

“International Policy Perspective on Health Services Research” by Lenie Kootstra

Ladies and gentlemen,

I appreciate the opportunity to contribute to this international working conference on Health Services Research. I will do so using three statements on three important fields that health services research should take into account. These fields are: 1) social tasks, 2) effective information provision, and 3) international sharing of knowledge and expertise.

My first statement relates to social tasks for public health and health care.

[Dia 1: Social Tasks for Public Health and Health Care are Leitmotif for Health Services Research!]

The world is a global village, as goes for more and more health care problems. Examples are obesitas, chronic diseases, socio-economic inequalities in health and sustainability of health systems. We have to cross borders to work on the challenges confronting all of us.

In The Netherlands, as in many other countries, in order to meet the challenges, we developed a long term agenda for the health sector. It comprises five essential tasks for all those who feel themselves implicated and are, in fact, involved. These social tasks are:

- First: How to anticipate on the growing and changing demand for health care?
- Secondly: How do we live longer in good health?
- Thirdly: How to make health care better and safer?
- Fourth: How can we deal with the limits of health care, shortages and risks?
- Fifthly: How can the development and application of biomedical innovations be accelerated?

As health services research is primarily preoccupied by getting research into policy and practice, to my opinion it should be driven by or at least inspired to address these social tasks. That brings me to my second statement.

[Dia 2: Getting Research into Policy & Practice requires Better 'Linkage & Exchange' (Jonathan Lomas)!]

Ladies and gentlemen, we are all aware of the fact that much research information is undervalued and underused by policymakers and practitioners. Of course that has to do with the rising and varied amount of information. In fact: more than 90% of all scientists that live and lived, lives now and they work harder than ever before for there is always more to know (if you like...)! The danger of 'paralysis by analysis' is a major threat to the policymaker. Also, too much research is insufficiently aligned with policy needs. So, there is a problem with the uptake of evidence. Besides, the research is not enough user-led.

Ten years ago, Dr. Muir Gray, the former director of Research and Development at the NHS Executive in the UK, stated in his outstanding book 'Evidence-based healthcare' that both research and policy face the so-called 'dilemma of the triple A', namely:

1. **A**vailability of best evidence
2. critical **A**ppraisal of best evidence
3. **A**pplication of best evidence in everyday policy & practice

How to tackle these dilemma's in order to get best health and health care? To my opinion that's the join-up question for both policy and health services research! Jonathan Lomas, the former Executive Director of the Canadian Health Services Research Foundation, provides some of the answers by introducing the concept of 'linkage and exchange'.

By that he refers to the situation that the traditional and instrumental approach of the relationship between research and policy: speaking truth to power, is not enough anymore to change the fuzzy world of today and tomorrow. Instead, we need to facilitate and intensify the interaction between policymakers, researchers and practitioners. Before, during and after the process of knowledge making. And by linking and exchanging their perspectives and knowledge of the field of health services research: what are the needs, what are the strengths, how can we do better, et cetera.

In such an interactive process of knowledge brokering, we generate knowledge that is workable and acceptable for policy and that can be applied in practice. I hope you will elaborate on that!

[Dia 3: Health Services Research Agenda requires International Scope and Concerted Actions!]

That brings me to my last but certainly not least statement: the agenda for health services research requires an international scope and concerted actions. More concrete, there are at least 3 areas where the international dimension is relevant: 1) benchmarking, 2) joint research and 3) global health in general.

1. Benchmarking

As I have mentioned; many countries face similar social tasks. This is increasingly recognised and taken up by the different international organisation and the EU. Just some examples: The World Health Organisation organises ministerial conferences to share best practices; in 2005 on obesitas and in 2008 the upcoming WHO European Ministerial Conference on Health Systems in Talinn. The OECD has its Health project with path breaking work on health indicators. My ministry also works together with the Commonwealth Fund in Washington which implements annual comparative surveys in 7 important countries, and so on... All these data are being used as input for our important national research publications, such as Zorgbalans (Dutch Health Care performance assessment) and VTV (forecast of public health status).

2. Joint research

Increasingly, health is a major topic in the EU research programmes (Action Programme and 7th Framework Programme). Our national health research institutions play an important role and can gain substantial benefits in terms of money and networks by participating in these programmes. The possibilities are more than just research financing. For example, we have put forward a proposal in the Framework Programme for a big agenda setting conference in 2009 in The Netherlands in the field of health services research. You will definitely hear more about this, if only it is accepted.

3. Global health in general

The importance of synthesizing knowledge and stimulating the application of knowledge in policy and practice is perhaps even more pressing in the field of global health. For in developing countries, Availability of best evidence, critical Appraisal and Application of best evidence in everyday policy and practice can make the difference between life and death for millions of people. This problem was also addressed during the last Global Forum for Health Research, October 2007 in Beijing.

Together with the ministry of Foreign Affairs and Development Cooperation we are working on shaping an international health policy. As a merely national ministry, we also contribute to the millennium goals and international health in general, because it can serve our national interests at the same time. A good example is the joint OECD-conference in Noordwijk to develop the Noordwijk medicines agenda. The outcomes of this conference may also contribute to our 5th national social task: how can the development and application of biomedical innovations be accelerated?

Perhaps the best example where research, global health and national interests come together is the Platform for Global Health Policy and Health Systems Research. Our chairman of today is also chair of this platform. This platform is a joint initiative of ministries, health research institutions, NGO's and universities. It is also one of the Agreements of Schokland, our national meeting last year to make further progress on the millennium goals.

Ladies and gentlemen, I would like to conclude. Knowing each other is a precondition for working together! But that does not mean that the worlds of practice, research and policy should become one big melting pot. All areas have a separate culture, identity and cycle of action. Successful interaction requires first of all respect for each others scopes and responsibilities. That's something we have to experience and learn together 'in progress', for there is no magic bullet to connect 'facts and figures' and 'feelings and beliefs' effectively.

To me, this meeting and the advice on health services research that the RGO Commission is preparing are definitely important steps in this joint learning process.

[Dia 4: Thank You for Your Attention!]

I thank you for your attention.