1. Strengthening access to medicines policy research - Update on inception year

There have been a number of important achievements, challenges and lessons learnt since the launch of the Alliance’s Access to Medicines (ATM) policy research programme in May 2010. Now an essential component of the Alliance’s research initiatives, the ATM programme has made important accomplishments in priority identification, and synthesis work. Among its recent achievements:

- the identification of a priority health policy and systems research agenda for ATM in 19 low- and middle-income countries (LMICs) across 5 regions;
- the synthesis of existing evidence on access to medicines in relation to medicines governance, financing, medicines for chronic conditions and for maternal health;
- the design of a framework providing a system-wide definition for access to medicines highlighting the complex interaction between medicines and other elements of the health system;
- the creation of a core network of researchers with the capacity to undertake HPSR to improve access to medicines.

Ongoing work includes the production of five policy briefs: medicines’ pricings in low-income countries; medicines’ financing in low-income countries; access to medicines for diabetic patients in Cambodia; good governance in medicines and the use of magnesium sulfate for eclampsia and pre-eclampsia in Pakistan.

As a new programme, ATM also faced a number of challenges and learned a variety of important lessons:

These included:

- adopting a health systems approach to medicines issues is of particular difficulty, and requires new and innovative approaches. A particular challenge lies in accessing or breaking the “pharmaceutical silo”;
- the capacity of institutions to undertake this type of research is extremely limited, making the composition of multidisciplinary teams a persistent challenge;
- the capacity of researchers to adopt a wider health systems perspective on medicines issues is limited, especially in lower-income countries;
- in some countries, broader questions such as stewardship over the private sector, medicines governance or medicines financing are especially sensitive. This situation poses potential obstacles for both field research and knowledge translation approaches.
The Alliance intends to build upon its early achievements with the ATM programme, navigating through some of the challenges mentioned thus far. This includes plans to continue generating relevant knowledge in neglected areas of HPSR in the ATM field – knowledge infused with the health systems approach, exploring the dynamic relationships between medicines and the rest of the health system. Secondly, the Programme aims to identify existing evidence-to-policy gaps and then support evidence-to-policy and implementation research activities to address these gaps. Lastly, the programme intends to strengthen the core network of researchers and policy-makers, attracting additional stakeholders and strengthening the ATM community of practice.

Researchers gathered in Geneva for a workshop on 19 and 20 April 2011 to discuss the achievements to date and brainstormed on the next phase of the project.

2. International collaboration for synthesizing HSR

A systematic review (or synthesis) on a health system research (HSR) topic can greatly assist policy-makers in accessing, understanding and potentially applying the best available evidence. Since 2009, the Alliance has led a consultative process exploring its potential role in generating and facilitating an international collaboration for synthesizing HSR. As a first step to this end, the Alliance organized a session at the Global Forum for Health Research in Cuba, November 2009. A consultation document was produced, in response to which the Alliance received more than 15 submissions. This document fed into the discussions of the Working Group on HSR Synthesis meeting at the UK’s Department for International Development (DFID) in London, October 2010. Representatives of this Working Group summarized the foregoing discussions and preliminary recommendations during a concurrent session at the First Global Symposium on HSR in Montreux, November 2010. In addition, the Alliance hosted a breakfast meeting with representatives of the Working Group and members of relevant review groups within the Cochrane Collaboration.

Following this intensive collaboration, the Working Group made the following recommendations. The Alliance should:

→ play a central role in advancing the science of HSR synthesis by developing and strengthening networks between individuals and institutions, collaborations and groups that have an interest in HSR synthesis and knowledge translation;
As part of the Implementation Research Platform (IRP), a call was issued to promote synthesis of evidence on strategies to implement interventions in October 2010. These syntheses of studies addressing the various barriers and enablers to the implementation of effective interventions, and innovations to overcome these barriers will contribute to the overall scope of the Implementation Research Platform.

The purpose of the call is to support evidence synthesis that contributes to the understanding of the state of knowledge on strategies for implementation and wider scaling-up of effective health interventions and health services relevant to the Millennium Development Goals (MDGs) 4, 5 or 6, while also achieving the following objectives:

1. Strengthen institutional research synthesis capacity with an emphasis on low- and middle-income countries.
2. Improve methodologies for the synthesis of evidence on scaling up implementation of interventions.
3. Develop improved tools for communicating evidence synthesis documents to stakeholders such as policy makers and the wider public as appropriate.

In response to the call, 107 LOIs were received, and screened by the IRP Secretariat (represented by the Alliance, the Department of Child and Adolescent Health and Development of the WHO, the Department of HIV/AIDS of WHO, the Special Programme of Research, Development and Research Training in Human Reproduction and the Special Programme for Research and Training in Tropical Diseases). Following the initial screening, the top 20 LOIs were requested to submit full proposals. These proposals were then reviewed and evaluated by a Scientific Committee of ten external experts on the following criteria:

1. The proposal’s relevance to the specific objectives of the call and the general aims of the Implementation Research Platform. In particular, this criterion sought to assess the proposal’s potential contribution to provide evidence on best ways of scaling up effective interventions and/or services in LMICs, especially to accelerate progress towards MDGs 4, 5, or 6.
2. Quality of the proposed review/scientific merit. This criterion sought to assess the clarity of the research questions, along with the proposal’s choice of search strategy and methodology for appraising the studies.
3. Feasibility to complete the systematic review. This criterion weighed the adequacy and appropriateness of the proposed plan, time frame and budget, including the capacity of the team to actually conduct the review.

Based on this rigorous assessment, the next table shows the top 11 proposals, which were ultimately selected for funding.

A full description of this process and the recommendations are available at: http://www.who.int/alliance-hpsr. If you have comments on this document, please forward them to Kent Ranson at ransonm@who.int.
<table>
<thead>
<tr>
<th>Name of the PI</th>
<th>Affiliation</th>
<th>Country</th>
<th>Project Title</th>
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<tbody>
<tr>
<td>Arash Rashidian</td>
<td>National Institute of Health Research. Tehran University of Medical Sciences</td>
<td>Iran</td>
<td>Task-shifting to improve access to health care providers: systematic review of qualitative research on barriers and facilitators to the substitution of doctors with nurses</td>
</tr>
<tr>
<td>Christopher Colvin</td>
<td>Centre for Infectious Disease Epidemiology and Research. School of Public Health and Family Medicine, University of Cape Town</td>
<td>South Africa</td>
<td>Task-shifting to improve access to health care providers: Systematic review of qualitative research on barriers and facilitators to the implementation of lay health worker programmes</td>
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<tr>
<td>Charles Okwundu; Taryn Young</td>
<td>Health Care Department of Interdisciplinary Health Sciences, Stellenbosch University, Cape Town</td>
<td>South Africa</td>
<td>Home- or community based treatment of malaria with ACTs in malaria endemic areas</td>
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<tr>
<td>Luis Huicho</td>
<td>Universidad Peruana Cayetano Heredia</td>
<td>Peru</td>
<td>Systematically synthesizing IMCI implementation: what works for whom and in what circumstances?</td>
</tr>
<tr>
<td>Stephen Mutwiwa</td>
<td>The great Lakes of Kisumu (Gluk), Kenya</td>
<td>Kenya</td>
<td>Effectiveness of mobile telephone services to improve maternal and neonatal health in low- and middle-income countries</td>
</tr>
<tr>
<td>Yeetey Enuameh</td>
<td>Kintampo Health Research Centre. Affiliate Centre of the Joanna Briggs Institute</td>
<td>Ghana</td>
<td>Facilitators and barriers to interventions aimed at reducing unintended pregnancies among adolescents in low- and middle-income countries</td>
</tr>
<tr>
<td>Nadeem Faiyaz Zuberi</td>
<td>Department of Obstetrics and Gynaecology. The Aga Khan University Karachi</td>
<td>Pakistan</td>
<td>Quality of care: effectiveness of strategies for health systems responsiveness (HSR) during intrapartum care in low- and middle-income countries</td>
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<tr>
<td>Kumudu Wijewardena</td>
<td>University of Jayewarenpura, Colombo</td>
<td>Sri Lanka</td>
<td>Synthesis of evidence on strategies applied to optimize health worker roles (task shifting/sharing) to address MDG 5 in Small Island States</td>
</tr>
<tr>
<td>Olalekan Uthman; Bolaji Emmanuel Egbewale</td>
<td>Center for Evidence-based Global Health</td>
<td>Nigeria</td>
<td>Comparative Efficacy of Behavioural Interventions for the prevention of Heterosexual Acquisition of HIV in sub-Saharan Africa: A systematic review and Bayesian network meta analysis</td>
</tr>
<tr>
<td>Xiaoyun Liu</td>
<td>China Centre for Health Development Studies, Peking University</td>
<td>China</td>
<td>Strategies for improving attraction and retention of health workers in rural and remote areas in low- and middle-income countries to achieve Millennium Development Goals (Review)</td>
</tr>
<tr>
<td>Sarita Panday</td>
<td>Hope International College, Lalitpur, Satdobato</td>
<td>Nepal</td>
<td>What are the strategies for implementation and up–scaling of Innovative Community Interventions (ICI) for prevention, care and referral of Maternal and Neonatal Health (MNH) services in fragile states?</td>
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</table>

4. Spotlight on Alliance grantees: Sponsoring National Processes

**Background**

One of the Alliance’s core objectives is to promote the dissemination and use of health policy and systems knowledge. To fulfil this objective, the Alliance supported six projects in low- and middle-income countries under the programme of “Sponsoring National Processes”. The following table lists these projects.

This Newsletter puts the spotlight on the projects from Cameroon and Nigeria.

**1. Cameroon**

The specific objective of this project is to promote the use of relevant HPSR-based evidence to inform the transitioning towards a Health Sector-Wide Approach (SWAp) in Cameroon. The Centre for Development of Best Practices in Health, University of Yaoundé, which is leading this project has conducted two capacity building workshops, in December 2009 and June 2010, which purposes were to increase the participant’s skills in writing.
<table>
<thead>
<tr>
<th>Name of the PI</th>
<th>Affiliation</th>
<th>Country</th>
<th>Project Title</th>
<th>Duration</th>
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</thead>
<tbody>
<tr>
<td>Dr Daniel Maceira</td>
<td>Centre for the Implementation of Public Policies Promoting Equity and Growth (CIPPEC)</td>
<td>Argentina</td>
<td>Promoting the generation of coordinated provincial health protection: A collective process</td>
<td>June 2009-January 2011</td>
</tr>
<tr>
<td>Dr Alejandro Cravioto</td>
<td>ICDDR,B</td>
<td>Bangladesh</td>
<td>Bridging the know-do gap: Strategies to enhance the capacity to apply health policy and systems research into evidence-informed policy making in Bangladesh</td>
<td>March 2009-November 2011</td>
</tr>
<tr>
<td>Dr Pierre Ongolo-Zogo</td>
<td>Centre for Development of best practices in health (CDBPH), University of Yaoundé</td>
<td>Cameroon</td>
<td>Transition towards a health SWAP in Cameroon: Supporting evidence use for decentralization and district development</td>
<td>March 2009-April 2011</td>
</tr>
<tr>
<td>Dr Chigozie Uneke</td>
<td>Innovative Health Research Group, College of Health Sciences, Ebonyi State University</td>
<td>Nigeria</td>
<td>Development, implementation and evaluation of individual staff skills and institutional incentives for capacity enhancement in health policy and systems research evidence use in policy making in Nigeria</td>
<td>April 2009-November 2011</td>
</tr>
<tr>
<td>Dr Joseph Kasonde</td>
<td>The Zambian Forum for Health Research (ZAMFOHR)</td>
<td>Zambia</td>
<td>Developing a knowledge translation platform for health policy and systems research in Zambia</td>
<td>March 2009-July 2011</td>
</tr>
<tr>
<td>Dr Gulgun Murzalieva</td>
<td>Health Policy Analysis Unit, Centre for Health System</td>
<td>Kyrgyzstan</td>
<td>Prospective evaluation of evidence-informed decision making</td>
<td>July 2007-April 2011</td>
</tr>
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</table>

The Centre also convened a priority setting workshop in March 2010 to identify the priority issues relevant to Cameroon. The project team synthesized and packaged research evidence on identified priority topics, with four policy briefs developed in both English and French. These briefs were then shared with the Ministry of Health and the technical Secretariat of the Steering Committee of the health sector strategy.

The titles of the policy briefs are as follows:
- Scaling up enrolment in community based health insurance;
- Fostering stakeholders’ involvement for better governance and speeding up district development;
- Improving health system information for district development;
- Scaling up malaria control interventions.

These policy briefs were discussed in two deliberative forums which focused on two main priority issues; scaling up malaria control activities and scaling up enrolment in community-based
health insurance, to promote dialogue and discussion between policy-makers, researchers, health professional associations, civil society organizations, media and other stakeholders.

The Centre produced a web site: http://www.cdbph.org to allow access to the resources on research evidence. The policy briefs are available for download on the Alliance web site: http://www.who.int/alliance-hpsr.

2. Nigeria

In Nigeria, the Knowledge Translation (KT) Platform, a multidisciplinary health policy and systems research team based in Ebonyi State University is leading the Alliance project in Nigeria. The specific aim of the project is to build the capacity of policy-makers to make critical choices by promoting the transfer and uptake of research evidence into policy and practice. The main activities done by the centre are the following:

1. The research team organized a workshop in July 2009 with 73 participants including high- and mid-level health policy-makers, researchers and other major stakeholders in Ebonyi State. An assessment of individual staff skills, institutional incentives and organizational capacity in health policy and systems research evidence use was done using both a quantitative and qualitative survey. The primary issues identified included capacity constraints for evidence uptake and weak organizational capacity in information technology. Identified strategies and solutions were to improve both individual and organizational capacity, particularly in promoting networking among stakeholders; mobilizing resources for research; dissemination of research results and getting feedback; and presenting research evidence to policy-makers to facilitate its utilization.

2. Further to the identification of the participants’ capacity constraints, the team used two strategies to address these:
   - A series of six capacity building workshops.
   - A group based mentorship programme.

3. Policy briefs: The research team produced six policy briefs corresponding to WHO’s health systems “building blocks”. The titles of the policy briefs are as follows:
   - Strengthening the generation/ strategic use of health information and evidence for health systems operations and policy-making in Nigeria;
   - Ensuring availability and equitable access to essential medical products, equipments and technologies in Nigeria;
   - Improving access, availability and efficiency in the use of health financial resources;
   - Strengthening the organization, access and quality of health service delivery in Nigeria;
   - Enhancing the distribution, efficiency and performance of the health workforce in Nigeria;
   - Ensuring effective leadership and governance to enhance the performance of the health systems in Nigeria.

These policy briefs were discussed with the policy-makers. The policy briefs were later presented to the government through the Honourable Commissioner for Health.

For more information on these projects, see the web site: http://www.who.int/alliance-hpsr/projects/national_processes/en/index.html
The Alliance HPSR supported a capacity building workshop from 7 to 11 March 2011 in Santiago, Chile. The workshop was organized by the Health Policy and Systems Research Unit of the Pontificia Universidad Católica de Chile and by the EVIPNet Americas.

The workshop aimed to:

- strengthen the skills and capacities of EVIPNet Americas teams to produce and evaluate policy briefs;
- support the teams to convene and evaluate national policy dialogues where the policy briefs could be further discussed; and
- develop a “train-the-trainer” strategy to build capacity in the region.

Eight EVIPNet teams (Bolivia, Brazil, Chile, Ecuador, Mexico-USA border, Paraguay, Peru, and Trinidad & Tobago) participated in the workshop. The general approach to capacity building was “learning by doing”. During the workshop, each country team worked on the production of a draft policy brief. The topics identified in the policy briefs were based on countries health priority needs. For instance, Bolivia, Brazil and Ecuador worked on the reduction of maternal mortality.

As a follow-up to the workshop, the draft policy briefs will be refined and virtual support will be carried out by the group of facilitators and the EVIPNet Secretariat. A web platform has been developed at http://evipnet.ning.com/ to support the teams. The finalized briefs will be presented to relevant policy-makers by country teams.

The deliberations during the workshop resulted in approving a policy brief template that will be used by the teams and a common evaluation framework. Each team aims to deliver policy briefs in the coming months and organize policy dialogues. It is expected that through this Alliance-supported workshop, participating countries will increasingly demonstrate interest in collating evidence and presenting it to policy and decision-makers of their respective countries.

The evaluation showed the workshop to be very useful.
New web site

The Alliance is pleased to announce its restructured web site (http://www.who.int/alliance-hpsr). Following extensive consultation with its partners and stakeholders, the Alliance has revamped its web site to showcase its work in a more user-friendly format, while also providing a more in-depth and accessible look at its projects and partners.

The new web site now includes:

- overviews of all Alliance-funded projects since 2005;
- profiles of Alliance partner organizations;
- an expanded array of HPSR publications and resources, from peer-reviewed papers to policy briefs and multimedia;
- an inventory of HPSR short courses and tutorials;
- a section dedicated to promoting HPSR Calls for Proposals.

3rd International Conference for Improving Use of Medicines

The Third International Conference for Improving Use of Medicines, entitled "Informed Strategies, Effective Policies, Lasting Solutions" will take place in Antalya, Turkey from 14 to 18 November 2011. The conference will be highly interactive and designed to produce actionable results. Its focus will remain on presenting and summarizing knowledge about ways to improve medicines use and health, especially for vulnerable populations. Participants will help to shape evidence-based policy recommendations and a future research agenda on these topics. The sequence of half-day sessions will be organized around different levels of the health care system. For more information, visit: http://www.inrud.org/ICIUM/ICIUM-2011.cfm.


Save the date! Beijing, China, 1 to 3 November 2012.

It is expected that more than 2,000 participants including researchers, policy-makers, funders and other stakeholders will attend. Call for abstracts will open 1 November 2011. Watch our web site for more information!