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Themed Section: Resource Allocation in Low- and Middle-Income Country Health Systems: Methods and Their Uptake Into Policy

Research-to-Policy Partnerships for Evidence-Informed Resource Allocation in Health Systems in Africa: An Example Using the Thanzi Programme

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ABSTRACT

Objectives: Empirical data on the impact of research-to-policy interventions are scant, with the few attempts mainly focusing on ensuring policymakers' timely access to evidence and evidence-informed dialogs.

Methods: This article reflects on how the Thanzi Programme cultivates an approach of research-to-policy engagement in health economics. The program is structured around 3 interrelated pillars comprising research evidence generation, capacity and capability building, and research-and-policy engagement. Each pillar is described and examples from the Thanzi Programme are given, including illustrating how each pillar informs the other. Limitations and challenges of the approach are discussed, with examples of a way forward.

Results: This program supports health system strengthening through addressing gaps identified by program partners. This includes providing health economics training and research and strengthened partnerships between in-country researchers and health policymakers, as well as between national and international researchers. Platforms bringing together researchers and policymakers to shape the research agenda, disseminate evidence, and foster an evidence-based dialog are institutionalized at country and regional levels. Health Economics and Policy Units have been established, which sit between the Ministries of Health and Universities, to augment policymakers and health economics researchers' engagements on priority health policy matters and determine researchable policy questions. The establishment of the Health Economics Community of Practice as a substantive expert committee under the East Central and Southern Africa Health Community bolsters the contribution of health economics evidence in policy processes at the regional level.

Conclusions: The Thanzi Programme is an example of how a research-and-policy partnership framework is being used to support evidence-informed health resource allocation decisions in Africa. It uses a combination of high-quality multidisciplinary research, sustained research and policymakers' engagement and capacity strengthening to use research evidence to guide and support policy makers more effectively.

Keywords: capacity building, health economics, knowledge translation, north-south partnership, research-to-policy engagement.

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Introduction

In Africa, health improvement is hindered by limited resources and weaknesses in health systems. These constraints mean that important interventions are often not provided for those who could benefit most when and where they need them. Research can form an integral part of health system strengthening by facilitating better decisions; however, research evidence alone is not sufficient to achieve societal benefit; in healthcare, the decisions that have the largest population health consequences are often those of mandated public health policymakers (eg, ministries of health). Health is a policy choice; there is a need for stronger institutions, with accountabilities held locally, which can shape research in response to population health needs and critically appraise, use, and act upon research evidence. This requires strong collaborative working across research, policy, and community stakeholder spheres. Therefore, robust research-to-policy partnerships are crucial.

There are many definitions of research-to-policy partnerships and what this entails—from theory, process, and practice—all with the aim to narrow the gap between the researchers and policymakers, to facilitate effective translation of knowledge into practice, ultimately for the benefit of the community. Several terminologies are used to refer to the process of moving from evidence to practice or decision making, including knowledge exchange and knowledge translation, uptake of evidence, research-to-policy, and evidence-based/informed decision making.

There is growing momentum in the global health research community around pivoting research design to meet the needs of policymakers to support in strengthening institutional arrangements to guide healthcare resource allocation. Over decades, there has been substantial investment in research in lower- and middle-income countries, but in recent years, there have been fewer opportunities to fund research that supports activities that foster uptake of evidence (for example, reductions in the 2021 UK's Overseas Development Aid [ODA][1,2]). The impetus to support value for research investment is ever present; however, reaching a consensus about how best to design and evaluate research that makes a difference in practice is challenging, and this is reflected in the literature.

There are existing empirical data on the impact of research-to-policy interventions. Ensuring policymakers' timely access to evidence and evidence-informed dialogs, make up the majority of examples. In data from the Global South, the majority of examples are contextualized to small-scale pilots and medical interventions. For instance, enablers such as the production of "rapid policy briefs,"[3] development of research evidence repositories set up to inform policy makers,[4] and establishment of networks and communities of practice across research-and-policy actors.[5]

The success of such initiatives does not happen in a vacuum. Context and stakeholder engagement are important and research-to-policy initiatives take place within a system, the shape of which is likely complex and porous. Research-to-policy partnerships are symbiotic relationships and often grow organically through sustained and ongoing dialog in which trusted relationships can flourish; each stakeholder bringing their own unique experience and perspective, joining with other stakeholders to find and work toward common goals and objectives.[6] Locally relevant research infrastructure and capability/capacity is necessary; however, in African contexts, historically, there have been several barriers to the production and uptake of evidence. These include the availability and quality of existing evidence, timeliness, and its comprehensiveness, the feasibility of implementing the recommendations,[7] the lack of expertise to evaluate quality and interpret research outputs, such as results from economic evaluations, broader considerations, such as the budgetary process to support change, the impact on equity, and local political considerations, poor communication and dissemination of evidence to inform policymakers, and the need for interactive approaches to support and even update the evidence base to make it locally relevant to inform practice.[8]

To address the challenges facing researchers and policymakers across Africa, a framework is needed for research-to-policy partnership that acknowledges these barriers and seeks to overcome them. An example of a program that aims to strengthen institutional arrangements to guide healthcare resource allocation, based on a research-to-policy framework, is the Thanzi Programme. The program is led by the East, Central and Southern Africa Health Community (ECSA-HC) and the University of York, in collaboration with research-and-policy partners in Malawi, Uganda, and the United Kingdom. It was originally funded in 2017 by the Global Challenges Research Fund through the UK Research and Innovation, as part of a program of investment in international research projects that placed capability and capacity building at their core.

The Thanzi Programme joined a cohort of projects that aimed to tackle issues that affected the most vulnerable populations and communities across the globe; in the program's case, it sought to improve population health and reduce health inequalities in Malawi, Uganda, and the ECSA region through developing and sustaining high-quality research to inform health resource allocation decision and policy development. It convened experts in epidemiological modeling, health economics, and political science, as well as policymakers in the ECSA region, to strengthen local capability in health economics and related fields (Fig. 1). These 3 disciplines were selected given the focus of the analytical work, which was to generate evidence to inform health resource allocation decisions in the region. Through these efforts, the Thanzi Programme continues to aim to enhance the use of research evidence for addressing resource allocation challenges facing Malawi, Uganda, and other countries in the African continent.

Methods

This article reflects on the research-to-policy partnership framework used by the Thanzi Programme. It considers how the program cultivates an approach of research-to-policy engagement in health economics, epidemiological modeling, and related disciplines. The following sections offer examples of how research evidence and policy expertise are being combined to target population health improvement and reduce health inequality in Africa. This article describes the 3 interrelated pillars that are integral to the Thanzi Programme research-to-policy partnership framework; that is research evidence generation, capacity and capability building, and research-to-policy engagement. This article also describes a range of examples of activities to support impactful research through these 3 pillars, as well as summarizing limitations faced and learnings gained through the process, in seeking to achieve the goals of the program.

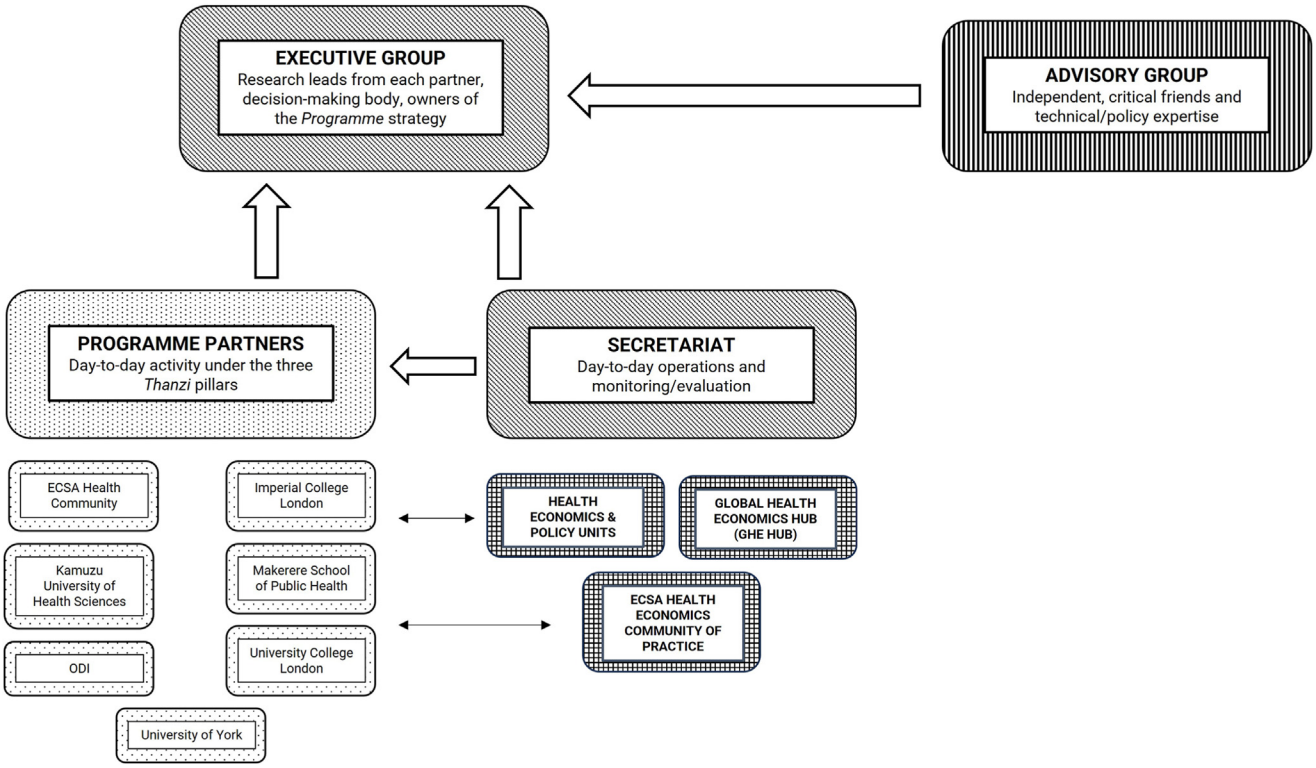
Research-to-Policy Partnership Framework

The published literature illustrates how producing evidence alone does not produce real-world impact; the ethos of creating positive change is central to the research-to-policy partnership framework on which the Thanzi Programme is based.

The program is structured around 3 interrelated pillars of activity to support research-to-policy partnerships (Fig. 2): (1) robust and locally relevant research evidence generation, (2) strengthening institutional capacity and individual capability to commission, undertake, and use research evidence, and (3) facilitating engagement between researchers and policymakers to share knowledge, evidence, and expertise, ultimately, to enhance healthcare resource allocation to improve population health. These pillars and their accompanying project activities are supported by a comprehensive Monitoring, Evaluation, and Learning Framework and Theory of Change.

As the arrows in Figure 2 indicate, the channels of communication and collaboration between the 3 pillars are multidirectional with each pillar of activity being used to enhance the other 2 pillars of activity. For example: codesigning and implementing research agendas between researchers and policymakers through policy-engagement platforms, such as knowledge exchange networks, can also result in the strengthening of capability among both parties; policymakers gain a better understanding of academic disciplines and the application of research methods, whereas researchers develop a greater appreciation of policy challenges, the type of research required, and the decision-making process. Shaxson and Boaz[9] highlight the meeting of narratives as influential in improving evidence uptake, stating that where policy and evidence narratives interact defines the nexus for successful knowledge translation. Nabyonga-Orem et al[10,11] report how partnerships between credible institutions and engagement with health policy actors at the regional level can play a big factor in facilitating the uptake of evidence, citing malaria drug efficacy studies across East African countries as an example. We draw from the work of Haynes et al[12] who defined attributes credible

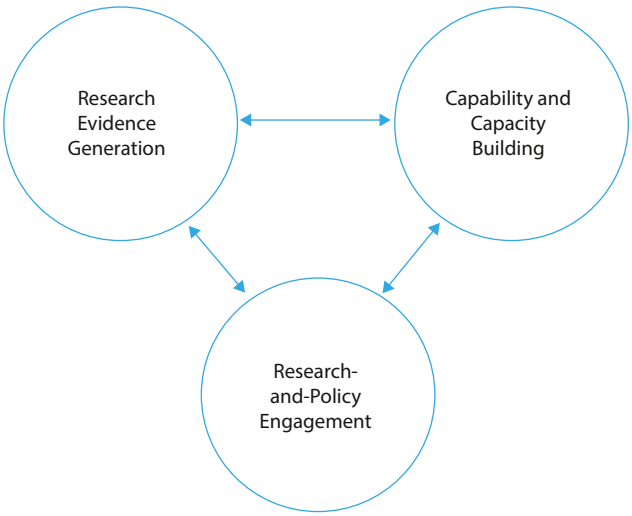
Figure 1. The Thanzi Programme organogram.



ECSA indicates East Central and Southern Africa; ODI, overseas development institute.

researchers have as follows: competence (outstanding academic reputation and knowledgeable about government processes), integrity (independent and authentic), and benevolence (committed to policy reform). Involved universities have a strong academic and research record and the partnership with policy makers ensured alignment of government policy processes.

Figure 2. The 3-pillar research-to-policy partnerships framework.



Research evidence generation

Available resources to fund health services are inadequate in low-income countries. As such, difficult choices have to be made in the allocation of limited resources to address competing healthcare needs. This highlights the role of evidence in guiding decisions to ensure investment in the most socially valuable interventions and approaches to healthcare provision.

The local relevance of research evidence is a facilitating factor to its uptake, and this was fostered within the Thanzi Programme; its research agenda was codesigned with decision and policy makers in an effort to align evidence generation with real-world policy priorities. Based on early engagement across research-and-policy stakeholders, the program focused its research around 3 core academic disciplines: health economics, epidemiological modeling, and political science. Research was interdisciplinary from the outset with an approach applied to examine the health resource allocation system in its entirety across Malawi and Uganda. This interdisciplinary approach helped the program to better meet the varied needs of policymakers; for instance, it is not enough to report the effectiveness of a health intervention, it must be affordable, feasible to implement, and politically acceptable. In some cases, this led to a protracted deliberation process as policymakers repeatedly asked for more evidence.[13] However, this dialog was embraced by the program, and project managers supported the program to ensure effective channels of communication across program participants during these discussions (see "Research-and-policy engagement/partnership" section).

The program research objectives were designed to address specific health policy challenges by generating new evidence, methods, and tools to aid policymakers with their decision making. This included publishing in high-quality, international, and peer reviewed journals, such as *BMJ Global Health*, on the advancement

of economic analysis methods to inform health benefit package design and health technology assessment,[14] evaluation of contractual relationships between governments and health service providers,[15] and assessment of investment in the generation of further evidence[16]; the design and development of a "whole-system" model of the Malawi health system, capable of running complex simulations to inform investments in new health interventions and policies[17]; and investigation into the governance structures of health resource allocation decision making in Malawi and the ECSA region,[18] including public financial management. Mostly notably, Thanzi research was referenced in the latest Health Sector Strategic Plan for Malawi, with recognition by the Permanent Secretary for Health of the program's contribution to health benefit package design and health system modeling.[19]

As evidenced in the literature, generation of high-quality research alone is not sufficient to generate real-world positive impact, nor is it even possible to produce without advanced research capability and policy understanding. A baseline mapping exercise commissioned by the Thanzi Programme revealed how there is limited availability of the necessary skills to generate and interpret health economics evidence across the ECSA-HC member states,[20] and this is aside from the necessary resources and infrastructure required to implement research findings. As a consequence, the second pillar of the research-to-policy framework is essential: capability and capacity building in relevant disciplines.

Capability and capacity building

Weak capacity to improve uptake of evidence is 2-fold with limited skills among researchers to generate high-quality evidence and among policymakers to interpret and use evidence. In the early stages of the program, the ECSA-HC undertook a scoping exercise[20] to investigate health economics training available in the ECSA region in order to understand existing needs. The main findings revealed limited availability of health economics training among training institutions in the ECSA-HC member states and a lack of qualified health economists; this echoed earlier reports by McIntyre and Wayling.[21] The majority of countries assessed offered health economics training in one form or another; however, few met the expectations of their participants. Among the assessed institutions, none offered formal comprehensive postgraduate training in health economics. Additional gaps identified included research institutions' financial and training capacity constraints and lack of partnerships between researchers and policymakers, as well as between national and international researchers and development partners. This was against a backdrop of a high demand for health economics evidence from policymakers and analysts, as reflected by the strong demand to build these skills among member states (both by Ministries of Health and Universities).

In response to the results of this exercise, the program embarked on addressing these shortages in health economics training and capability building across the region through 4 main initiatives: (1) fully funded Health Economics Distance-Learning MSc Studentships, (2) delivering targeted short-training courses on priority health economics topics, (3) supporting the development of new postgraduate health economics curricula, and (4) launching a new online platform granting access to freely available health economics training materials. These are described next.

Health economics distance-learning MSc studentships. Support for at least 2 cohorts of students from Africa has been obtained to provide remote postgraduate training in health economics. The MSc program is run by the University of York and the studentships are targeted at African-based candidates currently working on health economics-related issues for ministries of health or public universities in ECSA and West African Health Organization regions. Teaching and learning is delivered online via virtual learning environment; it is designed to be completed part time, thus enabling students to gain their qualification while continuing to work. Alongside the MSc opportunities to network, and for students to apply their new knowledge and skills, are being developed.

Training courses. Engagement with researchers and policymakers was used by the program to determine the focus of short courses prepared and delivered by the program's researchers. Notable successes to date include successful training on topics such as health benefit package design and healthcare financing (in line with identified training needs) and knowledge sharing workshops attended by government officials and universities from all ECSA-HC member states and international collaborating centers (Imperial College London, University College London and overseas development institute). These have been facilitated and run by the Centre for Health Economics at University of York in close collaboration with national university partners (Kamuzu University of Health Sciences, Makerere School of Public Health).

Online training and educational materials platform. The Global Health Economics Hub[22] was established in 2020 as a digital platform hosting a freely available repository of health economics training materials with the aim of making health economics training more accessible globally. The materials are categorized according to topics identified as relevant to meeting the needs of health researchers and policymakers in the ECSA region. Topics cover health economics theory, economic evaluation and modeling, equity, economics of health behavior, healthcare financing, healthcare markets and contracts, and econometric evaluation methods. Materials include recorded lectures in the form of 30 minute YouTube clips, presented by international experts, short-course training materials, including "taster" materials for postgraduate health economics programs and a link to an online course on infectious disease modeling, e-books and digital journal articles, and a recorded webinar series on topics to advance universal health coverage. These materials continue to be added to over time, for example, to include new webinar series and adverts for Thanzi Programme MSc studentships. The Hub has gained over 2000 members since its launch, and Hub administrators monitor the pages, materials, and topics that are most frequently visited every month.

The available resources are produced and curated by program team collaborators in the Global South and North. The collaboration involved skills and knowledge transfer across the teams with benefits for both. Global South partners enhanced their skills and knowledge of health economics and health economics research, and Global North partners gained deeper understanding of national priorities and challenges facing policymakers, as well as benefited from receiving feedback from Global South partners on how to enhance their existing training provisions to reflect lower- and middle-income country contexts.

Although these tools of capability building contribute toward rectifying the limited opportunities to grow skills and knowledge in health economics across the health field in the ECSA region, alone they cannot achieve to affect research-to-policy.

Research-and-policy engagement/partnership

The literature illustrates how partnerships and the coproduction of evidence between researchers and policymakers, facilitate

the uptake of research evidence into policy making.[23,24] The program sought to address the challenge of a lack of platforms at the country and regional levels that bring together researchers and policymakers to shape the research agenda, as well as facilitate the dissemination of evidence and foster evidence-based dialog and healthcare resource allocation. Two main knowledge exchange platforms were set up to enhance knowledge exchange and translation between researchers and policymakers, which are (1) national Health Economics and Policy Units (HEPUs) and (2) the ECSA regional health economics community of practice.

Health Economics and Policy Units. The Thanzi Programme established HEPUs between ministries of health and national public universities in Malawi (2018) and Uganda (2020). These units sit between the national Ministry of Health Planning Departments and Kamuzu University of Health Sciences and Makerere School of Public Health and provide a platform through which policymakers and healthcare researchers can engage with each other on priority policy challenges and codesign research. As leading national higher education institutions, the hosts also have capacity to offer training opportunities via the HEPUs.

Scholars have emphasized the independence of the research process for successful evidence uptake.[23] Locating these HEPUs at public universities has been important to their success to date because they can utilize their host universities' strong and trusted links with policymakers while at the same time acting as independent agencies undertaking high-quality and reliable research removed from government politics. Earlier studies on evidence-informed policy development highlight the value of multidisciplinary research teams and competent local and international researchers working together. The success of these teams is enhanced through aligning research activities with shared objectives codesigned between researcher and policymakers, coupled with appropriate monitoring and evaluation processes to assess accurately the real-world impact of the teams' activity.

Each HEPU is administered in accordance with the needs of its national health community (consisting of policymakers, academics/researchers, medical professionals and administrators, and community representatives). In Malawi, the HEPU convenes regular policy lab and think tank meetings in which participants can codesign research agendas and discuss how emerging research evidence can be used to inform policy decisions. An example of this is when the HEPU convened 2 high-profile think tank meetings to inform the national response to COVID-19 in 2020, during which the Thanzi modeling teams presented on rapid analysis conducted using the Thanzi Malawi health system model.[25] In Uganda, the Health Economics and Policy Programme has held a series of public dialogs on health initiatives, such as the national healthcare package.

ECSA regional health economics community of practice. The ECSA-HC Secretariat provides the infrastructure to coordinate research-to-policy engagement with key policymakers and holds a mandate within the region to promote improved health investments. As part of its remit, ECSA-HC regularly interacts with ministers of health and program experts from its member states, holds formal partnerships (memorandums of understanding) with the East African Community, Southern African Development Community, West African Health Organization, and African Union Centre for Disease Control, and offers opportunities for dissemination of evidence, evidence-based dialog, and uptake beyond study countries. Making maximum use of existing platforms, such as those operated by ECSA-HC, is beneficial as can be learned from the case of Nigeria, where an existing health policy advisory committee served as a knowledge translation platform to support better appreciation and understanding of evidence-to-policy linkages among the health policy advisory committee members and building of mutual trust between policymakers and researchers.[26]

The ECSA-HC Health Economics Community of Practice (HE-COP)[27] was established as an expert committee under ECSA-HC, in collaboration with the Thanzi Programme. Its membership includes academic leads at national public universities and medical schools in each ECSA-HC member state, as well as senior officials from departments of planning and other central bodies in national ministries of health. The HE-COP serves to promote consideration of health economics in policy processes among ECSA-HC member states; its objectives include the generation of evidence shared with policymakers in the region and incorporating health economics perspectives in policy processes. Since its launch in 2019, the HE-COP has informed evidence-based dialog by the ECSA-HC's Directors Joint Consultative Committee and Health Ministers Conference, thereby reaching the very highest levels of policy decision making in the region. Additionally, the HE-COP has engaged in joint evidence generation and published articles, including policy-briefs[28,29] specifically designed to address priorities raised by ECSA-HC member policymakers. This joint research agenda setting is facilitated through the continuous engagement in the HE-COP and other experts committees in the ECSA-HC governing bodies, with the aim of supporting higher evidence uptake to policy, as reported in the wider literature.[9]

Limitations and Challenges

Despite the successes of the research-and-policy framework applied by the Thanzi Program, there are limitations and challenges. A key issue for any research-and-policy engagement initiative is to pursue its aims alongside the political landscape and context in which the initiative is taking place. General elections, changes in personnel in government ministries and short-notice changes in political priorities can have knock-on effects which limit the uptake of research outcomes and success of capability building efforts. These can create challenges to long-term partnerships. To mitigate against these risks, the Thanzi Programme sought collaborations with civil servants and political-appointees within ministries of health, which were fostered with the hope of weathering any changes in leadership. Memorandums of understanding have set-out shared research-and-policy engagement ambitions and commitment to maintaining institutional memory.

Although there is consistent demand for capability building in health economics among ministries of health across the ECSA and West Africa regions, it remains challenging in some contexts for recipients of training to apply their new skills to greatest effect. The number of health economists employed in governments is still low; this, coupled with an inconsistent understanding of the value of health economics among policymakers and limited availability of locally relevant data, can hamper the extent to which health economic analytical methods can be applied to inform decision making. Through the regional HE-COP in the ECSA region—and future HE-COP planned in West Africa—the Thanzi Programme has made efforts to address these issues. Through workshops and online meetings, policymakers and academics have come together to discuss resource allocation challenges and explore how health economics can be used as part of addressing these issues. As described above, the opportunities for funded postgraduate health economics distance-learning training are directed to ministry of health staff across East and West Africa, in efforts to establish a sustained pipeline of trained health economists.

Specific to the program, Thanzi has limited evaluation data, which can evidence the successful impact of its research-and-policy partnership and capability building efforts to date. Although demand for *Thanzi* input to research and training from ministries of health and academic partners has grown since its inception (eg, concept notes for HEPU, modeled on those in Malawi and Uganda, have been prepared by a number of other national teams), few formal evaluations have been conducted to generate quantitative evidence to assess impact (the GHE Hub users are able to submit feedback via an anonymous survey on the Hub, which is reviewed regularly by the Thanzi team). Inroads are being made to address this in the second phase of the Thanzi Programme, with formal surveys and consultations planned with short-course participants and students on health economics postgraduate programs (distance learning and residential). Interviews with key informants would have generated more insights for this article; however, these were not conducted. Limitations notwithstanding, we strongly believe that a reflection on the process provides learning opportunities for other low-income countries.

Conclusion

Mitigating barriers and maximizing facilitating factors are crucial considerations in improving uptake of evidence in decision making. The Thanzi Programme is an example of how a research-to-policy partnership framework is being used to support evidence-informed health resource allocation decisions in Africa. It uses a combination of high-quality multidisciplinary research, sustained policymaker engagement, and capability strengthening to use research evidence to guide and support policymakers more effectively. This is a journey, and partnerships need to be implemented from a variety of perspectives, using several approaches, including in building capability in methodological rigor for researchers and evidence interpretation for policymakers and at the evidence-to-policy interface in which researchers and policymakers interact.

Thanzi has taken the approach to align and build on high-quality research (published in high-impact, international journals), policy engagement, linkage with budget processes, and capability building with the aim of generating impactful research-to-policy interactions, which directly inform health system strategy. The value of this approach has been recognized by other countries in the ECSA region to strengthen research-to-policy engagement, with plans for the launch of new engagement platforms—modeled on the Thanzi HEPUs—in Eswatini, The Gambia, Ghana, Senegal, Tanzania, and Zimbabwe currently under discussion and the commencement of Thanzi collaborative research endeavors in other ECSA countries and the West Africa region. There remains much more to be done, and achievements thus far begin this important journey.

Author Disclosures

Links to the individual disclosure forms provided by the authors are available here.

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