

The status of health research system in conflict areas: Palestine case study

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Health Research System (HRS) is the bedrock of health systems, to improve the population health and responsiveness and equity, and use the knowledge towards a sustainable development. Based on the term 10/90 gap, particularly in developing countries, Palestine HRS has a remarkable case; due to unstable environment. The study seeks to realize PHRS by investigating its governance and policy, stakeholder, challenges and conclude best recommendations for system development.

The study conducted in Palestine, from January to July 2015. A contemporary observational situation analysis design was used by qualitative methods. The institutions from three sectors were targeted; academic public health faculties, MoH units and NGOs and international agencies. Policy makers, academicians, researchers and representatives were selected purposively, through peer-review; some of participants invited for eighteen in-depth interviews (IDI), the rest for three sectorial focus group discussions (FGDs), with literature and documents review. Data were analysed thematically using manual matrices analysis, Word, and Excel programs.

Despite instable circumstances, PHRS is promising. Eleven academic institutions and nearly forty local private, NGOs and international agencies, are remarkably producing health research, but probably without regulated national policies. Governance is not well-organized in managing HRS functions, which its activities are most likely scattered and institutionally or individually driven. The financing is significantly very timid, it does not essentially itemized in budgets. Three main HRS stakeholders involved; academic faculties as a producer, private, NGOs and international agencies as a producer or funder simultaneously, and MoH as a user or MoF as a funder. The international agencies role is inconspicuous although of some successful initiatives. Interestingly, the environmental factors were the most significant gaps, mostly political, as well as the system shortcomings. The human resources and facilities are scarce with poor incentives. PHRS priorities are inconsistent and efforts are uncoordinated with poor multidisciplinary. Dissemination and research application are questionable. Health research culture is not sufficiently-promoted, and the commitment is not politically-endorsed. The study generated best strategies to strengthen PHRS synergistically.

Palestine is a fertile place for health research; it could become a successful model regionally, despite conflict. Palestinian HRS is a nascent with uncertain structure and inactive organizing body, even political commitment support. PHRS actions do not reached the hoped level yet. Sectorial intervention should be taken, through reactivating a unified representative body and national HRS policy cooperatively, to be regulated appropriately, bridging the gaps and affording resources adequately, and to produce and utilise the research effectively.