Sound Choices: Enhancing Capacity for Evidence-Informed Policy

The Alliance HPSR Biennial Review, due to be released in October at the Forum meeting in Beijing of the Global Forum for Health Research tackles the thorny issue of capacity development to conduct and apply health policy and systems research. While the central importance of health systems strengthening is increasingly recognized, the evidence base to support such efforts is weak. Furthermore much health policy and systems research is rather context-specific thus national capacity is needed both to generate evidence and to apply it to policy.

The Review addresses how capacity constraints, particularly at the country level, impede progress in generating policy-relevant health systems knowledge and employing such evidence in the policy process. Capacity constraints related to four main functions (research priority-setting, generating and disseminating knowledge, transmitting knowledge from researchers to policy-makers; and, finally, applying evidence to the policy process) are explored and illustrated using country examples.

The Review concludes with practical lessons for different groups of stakeholders: national health leaders, research institution leaders, and international funding and development agencies:

- More evidence is needed about how capacity constraints in countries inhibit evidence-informed health policy, and which strategies are effective in addressing these constraints.
- The dominance of international funding for health policy and systems research, particularly in low income countries, sometimes distorts local priorities and fragments nascent capacity. Better coordinated, and nationally-owned funding approaches are needed.
- Health policy and systems research faces particular challenges due to its youth, its multi-disciplinary nature and its need to take account of contextual variations. For these reasons (i) greater investment is needed in developing health policy and systems research methods and supporting their use and (ii) national organizations with specific mandates in health policy and systems research need to be nurtured.
- Finally, the application of evidence to health policy has been historically neglected both as a field of study, and as an area of investment. Greater investment at the country level in strategies to promote evidence synthesis, knowledge translation and use is required, and should be carefully evaluated.
Help Us Stimulate Discussion about the Biennial Review

The Alliance is looking for partner organizations at the country or regional level who are interested in disseminating the messages and/or stimulating discussion about the issues raised in the Biennial Review. We intend to provide small grants (up to US$10,000) to our partners in low and middle income countries to bring together decision makers and researchers within the country to discuss the needs for capacity development for health policy and systems research, and the use of research evidence in policy making. Partner organizations could choose to use this funding to run a discussion workshop with researchers and policy makers, conduct a press conference, or host a web-based discussion forum or listserv. The Alliance can provide copies of the report and summaries of the report in different languages.

There is no formal template for this application. Interested parties should submit a proposal of maximum 2 pages with a description of the nature of the organization submitting the proposal, the type of workshop or event proposed, the objectives of the event and the contact details of the main coordinator. More information is available on our website: http://www.who.int/alliance-hpsr

Two New Calls for Proposals

In association with the launch of “Sound Choices”, the Alliance HPSR is issuing two new calls for proposals that focus on different aspects of capacity development. The first call focuses on strengthening health policy and systems research methodologies and promoting sound teaching of such methodologies. The Alliance welcomes proposals on a broad range of methodological issues, for example applicants might consider focusing proposals upon:

- **Broad research approaches, such as:** best practices in conducting multi-country studies that reflect differing contexts but lead to generalizable findings; participatory evaluation in health systems research; assessing generalizability of health systems research findings.

- **Specific data collection or data analysis tools such as:** use of diaries, media analysis, experimental games, social network analysis, simulated clients, pitfalls in using data from existing surveys (such as DHS).

- **Extending existing research methods such as:** extending systematic reviews to encompass implementation issues; developing systematic reviews of health policy analysis.

- **Addressing research challenges such as:** eliciting reliable information from informal sector providers; investigating abstract concepts such as trust, stewardship and social capital.

Through this call for proposals the Alliance is interested in stimulating review, clarification and development of specific health policy and systems research methodologies and methodological approaches, as well as the development and testing of materials for the teaching of such methodologies.

The second call for proposals focuses on the development, implementation and evaluation of innovative approaches to enhance capacity of developing country policy-makers to employ health policy and systems research evidence in policy making. The overall objectives of this Call are to:

1. Develop and implement innovative interventions at the country level that enhance policy maker capacity (and potentially civil society capacity) to employ health policy and systems research evidence in policy making.

2. Develop and test training materials to build policy maker skills in identifying, assessing and applying health policy and systems research evidence to policy making.

3. Conduct rigorous evaluations of the strategies employed.

Proposed grant activities may address objective (1) and/or objective (2). In addition, all proposals must involve an evaluative element, objective (3). In the first instance parties interested in this call are requested to submit brief expressions of interest. Based upon these, small grants will be awarded to enable applicants to develop full proposals for the Alliance.

Both calls are open only to institutions based in low and middle income countries, though for the first Call it is possible that a proportion of funding may flow on to partners in high income countries. For more information and the application template please visit our website.
Feasibility study of Regional Rapid Response Mechanism, and discussion at the Global Forum for Health Research

Views on the need for evidence-based health systems information for policy-makers in countries within the Asian region were explored in a study commissioned by the Alliance for Health Policy and Systems Research (Healy, Maxwell, Phua, Lin et al 2007). The aim was to assess interest in the establishment of a centre or network that could respond to questions from policy-makers. Dubbed a regional rapid response mechanism (RRRM), its purpose would be to provide evidence to help strengthen health systems in participating Asian countries. A regional mechanism could draw upon expertise throughout and beyond the Asian region in producing evidence-based reports relevant to one or more countries in the region.

Collaborators from seven countries participated in the study: China, Indonesia, Laos, Malaysia, Philippines, Singapore, and Vietnam. Collaborators interviewed over 80 informants from Ministries of Health and research institutes and compiled a report on each country based on these interviews and on their own considerable knowledge. The overall response to the establishment of an information mechanism was overwhelming positive on the part of policy-makers and researchers.

Various types of entities have recently been established in order to appraise and channel an avalanche of information on health issues. But fewer mechanisms have the capacity to identify, appraise and summarize research evidence on health system issues, and most of this research, and most of these information entities are in high income countries.

This study examined a range of information entities in order to draw out lessons relevant to policy makers, researchers and potential partners in the Asian region. Several themes emerge from this review of entities and survey of Asian respondents. First, an information mechanism would be expected to cover many topics – which may not be feasible. Second, policy makers put more stress on policy dialogues while researchers emphasize the production of research. Third, all stress the country-specific nature of health systems evidence. Fourth, the advantages and disadvantages of different governance and location options will require careful consideration, whether a single centre model, or a regional secretariat with linked centres.

Judith Healy, John Maxwell.

If you want to contact them, please email them at: judith.healy@anu.edu.au, john.maxwell@anu.edu.au.

To request a copy of the report, please email: alliance-hpsr@who.int

WHO/WPRO and the Alliance will be hosting a consultative meeting on the RRRM on 2nd November in Beijing, in association with the Global Forum meeting. For more information please contact Lydia Al-Khudri (alkhudril@who.int).

Featuring Young Researcher Grantees

Interview with Dr Mohir Ahmedov, Senior Lecturer, Department of Public Health and Health Management, Tashkent State Medical Institute, Uzbekistan

The Alliance: Has the Young Researcher Grant (YRG) programme given more visibility in your country to Health Policy and Systems Research (HPSR) and therefore to your institution?

Dr Mohir Ahmedov: The Young Researcher Programme has definitely given more visibility to our institution. We have delivered workshops and invited a few officials from the Ministry of Health who have interacted with our Masters students. These meetings have given greater attention to the field of health policy and systems research within our university as well as among local decision makers. Of course if we want our institution to become much more visible throughout the country and outside of our country, it will take time as this requires extra financial and human resources to invest in advocacy.
The Alliance: Can you tell us briefly what lessons you have learnt from the Project?

Dr Mohir Ahmedov: We are happy about what we have accomplished in terms of increasing students’ interests in HPSR and supporting them in undertaking research. To undertake research they needed efficient supervision from a faculty member and this was done successfully. Good supervision we have noticed from past experience is key to the students’ accomplishment.

The Alliance: The Alliance is planning to organize a workshop for the Young Researcher Grantees the purpose of which would be first to encourage grantees to exchange ideas on curriculum development and second to promote links between academic programmes and policy makers. We’d like your views about such a workshop, what you would like to get out of this workshop and are there any specific skills you would like to focus on in the area of health policy and systems research?

Dr Mohir Ahmedov: I think that exchanging ideas about curriculum development is not necessary as most faculty members already have the opportunity to interact with other faculty members from various countries during their participation in conferences. We have observed however that there is a major gap in specific research skills. Some elements of the research cycle are clearly lacking such as survey methodology, questionnaire design, data analysis, data interpretation. I would suggest developing courses in those areas primarily.

The Alliance: How would you assess the achievements under the grant in terms of strengthening health policy and systems research?

Dr Mohir Ahmedov: First we have developed courses in the area of HPSR which are included in the new curriculum and these will be taught shortly. Second, out of four students originally selected, three have completed their research project and third it has increased discussion among students on HPSR.

For more information on the Tashkent State Medical Institute, please visit: http://www.sph.uz
If you wish to contact Dr Mohir Ahmedov, please email him at: m.ahmedov@gmail.com

Interview with Dr Maurice Bucagu, Head of the Reproductive Health Department, Rwanda School of Public Health, National University of Rwanda

The Alliance: When did the Young Researcher programme start in your school?

Dr Maurice Bucagu: In Rwanda, the academic year starts in January therefore our masters students started working on their research early this year.

The Alliance: We understand the grant to the School of Public Health in Rwanda has been used to support a range of research topics that the Masters of Public Health students have been working on, including:

- Primary health care services utilization in the context of mutual health insurance.
- Impact of performance-based financing scheme on facility-based deliveries.
- Impact of home-based management strategy of Malaria on severe malaria incidence.
- Effectiveness of community health workers in the context of maternal & child health program.
- Assessment of VCT/PMTCT quality service.
- Barriers to family planning services utilization

Dr Maurice Bucagu: The students found the first two topics the most interesting and therefore most of them focused their research on these. These topics are also of prime interest to our government.

The Alliance: Can you tell us more about the mutual health insurance scheme and the performance-based financing scheme?

Dr Maurice Bucagu: The government has made mutual health insurance compulsory for everyone in Rwanda.
Preliminary findings of the research undertaken by the masters students has shown that this insurance has contributed to great changes in terms of strengthening health care and ensuring that everyone has access to health services. The implementation and management of this mutual health insurance has required substantial work. As for the second topic, one approach used in Rwanda to strengthen institutional capacity is performance-based financing. This was adopted as a national public health policy as part of the 2005-2009 Rwanda Health Strategic Plan. Human resources for health has been strengthened as the programme focuses on the supply side and gives incentives to personnel depending on their performance. Funds are paid to health centres according to the results that they deliver.

The Alliance: Your masters students have already produced major findings in terms of research, do you have any plans for disseminating these findings to decision makers and/or a wider audience?

Dr Maurice Bucagu: The masters students will present their thesis and main findings during a one day meeting at our School. The School is a privileged partner of the Ministry of Health, we will disseminate copies of the students’ theses to the Ministry and senior officials will be invited to listen to the students’ presentations. We also plan to upload all the theses on our website.

For more information on the National University of Rwanda, please view the following link: http://www.nur.ac.rw

Global survey on health policy and systems research projects in developing countries

One of the objectives of the Alliance HPSR is to promote an exchange of ideas, experience and information between, researchers, funders and policy-makers. In light of this, the Alliance HPSR is establishing a database for ongoing studies in Health Policy and Systems Research. The database will contain information about the research focus, the country or countries where the research is being conducted, the institutions involved in the research and a link to the website of the principal research institution. The survey will be conducted through the Alliance website and as responses come in, they will be compiled into a searchable database on the website.

The Alliance plans to maintain and update this database on an ongoing basis. We hope that the database will facilitate communication and collaborations between researchers who are conducting research around the same theme as well as enable research funders and policy makers to get a clearer picture of ongoing work. In addition to this, the Alliance will over the next few months be leading a process to identify priority research questions within its current thematic areas (health financing, the role of the non-state sector, and human resources for health). We will use the database to identify ongoing work and researchers who should be invited to participate in this process.

We encourage Principal Investigators and Project Coordinators who are currently involved in HPSR to take a few minutes to visit our website and fill out the survey. For more information please contact our office at: alliance-hpsr@who.int or visit our website.
What are health workers paid? How are they rewarded? How does it differ according to whether health workers work in the private sector or are employed by the government, donor organisations or NGOs? And what are the policy determinants of salary levels and pay structures for health workers? That was the focus of a three day research workshop held in Ouagadougou, Burkina Faso, in August.

As part of a series of grants awarded jointly by the Alliance HPSR and the Global Health Workforce Alliance, researchers from Benin, Burkina Faso, Kenya, Niger and Tanzania were brought together to refine their methods and draft their data collection tools. As well as this, a researcher from HEARD (Health Economics and HIV/AIDS Research Division), South Africa, joined the workshop because of their offer to conduct similar research in South Africa, Botswana and Zambia.

Subsequent to the workshop the researchers have been refining the data collection tools and piloting them. Data collection will include searching for secondary data related to salaries, as well as approaching sampled facilities and organizations from the government and non-government sector to divulge information about how much and how health workers are paid. It is hoped that data collection will be completed by the end of the year and the findings will be presented at the Forum for Human Resources for Health in Kampala in March 2008 (see Bulletin Board).

David McCoy, University College, London

The Alliance has compiled a database of postgraduate training courses in Health Policy and Systems Research being offered in low and middle income countries. This database can be downloaded from the Capacity Development page of our website:

http://www.who.int/alliance-hpsr/capacitydevelopment/en/

If you know of a postgraduate course in HPSR or a University that is offering courses in this area which does not appear on our list, we encourage you to send an email to alliancehpsr@who.int. Please write ‘Training Courses in HPSR’ in the subject bar, and provide us with the following information:

- Name of the Program
- Degree Offered
- Institution
- Curriculum (example of up to four courses with a particular emphasis on HPSR)
- Country
- Language of tuition
- Link to the Institution’s website.
The first-ever global Forum on Human Resources for Health (HRH) will be held in Kampala, Uganda, from 3 to 7 March 2008. It is convened by the Global Health Workforce Alliance (GHWA) and is to include world leaders, GHWA members, regional and international agencies, country representatives, advocates, health professionals and field experts.

The Forum’s goals are to continue building and strengthening partnerships, to provide participants with an opportunity to share knowledge and experience, to strengthen commitment from leaders to address the health workforce crisis and to present the GHWA Roadmap, which will be the reference document for benchmarking progress in HRH for the next ten years. A special edition of The Lancet, to be published just before the Forum, will mark the occasion and boost the growing body of knowledge on HRH. An announcement and a call for papers were issued in the August edition of the journal and can also be found on the GHWA website homepage: www.who.int/workforcealliance

The Alliance for Health Policy and Systems research will hold a special day-long session at the Forum on 6th March to discuss and agree a set of priority research questions in the field of human resources for health. ■

GHWA Secretariat, WHO

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Kampala Forum on Human resources for health and special edition of the Lancet

ALLIANCE FOR HEALTH POLICY AND SYSTEMS RESEARCH

World Health Organization in collaboration with the Global Forum for Health Research

We welcome your comments and suggestions on any of the topics covered in this newsletter and relating to the Alliance HPSR in general. If you would like to subscribe/unsubscribe to this newsletter please email us at alliance-hpsr@who.int. See our full contact details below:

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Skyline of Kampala, Uganda
Featuring partners on our website!

As part of our communication strategy and the new look of our website, the Alliance would like to give the opportunity to each of its partners to be featured on its website. The first partner to be featured is our colleague from Cameroon, Dr Takougang from the University of Yaounde. You can access his story on the following link: www.who.int/alliance-hpsr. If you would like a special project, event or story to be featured, please let us know by email at alliance-hpsr@who.int and send us your text with illustrations and/or a photo.

Any suggestions on making the website more interactive are very welcome.

WHO’s new Health systems strategy
“Strengthening Health Systems to Improve Health Outcomes: WHO’s Framework for Action”

International consensus is that without urgent improvement in health systems, the world will not meet the health-related goals set out in the Millenium Declaration. WHO has recently completed its Framework for Action for strengthening health systems. This Framework aims to clarify and increase WHO’s role in strengthening health systems in a changing world. Its principle audience is WHO staff at all levels of the Organization, but the basic concepts are equally relevant to policy-makers in countries and in other agencies. The document will be available through the WHO website in October 2007.

Phyllida Travis, Organization and Management of Health Services, WHO

UK launches International Health Partnership

The UK government recently launched a new international partnership to assist in building national health systems in the poorest countries. Unveiled by British Prime Minister Gordon Brown, this new international partnership brings together donor countries and agencies in a bid to better coordinate international interventions in health. The partnership will aim at improving how international agencies, donors and poor countries collaborate to bring much needed health services to the very poor. As Douglas Alexander, the UK Secretary of State for International Development noted, "Global Health aid has doubled since 2000….The donor community needs to work together better and smarter in order to unburden the very countries we’re trying to help and better support poor countries’ own priorities." So far, Canada, France, Germany, Italy, Norway and Portugal as well as the World Health Organization, the European Commission, the World Bank, UNAIDS, UNFPA, GAVI Alliance, UNICEF and the Bill and Melinda Gates Foundation have signed the partnership agreement. To kick-start the process, 7 ‘first wave’ countries from Asia and Africa, namely Burundi, Cambodia, Ethiopia, Kenya, Mozambique, Nepal and Zambia, also joined the International Partnership and will be the first countries to benefit.

Alliance briefing notes

The Alliance has recently issued two briefing notes on health policy and systems research. You are welcome to download them from the following link: http://www.who.int/alliance-hpsr/en/