EDITORIAL

State of the Alliance

As demand grows for health policies based on evidence, questions exist as to the capacity of low and middle income countries to produce the health policy and systems research (HPSR) required to meet this challenge. This is why the Alliance has paid particular attention to documenting research capacity among its partners, particularly the 176 HPSR producer institutions in low, lower middle and upper middle income countries outside Europe. Areas assessed include institutional structure, institutional capacity, degree of attainment of critical mass, the process of knowledge production, and engagement with stakeholders. Close to 100 partners have provided data.

On the basis of this data, Alliance partners producing HPSR in the developing world are mostly small public and increasingly private institutions/units with an average of 8 researchers undertaking 3 projects for a total project portfolio worth an average of $155,226. Experience, attainment of critical mass and stakeholder engagement appear low, with only 19% of researchers at PhD level, although key disciplines are well represented and researchers in these areas are better qualified. Research capacity and average project funding levels are similar across income regions, although inequalities are apparent when population to project funding ratios are calculated. Only 7% of projects are funded at $100,000 or more, but they account for 54% of total project funding. Only 17% of institutions hold this size of grant.

Direct funding from international sources accounts for 69% of total project funding and funding from national governments (of which part would originate from multilateral institutions) for 26%. On the basis of estimates of the amount of global funds available for HPSR (for example from World Bank health sector development programmes which usually earmark funding for research), it would appear that much of these funds are not spent by institutions within these countries.

HPSR producers need to increase their capacity and critical mass to engage effectively in policy debates and interaction with stakeholders, and to absorb a larger volume of resources. The relationship between funding agencies and the attainment of critical mass needs further research to identify the best funding support, incentives and capacity strengthening efforts. Support could be provided to institutions to network and concentrate resources and to tap into national and international funding related to health sector development.

This analysis demonstrates the value of information that Alliance partners provide on their institutions. We would urge those partners who have not returned this information to do so, and also urge new partners to join and add to the database, in order that a more complete picture can be built up of HPSR capacities. This will help the Alliance lobby more effectively for increased focus on HPSR and greater support to capacity building.

More information on HPSR producer institutions will be available in our Web site and as an article submitted for publication to the inaugural issue of the International Journal of Research on Health Systems.
CASE STUDIES

Institutional mechanisms to ensure the impact of research on policy

The Alliance has been supporting the writing of case studies on the HPSR environment and on innovative institutions undertaking research as a way of raising awareness and stimulating discussion on mechanisms to increase the demand for and impact of research on policy. In Issue No. 5 of the Newsletter three case studies were summarised on the enabling environment of research. In this number we present two case studies on innovative research institutions in middle income countries.

The cases show how economic crises at different periods in Thailand and Mexico were the opportunity to launch ambitious research initiatives, not only to provide a response to the problems brought about in the health sector, but to help transform society at large. While in Thailand the response sprung mainly from the public sector, the private sector was the main support in Mexico, although in both cases civil society was actively involved for health policy development.

Health system reform in Thailand: the role of the Health Systems Research Institute (Wiput Phoolcharoen)

The Thai economy has evolved over the last four decades from an agrarian society into a newly industrialized country, with considerable changes in people’s lifestyles. Health is among the most rapidly growing sectors, as shown both by the expanded health care infrastructure throughout the country and by the improvement in health status. However, this improvement and the failure to evaluate apparently successful health programmes over the last two decades have masked failures in health system performance.

Thailand’s political reform coincided with the nationwide economic crisis beginning in 1997. It provoked a strong demand for a complete restructuring of society, which finally began to create change in the health system. Health systems research has been essential in order to reveal the hidden crisis in the health of the nation and design a strategy for a new system. A triangular process of symbiotic interaction between academic activities, social action and political commitment was a key strategy in this mission.

The move towards health system reform was enthusiastically welcomed and led to greater political commitment, culminating in plans to draft a National Health Act. This has given research institutes even greater opportunities to contribute their efforts and serve social demand.

Thailand’s Health Systems Research Institute (HSRI) was entrusted with the stewardship of the reform. Researchers and academics worked together to provide the knowledge required for creative change. Clear and critical illustrations of the need for holistic health system reform were profiled through a series of academic analyses. These were then publicized and disseminated. Four major points of crisis were uncovered: the uncontrolled rise in health expenditure, deterioration in health status due to unbalanced economic development, dependence on imported health technology and the need for political and social reform. The Thai Government expressed its support for civic movements which would enable Thai society to redesign its health system.

Thailand’s political reform coincided with the nationwide economic crisis beginning in 1997. It provoked a strong demand for a complete restructuring of society, which finally began to create change in the health system. Health systems research has been essential in order to reveal the hidden crisis in the health of the nation and design a strategy for a new system. A triangular process of symbiotic interaction between academic activities, social action and political commitment was a key strategy in this mission.

The move towards health system reform was enthusiastically welcomed and led to greater political commitment, culminating in plans to draft a National Health Act. This has given research institutes even greater opportunities to contribute their efforts and serve social demand.

Thailand’s Health Systems Research Institute (HSRI) was entrusted with the stewardship of the reform. Researchers and academics worked together to provide the knowledge required for creative change. Clear and critical illustrations of the need for holistic health system reform were profiled through a series of academic analyses. These were then publicized and disseminated. Four major points of crisis were uncovered: the uncontrolled rise in health expenditure, deterioration in health status due to unbalanced economic development, dependence on imported health technology and the need for political and social reform. The Thai Government expressed its support for civic movements which would enable Thai society to redesign its health system.

Thailand’s political reform coincided with the nationwide economic crisis beginning in 1997. It provoked a strong demand for a complete restructuring of society, which finally began to create change in the health system. Health systems research has been essential in order to reveal the hidden crisis in the health of the nation and design a strategy for a new system. A triangular process of symbiotic interaction between academic activities, social action and political commitment was a key strategy in this mission.

The move towards health system reform was enthusiastically welcomed and led to greater political commitment, culminating in plans to draft a National Health Act. This has given research institutes even greater opportunities to contribute their efforts and serve social demand.

Thailand’s Health Systems Research Institute (HSRI) was entrusted with the stewardship of the reform. Researchers and academics worked together to provide the knowledge required for creative change. Clear and critical illustrations of the need for holistic health system reform were profiled through a series of academic analyses. These were then publicized and disseminated. Four major points of crisis were uncovered: the uncontrolled rise in health expenditure, deterioration in health status due to unbalanced economic development, dependence on imported health technology and the need for political and social reform. The Thai Government expressed its support for civic movements which would enable Thai society to redesign its health system.

Thailand’s political reform coincided with the nationwide economic crisis beginning in 1997. It provoked a strong demand for a complete restructuring of society, which finally began to create change in the health system. Health systems research has been essential in order to reveal the hidden crisis in the health of the nation and design a strategy for a new system. A triangular process of symbiotic interaction between academic activities, social action and political commitment was a key strategy in this mission.

The move towards health system reform was enthusiastically welcomed and led to greater political commitment, culminating in plans to draft a National Health Act. This has given research institutes even greater opportunities to contribute their efforts and serve social demand.

Thailand’s Health Systems Research Institute (HSRI) was entrusted with the stewardship of the reform. Researchers and academics worked together to provide the knowledge required for creative change. Clear and critical illustrations of the need for holistic health system reform were profiled through a series of academic analyses. These were then publicized and disseminated. Four major points of crisis were uncovered: the uncontrolled rise in health expenditure, deterioration in health status due to unbalanced economic development, dependence on imported health technology and the need for political and social reform. The Thai Government expressed its support for civic movements which would enable Thai society to redesign its health system.

Thailand’s political reform coincided with the nationwide economic crisis beginning in 1997. It provoked a strong demand for a complete restructuring of society, which finally began to create change in the health system. Health systems research has been essential in order to reveal the hidden crisis in the health of the nation and design a strategy for a new system. A triangular process of symbiotic interaction between academic activities, social action and political commitment was a key strategy in this mission.

The move towards health system reform was enthusiastically welcomed and led to greater political commitment, culminating in plans to draft a National Health Act. This has given research institutes even greater opportunities to contribute their efforts and serve social demand.

Thailand’s Health Systems Research Institute (HSRI) was entrusted with the stewardship of the reform. Researchers and academics worked together to provide the knowledge required for creative change. Clear and critical illustrations of the need for holistic health system reform were profiled through a series of academic analyses. These were then publicized and disseminated. Four major points of crisis were uncovered: the uncontrolled rise in health expenditure, deterioration in health status due to unbalanced economic development, dependence on imported health technology and the need for political and social reform. The Thai Government expressed its support for civic movements which would enable Thai society to redesign its health system.

Thailand’s political reform coincided with the nationwide economic crisis beginning in 1997. It provoked a strong demand for a complete restructuring of society, which finally began to create change in the health system. Health systems research has been essential in order to reveal the hidden crisis in the health of the nation and design a strategy for a new system. A triangular process of symbiotic interaction between academic activities, social action and political commitment was a key strategy in this mission.

The move towards health system reform was enthusiastically welcomed and led to greater political commitment, culminating in plans to draft a National Health Act. This has given research institutes even greater opportunities to contribute their efforts and serve social demand.

Thailand’s Health Systems Research Institute (HSRI) was entrusted with the stewardship of the reform. Researchers and academics worked together to provide the knowledge required for creative change. Clear and critical illustrations of the need for holistic health system reform were profiled through a series of academic analyses. These were then publicized and disseminated. Four major points of crisis were uncovered: the uncontrolled rise in health expenditure, deterioration in health status due to unbalanced economic development, dependence on imported health technology and the need for political and social reform. The Thai Government expressed its support for civic movements which would enable Thai society to redesign its health system.

Thailand’s political reform coincided with the nationwide economic crisis beginning in 1997. It provoked a strong demand for a complete restructuring of society, which finally began to create change in the health system. Health systems research has been essential in order to reveal the hidden crisis in the health of the nation and design a strategy for a new system. A triangular process of symbiotic interaction between academic activities, social action and political commitment was a key strategy in this mission.

The move towards health system reform was enthusiastically welcomed and led to greater political commitment, culminating in plans to draft a National Health Act. This has given research institutes even greater opportunities to contribute their efforts and serve social demand.

Thailand’s Health Systems Research Institute (HSRI) was entrusted with the stewardship of the reform. Researchers and academics worked together to provide the knowledge required for creative change. Clear and critical illustrations of the need for holistic health system reform were profiled through a series of academic analyses. These were then publicized and disseminated. Four major points of crisis were uncovered: the uncontrolled rise in health expenditure, deterioration in health status due to unbalanced economic development, dependence on imported health technology and the need for political and social reform. The Thai Government expressed its support for civic movements which would enable Thai society to redesign its health system.

Research on health policies and systems: the case of Funsalud (Guillermo Soberon et al.)

During the economic crisis of 1984, public and private actors set the stage for the establishment of the Mexican Health Foundation (Fundación Mexicana para la Salud – FUNSALUD) in May 1985. Almost 100 businessmen representing Mexico’s private sector contributed to the endowment of the Foundation and directed its efforts towards encouraging appropriate health policies. The principles of sound financial management, academic values and the public orientation of its mission have ensured a unique, synergistic role for FUNSALUD. Its activities rely on strategic alliances with academic institutions, the private sector, government, international organizations, civil society and other foundations abroad.

FUNSALUD is a private-sector centre for analysis and critical opinion, with the capacity to influence the decision-making processes of health authorities through proposals and robust information. It influences decision-makers by involving them in research and discussion and disseminating information and research results. The Foundation, as a think-tank, has its own critical voice while also helping to balance the views of the various actors.
The close interaction between a steering committee and the Executive President creates a flexible mechanism for decisions about FUNSALUD’s activities. The comments of the Board of Trustees, the International Advisory Group and the Technical Advisory Council also help to ensure that work is carried out within the defined institutional scope.

FUNSALUD has supported national health research by managing research funding for third parties, repatriating researchers, avoiding the “brain drain” and awarding health research prizes. More recently, the Foundation has participated in the planning and development of national health policy, at first through the landmark “Health and the Economy Study”, then through the Centre for Health and the Economy, and more recently through its successor, the Centre for Social and Economic Analysis of Health. This role has successfully tested FUNSALUD’s mission and has gained national and even international recognition for its work. FUNSALUD was thus able to play a key role in the establishment of the Jose Luis Bobadilla Inter-American Health Policy and Analysis Network and has acted as the secretariat for other international initiatives. Consulting work has also been undertaken, while safeguarding FUNSALUD’s public mission.

FUNSALUD has responded to specific opportunities made possible by a stable health policy environment in a middle-income economy. Nevertheless, lessons for public-private collaboration for health policy and systems research within a framework of academic principles may have a wide ranging applicability, and are already being tested in other countries in Latin America.

Preliminary conclusions

These case studies demonstrate the important role that HPSR can assume for health policy development. Research can be a very useful input to clarify contentious issues and ascertain the best course of action in the face of competing uses for scarce resources. Furthermore, the values of objectivity and methodological rigour that are characteristic of research have helped to bring together diverse actors, arriving to important solutions and furthering their implementation. Research institutions need not be large to be effective in policy making. Their impact is rather a function of well designed and robust research undertaken with the guidance and support of key advisory and governing mechanisms. Both cases show how research impact is addressed at various levels, including strengthening research capacity, providing robust, highly relevant and timely information for policy makers, and reaching a society-wide audience to fulfil specific needs but also to gain community support for research.

Case studies are available in the Alliance Web site.

HPSR GRANTS PROGRAMME

51 Round 1 projects set to conclude. 12 supported with writing workshop

The first round of Alliance HPSR grants disbursed in 2001 is now successfully drawing to a close. A total of 51 projects were launched, of which 31 have submitted a final report and 25 have drafted journal articles, while the remaining 20 projects are about to conclude. The Alliance organised a scientific writing workshop to support grantees who are at the start of their publishing careers.

The writing workshop was held from 15 to 19 July with the participation of 12 grantees doing researcher in the areas of decentralization, community financing and community participation. The workshop was led by Anthony Zwi, former Senior Editor for Health Policy for the international journal Social Science and

The 2001-2002 Report just published by the Global Forum for Health research emphasizes the crucial role of health in development, poverty alleviation and overall global security. Health research can make a specific and significant contribution by reallocating funds from lower to higher-priority areas in developing countries. This implies effective use of available funds to maximise health outcomes, not just in terms of a shift in type of disease researched but, also, collaborating with and learning from international experience. There is also the urgent need for an increase in the total amount of funds available for research.

The need for ‘health research governance’ is also highlighted in the 10/90 report, particularly for partnerships ranging from formal coordination agreements to informal collaborative principles. Health research governance requires a ‘step’ approach with consistent principles throughout starting at the national level. Public and private efforts should be woven together by collaborative guidelines channelling research funds to priority areas.

For the effective utilisation of funds the Report emphasizes the importance of priority setting in research. A multi-disciplinary and participatory process has been initiated by Global Forum at country and regional levels. Further, methodologies and tools have been developed that relate research on burden of disease to its determinants, cost-effectiveness and financial flows. The Report identifies specific reasons behind the non-transfer of health research and technology. These include the low prevalence of communicable diseases in developed countries; differences in vaccine requirements based on differences in the nature of viruses and bacteria in the two sets of countries; variation in determinants of ill-health, health systems performance and access to health care; and non-communicable care not being identically replicable in developing countries. Accordingly, the Report recommends that the prioritization exercise in health research be based on four dimensions: diseases and conditions; determinants and risk factors; priority-setting methodologies; and policies and cross-cutting issues affecting health and health research.

Since 1999 the Global Forum has supported tracking and monitoring of financial flows in health research. The main focus of the Global Forum is to highlight and address the mis-allocation of research funding world-wide: only about 10 per cent is used to address mortality and morbidity that causes 90 per cent of the global burden of diseases. Importantly, such ill-health is disproportionately higher among the poorest of the poor.
civil society organisations and the pharmaceutical industry in international health. However, the impact of this increase in global investment in health research on the health status of the majority of the world’s population is not clear. In terms of research capacity strengthening (RCS) most evaluations have focused on inputs, process and some outcomes of these efforts in developing countries. The Report points out the need for such evaluations to also examine the use of commissioned research and pooling of national researchers, including associated findings in policy making and disease control; the framing of national budgets to support such research activities and the impact of all these RCS efforts on a country’s health status.

To obtain the report on line go to www.globalforumhealth.org.

Findings are reported in a separate document entitled Monitoring Financial Flows for Health Research which is available on the Global Forum web-site.

---

World Health Report 2001Mental Health: New Understanding, New Hope

The WHR 2001 is centred around the theme of World Health Day 2001: “Stop exclusion - Dare to care” that sent the message that “there was no justification for excluding people with mental illness or brain disorder from our communities” and, as Dr. Gro Harlem Brundtland stated, “mental health – neglected for too long – is crucial to the overall well-being of individuals, societies and countries and must be universally regarded in a new light.”

Mental health is a difficult area of health care given the specific weight of stigma, shame and exclusion that such disorders carry and that go beyond the constraints of diagnosis and absence of appropriate care. As a result, the magnitude of the illness is often unexpected: major depression is a leading cause of disability and is fourth among the ten leading causes of the global burden of disease. The figure indicates the extent of the problem and the urgent attention it needs.

The Report emphasizes the impact mental and behavioural disorders have on the individual quality of life and, equally importantly, on the economic costs to society at large. Inversely, aside from biological and psychological factors, social factors too influence mental health. Within these classifications, the WHR has identified certain particular determinants of mental disorders: poverty; sex; age; conflicts and disasters; major physical diseases; and family and environmental factors.

In addressing the issue of mental and behavioural disorders, certain principles of care need to be followed: diagnosis and intervention; continuity of care; wide range of services; partnership with patients and families; involvement of the local community, and integration into primary health care. The accompanying inputs required are pharmacotherapy; psychotherapy; psycho-social rehabilitation; vocational rehabilitation and employment, and housing.

As policy initiatives that would successfully support the implementation of the strategy outlined above, the WHR makes a specific recommendation for supporting increased research in the area of mental health. This would include research in the context of health systems i.e. the burden of disease; system responsiveness in addressing the needs of the mentally ill – the distinction between needs and demand (defined as those who actually seek care) is particularly important here given the problem both of detection as well as the social stigma attached to the condition in a number of societies, and study of the core functions of health systems with respect to mental health: financing, availability of other resources including drugs and service delivery. Finally, as the Report emphasizes, translating research and evidence into policy and thus defining the stewardship function of governments is crucial in this neglected area of health.
The Need for Health Policy and Systems Research in Chronic Complex Political Emergencies

There are many countries facing chronic conflict in the world (e.g. Sudan, Sierra Leone, Angola, Colombia, Afghanistan). The health impacts of chronic conflict are enormous. For example, in the Democratic Republic of Congo (DRC), it has been estimated that an additional 2.5 million people died over 32 months, the vast majority due to disease and malnutrition brought about by the fighting. However, there is a severe lack of research into how to provide effective and efficient priority health services in such difficult settings.

Countries in conflict have very weak to non-existent health care systems. Due to the breakdown of state structures, the donor and NGO community contributes substantially to providing health care to people trapped in war-torn settings. While individuals in the NGO and donor community do their best, they often face problems of political mandate and legitimacy which hinder effective health service provision. Problems of insecurity and access to populations add to the complexity. However, despite these obstacles, provisional healthcare systems are often put in place.

Improvement of these provisional systems requires a better understanding of their functioning, and the problems they face. Many methods have been developed to attempt to decrease excess morbidity and mortality, but these are not applied in a systematic way. In addition, the evidence base for effective health interventions is very weak. Information is needed regarding the most effective health care interventions in chronic emergencies. Research is also needed into the creation of health policies or "strategic frameworks" essential in situations where there are a large number of diverse humanitarian actors and no legitimate policy-making bodies (i.e. government).

Research on health provision in countries involved in chronic conflict would help humanitarian actors and donors provide more effective health services and alleviate some of the excess morbidity and mortality caused through chronic war. However, research funds for complex emergencies prove to be very limited.

The Monterrey Consensus

The first quarter of the 2002 saw three significant meetings of international development agencies: the International Conference on Financing for Development Monterrey, Mexico 18-22 March 2002; Spring Meetings 2002 of the Bretton Woods Institutions; and the 55th World Health Assembly 2002. All three meetings reiterated the international community’s endorsement of the Millennium Development Goals (MDGs), with the latter two also expressing commitment to the Monterrey Consensus as a means to implement the MDGs.

At the summit on Financing for Development the heads of states declared “(O)ur goal is to eradicate poverty, achieve sustained economic growth and promote sustainable development as we advance to a fully inclusive and equitable global economic system.” Three items on the agenda relate to the health sector:

Mobilizing domestic financial resources

Creating the necessary conditions for mobilizing domestic savings (public and private), sustained productive investment and human development. This would require:

- Good governance based on solid democratic institutions
- Sound macroeconomic policies
- Strengthened financial sector, including support through micro-financing and micro-credit
- Strengthened physical and social infrastructure, including investments in human capital
- Strengthened legislative and regulatory frameworks, including the combat of corruption

Official development assistance (ODA)

The Consensus recognised ODA as an important additionality to external sources of financing development and it calls for:

- Fulfillment of assistance targets – 0.7 per cent of gross national
product (GNP) of developed countries as ODA to all developing countries and 0.15-0.20 percent of gross national product (GNP) of developing countries as ODA to least developed countries.

- Effective use of ODA through institutional harmonization of assistance activities, improved financial management of resources, enhanced recipient ownership resource use, and better targeting, monitoring and evaluation of aid and outcomes.

**Debt relief**

The Consensus highlighted the importance of external debt relief in freeing resources for the development effort. Endorsing the Heavily Indebted Poor Country (HIPC) Initiative, the Consensus highlighted the need to:

- Keep in mind the impact of indebtedness on the MDGs
- Provide flexibility in eligibility criteria, especially in the case of natural disasters and/or external shocks
- Ensuring that debt relief adds to and does not displace ODA available for development.

The Consensus emphasizes that ‘staying engaged’ on the part of all stakeholders – following up in terms of commitment to adequate implementation - is crucial to ensuring success in financing the development effort. The Committee adopted two resolutions on WHO’s contribution to achieving the goals of the United Nations Millennium Declaration and one on health and sustainable development and appreciated the report of the Commission on Macroeconomics and Health, suggesting WHO assistance in carrying forward the work of the Commission at country level. It also adopted, by consensus, a resolution on the global strategy for HIV/AIDS.

---

**Health InterNetwork Access to Research Initiative (HINARI)**

**More than 2000 journals now fully accessible online**

The Health InterNetwork was created to bridge the “digital divide” in health, ensuring that relevant information - and the technologies to deliver it - are widely available and effectively used by health personnel: professionals, researchers and scientists, and policy makers.

Launched by the Secretary General of the United Nations in September 2000 and led by the World Health Organization, the Health InterNetwork has brought together public and private partners under the principle of ensuring equitable access to health information. The core elements of the project are content, Internet connectivity and capacity building. It has been described by WHO Director-General Dr Gro Harlem Brundtland as “perhaps the biggest step ever taken towards reducing the health information gap between rich and poor countries.”

As the first phase of making vital health content available, the Health InterNetwork provides a vast library of the latest and best information on public health: more than 2,000 scientific publications, one of the world’s largest collections of biomedical literature. Health policy and systems research is well represented with many journals, among them Health Economics, Health Policy, Social Science and Medicine and Salud Publica de Mexico. New journals are being added continuously.

Librarians or, in their absence, institution directors, should register at [www.healthinter-network.net](http://www.healthinter-network.net) to obtain a password. Access the Web site to see if your institution is already registered or enquire with your library.

Researchers and students can obtain access to over 2000 journals worth close to USD 700,000 through a common password supplied by HINARI to institutional libraries from universities and government agencies. NGOs can also gain access by arrangements with eligible institutions. Institutions in countries with a GNP of $1,000 or less have free access, while those in countries with a GNP between $1,000 and $3,000 have access at much reduced prices.

---

1 Details available on the UN web-site [www.un.org/esa/ffd](http://www.un.org/esa/ffd)
3 Details available on the WHO web-site [www.who.org](http://www.who.org)
UPCOMING ALLIANCE EVENTS

Research to Policy Workshops

The Alliance in collaboration with regional HPSR networks is preparing a series of research to policy workshops with the aim of strengthening capacity to demand and supply high quality, timely and relevant HPSR. This effort will be supported with training materials about to be finalised through the Research for Policy, Action and Practice: a Collaborative Training Project (see Newsletter No. 5). Indra Pathmanathan has been asked to lead this effort and will rely on her vast experience with HPSR capacity strengthening and policy development.

The workshops will take the modality of training of trainers, and will enable participants to tackle a variety of issues in advocacy, priority setting and knowledge management. Plans of action will be developed to increase the impact of research in the participants’ areas of choice.

Ideal candidates would be research managers, policy analysts, researchers willing to further interact with policy makers, and policy makers in need of harnessing the potential of research and research results to health programmes and health system development.

Workshops will be celebrated between November 2002 and March 2003. For further information on dates and registration costs contact the Alliance or the collaborating regional networks. Grants will be available for selected participants.

---

Health Economics and Health Policy

Diane McIntyre
dimac@anat.uct.ac.za

Network in Sub-Saharan Africa

Kaemthong Indaratanakaemthong.i@Chula.ac.th

Asia Pacific Health Economics Network

SHI Guang
sg@cnhei.edu.cn
Li Yaqing
liq@cnhei.edu.cn

The China Health Economics Network

Célia Maria Almeida,
Rio de Janeiro, Brazil
redsalud@malaria.procc.fiocruz.br

The China Health Economics Network

Diane McIntyre
dimac@anat.uct.ac.za

Network in Sub-Saharan Africa

Kaemthong Indaratanakaemthong.i@Chula.ac.th

Asia Pacific Health Economics Network

SHI Guang
sg@cnhei.edu.cn
Li Yaqing
liq@cnhei.edu.cn

The China Health Economics Network

Célia Maria Almeida,
Rio de Janeiro, Brazil
redsalud@malaria.procc.fiocruz.br

© Global Forum for Health Research, 2002

The reproduction of this document is regulated in accordance with the provisions of Protocol 2 of the Universal Copyright Convention. All rights are reserved by the Global Forum for Health Research. The document may be freely reviewed and abstracted, with the usual acknowledgement of source, but not for sale or for use in conjunction with commercial purposes. Requests for permission to reproduce or translate the document, in part or in full, should be addressed to the Secretariat where information on any translation or reprints is centralized.

The designations employed and the presentation of the material in this document do not imply the expression of any opinion whatsoever on the part of the Secretariat of the Global Forum for Health Research concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Designed by minimum graphics • Printed in France