

Why health research rarely influences policy in Indonesia

January 29 2018, by Meiwita Budiharsana

There is a disconnect between what health researchers in Indonesia are investigating and what the government aims to achieve in solving the country's health problems.

With a population of more than 250 million people, Indonesia faces a wide range of [health issues](#).

In Papua, the country's easternmost province, reports say at least [61 children have died](#) from malnutrition and measles. The government has sent military and health personnel to deal with the crisis in the remote area.

Indonesia is also still struggling with high death rates of mothers and newborn babies during birth. Indonesia failed to meet its Millennium Development Goal (MDG) to reduce the [maternal mortality ratio](#) by 75%. In 2015 there was [305 deaths from 100,000 live births](#), while the neonatal death rate is 14 per 1,000 [live births](#).

In their [five-year strategic plan \(Renstra\) for health](#), the government has aimed to increase the responsiveness of the country's health system and to reduce the number of maternal and newborn deaths.

To meet these targets, the government should base the policies to tackle this problem on evidence gathered from research. The Ministry of Health has tried to increase the use of evidence from its research arm, the National Institute of Health Research and Development (Balitbangkes).

But [my research shows](#) that [researchers](#) at the institute do research independent to the Health's Ministry's program objectives.

Lack of engagement

Currently, [program managers](#) and [policy](#) makers at the Ministry of Health do not rely on researchers. They also do not request any research findings to back up their decision making.

NIHRD researchers are expected to provide evidence-based studies on health that decision makers can use in making policies. But, a 2017 external review found most of the 30 research proposals submitted by the institute's researchers for 2018 and 2019 funding were not related to any specific Ministry of Health programs.

The ministry used very few of the findings from more than 1300 studies that the institute produced between 2011 and 2015. Most research reports were [kept on the library shelves](#).

A quick review of selected publications in the [Kesmas: National Public Health Journal \(2013-2017\)](#) show how research topics seem to be chosen independent of any Ministry of Health program targets or goals.

There are many health researchers outside of the NIHRD. But, the academic community in general has limited engagement in policy debates so they are not heavily involved in providing evidence for either policy or practice.

This is partly caused by their host institution's rigid rules which limit research to conceptualising existing theoretical frameworks, mapping the decision-making landscape in a specific location, or challenging conventional public health assumptions.

What needs to change

At the moment, researchers and policy makers or program managers are not comfortable working together because they don't understand how to apply the concept of "evidence-based research".

Operations Research, which is a practical method that applies analytical models to make better decisions, can be used to connect researchers and policy makers or program managers. The key in using this method is to utilise measures that have been determined by program managers or health planners as the expected result and other socio-demographic factors as the reasons for the results.

For example, the Ministry of Health has a program called the Healthy Archipelago (Nusantara Sehat) program to deploy around 6,300 health practitioners to Indonesia's remote regions such as borders or outer islands. This program aims to strengthen [health](#) services in remote areas, such as Papua.

At the moment, there is no monitoring on program implementation. The Health Ministry may request researchers from the NIHRD to investigate how well the program is doing by using Operations Research, using the Ministry's targets as the study's dependent variables.

While researchers should be aware of areas and programs that are high on the government's priority list, [policy makers](#) also to be better in communicating their needs to researchers through greater involvement in research conceptualisation and conduct. They should share with the researchers what their priorities and program goals are.

This way, government staff can help medical researchers to achieve the results we all desire.

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