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Supporting national processes to help link research evidence to policy

While research evidence is just one amongst several influences upon policy, few would disagree that policy that is informed by evidence is likely to be better than that which is not. The Alliance for Health Policy and Systems Research is committed to supporting the development of national processes for evidence-informed policy making. In doing so we aim to achieve the following objectives:

- Positively influence the development of policies at the country level through the use of evidence, particularly in our thematic areas (health care financing, human resources for health and/or the role of non-state sector);
- Contribute to evidence-informed policy making through:
 - promoting exchange between researchers and policy makers
 - establishing mechanisms that encourage policy makers to seek and apply evidence and
 - encouraging researchers to package evidence in a policy-friendly manner;
- Prospectively evaluate the interventions we support, in order to draw lessons about which strategies work best to promote evidence-informed policy making.

Several multi and bilateral donors support similar initiatives, to help bridge the evidence to policy gap. However, we believe that the Alliance brings some specific "added value". First, unlike many other donors the Alliance brings an explicit focus on research and systematic evidence. Second, with our diverse group of Southern partners we are well placed to mobilize relevant expertise within a region and facilitate South-to-South knowledge transfer and exchange. Third, the Alliance sees itself as an actively engaged funder working with country teams to help them identify and implement effective strategies.

Given the relative newness of this field of work, the Alliance is working with a handful of countries over the coming two to three year period so that we can learn together about how best to ensure that research evidence is used appropriately in the policy process. To-date grant agreements have been developed with Vietnam, the Kyrgyz Republic and the REACH initiative, an initiative encompassing Tanzania, Kenya and Uganda. ■



An Evidence to Policy Network in Vietnam

In Vietnam, the Evidence-Informed Policy Network initiative (EVIPNet), led by WHO, has stimulated the development of a network of institutions keen to strengthen evidence to policy links.



The Vietnam EVIPNet Team (from left to right), Dr. Dam Viet Cuong, Director of Institute for Health Strategy and Policy; Prof. Truong Viet Dzung, Head of Department of Science and Training, Ministry of Health and Dr. Luu Ngoc Hoat, Vice Rector of Hanoi Medical University.

Key members of this network include the Institute for Health Strategy and Policy (HSPI), (which has been assigned by the MoH the role of coordinating and channelling information into policy); Hanoi Medical University (HMU), one of the leading educational and research institutions in the country and the Central Institute for Medical and Scientific Information (CIMS) that serves as the national medical library and focal point for information science in the field of health and medicine.

This network approached the Alliance with a project proposal that aims to help policy makers in Vietnam tackle current policy challenges through strengthening links between research and policy making communities. The proposal focuses on current policy challenges and aims at producing and supplying needed evidence. It builds on the existing expertise and knowledge in the country, on formal and informal links between the institutions and individuals, but also takes it several steps further, to achieve the following objectives:

- Delivering needed evidence around policy challenges faced by the government.
- Identifying, mapping and organizing key resources for evidence production (institutions and individuals) that can be instrumental in rendering needed evidence to the policy making process.
- Strengthening links and institutionalizing processes between policy makers, researchers and experts to enhance evidence to policy links.

- Strengthening capacity of researchers, policy advisors and policy makers in assessing, acquiring, adopting and communicating research evidence for the policy formulation process.
- Improving access to national and international evidence (journals, web based resources, grey literature, databases etc.) through developing necessary infrastructure and support services.
- Documenting and prospectively evaluating impact of various activities planned under the project.

The project is planned for three years with initial outcomes expected to emerge within 1 to 1.5 years. ■

Strengthening channels for communicating research in the Kyrgyz Republic

The health system of the Kyrgyz Republic has undergone major reforms since the mid 1990s that brought about many achievements, particularly in the efficiency of service delivery and in the quality of primary health care. One of the key factors for successful reform implementation was the Health Policy Analysis Unit (HPAU) established in mid-2000 with the objective of supporting the government of Kyrgyzstan in the design and implementation of the Health Care Reform Programme.



Participants in a policy seminar, Health Policy Analysis Unit, Jalal-Abad, Kyrgyz Republic.

The HPAU, with financial assistance from the Alliance, intends to further develop the linkages between research and policy making with the goal of improving health system performance and health outcomes of the poor in the Kyrgyz Republic. The project has the following four components:

- Strengthening communication capacity and communication channels between policy makers and evidence producers;

- Training policy makers in identifying and applying evidence to policy development;
- Supporting regular feedback mechanisms between policy makers and researchers;
- Monitoring communication processes and practices and prospectively evaluating their impact on evidence-informed policy making.

The Kyrgyz team is primarily focusing on strengthening communication channels between researchers and policy makers, through which they intend to deliver the evidence generated from other donor funded research projects. Their ultimate objective is effectively delivering evidence around policy issues in the new five year national health care strategy “Manas Taalimi” (2006 – 2010). ■

REACH Initiative

In Kenya, Tanzania and Uganda, various stakeholders, including policy makers, researchers from universities and civil society, have since 2002 been interested in the idea of developing a knowledge broker for the health sector. These three countries share a common burden; they carry the highest preventable burdens of ill health in the world. This disease burden could be significantly reduced through the application of existing knowledge.

To achieve this, the three countries have created an institutional mechanism, the Regional East African Community Health (REACH) Initiative, which will act as a knowledge broker, bridging the gap between health research and policy and decision making. REACH is housed within the East African Community Health Research Council in Arusha and supports a node in each country. The REACH Secretariat in Arusha is headed by Dr Gabriel Upunda, the former Director General of Health Services in Tanzania.

REACH aims to ensure that it provides evidence that is accessible, timely, credible and trusted, packaged in a user-friendly format, and relevant to the local context. In so doing it will build capacity for more effective linkages between researchers and policy makers.

The Alliance intends to provide support to the REACH Initiative for a period of three years, with a focus on prospectively evaluating the strategies employed by REACH in order to learn which strategies work best in promoting evidence-informed

policy making. The Alliance is currently providing a small grant to REACH to help it identify priority policy issues among the constituent countries and support preparatory activities leading to the development of a full grant proposal.

The following websites provide more resources and insights for those interested in supporting evidence-informed policy making:

http://www.policyhub.gov.uk/better_policy_making

UK government website that covers new initiatives made by the UK government in this field.

<http://www.who.int/rpc/evipnet/en>

Homepage for Evidence Informed Policy Networks, hosted by WHO.

<http://www.odi.org.uk/RAPID/Index.html>

Overseas Development Institute, UK website dedicated to exploring how best to use research in development policy. ■

Centres for Systematic Review of Health Policy and Systems Research in Low and Middle Income Countries

The Alliance for Health Policy and Systems Research has awarded four grants to institutions in low and middle income countries to establish centres for systematic review of health

Successful applicants to the 2007 Centres for Systematic Review of Health Policy and Systems Research Grants

Name of grantee	Institution
Dr Tracey Koehlmoos	Health Systems and Infectious Disease Division, International Centre for Diarrhoeal Disease Research (ICDDR,B), Bangladesh Centre for Systematic Reviews on the Non-state sector in health
Professor Qingyue Meng	Centre for Health Management and Policy, Shandong University, China Centre for Systematic Reviews on Health Financing
Dr George Pariyo	Institute of Public Health, Makerere University, Uganda Centre for Systematic Reviews on the Health Workforce
Dr Tomas Pantoja	Escuela de Medicina, Pontificia Universidad Católica de Chile, Chile Methodology Centre for Systematic reviews of Health Policy and Systems Research

policy and systems research. Three of the grants will help establish Centres for systematic review of specific high priority themes: health workforce, health financing and the role of the non-state sector in health. The fourth Centre will be a Methodology centre, responsible for the development and dissemination of systematic review methodologies appropriate to health systems research in low and middle income countries.

The grants, of US\$ 300,000 each cover a three year period, were hotly contested with 62 proposals submitted, many of which were of very high quality.

These teams will be supported by three northern collaborating partners including, the EPOC Satellite at the Norwegian Knowledge Centre for the Health Services, Oslo, the EPPI-Centre at the Institution of Education in London, and the Effective Health Care Research Programme Consortium at the Liverpool School of Tropical Medicine in Liverpool.

During their first year of operation the Centres will each produce at least one systematic review and will start producing plain language summaries of systematic reviews of health system issues relevant to low and middle income countries. It is intended that over time the Centres will establish a registry of studies encompassing their various themes and will establish the capacity to respond to a variety of requests for systematic reviews.

The Alliance interviewed two of the grantees about their hopes and expectations for what these grant awards might achieve. ■

Interviews with the recipients of the Systematic Review of Health Policy and Systems Research grants

Professor Qingyue Meng, Director, Centre for Health Management and Policy, Shandong University, China

The Alliance: Professor Meng can you tell me why your team applied to become a systematic review centre, and what the appeal of this grant was for you?

Professor Meng: There are a number of challenges in undertaking systematic reviews that we have been struggling with. This grant provides an opportunity for us to work with others to develop and apply structured approaches to search-



Professor Qingyue Meng, Director of the Centre for Health Management and Policy, Shandong University, China.

Dr Sara Bennett, Manager of the Alliance for Health Policy and Systems Research, World Health Organization, Switzerland.

ing the literature and synthesizing findings. So, first of all, we were interested in the methodological challenges. Secondly our Centre is requested to provide a lot of advice to policy makers. The Centre for Health Management and Policy at Shandong University has been identified, along with 40 other centres in China, as a "laboratory" by the Ministry of Health to support policy making. Our Centre has a particular focus on health economics and policy. So although the Systematic Review Centre is intended to be a global one, we are excited about the opportunities which it will provide to support decision making in China.

The Alliance: How will your work on systematic reviews contribute to the development of the current health systems reform in China, especially in the area of health financing?

Professor Meng: Within China's health system reform, one topic which is of a concern to the government is how money can be raised, pooled and allocated efficiently. For example there is a lot of interest right now in the relative roles of insurance based contributory mechanisms for raising money for health care, versus tax-based financing. In terms of insurance models, the rural cooperative medical scheme in China has some similarities to community based health insurance elsewhere and systematic reviews of the effects of different models of community based health insurance might help inform the Chinese government. Finally the Chinese government is concerned about the effects of alternative models of provider payment, and our work might also contribute to decision mak-

ing in this area. I strongly believe that reviewing and synthesizing global evidence is very important for decision making in China.

The Alliance: In the future, against what kind of indicators would you measure the success of your Centre?

Professor Meng: I think that there are three key dimensions to our success.

First, is the building of a team with appropriate skills that will be able to continue the systematic review work beyond the life of the project. Zhan Tao, the President of Shandong University, has already expressed his commitment to this initiative and to providing a financial base for the team beyond the life of the Alliance funded project.

The second signal of success is the quality of the products that we produce; we are committed to producing products of an international standard, despite challenges that we may face such as language barriers.

Thirdly, if the project is successful then it will influence policy makers in China as well as in other countries of the world. ■

Dr Tomas Pantoja, Escuela de Medicina, Pontificia Universidad Católica de Chile, Chile

Dr Tomas Pantoja, Assistant Professor at the Family Medicine Department of the Faculty of Medicine of the Pontificia Universidad Católica de Chile was interviewed by phone. His university has been selected to be the Methodology Centre for the systematic reviews of health policy and systems research.

The Alliance: Dr Pantoja, your team has extensive experience in conducting systematic reviews and leading peer-reviewed publications such as Cochrane systematic reviews, what do



you see as the main challenges to shift from clinical reviews to health policy and systems research reviews?

Dr Pantoja: I can see several challenges facing us. The first one is to understand the context in which policy decisions are made and the role of systematic reviews in low and middle income countries. The second challenge is a methodological one, my team is mainly from a clinical background and we are accustomed to systematic reviews of randomised controlled trials whereas this grant focuses on health policy and systems research and therefore a wider variety of study designs will need to be included. Moreover this focus on health policy and systems research will require us to strengthen the social science capacity within our team. The last challenge I can think of, is how to ensure that systematic reviews are really used in policy making. We are accustomed to carrying out our reviews, handing them to decision makers and not worrying very much about what happens next. Now we need to explore in more depth how systematic reviews can best influence policy.

The Alliance: Can you describe the process and approaches you plan to use to deliver training and to provide technical support to the Thematic Centres?

Dr Pantoja: During the first year we plan to produce two products: a first draft of the Handbook on how to conduct systematic reviews, as well as a systematic review of a health policy and systems question. Over the following two years we will focus on providing training and support to the thematic centres responding to the challenges and problems they have encountered. We hope that over time we will become a bridge between the thematic centres and the northern collaborating partners.

The Alliance: What would you like to achieve at the end of this project?

Dr Pantoja: By the end of the project we hope that our Centre will be recognized as a centre of excellence on knowledge translation issues in low and middle income countries. We would also like to position the Centre as one that is able to support evidence-informed decision making for the complementary areas of health systems and clinical issues. Finally we would like to increase our own capacity and have people trained in the area of health policy and systems research. ■

Examining the Effects of the Global Fund

Since March last year the Alliance has been providing support to six country studies which form part of the Global HIV/AIDS Initiatives Network (GHIN). GHIN is a network of researchers exploring the effects of Global HIV/AIDS Initiatives on recipient countries health systems.

One of country studies funded by the Alliance is being conducted in Georgia, by the Curatio International Foundation (CIF). This is a follow up study looking at the effects of Global Fund to Fight AIDS, TB and Malaria on Georgia's health system development. A baseline study was conducted in 2004 with financial support from the EU.

The baseline study suggested that the Global Fund had had very limited impact on the general health system, primarily because volumes of funding were small relative to total health expenditure. However this situation needs to be monitored as recently awarded Global Fund grants are bringing in significant new funding.

So far, as part of the follow-up survey, stakeholder's interviews and NGO assessments have been conducted. These analyses suggest that since the baseline survey, participation in and effectiveness of the Georgian Country Coordinating Mechanism (CCM) has improved, especially since the First Lady of Georgia become Chairperson. The structure of CCM has also changed, with fewer members and rotation of seats between NGOs. While most respondents felt that these changes had considerably improved decision-making, some NGO representatives were concerned that decisions are actually made prior to the CCM meeting, and the CCM simply rubber-stamps them. Further concerns have arisen around the proposal writing process, due mainly to the short time given for proposal review and language constraints that prevent some CCM members from participating. All respondents agreed that qualified, international technical assistance would strengthen the process of project implementation. ■

Ketevan Chkhatrashvili, Curatio Internacional Foundation
(k.chkhatrashvili@curatio.com)

For the baseline study report, you can find more information on the following website: <http://www.curatiofoundation.org>

For general information on GHIN, please visit: <http://www.ghin.lshtm.ac.uk>



iHEA looks to expand its international perspective

The International Health Economics Association (iHEA), established in 1993, is the leading professional organization of its kind representing health economists around the world (<http://www.healthconomics.org>). Its biennial World Congresses (the next being in Copenhagen in 2007, and Beijing in 2009) have become the meeting place for economists and health systems researchers interested in issues of theory and practice of local, national and international scope, and provide a significant impetus to strengthening global debates and collaborations amongst an important group of health systems researchers interested in international issues, and provide a significant impetus to strengthening global debates and collaborations.

iHEA originally evolved as an initiative of North American and European health economists, and this legacy is reflected in its membership being predominantly drawn from these two regions. However, as it has expanded (it currently has members from more than 75 countries), there is increasing recognition of the unique role it plays as a representative association of health economists at the global level, and the potential iHEA has to foster development of health economics in all countries. Consequently, under its current President, Jane Hall of Australia, iHEA initiated in 2006 a systematic review to ensure that iHEA lived up to the "I" in its name and has a truly international perspective. This review has been looking at how iHEA can better represent health economists in hitherto under-represented regions, and how it can encourage their participation and contribution to the association's mission and direction. Two initiatives have already emerged from this.

iHEA is forming a regional council whose members will be drawn from regional and national health economics associations. This will provide a forum for its Board to hear views and perspectives from around the world, and will meet every two years in conjunction with iHEA's World Congress. The business of this first meeting will be to agree the structure and functions of the Council. To inform this, a discussion document is being developed by a Board-appointed Working Party whose members include Anne Mills (Chair of the Alliance Board and also member of the iHEA Board) and Alliance STAC member, Ravi Rannan-Eliya, Director, Institute for Health Policy, Sri Lanka. The first meeting of the interim Council meeting will be held in Copenhagen on Sunday 8th July, just prior to the opening session of the 2007 World Congress, and invitations are being sent to all the regional health economics associations, asking for two delegates to attend this meeting. iHEA is encouraging those who think they should be there to contact it to receive an invitation (email: Bill Swan at bill@healthconomics.org).

In a second initiative, iHEA is reviewing the funding of its fee structure for personal and organizational membership, to see how these can be designed to promote a broad-based membership for the association. Ultimately, the success of this will also depend on the extent to which other financial sponsors come in to support iHEA's outreach efforts. ■

Ravi Rannan-Eliya, Institute for Health Policy, Sri Lanka

For more information on iHEA please visit: <http://www.healthconomics.org>



■ ALLIANCE FOR HEALTH POLICY AND SYSTEMS RESEARCH World Health Organization in collaboration with the Global Forum for Health Research

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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Planning for 2008 Global Ministerial Forum on Health Research

Following on from the 2004 Ministerial Summit on Health Research that was held in Mexico, a Ministerial Forum is planned for 17-20 November 2008, in Bamako, Mali. The Bamako 2008 conference aims to review progress since Mexico, place health research within the wider context of research for development and tackle current challenges such as promoting coherence and coordination between the many stakeholders in health research at the global and national levels. The Forum is co-sponsored by COHRED; the Global Forum on Health Research, The World Bank, UNESCO and WHO. Further information about the Forum can be found at: <http://www.bamako2008.org>

Forum 11 – Equitable Access: Research challenges for health in developing countries

The Forum meeting of the Global Forum for Health Research brings together policy-makers, development partners and the directors and users of research, to debate critical gaps and to mobilize campaigns that address the health needs of the poor and marginalized. At the invitation of the Ministry of Health of the People's Republic of China, Forum 11 will take place in Beijing from 29 October to 2 November 2007. Thematic strands will include:

- improving understanding of and equitable access to basic preconditions for health through research (access to health)
- innovation
- research resources: human, institutional, financial, informational
- research aspects of equitable access to decision-making and governance
- communication

Registration opened in April and further information can be found at <http://www.globalforumhealth.org>

Health Systems Strengthening: a priority in WHO Director-General's agenda

Health systems in low and middle income countries are unable to cope with the increasing demands of ill health. Financial resources are now available to support the delivery of effective health interventions, but the health systems needed to deliver these interventions to the poor and underserved are fragile and fragmented. WHO's new Director-General, Dr Margaret Chan, has made it clear, since she took office in January 2007, that the strengthening of health systems is one of her highest priorities. The Director-General has also called for a return to integrated primary health care as a practical approach to strengthening health systems.

As part of her strategy to reinforce health systems, Margaret Chan has created a new cluster, the Health Systems and Services cluster led by Dr Anders Nordstrom.

"Health systems are the tap root for better health. All the donated drugs in the world won't do any good without an infrastructure for their delivery". Dr Chan's speech to the World Health Assembly, 9 November 2006.

New look for the Alliance website

The Alliance for Health Policy and Systems Research has re-launched its website with a more modern look, new features and brighter colours:



The intention was also to make the website more user friendly. The content has also been reviewed and updated with fresh materials. We would like the website to be more interactive with our partners and visitors and therefore would very much welcome your views about the website.

Visit our new website
<http://www.alliance-hpsr.org>