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Relevant research for health-systems management and policy

Sir—In your Dec 20/27 Editorial (p 2033),[1] you support a plea from WHO for health-systems research to reach the Millennium Development Goals by 2015, alongside a return to the Alma Ata values of improving equity and participation of civil society in health. Public authorities might want to consider an additional criterion: the specific features of health care delivered and managed with a concern for the benefit of the individual patient and the interest of the public.[2] This could become the issue of a democratic debate.

As health-system researchers, we welcome wholeheartedly this broadening of the health research agenda which assists health professionals' and policy makers' needs by enhancing their creativity and reducing their uncertainty in making decisions. Our experience, however, suggests that health-systems research has particular characteristics that might not be fully appreciated within the biomedical research community and yet which are essential to its effectiveness. Health-systems management differs from mere disease control in that it addresses a much wider array of decisions, resources, and political and social influences. This difference leads to three epistemological considerations.

First, health-systems research needs to address strategic management—an academic discipline already established in business and public administration.[3] Managerial strategies in health aim to develop systems, services, patients' care and empowerment, and disease control. They link means to objectives by a sequence of analysis, decisions, actions, and nested evaluation. To remain close to real-life conditions, they need to address the management of several resources together and aim for several goals simultaneously (an example is the WHO UNICEF Bamako Initiative). Strategic concepts and models can be described and assessed and hypotheses on their conditions formulated. They are bound to specific ethical principles and contingent on environmental factors, of which the health system's configuration is key.

Second, strategic models contributing to system analysis and managerial or medical decision-making are usefully derived from scientific management, reflexive planning and policy, and action research.[4] A priori, action research is situational, and has thus a value as an "example". When the models it produces have a wider validity, action research could contribute to enlarging the scope of knowledge on system organisation.

Third, relevant models for health-services management generally build on methods belonging to social, political, managerial, and, to a lesser extent, biomedical sciences. Health-systems management generally exceeds the scope of study methods derived from a single discipline. It requires reciprocal changes in several methods and disciplines: interdisciplinarity rather than mere multidisciplinarity.[5] In-depth rethinking in health-related sciences will be required.

Health-systems research faces the challenge of influencing health policy and management. To do so, it requires precision in problem identification, methodological rigour and innovation, models with defined domains of validity, and communication between researchers and policy makers.

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Developing healthy public policy in Nigeria

Sir—With the re-election of President Olusegun Obasanjo in May, 2003, and his subsequent appointment of Eyitayo Lambo—a health economist and former consultant to the WHO as Minister of Health—there has been renewed interest in health-sector reform in Nigeria.

Recently, the minister set out his agenda for his tenure, highlighting seven key priority areas: improving the performance of the stewardship role of government in the health sector; increasing access to and enhancing primary care services; improving the performance of tertiary health institutions; increasing the financial resources available to the health sector; reducing the disease burden due to priority health problems such as tuberculosis, malaria, and HIV/AIDS; promoting public-private partnerships; and strengthening support programmes such as the health management information systems and a national blood transfusion and ambulance service.[1]

Laudable as these aims are, the absence of a commitment to developing healthy public policy is glaring. There is increasing awareness of the effects of public policy on individual and population health as highlighted in the Ottawa Charter,[2] which advocates putting "health on the agenda of policymakers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health".

Developing healthy public policy is particularly pertinent in Nigeria where the recent drive for increased foreign investment by the Government has resulted in the commissioning in the past 2 years of a massive cigarette factory by British American Tobacco and a giant brewery by Heineken. The health effects of these investments could negate many of the laudable aims of the Health Minister. Similarly recent policy developments in the petroleum and financial sectors, resulting in rising inflation and the consequent worsening of the socioeconomic status of most Nigerians, could affect the health of the population.

Influencing public policy from a health perspective is often difficult, but recognising the need is the first step. Multisectoral cooperation has already started in the Nigerian HIV/AIDS sector, with representatives from

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