

EMBEDDING HEALTH RESEARCH FINDINGS INTO POLICY MAKING: POLICYMAKERS AND ACADEMICIANS PERSPECTIVE, PALESTINE, 2013

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Abstract

Background: There is growing interest in understanding how to effectively bridge the gap between the production of knowledge and its embedding in health decision-making. Health research supports health systems in the delivery of better, fairer and more equitable health care to people. It does so by identifying challenges and providing best solutions in emerging and embedding these research findings into policies in order to improved approaches to public health. So, the research findings are extremely important to inform policy and decision-making in health to tackle threats and diseases, to address priorities and focus on the most important health issues. Ultimately, the concept of evidence-based practice or policy-based evidence aims to improve health system performance and attain sustainable development. However, policy-makers, particularly in Palestine may not recognize the contribution which research can make. There is a huge gap between the scope of research and the scope of policy-making. The stereotype of the researcher in ivory tower still prevails. In fact, health officials and policy-makers may be doing research without knowing it, and researches that conducted by universities are not adopt and not invest of it. This study aims to understand and assess the research findings embeddedness into decisions and policies in Palestine from policymakers and academicians perspective.

Design and methodology: The study design was a qualitative approach by using in-depth interviews for gathering and elaborating data about the phenomenon. The study participants included seven in-depth interviews; three of them with graduate faculty' members at the universities, two policy makers from Ministry of Health (MOH), one expert from Non-Governmental Organizations (NGOs) and International NGOs (INGOs), and the last one parliamentary from Palestinian Legislative Council (PLC) who engage in this field.

Findings: through the thematic analysis, the study main findings revealed that the degree of embeddedness is remarkably faint across the MOH in particular and moderately respectable in the academic, NGO, and INGOs institution, the overall impression about evidence-based practice in the health sector is very weak due to many obstacles that were identified. Most importantly, there is a significant weakness in research culture in the health institutions as well as mal-practice and poor experience, and no clear national health research priorities, strategy. There are various obstacles hindering evidence embeddedness into policies which are: systems issues such centralization and lack of incentives and capacity building programs as staff and fund insufficiency, poor information infrastructure and logistical and technological capacities also absence of knowledge transfer "dissemination". Moreover, communication, networking, and coordination across institutions and researchers and policy makers were fragile. Also, the majority stated that the evidence-based practice is not appropriately use and mostly personally-driven and actually not institutionalized, since the

researchers' role is mainly minor as well as the relationships among institutions is not well-established.

Recommendations: the researcher emphasizes on the necessity of taking the research evidences into consideration. Urge MOH, Universities, NGOs, INGOs, and institutes, and to its members to build effective relationship to play a complementarily role and work as a team to find solutions to research-relevant policy obstacles and to enforce the research utilization and institutionalization by active communication and coordination. Also, allocate sufficient financing and logistics and qualified human resources through capacity building, presence of supportive culture and system such leadership, incentives, find research units. Also, more concern in applied research quality and credibility to use appropriately. The necessity for embracing agreed research-policy and priorities integration strategy to support the research system primarily and to empower the Palestinian health care system based on national health goals and needs to attain sustainable health development.

Keywords: health policy and education, health research, embeddedness research into policy, Palestine

Introduction

Health research supports health systems in the delivery of better, fairer and more equitable health care to people. So, the health research is extremely important to gear the policy maker's practices and inform them in health systems to tackle threats, address priorities and focus on the most important health issues and determinants. Ultimately, health research aims at improving health system performance and attaining sustainable development. As health systems have become more complex and public demands. The current international emphasis on evaluating performance has positioned health systems research as an important vehicle for promoting evidence-based policy making. This emphasis has also encouraged health systems research to become relevant to policy making.

So, the divide between research and policy is substantial in many low and middle-income countries (LMIC). Both supply and demand factors are responsible for this. On the supply side, the limited local pool of human and financial resources has constrained the production of quality research. The result is that many LMICs are characterized by limited institutional capacity to generate research to aid policy making. On the other hand, avenues for research to influence policy are severely limited. One reason for this is the bureaucratization of policy making, in which, researchers and research institutions have only a minor role. Other common obstacles in this regard are centralized decision making and a policy making culture that gives little importance to evidence-based research (WHO, 2012).

However, health research is not a luxury to be conducted by countries with scarcity resources only. Jawahar Lal Nehru said: "Because we are a poor country, we cannot afford not to do research" (Salam, 1989). However, health policy-makers, particularly in developing countries, may not recognize the contribution which research can make. There is a big gap between the scope of research and the scope of policy-making. The stereotype of the researcher in ivory tower still prevails. In fact, health managers and policy-makers may be doing research without knowing it. Health researches support institutions by developing competitive grant and fellowship schemes, supporting the institutional infrastructure, management and technical services, strategic development planning, and promoting networks and partnership between institutions (Tanner et al, 1994). On the other hand, Nchinda (2003) calls for greater involvement by policy makers in developing countries in the entire capacity building process and they should set highly focused research priorities. Strong national health research systems must address in particular leadership, career structure, infrastructure, and establish effective information access and interfaces between research producers and users. The greater national and global investment in capacity building in developing countries has the greatest potential for securing dynamic knowledge systems that can helps health officials

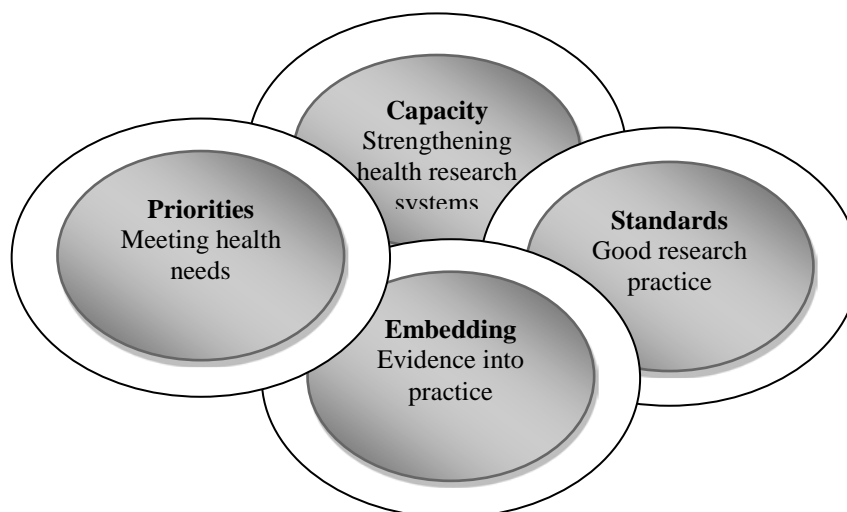
to rely entirely on the research evidences on their policies formulation in order to deliver better health and equity, now and in the future (Lansang and Dennis, 2004).

There are several problems that face the health sector especially in the developing countries as well as Palestine like shifting epidemiological trends in disease patterns, rapid increase in populations, political instability, unemployment and poverty, inadequacy in research and development capacities, new emerging health problems, increasing commercial interests of the private health sector and shrinking financial resources. All mentioned problems contribute to the local, regional and global inequity in health care. These problems must motivate the all relevant stakeholders to concern more on the quality research then to conclude effective evidences to exploit them efficiently in the health policy making scheme. Therefore, WHO (2010) called for a strategy research for health based on five main goals. The first and important is greater sharing of research evidence; second is research capacity building, setting research priorities which meet health needs, the third is creating and supportive culture and environment

The UNESCO statistics (2012) confirm that the global entirely expenditure on research forming 1.4% of the Gross Domestic Product (GDP) and all Arab countries combined allocated equals 0.3% of the GDP. Regionally, "Israel" expenditures on the scientific research (other than the military) reached around 4.7% of the GDP. The per capita spending on research is less than \$15 in Arab countries combined, while in "Israel" more than \$1200. Moreover, the number of researchers and scientists per million populations is less than 500 in Arabic countries, but around 4000 in North America. Locally, the gross expenditure of Research and Development R&D in Palestine is terrible 0.2% and the number of the Palestinian researchers reached 2348. The total expenditures on the research and development were 35 million US dollars. In other words, this signifies that the R&D in the Arab world particularly in Palestine remained sluggish and needs collective attempts locally and internationally to entrench and empower health R&D foundations.

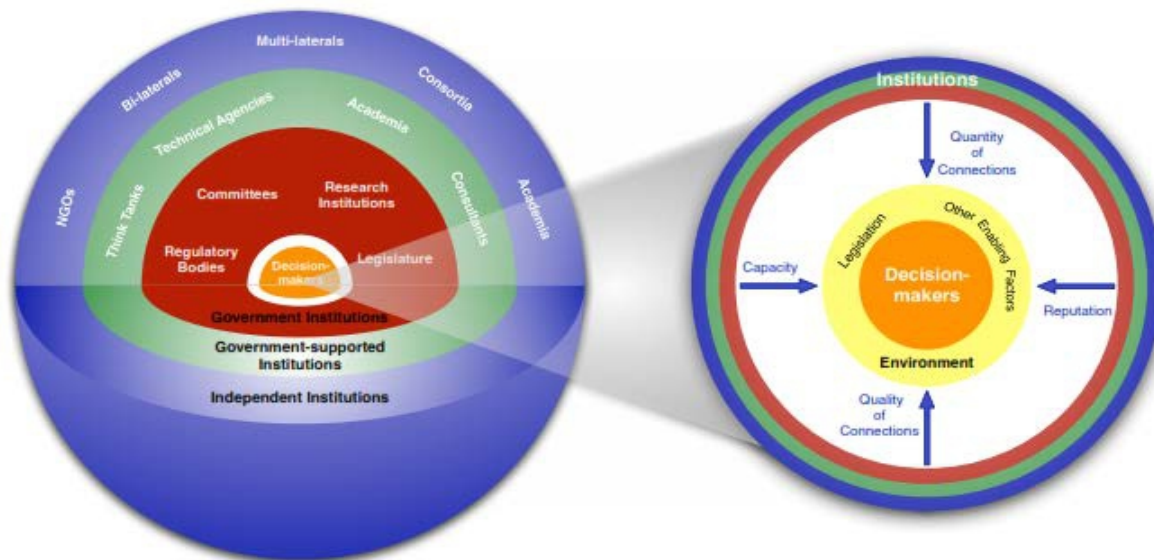
Obviously, the health R&D in the Palestinian condition is a real investment that has great impact over the policy makers' decisions and practices that are still ignoring the evidences to formulate the right decisions, to promote the health status through effective health planning and management, diseases control and prevention and through providing high quality health services. So, this topic gained interest since the Palestinian National Authority was established when the Palestinian health system was shaped. Unfortunately, several efforts were made to create health research system but these efforts collided with external effects that include the political situation as well the internal effects. Those effects are related with the health system majorly the absence of vision and culture by the policy making, the limited resources and the difficulty to agree on a unified strategy and priorities to be foundation, lack of coordination and cooperation between research producers and users. Additionally, strategic vision for the PNA in adopting research and providing the required fund is weak. Also the Universities, research institutions and NGOs work separately. In other words, health research is practiced and used in the mentioned bodies according to its own policies and not according to the national priorities and agendas.

Figure 2.1: A strategy of effective health research system adopted by WHO, 2012



As regards of (WHO, 2012), as depicted in figure (2.1) which illustrates the WHO strategy in adopting the optimal, which explains the important elements to create effective and efficient health research system of the world countries, the strategy has five interrelated goals, organization (strengthening of the research culture), priorities, Standardized research, translation. In the same context, Koon et al. (2012) stated that the WHO through Alliance for Health Policy and Systems Research in light in embedding research into decision-making processes is constructs a conceptual framework for institutional embeddness of research in the health sector. As depicted in figure (2.2) below.

Figure 2.2: Conceptual framework for institutional embeddness of research in the health.

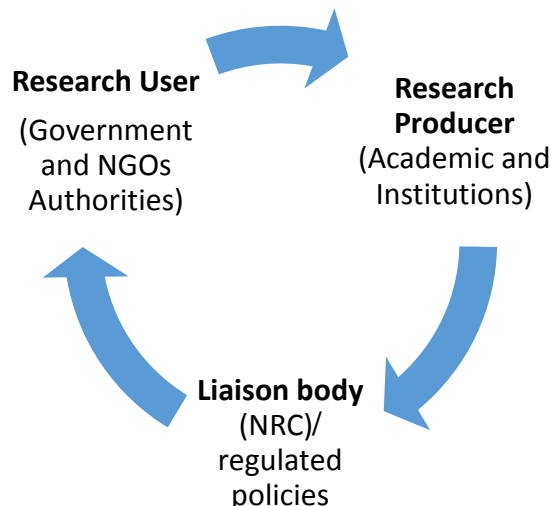


Source: Koon, A., Nambiar, D., and Rao, K. (2012).

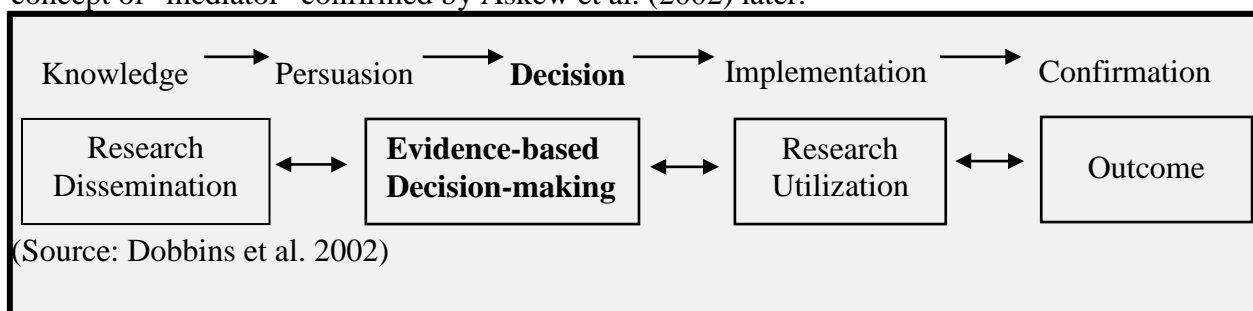
From the figure (2.2), this study adopted this framework is useful map and practical circles for any organizations under the health care system umbrella. So the deepest ring consists of government organizations such as special committees, research units, and regulatory bodies. Then the next circle consists of government-supported research institutions such as institutes, universities, think-tanks centres and individuals who are funded by government but not directly part of it. The outer most circle consist of independent research institutions which are privately funded and managed like those belonging to multi-lateral and bi-lateral agencies, private universities, NGOs, and research conglomerates.

Regarding to research and policy-making bodies relationship and alignment, figure (2.3) develops by study researchers that demonstrate a relationship nature and stream between the two institutions of health research maker and policy and decision maker. It's crucial to find liaison body as a mediator like National Research Council NRC or established national regulated policies. This body and policies tasks are action coordination, evidences transfer and communication, disseminate information, knowledge mutuality in order to achieve the alignment and integration, interaction, and harmonization. Therefore, facilitate the embedding of research findings reflection into policy making practices and processes in the health field.

Figure 2.3: Research and Policy-making Bodies Relationship and Alignment (Developed by study researchers).



Respecting to the dissemination of research findings for policies and decisions purposes, numerous global studies emphasized on the importance of findings dissemination to accomplish "embeddedness". Dobbins et al. (2002) and McBride et al. (2008) addressed the research dissemination flow, diffusion of innovations, and evidence based to construct a comprehensive theoretical and empirical structure of research utilization to be useful for both health policy and clinical decision-making bodies. This model helps to outlines the various stages of research flowing process within decision making practice, to identify possible areas for research. In addition to facilitate health researchers and policy makers understanding of the complexities of research dissemination and utilization process to develop new future dissemination strategies. It illustrated that the process of research evidence in health care field is influenced by numerous intervening variables like organization, environment and individual, which produced the complexity of transferring research findings into practice. See below Dobbins structure for research findings dissemination in the policy practices. The concept of "mediator" confirmed by Askew et al. (2002) later.



Abu Hamad (2013) clarified that the status of research in health sector in Palestine is not different than other sectors, as most research studies are descriptive with less focus on operation and health services research, usually academic in nature, rarely reflecting the national needs and priorities and most importantly the use of research in decision making is not institutionalized within the organizational culture of health institutions. The infrastructure for health research is weak and the brain drainage phenomenon is common among the Palestinian researchers in general including health researchers. Mostly, research studies in health are externally initiated and donors dependent. Abu Hamad sees areas that require focus include identifying the national prevalence and incidence of communicable and non-communicable diseases common in the Palestinian culture such as mental health, cancer, cardiovascular diseases, prematurity and pregnancy risk factors. Furthermore, there is a dearth

of research on the effectiveness of therapeutic interventions and management. Studying the risk factors and reasons for the commonly prominent diseases occupying the top of the leading causes of death among the Palestinian population is essential. Health care providers' commitment, morale, administrative and managerial barriers to effective delivery of health services constitute a top priority. Because of the widely perceived in-efficiency of the health system, economic studies in health services like cost effectiveness, marginal analysis, costing services and marginal utility analysis are important areas for investigation. In particular, drug shortage, rational prescribing and treatment.

Despite the high expending on health in Palestine (9-12% of the GDP), still the community perspectives about the health services is not as expected, so views and perceptions of beneficiaries is critical. Quality of health, medical errors and reporting practices are also very important areas for research. Abu Hamad recommended creating a culture that values scientific research as a basis for health development including supporting infrastructure, allocate certain budget (2-5% of health budget), setting national health research priorities, developing human resources capacities in conducting and utilizing studies. Lastly, institutionalizing the use of research into decision making is crucial through national policies, teaming up among researchers and policy makers and promoting the relationships between them. Generally, the health sector in Palestine case experience many obstacles related to create effective research scheme and to embed its findings in policy making procedures. These obstacles such as unsupportive culture, poor infrastructure, fund insufficiency, lack of leadership, resources and personnel, absence of agreed national strategy, inefficient information system and uncoordinated relevant actors activities mainly the government and academic institutions. If these difficulties can be identified, it will be then easy to develop a long-term strategy that will serve the research and policy making pattern in Palestine. Due to this case, sooner or later, we should find mechanisms and develop research integration into health management practices to be strongly found.

Research Aim

This study is concerned with health research and policy making to assess the real status of embedding and translating the health research evidence into policy making from policy makers and academicians perspectives in Palestine. In order to identify effective and efficient ways that accomplish the integration between them, thus providing suggestions about the appropriate utilization of research outcomes in policy making process.

Specific Objectives

To examine the health researches and policy making integration and mutuality impact, reality, obstacles, opportunities, strengths and weaknesses and factors affecting that.

2- To develop relevant, flexible, effective, efficient, accessible, sustainable strategy and mechanisms that manage the relationship between research producers and policy makers in Palestine.

3- To present a conceptual understanding of institutional embeddedness and apply it to the context of research in policy making in health.

4- To recognize the stakeholder's roles in supporting health research and its implications on policy making practice levels.

5- To provide recommendations for better utilization of health research findings into policies in light of supporting the health system components.

Methodology

In this study, literature from various disciplines was sourced to develop the idea of embeddedness. We conducted a thorough review of the literature pertaining to the decision making process in health policy, and processes of knowledge translation. The study used

qualitative approach by conducting in-depth interviews with academicians, experts and policy makers for gathering data about the phenomenon. The seventh interviews conducted in February 2013, the first two interviews commenced at the Palestinian Ministry of Health MOH with two Chief Executive Officers CEOs and the third one with expert from Palestinian Legislative Council PLC. For the fourth interview held with expert from Non-Governmental Organization NGO, and the fifth, Sixth and seventh interviews carried with three academicians from Al-Quds University, Al-azhar University, and The Islamic University of Gaza.

The study was used Non-probability convenience and purposive selection, and the Interview questions were developed initially based on a conceptual model of institutional embeddedness that drew from an extensive review of the literature and experts consultations. One interview was piloted with academic professor to arrive at a revised instrument focusing on ten major questions. In content comparative analysis, data were systematically analyzed within steps. Raw data that provided by the participants were carefully read, word by word and line by line. Codes were developed through a process of open coding. Coding in qualitative research is a word or string of words used as a name for category generated during analysis process, coding is the first step in moving beyond concrete statements in the data in order to make analytical interpretations.

Discussion and analysis

First, the term “embeddedness” has a long history in the social sciences. The origins of the concept can be traced to the work of Karl Polanyi, who, in 1957, wrote that “the human economy...is embedded and enmeshed in institutions, economic and non-economic. As it is often referred to, represents an organization’s/individual’s connection, relationship, and/or embed position, within a social network (Koon et al, 2012).

One of the experts pointed to that there are efforts in applying the health research into policy making and till this moment there is a weak attitude from the policy makers to use the research evidences within their policy practices in the Palestinian health organizations. There was consensus from the respondents that the health policies must be constructed on evidence-based decisions since these policies and decisions should be derived from scientific bases. While another expert said that the researches have scientific and practical value and it is supposed to be implemented. The expert also added that researches have clear aims in evaluating the health services and activities or presenting ideas and approaches that contributed improvement in the health field. The other aim from researches is adding what is new and developed on the contrary of the reality where its results are applicable in the field to enhance the health providers' performance. In the same context, according to one of the experts researches are the mirror that evaluates the current situation and the desired horizons for the future. Most of world countries depend on the research to develop its capacities and allocate budgets related to research that could reach around 5% of the general budget of the government.

Locally, the majority of the respondent said that there is severe shortage in the funds that are directed to research. The Palestinian government budgets and plans did not allocate fund for research in general and health research specifically. On the NGOs and INGOs levels there is concern with research to some extent due to the programs' and projects' nature of such organizations. It is merely found in such organizations research units or departments and this what was confirmed by an experts who works in an INGOs where he indicated that most decisions and policies are built on scientific evidences. On the other hand, another group of experts clarified that the aim of research that are made about the Palestinian institutions are personally-oriented and not priority or scientific-oriented. The experts added that researchers make researches to develop his professional and functional position besides the financial aspect.

With regards of the experts' satisfaction about the situation of embedding and utilization of research findings into decision and policy making in the health field they agreed that there is no full satisfaction and the embeddedness state did not reach the required level. Some experts asserted that few researches and studies were accomplished and its results were applied by some decision-makers. This situation is referred to that the approach of research and development is recent and newly-established in the health system in Palestine. There are hundreds of researches results that are not used for the right decision as a result of various circumstances across the health services providers like system, qualified experts, lack of knowledge and miscommunication. One of the experts justified his dissatisfaction about policy-based evidence because all results are applicable especially for the Palestinian organizations case due to the existence of some obstacles like: capacities, financial and human resources and unsupportive environment. From another point of view, an expert argued that he is displeased about that because researches that are made only reflect the aims, visions and priorities of the researchers and their organizations either universities, NGOs or institutes and not according to the objectives and needs of decision makers. This problem originates from individual interests and not from national or institution needs.

Through the in-depth interviews questions were presented about cons and pros of health research impact on the decisions and policies formulation. Regarding the cons, there is major consensus that the researches results should be credible and with high quality evidences and basically rely on diagnosing health problems. It also should present constructive solutions that contribute in improving health services and health system performance and if this takes place it will produce right policy making and vice versa. The researcher believes that the following elements could negatively affect the evidences translation into policy making. These factors are: lack of logistic resources and the capacities. There is weakness in determining the research priorities that authorities and decision makers are concerned with, decision makers make up decisions without scientific evidence. Health research is personally-driven because it reflects the researcher's desires and not the priorities of the national context and many researches that are externally funded "donors" address topics that serve donor purposes and not the national purposes. Furthermore, the centralized system of health organizations doesn't provide sufficient fund to the departments and the weakness in developing the capacities of the staff in addition to the miscommunication between research producer and policy makers.

On the other hand, the positive aspects for embedding research findings in the decision and policy making practices were from the respondents' point of views agreement. The respondents agreed on the necessity to apply it in the health sector that is characterized by its complexities which should be met with feasible facts. It was mentioned that health studies fill the gaps in the health system and produces true health decisions since some research focus on cost effectiveness of health services, some examine the beneficiaries' satisfaction about the health services. One of the experts added that one of the pros of research embeddedness into policy helps policy makers in setting the health development plans since it provides real information to be reflected in the form policies which helps to reach better health situation. Moreover, it increases the policy makers' abilities in evaluating the reality. For more clarification, one of the respondents provided an example of research that was scientifically conducted and it addresses thalassemia disease, this research concluded findings that contributed in creating strategic plan including policies that control the disease.

The fourth question is related to the concept of policies-based evidences contributions to fulfilling health needs and indicators, and health system performance. An expert said that health indicators are usually related to two methods that are: research which measures and assesses the trends and in general the obtained results are more specific and accurate, while the other method is gathering the routine data and this often inadequate for several reasons like the reporting system and the gathering rout. Consequently, it is insured that the health

research and its results in the policy making process assists in finding precise indicators that reflect the health needs to compare the health situation geographically between areas within one country and with other countries and timely over time stages. In other words, the health indicators are based on the research findings which main aim is evaluating and validating these indicators for example: surveillance-based evidences.

Another expert perspective strongly believes that there is close relationship between utilization of research evidences in policies and fulfilling health needs. This explained by that when health providers determine the population health needs, deliberately they use research as a suitable tool like needs assessment to achieve the sounded needs. From another point of view, if health research is scientifically conducted and correctly directed according to the health system priorities it will reach findings and recommendations that will effectively contribute in improving health system performance and will fulfill the gaps this is called "decision-based evidence". Additional opinion stated that the researches are real mirror for the current situation and as a result it reflects the health needs and could enhance the health situation depending on quality, design, methods, impact and purpose of these researches.

It is obvious from the perceptions that embedding the studies' policy-based results into policy making in Palestine is almost ignored and mal-practiced and huge interventions are needed to achieve it. The researches that are derived from priorities, address urgent problems in the health system, investigate the population's needs and are with high quality conducted, scientifically-oriented, collaboratively supported and teaming-driven, can greatly contribute in improving the indicators, meeting the needs and developing the health system performance. This could be more valuable if it is done with coordination and cooperation with the policy makers. About the perceptions of expert interviewees about research findings appropriate utilization in decision making in the health field there were two different points of views. Some views indicated that it is appropriately used specially in the NGOs because there is concern and supportive culture and resources either from the NGO management or from the donor to conduct researches that are related to the nature of the projects. Moreover, presence of human resources that have the knowledge, skills and experience in the scientific research which gave them the power to practice it, additionally, the current condition of health research in NGOs is well. In contrast, some of the experts argued that the research and its findings were not translated properly into the process of decision making process and witness severe weakness because it believed that most researches that are produced are not for scientific or policy purposes but they are merely for personal purposes if that financially or professionally as was mentioned earlier.

There is no doubt that there are few researches that are directed for strategic purposes. The rest of experts argued that it is not thought at all that researches facts are used correctly by the decision makers from one side, and from the other side the researches do not depend on comprehensive and actual information which makes it hard to be efficiently exploited. Overall, the difficulties hinder research use into policies in proper manner mainly represents in issues of procedures, personal, environmental, absence or miscommunications, and priorities contradiction, also organizational aspects such as bureaucratization.

For the research findings appropriately application into policy making in the health in Palestine, It is questionable issue; because the research units within the Palestinian health institutions are almost not-existence or inactive. Supposedly, it should be taken into account good quantity and quality of connections to decision makers. However, because of poor reputation for research products, it might have low embeddedness overall. On the other hand, an NGO that operates on the Palestine as an independent body and energetic role in line for high quality products, honestly policy-relevant evidence and has numerous and good quality connections with their policy makers could be said to exhibit a high degree of embeddedness. This is applies in the academic institutions. Nevertheless, researcher and policy maker's

closeness, the presence of legislation, body, and regulated policies is essential in the health sector.

In relevance with above, through asking the experts about their perceptions on the role of health researchers in decision and policy making in the MOH and health NGOs in Palestine, the is compromise among experts that the health researchers role is a very minor and mainly marginalized and does not reach to the required level which researchers must be normally occupied in this process. Where four of the experts attributed the faint role of health researchers due to own reasons such as rewards and promotions, and the bulk of the research idea is not a national health priority and stems from individual motives, this does not deny the existence of active and initiative researchers in health research. Another stated that the health researchers have a central and vital role to a large extent in the decision-making process within NGOs sector, as a result of the characteristics that distinguished these organizations from others. In Palestine case, it seems that the role of researchers and decision makers in the process of policies-based evidence is a scattered due to of separation between them, as well as barriers related to lack of communication, relationships, consultations, mutual understanding and cooperation at the academic institutions, government authorities and NGOs. If there is a strong relationship there will be a vital role, and vice versa. Importantly, establishing National Health Research Council (NHRC) may strengthen the relation among research producers and users, and reinforce more and more the researchers' role and contributions.

Therefore, the relationship nature between the research institutions and MOH or NGOs is fragile and not profound based on a real strategic partnership and cooperation in health researches. This was confirmed by five experts who clarified that this weak relationship as a most barrier between them only for administrative arrangements for researcher likes administrative approval or consent from the authorities, with existence of certain links but seasonal between specific institutions such as consultations services, workshops conferences and tutorial sessions addressing health issues and problems.

Virtually, the study presented through the interview questions which examining the experts' experiences and attempts by giving example from their organizations of a recent major health policy implemented in the last 2-3 years grounded on research findings and recommendations. In addition to sub questions like who was involved and consulted in this policy, the processes of deliberation, the type of decisions, availability of link between the decisions and research with explanation from experts' perspectives. One of experts from the Palestinian Legislative Council (PLC) declared firmly that the most of health policies are formulated after make deep investigations conclude evidences, this take place by involving and networking with all relevant stakeholders. Moreover, some of the academician experts provided examples according to the nature of their work in using the curriculum/courses evaluation and assessment to set correct policies on teaching process. In turn, one expert from INGOs stated that the entire his organization operations and decisions are centered on facts and studies, the expert gave an example of anemia, it was conducting research on this topic for different age groups, then it concluded to findings and decisions that are importance of awareness and preventive measures, and all stakeholders inside and outside the organization have been involved. At the government level, one expert also confirmed clearly that MOH administration occasionally adopts the evidence-informed policy for example: hospitality services in MOH hospitals.

Noticeably from the experts' perspectives, there is significantly weakness by health government institutions in adopting the concept of evidence embeddedness into policy and that it is critical for them institutionalizing this concept to become the culture research-oriented. This urge us to the need to more efforts and interventions to promote this concept by developing policy makers capacities, strengthen networking and communication, support research units within organization, plenty resources, more involvement and consultation, regulated health research-policy strategy, and supportive management.

Finally, all key informants acknowledged the need for evidence to inform decision making and that the overall trend seems unsatisfactory, weak, and blurred status and the need for serious corrective strategies and greater actions to be taken to create a culture of health research production, utilization and translation with our health organizations. Therefore, there is a consistent perspective among experts in underpinning the research findings utilization in the health actions and policies as a considerable part of health system components. They have recommended several important suggestions concerning in founding agreed national health research priorities, formulating regulated body for research, sufficient and planned fund, encouraging the networking, coordination, consultations and partnership agreements as well as Activating the complementarity role among all relevant institutions and stakeholders at local and international levels, creating incentive systems and implementing capacity building programs, and teaming among researchers and policy makers is essential.

About the information aspects, developing effective information and surveillance system and expanding the research and publications accessibility and dissemination were recommended. Moreover, focusing in research issues such as quality, design, priority and purpose, redundancy, .ect. More importantly, one of experts focuses on making a comprehensive review of all critical health researches and studies in order to utilize from them. However, another perception stressed that the significance role donors and their organizations in supporting the health research and its implications on the health sectors in Palestine.

Conclusion and Recommendations

Conclusion

The importance of health research utilization on policies in the developing countries as a whole and for Palestine specifically, as health systems have become more complex and public demands. So, this study represents a nascent attempt to understand and assess the issue of health research embeddedness in policy making. The study findings suggest that the degree of embeddedness is remarkably faint across the MOH in particular and moderately respectable in the academic, NGO, and INGOs institutions. The overall impression about evidence-based practice in Palestine health sector is very weak due to many obstacles that were identifies. Importantly, there is a significant weakness in research culture across the Palestinian health institutions as well as evidence-based mal-practice and poor experience, no clear national research priorities and strategy. May obstacles are identified such: centralized system, absence of incentives and capacity building programs as qualified human resources and fund insufficiency, poor information infrastructure and logistical and technological capacities also absence of knowledge transfer. Moreover, communication and coordination across institutions and health researchers and policy makers were fragile. The evidence-based practice is not appropriately use, actually not institutionalized and mostly personally-driven. The researchers' role is being minor as well as the relationship among stakeholders is not well-established. In conclusion, the necessity of taking the research results into consideration to MHO, Universities, NGOs, INGOs, and institutes, and to its members in particular researchers and policy makers to find solutions to the obstacles of the research-relevant policy and to strive hard in evidences utilization. Also, adopting clear and agreed policies and strategies to support the research system primarily and to empower the health system based on Palestinians needs and national goals in order to attain sustainable health development.

Recommendations

1. Important of existing body as a mediator such as national committee or council and adopting WHO research strategy. Also, need to disseminate the researches clearly, effectively, and efficiently to all concern audiences with focusing on improving the policy makers'

potentials and experience in research and urging the universities and colleges in concerning more in research methodology course.

More involvement and the importance to establish national research policy based on priorities through teamwork (team-driven) with the need to build active partnership and cooperation across universities, research institutes, government and NGOs and INGOs. Also, encouraging the operations, applied, evaluation and assessment researches

Urging the government and universities in promoting research culture and working on support research infrastructure, commit to fixed budget for research, upgrading dynamic information and technological, as communication and coordination measures.

Call to institutionalize the research by finding and supporting research and development units within the health institutions linked directly with front management "directors", and encourage researchers and professionals through incentives system.

Call for making a comprehensive review of all critical health researches and studies in order to utilize from them. Moreover, urge the donors and their organizations to play important role in supporting the health research and its implications on the health sectors in Palestine.

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Annex 1: In-depth interviews questions

“Embedding health research findings into decision making process to develop the health system performance: policymakers and academicians perspective, Palestine, 2013”.

1. Participant Information Could you tell us/me about yourself?
 - a. Sex _____ b. Country _____
 - c. Designation _____ d. Department _____
 - e. No of years in current position _____ f. No of years in health _____
2. Thanks for participation in this interview ---warm greetings
3. When we mention research findings and policy making, what comes to your mind first?
4. From your perspective, are you pleased with how research findings is embedded, used and exploited in decision making in the health field?
5. Can you summarize the buns and cons of researches impact on the decisions?
6. Let us focus on how research evidences contributed to fulfilling health needs and indicators, and health system performance?
7. Do you think that the research findings are used appropriately in decision make in the health field?
8. In your opinion, do health researches play a role in decision making in the MOH and NGOs in Palestine?
9. What are the relationships between institutions that produce research and the Ministry of Health?, and between researchers and decision makers?
10. Give an example of a recent MAJOR health policy implemented in the last 2-3 years at your institution based on research findings and recommendations?
 - a. Who was involved?
 - b. Who was consulted, what were the processes of deliberation
 - c. What was the decision (services offered, new initiatives, legislation etc.)
 - d. Were there any linkages to ongoing or prior research evidence? If yes, describe? If not, why do you think not?
11. Based on your understanding, what you suggest to increase the chances of research findings embedding and using into health decision making process?
12. Is there anything that you would like to add that I have not asked you about regarding the topic that we have been discussing?

Annex 2: Experts list

Academicians

Yahia Abed, Associate Professor of Public Health (Al-Quds University).

Mohammed Shubair, Associate Professor of Virology and Immunology (The Islamic University of Gaza, IUG), and Head of the Palestinian National Health Research Council.

Mahmoud Sirdah, Associate Professor of Biology (Al-Azar University, Gaza).

Non-governmental Organizations and International NGOs

Dr. Mohammed Almaqadma, Director of Health Program in UNRWA, Gaza.

Palestinian Ministry of Health PMOH

Dr. Naser Abu Sha'ban, Director of Human Resources and Development Directorate in PMOH, Gaza.

Dr. Medhat Mouhaisen, Director of Health Information Department in PMOH, Gaza.

Palestinian Legislative Council PLC

Dr. Khamis Alnajjar, Chairman of Social and Health Committee in PLC, Gaza.