

The potential role of regional and national health observatories in narrowing the knowledge gap in sub-Saharan Africa

Derege Kebede and Chris Zielinski

World Health Organization Regional Office for Africa, PO Box 6, Brazzaville, Congo

Corresponding author: Derege Kebede. Email: kebeded@who.int

A gulf exists between the many potential opportunities to improve health by applying existing research evidence and the current inequalities in health in the World Health Organization (WHO) African Region. The gaps between what could be achieved and what has been achieved need to be closed – or at least narrowed.

Closing these gaps is a major challenge – and opportunity – as they are numerous. As described in the WHO global plan of work,¹ gaps exist in social justice, human rights and equality, leadership and accountability, and implementation and delivery of proven health interventions. Importantly, gaps in health knowledge exist where essential answers on how to improve the health of the people in the Region are missing or incomplete, information is not shared effectively, and education is inadequate or is denied to certain groups.

The utility of health information, research evidence and knowledge (collectively described as ‘knowledge’) is to:

- better inform and thus empower individuals and the public to make the right decisions regarding their health and wellbeing;
- influence public health policy-making and decision-making; and
- advance the frontiers of knowledge to develop products and tools for the promotion, maintenance, protection and restoration of health.²

The availability and use of information enables:

- improved definition of a population;
- recognition of problems;
- setting of priorities in the research agenda;
- identification of effective and efficient interventions;
- determination of potential impact (prediction);
- planning and resource allocation;

- monitoring of performance or progress;
- evaluation of outcomes after interventions;
- continuity in medical care and healthcare; and
- healthy behaviour in individuals and groups.

It also empowers citizens by enabling their participation in healthcare and in policy-making and decision-making processes, and empowers countries and international partners by enabling better transparency and accountability through the use of objective and verifiable processes.

The availability, quality and use of health information, research evidence and knowledge are not adequate in the Region. This has resulted in two major types of knowledge gaps: gaps in health knowledge, and the so-called ‘know–do gap’. Health knowledge gaps are where essential answers on how to improve the health of the people in the Region are missing. This is an issue related to the acquisition or generation of health information and research evidence. The ‘know–do gap’ is the failure to apply all existing knowledge to improve people’s health. This is related to the issue of sharing and translation of health information, research evidence or knowledge into policy and practice. Although there are major structural constraints, the key to narrowing the knowledge gap and sustaining health and development gains is a long-term commitment to strengthen national capability to ensure the availability of relevant and high-quality health information and evidence and its use for policy-making and decision-making.

This requires a long-term investment on health research and knowledge systems, and to building the infrastructure, including health information systems. Despite the availability of often-substantial financial resources, investment in health research, information and knowledge systems in the Region is generally fragmented and uncoordinated. The close linkage and coordination of fragmented

disciplines such as information, health research and knowledge management is seen as an essential step in this process and is also a key action that countries should consider as part of the Framework for the Implementation of the Algiers Declaration³ briefly summarised in this supplement.⁴

The capabilities for leveraging information for improved health are limited and unevenly distributed in the Region, mirroring the widespread health inequalities within and across countries. Improving such capabilities has been identified as a key priority in effectively addressing broader social and environmental factors of such inequalities.⁵ It is also seen as crucial to the success of reforms of national health systems through primary healthcare.⁶

The idea of a 'health observatory' as a comprehensive one-stop shop for good-quality and reliable information on human health and institutions of care has gained growing global popularity since the mid-1970s.^{7,8} Since then, numerous health observatories have been established throughout the world. For example, a network of 12 public health observatories was set up by the UK Department of Health⁹ to provide knowledge, information and surveillance in public health (since 1 April 2013, eight of the 12 health observatories are integrated into the Public Health England Knowledge Gateway). The declared focus is on 'turning information and data into meaningful health intelligence' and the network has been developing successfully using a model that was adopted by the African Health Observatory.¹⁰

A number of developed and developing countries have established health observatories as useful instruments to address the fragmentation of national health information systems. A number of other regional health observatories have been in existence for some time, and WHO has also recently launched a Global Health Observatory.¹¹

Both the Ouagadougou Declaration¹² and Algiers Declaration¹³ made recommendations to establish an African Health Observatory. The African Health Observatory was created at the beginning of 2011 and has been fully functional since then. It consists of a web portal, a data statistics platform, a web-based collaborative space for the production and updating of comprehensive and analytical country health profiles, a repository of key publications including the quarterly periodical the *African Health Monitor*, and a platform for networking. Work is ongoing in developing its content in country profiles and information products and creating space for, and supporting, regional and subregional networks on various health themes. The African Health Observatory also supports countries in establishing national health observatories.

The various papers presented in this supplement describe the issues and challenges related to the availability and use of information in the Region; the structure and function of the African Health Observatory and the national health observatories; and how they could be useful in addressing these issues and challenges. They propose a number of actions countries should consider taking for optimal leverage of national health observatories to improve country health systems.

Declarations

Competing interests: None declared

Funding: WHO Regional Office for Africa

Ethical approval: Not required

Guarantor: DK

Contributorship: DK and CZ co-wrote the paper

Acknowledgements: None

Provenance: Not commissioned; peer-reviewed by Ali Tawfik

References

1. World Health Organization. *Engaging for Health: Eleventh General Programme of Work, 2006–2015: A Global Health Agenda. Executive Summary*. Geneva: World Health Organization, 2006.
2. Commission on Health Research for Development. *Health Research: Essential Link to Equity in Development*. New York: Oxford University Press, 1990.
3. World Health Organization. *Framework for the Implementation of the Algiers Declaration on Research for Health in the African Region*. Brazzaville: World Health Organization Regional Office for Africa, 2010.
4. Kebede D, Zielinski C, Mbondji PE, et al. The way forward – narrowing the knowledge gap in the WHO African Region to strengthen health systems. *J R Soc Med* 2014; 107(suppl. 1): 10–12.
5. Commission on Social Determinants of Health. *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health. Final Report of the Commission on Social Determinants of Health*. Geneva: World Health Organization, 2008.
6. World Health Organization. *The World Health Report 2008: Primary Health Care Now More Than Ever*. Geneva: World Health Organization, 2008.
7. Ashton JR. Public health observatories – the key to timely public health intelligence in the new century. *J Epidemiol Community Health* 2000; 54: 724–5.
8. Hemmings J and Wilkinson J. What is a public health observatory? *J Epidemiol Community Health* 2003; 57: 324–6.
9. See www.apho.org.uk (last checked 1 March 2013).
10. See www.aho.afro.who.int (last checked 1 March 2013).
11. See www.who.int/gho/en (last checked 1 March 2013).

12. World Health Organization. *Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health for Africa in the New Millennium*. Brazzaville: World Health Organization Regional Office for Africa, 2008.
13. World Health Organization. *The Algiers Declaration: Ministerial Conference on Research for Health in the African Region: Narrowing the Knowledge Gap to Improve Africa's Health*. Brazzaville: World Health Organization Regional Office for Africa, 2009.