Young Researcher Grantees Gather in Cape Town

Since 2003 the Alliance has been running a programme of grants, the Young Researcher grants, that aim to strengthen the teaching of health policy and systems research in post-graduate courses in low and middle income countries, and attract students to this field. In February 2008 all of the African recipients of the Young Researcher grants met at the University of Cape Town to exchange ideas and experiences about the challenges that they face in teaching health policy and systems research, and how best to address them. Workshop participants came from universities in Ethiopia, Ghana, Nigeria, Rwanda, South Africa, and Uganda. The workshop was hosted by the Health Economics Unit of the University of Cape Town, and Drs Sam Adjei, Charlotte Leighton and Professor Di McIntyre facilitated the workshop.

Based on prior discussion with the grantees, the workshop addressed six technical themes: learning and curriculum development, the supervision of dissertations, dissemination of research, interaction with policy makers, assessing impacts, and sustainability. Given the wealth of experience among participants, many of the sessions were based upon participants sharing best practices from their own setting. For the session on interacting with policy makers the group was joined by Dr Ivan Toms, Director of Health Services for Cape Town city, who gave a presentation illustrating the interaction of research and policy making. Professor Di McIntyre emphasized three key actions to get research into policy and action: establish and maintain long term relations, build credibility and a reputation for rigorous research, and understand the policy context, staying attuned to the debates and issues at play, as well as to key stakeholder positions. She added that it is important that researchers speak the same language as policy makers, avoiding jargon, and drawing on common interests in public policy.
At the end of the workshop participants assembled in country teams to identify what they had learned and what they would do differently due to the workshop. Country teams also identified recommendations for Alliance follow-up and the box illustrates the priority issues identified. From the workshop evaluations, participants appreciated the opportunity to share experiences across country settings and exchange perspectives on teaching HPSR. In the words of one participant “more of such workshops, with cross-country inputs, will help shape the pathway over the next few years in health policy and systems learning, evidence dissemination and evaluation”. The Alliance is currently in discussions with WHO/WPRO about running a similar workshop in Asia later in the year.

The Alliance is very sad to say that Dr Ivan Toms died suddenly and unexpectedly, of meningococcal meningitis, shortly after this workshop took place.

Ivan was a great health and human rights practitioner and his untimely death is a huge loss to friends, colleagues and the people of Cape Town.

Priority Issues that the Alliance could take action on to help further strengthen HPSR teaching

Capacity building
- Workshops and short courses are needed to:
  - develop writing skills for faculty and students
  - improve dissertation supervision
  - update HPSR knowledge for faculty
- Support for greater availability of teaching resources and creation of university HPSR resource centres

Dissemination
- Special grants to support journal publications, policy briefs, fact sheets, news releases, attendance at international conferences
- Assistance with peer review of manuscripts proposed for publication

Evaluation of HPSR teaching programmes
- Support for field testing of the evaluation tools produced in the workshop, with interim efforts conducted by participants on their own
- Support for efforts to harmonize and standardize the evaluation tools so that HPSR teaching programmes could be compared across countries

Sustainability
- Continuing the Alliance Young Researcher grants, including maintenance of the line item for resource materials and equipment
- Creation of a network of Young Researcher grantees to promote sharing of information and resources
**New Grant Awards**

The Alliance launched three calls for proposals in conjunction with the launch of its Biennial Review “Sound Choices: Enhancing Capacity for Evidence-Informed Health Policy” last year. All three of these calls have now been adjudicated and the table shows the successful grantees.

For the Call for Proposals on Innovative Strategies to Enhance Policy Maker Capacity to apply health policy and systems research, unfortunately we did not receive any proposals from low income countries of a sufficiently high calibre to be funded. However the Alliance will be relaunching this call, in collaboration with the Wellcome Trust, and the next round will have an exclusive focus on low income countries. Watch the website for an announcement regarding the re-issue of the Call.

<table>
<thead>
<tr>
<th>Call for Proposals</th>
<th>Successful Applicants</th>
<th>Topic/Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Dissemination of Alliance Biennial Review</td>
<td><strong>Ms Isabel Hernandez</strong>, Catholic University of Ecuador, Quito, Ecuador</td>
<td>Promoting action on capacity development for HPSR in Ecuador</td>
</tr>
<tr>
<td></td>
<td><strong>Dr Huong Pharm</strong>, Hanoi School of Public Health, Vietnam</td>
<td>Regional workshop on capacity development for health policy and systems research</td>
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<td></td>
<td><strong>Professor David Sanders</strong>, University of the Western Cape, South Africa</td>
<td>Revitalizing Health For All: dissemination of “Sound Choices” through four regional workshops</td>
</tr>
<tr>
<td>2. Innovative Strategies to enhance policy maker capacity to apply HPSR evidence</td>
<td><strong>Dr Miguel Gonzalez-Block</strong>, Instituto Nacional de Salud Pública, Mexico</td>
<td>Supporting evidence-informed health policy making in Mexico. Training, tools and interventions to address contrasting state-level contexts.</td>
</tr>
<tr>
<td></td>
<td><strong>Dr Francisco Yepes</strong>, Colombian Health Association - ASSALUD, Colombia</td>
<td>Attempting to close the gap between knowledge production and knowledge use</td>
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<tr>
<td></td>
<td><strong>Dr Ignacio Llovet</strong>, CEDES, Argentina</td>
<td>Making Evidence-based policy work: role playing as enhancer of policymaker and health researcher exchange</td>
</tr>
<tr>
<td></td>
<td><strong>Ms Marina Egutia</strong>, Curatio International Foundation, Georgia</td>
<td>Strengthening civil society capacity to promote research evidence use for policy development in Georgia</td>
</tr>
<tr>
<td>3. Strengthening HPSR research methodologies and promoting their sound teaching</td>
<td><strong>Dr Lucy Gilson</strong>, University of Cape Town, South Africa</td>
<td>Strengthening health policy analysis research and training through a focus on approaches to comparative and synthesis analyses</td>
</tr>
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<td></td>
<td><strong>Dr Idris Garba</strong>, Partnership for Reviving Routine Immunization in Northern Nigeria (PRRINN), Nigeria</td>
<td>Evaluating a peer and participatory research methodology within an aid-funded, five year programme in Northern Nigeria</td>
</tr>
<tr>
<td></td>
<td><strong>Dr Gabriel Rada</strong>, Pontificia Universidad, Catolica de Chile, Chile.</td>
<td>Searching databases for systematic reviews in health policy and systems research</td>
</tr>
<tr>
<td></td>
<td><strong>Dr Mohir Ahmedov</strong>, Tashkent Medical Academy, Uzbekistan</td>
<td>Developing methods and capacities for qualitative research in low/middle income countries on health systems research</td>
</tr>
</tbody>
</table>
Defining Priority Research Questions within Specific Thematic Areas

Previous health research priority-setting initiatives — such as the Task Force on Health Systems Research — have attempted to define priority research areas in the field of health systems. However, such initiatives have generally involved a limited number of technical experts, paying limited attention to the evidence needs of policy makers, and have typically identified broad topic areas as priorities rather than specific questions.

The Alliance is leading a program of work that aims to influence global patterns of research funding by identifying high priority health systems research questions in three thematic areas – human resources for health (HRH), health systems financing (HSF), and the role of the non-state sector — and communicating the importance of these issues to research funders.

The priority setting process has been highly consultative (see Figure). Starting in May of 2007, in-depth interviews were conducted with hundreds of key-informants — including policy makers, researchers, community and civil society representatives — across twenty-four countries. This work was conducted by four regional grantees. Data from regional reports along with systematic literature reviews are being synthesized in three draft reports, one for each thematic area. Each of the draft reports will be presented at a theme-specific workshop, where researchers and other key stakeholders will discuss and then rank the evolving list of research priorities. Finally, the top ten, ranked list of research priorities for each theme will be validated by discussing the results with ten to twelve key informants from the global level.

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### Step 1
- East Africa Report
- Southeast Asia Report
- Latin America Report
- Middle East & North Africa Report

### Step 2
- Thematic papers with literature review

### Step 3
- Validation and ranking Workshops
  - April 6th Berkeley (HRH)
  - May 28th Nyon (HSF)
  - July 8th Delhi (non-state sector)

### Step 4
- Interviews with 10-12 “global level” key informants

### Outputs
- Technical report
- Briefing note
- Academic paper

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New Partner Profile

Between July 2007 and February 2008, the Alliance for Health Policy and Systems Research accepted 28 institutions as new members of the Alliance Partnership. The Partnership now includes over 300 partners, spanning 89 countries from all WHO regions. Like the other Alliance partner institutions, these new partners range from governments to universities to NGOs to multilateral organizations, and are located in a wide variety of countries: from Bahrain to Bolivia, Uganda to Uzbekistan. One such new partner is the Health Research Council of the Pacific (HRCP).

According to Bruce Scoggins, HRCP’s advisor on strategy and partnerships, this institution evolved two years ago from the former Pacific Health Research Council, which started in 1998. HRCP carries out its mission of “Health Research by and for Pacific People” by facilitating sharing of research, building research capacity and translating information from research into evidence-informed policy.

With a nine-member rotating Secretariat based in Fiji, the HRCP aims to represent 15 island countries in Melanesia, Polynesia and Micronesia and will soon expand to include the seven territories of the Western Pacific. In addition, New Zealand, as one of the four non-Pacific members of the Pacific Community, plays a special role. For instance, some of the HRCP projects are funded by the Wellcome Trust and the governments of Australia and New Zealand, such as those studying traffic-related injuries and obesity prevention, although continuing financial support is a challenge.

HRCP recently completed a report mapping health research systems in their 15 member countries, carried out in conjunction with the Council on Health Research for Development (COHRED) and with support from WHO. As a result, they are increasingly motivated to develop a mechanism for making relevant research findings accessible to policy makers regionally or sub-regionally.

As well, the Alliance is likely to develop calls for research proposals based on the top-ranked research priorities. Keep your eyes on the Alliance website for further news!
Kampala Forum on Human Resources for Health

The first ever global forum on human resources for health (HRH) was held in Kampala, Uganda, from 2-7 March 2008. The conference provided an opportunity to share experiences and to discuss possible solutions for addressing the health workforce crisis in developing countries. Discussion included the need to strengthen HRH leadership and management; approaches to scale up pre-service and in-service education and the appropriate skill mix; how and whether to control brain drain, either through establishing a code of practice for skill transfer between developed and developing countries or successful retention strategies; as well as financing issues such as the implications of expanding the health workforce on the wage bill and how to address fiscal space constraints.

Four of the grantees supported by the Alliance HPSR presented their research findings. Fadima Bocoum described the perception of health workers about their salary and financial allowances and the reason for high turnover and mobility of health workers in Burkina Faso. Health workers were not satisfied with their salary. Inflation rate per year is three times the rate of salary increase, which resulted in constantly declining standards of living.

Fadi El-Jardali discussed the trends, magnitude and reasons of nurse migration out of Lebanon. The reasons were not only financial but included work overload, lack of autonomy in decision making, and commitment to excellent nursing care. The incentives most often mentioned by respondents for enhancing retention included education support, better working conditions, use of best nursing practices and greater autonomy.

The third was a poster presentation by George Pariyo, Suzanne Kiwanuka and colleagues on the “Effects of changes in the pre-licensure education of health workers on health worker supply.”

Taghreed Adam from the Alliance HPSR secretariat was among the discussants in a breakout session on financing and HRH. She presented an overview of what has been done in WHO and the Alliance HPSR in this area, including sponsoring the development of a series of systematic reviews on HRH related policies and innovative strategies as well as the work programme on developing research priorities for HRH.

the region. They look to the Caribbean Health Research Council as a leader in this regard, and are considering setting up a Pacific health research observatory.

Communication among and within these small, developing countries is difficult, given their enormous geographical spread, making everything from travel to teleconferences costly and complicated. Furthermore, the countries’ national committees are unevenly developed: some countries, such as Fiji and Papua New Guinea, had pre-existing national health research committees, while most other countries’ health research agenda was organized through the Ministry of Health, if at all. Although some health policy issues are common to them all, such as diabetes and cardiovascular diseases, the islands also vary considerably in their health research needs.

Despite these obstacles, HRCP is forging ahead as evidenced by their public health journal, the Pacific Health Dialog; the journal will soon expand dramatically, thanks to a new business plan developed by a group of New Zealand MBA students. The HRCP has a unique opportunity to assist the large number of small island countries in the Pacific to use research knowledge to improve health outcomes and to reduce inequalities. More information and publications can be found online at www.hrcpacific.com
The Alliance secretariat also contributed to the Lancet special issue on HRH through an article exploring several issues related to health workers salaries such as the pay structures for health workers in the public sector in sub-Saharan Africa; the adequacy of incomes for health workers; the management of public-sector pay; and the fiscal and macroeconomic factors that impinge on pay policy for the public sector. The article highlighted the scarce information in this area and lead to the call for proposals to study health workers salaries trends, the first findings of which was presented by Fadima Bocoum in this conference. For full text see: McCoy D, Bennett S, Witter S, Pond B, Baker B, Gow J, Chand S, Ensor T, McPake B. Salaries and incomes of health workers in sub-Saharan Africa. The Lancet. 2008 Feb 23;371(9613):675-81. A further paper based on work supported by the Alliance was also published in the Lancet special issue: Chopra M., Munro S., Lavis J.N et al Effects of policy options for human resources for health: an analysis of systematic reviews The Lancet, Volume 371, Issue 9613, 23 February 2008-29 February 2008, Pages 668-674.

[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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Special Lancet Issue for Bamako Ministerial Forum on Health Research

By the time this newsletter goes to print and finds its way to readers desks, you may still just have time to submit a paper to the Lancet special issue that is being prepared for the Bamako Ministerial Forum on Health Research. The Call “Health, Development and Equity”, issued in Volume 371, Issue 96, (see http://www.bamako2008.org/en/docs/Lancet_Call%20for%20Papers.pdf) covered a broad array of issues, but we understand that papers following up on the health systems focus, established at the Mexico Ministerial Conference four years ago would be welcome. Closing date for submissions: 2 June 2008.

From Mexico to Mali: Taking Stock of Achievements in Health Systems Research

So what has happened to the field of health policy and systems research since Mexico? The Alliance together with the International Development Research Centre, Canada will be holding a meeting at the end of May to take stock of achievements, identify gaps, priorities and challenges, and brainstorm about how best to move the field forward. We would very much like to thank all our partner organizations who completed the recent partner survey, which will help give us a much better idea of the challenges that you are all facing, and how we can better advocate for investment in this field.

Alliance receives new grant from AusAID

The Alliance is grateful to AusAID for new core funding. Support from AusAID will enable the Alliance to expand its activities, and AusAID is particularly interested in seeing more Alliance work in the Asia-Pacific region. The grant to the Alliance complements another series of grants that AusAID has recently made to Australian institutions to act as health knowledge hubs. Three of these knowledge hubs have a strong health systems focus, these include the Melbourne-based Nossal Institute for Global Health (focussing on health policy and health financing), the University of New South Wales (human resources for health) and the University of Queensland School of Population Health (information systems and burden of disease).

Health Systems Focus at International AIDS conference

Health systems strengthening and integrating HIV/AIDS services into national health systems is one of the cross-cutting themes of the XVII International AIDS conference, taking place in Mexico in August. The programme committee has also identified evidence-informed policy and combating stigma and discrimination against people living with HIV/AIDS as other cross-cutting issues. Several Alliance grantees will be participating in the meeting and highlighting their work on the impact of global HIV/AIDS initiatives on health systems.

Visit our new website
http://www.alliance-hpsr.org