

ALLIANCE FOR HEALTH POLICY AND SYSTEMS RESEARCH NEWSLETTER

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Editorial

The Alliance has been working hard on its new flagship publication, the Biennial Review of Health Policy and Systems Research, while continuing to support research and capacity strengthening in key areas. In this issue we announce the grantees in the third Research to Policy grants "Integrating and Scaling Up Priority Health Services" and present the positive outcome of the call for Young Researchers. The Alliance is also collaborating with WHO and the Global Forum for Health Research in the preparations for the Ministerial Summit on Health Research, to be held in Mexico in November of this year. The Biennial Review will be launched at this meeting and there are indications that HPSR will be a key topic. With the support of Alliance partners we are hoping to make a significant contribution to the identification of research priorities.

Progress with the Biennial Review of HPSR

A team of chapter co-ordinators and contributors has been assembled and two consultations have been undertaken to prepare the launch of this important product at the Ministerial Summit on Health Research. During Forum 7, held in Geneva last November, preliminary findings were presented and the final outline for the publication was developed. The

Review will provide a rationale for HPSR by considering the role it can play in strengthening policy and decision-making. The historical assessment of our field will highlight the fact that, in spite of significant growth, large gaps in our understanding of health systems, policies and interventions persist. Examples of how HPSR has influenced policy and practice will be highlighted as an effort to advocate for greater demand, funding and utilization. The mechanisms and processes whereby HPSR is or can be brought to bear on policy will be reviewed with examples from diverse countries and situations. Special attention will be given to the role of bilateral and multilateral institutions in the demand for and utilization of research.

Using bibliometric techniques, HPSR literature trends in the last ten years will be analysed and research gaps and imbalances will be identified. The state-of-the-art of research in specific areas will be reviewed, to include the expansion of private services, decentralization, social insurance, user fees, community health insurance, management reforms and accountability. With the support of a survey, the Review will also identify research priorities held by developing country research producer institutions, together with their actual project portfolio and their research capacity. ●



Researchers and policy makers launching the Alliance-IDRC Governance, Equity and Health initiative for Southern and Eastern Africa. Entebbe, Uganda, November 2003

Advocating For Health Policy and Systems

Ministerial Summit for Health Research and Forum 8, November 2004

WHO is organizing the Ministerial Summit on Health Research, to be held in Mexico City, 16 to 20 November, 2004. The Summit will be held back to back with the Global Forum's Forum 8. The main theme for both meetings will be the role of health research in achieving the Millennium Development Goals.

Health policy and systems research will have a prominent role in the context of scaling up of efforts against major diseases and child and maternal mortality. To this end, WHO recently established a task force to identify HPSR priorities as an effort to

advocate for major funding in this area. The Alliance for Health Policy and Systems Research will launch the first issue of its flagship publication, the Biennial HPSR Review, identifying policy and system issues, interfaces with research, developments in our field as well as the state-of-the-art in selected fields and capacity strengthening needs. We will be supporting the participation of Alliance partners in the research-policy making interface and we would like to hear of your interest in attending the meeting.

The Alliance is also collaborating in the identification of research prior-

ities among producer institutions in developing countries, for which a survey was launched covering over 1300 institutions. ●

Alliance partners are encouraged to attend Forum 8 and to follow the developments of the Ministerial Summit. We will notify you of the website address for further information as soon as it is available. Partners in the HPSR-policy making interface will be supported by the Alliance to attend Forum 8.

Forum 7

What can policy research contribute to better health?

The urgency of efforts to address specific health challenges often appear to compete with long-term development of financially and organizationally viable health systems. But this need not be the case: solving the major health problems of our time, in fact, requires attention to getting health systems to work, and work over the long haul. Health systems development, in turn, depends on a sound understanding of central policy questions. This was the message of Nancy Birdsall, President of the Center for Global Development and pioneering development economist, during her keynote address to Forum 7 in Geneva on December 4, 2003.

According to Birdsall, much attention is given to the promise of technologies on the horizon, but the challenges that bear down on us

reflect in large part our inability to fully and effectively deploy existing technologies. For example, oral rehydration therapy has been available at low cost for more than three decades, but more than 2 million children still die each year of diarrheal disease. Despite rapid progress in understanding of the proximate cause of infection, development of low-cost diagnostic technologies, and the much-reduced cost of anti-retroviral therapy, AIDS prevention efforts have a disappointing track record and ART benefits only 50,000 of the millions requiring treatment in sub-Saharan Africa. With respect to chronic disease, information and testing that ought to change behavior and reduce the incidence of chronic disease is cheap to disseminate. Yet smoking prevalence continues to rise in most poor countries, and



tobacco projected to account for twice as many deaths in 2020 as it does today.

The reasons for our collective failure to achieve optimal health

outcomes, despite the existence of good technologies, lies in chronic problems in health systems, including (but not limited to) weak governance and management; political and financial pressures that pull public resources into higher-level curative care; and financial and organization barriers to access for those most in need.

Just as targeted research is recognized as the cornerstone of future technologies, Birdsall argued, well-oriented policy research can lead the way toward solving some of these critical systemic problems. There is a broad agenda for useful policy research in global health, she said, and one way to organize it is around the problems to solve.

For example, in the case of preventable infectious diseases, the issue now is how to “scale-up” (to larger and poorer populations within the same country) and “scale-over” (to other countries) the combination of managerial and organizational factors that have worked in some poor countries to make the most of existing technologies and interventions. Systematic study of the problems of patronage and petty corruption in the health system, staff absenteeism, lack of incentives for dispersed health workers, problems with procurement and distribution of medicines – research that exploits the variation in civil service systems, pay scales, role of the private sector and so on – will generate ideas about how to effectively address problems where they exist.

In the case of the challenge of the AIDS pandemic, there is a pressing need to learn about health system behavior. Is delivery of antiretrovirals and treatment for opportunistic infections contributing to an overall strengthening of the health system? Or are the financial and other demands weakening other parts of the system? These questions can be studied now, and can be the basis for on-going policy research as international agencies

PRN Core Institutions

Center for Global Development
 Centre for Health Policy, University of Witwatersrand
 Chulalongkorn University
 Columbia University
 FUNSALUD
 Institute for Economic Growth
 Institute of Policy Studies
 Kennedy School of Government, Harvard University
 London School of Economics
 London School of Hygiene and Tropical Medicine
 Rand
 Stanford University
 University of Toronto
 Wharton School, University of Pennsylvania

and developing country governments expand AIDS programs.

A third contemporary challenge – preventing chronic disease – requires changing behaviors of patients and providers, as well as affecting the practices of tobacco, food and other industries. Health systems in developing countries heavily committed to delivering curative health care must adapt to the new demands of public education campaigns to change behavior and accompanying regulatory arrangements.

Prevention and management of chronic diseases also requires that both public and private health services work reasonably well and not create unreasonable financial risks, especially for the poor. Diabetes, cancer, heart disease, mental illness all require predictable interactions between health care providers and patients, and availability at reasonable cost to patients of critical medicines. We need to better understand the relative effectiveness and costs of various financing and management approaches to provision of health insurance in poor countries.

These issues and others are the focus of the work of the Global Health Policy Research Network (PRN), which was launched in January 2003 under the leadership of the

Center for Global Development, an independent, nonprofit research institute headed by Birdsall that focuses on how the policies of the US and other rich countries affect the prospects for development in poor countries. Supported by the Bill and Melinda Gates Foundation, the network brings together leading experts in public health, economics and other social science and technical fields to develop original, focused research on high-priority global health policy issues.

The network currently includes 14 universities and research institutions from eight countries (see box), encompassing approximately 80 researchers. The institutional members contribute to setting research priorities and prepare commissioned papers. In addition, the PRN currently has two active working groups. The first, the “What Works?” Working Group, will publish a report in a few months that documents 20 large-scale, sustained, high impact “successes” in global health. The “Pull Mechanisms” Working Group has developed a proposal for the basic parameters of a contractual arrangement that would seek to induce greater private investment in R&D by reducing some of the market risks for a future vaccine product.

For more information about the PRN, see www.cgdev.org. ●

RESEARCH TO POLICY GRANTS

Scaling-Up Priority Health Services

The Alliance announced the awards for the latest Research to Policy Grants in Issue No. 8. Table 1 presents the winning proposals in this high priority area. Funding averaged US\$ 21,200 and results are expected for Spring 2005.

PI	Institution	Title	Country	e-mail
Jean-Claude MBANYA	Health of Population in Transition (HoPIT) Research Group	A survey of the prevention and control of hypertension and its risk factors in an Urban Health District in Cameroon	Cameroon	jean-claude.mbanya@camnet.cm
Changhai YUAN	Centre of Health Management and Policy Research, Shandong University	Constraints to scaling up quality sexual transmitted disease service by rural patients and overcoming measures	China PR	yuanch@sdu.edu.cn
Mauka DJIBUTI	Department of Epidemiology and Public Health, State Medical Academy	Challenges confronting public health system in Georgia - a focus on human resource development	Georgia	djibuti_13@yahoo.com
Rajesh MEHTA	Medical College and Safdarjang Hospital	Impact of Orientation to IMCI Algorithm on Childcare Practices of Private Practitioners in Delhi	India	vibham@hotmail.com
TIN-OO	Parasitology Research Division, Department of Medical Research	Intensifying health promotion in malaria: options for social movement in endemic areas of Myanmar	Myanmar	dmrlowerm@mptmail.net.mm
Elvis SHU	College of Medicine, University of Nigeria	Scaling up of intermittent preventive treatment of malaria in pregnancy in Southeast Nigeria: Biomedical and policy assessment.	Nigeria	enshu1@yahoo.com
Miguel JARAMILLO	Group of Analysis for Development	Assessing non-economic barriers in access to health services among Peruvian mothers and infants.	Peru	mjaramillo@grade.org.pe
Magdalena CABARABAN	Research Institute for Mindanao Culture, Xavier University	Priority Disease Control Programmes: Who Decides? Who Implements? Who Benefits?	Philippines	maggiec@mozcom.com
Thandi PUOANE	School of Public Health, University of the Western Cape	Improving the quality of care of severely malnourished children in rural district hospitals in the Eastern Cape Province, South Africa	South Africa	tpuoane@uwc.ac.za
Edina SINANOVIC	Department of Public Health and Family Medicine, University of Cape Town	Scaling up different public-private partnership models of TB intervention in South Africa	South Africa	edina@heu.uct.ac.za
Daudi SIMBA	College of Health Sciences, Muhimbili University	A study on the impact of scaling up PMTCT on the magnitude of health staff workload in Tanzanian health facilities. A cross-sectional descriptive study	Tanzania	daudisimba@yahoo.com
Kittikorn NILMANAT	Faculty of Nursing, Prince of Songkla University	Managing system for better HIV/AIDS home care: A case study of HIV/AIDS home care services in Southern Thailand	Thailand	nkittiko@ratree.psu.ac.th
Richard Odoi ADOME	Faculty of Medicine, Makerere University	Enhancing implementation of the prevention of malaria in pregnancy strategy in private sector healthcare in Uganda in a decentralised environment	Uganda	shurik@lotus.co.ug
Sam OKUONZI	Health Policy Analysis Unit, Ministry of Health	An assessment of the effectiveness of Health Policy Development and Implementation in Uganda.	Uganda	sokuonzi@infocom.co.ug
Godfrey WOELK	Department of Community Medicine, University of Zimbabwe	Barriers and facilitators affecting the controlled trials into health care policy and practice in low and middle-income countries.	Zimbabwe	gwoelk@medsch.uz.ac.zw
Eric AMUAH	Health Research Unit, Ghana Health Service	Priority setting in developing country healthcare institutions: capturing and sharing experiences	Ghana, India & South Africa	e_amuah@yahoo.com
Freckson ROPI	The Zimbabwe Association of Church-Related Hospitals	Baseline information on scaling up access to Antiretroviral Therapy in mission hospitals in Zimbabwe	Zimbabwe	ftropi@hotmail.com

Priority Setting

A framework to understand and develop the health policy and systems research portfolio and priorities

International agencies and countries have made a qualitative leap in the funding of activities addressing global disease challenges. The Global Fund to Fight AIDS, TB and Malaria is planning to increase its spending from US\$1.6 billion to US\$ 3.6 billion in 2005. The United States Government will be spending up to US\$ 2.7 billion [1], mostly through its own aid infrastructure. Yet this funding is not enough to meet needs and there is pressure to increase it. In the context of increased and multiple sources of funding, the strengthening of health systems has become a critical issue. Research can play a major role in identifying the best policies to channel such massive efforts, to ensure that vertical approaches do not fragment fragile health systems, and to monitor and evaluate progress.

How ready are we to face the challenge of scaling up in developing countries? How well suited is the research portfolio and the agenda for its development? To support discussion of these topics at the Ministerial Summit a conceptual framework is proposed here.

Priority setting efforts are often bogged down because of inadequate methods of categorization of the research that is undertaken and the influences shaping it. These influences, in turn, are often not adequately understood, including the nature and role of priorities. The conceptual framework proposed here strives to offer some simple definitions of the research portfolio and its various influences, as well as indicators to measure and relate these concepts.

The nature of overall health research has been defined in terms of basic, applied and strategic research. These categories are useful to guide investment decisions which might maximize benefit [2, 3]. However, within the field of health policy and systems research, little effort has been given to the classification of what is

studied. Before priorities can be identified, it is important to be able to agree on what is studied through an analysis of the dimensions that characterize the object of research. Furthermore, it is important to establish the distinction between the object of the research and the factors shaping this choice at various levels.

The HPSR portfolio. To identify the object of research the concept of the research portfolio can be useful. The HPSR portfolio can be defined as the current set of research projects on health system structures, functions, processes and results at national, international and global levels. Projects, as distinct from plans or priorities, would include the commitment of resources towards a specific, time-bound aim and set of objectives.

It has been proposed that the research portfolio should be analyzed along three dimensions of strategic importance: where to make investments, that is, the identification of the object of research or thematic areas in which investments are made; the type of investment research and development (R & D) instrument used and the resources spent through each area and type of instrument [3]. While our contribution aims to develop the first dimension, it is useful to expand on the other two to understand their interrelations.

The Ad Hoc Committee on Health Research proposed three types of R & D instruments: discovery oriented research to develop new health products and interventions; innovation research to adapt efficacious but unaffordable interventions to make them cost-effective, and implementation R & D to achieve greater efficiency in the use of existing interventions [2]. Harrison argued for the need to consider a fourth instrument, of equity R & D to ensure that the research portfolio responds to the poor and the underlying health problems in developing countries.

With regard to funding, there is a need to consider not only investments, but also funding sources and mechanisms. Four broad types of sources can be recognized: bilateral and multilateral donors, governments, private sector, and funding through resources available to research institutions as part of their budgets. Each will have different implications for the kind of knowledge produced and for its possible influence on the health system [4]. This subject has been explored for Alliance partners in developing countries, identifying the amounts and sources of funding for their research portfolio [5].

Turning our attention now to the object of research, it is useful first to recognize the many dimensions along which HPSR could be classified. The Alliance identified 17 overarching concepts under which the research literature for developing countries could be classified [6]. This analysis revealed a complex heterogeneity along which researchers classify their research, which is not surprising in an interdisciplinary field. However, five overarching dimensions were recognizable:

- [1] concepts reflecting the health system, such as policy and financial structures, regulatory functions, processes such as technology evaluation and quality monitoring, and results such as satisfaction and health gain
- [2] the levels of the health system, such as the households and the community, first level facilities and hospitals
- [3] the issues or problems pertaining to the health system such as priorities, equity and the public private mix
- [4] the populations addressed by the system, such as children, mothers and the elderly, or rural and urban populations
- [5] the health needs addressed, whether in terms of risks or disease

While these dimensions are useful to characterize the research portfolio, it is clear that there will be overlaps; for example, equity is both an issue and an attribute of the health system, particularly if it has been integrated in monitoring and regulation. In order to make use of these dimensions it is proposed to consider as the project topic the first dimension of concepts, pertaining to health system structures, functions, processes and results. The topic could then be classified following normative or theoretical frameworks or by using the categories researchers apply in their own research. The other four dimensions can be used to qualify the research topic so as to provide a more detailed description. These four dimensions could be selectively used or aggregated to facilitate description according to the needs at hand.

Analysis of portfolio characteristics. Each of the five project dimensions can be analyzed in terms of the **range** of items considered. The **ranking** and **emphasis** of each item can also be revealed by analyzing its frequency. A research portfolio at any level can be very focused and comprise a narrow set of topics. Or it can be wide-ranging across many health system functions, structures, processes and results. It has been argued that research portfolios should be more focused on improving immediate health problems through operations research in low income countries, where funding and human resources are very limited [3]. However, the challenges of scaling up disease control programs call for research at the health systems level also.

The level at which the portfolio is analyzed is important, as it will have different characteristics and uses. At **national** level, the HPSR portfolio would be the set of projects addressing health and health system problems within the confines of national borders and governmental authority as well as sector-wide and inter-sectoral issues. Examples would be the impact on equity of decentralization policies, or the roles played by conflicting policy actors in scaling up of services. The **international** research portfolio would be topic areas which are common across a number of countries or regions. Identification of the international portfolio could

serve, among other purposes, to fund research at regional or international levels, to strengthen the critical mass of research available to inform country policy making and lesson learning across countries, and to extend the range of methodological approaches through comparative research [7]. The HPSR portfolio at **global** level refers to research themes and projects that are, by their very nature, supra-national. This would involve, for example, international financing of immunization efforts, intellectual property rights in health research, and development of international disease control measures.

The HPSR agendas. The HPSR portfolio at any level is influenced by factors within and outside the research system [8]. Within the research system the following factors can be identified: research capacity; research trends and preferences expressed by researchers and research institutions; research funding and market opportunities; and research preferences voiced by policy makers, service managers and public opinion. Outside the health system the broad factors shaping the portfolio are the health conditions and health system problems as well as the cultural, economic and political context. As a whole, these factors shape actor-specific research agendas that express ethical, professional and political values and that influence the allocation of scarce resources towards alternative project portfolios.

It is clear that if actor agendas have few areas in common there will be no consensus and therefore no overall priorities. Significant overlap of interest, on the other hand, can lead to the identification and formulation of shared research priorities. Research priorities are therefore defined as the explicit areas of agreement on, and ranking of, the object of research across diverse actor agendas. Priorities can then become policy instruments to coordinate diverse agendas towards a common end without forcing a single research agenda.

The characteristics of agendas and of priorities can be identified through the same kinds of dimensions and indicators as the research portfolio. That is, preferences can be classified in terms of topics, issues or beneficiaries, and health problems. The char-

acteristics of the HPSR agendas and priorities can also be studied in terms of the range of topics, issues, levels, populations and health problems. They can also be ranked and their emphasis revealed by frequency analysis. In this way, the agendas can be compared across themselves, priorities can be identified as common topics and issues and with similar ranking and emphasis, and the influence of agendas and priorities on the actual research portfolio can be assessed.

Priority setting through agenda co-ordination. It has been argued that co-ordination of the various influences shaping the HPSR portfolio can increase the impact of research on equity and can contribute to its strategic role for development [9]. Co-ordination would involve developing a consensus of researcher, policy maker and investor agendas. Such a consensus should ideally result in a highly coherent set of topics across the various actors' research agendas and, eventually, a high degree of correspondence between agendas and the research portfolio.

HPSR portfolio change through co-ordination is likely to involve a gradual process of adjustment to new priorities, project completions, maturation of research capacity and funding opportunities. Coordination requires interfaces and mechanisms such as Research Forums¹ and Essential National Health Research Mechanisms [10] to develop a consensus while allowing, and even encouraging, critical differences.

In sum, the HPSR portfolio can encompass a differing range of topics with diverse rankings and emphases; can be more or less coherent with respect to researcher, funding and policy maker agendas; and can be more or less co-ordinated along a set of shared priorities. The interplay of these dimensions can give rise to a number of scenarios, of which three are here illustrated.

- (a) Co-ordination could lead to focusing the HPSR portfolio on a few, highly cost-effective topics in a situation of few resources and well

¹ See for example the case of the Tanzania National Health Research Forum co-ordinated by the National Institute for Medical Research

identified, high priority needs. There would be, eventually, a high degree of coherence across the portfolio and agendas held by various actors. The risks here would be lack of diversity to foster innovation and healthy criticism.

- (b) In a situation of plentiful resources the research portfolio and its driving agendas could be wide-ranging and have little overlap. Specific portfolio segments would correspond with particular agendas, thus satisfying multiple interests. However, co-ordination through overarching mechanisms could ensure integration of knowledge around high level priorities. In this manner a unified, although highly diverse, HPSR field of enquiry would be obtained.
- (c) In a situation of lack of coordinating mechanisms, with low resources, the portfolio could focus on a reduced set of topics, each satisfying a particular agenda and thus fragmenting resources and hindering support to health system development. If resources are more plentiful, lack of coordination could lead to a rich but highly dispersed and inefficient

research portfolio with little impact on development.

Irrespective of the availability of resources, co-ordinating mechanisms are likely to be important to ensure an efficient use of research resources.

The Alliance is now analysing survey results with this analytical framework in order to contribute to identifying the international agenda.

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New Impact of Research on Policy Area on the Alliance Website

As reported in the last issue of the Alliance Newsletter, a significant effort has been made to develop a new area on the Alliance website covering the impact of research on policy. The section opens at <http://64.14.22.178/aspfiles/production/rtophomems.asp>. The core of this new area is a state-of-the-art Evidence Base.

Readers who tend to take such expressions as “state of the art” with a pinch of salt should take a look at the concept-based searching facilities provided on this site.

Concept-based search technologies work by identifying the concepts in a text and searching for those. For example, the text may include a phrase about a “woman with her child”, without using the word “mother”. Concept based search technology is able to

extract the concept “mother” from the words “a woman with her child”. This is done in different ways by different software. Some extract concepts by using a thesaurus to link terms to concepts (e.g., the Collexis software used on the Alliance website), probability techniques to count frequencies of association of similar terms (e.g., Autonomy) or semantic methods to analyse patterns of word use (e.g., Semio). Such technologies are much more powerful in finding and matching texts than the older keyword-based search technologies.

As indicated in the illustration (see over), there are three distinct ways users can search for information – 1) by using pre-set searches based on our taxonomy of HPSR, 2) by typing in terms (which are then expanded and

converted into thesaurus concepts in an intermediate step), or 3) by simply pasting in free text – an abstract of a paper you are writing, your biography, whatever.

Apart from concept-based searching through an ever-growing resource base (and partners are warmly invited to upload their content to the site), the new area is designed to serve as a platform for interactive initiatives. We aim to start an e-mail list, and invite partners to suggest priority topics for discussion in a series of online conferences this year, as a way to develop and harvest evidence and as a build-up to the Mexico Summit.

So do pay a visit to the site, and let us know what you think. We want this to be your resource. ●

Step 2: You can search in 3 different ways: 1) pre-set search 2) keyword search 3) full text search

Pre-set search
These find the most relevant documents on any of the principal areas of health systems and policy research and on issues relating to research to policy and practice currently available in our databases. If you want a definition, [Click on the topic](#). To carry out the search, click on an orange arrow.

- ▶ Health care policy
- ▶ Economic growth & health
- ▶ Socio-economic issues & health
- ▶ Financing
- ▶ Contracting of services
- ▶ Health insurance
- ▶ Resources
- ▶ Health services research
- ▶ Disease management control

Keyword search
This kind of search allows you to enter any word in English, French or Spanish (please use accents as appropriate). When you click "Submit to find terms", the first result will be an expansion of your word to other related terms.

Enter keyword (one)

▶ Submit to find terms

Full text search
Type or paste a text that represents what you are looking for (max. 5,000 char.). To find **every** concept in your result list, click the first radio button below (fewer hits). To include a **proportion** of the concepts only, click the second radio button (more hits). Then click "Search".

Enter text

Match all the concepts found (short input)

Match any of the concepts found (pasting text; natural language)

▶ Search

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THE ALLIANCE FOR HEALTH AND POLICY SYSTEMS RESEARCH

Promoting policy research for health systems development

Health policy and systems research is defined broadly as the production of new knowledge and applications to improve how societies organize themselves to achieve health goals, including how they plan, manage and finance activities to improve health, as well as the roles, perspectives and interests of different actors in this effort.

The Alliance aims to promote the generation, dissemination and use of knowledge for enhancing health system performance. Its objectives are

to 1) stimulate the generation and synthesis of knowledge, encompassing evidence, tools and methods, 2) facilitate the development of capacity for the generation, dissemination and use of knowledge among researchers, policy makers and other stakeholders, and 3) promote the dissemination and use of knowledge to improve the performance of health systems.

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SIDA-SAREC, the World Bank, the Department for International Development of the United Kingdom (DFID), the United States Agency for Healthcare Research and Quality (AHRQ), and the International Development and Research Center of Canada, (IDRC).

The Alliance currently comprises some 340 institutional partners using, producing or supporting health policy and systems research activities in any capacity. The Alliance Secretariat is based at WHO, Geneva.

THE BOARD

An initiative of the
Global Forum for Health Research
in collaboration with the
World Health Organization

Miguel A. González-Block
Manager for activities within WHO
World Health Organization
1211 Geneva 27, Switzerland
Tel: (+41 22) 791 2840
Fax: (+41 22) 791 4328
E-mail: alliancehpsr@who.int

Anne Mills, Chair
London School of Hygiene and Tropical Medicine,
England

Sanguan Nitayarumphong, Vice-Chair
Ministry of Health, Thailand

Enis Baris
World Bank

Barbro Carlsson
SIDA/SAREC

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Global Forum for Health Research

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Department of Health, South Africa

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John-Arne Røttingen
Institute of Basic Medical Sciences, Oslo

Don de Savigny
Swiss Tropical Institute, Switzerland

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National Public Health Research Institute, Mali

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