Persepsi stakeholders tentang kinerja fungsi sistem penelitian kesehatan nasional: analisis data pilot study:...

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Abstrak

PERSEPSI STAKEHOLDERS TENTANG KINERJA FUNGSI SISTEM
PENELITIAN KESEHATAN NASIONAL

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ABSTRAK
Latar belakang : Analisis mengenai kinerja fungsi sistem penelitian kesehatan nasional akan sangat bermanfaat untuk identifikasi penguatan dan peningkatan sistem dalam mendukung tercapainya pemerataan kesehatan di negara maju maupun negara miskin dan berkembang. WHO merumuskan ada 4 fungsi utama sistem penelitian kesehatan (litkes) yaitu stewardship, financing, creating and sustaining resources, producing and using research (WHO, 2001). Sebagai langkah awal untuk mengukur kinerja sistem penelitian kesehatan nasional, WHO melaksanakan pilot phase study di 17 negara pada tahun 2003 – 2004. Di Indonesia survey ini dilakukan di Jakarta dan Makassar dengan menggunakan instrumen survey yang dikembangkan oleh WHO. Sampai saat ini data tersebut belum dianalisis lanjut.
Tujuan. Penelitian ini dimaksudkan untuk mengukur skor kinerja 3 (tiga) fungsi sistem litkes yaitu stewardship, creating and sustaining resources, producing and using research menurut pendapat stakeholders (peneliti, pembuat kebijakan, dan pengguna hasil litkes).
Metodologi. Ketiga fungsi sistem tersebut dinilai dengan pengukuran rata-rata skor pendapat terhadap 6 dimensi yaitu lingkungan penelitian kesehatan; pandangan sistem pada penelitian kesehatan, pembuatan litkes, penggunaan litkes, akses literur ilmiah dan akses media. Analisis data dilakukan terhadap 278 responden dengan pendekatan kuantitatif (univariat dan cross tabulasi tanpa uji statistik) dan kualitatif (analisis terhadap pertanyaan terbuka).
Hasil. Temuan survei ini menunjukkan bahwa responden adalah 62.2% peneliti; 21.6% pembuat kebijakan; dan 16.2% pengguna hasil penelitian kesehatan. Lebih dari 80% responden adalah PNS yang sudah bekerja antara 2 – 51 tahun ( : 18 tahun) dengan range penghasilan Rp. 1 - 20 juta/bulan ( : Rp. 2,5 juta/bulan) dan sekitar 89% berpendidikan pasca sarjana. Kinerja fungsi sistem penelitian kesehatan secara keseluruhan dinilai belum baik oleh 54,7% responden. Dari 6 dimensi yang dinilai, kinerja baik pada fungsi stewardship dan fungsi producing reserach. Sebaliknya kinerja tidak baik pada fungsi creating and sustaining resources; dan fungsi using research; akses literatur ilmiah; dan akses media. Hasil analisis kualitatif menyatakan lima area yang berkontribusi penting dan prioritas untuk penguatan lingkungan penelitian di Indonesia adalah: pendanaan, fasilitas, gaji, kerjasama, dan komunikasi. Sedangkan lima komponen yang berkontribusi penting dan prioritas untuk penguatan sistem litkes adalah visi, SDM, pendanaan, etik litkes dan alokasi. 2 (dua) prioritas utama agenda Litkes menurut ketiga kelompok adalah

masalah kesehatan masa depan dan masalah kesehatan persisten atau yang bertahan lama.
Kesimpulan. Temuan penelitian ini menunjukkan bahwa sistem litkes nasonal belum berfungsi optimal. Upaya peningkatan dapat dilakukan dengan revisi dan reorientasi prioritas litkes antar stakeholders; peningkatan alokasi dana secara bertahap; optimalisasi peran dan fungsi jaringan litbangkes di pusat dan daerah; dan peningkatan fungsi stewardship Badan Litbangkes dalam kapasitas ‘good scientific leadership’. Selanjutnya studi serupa dapat dilaksanakan di kota-kota lain dengan perbaikan dan penyederhanaan kuesioner untuk mendapatkan hasil yang lebih representatif Indonesia.

Kata Kunci : Health Research System; Performance Assessment

ABSTRACT

Background. National Health Research System (NHRS) performance assessment will be very important to strengthen the capability of National Health System in order to improve the advancement of knowledge and health equity. In measuring the performance of NHRS, WHO has developed four major components of NHRS functions, which are stewardship, financing, creating and sustaining resources, and producing and utilization of health research (WHO, 2001). In testing the measurement tools, WHO carried out a pilot phase study of Health Research System Analysis (HRSA) in 17 countries in 2003-2004 including Indonesia. The National Institute of Health Research and Development (NIHRD) have carried out this pilot testing of NHRS instruments in Jakarta and Makassar since 2003.
Objective. The objective of this study was to measure the three functions performance of stewardship, creating and sustaining resources and producing and utilizing of health research based on the perceptions of NHRS stakeholders (researchers, policy makers and users).
Method. Study design was cross sectional with quantitative and qualitative data analyses for 278 respondents of HRSA Individual Survey.
Results. Respondents are stakeholders of the NHRS, they are researchers (62.2%), policy makers (21.6%) and research users (16.2%). Overall performance of NHRS functions has been perceived as not well performed by 50.4% respondents. Out of 6 dimensions of measurement, only good performances on stewardship and producing research have been perceived by respondents. In the other hand, the performance of creating and sustaining resources, research utilization, access to scientific literatures and access to media have been perceived unsatisfactorily by the respondents. Important contribution areas and also as major priorities in improvement and strengthening the NHRS in Indonesia are: networking, facility, budget, collaboration and communication. While important contribution components and also as major priorities in improving and strengthening the NHRS in Indonesia are vision, human resources on health research, ethics on health research, health research budget and allocation. The main research priorities were identified as future health problem and persistent health problem in all respondent’s groups.
Conclusions. In summary, NHRS were not yet in optimum well functions. Based on the study findings, some recommendations are proposed to strengthen the system

as follows: pledged to increase budget allocation policies systematically at least t o 2% of national health budgets as COHRED's recommendation and also improve budget accountability; activating the national and local networking of health research and development, including the partnership between NIHRD - National research council and National Commission on Health Research and Development; Improvement of stewardship function of NIHRD in its capacity as 'good scientific leadership'; and expansion of similar study to other cities and provinces with improvement of survey instruments in order to get better representative findings of Indonesia's NHRS.

Key Words : Health Research System; Performance Assessment