The Implementation Research Platform

The Implementation Research Platform supports new and ongoing research to improve access to the interventions essential to achieving the health-related Millennium Development Goals (MDGs). The Alliance for Health Policy and Systems Research (AHPSR) is hosting this new initiative in collaboration with: the Department of Child and Adolescent Health and Development (CAH) of the World Health Organization (WHO), the HIV/AIDS Department, WHO, the Special Programme of Research, Development and Research Training in Human Reproduction (HRP) and the Special Programme for Research and Training in Tropical Diseases (TDR). The Norwegian Government Agency for Development Cooperation (NORAD) and the Swedish International Development Cooperation Agency (Sida) are funding this innovative new programme.

Over the next few years, the Implementation Research Platform (IRP) will invest substantial resources to demonstrate how implementation research can generate new knowledge to influence health outcomes with a main focus on MDGs 4 (child health), 5 (maternal health) and 6 (HIV/AIDS, malaria and other diseases). It will generate lessons on sound approaches to scaling up in-country services, then disseminating this knowledge with the ultimate aim of strengthening national health systems.

The IRP’s core objectives are to:

- support new and ongoing research that contributes to scaling up health interventions relevant to MDGs 4, 5 and 6.
- synthesize and disseminate evidence showing promising approaches that address health system barriers.
- build capacity for health systems research and knowledge translation particularly in low- and middle-income countries.
- create effective collaboration within the research community on reproductive, maternal, newborn and child health, HIV/AIDS, TB, malaria and other diseases.
- promote evidence-informed policy formulation and implementation to reach the MDGs.

The goal of the Access to Medicines Policy Research project is to increase access to and improve the use of medicines in low- and middle-income countries (LMICs), particularly for the poor. The specific purpose of the project is to build an evidence-informed policy-making culture around the access to and use of medicines.

A first and important step in achieving the above is the identification of policy concerns and related policy research questions.

The objectives of this work are to:

- identify and rank, to the extent possible, policy concerns related to access to and use of medicines, as perceived by policy-makers, civil society organizations, patients and communities;

- identify and rank, to the extent possible, related policy research questions in the field of access to and use of medicines.

The Alliance contracted a range of institutions to conduct this work in their countries and regions. In the Western Pacific and South East Asia Regions, the leading institutions include Hanoi Medical University in Viet Nam; the Center for Advanced Studies in Cambodia; Chulalongkorn University in Thailand; the Lao Ministry of Health (Food and Drug Department); the School of Pharmacy in Lao PDR and the Public Health Foundation, India. In the African Region, Dr Claudine Ntsama from the University of Sciences of Yaoundé in Cameroon will coordinate the work in 4 countries including Cameroon, Chad, the Democratic Republic of the Congo and Gabon. In the Americas, the National Institute of Public Health at Oswaldo Cruz Foundation in Rio de Janeiro will coordinate the work for the Latin American Region. In the Eastern Mediterranean Region, the National Institute of Health Research at the Tehran University of Medical Sciences will coordinate the work for Iran, Lebanon and Pakistan.

An inception meeting took place on October 4 to 5 2010 in Siem Reap, Cambodia. The above partners discussed concepts and definitions, and reached a common understanding of the dimensions of access to medicines to be considered in priority setting for a policy research agenda. There was consensus around the need for countries and regions to identify priority policy research questions, doing so with a comprehensive range of stakeholders that should include patients and communities, especially vulnerable population groups. The workshop also strengthened the capacity of these researchers to undertake priority setting for health systems research.

The Alliance hopes to add more countries to this important exercise. We are still looking for interested health systems research institutions with relevant expertise in the area of access to medicines.

For more information, contact Dr Maryam Bigdeli at bigdelim@who.int.
Update on Call for Proposals on Universal Coverage

In a joint effort with the Health Systems Financing (HSF) Department of WHO, the Alliance is supporting in-depth country case-studies identifying factors that have helped or hindered the expansion of universal financial risk protection in low- and middle-income countries. The research question – how do countries develop and implement universal financial risk protection? – has been identified as one of the priority questions in health systems financing.

In April 2009, the Call for Proposals, “Assessing efforts towards universal financial risk protection in low- and middle-income countries” was jointly issued by the Alliance and HSF. Following technical review, ten teams were selected to attend the proposal development workshop in Cape Town from 22 to 26 March 2010. The teams submitted full proposals which were graded by external reviewers and finally seven proposals were selected for funding.

These seven proposals include:

<table>
<thead>
<tr>
<th>Country</th>
<th>Title of the proposal</th>
<th>Principal Investigator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Costa Rica</td>
<td>A study of the Costa Rican Health System with a focus on its achievements and challenges in terms of its Financial Risk Protection and Equity in access to Health Care.</td>
<td>Juan Rafael Vargas</td>
</tr>
<tr>
<td>2. Georgia</td>
<td>Insurance for the Poor: Georgia’s Path to Universal Coverage. A Case Study.</td>
<td>Ketevan Chkhatarashvili</td>
</tr>
<tr>
<td>3. India</td>
<td>Study of Rashtriya Swasthya Bima Yojna Health Insurance Scheme in India.</td>
<td>Devadasan</td>
</tr>
<tr>
<td>4. Malawi</td>
<td>An Investigation into the Public Subsidization of Non-State Health Facilities to Expand Access and Financial Risk Protection: Experiences of and Lessons Learnt from Malawi.</td>
<td>Maureen Chirwa</td>
</tr>
<tr>
<td>5. Nigeria</td>
<td>National Health Insurance Scheme in Nigeria: An analysis of Constraints and Enabling Factors to Adoption and Implementation.</td>
<td>Onoka Chima</td>
</tr>
</tbody>
</table>

For more information, contact Dr Bhupinder Aulakh at aulakhb@who.int.

International Health Policy Program, Thailand. Recipient of the Universal Coverage Grant Award.

Institute of Public Health, India. Recipient of the Universal Coverage Grant Award.
Spotlight on Alliance grantees

Systematic Review Centre, China. Health Systems Financing Team

Since 2007, the team based at Shandong University has been conducting systematic reviews related to health systems financing, with support from the Alliance. The group has recently published two systematic reviews, detailed below.

1. Outreach strategies for expanding health insurance coverage in children

Health insurance has the potential to improve access to health care and protect people from health care costs when they are ill. However, coverage is often low, particularly among those most in need of protection. The objective of this review is to assess the effectiveness of outreach strategies for expanding insurance coverage of children who are eligible for health insurance schemes.

The two studies included in the review provided evidence that in the United States of America, providing health insurance information and application assistance, and handing out application materials in hospital emergency departments can probably improve insurance coverage of children.

Further studies evaluating the effectiveness of different outreach strategies for expanding health insurance coverage of children in different countries are needed, with careful attention given to study design.


2. Expanding health insurance coverage in vulnerable groups: A systematic review of options

Vulnerable groups are often not covered by health insurance schemes. Strategies to extend coverage in these groups will help address inequity. The systematic review team used existing literature to summarize the options for expanding health insurance coverage, described which countries have tried these strategies, and identified and described evaluation studies.

They also included any report of a policy or strategy to expand health insurance coverage and any evaluation and economic modelling studies. Vulnerable populations were defined as children, the elderly, women, low-income individuals, rural populations, racial or ethnic minorities, immigrants, and those with disability or chronic diseases. Forty five databases were searched for relevant documents.

Six main categories of options to expand health insurance coverage in vulnerable groups were identified: 1) changing eligibility criteria of health insurance; 2) increasing public awareness; 3) making the premium more affordable; 4) innovative enrolment strategies; 5) improving health care delivery; and 6) improving management and organization of the insurance schemes. All six categories were found in the literature about schemes in the United States of America, and schemes often included components from each category. Strategies in low- and middle-income countries were much more limited in their scope. Evaluation studies numbered 25, of which the majority were time series study design. All studies found that the expansion strategies were as effective as the author(s) assessed.

In countries aiming to expand insurance coverage, the categories identified from the literature can help policy-makers consider these options in implementing intervention strategies in their countries.


For further information, please contact Dr Bhupinder Aulakh at aulakhb@who.int
Moving the Systems thinking agenda forward - Follow up meeting, 7-8 October 2010

The Alliance’s 2009 Flagship Report, "Systems Thinking for Health Systems Strengthening," has spurred a great deal of interest and a recurrent demand for means and ways to move this type of "thinking" forward. While the report touched on a range of issues, there has been particular interest in building the capacity of both researchers and policy-makers to apply systems thinking principles in designing and evaluating health systems strengthening interventions.

Over 7-8 October 2010, the Alliance convened a two-day Expert Consultation to discuss, debate and ultimately shape the emerging systems thinking agenda. The central questions discussed included: What are some effective approaches in assisting health systems stewards and researchers in applying systems thinking to design and evaluate health systems strengthening interventions? Which activities should we focus on for the short, the medium and the long term? What is needed, in terms of resources, capacity and country readiness, to assist national stakeholders in designing or evaluating a health systems strengthening intervention? What are the gaps in the related methods and tools? And how do we build a community of practice to share experiences and collaborate on some of these activities?

The Alliance will now take the discussion further by convening a special session on systems thinking at the Global Symposium on Health Systems Research. The outcome of this session, along with the consultation, will be summarized in a Briefing Note on the subject, which will largely shape the agenda for moving forward with this important area of work.

The Alliance also interviewed many of the consultation’s participants, asking each, "How can we make systems thinking a reality for policy-makers in developing countries?" This video will be available on the Alliance web site in early 2011.

For more information, contact Dr Taghreed Adam at: adamt@who.int

Expert Consultation participants, Gex, France, October 2010
Global Symposium on Health Systems Research

In recognition of the Symposium’s importance to the field – in sharing new ideas, in bringing together the key actors – the Alliance is planning upon a vibrant presence there. Aside from sponsoring over 50 policy-makers and researchers to attend, the Alliance is also organizing six parallel sessions and one satellite session at the Symposium, which are:

16 November (Tuesday),
12.45-13.45 (Venue: Zürich Room)


16 November (Tuesday),
14.00-15.30 (Venue: Vaud Room)

“Do we need an international collaboration for synthesizing health system evidence?”

17 November (Wednesday),
11.00-12.30 (Venue: Fribourg Room)

“Assessing efforts towards universal financial risk protection for health in LMICs.”

17 November (Wednesday),
16.00-17.30

“Systems thinking for health systems: time to exploit the opportunity.” (Venue: Vaud Room)

“Developing a methodology reader for health policy and systems research.” (Venue: Bern Room)

18 November (Thursday),
11.00-12.30 (Venue: Zürich Room)

“Systematic reviews: comprehensive research findings for universal health coverage.”

17 November (Wednesday),
18.00-20.00 (satellite session) (Venue: Bern Room)

“Health Policy Analysis Institutes: landscaping and learning from experience.”

Further information can be found on the Global Symposium on Health Systems Research web site: http://www.hsr-symposium.org/ and by contacting the Alliance at: alliancehpsr@who.int

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Article published in Health Policy

The following article: “Translating knowledge into policy and action to promote health equity: The Health Equity Fund policy process in Cambodia 2000–2008” was published in Health Policy. The reference is Health Policy 96 (2010) 200–209. The objective of the publication is to understand how knowledge is used to inform policy on Health Equity Funds in Cambodia and to draw lessons for translating knowledge into health policies that promote equity.

The publication is available on the Alliance web site at: www.who.int/alliance-hpsr

Dr Maryam Bigdeli, contributing author to this article, joined the Alliance in March 2010 and is responsible for the Access to Medicines programme of work.

Third International Conference on Improving Use of Medicines, April 2011, Alexandria, Egypt

Informed Strategies, Effective Policies, Lasting Solutions

In April 2011, members of the international community will assemble in Alexandria, Egypt for ICIUM 2011: Third International Conference for Improving Use of Medicines. Its focus will remain on presenting and summarizing knowledge about ways to improve medicine use, especially for vulnerable populations. Participants will help to shape evidence-based policy recommendations and a future research agenda on these topics. Interested individuals are invited to apply and register for ICIUM 2011 and to submit abstracts for consideration. Final deadline for receipt of abstracts is December 7th, 2010.

More information on guidelines for abstracts and topic areas is available under: http://www.inrud.org/ICIUM/Abstract-Submission.cfm

International Health Economics Association (iHEA) meeting in Toronto

The 8th World Congress on Health Economics will be taking place in Toronto 10 to 13 July 2011 on the theme “Transforming Health and Economics”. Interested individuals are invited to submit abstracts for consideration. Deadline for individual abstract submission is 15 January 2011. More information is accessible on the iHEA web site. http://www.healtheconomics.org/congress/2011

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