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Alliance HPSR Bulletin Board



Alliance
for Health Policy
and Systems Research



World Health Organization

From Mexico to Mali: The Bamako Ministerial Forum on Health Research

Building upon the Ministerial Summit on Health Research held in Mexico in 2004 and on the findings of the Task Force on Health Systems Research Report, World Health Assembly Resolution 58.34 called for:

"The global scientific community, international partners, the private sector, civil society, and other relevant stakeholders, as appropriate:

- to provide support for a substantive and sustainable programme of health-systems research aligned with priority country needs and aimed at achieving the internationally agreed health-related development goals, including those contained in the United Nations Millennium Declaration;
- to strengthen or establish the transfer of knowledge in order to communicate, improve access to, and promote use of, reliable, relevant, unbiased, and timely health information."

It is four years since the last major international meeting on health research, the Mexico Ministerial Summit, and world leaders in health research are now preparing to meet again in Bamako, Mali 17-20th November.



Participants from the Stock Taking Meeting, Nyon, May 2008

From the perspective of the Alliance for Health Policy and Systems Research, the Mexico meeting marked a watershed. Three main messages emanated from the meeting - two of which (see box) concerned issues core to the mission and objectives of the Alliance (the third main message focused on transparency and accountability in research). In preparation for the Bamako Ministerial Forum on Health Research, the Alliance, together with the International Development Research Center (IDRC) of Canada, hosted a meeting in Nyon, Switzerland. More than 40 researchers from 28 countries, both in the South and the North, who have a particular interest in health policy and systems research (HPSR) and the application of evidence to health policy, gathered to:

- critically assess developments in HPSR in low and middle income countries and its application to policy since the Mexico Summit, 2004;
- highlight current gaps, priorities and challenges in the HPSR field that need to be addressed;
- discuss and agree how best to move forward the HPSR field.

During the two-day meeting, participants reviewed evidence about the evolution of the HPSR field and debated emerging needs, with a view to informing both discussions at Bamako, and further action by the institutions sponsoring and participating in the meeting and other key stakeholders including national governments, and research and development funders.

Some significant changes have taken place since Mexico. For example, health systems are increasingly recognized as critical to the delivery of priority interventions, as reflected in new funding streams from the GAVI Alliance and the Global Fund to fight AIDS, Tuberculosis and Malaria.

Slowly, the interest in health systems is translating into increased research funding for health systems. However it seems that only a limited amount of these new resources for HPSR have yet trickled down to low and middle income country institutions.

With respect to knowledge transfer, we are aware of a growing number of small scale initiatives to promote country level knowledge translation mechanisms, and indeed the Alliance has supported some of these. But the Nyon meeting called for the scale up of investment in this field to enable it to move beyond the "proof of concept" stage and into implementation proper. Perhaps the strongest message that came from the Nyon meeting was the need to focus on country capacities and the critical role that national leadership can and should play in developing a vision for health research, including HPSR, and ensuring that research funders align behind country priorities. In many contexts capacity for HPSR is so weak, that a sustained programme of capacity development activities is required, involving individual and organizational support, so as to establish a critical mass of HPSR capacity.

Welcome to three new Board members

Three new Board members will be joining the Alliance Board in October. We are delighted to welcome:

- **Jonathon Broomberg** - Jonathon is a medical doctor and health economist. He has spent many years working as a health researcher and consultant in South Africa (his native country) and elsewhere in Africa and Eastern Europe. Jonathon is currently the General Manager of Discovery Health, a South African company that offers both health insurance and other health services and he was formerly the chair of the Global Fund's Technical Review Panel.
- **Somsak Chunharas** - Somsak is a medical doctor with an MPH from the Royal Tropical Institute, Amsterdam. He is currently the Secretary General of the Thai National Health Foundation, an NGO with a mission to promote knowledge-based health systems. He has worked as a consultant to many international organizations and is also an advisor to the Thai Ministry of Public Health, and is a member of WHO's Advisory Committee on Health Research.
- **Sania Nishtar** - is a cardiologist from Pakistan with a PhD from King's College London. She is the Founding President of Heartfile, a non-government think tank that has provided influential advice on health sector reforms in Pakistan. She has a particular interest in issues of governance, public/private relations in the health sector, and health system responses to the burden of non-communicable diseases.

The themes, and likely conclusions from Bamako have inevitably moved on since Mexico: Bamako will have a stronger focus on learning from across different sectors, and the role of social determinants in affecting health outcomes. The themes of research governance and accountability will also be addressed. These are all important issues. However perhaps equally important is the accountability for action in the wake of such global meetings. Such global events are resource and labor intensive, requiring years of planning and coordination. Yet it is clear that the recommendations from the Mexico Summit have only partially been achieved, and remain highly pertinent. Momentum towards their achievement must be accelerated through the Mali Ministerial Forum and beyond. Let's not live by J.K. Galbraith's dictum that meetings are "indispensable when you don't want to do anything". ■

More information about the Alliance HPSR stocktaking meeting, including the meeting statement, report and presentations can be found at: www.who.int/alliance-hpsr/stocktaking/en/index.html
More information about the Bamako Forum is at: www.bamako2008.org/

The November edition of RealHealthNews carries an interview with Sania Nishtar, excerpts of which are re-printed below.



Dr Sania Nishtar, Alliance HPSR Board member, Founder and President Heartfile, Islamabad, Pakistan

SN: I started my career as a cardiologist and whilst I was a practising cardiologist, I established Heartfile as an NGO in 1999; its initial objectives were to create awareness about heart disease prevention and control. Subsequently, in the wake of the epidemiological transition, I realized that Pakistan, as a country needed to do something more at a structural level to address the escalating burden of cardiovascular and other non-communicable diseases (NCDs). I started advocating to the government and set up pilot projects to explore and demonstrate how NCDs could be integrated into public health planning. In 2003, I reached an agreement with the government through a memorandum of understanding and spent the next year writing the National Plan of Action for

Non-Communicable Disease prevention, Control and Health Promotion in Pakistan and galvanized a movement to get a national consensus on the strategy. Through this, the spectrum of my work broadened from heart to non-communicable diseases, because clearly as you would know, they need to be addressed together within a common public health framework. Once we started implementing the program, I realised that the actual problem with public health programs lies at the level of health systems and broader processes of the state. This realization was a turning point in my career as that is how I got interested in health systems, the social sector and overarching processes of the state. One of the things I did afterwards was to write the Gateway papers; these got the government and other stakeholders to think in a very new way about reforming the health system. Some of my work became the basis of agreements with the government through which I contributed time and developed frameworks for new policies.

RW: Tell me about the gateway papers.

SN: I use 'Gateway' as a connotation for publications in a monograph form to denote that we are trying to drive change from outside of the 'gates' of the formal state system and in my capacity as a member of the civil society. Performing an analytical role in the health policy and systems sphere as a civil society entity is challenging given that on the one hand you want to handhold and technically assist any government in office in larger public interest, but on the other hand you also want to play the role of a watchdog and a catalyst for change. I value our role as an honest broker and the term Gateway is meant to signify an arms-length relationship with the government. ■

Extracted from a full length interview to appear in RealthHealthNews n°10 (www.realhealthnews.net) at the Global Ministerial Forum on Research for Health at Bamako, Mali, 17th to 19th November 2008.

Read on: Heartfile - the Gateway Series of Publications
www.heartfile.org/gateway.htm

Identifying priority research questions: priorities emerging

In the last Alliance HPSR Newsletter, we described a program of work, led by the Alliance, which aims to identify high priority health systems research questions in three thematic areas - human resources for health (HRH), health systems financing (HSF), and the role of the non-state sector - and to communicate the importance of these issues to research funders.

Research priorities - identified through interviews with key informants across 24 countries and overviews of systematic literature reviews - for two of the thematic areas, HRH and HSF, were ranked at workshops that brought together experts in the corresponding field. The top-ranked, tractable HRH and HSF research questions are presented below. Additional information can be found at the Alliance website.

The top-ranked, tractable HRH and HSF research questions

Human resources for health	Health systems financing
1. How can financial and non-financial incentives be used to attract and retain health workers to under-served areas?	1. How do we develop and implement universal financial protection?
2. Should dual practice (i.e. simultaneous practice in both the public and the private sectors) be regulated, and if so, how?	2. What are the pros and cons of the different ways of identifying the poor?
3. How can financial and non-financial incentives be used to optimize health worker performance?	3. To what extent do health benefits reach the poor?
4. What policy mechanisms can be used to improve the distribution and retention of health workers?	4. What are the pros and cons of implementing demand-side subsidies?
5. What can be done to mitigate problems of out-migration of health workers?	5. What is the equity impact of social health insurance and how can it be improved?

A preliminary list of non-state sector research priorities are to be ranked at a meeting on the 10th of October, 2008, Bellagio, Italy. This workshop is being co-hosted by the Alliance and WHO's Department for Health System Governance and Service Delivery (HDS).

As well, the Alliance has recently commissioned work to identify gaps in three, relatively neglected, research areas. These reviews (listed in the following table) will be published as Alliance Briefing Notes in the near future. ■

Title	Author
Health Systems and Policy Research in Fragile States	Olga Bornemisza
Governance and accountability	Rene Loewenson
Health information systems	Carla AbouZahr

Workshop for Ranking HPSR Priorities in the Middle East and North Africa Region

A regional consensus meeting was held in Beirut on July 3rd and 4th 2008 to validate and rank research priorities related to health financing, human resources for health and the role of the non-state sector. The objectives of this workshop were to: (1) validate the common list of research priorities related to health financing, human resources for health and the role of the non-state sector that emerged from the nine selected countries within the region; (2) identify the most important research priorities on the 3 themes in the Middle East and North Africa (MENA) region; and (3) reach a consensus among researchers, policy makers and other stakeholders on a policy relevant research agenda for the region.



Workshop participants, Beirut, July 2008

This was the culmination of a priority setting exercise undertaken in 9 Low and Middle Income countries in the Middle East and North Africa Region in collaboration with the MENA Health Policy Forum. This study is jointly funded by the Alliance for Health Policy and Systems Research and the International Development Research Centre, Canada. The nine countries included in the study are: Algeria, Egypt, Jordan, Lebanon, Morocco, Palestine, Syria, Tunisia and Yemen. Work in these countries identified policy concerns as perceived by policy makers, researchers and academics, health professional groups, non-governmental organizations.

The two-day workshop was attended by 30 participants representing policy makers, researchers and representatives of the non-state sector from the 9 study countries. The participants validated and ranked a common list of research priorities related to the above referenced themes (see table). Also, participants identified policy relevant research questions that should be addressed within the coming 1 to 3 years in the MENA region. Participants acknowledged that this workshop was the first opportunity for policy makers to meet with researchers and representatives of the non-state sector to discuss health system issues and to identify policy relevant research questions. An additional outcome of the workshop was the formation of a policy and research network. Workshop participants recommended the following:

1. **Sustain the policy and research network** that has been developed in the region and develop terms of reference and seek funding for sustaining this network;
2. **Develop country-specific briefs** on policy challenges and research priorities related to the three themes;
3. **Develop three policy briefs** on regional priority research questions, one brief for each theme;
4. **Prepare and submit manuscripts** for publication in open-access journals and disseminate findings in regional and international conferences;
5. **Identify additional themes** pertaining to the nine study countries;
6. **Develop a synthesis report** that summarizes study methodology, key findings and lessons learnt.
7. **Strengthen the priority setting exercise** to include other countries in the MENA region and to cover more thematic areas than the ones that were investigated;
8. **Develop joint proposals** based on the research priorities and questions that emerged from the workshop and seek funding for these proposals;
9. **Seek funding** to conduct country specific workshops to ensure that the research priorities generated from this work are integrated into current and future strategic plans of Ministries of Health in the study countries. ■

For more information contact: Fadi El Jardali, American University, Beirut.
Email: fe08@aub.edu.lb

Priority Research Issues in the Middle East and North Africa Region

Health Financing	Human Resources for Health	Role of the Non-State Sector
Elements of an equitable health financing system	Means to develop HRH information systems in ministries of health and national observatories	Ways to regulate and monitor the quality of care in the private sector
Household ability to pay for health care	Gaps in existing education and training programs	Ways to optimize the use of the existing resources of the Non-state sector to meet health system objectives
Linking population health needs to health spending	Information on patient satisfaction	Ways for the public and private sector to complement their service delivery
Role of the social health insurance system in guaranteeing equity	Accurate estimates and needs in HRH numbers and specialties (mapping)	Areas where the state and civil society groups can complement each other
Identifying best practices to develop and implement a national social health insurance system	Ways that can enable education and training programs to meet population health needs	National database on the non-state sector

Enhancing policy maker capacity to use evidence: Miami Meeting

Earlier this year the Alliance HPSR awarded start up grants to four teams in middle-income countries to further develop their proposals regarding innovative strategies to enhance policy maker capacity to use evidence. The four teams, from Argentina, Colombia, Georgia and Mexico met in Miami in September to discuss and refine their emerging proposals, and work together on developing an evaluation plan.



Participants, Miami Meeting, September 2008

There is a broad range of interventions being considered by the different teams. Both Colombia and Mexico are planning training programmes for policy makers and civil society representatives in knowledge transfer. The Colombian team, intends to pursue its ideas through an innovative programme of internships that enable young researchers to spend time in research environments. Both Mexico and Colombia are exploring the feasibility of developing their programmes into diploma courses on knowledge transfer.

In Georgia, the focus is rather different. The team there will work primarily with civil society organizations, both providing individual training and organizational support to enable these organizations to make their advocacy work more evidence-based. The approach adopted by the Argentinean team is different again: they wish to test the effectiveness of role plays (with policy makers and researchers) as a tool to bring about cognitive (and hence behavioural) change among policy makers and researchers in terms of evidence use. All four teams see the strengthening of networks among policy makers and researchers as being an important outcome of their initiative.

In many respects the Canadian Health Services Research Foundation (CHSRF) has led the way in terms of innovative strategies to promote policy maker use of evidence. For example the Foundation runs the Executive Training for Research Application (EXTRA) programme. The Alliance was lucky enough to be joined in Miami by David Clements the Vice President for Knowledge Exchange at CHSRF and Francois Champagne, faculty at the University of Montreal and a technical officer of the Foundation. Their presence supported discussion amongst the teams of application of the Foundation's Policy Maker Self-assessment tool, and we were able to learn much from Professor Champagne regarding evaluation of the strategies to be implemented.

A further call for proposals on this topic will be launched in October, by the Alliance in collaboration with the Wellcome Trust (see Box). ■

New Call for Proposals

"Enhancing capacity to apply research evidence in policy making"

The Wellcome Trust and the Alliance for Health Policy and Systems Research recognise the importance of using health research evidence in policymaking. This joint call for proposals is focused on low income countries and intends to build much needed capacity to strengthen links between research and policy making.

Proposals are invited from groups based in low income countries to:

- Develop and implement innovative interventions that enhance policy maker capacity and/or civil society capacity to employ health policy and systems research evidence in policy making and policy dialogue;
- Conduct rigorous evaluations of the strategies employed.

All proposals must address both of these objectives.

Brief expressions of interest should be submitted to the Alliance by 16th January 2009. For more information and details on the application process see: www.who.int/alliance-hpsr/en/ or www.wellcome.ac.uk.

Health workers salaries workshop

In 2007, the Alliance HPSR together with the Global Health Workforce Alliance (GHWA) issued a call for proposals for primary research on health worker salaries. Three grants were awarded to research organizations based in Burkina Faso, Chile and Kenya (The Kenya Medical Research Institute). Each team is working in several countries within their region using local collaborators.

In May 2008, the Alliance HPSR, with administrative support from the Kenya Medical Research Institute, hosted a three-day data analysis workshop with the study grantees from East and West Africa. All key investigators from Benin, Burkina Faso, Kenya, Niger, Tanzania and Uganda participated in the workshop. In addition a researcher from Zambia, not funded by the Alliance but following the same study methods and protocols, also participated.

The workshop brought together the study investigators and the project coordinators: David McCoy from the University College of London and Taghreed Adam from the Alliance HPSR with the following objectives to:-

- review and discuss the data collected to date in the different study sites, as well as the plan of analysis, interpretation and reporting;
- resolve outstanding methodological issues and ensure the comparability of results from the different sites; and
- develop plans for the remainder of the project period.

At the time of the workshop, data collection has been completed in the three west African countries but was still under-way in the three east African countries and in Zambia. The final study reports will be available towards the end of 2008. The report from the Chilean study group, which involved Bolivia, Chile and Peru is already available and can be accessed on the Alliance website. ■



Workshop participants, Nairobi, May 2008

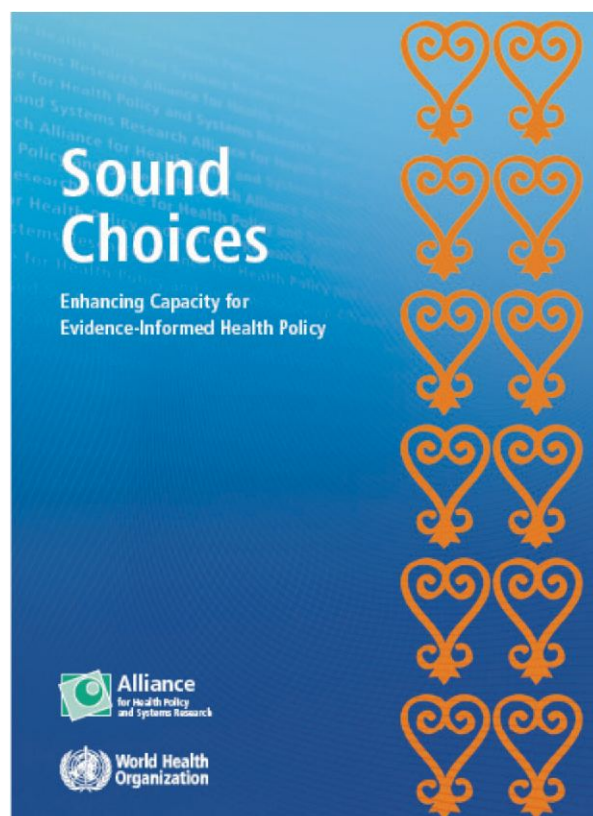
Disseminating Sound Choices in Colombia



Workshop, Colombia, Disseminating Sound Choices

The Asociación Colombiana de la Salud - ASSALUD (Colombian Health Association) has committed to disseminating the Alliance biennial report "Sound Choices" in Colombia. Discussions of the report took place as part of the preparatory work on the Alliance-funded project to enhance policy-maker capacity to use evidence. In addition the Colombian Health Systems and Policy Network has presented the report to academicians, policy makers, health services providers and civil society organizations in the cities of Medellin, Cali and Manizales. Spanish language dissemination material has been prepared in a Power Point format for each chapter - please contact ASSALUD (see below) if you wish to use this. ■

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The International Health Partnership and what it means for health systems

The International Health Partnership (IHP) was launched in September 2007, with all signatories signing a Global Compact to maximise the effectiveness and impact of actions for strengthening health systems and ultimately delivering results against the health-related MDGs. The IHP now includes 10 developing countries, 13 donors, and nine international organizations, and has evolved to become the IHP and Related Initiatives (IHP+), in recognition of the fact that its launch coincided with a range of other initiatives with similar goals. These initiatives have adopted approaches which support broader health systems development, recognising that progress against key diseases are constrained by weaknesses in health systems.

Strengthening health systems requires coordinated action and increased investments; these should be informed by needs-based research and a strong evidence base. Unfortunately, in too many low to middle income countries, these requirements are often not fulfilled or in need of improvement. In regards to health systems research, there are many low income countries that currently have no or extremely limited capacity to undertake policy-relevant analyses of health systems.

The IHP+ encourages the Alliance's efforts to address this capacity gap with an approach that is aligned with the IHP+ principles of actions being country-focused and country-led. While there is some investment in health systems research, much of this is not country-led, is fragmented, and fails to address long-term capacity development in low income countries. Such activities should focus on locally defined research priorities supporting decision making in low income countries. Similarly, the focus needs to be on building domestic capacity for research and learning to lead a national/international research agenda. In addition, health systems research and analysis should be harmonized and aligned. Such a strategic and long-term approach to capacity development for health systems research would in turn contribute to strengthened health systems and improved health outcomes. ■

Justine Hsu
IHP+ Core Team
WHO Geneva
For more information see: www.internationalhealthpartnership.net/

■ ALLIANCE FOR HEALTH POLICY AND SYSTEMS RESEARCH World Health Organization

We welcome your comments and suggestions on any of the topics covered in this newsletter and relating to the Alliance HPSR in general. If you would like to subscribe/unsubscribe to this newsletter please email us at alliance-hpsr@who.int. See our full contact details below:

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AfHEA-AHPSR Competition Results Announcement

The African Health Economics and Policy Association (AfHEA) and the Alliance HPSR are pleased to announce the results of our jointly-sponsored competition for papers on the theme of user fees for health services in Africa. The competition attracted many excellent submissions. An evaluation team headed by Professor Lucy Gilson of the University of Cape Town assessed all the papers. Each paper was assessed by at least two referees.

The following were judged to be the five best papers:

- Aida Zerbo (Senegal) "Le Juste prix pour la santé" (A fair price for health)
- Idoyu Araoyinbo and John Ataguba (South Africa) - User Fees in Africa: From theory and evidence - what next?
- Morbé Mbaïnadjina Ngartelbaye, Itama Mayikuli Christian, Naïbei Mbaïbardoum Nathan, (Chad) - Etude socio-économique sur les coûts et sur l'accessibilité financière des populations aux soins de santé à l'Est du Tchad (A socio-economic study of the costs and financial accessibility of health services in Eastern Chad)
- Charles Birungi (Uganda) - When User Fees is a Necessity of Life: What role for policy in Uganda (student prize)
- Anne Kangethe (Kenya) - User Fees for Health Services in Africa (student prize)

Authors of each paper will receive a cash prize of \$1,000, and the lead author of each paper will be funded to attend the AfHEA inaugural conference, titled "Priorities of Health Economics in Africa". The conference will be held in Accra, Ghana from the 10th to the 12th March 2009. You can register for the conference at www.afhea.org. All the winning papers are on both the AfHEA and the Alliance websites.

International Health Economics Association (IHEA) meeting in Beijing, Call for papers

The Seventh World Congress on Health Economics will be taking place in Beijing 12-15th July 2009 on the theme "Harmonizing Health and Economics". Submission of abstracts and session proposals is open until 15th November 2008. This forum has been accepting an increasing proportion of abstracts from low and middle income countries - let's make sure Beijing continues this trend. More information available at: www.healthconomics.org/congress/2009/

Symposium on "The role of the private sector in health" 11 July 2009, Beijing

In conjunction with the IHEA meeting in Beijing, a pre-congress symposium is being held on the role of the private sector in low

and middle income countries. The session, organized by a group of partners including the Alliance, will examine three themes, namely (i) Understanding the nature of mixed health systems (ii) Working with the private sector and (iii) Policy interventions. See the announcement on the Alliance website for more information.

Alliance HPSR e-news

While it is great to have a paper newsletter to hold in your hand and read, our current schedule of newsletters (two per year) is not sufficiently frequent to disseminate calls for conference papers or research proposals, and job announcements. The Alliance is currently experimenting with an e-news letter that we will be sending out every few weeks. Please let us know if you would like to be added to this mailing list, or provide us with your announcements regarding health policy and systems research. All such messages should be sent to alliancehpsr@who.int

New publications

The Alliance has recently released a number of new publications, including a series of reports summarizing its recent programme of work on the identification of priority research questions, and three briefing notes on emerging issues in health policy and systems research. Please consult the resources page of our website for copies of all these publications.

Alliance website available in 6 official languages

The Alliance website is now available in Arabic, Chinese, English, French, Russian and Spanish. Please do forward this message on to all of your colleagues who might wish to access it in these languages. Please note that for budgetary reasons the English home page will be updated more frequently than the pages in other languages. As always we welcome your suggestions about how to improve the website.

Evaluating health system interventions

The 2009 Alliance Biennial Review is planned to be on the topic of evaluating health systems interventions. The report will try to address both some of the difficult methodological issues in conducting this kind of evaluation, as well as some of the process issues, particularly regarding how best to ensure that evaluations get commissioned and their findings feed into policy. If you are aware of any particularly interesting case studies of health system evaluations or would like to contribute in some way to the report, then please contact: adamt@who.int

Visit our website
<http://www.who.int/alliance-hpsr>