The 2009 Flagship Report: Systems Thinking for Health Systems Strengthening

For official launch at the upcoming Global Forum for Health Research in Cuba, the Alliance’s latest Flagship Report presents *Systems Thinking for Health Systems Strengthening*. Long used in other disciplines, systems thinking works to reveal the underlying characteristics and relationships of systems. It allows key actors – from national policy-makers to “street-level” policy implementers – to map and measure their health system, to identify where some of the key blockages and challenges lie, and to design sound, synergistic and system-ready interventions targeting those weaknesses.

With rich, multi-stakeholder partnerships and system-wide optics at its core, systems thinking has great yet untapped potential in designing and evaluating system-strengthening interventions. Moving from theory to concrete guidance, this Report aims to accelerate a more realistic understanding of systems – and what makes them change for the better. It sets out to address the following broad questions:

- What is systems thinking and how can researchers and policy-makers use it to strengthen health systems?
- How can we use this perspective to better understand and harness the positive effects – the synergies – among interventions to strengthen health systems?
- How can systems thinking contribute to better evaluations of these system-level interventions?

The Report uses a major contemporary intervention (pay-for-performance) to illustrate how systems thinking works in practice. Encapsulated in ten sequential steps – the “Ten Steps to Systems Thinking” – the Report shows how systems thinking can create a deeper understanding of the ways an intervention will affect the health system. In designing the intervention, the first four of the “Ten Steps” see an inclusive group of stakeholders convene to brainstorm how the intervention might affect the overall system and then to redesign it to optimize synergies and minimize any potentially major negative effects. In evaluating the intervention, the remaining six steps walk evaluators and researchers through system-centred decisions around indicators, methods, design and plans.

The Alliance welcomes comments on the Report – which is also available in Spanish and French – and encourages suggestions on the development of future Reports. To contact the Alliance please address inquiries to alliancehpsr@who.int.
The Alliance would like to warmly invite all participants at the Global Forum for Health Research in Havana, Cuba, to attend the formal launch of this Report on Tuesday 17 November from 13:15 to 14:00. The session will be chaired by Sania Nishtar, Founding President of Heartfile in Pakistan and an Alliance Board member. Speakers include Lindiwe Makubalo (Executive Director a.i., Alliance HPSR), Don de Savigny (Professor and Head, Interventions & Health Systems Research Unit, Swiss Tropical Institute) and John-Arne Rottingen (Chief Executive, Norwegian Knowledge Centre for the Health Services, Norway and an Alliance Board member). In addition to receiving a copy of the Report, the Alliance will also provide a small package containing a short overview of the Report and a CD featuring the Report in both English and Spanish. The Report is available at: http://www.who.int/alliance-hpsr/en/


Two New Alliance Briefing Notes Released

The Alliance has recently released two new Briefing Notes, bringing the total in the series to four. These notes are relatively non-technical, non-academic pieces that target a wide audience, including HPSR researchers, policy-makers, funders, and staff of international organizations.

Entitled “Priority Setting for Health Policy and Systems Research,” Briefing Note 3 analyses an essential, if often overlooked, function of national health research systems. Priority-setting processes are critical in aligning research funding with national evidence needs and in identifying the research questions necessary to fill knowledge gaps. In general, however, most low- and middle-income countries (LMICs) do not have a rational process in place to set health research priorities. To that end, this Briefing Note:

- discusses the fundamental concepts of priority-setting exercises;
- explores the priority-setting dynamic between the national and global levels;
- describes priority-setting exercises specific to health policy and systems research;
- details the work of the Alliance in driving global priorities based upon the evidence needs of LMIC policy-makers through a three-step approach (previously described in Newsletters 15 and 17, and available at: http://www.who.int/alliance-hpsr/resources/en/); and
- concludes with recommendations for how researchers, LMIC policy-makers and the global community might increasingly promote, fund and convene priority-setting exercises in health policy and systems research.

Sandy Campbell (an independent consultant) wrote Briefing Note 3.

Briefing Note 4 — “Systematic Reviews in Health Policy and Systems Research” — details the opportunities and challenges for the creation and use of systematic reviews in LMIC settings. Given the difficult questions about programmes to implement and strategies for organizing the overall health systems, how can systematic reviews assist policy-makers and health system managers in arriving at sound decisions that improve health and promote equity? Systematic reviews can be an enormously helpful tool in appraising complex findings from a wide array of disciplines and methods, particularly when individual pieces of HPSR research conclude with different or even conflicting policy options. This Briefing Note analyses:

- the typical methodology of a systematic review;
- the types of evidence used in a systematic review in HPSR;
- the challenges in conducting systematic reviews in HPSR in LMICs;
- the challenges in using systematic reviews in HPSR in LMICs;
- HPSR and the policy process; and
- key steps for moving the field forward.

Sandy Campbell and Tomas Pantoja (Pontificia Universidad Catolica de Chile) co-authored this Briefing Note.

The Alliance’s Briefing Notes series can be downloaded from: http://www.who.int/alliance-hpsr/resources/en/
The Campbell Colloquium.
18-20 May 2009 – Oslo, Norway

The Campbell Colloquium is the Campbell Collaboration’s “main event,” bringing together researchers and policy-makers from around the world. Its central purpose is to “promote systematic reviews of research evidence on the effectiveness of social interventions, and the methodology involved,” featuring “a variety of presentations of completed systematic reviews in the fields of social welfare, education, and criminal justice, and the opportunity to attend training sessions on methodology and other issues.”

2009’s meeting in Norway provided an excellent opportunity for people from different disciplines to exchange findings, ideas and methods for promoting and disseminating research findings. The colloquium also offered a repertoire of hands-on training opportunities through training sessions focusing on methodologies, systematic reviews, and other knowledge transfer issues.

Honourable Jonas Gahr Støre, the Norwegian Minister of Foreign Affairs, officially opened the Colloquia. Having previously served as Executive Director (Chief of Staff) in the World Health Organization under the leadership of Gro Harlem Brundtland, he displayed a deep understanding of current health challenges and issued strong ministerial support for initiatives linking research and policy.

Team members from two Alliance-funded Centres for Systematic Review (CSR) attended the Colloquium, including Dr. Tracey Pérez Koehlmoos (ICDDR Bangladesh) and Dr. Suzanne Kiwanuka (Makerere University, Uganda). On behalf of the CSR initiative, Dr. Koehlmoos presented “Centres for Systematic Reviews on Health Policy and Systems Research: Progress and Challenges” during one of the break-out sessions. The presentation was well received by a multidisciplinary audience. The CSR members also brought together other researchers from LMICs for several impromptu discussions on common barriers and successes in conducting syntheses in resource-poor settings. 

Left: John-Arne Røttingen, Chief executive, Norwegian Knowledge Centre for the Health Services. Right: Eamonn Noonan, Chief executive, Campbell Collaboration, Norway
2009 © Morten Golimo
How can training help policy-makers make better use of evidence? How can evidence slot into the messy and politicized world of policy-making? How best to go about evaluating the effects of capacity development initiatives on policy-makers’ use of evidence? These were just some of the questions that participants grappled with during a recent workshop hosted by the Alliance and the Wellcome Trust in Nairobi.

Building on a first round of grants under the Alliance’s strategy of enhancing policy-maker capacity, a second Call for Proposals — jointly issued by the Alliance and the Wellcome Trust — targeted teams based solely in low-income countries, asking them to develop and evaluate innovative approaches to enhance policy-maker capacity to use evidence in the policy process. Small start-up grants were awarded to nine different teams, and the September workshop provided an opportunity for these teams to learn more about similar initiatives elsewhere, share ideas about challenges and promising strategies to enhance policy-maker capacity, and further develop their proposals. The nine teams will all submit full proposals to the Alliance and the Wellcome Trust by the end of November 2009, from which four to six are likely to be selected for full funding.

Among the nine different teams was a strong diversity of strategies. Some proposals — including one from the Gambia, and one from the African Technology Policy Studies Network — intended to target parliamentarians and their staff. Other teams, such as that from SATHI-CEHAT in India, were more focused on the local level and the role of NGOs and other civil society stakeholders. Nearly all the teams had already established good working relationships with their targeted policy-makers — a fact that certainly augurs well for programme implementation.

The workshop evaluation indicated that most participants found the workshop an extremely helpful step in the proposal-development process. Participants particularly appreciated sessions that illustrated the challenges in promoting evidence use in day-to-day policy making. The interactive nature of the workshop, and opportunity for sharing ideas was also appreciated.

The Alliance and the Wellcome Trust would very much like to thank the various resource persons who contributed to the workshop, including Professor Richard Muga, Professor Lucy Gilson, Professor Gilbert Kokwaro and Dr Diane Gagnon — and would like to wish all of the teams the best of luck as they complete their proposals.
Evidence-Informed Policy-Making Workshop. 26-29 August, 2009 – Kampala, Uganda

The Alliance is currently supporting a programme of work that aims to enhance evidence-informed policy making in LMICs. One of the key objectives of this work is to document the supported interventions, evaluate the impacts and learn lessons about successful strategies for promoting greater use of evidence in LMIC policy processes. The Alliance is now supporting seven grantees in Argentina, Bangladesh, Cameroon, Kyrgyzstan, Nigeria, Vietnam and Zambia and provides direct funding to five LMIC Monitoring and Evaluation (M&E) fellows.

At this Kampala workshop, all fellows and grantee representatives gathered for further training in documenting and evaluating the interventions supported under the Alliance’s grants. In order to reduce workshop costs to the Alliance, the workshop was coordinated with and preceded the inaugural meeting of the European Union-funded “Supporting the Use of Research Evidence in African Health Systems” (SURE) project.

This workshop helped participants understand the goals, objectives and methods of the “Evaluating Knowledge-Translation Platforms in Low- and Middle-Income Countries”; provided “hands-on” experience with the various evaluation tools developed at McMaster University; and helped accomplish several baseline study activities, which included:

- completing a Knowledge-Translation (KT) platform profile at baseline;
- completing an inventory of KT platform activities and outputs planned in Year 1;
- completing the sample-identification tool for the baseline outcomes survey;
- beginning work on the ethics review forms for their respective countries; and
- preparing a monitoring and evaluation (M&E) work plan specific to their project.
This workshop was also attended by representatives from the East African REACH-Policy Initiative (including teams from Burundi, Kenya, Rwanda, Tanzania and Uganda) and also by the EVIPNet team from Burkina Faso, which made the learning environment more diverse for Evidence-to-Policy grantees and fellows. Extensive technical and financial support in organizing this workshop was offered by McMaster University, Canada’s International Development Research Centre (IDRC), and the World Health Organization.

Researching the systems impacts of Global Health Initiatives

Back in 2005, the Alliance launched a Call for Proposals that sought to help national and international policy-makers understand how Global Health Initiatives (GHIs) were affecting health systems. The Alliance awarded six grants to successful research groups, and since then the topic has become one of considerable contention and debate. Four years on, the Alliance grantees are now wrapping up their studies and beginning to publish their work. Some of this research has fed into both the WHO “Positive synergies” project and the recent Lancet publication on interactions between GHIs and country health systems.

Other studies by Alliance grantees have documented the effects of GHIs on health systems, focusing in particular on critical dimensions such as human resources for health, the participation of civil society, and coverage of “non-focal” services. While evidence from the Alliance-supported studies will certainly feed into international debates, perhaps even more critically we hope that they will inform country governments in their negotiations and dialogues with development partners. More information about the range of studies supported by the Alliance can be found on the Alliance website and also on the website of the Global HIV/AIDS Initiative Network (GHIN) at http://www.ghinet.org.

One recently concluded study analyzed the systems impact of the Global Fund’s US$77 million contribution (over eight years) to HIV/AIDS programming in Peru. As in many other contexts, this investment has significantly influenced relationships among key Peruvian actors (including the public sector, civil society and affected communities), shaping the overall response to the epidemic, the redistribution of public resources, and the quality of care offered to people living with HIV/AIDS (PLHA). How have those relationships changed with time? How has the health system itself responded and adapted? And how might international aid initiatives – and the behaviour of recipient countries – continually evolve and improve?

Analyzing and answering such questions is crucial. Broken into two phases, this study assessed the effects of Global Fund AIDS programming in the Peruvian health system by focusing on: potential changes in interactions among actors relating to HIV/AIDS decision-making; the processes, organization and activities of HIV/AIDS and other programmes within the health sector; the impact of the Global Fund on funding sources; and the impact of the initiative on vulnerable and HIV/AIDS-affected communities.

The authors are disseminating their findings through several different briefs and articles. Their policy brief, “Lessons Learned from Collaborating with the Global Fund to fight HIV/AIDS in Peru,” features six strong recommendations for policy-makers and funders:

- GFATM funding should prioritize proposals based on a thorough analysis of recent evidence and context. The political legitimacy of proposals should not come at the expense of technical quality.

- Sound evaluation designs must be essential components of all approved proposals.

- Proposals should promote state-of-the-art, evidence-informed intervention strategies that align with epidemic profiles and the cultural context.

• HIV-specific processes must be linked with national sectoral and multisectoral processes, particularly at the sub-national level. This will avoid duplication, inefficiency, and lack of consistency and sustainability.

• Programme managers must ensure that funding benefits reach all intended targets, with particular attention to conditions that may generate greater exclusion within the PLHA community (e.g. transgender identity, poverty).

• Efforts must still be made in understanding and countering persistent barriers in “normalizing” HIV (e.g. around stigma and discrimination).

For more information, see “Lessons Learned from the Collaboration with the Global Fund for AIDS-Related Projects in Peru: Effects on the Public Sector, Civil Society and Affected Communities – Findings of the Second Phase of the Study” at www.ghinet.org/downloads/Peru_policybrief_Oct09.pdf.

For more on the Alliance-funded work in China, Georgia, Malawi, Peru, Tanzania and Uganda, please visit http://www.who.int/alliance-hpsr/researchsynthesis/project3/en/index.html

• 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 alliancehpsr@who.int

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• ISSN 1819-4648

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Designed by Tushita Graphic Vision Sàrl, CH 1226 Thônex, Switzerland
Printed in Switzerland
Health Systems Research Symposium, Nov 2010

First global symposium on health systems research

The Alliance HPSR and partners will convene the inaugural global symposium on health systems research on 16-19 November 2010. Researchers, policy-makers, funders, and other stakeholders representing diverse constituencies will gather in Montreux, Switzerland to share evidence, identify significant knowledge gaps, and develop a research agenda that reflects the needs of low- and middle-income countries.

Calls for more and better health systems research are not new, but they have recently been given a boost. In November 2008, the High Level Task Force on Scaling up Research and Learning for Health Systems recommended: 1) a high profile agenda of research, 2) the engagement of policymakers in this agenda, 3) stronger country and global capacity for research, and 4) increased financing for health systems research. This four-point agenda was presented to the Global Ministerial Forum on Research for Health where it was unanimously endorsed in the Bamako Call to Action on research for health. Among the Task Force’s recommendations was a global symposium on health systems research in 2010.

The first symposium will be dedicated to improving the scientific evidence needed by health policy-makers and practitioners to inform their decisions related to accelerating universal health coverage. The specific objectives of the symposium are to:

- share state-of-the-art research on universal health coverage;
- develop a global agenda of priority research on accelerating progress towards universal health coverage;
- facilitate greater research collaboration and learning communities across disciplines, sectors, initiatives and countries;
- strengthen the scientific rigor of the field of health systems research including concepts, frameworks, measures and methods;
- identify mechanisms for strengthening capacities – individual, institutional and infrastructural – for research on health systems particularly in low- and middle-income countries.

The four-day event will include plenary sessions, concurrent sessions, panel and working group discussions, and poster presentations. A call for abstracts on science to accelerate universal health coverage will be announced in late 2009. All information related to background documents, committee members, registration, abstract submission and the programme will be posted at relevant WHO websites, including the Alliance website on the “Announcements and Upcoming Events” page: http://www.who.int/alliance-hpsr/announcements/en/index.html

Health Systems 101

There is renewed focus on health systems strengthening from major global institutions. The IHP+ and the High Level Task Force on Innovative Financing for Health both aim to strengthen health systems through MDGs 4 and 5. The Global Fund and GAVI now include a focus on health systems strengthening, and WHO is putting effort into this area. Targeted interventions are now being delivered through health systems windows, such as USAID’s Health Systems 20/20.

In this context, David Bishai at Johns Hopkins University and the Health Systems Board, an independent group formed to look at what different organizations are doing to strengthen health systems, have produced an online course curriculum to examine health systems. It is a 10-unit short online course sponsored by Future Health Systems (http://www.futurehealthsystems.org/), a Research Programme Consortium funded by the UK Department for International Development. The course aims to familiarize students with the syndromic study of health systems.

Visit the following link for more information:
http://www.futurehealthsystems.org/health%20systems%20course/hscindex.htm

Handbook on monitoring and evaluation of human resources for health

The newly published “Handbook on monitoring and evaluation of human resources for health, with special applications for low- and middle-income countries” offers health managers, researchers and policy-makers a comprehensive and standard reference for monitoring and evaluating human resources for health. It brings together an analytical framework with strategy options for improving the health workforce information and evidence base, as well as country experiences to highlight approaches that have worked. The book is the result of a collaborative effort between the World Health Organization, World Bank and United States Agency for International Development.

More information on the Handbook, including links for downloading the document in English, French and Spanish, are available on the WHO Department of Human Resources for Health website at:
http://www.who.int/hrh/resources/handbook/en/index.html

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