Speech delivered at the Conférence de Montréal forum

Health Sector Reform in the Americas: Improving the Research to Policy Interface

Montreal
April 18, 2001

Maureen O'Neil
President, IDRC

Good morning to you all, and welcome. It truly is an honour, both personally and on behalf of the International Development Research Centre, to participate with you in this extraordinary forum. And if you will allow me, I want to express my own greeting--and gratitude--to PAHO, and to Daniel López Acuña. We at IDRC are very proud of our collaboration with PAHO in the evaluation of health-sector reform in the Americas. Indeed, this forum constitutes one of the important outcomes of our partnership.

We have come together in Montreal--scholars, ministers, administrators, health-care professionals--with a single, shared purpose: to improve the transformation of research knowledge into sound health policy for our fellow citizens. That means re-examining what we know about the hard facts of health care in our hemisphere. But more than that, it requires us all to identify practical strategies for deploying that knowledge in policies and programs with greater effect, and greater equity. We will have to look at the economics of health-sector reform, at the management, and at the politics. And we will have to embrace a principle at the heart of good governance: that citizens are entitled, by right, to a meaningful voice in the decisions that govern their lives. Making good health policy requires public participation.

As we all understand, our countries have invested enormous efforts in health-sector reform over the past decade. We also understand that there has persisted a deplorable gap--a discontinuity--between policy and knowledge. The problem was acknowledged as long ago as 1994, when leaders at the first Summit of the Americas charged PAHO with monitoring and evaluating health-sector reforms throughout the region. Even so, the knowledge-policy gap too often prevails--at the cost of both equity and effectiveness.

The remedy in part is more research, better directed. Just as critical, however, is a more fluid transmission of good research into policy design, execution and evaluation. This transmission of timely knowledge into health policy is the subject of our work here in Montreal. I hope we will consider how to design research that better answers the needs of decision-makers; how to engage decision-makers more directly in the results and implications of research; how to facilitate the interaction of policy evaluation, public participation, and policy change. The object is not just to increase the research, but to increase its utility.

We address these challenges with the rich advantage of some remarkable research already undertaken. I am thinking of lessons from IDRC-supported projects that have reached completion: assessments of policy decentralization in Chile, Bolivia, Colombia and Brazil; a comparative analysis of health-care reform in Argentina, Brazil and Mexico; and illuminating case studies of community and family health care in Peru, Brazil, Chile and Argentina. And I'm referring to studies under way right now--on health and deregulation; accessibility; health financing; and management.

I look forward to hearing the findings of some of these projects this week. What they will reveal, I suspect, is confirming evidence--in useful detail--of the real deficiencies embedded in health-care systems throughout the hemisphere. Chronic inequalities in health-care access and quality, uncorrected by reforms. Systematic exclusion of specific groups--generally the poor, and often indigenous peoples. Unreliable financing. And the destructive interplay of well connected vested interests.

These are not, for the most part, susceptible to merely technical or even financial amelioration. True reform in these realms demands good governance, and democratic change. It demands better research. But it also demands more transparent, more equitable, and more accessible procedures for deliberating and deciding policy.

In truth, IDRC has always operated on the belief that no "problem"--so-called--can be understood, much less treated, in isolation from its context. Similarly, we try to judge every proposed "solution" by specifying with some care exactly whose lives the solution is likely to improve. By this measure--I say with some sorrow--past efforts at health-sector reform in the Americas cannot always be counted as successes. In too many cases, so-called reforms have simply reflected and perpetuated the inequities and cleavages dividing our societies.

These failures are not just harmful in the obvious ways. They are dangerous. I am convinced that the quality, accessibility and management of health-care delivery together serve as telling markers of good democratic governance. They demonstrate a democracy's effectiveness in responding to critical needs of its citizens. Where a democracy fails to organize efficient, fair access to adequate health care, it undermines its own legitimacy, signals lack of capacity, and puts at risk the cohesion of its society.

In Canada, every opinion poll and public survey affirms the consensus of Canadians that the national health-care system is a defining characteristic of Canadian citizenship. In a population thinly dispersed and divided by region and cultural experience, health care functions as a unifying national project, an act of community, and proof of our national citizenship. Its success, or its failure, is taken as a measure of our success or failure as a country.

Perhaps that is why we, as Canadian participants in this forum, value these research endeavours so highly: Canada has much to learn from our friends and neighbours in Latin America and the Caribbean. We understand, as urgently as anyone, our stake in the development of strong health research, and strong health policy.

The architects of our forum have set out an agenda with commendable logic. It begins with a review of

our present state of knowledge: What are the current conditions for health-sector reform in the Americas, and where are we headed? We can then address the political economy of the relationship between research and health policy--and prospects for improvement. Finally, we look to strategies for doing more and better research--and for integrating that research more fully into good policy-making.

I hope fervently that we can progress beyond good intentions. What we should expect of ourselves, having come all this way, are real action plans--practical strategies for genuine, achievable reforms.

To advance the delivery of equitable and effective health care is the great opportunity before us--and, I would add, our greatest obligation.

Thank you.

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14 August 2002
