The Board of the Alliance for Health Policy and Systems Research held its fourth session from 9 to 11 April 2001 in Cuernavaca, Mexico, to set the course for the 2001 workplan and look forward to the 2002-2003 biennium. The meeting was hosted by the Mexican National Institute of Public Health and was held in conjunction with a symposium on health financing for the poor in which Board members and Ministry of Health officials participated.

The Board approved the allocation of some US$ 1.3 million for various activities, including the disbursement of US$ 660 000 for the first series of projects funded under the Alliance small grants programme (see issue No. 3 for the list of those selected). The process of selection for the next round of grants is getting under way (see article in this issue) and funds of US$ 450 000 were approved for disbursement next year. The Board also discussed the need to seek additional funding for grants to support the strengthening of research capacity.

The Alliance aims to develop an appropriate range of activities to meet its goal of improving health through research on and for health policy. At the outset, emphasis was given to small grants as one means of establishing and supporting a viable HPSR network, and meeting a clearly expressed need. The Board agreed that greater attention should now be placed on technical activities, to help ensure that the knowledge gained through research satisfies the needs of policymakers and is valued by them.

In this context, the Board approved a grants programme encouraging submissions on high-priority and emerging research topics, and allocations for case studies and the development of tool kits to support HPSR management and utilization. The first series of case studies will analyse successful and promising research management strategies for HPSR, exploring a variety of organizational arrangements. Other studies will focus on priority-setting, financial and institutional support, and the process of HPSR utilization. Finally, a research-to-policy tool kit to enhance the demand for and use of health research will be developed, in collaboration with the Council on Health Research for Development (COHRED) and the International Clinical Epidemiology Network (INCLEN), by assembling best practices and resources for priority-setting, advocacy and knowledge management. All these products will be disseminated through printed and electronic materials and will support training activities, in coordination with regional networks.
BOOK REVIEWS

A decade of health policy research in poor countries


In 1986 an innovative and ambitious programme, the International Health Policy Programme (IHPPP), was launched to support joint work by policy-makers and researchers in their quest to improve health in some of the poorest countries of Africa and Asia. This joint initiative by the World Bank, WHO, the Pew Charitable Trusts and the Carnegie Corporation of New York relied on sustained support to a few countries and research teams as a means of building capacity and supporting policy development at critical stages. Modest but sustained funding with timely technical assistance was seen as the key to producing a policy-rich environment for decision-making. Several research networks emerged as a result of this effort and training institutions were strengthened. The programme supported independent policy analysis that, in many cases, would not have been conducted or would have been carried out by international consultants. Thanks to IHPPP, the model of supporting teams of policy-makers and researchers in accordance with policy needs is now widely accepted. The leadership and enthusiasm of those who have benefited from IHPPP grants is also evident today in the Alliance and elsewhere.

So why was IHPPP discontinued? According to Andreano, the establishment of the Council on Health Research for Development (COHRED), the Ad Hoc Committee on Health Research and its offspring, the Global Forum for Health Research, led towards “a more organized, less demand-driven model of health policy research”. Furthermore, donors moved on to other areas or were unable to sustain their effort and it was felt that the activities should be melded with more sustainable and diversified initiatives. These lessons point to the need for more long-term, sustained funding for research and capacity-strengthening. This book should prove useful to research managers in developing countries interested in developing more effective research.

Request a free copy of the book at salemsom@facstaff.wisc.edu


A charter to strengthen relevant actions at the national level, Health research for development, essential link to equity in development, was published in 1990. Ten years later, COHRED commissioned Forging links for health research as a complement to the Bangkok 2000 International Conference on Health Research with the common aim of identifying the course ahead for the next decade. The book brings together a rich assessment of the past and new perspectives for the future at the national, regional and international levels.

What exactly is the nature of the link between health research and development? Answering this question is vital to any effort to increasing the relevance and improve the impact of research. David Harrison attempts to answer this in the chapter entitled “Health research: an essential tool for achieving development through equity”. The lessons of the 1990s are that investing in health is critical for economic productivity, and that investing in the health of the poor is even more important to achieve minimum conditions for development. Furthermore, investing in research, in a world where wealth creation increasingly depends on the knowledge economy “is more than just a strategic tool for effecting improvements in health; it is now the driving force behind all development”. Research portfolios should be designed to maximize expected social benefit. However, this will only be realized if research is implemented efficiently, enhancing output and reducing cost. For this, Harrison, concludes, demand-induced research is the most promising option to produce benefit to society as well as to researchers. Research leaders should not be “information bankers” but rather “knowledge entrepreneurs who aim to squeeze as much social benefit as possible out of every rupee or shilling”.

For more information about this book, visit www.idrc.ca

CASE STUDIES

AN ENABLING ENVIRONMENT IN THE RESEARCH-TO-POLICY PROCES

Important efforts are under way to develop and extend the evidence base to support health policy and systems. However, we know little about experiences in this area in lower-income countries.

How are research topics identified and priorities set?
How are resources mobilized to produce evidence?
What has been the consequence of exercises for priority-setting?
What has been the impact of research on policy?
What are the factors affecting this process?

The Alliance has launched a call for case studies by partner institutions and has selected C.A.K. Yesudian from the Tata Institute of Social Sciences, India, to coordinate this effort and to undertake a study of Maharashtra State, India. Other partners and countries selected are:

- Colombia
- Egypt
- Mali
- United Republic of Tanzania

In each country data will be collected on contrasting institutions and processes for priority-setting, support and HPSR utilization. Particular attention will be given to influences shaping project selection and the establishment of research programmes, the role of diverse mechanisms, and the incentives available to increase relevance to national and local problems. The financial and human resources available to support the research-to-policy process will also be studied by examining resource flows for specific projects and analysing the incentives available for the mobilization of additional resources.

The impact of HPSR will be analysed by observing research inputs and decision outputs in specific policy development situations. Research inputs will be studied from the supply side by analysing problems of HPSR dissemination, and from the demand side through an examination of the participation of researchers in policy-making. The influence of different types of knowledge—from empirical findings in data-driven design situations to broad conceptual frameworks, for example for health sector reforms (see photo in page 7)—will be explored. Case studies will focus on policies with explicit decision points, ample choice and space for technical design as well as others operating in a more restricted or political environment.

The case studies are designed for use as training tools for researchers and policy-makers and should encourage discussion on the processes and mechanisms that affect the impact of research. They should also support the identification of indicators for further research at country level and for the measurement of the performance of research systems.
SMALL GRANTS PROGRAMME

Call for letters of intent for research grants – second round

The high demand for funding revealed in the first round of applications for the small grants programme and successful collaboration between the Alliance and WHO prompted the Alliance to call for letters of intent for a new round of funding for 2001-2002, encouraging partners to focus on high-demand topics and emerging research priorities. The call closed on 29 June 2001, receiving a total of 303 letters from 65 countries. A total of 73 letters were short-listed by a panel of over 30 reviewers proposed by collaborating regional networks and WHO.

The Alliance will continue to fund two types of grants. Research-to-policy grants will be provided to teams of researchers and policymakers who wish to undertake short research projects involving empirical study or analysis of existing data. Young researcher grants will be offered to support masters or doctoral dissertations.

Letters of intent on any HPSR topic were considered by the Board. However, submissions on the following topics were especially encouraged:

- impact of social policies to combat poverty and exclusion and the consequences of globalization
- innovative approaches to health financing for poor people
- national health accounts: country developments in methodology
- research on human resource development
- scaling up malaria control and prevention: financing and health system strengthening
- research on road traffic injuries: policy development and implementation.

Successful applications will be announced in July 2001 and proposal development workshops will be held in September and October. Grants will be disbursed at the end of 2001.

HPSR TERMINOLOGY

Development of an HPSR thesaurus

Background

What is Health Policy and Systems Research? And more specifically, what is HPSR in developing countries? All practitioners will have their view, and yet there are relatively few hierarchical taxonomies of HPSR terminology – lists of key concepts, with a nested “tree” of subsidiary terms.

The taxonomies that have been created are based on local experience or reflect the needs of particular biomedical or social science areas, providing little detail and leading to important omissions. The United States National Library of Medicine’s Unified Medical Language System (UMLS) is a collection of some 1.8 million terms organized around 700 concepts that has been developed over some 20 years. Yet experience has indicated that the UMLS does not give results of sufficient precision to identify and manage HPSR information, particularly in developing countries.

An HPSR thesaurus would support the determination of research priorities, the identification of expertise for activities such as peer review of proposals, and the demand for research by policymakers. It would also facilitate the development of more refined knowledge management tool kits, for example the conceptual mapping currently undertaken by SHARED (see Box).

The Alliance has therefore initiated action to create a specific HPSR thesaurus. Phase I of the project comprises the development of an objective, experimental thesaurus based on the terminology used in Alliance partner projects and priorities as well as funding requests and published papers. Phase II will see the further development of the experimental thesaurus on the basis of comments from Alliance partners and other interested parties. The aim is to provide a useful resource for the development of tools for priority-setting, knowledge management and advocacy for HPSR. Used with appropriate software, the thesaurus will extract highly relevant information related to HPSR from the materials scanned, from whatever electronic source. It is hoped that it will also facilitate the development and maintenance of a database of projects, persons and skills related to HPSR, ideally as a specialized sector in the SHARED database in close relationship with the Alliance partners’ database.

The distillation process

A range of materials has been scanned, with particular emphasis on information concerning developing countries:

- short statements on the content of 279 Alliance ongoing partner projects.
- a listing of 392 HPSR priorities as expressed by Alliance partners.
- full texts of 290 letters of intent submitted in English for the first round of Alliance small grants.
- 52 articles on health financing, systems and policy contained in the ID-21 Communicating Health Research website:
- 52 articles on health financing, systems and policy contained in the ID-21 Communicating Health Research website:
- As a first step it was decided to use TextAnalyst software program
(http://www.megaputer.com) (see Box) to analyse each of the source materials. Of course, a classification developed largely by the application of software over a short period of time and with a limited number of base texts can only result in a first approximation.

The second step was to blend the resulting taxonomies for each source into a global, coherent tree, without deleting or adding any extraneous words. This was done by a health information specialist and terminologist (Chris Zielinski, dvt@compuserve.com) and a researcher highly familiar with the base text and the purpose of the exercise (Miguel A. Gonzalez Block). Taxonomy structure was limited to two levels, which was considered to be the minimum number that provided sufficient scope and detail for the required tasks.

The next step was to search for irrelevant terms and redundancies, that is, closely related terms appearing in different places and at different depths. This resulted in the deletion of 37% of the terms initially included in the global tree. Next, some first-order categories were demoted and some second-

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order categories promoted to achieve greater coherence. Finally the tree was re-arranged, at the first level in a structure-process-outcome framework, and at the second level alphabetically. The initial version of the experimental thesaurus is set out below.

Refinement and development of the classification will be a consultative process over the next few months. This first product has the advantage of being largely objective, that is, the concepts found were those showing high frequency and their subordination is mostly that derived from consistent relationships in the texts, without adding any significantly new category. This led necessarily to the absence of some terms that would have been present if the classification had been developed from scratch to reflect current priorities. We are very interested in receiving your comments, which will help us refine this instrument and prepare it for service.

### Ethical issues
- Confidentiality
- Death and dying
- Ethics in research
- Medical ethics
- Problems

### Issues in health system and policy research
- District research
- Capacity building
- Dissemination
- Implementation
- Monitoring of research
- Research for policy
- Training

### Evaluation research
- Clinical
- Intervention
- Programme

### Research programmes

### Healthy status
- Burden of disease
- Clinical aspects
- Patterns

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**SHARED**

Some of the projects included in the Scientists for Health and Research for Development (SHARED) database [www.shared.de](http://www.shared.de) are relevant to HPSR. These projects are defined in a loose, generic fashion by the SHARED software. Nevertheless, the software provides extremely rapid, concept-driven searches and will produce inter-linking of high potential relevance to HPSR if the precision of the software can be improved by using an appropriate HPSR thesaurus.

The SHARED database is powered by state-of-the-art software which extracts “conceptual fingerprints” from texts and compares them with existing conceptual fingerprints. The results of this extraction and comparison are index tools capable of building profiles that characterize individuals, projects and institutions. With such knowledge tools to hand, it will be possible to match researchers to projects, identify key institutions and develop and analyse an evidence base for best practice and key research results in this sector.
FORTHCOMING MEETING

The Alliance in Forum 5

The annual meeting of the Global Forum for Health Research—Forum 5—will take place in Geneva from 9 to 12 October 2001, with the aim of reviewing progress in helping to correct the 10/90 gap in health research over the past three years and plan for further action. The Alliance is supporting discussions relevant to HPSR in the plenary, parallel and special sessions as well as through a poster session starting on the Alliance Web site one month ahead of the meeting.

HPSR and the 10/90 gap

This topic will be addressed in a plenary session by two high-level policy-makers from China and Colombia who have successfully applied research as a policy development tool. They have been asked to identify opportunities, obstacles and strategies to improve the demand and utilization of HPSR in developing countries.

Options for enhancing HPSR performance

Partners from Colombia, Mexico, South Africa and Thailand have been invited to present innovative but contrasting approaches to HPSR management, institutional development and research-to-policy strategies. Discussion will focus on the success of these approaches and their suitability for application in other developing countries.

Improving HPSR relevance, support and utilization

In a special partners session on this aspect of HPSR, partners will have the opportunity to discuss case studies and identify options for institutional development and capacity-strengthening.

Poster session

The Alliance is interested in promoting the fullest participation in Forum 5. Partners will have the opportunity of submitting papers to be posted one month in advance of the meeting on the Alliance Web site. Partners participating in Forum 5 will also have the opportunity to present their posters throughout the meeting.

Research-to-policy tool kit

Building on the momentum of Bangkok 2000, the Council on Health Research for Development (COHRED), the International Clinical Epidemiology Network (INCLEN), the Global Forum for Health Research and the Alliance have agreed to collaborate in the production of a research-to-policy tool kit. The Alliance sees the tool kit as a means of supporting its partners by improving their capacity to identify HPSR priorities, produce and integrate appropriate knowledge more efficiently, and increase the impact of HPSR on the health system. Vic Neufeld, Professor Emeritus, McMaster University, Canada, will be the lead consultant.

Three areas will be covered: priority setting, knowledge management and advocacy. The tool kit will be published and made available through the Internet as a cross-referenced set of best practices, case studies, methods and resources. Work will start immediately and it is expected to take up to one year before the first products appear.

Priority-setting

- What is the experience with health research priority-setting in diverse countries?
- What methods are available to engage actors and ensure more efficient allocation of resources?
- What are the differences between global, national and local priorities?

The tool kit will bring together case studies on research priority-setting and will list and compare the advantages and costs of various methods of determining priorities. The types of skill required and practical guidelines for the setting and updating of priorities at institutional, national and international levels will be identified.

Knowledge management

The Internet has the potential to revolutionize the management of knowledge and expertise and to reduce the information gap between countries, organizations and individuals, as well as to reduce the divide between science and lay knowledge. However, new technologies and access to information can also lead people to undervalue practical wisdom, decrease their appreciation of local conditions and increase difficulties in assimilating international experience and guidelines. In addition to identifying electronic resources, the research-to-policy tool kit will provide guidance to ensure the appropriate use of these diverse sources of knowledge to meet the needs of rapidly changing policy environments.

Advocacy

Priority-setting and knowledge management can be supported through tools to ensure the effective communication and impact of research, and greater respect for and wider dissemination of learning experiences. The development and extension of the evidence base requires technical and management skills. Among the questions to be answered by the new tool kit are:

- How can the potential of health research be assessed?
- How can we best communicate with the various actors using and undertaking research?
- How can we make the most advantageous use of the mass media?

The Alliance in Forum 5
Health Economics and Policy Network in Africa (HEPNet-Africa)

Background

HEPNet-Africa is a relatively new network, established in late 1999 at a meeting in Zambia. The creation of this network was a response to the perceived need to develop health economics and health policy analysis capacity within Africa, due to on-going and wide-ranging health sector reforms. In particular, capacity is required to support the design and implementation of health sector restructuring initiatives, with the goal of improving equity and efficiency in health systems. HEPNet is intended to develop and sustain a critical mass of people with relevant expertise in health economics and health policy analysis within the African region.

HEPNet consists of individuals working extensively in the field of health economics and policy within Ministries of Health and relevant research institutes and academic institutions in five African countries (South Africa, Tanzania, Uganda, Zambia and Zimbabwe). The rationale for this membership is that the feasibility and sustainability of a capacity building initiative such as this network can be promoted by ‘starting small’. However, it is envisaged that HEPNet could be expanded to include additional countries and institutions over time.

Major activities

The major activities that HEPNet undertakes include:

- Information dissemination (including sharing of research findings, policy development and implementation experiences, as well as information on courses, conferences and other relevant events);
- Interaction with international organisations active within the region (including promoting the use of regional expertise for providing technical assistance to Ministries of Health and other organisations);
- Holding regular meetings, including thematic workshops where ideas can be shared in a critical way on key policy development and implementation issues;
- Promoting the use of existing and developing additional formal training programs, particularly at the postgraduate level and relevant short courses in the region;
- Sharing resources for training, particularly training materials and expertise;
- Increasing opportunities for in-service training; and
- Supporting research activities which address country policy priorities (e.g. promoting the development of appropriate research methods, collaborative research projects).

An electronic discussion list is the key mechanism for information dissemination and ongoing interaction between HEPNet members. The network also produces a quarterly newsletter. Recent initiatives include:

- Participation by HEPNet members in a Senior Policy Seminar on Social Health Insurance in August 2000;
- Selected HEPNet members funded to attend a Masters in Health Economics program; and
- A training-of-trainers (TOT) workshop for HEPNet members to develop interactive training skills, case study development skills and to develop curricula and learning objectives for a module on health economics and policy to be offered on country-specific Masters in Public Health programs.
Key lessons

Although HEPNet is still a relatively young organisation, some of the lessons learnt to date include:

- There is considerable value in involving individuals from both Ministries of Health and research/academic institutions in a network, as this promotes greater interaction and sharing of expertise for training, research and policy development and implementation between these institutions within each country;
- The similarity of health system, economic and policy issues which exist in countries belonging to the network, provides a good basis for interaction and sharing experiences;
- Post-graduate training opportunities are a priority for capacity development, not only at the Masters level, but particularly at the doctoral level; and
- It is not sufficient to focus on capacity development but also on effective strategies for capacity retention in the African region.

For more information contact Di McIntyre dimac@anat.uct.ac.za

Skills most urgently needed for capacity strengthening are health policy analytic skills, skills for training and a range of research skills (methodological development, statistical data management, conceptual and analytic skills and report writing and presentation skills);

News from the field

Collecting data on unofficial hospital fees in Uganda

Rita Sonko, University of Cape Town, South Africa. dritans@hotmail.com

I am currently undertaking an Alliance funded study on informal payments in the health sector and the impact of this on patients’ expenditure and quality of care in Uganda. Given the sensitivity of my subject (Informal / under-the-table payments), I chose to present my study as one generally assessing patients’ expenditure on healthcare and the quality of care they receive. However, I found the patients, hospital staff and managers quite eager to talk about the subject at hand. Given the new change in healthcare financing policy i.e., reinstatement of free healthcare in government hospitals and abolition of user fees, there were many burning issues that people wanted the policy makers in government to address. They therefore saw my research as an avenue for airing out their views about the new policy and its impact.

Given that context, my data collection progressed very well. I found the hospital staff very welcoming and wanting to discuss the problems that they felt had resulted from the new policy. They were also happy to discuss the issue of unofficial fees once I had reassured them about confidentiality and that we would not use the information against them. Patients felt more comfortable on the subject if interviewed at home. dritans@hotmail.com

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