one component of a complex decision making process and there are many factors and values that are included in the decisions and sometimes, we as researchers, are not well aware of this. But this should not be the reason of inaction. That is why; we need to know more about the context in which decisions are being made. In fact, this might explain why in certain areas we have a lot of evidence, yet limited action.

In terms of the strategies, some might include developing policy briefs on high priority issues. This is a good way to package research evidence for policy makers and managers. We are in fact planning to do one soon. It would ideal to elicit the views and experiences of stakeholders with regard to each option presented in a policy brief. Also, it is important that we promote policy dialogues that would help allow research evidence to be brought together with the views, experiences and knowledge of those who will be involved in, or affected by, future decisions about a high-priority issue. This would help develop locally contextualised 'decision. The dialogue will provide opportunities to discuss the problem, options for addressing the problem, and key implementation considerations.

14- What do you hope for?

I hope that managers, policy makers, researchers, academic institutions, media, civil society, professional associations, donors, international organizations and all stakeholder can all work together through a social network in Lebanon and the region in order to improve the effectiveness, efficiency and equity of health policies through better use of evidence.

Thank you and all the best in your work.

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