

ALLIANCE FOR HEALTH POLICY AND SYSTEMS RESEARCH

NEWSLETTER

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EDITORIAL

The Alliance ... up and running

The Alliance for Health Policy and Systems Research, an initiative of the Global Forum for Health Research was officially launched at WHO headquarters, Geneva, Switzerland on 27 March 2000. The launch was the culmination of a long planning process involving country researchers and health authorities, international experts, donors and other interested parties. Over 200 institutions have become Alliance partners and regular contacts have been established with 11 health policy and systems research (HPSR) networks. The Alliance is now poised, as a global network, ready to make a difference in the research-to-policy cycle.

WHO backing

Speaking at the launch, Dr Gro Harlem Brundtland, Director-General of WHO welcomed the initiative and wished it every success.

She pointed out that health

systems in rich and poor countries alike have undergone dramatic changes during the last decade. Ministries of health are now trying to ensure the effective participation of a wide variety of public and private institutions in meeting health needs, and national health systems have become more complex. Tools for analysis and decision-making are needed to steer the various players towards their common goals. WHO is supporting this effort by designing a comprehensive framework for assessing the performance of health systems, which will provide policy-makers with a way to judge the performance of their own systems and compare them with those of other countries, keeping track of change over time. The Alliance can play a useful role in this work by supporting informed debate on national policy with input from international experience.

Dr Brundtland emphasized that research is pivotal not only to ►



Dr Gro Harlem Brundtland, Director-General, WHO and Dr Julio Frenk, Executive Director, Evidence and Information for Policy, WHO

ABOUT THE ALLIANCE

The aim of the Alliance is to contribute to health development and the efficiency and equity of health systems through research on and for health policy. Its objectives are to:

- promote capacity for health policy and systems research (HPSR) on national and international issues
- help develop the information for policy decisions in the health sector and other sectors that influence health
- stimulate the generation of knowledge that facilitates policy analysis and improves understanding of health systems and the policy process
- strengthen international research collaboration, information exchange and shared learning among countries
- identify influences on health systems that operate at the global level and promote appropriate research.

The Alliance promotes the widest possible participation of institutions using, producing and supporting HPSR with a view to ensuring a "bottom-up" source of direction and advice for its activities. The Alliance is supported by an 18-member Board representative of developing countries, experts, networks and donors; its management is based in WHO's Global Programme for Evidence.

The Alliance seeks the partnership of national institutions and international programmes and networks involved in the production, use and support of HPSR in the developing world. Interested institutions can apply for partnership through our Website or by mailing a brief letter of intent stating their HPSR aims and interests, and the benefit expected from the Alliance.

Financial support from the International Development and Research Council of Canada, the Governments of Norway and Sweden, and the World Bank is gratefully acknowledged.

➤ discovering new drugs and developing new technologies but also to building the health systems of tomorrow. They need innovative forms of social participation, policy-making, financing and service management. WHO is giving high priority to strengthening health research and is redesigning the Organization's own research policy. The Alliance will be in a position to implement coordinating activities to build up research capacity, focusing particularly on the interface between global and country issues.

Lastly, the Director-General

drew attention to the need for partnership. Today's powerful competing interests require new forms of leadership, which are likely to depend more on recognizing common aims than on enforcing

ing top-down authority. Together with other partnerships such as Roll Back Malaria and Stop TB, the Alliance can contribute in creative ways to the establishment of more effective foundations for leadership in meeting health needs.

WHO is collaborating with the Global Forum for Health Research in the implementation of Alliance activities relating to HPSR mapping and monitoring, supporting capacity for and the undertaking of research, developing methodologies and tools, and facilitating information and partnership development.

Alliance small grants programme

The first call for letters of intent for the Alliance small grants programme has been launched and we are now in the process of selecting suitable candidates of letters of intent. Two types of grants will be offered. *Young researcher grants* will support the growth and potential of HPSR in the medium term by supporting projects undertaken by young researchers and postgraduate students. *Research-to-evidence grants* will strengthen capacity to undertake the production and application of HPSR and apply it in the policy process. ●

FUTURE ALLIANCE EVENTS

- Consultation with partners on HPSR capacity-strengthening strategies
- Discussion of the international research architecture supporting HPSR

These events will take place in the context of the Bangkok 2000 International Conference on Health Research for Development starting on Monday 9 October 2000.

HPSR NETWORKS

First meeting of health policy and systems research networks in the developing world

Seven of the 11 networks so far identified in the field of HPSR in the developing world took part in a session organized by the Alliance during the Anney meeting on research capacity-strengthening sponsored by WHO (reviewed in this issue). Five of these networks are of very recent creation, signalling increasing interest in this modality for capacity-strengthening.

HPSR networks are undertaking capacity-strengthening and research activities with the support

of small grants, as well as training of trainers, workshops, communications and conferences. Their successes point to their role as a means of communication, their high visibility, and their ability to channel research demand. Among the limitations mentioned, meagre finances are a significant problem, particularly as donors move away from core support after a few years. Many network functions cannot be self-financed and secretariats soon become overloaded. This implies that technical

support to network partners is also weak. Moreover, networks have difficulties in bridging the gap between research and research use.

Prerequisites for the success of HPSR networks include: the availability and effective management of small-grants programmes, the existence of receptive policy-makers, and the capacity of secretariats to act as core administrators.

While personal leadership is important, greater efforts are needed to ensure national commitment and more diversified support, including private sector contributions. Networks must strive to improve the specification of services and products in order to increase demand and enhance cost recovery. Possible key functions include:

- standardization of country evidence
- undertaking of comparative analyses
- organization of workshops and training activities aimed at exchanging national experiences and bridging research and policy-making.

Such activities could provide support for research that is earmarked as part of development projects but that is heavily under-used or diverted to international consultancies owing to the lack of adequate communication and capacity. However, networks need to remain flexible in their partnerships and activities in order to complement their institutional foundations and develop bridges to policy-makers. ●

Health policy and systems research networks in the developing world

Network	Name of co-ordinator	Telephone/ fax	E-mail
Eastern & Southern Africa Health Systems Research Network	ALETA, Isabel, Harare, Zimbabwe	+263-4 253.724 +263-4 252.683	aletai@who.co.zw
Health Economics and Health Policy Network in Sub-Saharan Africa	McINTYRE, Diane, Cape Town, South Africa	+27-21-4066.537 +27-21-4488.152	dimac@anat.uct.ac.za
West Africa Network for Health Research for Development	SOUMARE, N'Diaye Absatou, Bamako, Mali.	+223- 21-6045	inrsp@spider.toolnet.org
Maghreb Economics and Health Systems Network	BESSAOU, Khaled Oran, Algeria	+213-641-93.12/26 +213-641-9808	kbessaoud@netcourrier.com kbessaoud@netcourrier.com
Asia Pacific Health Economics Network	KAEMTHONG, Indaratna, Bangkok, Thailand		kaemthong.l@Chula.ac.th
The China Health Economics Network	YU, Dr Dezhi Beijing, China	+86-10-6879-2176 +86-10-6879-2175	wanyan@jcs.cnhei.edu.cn
Jose Luis Bobadilla Interamerican Network for Health Policy Analysis	GOMEZ DANTE, Octavio, Cuernavaca, Mexico	+52-73-293.005	ogomezd@insp.mx
Health System and Services Research in the Southern Cone of Latin America	ALMEIDA, Celia Maria, Rio de Janeiro, Brazil	+5521-290-0993 +5521-2260 8243 +5521-2285 0352	redsalud@malaria.procc.fiocruz.br
Network for Health System and Policy Research in Central America	OROZCO, Miguel, Managua, Nicaragua	+505-278-3688/ 4383/3700 +505-278-6775	morozco@catholic.org reisscac@ibw.com.ni
Inter-American Network for Health Economics and Financing	JUAREZ, Claudia, Mexico City, Mexico	+525- 595-0011 ext. 1131 +525- 595-0644	ciess@servidor.unam.mx
Private Public Mix Network	GOUDGE, Jane Johannesburg, South Africa	+27-11.489.9940 +27-11.489.9900	ppmnet@icon.co.za

MEETING REPORT

Health research capacity-strengthening in developing countries

Annecy, France, 28–28 April 2000

Opening the recent WHO meeting on health research capacity-strengthening in developing countries, Charas Suwanwela (Thailand) said that equity and ethics constitute the paradigm shift for health research in the year 2000. Research agendas should focus on the demand side by involving all stakeholders and ensuring adequate research dissemination and use. Research should benefit those in most need and should empower researchers in developing countries.

Professor Adetokumbo Lucas gave the keynote address, focusing on the need to strengthen research capacity by improving knowledge, skill and expertise. Research

should lead to improved health system performance through science and knowledge-based decision-making at all levels. Medical practice is only ethical when it is based on sound science, so the onus for research use should be on professionals, while national governments should be committed to strengthening research capacity. Countries and institutions should be self-reliant in research, in that they should have the ability to identify problems, make an initial approach and cooperate with others to find solutions. National and international agencies should give more opportunities to national researchers and consultants.

The following key strategies and

principles for research capacity-strengthening (RCS) were proposed at Annecy.

1. National research agendas (including an RCS plan) are primarily the responsibility of countries themselves.
2. More attention must be given to strengthening the “demand” for research by governments (decision-makers), the public (community), nongovernmental organizations, the media, the private sector, and academic institutions (where future research producers and users are being prepared).
3. All aspects of the research process (not just technical competence) must be strengthened including: advocacy and promotion, priority-setting, partnership development, facilitating research use, networking and leadership.
4. A “systems view” of RCS is needed, to include national health research networks and forums, the enabling environment, and the research “culture”.
5. There is a critical need for more effective collaboration and partnership—the new information and communication technologies can be an important tool for this.
6. RCS must be more targeted on equity-oriented health research.

The full report of the meeting is available at <<http://www.rreach.ch/news.htm>>. ●

Comparing International Health and Agricultural RCS Initiatives

Dr Stein Bie, Director General of the International Service for National Agricultural Research, presented RCS lessons from the research institutions that participate in the Consultative Group of International Agricultural Research (CGIAR). These institutions have been supported thanks to their high cost-benefit ratio (1:60), considered to be a highly profitable donor investment. CGIAR has promoted high-profile public awareness of the role of research, provided environments conducive to research activities, and allowed scientists to get on with the job. Research has not yet ensured global food security and sustainable agriculture, however, and the informal nature of CGIAR funding can lead to sudden fluctuations in financing.

Health research initiatives lag 20 years behind their agricultural counterparts. While there are enormous health problems at the global level, proposed research activities are still on a relatively minor scale. Developing country institutions could well be in a position to launch a major international initiative, yet proposals lack boldness in selling solutions and show an undue fear of donor fatigue and interagency collaboration. There is an urgent need to demonstrate the cost-benefit of health research and institution-building.

COMMENTARY

Towards HPSR priority-setting

Health systems the world over are undergoing reforms to meet demands for transparency and accountability. There is a growing consensus that this process should include the separation, or at least the distinction between, the three main functions of such systems—the steering, funding and provision of health services. Is such a separation also desirable in our knowledge system, to improve its capacity to provide effective evidence on and for health system reforms? What do we know about this evidence process?

The two meetings reviewed elsewhere in this issue revealed that, at both the national and international level, the functions of priority-setting, funding, investigation, dissemination and the promotion of research use are often attempted in various combinations within the same agencies, which perform these various functions rather unevenly and disjointedly. What role do institutions play in priority-setting, and what relationship should there be between national and international priorities? Should research institutions focus on the production of sound knowledge without being distracted by its use?

Research transparency and accountability

Transparency and accountability may be as important in knowledge as they are in health. While in the latter the main issue is the fair and efficient distribution of scarce resources, in the former it is the no less important distribution of influence on the policy process. Arguably, research will not find its rightful place in policy-making until its influence is made more

transparent and accountable. One way of achieving this would be by increasing the competitive purchasing of research by policy-makers and providers. However, research funding should strike a balance between short-term contracts to stimulate research use and long-term, discretionary institutional investment to encourage creativity, peer review and training.

Priority coordination

Given the need for long-term investment by multiple agencies and the complex nature of research funding, coordination of priorities must be improved. HPSR coordination is also required because of the complex interface between health and the social sciences. As Gerry Rosenthal from Partners for Health Reform stated at the Salvador meeting, researchers are trained to ask questions in the right way, but not to ask the right questions. In contrast, policy-makers, service providers and population advocates excel at the latter, yet they are often not in a position to do the former. Asking the right questions in the right way is what priority-setting is all

BASIC HPSR REQUIREMENTS

- Transparency and accountability in the influence of HPSR on policy-making
- Balance between competitive purchasing of research and long-term investment
- Careful coordination of priorities—asking the right questions in the right way
- National priorities with an international and global perspective
- Sharing of country experiences

about—this clearly requires bringing together diverse actors to agree on a subject matter that pertains to all and, because of this, to no one in particular. Furthermore, it is recognized that what happens in other countries can be important for one's own, and that there are regional and global level influences that should also be the subject of research. National priority-setting should therefore include international and global perspectives. ●



HPSR coordination is essential. West Africa Network for Health Research for Development meeting, Bamako, June 2000.

MEETING REPORT

Utilization of research on health sector reform in Latin America and the Caribbean

Salvador, Brazil, 3–5 May, 2000

The Division of Health Systems and Development of the Pan American Health Organization convened this regional forum as part of the joint USAID/PAHO Latin American and Caribbean Initiative for Health Sector Reform. Participants included research institutions and networks, ministries of health, social security institutes, donors and technical assistance agencies. State-of-the-art research on health sector reforms in the region was presented through commissioned papers analysing 28 research reports and policy briefs collected by PAHO. The discussion focused on the obstacles and opportunities for research, as well as priorities and strategies to enhance its use.

Research review

Research literature on health sector reform is mostly conceptual or descriptive, and focuses more on the policy process, social participation, financing and equity, and less—given the early stage of reforms—on intermediary results or health impact. Fewer than 10% of studies focus on the analysis of alternative policy options; only about half identify policy lessons. Considering the characteristics of reform processes, insufficient attention has been given to new forms of payment, separation of functions, stewardship, quality of care and health care models (Cabezas et al., 2000).

Political science perspectives on health reforms give priority to decentralization and financing, and are mostly limited to the role of legislation and the political

positions adopted by health workers. Little evidence exists on the differentials in success between major and incremental reforms or between those focusing on financing and those on organizational reforms. There is also a lack of research on how to sustain the effective elements of reform or introduce corrective changes. More research is required on the role of regulatory institutions and mechanisms to enforce new rules, and on the effects on equity, efficiency, quality and sustainability of the political and economic context and strategies (Bossert, 2000).

Most of the studies were funded under contracts between donor and research agencies, with an absence of research contracted between governments and researchers. This may be due to the fact that donors, as compared with governments, impose few restrictions on dissemination. Research papers give little indication of why and how the research topics were chosen. Most studies address the new stakeholders being created by health sector reforms in the private sector and at the local level. However, they do not specifically consider how these actors could benefit from their conclusions (González-Block, 2000).

Recommendations

Among the recommendations derived by PAHO from this analysis of the research literature are the following:

- development of methodologies for assessing research needs
- facilitation of the negotiation of research agendas



Miguel A. González-Block, Alliance Manager and Daniel Lopez Acuña, PAHO Division Chief for Health Systems and Development

- dissemination of tools and databases to facilitate research
- development of methods to tackle priority areas
- support to regional networks and international coordination
- support to clearing-houses on health sector reform initiatives
- promotion of research use among policy-makers and researchers.

The full report of the meeting is available at <<http://www.americas.health-sector-reform.org>>. ●

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Cabezas MC, Oyarzo H, Sanchez H. *Revisión de la investigación existente sobre evaluaciones de las reformas del sector salud en Latinoamérica.* [Review of current research on health sector reform evaluation in Latin America]. Ibid.

González-Block, M. *The enabling environment for health policy and systems research. A framework for assessment.* Ibid.

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INTERVIEW

Louis J. Currat

Executive Secretary, Global Forum for Health Research

The Global Forum for Health Research has just published its second annual report, *The 10/90 Report on Health Research 2000*. We spoke to Louis J. Currat, Executive Secretary of the Global Forum for Health Research, about some of the issues raised in the report.

What is the relationship between national and global health research priorities? Should poor countries be concerned with the global research agenda?

■ Basically, we walk faster on two feet than on one. This is the image I would like to use to convey the idea that research priorities at both levels are important and complementary. More concretely, it is clearly very important that countries and, more precisely, the people, define their research priorities on the basis of their own experiences. This is a very complex task, but much progress has been made since 1990 with respect to both the processes and the tools necessary to help define national health research priorities. A major contribution was made by the Commission on Health Research for Development (1990) and its successor, the Task Force on Health Research for Development (1991), which proposed the concept of **essential national health research** (ENHR). This concept is being actively promoted by the Council on Health Research for Development (COHRED).

Although it is important to entrench research efforts at the level of the people and the country, it is also crucial to look at the research efforts for each disease or determinant from a global point of view (i.e. across countries). This global perspective will help countries understand the context in which their own efforts are taking place, identify common problems and learn from other countries' experiences. It will also assist them in developing joint action programmes when these prove more effective and efficient than the sum of individual actions at the country level. Furthermore, individual actions at the country level become amplified in the global context. This is, in a sense, a feedback for country-level analysis which, in its turn, helps better define the global health research agenda, and so on, iteratively. Considerable progress has been made in the past decade at the global level, with the publication of the *Report of the WHO Ad Hoc Committee on Health Research* (1996) and the development of the burden of disease concept, efforts in the calculation of cost-effectiveness and estimates of resource flows by disease. This work has been actively pursued in recent years by a number of institutions, including the Global Forum for Health Research. A summary appears in chapters 2 to 4 of *The 10/90 Report on Health Research 2000*.

Regarding the second part of your question, poor countries will be interested in a global research agenda because it affects them directly. They want to add their voice to the formula-

tion of this agenda and identify those parts that are of direct benefit in their specific situations.

How do you envisage the relationship between the Global Forum for Health Research and its initiatives, on the one hand, and the essential national health research sponsored by COHRED on the other?

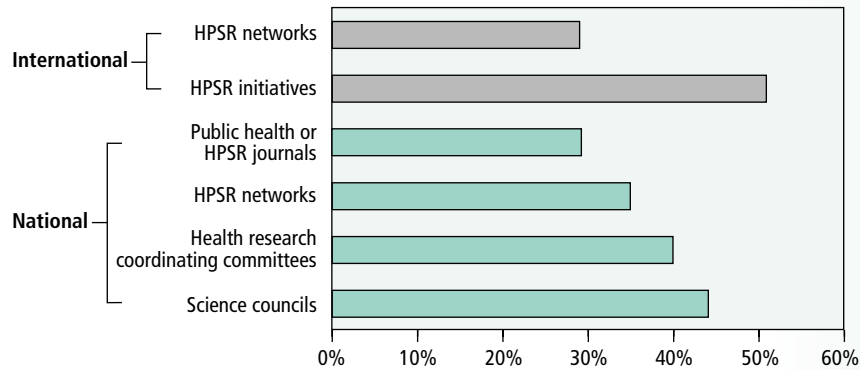
■ These are very complementary and mutually supportive approaches. Take the concrete example of a country that has identified a number of health research priorities using the ENHR strategy. For the priority areas in which the Global Forum is supporting an international network—for example, the Child Health and Nutrition Research Initiative or, in the field of priority-setting, the International Burden of Disease Network—the country in question may link up with the appropriate initiative or network and contribute its own experience with respect to the nature of the problems, strategies to be applied, cost-effectiveness of the tools, orientation of research, etc., and, at the same time, benefit from the experience of other countries. In turn, the initiative or network concerned benefits from the country's inputs and makes these available to the other partners involved, i.e. government policymakers, multilateral and bilateral aid agencies, international research institutes, civil society organizations, foundations and pharmaceutical companies. It is a win/win situation. ●

A summary of *The 10/90 Report on Health Research 2000* can be found at <http://www.globalforumhealth.ch/report.htm>

State of the Alliance

Access to key support by developing country institutions that undertake research

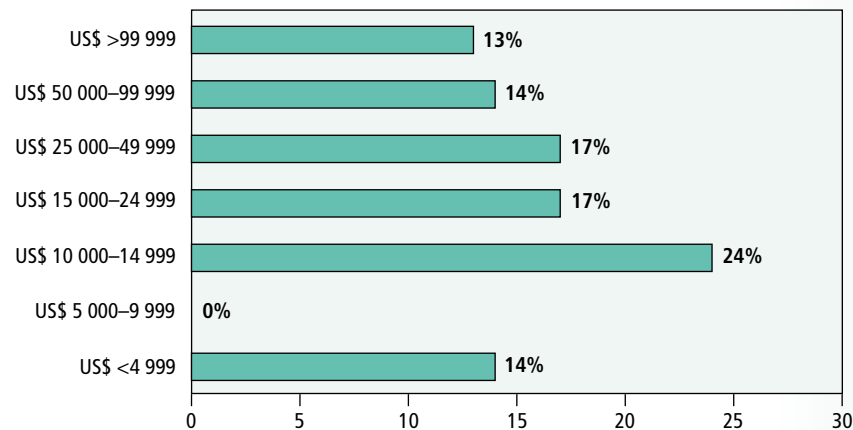
Data from 63 Alliance partners



Source: Preliminary data from the Alliance baseline assessment

External funding to HPSR projects

Data from 146 projects undertaken in 1999 by 63 Alliance partners in developing countries



Source: Preliminary data from the Alliance baseline assessment

In the next issue ...

Interview with Philip Musgrove, Chief editor of *The World Health Report 2000. Health systems: improving performance.*

The full text of the report is available in English and French on the WHO Website (www.who.int/whr), which also gives details of how to order printed copies.

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