New Alliance strategic framework and workplan 2003-2004

The Alliance Board convened in September 2002 a task force on strategic planning to identify the strengths of the Alliance and to propose a renewed strategy framework for the triennium 2003-05. The Alliance is to encourage greater use of knowledge for enhancing health system performance.

Insufficient use of knowledge for health policy and systems has two dimensions. Firstly, there is a gross lack of information on the performance of health systems and on how policies affect performance. This knowledge gap is particularly apparent in the light of current efforts to expand funding for the health sector, engage in new forms of development partnerships and scale up health services to deal with specific diseases. Secondly, even when knowledge is available, it is not necessarily known to policy-makers or used by them.

The Alliance vision is one of efficient and equitable health systems guided by evidence-based policy as an essential contribution to better health and development. The Alliance’s values are as follows:

A) to stimulate the generation and synthesis of knowledge, encompassing evidence, tools and methods

B) to facilitate the development of capacity for the generation, dissemination and use of knowledge among researchers, policy-makers and other stakeholders

C) to promote the dissemination and use of knowledge to improve the performance of health systems.

Alliance objectives will be implemented through the following strategies:

- monitoring and publicizing the global progress of HPSR
- synthesizing, disseminating and funding research on priority areas
- encouraging the attainment of a critical mass of researchers in HPSR in developing countries
- promoting policy-relevant research and evidence-based decision-making, including approaches which achieve effective interaction between key actors
- ensuring widespread access to HPSR knowledge through effective communications strategies
- monitoring and evaluating progress in the Alliance partnership and secretariat.

The prime beneficiaries of the Alliance remain those seeking to enhance health system performance in low-income and middle-income countries, such as policy-makers, civil society, investors and researchers, with the ultimate aim of benefiting the poor.

Donor funds available to the Alliance in 2003 are expected to be of the order of US$2.7 million, of which US$1.5 million will be new funding for the year. The Alliance gratefully acknowledges the financial support of the Government of Norway, SIDA-SAREC (Sweden), the World Bank, the United Kingdom Department for International Development, International Development Research Center (Canada) and the United States Agency for Healthcare Research and Quality.
Alliance workplan
2003-2004

The Alliance plans to publish a report on the state of the art in advocacy for HPSR in 2004. This will follow a review of the field through analytical work and partner consultation and assessment. The report will be aimed at policy-makers, donors and the research community.

The third round of Research-to-Policy grants will be launched to focus on a number of high-priority problems. Young Researcher grants will now be supported through postgraduate teaching programmes, which will be funded to support the fieldwork costs of theses for up to five graduate students.

Further strategic research projects on specific, high-priority problems with international significance will be launched to complement the project on human resources in health now being implemented (see article “Policy options for human resources for health in rural areas” in this issue). Capacity-strengthening in the area of research-to-policy will be undertaken through regional workshops with the support of collaborating networks. A search engine will be implemented on the Web site. Total expenditure for the 2003 workplan is expected to be US$1.7 million.

Key dates

• Young Researchers Grant – call for proposals from teaching programmes in early June 2003. Teaching programmes with an interest in HPSR are invited to contact the Alliance for further information on the Young Researcher Grants.

• Strategic research on selected high-priority topics – second call for letters of intent in early August 2003.

STRATEGIC RESEARCH
Policy options for human resources for health in rural areas

Staffing health facilities in the rural areas of poor countries has always been a critical problem for health systems, with only a few success stories, despite the great efforts expanded on this intractable problem. Furthermore, high-quality research capable of influencing policy-making in this area has also been particularly scarce.

This is why the Alliance is very happy to announce the launching of two strategic research projects to address policy options for human resources for health in rural areas. Two research teams are collaborating in this endeavour, focusing on complementary aspects in Bangladesh, Malawi, South Africa and Uganda. The projects, which were competitively selected, will be delivering their final results from the middle of 2004.

The impact of health sector reforms on human resources for health in Uganda and Bangladesh

Dr Freddie Ssengooba, Principal Investigator, Institute of Public Health, Uganda; Dr Syed Azizur Rahman, Policy Research Unit (PRU), Ministry of Health and Family Welfare, Bangladesh.

Over the last two decades, health-sector reforms have aimed to improve the efficiency and effectiveness of health systems. Reforms have had both macro and micro impacts on the environment in which provider organizations and the workforce operate. Health reforms tend to have both intended and unintended effects on organizations and human resources by changing the incentive environments at different levels of the system. This will be a 20-month project to understand how the incentive regime has been altered by major reforms in Uganda and Bangladesh, two developing countries facing enormous challenges in health provision.

The overall objective is to understand monetary and nonmonetary incentives for different personnel in various policy environments, involving the decentralization of health provision, integration of vertical programmes, introduction of fees-for-service and expansion of service provision infrastructure.

A range of qualitative and quantitative research methods will be employed to investigate the reform objectives and the ways they have been implemented in order to determine the influence the reforms have had on the health provision environment and on human resources in particular. Within the organizations, the study will focus on the mix of personnel skills in relation to the service profile of different health facilities, as well as on successes and constraints in fulfilling organizational roles. The incentives at different levels and for different cadres of health personnel will be analysed. The links between incentive environments and reform pathways will be studied, and policy implications will be identified.

Factors affecting retention of different groups of rural health workers in Malawi and South Africa

Tim Martineau, Co-Principal Investigator, Liverpool School of Tropical Medicine, Pembroke Place; Dr Uta Lehmann, Co-Principal Investigator, University of the Western Cape, South Africa; Mrs Janet Kathyola, Malawi Institute of Management.

The staffing of health services in sub-Saharan Africa is becoming increasingly challenging, because of severe losses due to migration, death or desertion. In some cases, fewer people are entering the health professions because of more attractive alternative professions or poor academic results from the pool of candidates. These factors are leading to serious maldistributions of staff—particularly among the more highly skilled. Remote rural areas are the
most underserved. This maldistribution further reduces access to health services, particularly among the poorest sections of society, thus contributing to inequity.

While there have been some successes in retaining staff in rural areas, it appears to require a large ongoing financial investment. For those governments that cannot afford this, it seems increasingly likely that they will have to rely on lower-qualified staff to provide services in remote rural areas. On which staffing groups should the government concentrate its investment?

The aim of this study is to identify the most suitable groups of health workers to be employed in remote rural areas. This will have direct relevance for the countries involved, and will also provide important evidence to feed into the wider international debate about the future of health service staff in sub-Saharan Africa and elsewhere.

Research will compare the following aspects for different staffing groups:

- availability, turnover and potential for improving retention
- level of contribution to health service provision
- support required to carry out the work.

WORKSHOP REPORT

User-driven health policy and systems research

The Alliance, in collaboration with the Department of Family and Community Health at the School of Medicine of Tufts University (USA/France), convened partners from 11 countries and six international agencies to present and discuss user liaison programmes and research-to-policy mechanisms across different development situations. The workshop was held at the Tufts European Center at the old priory of Talloires by Lake Annecy, France, on 18-20 September 2002. The workshop produced recommendations in three areas: the design of policies to support the research-to-policy process, learning and training in research-to-policy, and assessing the research-to-policy process.

The workshop report with four case studies of national and regional research-to-policy mechanisms will be posted on our Web site: http://www.alliance-hpsr.org.

The countries represented were Canada, the United Kingdom and the United States of America (high-income), Argentina, Colombia, Mexico and Thailand (middle-income) and the People’s Republic of China, Ghana, India and Uganda (lower-income).

The structure and functions of diverse research-to-policy mechanisms and institutions were identified and compared for North and South and internationally (Figure 1). The range of institutional models identified include units and programmes fully dedicated to research-to-policy activities, networks involved in research-to-policy as only one among several functions, and research or service institutions performing latent research-to-policy functions.

Figure 1 Research-to-policy functions performed by agencies or initiatives attending the workshop
The workshop discussed possible determinants of the effectiveness of the research-to-policy process, including resources available for brokering, the prestige of science, the advocacy and leadership of individuals, and experience in research and policy-making. The dissemination of research is also determined by the opportunities afforded by the policy process and by the contents of policy. For example, a more conceptual approach will be preferred in the case of high-level policy-making, while hard facts and detailed methodologies and proofs will be demanded by professionals involved in health care.

Policies to support the research-to-policy process

Bridging mechanisms are required to enable policy-makers, researchers and donors to make progress through timely and effective communication, as well as by strengthening their values and missions. The design of research-to-policy strategies should consider the following issues:

• research is a public good that provides the greatest benefit when it is freely available
• the research/policy divide is a virtue in itself, enabling objectivity and the tackling of a broad range of questions with a long-term perspective
• the information requirements of policy-makers and researchers do not necessarily coincide
• "donor-driven" research through commissioning is often seen as a sign of relevance in the North, yet in the South it is understood, at best, as the mere participation by researchers in projects formulated by Northern partners, and at worst as an imposition of research agendas
• donor-driven research in the South may lead to "parallel agendas", where national priorities get marginal funding and attention, while foreign agendas attract the most resources
• more research funding is made available if research is treated as an investment, driven by discovery and patenting, or closely tied to health-sector reforms and other major policy changes.

Learning and training for research-to-policy

Identifying and strengthening the capacity of knowledge managers and critical actors across the research-to-policy process is a high priority. Recommendations included the following:

• development and dissemination of a "toolkit" for practitioners, based on the existing training modules on "Health Research for Policy, Practice and Action"
• the creation and maintenance of a Web-based clearinghouse for information and interactive advice and assistance
• assistance for regional networks and other agencies to develop a strategic plan for capacity strengthening.

Research-to-policy interface

The development and strengthening of research-to-policy processes should be based as far as possible on a continuous assessment of context, actors and policy processes and content. If knowledge-brokering is to be convincing, it must demonstrate that its own approaches are solidly grounded and open to scientific scrutiny. A generic framework was proposed to identify research interfaces and mechanisms, as well as the indicators or measures at each step of the process. The following aspects were suggested in the assessment of the research-to-policy process:

• context in which actors and policies interact
• structure, ideology and organization of politics and policy-making
• political imperatives and the role of health in governance
• values of scientific traditions and other systems of knowledge
• values in agriculture, health, education and industry
• roles of the mass media and other forms of communication
• career paths of policy-makers and their relationship with academia and other communities
• incentives for using evidence for policy.

Workshop conclusions

Asking the right questions: Many countries now have processes in place to encourage researchers to ask productive questions — those that will help guide health policy and programmes. Further investment in these processes is required. Establishing research agendas requires the management of conflicts and diverging issues within the health, research and donor communities.

Assuring access to the answers: Researchers need to improve communication skills, and policy-makers and programme managers can be better equipped to...
The Alliance and its partners in the Collaborative Training Project (Council on Health Research for Development, Global Forum for Health Research and INCLEN Trust) have now launched version 1 of the Health Research for Policy, Action and Practice training modules. These materials aim to support the research-to-policy process through training in priority-setting, knowledge management and leadership. The modules are available on the Alliance Web site and on CD-ROM and will be tested by the Alliance in collaboration with regional networks through the training workshops announced in Newsletter No. 6.

TRAINING
Health research for policy, practice and action

The Alliance and its partners in the Collaborative Training Project (Council on Health Research for Development, Global Forum for Health Research and INCLEN Trust) have now launched version 1 of the Health Research for Policy, Action and Practice training modules. These materials aim to support the research-to-policy process through training in priority-setting, knowledge management and leadership. The modules are available on the Alliance Web site and on CD-ROM and will be tested by the Alliance in collaboration with regional networks through the training workshops announced in Newsletter No. 6.

OCCUPORTUNITIES FOR HPSR
Global Fund to Fight AIDS, Tuberculosis and Malaria

The Global Fund to Fight AIDS, Tuberculosis and Malaria, established in 2002, has pledges for over US$2 billion to fund country efforts to combat the targeted diseases. Country proposals may also “address system-wide/cross-cutting aspects of these diseases in ways that will contribute to strengthening health systems, depending on country realities and readiness”. While the Fund does not support basic research, operational research projects can be funded as part of proposals with a broader scope.

Proposals for funding from the Global Fund must be submitted through country coordinating mechanisms (CCMs), which are now in place in over 100 countries. CCMs could therefore be an effective mechanism to identify appropriate roles for operations research within country plans. According to the Fund: “The CCM is expected to be responsive and supportive of NGOs and other civil society actors wishing to be included in the Country Coordinated Proposal”. The Alliance would like to support partners in their efforts to include HPSR as an important element in the functioning of CCMs. These mechanisms could be valuable opportunities both for translating research into policy and for funding high-priority research.

For more information, see www.globalfundatm.org.

Alliance products in the triennium 2000-2002

Between 2000 and 2002 the Alliance undertook and supported analytical work and research on important aspects for the assessment and strengthening of capacity for HPSR. A total of 44 research projects were completed through two rounds of funding, while 32 more projects are in the pipeline. Working papers target the following topics:

1) HPSR capacity assessment and strengthening,
2) The international architecture of HPSR,
3) HPSR Management and 4) Research to Policy.

A catalogue of products has been published in print and on an interactive CD showing all publications, which can be ordered from the Alliance Secretariat (e-mail: alliancehpsr@who.int). The catalogue is also available on the Alliance Web site (www.alliance-hpsr.org).
### Tasks and products 2000-2002

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<th>TASK</th>
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| A. HPSR review           | HPSR priorities identified through survey of Alliance partners  
Web search engine developed to track HPSR literature and expertise |
| B. Capacity assessment   | Assessment of Alliance partner institutions: structure, institutional capacity, attainment of critical mass and process of knowledge production and engagement with stakeholders  
Projections of capacity for 649 HPSR producer institutions in the developing world  
Partner profiles and a benchmarking tool available on the Alliance Web site  
Case-studies to identify HPSR management innovations and research-to-policy issues including priority-setting, financial and institutional support and impact of HPSR  
Literature review of utilization of health research in policy-making highlighting concepts and reviewing methods of assessment |
| C. Capacity-strengthening | Support for four regional/large-country HPSR networks to strengthen networking capacity and support Alliance activities  
Consultation on capacity-strengthening organized with representatives from over 60 institutions worldwide  
Capacity-strengthening framework developed to identify a comprehensive set of strategies and costs as guidelines for Alliance partners  
Policy-maker demand for HPSR enhanced through discussion forum  
Training modules on Research for Policy, Action and Practice developed and published in version 1 form in collaboration with international partners |
| D. HPSR development      | Two rounds of research competitions launched, with 44 projects completed and 32 in the pipeline. Grants offered in two categories: Research-to-Policy, awarded to a team including policy-makers, and Young Researchers to encourage graduate students to engage with policy issues. Over 700 letters of intent received in both rounds. Grants averaged US$19,000 in the case of Research-to-Policy and US$9,000 in the case of Young Researchers. Selected researchers supported through a writing workshop to publish articles in special issue of international journal. Research priorities covered were:  
A. Impact of social policies against poverty and exclusion, and consequences of globalization  
B. Innovative approaches to health financing for the poor, with special emphasis on community financing  
C. National health accounts: country methodological developments  
D. Characteristics of the policy process  
E. Organization and performance of health systems, with special emphasis on decentralization  
F. Research on human resource development  
G. Research on road traffic injuries: policy development and implementation  
H. Scaling up malaria control and prevention: financing and health system strengthening  
I. Public-private mix in TB control |
| E. Dissemination and systematization | Six issues of Alliance Newsletter published in English, Spanish, French and Chinese, with a distribution of over 3,500 copies worldwide  
20 working papers published on capacity-strengthening, research-to-policy and international research architecture  
Book in press on the public-private mix in health systems, in collaboration with international partners  
Alliance Web site carries continuous updates on activities and benchmarking tools; working papers and newsletters available to download |
| F. Partnership development | Over 300 institutions registered as Alliance partners  
Partners are kept closely involved in Alliance activities through consultations, news, commissioning of analytical work and research competitions |
**World Health Report 2002: Reducing Risks, Promoting Healthy Life**

“The world is living dangerously – either because it has little choice, or because it is making the wrong choices.”

– Dr. Gro Harlem Brundtland

The World Health Report 2002: Reducing risks, promoting healthy life represents one of the largest research projects ever coordinated by WHO, according to the Organization. It measures the amount of disease burden, disability and death in the world today that can be attributed to some of the most important risks to human health. The report also calculates how much of this present burden could be avoided in the next couple of decades if the identified risk factors were reduced from now on.

The report defines health risks as: “a probability of an adverse outcome, or a factor that raises this probability”. The leading risk factors globally are shown in the figure below. Together, these factors account for more than one-third of all deaths worldwide. In other words, the report shows that a relatively small number of risks cause a huge number of premature deaths and account for a very large share of the global burden of disease.

This research, according to WHO, gives “an intriguing – and alarming – insight into current and important causes of disease and death and the factors underlying them”. Changes in human behaviour and in societies at large are responsible for a large impact on people’s health. For example, industrialized countries bear the burden of chronic diseases, whereas low-income countries mostly suffer from infectious diseases. However, the report stresses the double burden of disease emerging in those developing countries which are undergoing the transition to industrialization.

The report provides valuable information to identify priorities for further research. This should help governments to see the value of shifting their main focus from the minority of high-risk individuals towards preventive measures that can be applied to the whole population. This method appears to be the most cost-effective and to have the greatest potential impact.

The report’s recommendations include the following:

- governments and health ministries should play a stronger role in formulating risk-prevention policies, including support for scientific research, improved surveillance systems and better access to global information
- countries should give top priority to developing effective, committed policies for the prevention of major risks to health _ population-wide risk reduction should be emphasized in preference to the reduction of risk in a smaller number of high-risk individuals
- cost-effectiveness analyses should be used to identify high, medium and low priority interventions to prevent and reduce risks, with high priority given to those interventions that are cost-effective and affordable
- international and intersectoral collaboration should be strengthened to improve risk management and increase public awareness and understanding of risks to health

Global distribution of burden of disease attributable to 20 leading selected risk factors.
finally, a balance between government, community and individual action is necessary.

The report concludes that “most of the scientific and economic information is already available for policy decisions that could significantly improve global health”. What is now required is to develop this information to suit specific countries and situations and to translate it into a compelling tool for policy-making. HPSR and the work supported by the Alliance can facilitate concerted, government-led action to reduce risks and raise the healthy life expectancy of populations.

New Alliance staff

The Alliance Secretariat welcomes Patrick Unterlerchner and Gloria Kelly as professional and administrative assistant, respectively. Patrick replaces Alaka Singh, who after completing her term continues working with WHO. Patrick has a PhD in International Health from the University of Tokyo and has had management experience with international organizations.

New e-journal supports evidence-based health research

Health research policy and systems, a new BioMed Central peer-reviewed online journal, was launched in January 2003 to publish papers on all aspects of the role of evidence-based health research policy and health research systems. It will support the efficient utilization and application of knowledge to improve health and health equity, especially in developing countries. Health research policy and systems provides a much-needed focus on questions of research capacity, methods for institutional development and priority-setting, research-to-policy issues, etc. The first issue contains the Alliance partners’ assessment and a review of the research-to-health-policy literature, both articles supported by the Alliance. Partners are encouraged to use this journal and to post articles. The journal’s URL is: www.health-policy-systems.com.

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