



Future Health Systems: Innovations for Equity
Research Programme Consortium

RPC HD #106

Final Report

(October 1, 2005-September 30, 2010)

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Countries Covered: Afghanistan, Bangladesh, China, India, Nigeria, Uganda

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1. Background Information

Title of RPC: Future Health Systems: Innovations for Equity

Reference Number: HD #106

Period covered by report: October 1, 2005 - September 30, 2010

The Future Health Systems (FHS) Research Programme Consortium contract with the Department for International Development (DFID) was signed by Johns Hopkins Bloomberg School of Public Health (JHSPH) on October 9, 2005. Since the inception phase, the planning and budgeting cycle follow the DFID fiscal year (April to March), though the annual reports cover the mid-year cycle periods of October to September.

Name of lead institution and Director: Johns Hopkins University Bloomberg School of Public Health (JHSPH), Baltimore, USA; Director: David H. Peters

Key partners:

International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), Dhaka, Bangladesh

Chinese Health Economics Institute (CHEI), Beijing, China

Indian Institute of Health Management Research (IIHMR), Jaipur, India

Institute of Development Studies (IDS), United Kingdom

School of Public Health (SPH), Makerere University, Kampala, Uganda

University of Ibadan (UI), College of Medicine, Faculty of Public Health, Ibadan, Nigeria

Countries covered by research:

Afghanistan, Bangladesh, China, India, Nigeria, Uganda

2. Summary

The final report of the Future Health Systems (FHS) Research Programme Consortium (RPC) summarizes the work of the consortium from October, 2005 and ending in September, 2010, the total project period for the consortium. During this period, the consortium has implemented its research, capacity building and communication activities following the annual activity plans, and has been able to meet its objectives. Following the recommendations made from the mid-term evaluation, the consortium intensified its effort related to implementation of its communications strategy, and has surpassed its planned research outputs and research impact.

Research Outputs

Throughout the five year project period, FHS team has produced a wide range of relevant knowledge products, including 103 peer-reviewed articles, 30 book chapters, and 78 other research communications products. The number of research documents is much larger than what was planned at the beginning of the consortium. A special issue on “Future Health Systems” was published in *Social Sciences and Medicine*, which was edited by FHS team members, and included contributions from our consortium and others. After the mid-term review, the initial three thematic groups of the consortium (financial protection, innovations in service delivery, and translating research into policy) were reformulated into smaller and more specific topics, which led to publications including 42 articles in peer-reviewed journals by these teams. The country teams have also published their research work in the peer-reviewed journals, and in FHS Working Papers Series. The communications strategy was updated following the mid-term review recommendations, and was implemented successfully at the consortium and national levels. The FHS website (www.futurehealthsystems.org) remains a popular site, which informs a wide audience about the activities and products of the consortium. Our online monitoring has shown that FHS web products are of increased interest to Internet users. The integration of publication and web strategies, for example, around our *Insights* on health markets, increased its online popularity over a sustained period of time when compared to past issues. Work with the media, particularly in China, Nigeria and Uganda, has allowed us to expand the audience for our work with members of the public. FHS has developed two course curricula on health systems, including one available on the FHS website, which was also taught at FHS partner countries, and the other used for graduate students at Johns Hopkins Bloomberg School of Public Health that will be made available online and to others. The consortium has achieved its research products publication benchmarks, also achieved the research proposal benchmark by developing 78 research proposals during the project period.

Research Impact

FHS research is having a strong positive impact on policy and program debates and planning processes by its contributions through international publication and presentation at global as well as in-country conferences. FHS teams have been extensively involved and working closely with key stakeholders in government, civil society, and health research and development communities in all partner countries and at the international level. The consortium has brought in broader range of actors for implementing change, including social entrepreneurs, consumer groups, and trade associations. Our research has included scoping studies which have helped to set agenda and inform discussions to influence policies in each of the partner countries to find ways to address the health services and financing needs of the poor, as well as in international settings. . For example, FHS China research on the integration of medical assistance and insurance schemes has become the documented policy while published in the recently released policy documents ‘Guidelines on Further Improvement of Rural and Urban MA Schemes’ (jointly released by Ministry of Civil Affairs, Ministry of Finance, Ministry of Human Resources and Social Security, and Ministry of Health) and ‘Opinions on Strengthening and Developing the

New Cooperative Medical Scheme' (jointly released by the Ministry of Health, Ministry of Civil Affairs, Ministry of Finance, Ministry of Agriculture, and National Bureau of Traditional Chinese Medicine). FHS research on user fees directly influenced the decision to change the user fee policy across the country in Afghanistan. In Nigeria, an agreement was made to integrate two major interventions ('Patent Medical Vendor (PMV) capacity strengthening through training), and ('Strengthening PMVs' internal regulatory mechanism) within the national framework of the government's Roll Back Malaria programme. FHS research is influencing national health policies at both national and local levels in other FHS countries, including through the establishment of new civil society organizations (Bangladesh), the development of plans to address needs of marginal populations (India), and forging a transformational role for a new College of Health Sciences that is more relevant to the policy and programs of the health sector (Uganda).

FHS has informed and influenced policies in partner countries by implementing innovative research strategies and through building new partnerships. Through its research and policy work, the consortium has contributed to the health systems of FHS partner countries, particularly contributing to understanding health related market systems, informal health markets, complex implementation processes and practical ways of understanding complexity, equity and access to services, and understanding research to policy processes. By the end of the project period, it renewed its mission to continue to be working in the partner countries particularly through conducting innovative research to provide effective health service delivery under another DFID funded RPC grant.

3. Highlights of the Research Programme

Afghanistan: Throughout 2005-2010 consortium period, FHS Afghanistan team worked closely with MOPH and other government agencies and NGOs in monitoring and evaluation for strengthening of health services and access by the poor across the country. The team has also been engaged with critical policy and program leaders in conducting HIV surveillance programs, and in reviewing of contracting performance and assessing user fees. The FHS research evaluating user fees policy was used by the MOPH to establish a national policy to remove user fees, which was implemented throughout the country last year. The FHS team has also continued to remain engaged with MOPH on demand side financing for utilization of maternal and child health care services and results-based financing, both of which have operational plans and funding support for implementation in the coming years.

Bangladesh: Through FHS, a demonstration of how research findings can be translated to public health interventions was attempted. Evidences from a base line led to an effort to refrain the informal health care providers from harmful or inappropriate practices led to formation of Local Health Watch including elected local government representatives, social leaders and representatives from informal providers to monitor the performance of informal health care providers. The research outcome of the FHS study also resulted in *social franchising* of informal health care providers by forming a network of trained village doctors, "Shasthya Sena", where members have to adhere to certain guidelines that promote appropriate prescription of drugs and referrals, and prevent harmful practices. Also, FHS team has continued to work with Bangladesh Health Watch to monitor and report on citizens' health, and share the findings on health inequalities and health workforce crisis to relevant stakeholders including government, non-government organizations and development partners.

China: During FHS project period, China team has capitalised on its position as a think tank for health related ministries engaging researchers and policy makers. The visit by the Minister of Health of Uganda in 2009 led to an agreement to sign a MoU to provide opportunities for Uganda to learn from the experience of China and of the CHEI as a

government think tank. At the national level, CHEI team has been involved closely with the development of new “Healthy China 2020” policies. The research work by FHS China team on NCMS and MA schemes has continued to influence the government to improve current NCMS and MA policies. CHEI research team’s views of the integration of NCMS and MA have been reflected in the recently released documents ‘Guidelines on Further Improvement of Rural and Urban MA Schemes’ (jointly released by Ministry of Civil Affairs, Ministry of Finance, Ministry of Human Resources and Social Security, and Ministry of Health) and ‘Opinions on Strengthening and Developing the New Cooperative Medical Scheme’ (jointly released by the MoH, MCF, MoF, Ministry of Agriculture, and National Bureau of Traditional Chinese Medicine). Also, key topics of FHS China research have been repeatedly emphasized in the policy documents.

India: For the last five years, FHS India has worked closely with policy makers and program managers at state and local level through attending meetings and sharing FHS research results on safe delivery, immunization, malnutrition, equity and financial protection. FHS research in India led to preparation, finalization and approval of a work plan to develop a master health plan for the Sundarbans. The policy makers have shown keen interest on FHS research findings that have been cited in several government policy documents.

Nigeria: During the FHS project period, Nigeria FHS team engaged top level policy makers including chairperson of the Nigeria MDG parliament committee, chairman of national evidence to policy committee of federal ministry of health, and other ministry of health officials at national and state levels while discussing FHS research results for policy inclusion. The Nigeria research team participated in national level policy meetings, and shared their results and experiences on work on malaria and Patent Medicine Vendors (PMVs) in those meetings, which led to the agreement on integrating two major interventions (‘PMV capacity strengthening through training), and (‘Strengthening PMVs’ internal regulatory mechanism) within the national framework of the FMOH Roll Back Malaria programme. The integration of a harmonised curriculum for institutionalised training of Patent Medicine vendors has been incorporated into the national RBM malaria initiative and pilot testing process is ongoing in 7 World Bank supported Malaria Booster states and two other states. A community integrated malaria intervention Guideline for CORPs and PMVs for guiding implementation has been developed by the National Malaria Control Programme. Besides, all inclusive stakeholders’ meeting to finalize the PMV regulatory framework has been approved.

Uganda: Throughout 2005-2010, FHS Uganda worked closely with ministry of health, Uganda national health consumers association and other development partners like the World Bank and the Gates Foundation while sharing FHS research and importance of intervention study. Uganda intervention study on increasing access to institutional deliveries through demand and supply side financing has been awarded by the Bill and Melinda Gates Foundation. FHS research in general, and the intervention study in particular, has generated a lot of discussion and dialogue among the key stakeholders at the ministry of health district health offices, and among development partners.

FHS Cross-country research: FHS has conducted cross-country research work by its thematic working groups that worked in collaboration with the researchers from partner countries. It contributed to the development of new frameworks to understand health markets, a body of work on informal providers and accountability, cross-country research on implementation of health services, equity and access to services, and understanding research to policy processes. In year 3, FHS restructured its thematic groups into core

working groups, and the restructured working groups of FHS conducted overview and analyses in several FHS interest areas including measuring changes in health and poverty/vulnerability; understanding the linkages between chronic illness and poverty; understanding and influencing trust in health care financing and delivery; understanding the pro-poor health markets and improving provider performance; improving access to pharmaceuticals; scaling up of community-based health services; and evaluation of strategies to influence research to policy for pro-poor health systems.

4. Achievement of programme outputs and purpose

Progress on key programme outputs

Throughout 5 year consortium period (2005-2010), the Future Health Systems (FHS) research programme consortium has delivered valuable key programme outputs. In each year, the consortium has produced more peer-reviewed articles, reviews, and reports than planned. Also, while all FHS partners conducted scoping studies, some have facilitated expansion of the implementation of health systems interventions, and some initiated new strategies and designed new research plans.

The FHS started with three key thematic areas with three thematic core groups leading research in financial protection, innovative service delivery and translating research into policy. However, these thematic working groups were restructured in year three into a number of working groups including researchers from northern and southern institutions. These working groups produced additional peer-reviewed articles, overview papers and book chapters, and developed research proposals. While FHS communications strategies were formulated in the inception phase, they were revised in year three. Building on the communications capacity building work in year three and the revised communications strategies (2008-2010), the consortium has intensified its communications activities in year four and five. FHS web products generated increased interest among Internet users. All FHS countries have shared the findings with their key stakeholders by producing policy briefs, research reports, monographs, and by holding dissemination seminars. FHS countries and working groups also made numerous presentations on the findings from formative and intervention studies or other relevant cross-cutting areas at the national and international workshops.

Throughout five year period since inception, FHS researchers had written a number of research proposals including proposals on intervention research with some securing support for implementation. While the FHS team has secured funding support from DFID to continue implementation of effective health service delivery in the next phase (2010-2016), funding support from other donor agencies was also found for implementation of interventions developed by FHS teams. For example, the Uganda intervention study on increasing institutional delivery by demand and supply side financing (funded by the Bill and Melinda Gates Foundation) is one of the successful efforts in this endeavour. The list of successful grant proposals are included in Annex 5.

FHS researchers developed course curricula on two health systems courses. One course is being offered across FHS institutions with the objective to broaden the scope for extended health systems learning, and is also available on the web. The other course was developed and taught at Johns Hopkins School of Public Health for graduate students, and the materials is being made available to other partners. The full list of FHS products and presentations is attached as Annex 5.

Table 1: Summary of Future Health Systems Outputs

Purpose	OVIs	Progress till September 2010	Recommendations / Comments
<p>Outputs:</p> <ol style="list-style-type: none"> 1. New knowledge on financial protection, innovations in service delivery, and research to policy processes are disseminated by publication of country reports, peer-reviewed journal articles, presentations at scientific conferences, website publications, and articles in the popular press. 2. Completion of the objectives of the FHS communications strategy 3. Increased partner capacity in teaching, ability to obtain additional commissioned health systems research and grants, and influence in policy and advisory bodies 	<ol style="list-style-type: none"> 1. Evidence of new knowledge products concerning future health systems and the poor, including: <ol style="list-style-type: none"> a. at least three reviews/reports/papers per FHS country team per year; b. at least three thematic group comparative papers/reports per year; c. one international or national conference presentation per FHS country/thematic team per year; d. at least one national/local press article written per country team per year; e. at least five major research proposals submitted to funding agencies over the life of the project 2.1 The existing communications capacity of RPC partners in reaching target audiences has been built, as demonstrated by: <ol style="list-style-type: none"> a. dedicated communications focal point; b. at least one member of partner staff per country accesses communications capacity building; c. a process for sharing learning across the RPC on communications techniques. 2.2 Evidence of engagement with target audience for communications strategy, including: <ol style="list-style-type: none"> a. at least one FHS branded tailored short communication per country team per year; b. at least one meeting to engage target audience per country per year. 3. Evidence of improved partner capacity including: <ol style="list-style-type: none"> a. strengthened curricula, course syllabi and teaching materials through FHS partnership b. "multiplier funding" obtained for FHS partners for research, teaching, and capacity building c. participation in at least one policy or advisory body by FHS researchers from each partner institution. 	<ol style="list-style-type: none"> 1. Knowledge products <ol style="list-style-type: none"> a. In total 103 papers published in peer reviewed journals. Also, since inception 30 book chapters and 78 communications products were prepared. b. FHS has restructured thematic groups and formed 19 cross-cutting working groups including lead from partner countries. In total, FHS thematic working groups published 42 papers in peer reviewed journals. c. Presentations made at 36 international conferences and workshops. National conferences, workshops, and products dissemination seminars held in all partner countries. d. National press articles published by Uganda, Nigeria, China team on FHS research and cross-cutting issues. e. 78 research proposals are developed including some funded and ongoing, some completed, and some submitted to funding agencies. 2.1 FHS has continued to build on the foundations laid by the communications capacity building workshop in 2008. The communications working group is functioning well and each country has successfully implemented all planned communications activities. 2.2 All partners have produced several tailored short communication, and have had more than one national meeting each year to engage target audiences. 3. Partner capacity developing: <ol style="list-style-type: none"> a. FHS has developed curriculum outline of a course 'Introduction to health systems', which is planned to be offered in some FHS partner institutions. FHS researchers have designed another course curricula 'Health systems in low and middle income countries', and the course is being offered for the last three years to doctoral and masters students at the Johns Hopkins School of Public Health. b. Multiplier funding found for 12 proposals [Afghanistan 2 with JHSPH, Uganda 1 (JHU and MU) (year 4); Bangladesh (with JHSPH and IDS) -2, India -1, Nigeria -1, IDS -1, Uganda (JHU and MU) -1 (year 3); Uganda (2); IDS) (year and 1 and 2)] c. All partners currently serving in multiple national advisory bodies in Afghanistan, Bangladesh, China, Nigeria, Uganda, and in international organizations. 	<ol style="list-style-type: none"> 1. In each year we have exceeded planned outputs for 1a.b.c. and e., and are on track for d. Annex 5 provides a complete listing of knowledge products. <p>Having completed formative studies in all partner countries, we have started Intervention studies in Bangladesh, China, Uganda, and Nigeria.</p> <p>d. Though at the beginning, some FHS countries were lagging in publishing media articles, later in year four and five, FHS published a number of press articles [Uganda (10), China (7), Nigeria (10)]. e. We have won a number of research grants including large and small grants. One large grant (GBP 7.5 million) has been awarded to FHS by DFID recently for implementing effective health service delivery interventions in partner countries (Afghanistan, Bangladesh, China, India and Uganda). Another large grant (\$5 million for capacity building and research) awarded to JHSPH and Makerere University, and FHS Uganda intervention research is included in this grant. A large grant (\$8.9 million) was awarded by Afghanistan Ministry of Public Health to JHSPH (in collaboration with IHMR) for Monitoring and Evaluation Technical Assistance for Strengthening Health of the Rural Poor (METASHARP). Another large grant (\$2 million for capacity building in Uganda and East Africa) was awarded to FHS in year two. The list of research proposals is in Annex 5 (at the end of the list of products and publications).</p> <p>2.a b & c are fully achieved.</p> <p>3. a.b.c have been achieved.</p>

Knowledge Products (OVI 1)

Cross-country working group products:

FHS initiated its activities in three thematic areas including financial protection, innovation in health service delivery and translating research into policy, and produced a number of core research products including peer-reviewed journal articles from these three thematic groups. FHS restructured its thematic groups into core working groups in year three, and the restructured working groups of FHS have conducted overview and analyses in several FHS interest areas. These analyses involve understanding the linkages between chronic illness and poverty; measuring changes in health and poverty/vulnerability; understanding and influencing trust in health care financing and delivery; understanding the pro-poor health markets and improving provider performance; improving access to pharmaceuticals; scaling up of community-based health services; and evaluation of strategies to influence research to policy for pro-poor health systems. The working group members worked in collaboration with the researchers from partner countries, and published peer-reviewed journal articles, book chapters, FHS working papers and research and policy briefs.

Country products:

All FHS countries have published their research findings either in peer-reviewed international journals or local journals, or published the findings as working papers, research monographs and policy briefs. The research products include findings from scoping studies as well as interventions studies for some countries. Also, FHS researchers have shared their research findings through making presentations at numerous national and international conferences and workshops, and through holding meetings with policy makers and program managers. FHS in-country researchers and communications groups have shared their key research findings with the local media representatives. FHS country products are posted on FHS website as well as country institutions' websites for wider dissemination. Some FHS countries have published the research findings in native languages, and held dissemination seminars to share the findings of their research products.

Research proposals:

FHS researchers have developed a number of research proposals, and submitted for funding support. While FHS received funding support from DFID to continue its next round activities throughout the period of 2010-2016 (Implementation of effective health service delivery interventions, GBP 7.5 million), some of the FHS submitted proposals also got funding support, and among the successful proposals, one led by JHSPH and MU won \$5 million to increase the capacity of MU to improve priority health outcomes in Uganda. FHS Uganda's intervention study on "Increasing Access to Institutional Deliveries Using Demand and Supply Side Incentives" is a part of this grant, which started in year four and is being carried out. The detailed description of FHS research proposals is included as Annex 5.

FHS Communications Strategy (OVI 2)

During the inception phase FHS drafted its communications strategies that were revised later (Annex 4). Based on the revised communications strategies, all FHS countries have developed detailed communications plans and implemented their activities in year four. To strengthen the communications team effort, some of the FHS countries have incorporated media personnel in their teams to work in collaboration with their researchers and help publish in local print media. In year four and five, FHS intensified its in-country communications efforts, and had more success in publishing research results in print and electronic media, and in communicating and influencing the stakeholders.

Partner Capacity Building (OVI 3)

FHS has continued its effort in building capacity for conducting research and communicating research to influence policies. Throughout the five year project period, FHS has conducted several capacity building workshops on quantitative and qualitative research data analysis methodology and on scientific report writing in partner countries. FHS country teams have worked with cross-country working groups to design intervention studies and other relevant research studies. FHS researchers have developed two course curricula on health systems, and as an effort to develop in-country capacity, have initiated to offer the course in some partner country institutions. Throughout the consortium period, FHS remained very active in national and international advisory bodies.

Progress in terms of purpose

FHS has made substantial achievements in terms of accomplishing the RPC's purpose. As outlined in Table 2, the consortium partners have engaged key policy-makers, opinion-leaders and implementers in the countries where research is being conducted (OVI 1). Discussion on evidence of consideration by policy-makers (OVI 2) is discussed later in the section on policy impact.

Table 2: Summary of Progress on Future Health Systems Purpose

Purpose	OVI	Progress	Recommendations/Comments
Use of FHS-generated knowledge in shaping policy and programmes on health systems in targeted countries and institutions.	<p>Assessment of the impact of new knowledge generated by FHS on policy and practice at local, national or international levels, including:</p> <ol style="list-style-type: none"> 1. Evidence of engagement with critical players in key national and sub-national policy discussions 2. Evidence of consideration of FHS work by strategic decision-makers in the design of financial risk protection and health service delivery 	<ol style="list-style-type: none"> 1. Evidence of engagement of critical players in all field site countries includes: <ul style="list-style-type: none"> • Afghanistan: During the last five years (2005-2010), FHS team has worked closely with MOPH and other government agencies and NGOs on monitoring and evaluation for strengthening of health services and access by the poor across the country. The team has also been engaged with critical policy and program leaders in conducting an HIV surveillance programs, and has been engaged with MOPH on demand side financing for maternal and child services. • Bangladesh: FHS team has engaged government policy people and NGO stakeholders in dialogue and discussion to identify research to policy processes for favourable consideration from the policy makers. During five year FHS span, the team initiated the Bangladesh Health Watch (BHW) monitoring health sector progress while BHW findings have been shared with MOHFW and Health Sector Donor Consortium. Through dissemination seminars, FHS Bangladesh team has shared study findings with relevant stakeholders on 	<ol style="list-style-type: none"> 1. Throughout five year life span, all FHS countries have worked very closely with the policy makers, program managers and other relevant stakeholders who have expressed their interests in FHS research. While FHS research results have been reflected in national policy documents in China and India, an agreement was made to integrate research interventions in national programmes in Nigeria. Other FHS countries are influencing in-country health policies through intervention research (Bangladesh, Uganda), or working as a critical think tank for the central or local government (China, India, Nigeria). FHS has had direct requests for research products and information from governments in all our countries, and FHS research team's views were cited in government policy documents (China, India) while research results led to development of national health programs (Afghanistan). 2. In each of the partner countries, the country team remains involved with government and civil society stakeholders through sharing research

Purpose	OVIs	Progress	Recommendations/Comments
		<p>stake and stakeholders of health care provision and improving the provision and utilization of health care services. The team has engaged local government representatives through holding regular meetings to share study findings on health markets and informal health care providers.</p> <p>China: During last five years, China team has capitalised on its position as a think tank for health related ministries engaging researchers and policy makers. CHEI, as a government think tank extended collaborative support to Uganda on learning from the experiences of China. CHEI has also been closely involved with the development of 2020 policies at national level, has been instrumental in supporting China Health Development Forum, and has continued to influence the government to improve current NCMS and MA policies. The team has worked very closely with Government in writing guidelines for medical assistance and health insurance based on research findings.</p> <ul style="list-style-type: none"> • India: During FHS project period, team India has engaged the Government of West Bengal in in-depth discussions on FHS key research and analysis findings. The team has engaged key government health and policy people and NGO stakeholders in a number of discussion meetings that led to development and finalization of the master health plans for remote and vulnerable Sundarbans area. • Nigeria: FHS established links with the Ministry of Health at national and state level, and with PMV Association at district level. With a view to discuss FHS research and consider research findings for policy inclusion, FHS Nigeria strengthened links with the ministry of health at national and state level, and has strengthened partnership with pharmaceutical council of Nigeria Oyo state chapter, national association of patent medicine sellers (NAPMED), and Nigerian journalists association Oyo state branch. The team has engaged key national stakeholders in national meetings which led to the agreement to integrate two FHS evidence-driven interventions into the FMOH Roll Back Malaria national programme. Recently, FHS has been closely involved in the design of national level RBM monitoring of community based Artemisin Combination Therapy for community based health workers. • Uganda: During FHS project period (2005-2010), FHS Uganda has worked closely with Ministry of Health, Uganda National Health Consumers Association, Public-private partnership office, Uganda Catholic Medical Bureau and DFID in-country office. FHS Uganda held several meetings with key stakeholders at ministry of health, district health offices and development organizations to share FHS intervention research on demand and supply side financing through distributing vouchers to increase institutional delivery. The intervention research was welcomed by the stakeholders at national and local 	<p>results to influence policies. During five year project period, FHS has intensified its in-country research to policy efforts, and had more success in communicating and influencing the stakeholders. The on-going FHS research to policy influence work will reveal some of the impact and effectiveness of FHS work on in-country policy influence.</p> <p>3. FHS continues to carry out its intervention research work that has already been started in Bangladesh and Uganda while in Nigeria, two intervention studies have been included in country's national program, and preliminary work has been initiated. With the recent funding support from DFID, intervention studies for effective health service delivery will be implemented in all partner countries.</p>

Purpose	OVIs	Progress	Recommendations/Comments
		<p>levels.</p> <p>2. Evidence of consideration of FHS work by strategic decision-makers:</p> <ul style="list-style-type: none"> • In Afghanistan, FHS work has helped monitor and assess government and NGO service delivery, Balanced Scorecard (BSC) being the main instrument for assessing national health service performance. Govt. has also used the FHS work to win a GAVI proposal to strengthen health systems. The work done by FHS team is used by the MOPH to reward contract holders, and to set strategic priorities, including the implementation of a demand side financing scheme to encourage maternal and child health service utilization. The MOPH wrote to development partners to explain that the policy to abolish user fees was based on evidence provided by JHSPH/IIHMR research in Afghanistan. • China research team's views of the integration of NCMS and MA have been reflected in the two government documents including 'Guidelines on Further Improvement of Rural and Urban MA Schemes' and 'Opinions on Strengthening and Developing the New Cooperative Medical Scheme'. These provide technical guidance and support for the integration of NCMS and MA in 6 pilot counties. CHEI models and experiences have been acknowledged and advocated by MoH and MoCA nationwide. • Two of the research interventions of FHS Nigeria team ('PMVs' capacity strengthening through training' and 'Strengthening PMVs' internal regulatory mechanism within the national framework agenda') have been considered for inclusion in the national programme. The National Director, RBM has incorporated the findings from scoping studies in deliberations on PMV activities. • In India, several government documents (e.g. Public Expenditure Review, MTEF, and proposal submitted by the government to the World Bank have cited FHS research findings. FHS findings have been incorporated into the budget speech of the Health Minister • Uganda district health office has requested FHS research findings particularly on the perceptions of the community about the quality of services delivered. 	

Effectiveness of the communication strategy and how it supported the achievements of the programme purpose and outputs:

The communications strategy formed a useful overall focus for the communications work of the consortium. The strategy was designed to be reformulated at mid-term, particularly to take advantage of the development of more products and deepening of relationships with key stakeholders. Our revised communications strategy gave guidance about how our interactions with stakeholders and audiences could be made more strategic and what

products and activities might support this work. During the course of the project, DFID's significant investment in communications allowed us to hone our skills and develop products, partnerships and approaches to meet our objectives.

Our strategy was to target particular communications activities to particular audiences with policy makers and influencers (including intermediaries in civil society) being key to having an impact on the policy process. We placed an emphasis on scale, intensity, depth and future focus. Our online monitoring has shown that FHS web products are of increased interest to Internet users. The integration of publication and web strategies, for example, around our *Insights* on health markets, increased its online popularity over a sustained period of time when compared to past issues. Work with the media, particularly in China, Nigeria and Uganda, has allowed us to expand the audience for our work with members of the public. Relations with policy makers have been strengthened. Work on the health plan for the Sundarbans, with Patent Medicine Vendors in Nigeria and on NCMS and MA in China are particularly good examples of this. The work of the Bangladesh Team with the '*Shasthya Sena*' network is a sustained, practical engagement with all stakeholders who are key to health outcomes. Subsequent work on Knowledge Transfer Platforms could have significant implications for the research to policy process.

Learning on the research to policy process has pointed to the need for researcher-policy maker interaction - that the closeness of relations between the two spheres can make it more likely for evidence to get a hearing. Some of Future Health Systems' communications activities involve direct contact with policy makers or other influencers. However there has been considerable innovation in the use of intermediaries. Communications research has pointed to the utility of 'intermediary bodies' or 'knowledge brokers' to span the research-policy divide by disseminating and promoting the uptake of evidence. These intermediaries/brokers facilitate interaction between policy makers and researchers. Future Health Systems has explored ways of communicating which are not reliant on one-to-one relationships and that build on engagement with a wider array of key stakeholders. Some of these stakeholders explicitly define themselves as intermediaries, for example IDS Knowledge Services, whilst others do not. What they have in common is their interest in the evidence base that we are producing, their knowledge of and close relationship to the policy audience and their ability to repackage information in ways that meet the needs of policy makers. The work with the media in Uganda is a good example of this approach.

Our assessment is that we are reaching international agencies (e.g. World Bank, World Health Organization), bilateral organizations, and the international health research community. In the United Kingdom, we have made a point of participating in the consultations on the UK global health policy, the All Parties Groups at Parliament, and other consultations such as for Avian Flu or maternal mortality. We are also largely reaching our target audiences on a country level. To empower communities, we are engaging in interventions that involve citizens' involvement in monitoring health services and resources (Bangladesh, India, and Uganda), regulation of providers and medicines (Nigeria), and demand-side interventions (Afghanistan).

The creation of a variety of printed products from leaflets, to policy briefs, to news stories, to communiqués and workshop reports have allowed us to tailor research evidence to meet the needs of a variety of target audiences. New areas of the website allowed us to distil our learning on and approach to health markets, the policy process, chronic illness and social protection.

Media work

To strengthen the communications team effort, some of the FHS countries incorporated media personnel in their teams to work in collaboration with their researchers and help publish in local print media. This was particularly successful in Uganda.

Media Coverage of FHS in Uganda

ARTICLE	MEDIUM	AUTHOR	WHEN
A Piece of Paper That Saves A Mother's Life	New Vision	Frederick Womakuyu	July 5, 2010
Makerere Launches Maternity Project	New Vision	Frederick Womakuyu	May 22, 2010
Project To Boost Hospital Deliveries	Daily Monitor	Kakaire A. Kirunda	May 27, 2010
TV Story On Launch Of Safe Deliveries Project Feature On Safe Deliveries Project	UBC TV UBC TV	Adia Nakuti Freda Nandutu	May 23, 2010 July 19, 2010
Poor Communication Between Hospitals And Communities	Daily Monitor	Kakaire A. Kirunda	Sept.2, 2009
Community Perceptions of Quality Healthcare	Daily Monitor	Kakaire A. Kirunda	May 2008
Research Driven Policies Greatly Impact on Health Care Delivery	Daily Monitor	Kakaire A. Kirunda	August 2008
Researchers Want pro - poor Health Delivery Systems Making Healthcare More Accessible	Daily Monitor Daily Monitor	Kakaire A. Kirunda Kakaire A. Kirunda	Jan. 16, 2007 May 2006
Public-Private Partnerships Needed	Daily Monitor	Kakaire A. Kirunda	May 2006
Uganda's Health System Up for Review	Daily Monitor	Kakaire A. Kirunda	Dec, 2005

FHS intensified its in-country communications efforts, and had more success in publishing research results in print and electronic media, and in communicating and influencing the stakeholders.

The Nigeria team was also very successful at making links with journalists and had a great deal of press coverage (print and TV) about their malaria work. The China team started engaging with the Chinese health media for the first time. Bangladesh team are well linked with journalists via *Bangladesh Health Watch*, a body which oversees how health issues are reported in the regional press. Recently Bangladesh team has published their work in a number of national dailies. There were letters by FHS researchers printed in the September 2007 issue of 'WHO bulletin' and in 'The Economist' on 7 June 2007. Gerry Bloom, FHS researcher, was featured in a 6-page article in the November issue of 'Real Health News'. A copy of this magazine was in the pack given to every delegate of the Global Forum for Health Research in Beijing in October 2007 and the FHS website was listed as essential reading.

Short communications

Our strategy committed us to replicating messages from the research in a number of formats in order to appeal to a variety of audiences.

As the RPC developed, we had an increasing amount of short communications which we are using to further engage our target audience. One successful example:

Making health markets work better for poor people, id21 insights was produced in March 2009. FHS invested in this by devising a communications strategy to support its dissemination. We produced a monitoring and evaluation report that reported the following results:

- It had 1000+ web visits in both the first and second month
- More interest was maintained in the online version of the *insights* for longer than has been the case for previous editions
- The content was spontaneously taken up and reproduced by more readers online than previous issues
- A paper copy was sent out to over 7,016 international *insights* subscribers
- It was distributed at the DFID health advisors meeting and at the International Health Economics Association conference
- Communications and dissemination is ongoing

Beyond Scaling Up. A set of 7 briefings that summarise the discussions that were had at the meeting in May 2010 at IDS are now available and have been very well received by participants and a number of the stakeholders we have distributed them to.

FHS website

We frequently developed and updated the website to reflect the way our consortium has developed. We have added pages on developing themes, health and social protection and chronic illness. We increased the traffic to the site substantially by using tools such as flickr, slideshare and newsfeeds. We have been experimenting with blogs written by researchers from conferences and this was particularly successful at the iHEA conference in Beijing in July 2009. Our 10 module online course developed by David Bishai of Johns Hopkins University and the Health Systems Board under the sponsorship of Future Health Systems has been available on the FHS website since September 09. We continue to get regular requests from all over the world to register.

Meetings and conferences

International involvement in conferences, one two one and smaller meetings with targets have allowed us access to staff from WHO, Rockefeller Foundation, Bill and Melinda Gates Foundations, DFID, parliamentarians, bilateral donors (such as Irish Aid) and the private sector.

International conferences were a key part of the international communications strategy and FHS have had a strong presence at a number over the past 5 years, most notably:

Global Forum for Health Research in Beijing 2007 which included poster presentations, a market stall with FHS publicity material and participation by FHS researchers in a number of panel sessions. This gave us numerous good opportunities to engage with stakeholders and audiences. The feedback was very positive.

FHS played an important role at the ICDDR, B hosted 12th annual *ASCON scientific conference in Dhaka, Bangladesh, February 2009*. The theme of the conference was 'Health Systems Research: People's needs first'. Dr Hilary Standing and David Peters were plenary speakers. Future Health Systems also held a special session at the conference. The two awards given to the best research presentations at the conference were awarded to FHS researchers for presentations from Uganda (Elizabeth Ekirapa) and Bangladesh (Shehrin Shaila)

Future Health System had a very visible presence at the *International Health Economics Association meeting in Beijing, July 2009*. CHEI co-hosted this event and we had a number of panels, a high profile stand which meant that many of our publications were given out, and experimented with a blog written by FHS researchers at the conference.

Most recently FHS made a strong contribution to the *Beyond Scaling Up* conference, co-hosted with the STEPS Centre in May 2010. The meeting brought together researchers, donors, policy makers, innovators and the private sector. WHO involvement has spanned several teams or departments most notably in ExpandNet a global network of public health professionals and scientists seeking to advance the practice and science of scaling up successful health service innovations. The UK Department for International Development was represented at the meeting and remains engaged with the issues discussed there. Private consultants and a telemedicine centre attended and we included a speakers from the Springfield Centre. The Future Health Systems Consortium and the STEPS Centre provides us with access to various academic networks. The STEPS Centre has promoted this area of work through their e-newsletter and online products. As a result of the meeting we have engaged with the Global Forum for Health Research and Stephen Matlin, who previously headed up the Global Forum, spoke. We are following up on this event with a session at the First Global Symposium on Health Systems Research in Montreux in November 2010.

In each of the partner countries, the country team remains involved with government and civil society stakeholders through sharing research results to influence policies. During five year project period, FHS has intensified its in-country research to policy efforts, and had more success in communicating and influencing the stakeholders. The research to policy team developed both an inventory tool and a survey for researchers which served to explore in further detail the policy influence reach of FHS as research consortia. Submitted manuscripts and on-going FHS research to policy influence work will reveal some of the impact and effectiveness of FHS work on in-country policy influence.

Communications capacity strengthening effort

The Institute of Development Studies (UK) hosted a workshop for communications staff of Future Health Systems and Realising Rights RPCs from 7-11 April 2008 where they could share experiences and hear from communications professionals from the Institute of Development Studies and beyond. The objectives of the workshop were mutual learning and to provide an opportunity for RPC staff to finalise their own communications strategies for the coming year. Participants came from a variety of backgrounds but what they had in common was the desire to ensure that research was communicated more effectively and meaningfully to a variety of audiences. The majority of the sessions focused on research communications within RPCs and wider networks and how these could multiply the impact of communications with academics, policy makers and the media. Each participant completed a communications plan for their in-country activities and presented it to the group at the end of the week. An email communications working group was set up for follow-up support. The workshop agenda and methodology have been used by other health focused RPCs to deliver capacity building to their members.

The Communications Officer has continued to work closely with communications colleagues in partner countries, mentoring and advising on strategy and impact. The communications skills of all in-country communications officers has increased markedly since the beginning of the programme. In China, the PA to the Director gained the title and remit of Communications Officer from her work with the RPC. In Uganda, they hired a journalist to work closely with the research team to increase publicity and help with their publications.

This has led to a number of press articles and items of TV coverage. In Nigeria, the FHS Manager is very communications savvy and is often in the newspapers and on TV talking about FHS malaria work. India hosted a press conference for the launch of their Sunderbans report in January 2009 which has led to contact with a number of health journalists. The overall cross-consortium and country-specific capacity building activities are documented in Annex 6.

5. Lessons learnt

The FHS consortium has learned a number of lessons during the five year project period (2005-2010). We have included these under different areas, as follows:

Learning about health systems:

- Through its research and policy work, FHS has learned about health systems of partner countries, particularly contributing to understanding health related market systems, informal providers, complex pathways for implementation of health services, equity and access to services, and understanding research to policy processes.
- We have found that it is possible to bring in a broad range of actors who can implement change in health systems. In part this is because FHS teams have been able to maintain and strengthen links with national, state and local level policy makers. New opportunities become available when other actors are also brought in to dialogue and planning about future health systems, such as social entrepreneurs, civil society organizations, religious groups, and trade associations. FHS teams have been more successful in involving these stakeholders in developing and implementing change in Bangladesh, India, Nigeria, and Uganda.
- FHS national advisory panels have been central stakeholders to the country teams in Bangladesh, China, India, Nigeria, and Uganda, and have been used in the formulation and review of the research to assure the relevance of work to the national health system. The Afghanistan work is embedded in the policy, monitoring and evaluation unit of the Ministry of Public Health (MOPH). The key stakeholders have been very effective in almost all countries, however, in countries where they have been less effective, such as in India, extensive consultations with government, civil society, and provider organizations has been undertaken to assure the relevance of the work.

Learning from country research:

- *Influencing policy:* Evidence generated by FHS research informed and influenced in-country national health program and policy. FHS research evaluating user fees policy was used by the Afghanistan MOPH to establish a national policy to remove user fees, which was implemented throughout the country.
- *Monitoring progress in health sector:* Evidences from a base line research in Bangladesh led to an effort to refrain the informal health care providers from harmful or inappropriate practices, and subsequently leading to formation of Local Health Watch including elected local government representatives, social leaders and representatives from informal providers to monitor the performance of informal health care providers.
- *Contributing to govt health plans:* FHS research in India led to preparation, finalization and approval of a work plan to develop a master health plan for the Sundarbans.
- *Integrating research in national program:* The research results and experiences on work on malaria and Patent Medicine Vendors (PMVs) from FHS Nigeria led to the

agreement on integrating two major interventions ('PMV capacity strengthening through training), and ('Strengthening PMVs' internal regulatory mechanism) within the national framework of the FMOH Roll Back Malaria programme.

- *Increasing program coverage:* Initial findings of FHS Uganda research intervention on demand and supply side financing demonstrated marked increase in institutional delivery in the study intervention area.

Learning about using research to influence policy and programs:

- In each of the partner countries, the country team remains involved with government and civil society stakeholders through sharing research results to influence policies. During five year project period, FHS has intensified its in-country research to policy efforts, and had more success in communicating and influencing the stakeholders. The research to policy team developed both an inventory tool and a survey for researchers which served to explore in further detail the policy influence reach of FHS as a research consortia. Submitted manuscripts and on-going FHS research to policy influence work will reveal some of the impact and effectiveness of FHS work on in-country policy influence.
- Toward the end of the consortia efforts to bring together the stream of work on policy influencing with the communications work provided a more rigorous analysis of the narrative of influence during the Consortia. In the next stage of the work greater efforts will be made to ensure that these streams of work are better integrated. Initial work to bring together in-country stakeholders provided a useful network of influential and interested parties to aid consortia communications.
- Linking with the ESRC funded STEPS Centre on the Beyond Scaling Up work has helped immensely with the communications aspect of this work. Their website has around 5,000 unique visitors a month and many STEPS members and subscribers are now aware of the work FHS does. Similarly, being linked to the Centre for Global Development in the promotion of the online teaching curricula increased the dissemination of FHS products and increased weblinks. Partnering and linking with influential development actors with a strong online presence is a useful strategy for improving reach

Learning about how to manage the grant:

- For the entire project period, the management approach of the consortium has remained the same as allowing for equal role in decision-making of the partners, and allocates resources transparently to each institution to use locally. This created and maintained trust among the partners, and was not proved to be an unwieldy approach to decision-making.
- FHS was able to meet its targets for research implementation, even though in year four it incurred rapid financial losses due to sudden changes in currency exchange rates. The management strategy of holding onto "reserves" from previous exchange rate gains helped somewhat in reducing the impact of the losses, although each team had to cut some of its budgeted items for capacity development activities and the scale of some of the research. However, with some additional funding support from DFID, FHS was able to complete much of the planned activities.

- Another effect of the global economic downturn has been the loss of funding for the larger scale intervention research that had been planned by FHS. For example, Uganda had a plan for ten year (\$100 million) follow-up grant that was cancelled, along with an entire program of capacity building cancelled by the sponsoring foundation. Although several short term projects were funded for partners as a result of the FHS work, it was more difficult to secure long term funding for large scale implementation of interventions for a number of the partner countries (notably Bangladesh, India, Nigeria, and Uganda). However, FHS continued a balanced approach seeking support for both smaller/phased research, and larger scale initiatives, while broadening the group of partners to work with, and succeeded with a few large grants [GBP 7.5 million awarded to FHS by DFID recently for implementing effective health service delivery interventions in partner countries; \$5 million for capacity building and research awarded to JHSPH and Makerere University; \$8.9 million awarded by Afghanistan Ministry of Public Health to JHSPH (in collaboration with IIMR) for Monitoring and Evaluation Technical Assistance for Strengthening Health of the Rural Poor (METASHARP); and \$2 million awarded for capacity building in Uganda and East Africa].

Learning about building partners' capacity:

- As an effort to strengthen FHS capacity in research methods and quantitative data analysis as well as application of appropriate analytical models to obtain results for formulating policy recommendations, FHS continued to work together and held workshops in Dhaka (January 2008), Uganda (April, 2008) and China (June 2008). Also, researchers from Uganda and China partner institutions visited JHSPH to work with JHSPH researchers on their research projects. This effort has become successful as the researchers have applied the methods they learned in designing intervention studies, doing extended data analysis and writing reports and policy papers.
- While working with partners in building capacity, we feel a need to make better use of new technology to take advantage of our multiple institutions. Distance learning technologies are one such option that will help us to teach across organizations. For example, JHSPH has developed an internet-based course series, including an Open Courseware series (free to all), which includes one prepared by FHS member on *Pharmaceuticals Management for Under-Served Populations* at <http://ocw.jhsph.edu/courses/pharmaceuticalsmanagementforunderservedpopulations/>.
- FHS has also realised the importance of early investment in communications capacity building for partner countries. As dissemination and influence are the corner-stone activities for the project, embedding the communications teams within the research teams has worked well to make these processes more effective.
- Recruiting communications specialists early on in the project helped focus the RPC on the importance of building in communications mechanisms from the outset. Working closely (including regular visits) with partner communications colleagues has been invaluable in terms of understanding the strengths and constraints of their communications work. Also embedding the communications teams within the research teams worked to make the processes of dissemination and influence more effective. To strengthen the communications team effort, some of the FHS countries incorporated media personnel in their teams to work in collaboration with their researchers and help publish in local print media. This was particularly successful in

Uganda. In Nigeria close relations with journalists helped to ensure that the issue of patent medicine vendors was an issue covered in the print media and using television media personalities to chair sessions with policy makers at meetings helped to further embed media partnerships.

- FHS has also realised the importance of early investment in communications capacity building for partner countries. All participants in the Future Health Systems and Realising Rights communications capacity building workshop in 2008 found the week invaluable and we would suggest this is built into the inception phase of every new RPC. Some quotes from people who attended the Communications Capacity Building Workshop at IDS:
 - “Attending this workshop has changed my understanding of how to communicate and what communications is as a process”
 - “It was useful to bring in various communications experts attached to other Consortia – they brought with them vast experiences”
 - “The participatory aspect of the workshop was very useful – it helped to apply the conceptual aspects of communications more practically”
- Due to resource constraints it was not always possible to have partners’ communications colleagues attend the annual planning meetings but when this did happen, it was very useful for them to get a good sense of the RPC as a whole when communicating about RR work in-country. Having the Future Health Systems RPC Communications Officer working closely with the cross-consortium communications working group, represented by each of the RPC partners, helped ensure that the consortium was on track in pursuing our communication strategy.
- Networking and liaising with communications staff from other DFID financed consortia provided valuable learning for communications officers. This occurred through communities of practice within IDS and through DFID brokered events. More opportunities for cross consortia learning, that bring in partners from beyond the UK would be welcome in the next round of RPCs.

7. Long-term sustainability of the research

There are a number of long-lasting effects of the consortium's work. On one level, the research has led to sustainable health systems changes, such as the merging of health insurance and assistance to the poor in China, or the abolition of user fees and continuation of contracting for health services in Afghanistan, or the application of FHS research to develop the malaria programme in Nigeria. FHS research has also contributed to expansion of research programmes by FHS partners beyond FHS funding, such as in Uganda, Bangladesh, and Nigeria. FHS research has also influenced other research programmes concerning health market systems (such as at Rockefeller Foundation and the Centre for Health Market Innovation), implementation research (such as USAID), and capacity building for Universities (through the National Institutes of Health (USA)).

FHS will remain available beyond the initial project, as it has posted the partner country profiles, research, capacity building and communication activities along with research products and publications to its website www.futurehealthsystems.org. Peer-reviewed publications will also remain accessible. We plan to continue to expand and enrich our website with new information from partner country and cross-country activities during the next phase of our consortium. The website is open access, and interested groups can easily access FHS information from this website.

On completion of FHS consortium period (2005-2011), FHS will continue to build on its in-country research activities during the next six years through recently awarded DFID grant (HRPC09 Delivering Effective Health Services for the Future: A Future Health Systems Consortium Programme; Amount: 7,499,380 GBP). As FHS consortium's main purpose is to generate knowledge about how to deliver basic health services to benefit the world's poor, the consortium will build on its five years of research to policy linkage experience to address fundamental questions about the design of future delivery systems for curative and preventive health care. It will work closely with actors who are leading the transformation of health systems in the reality of widely ranging contexts and health markets. We will pursue opportunities for introducing innovation and coherent approaches to scaling up effective services, while linking research to policy processes at local, national and global levels to benefit the poor.

Annex 1: FHS Logical Framework

Narrative Summary (NS)	Verifiable Indicators (OVI)	Means of Verification (MOV)	Assumptions/Risks
Goal (DFID): Contribute to poverty reduction and the achievement of the MDGS.	<i>(No need to complete)</i>	<i>(No need to complete)</i>	<i>(No need to complete)</i>
Purpose: Use of FHS-generated knowledge in shaping policy and programmes on health systems in targeted countries and institutions.	Assessment of the impact of new knowledge generated by FHS on policy and practice at local, national or international levels, including: <ol style="list-style-type: none"> 1. Evidence of engagement with critical players in key national and sub-national policy discussions 2. Evidence of consideration of FHS work by strategic decision-makers in the design of financial risk protection and health service delivery 	<ol style="list-style-type: none"> 1. Assessments of key stakeholders at mid-term and end of project. 2. Contact tracking sheets (for meetings, presentations, product dissemination, citation & use of FHS work) 3. Identified programs and policy documents that incorporate FHS work 4. DFID review of mid-term and final reports to verify the quantity and quality of research papers and policy briefs, the number of new research projects by RPC partners, and evidence of capacity building. 	Assumption: <ul style="list-style-type: none"> • Health system changes will contribute to poverty reduction and achievement of MDGs. Risks: <ul style="list-style-type: none"> • Country political and economic situation and other development priorities compete with or prevent linkage of health systems knowledge to poverty reduction
Outputs: <ol style="list-style-type: none"> 1. New knowledge on financial protection, innovations in service delivery, and research to policy processes are disseminated by publication of country reports, peer-reviewed journal articles, presentations at scientific conferences, website publications, and articles in the popular press. 2. Completed communications strategy that has influenced key stakeholders to take RPC knowledge products into account in policy and practice 3. Increased partner capacity in teaching, ability to obtain additional commissioned health systems research and grants, and influence in policy and advisory bodies 	<ol style="list-style-type: none"> 1. Evidence of new knowledge products concerning future health systems and the poor, including: <ol style="list-style-type: none"> a. at least three reviews/reports/papers per FHS country team per year; b. at least three thematic group comparative papers/reports per year; c. one international or national conference presentation per FHS country/thematic team per year; d. at least one national/local press article written per country team per year; e. at least five major research proposals submitted to funding agencies over the life of the project 2.1 The existing communications capacity of RPC partners in reaching target audiences has been built, as demonstrated by: <ol style="list-style-type: none"> a. dedicated communications focal point; b. at least one member of partner staff per country 	<ol style="list-style-type: none"> 1. FHS partner internal review of publications, website hits, participation at conferences, monitoring of popular press, backed by copies of publications and presentations 2. Regularly updated communications strategy, country communications plans, stakeholder analysis, communications focal point in post, cross RPC communications amongst the communications working group, capacity building workshop reports, branded short 	Assumption: <ul style="list-style-type: none"> • Target audiences are receptive to innovation and evidence in health systems Risks: <ul style="list-style-type: none"> • Decision-making environment is unstable (e.g. high turnover of government officials, regime change) or interest groups oppose innovations being studied • Research results are equivocal or difficult to communicate and adopt • The pressure to publish leads to insufficient effort to ensure that critical stakeholders adopt the results

Narrative Summary (NS)	Verifiable Indicators (OVI)	Means of Verification (MOV)	Assumptions/Risks
	<p>accesses communications capacity building; c. a process for sharing learning across the RPC on communications techniques.</p> <p>2.2 Evidence of engagement with target audience for communications strategy, including: a. at least one FHS branded tailored short communication per country team per year; b. at least one meeting to engage target audience per country per year.</p> <p>3. Evidence of improved partner capacity including: a. strengthened curricula, course syllabi and teaching materials through FHS partnership b. "multiplier funding" obtained for FHS partners for research, teaching, and capacity building c. participation in at least one policy or advisory body by FHS researchers from each partner institution.</p>	<p>communications, stakeholder workshop and meeting reports, monitoring and evaluation plan.</p> <p>3. FHS internal annual reviews and DFID review of mid-term and final reports on FHS activities to improve teaching, obtain multiplier research funding, and participation in policy and advisory bodies, backed by copies of teaching materials, research grants, and reports of policy and advisory bodies</p>	
<p>Activities:</p> <p>1.1 Hold writing workshops, complete detailed research protocols and initiate research implementation in each FHS country</p> <p>1.2 Formulate at least one cross-country and FHS-wide thematic research protocol for each of the three themes</p> <p>1.3 Hold national advisory meetings in each country as well as with other key local audiences to review specific research objectives, methods and findings</p> <p>2.1 Implement communications mapping, identifying and engaging with target audiences</p> <p>3.1 Conduct at least one meeting of FHS directors and researchers</p> <p>3.2 Hold meetings with the 3 thematic teams to develop common research methods and instruments, prepare research grants for multiplier funding, conduct training and coordinate cross-country research</p> <p>3.3 Hold exchange visits between researchers and policymakers</p> <p>3.4 Participate in capacity building workshops, policy fora, host visiting fellows</p>	<p>Inputs:</p> <p>1.1 Funds used for research development and implementation activities in each country</p> <p>1.2 Funds used for research development of thematic groups research</p> <p>1.3 Funds used for National advisory meetings</p> <p>2.1 Funds used for communications strategy activities</p> <p>3.1 Funds used for FHS Coordinators meeting and teleconferences</p> <p>3.2 Funds used for thematic group meetings and teleconferences</p> <p>3.3 Funds used for researcher and policymaker exchange visits, short courses</p> <p>3.4 Funds used for involvement in policy fora and capacity building workshops</p>	<p>1. Budgets and invoices for workplan activities</p> <p>2. Annual FHS reports to DFID</p> <p>3. Study protocols published</p>	<p>Assumptions:</p> <ul style="list-style-type: none"> • Able to maintain multidisciplinary research teams throughout the FHS RPC <p>Risks:</p> <ul style="list-style-type: none"> • Governments and other funders may be unwilling to fund additional research or technical assistance • Political and social instability in country prevent research from being completed or disseminated widely • Difficulties in understanding DFID and working closely with DFID policy division (including the need for JHBSPH to adapt to UK culture and administrative systems)

Annex 4: Communications Strategy

FUTURE HEALTH SYSTEMS: INNOVATIONS FOR EQUITY

Introduction

The Consortium focuses on informing and influencing the health systems of the future in a manner that is:

- innovative - tackling health problems with new ideas
- future looking - informing tomorrow's health systems
- poverty focussed.

The communication of research findings – whether to the subjects of that research or to decision makers to try and ensure evidence informed action – is an ethical imperative.

Over time the communications strategy has evolved from:

- A period of start up where partnership building, the development of a shared identity, the creation of basic communication tools (such as a website and a brand) were core communications business
- To a time of consolidation where audiences were refined, stakeholders were engaged and relationships entered into, gaps in capacity were identified, communications methods were trialled, research and communication products burgeoned and blossomed and some innovations were taken

We are now moving to a stage of our communications which is more confident and skilled (learning from earlier experimentation) and in which scale, intensity, depth and future focus are of paramount importance.

<p>SCALE:</p> <ul style="list-style-type: none"> ✓ Reaching out to far more individuals and organisations within our target demographic ✓ Considering the use of intermediaries such as civil society and the media for the multiplier effect that they can provide ✓ Taking advantage of the interconnectivity of web technologies for increasing spread 	<p>INTENSITY:</p> <ul style="list-style-type: none"> ✓ Talking with greater confidence about the evidence generated by the research ✓ Replicating messages from the research in a number of formats in order to appeal to a variety of audiences ✓ Using repetition as an advocacy strategy to influence policy
<p>DEPTH:</p> <ul style="list-style-type: none"> ✓ Moving from engagement with stakeholders to encouraging them to be partners in the communications process ✓ Identifying and exploiting synergies in avenues used for engagement and communications 	<p>FUTURE FOCUS:</p> <ul style="list-style-type: none"> ✓ Considering the life of the brand ✓ Securing our legacy ✓ Communicating with a view to consolidating existing partnerships so that they continue beyond the end of DFID funding ✓ Engaging with stakeholders with a

Whilst we have made efforts to address gaps in capacity many remain, particularly amongst research staff. However, our communications work is a learning process in which our techniques are always evolving as a result of new knowledge and opportunities. The project affords us the opportunity to take some risks in our strategy in a supportive and funded environment.

Purpose

The central purpose of the Future Health Systems Research Programme Consortium is to:

‘Use FHS-generated knowledge in shaping policy and programmes on health systems in targeted countries and institutions.’

Objectives

- Make information on health systems innovations widely available
- Generate support for further research on health systems innovations
- Use information to empower communities to demand better health services
- Provide information to strategic decision-makers (directly and indirectly) to help them design health systems that effectively reach the poor

Key messages

- At a time of unprecedented worldwide focus on health, the Future Health Systems partnership wants to ensure that real health gains for the poor are achieved.
- Through research and partnership we want to inform and influence the health systems of the future in Nigeria, India, Uganda, Bangladesh, China and Afghanistan.
- This research consortium will be innovative and tackle health problems with new ideas.
- This consortium will be future looking and inform tomorrow’s health systems.
- This consortium will focus on meeting the future health needs of the poor and vulnerable in developing countries by thinking differently about poverty.
- We will work with government officials and key stakeholders to initiate and assess innovations that make health systems more effective and pro-poor.
- The Future Health Systems RPC will build country capacity to advance health systems and service delivery for the poor.

Principles and Approach

Our communications work will continue to be decentralised and whilst this brings challenges we need to also consider the considerable benefits that country ownership affords including:

- Contextualised communications strategies and messages that build on a body of locally generated knowledge about what works

- Flexibility and the ability to move quickly when communications opportunities present themselves
- Greater value for money
- A lot more use of informal networks and intuitive knowledge

Principles and approach that guide the work include:

- Targeted communications to audiences identified by our earlier mapping activity
- Engagement and inclusion of stakeholders
- Emphasis on influencing policy and practice
- Working in partnerships and networks
- Using the media as a multiplier
- We will monitor and evaluate our communications work

Audiences

The audience for our work is international, national and sub national. It includes:

- Policy makers (inc government officials, local decision makers, philanthropic organisations, multilateral organisations, bilateral organisations, UN bodies)
- Civil society (as CBOs and NGOs, the subjects of research, researchers, health service users and intermediaries in the policy process)
- Healthcare practitioners (including professional bodies)
- Researchers and students

Future Health Systems partners have already compiled substantial information on audiences in the focus countries, gathered through a communications environment exercise and analyses of critical stakeholders.

Monitoring and Evaluation

The generic indicators usually given to assess the impact of communications work include:

- Collect feedback formally and informally from stakeholders
- Uptake of information (e.g. web visits, downloads of papers)
- Continuing engagement (e.g. interest in becoming a partner in this work, interest from policy-makers, funders or civil society express an interest in talking to or meeting with you)
- Media coverage of the issue
- Others take this work forwards without you
- Main messages appear in the communications of your target audiences
- Citations of research increase
- Awareness of work and groups involved—requests to engage in discussions from organisations and individuals, uptake of info
- Collect ‘impact case studies – instances where we believe there is evidence that the communications efforts had an impact on the way audiences think, act or design policy
- More formal operations research

Quantitative and qualitative information collected will be used in reporting to DFID through channels including the Annual Report and mid-term Review. Over the coming years we will collect impact and process data in a systematic way.

Potential outputs and modes of communication

Audience	Channels
Bilateral donors	Engage health advocates at national level in their countries (e.g. Action for Global Health or EURO NGOs in Europe) and use their dissemination networks One to one meetings Engage interested parliamentarians in their countries Networking and engagement in international conferences Translate research papers into policy briefings Scan for consultations on relevant policy and input with tailored interventions Systematise the dissemination of research through these channels Innovative use of the Internet Tailored funding proposals
Multilateral organisations/philanthropic organisations	Capitalise on existing personal and institutional relationships at national, regional and international level Systematise the dissemination of research through these channels One to one meetings Webinars for technical staff on areas of interest Innovative use of the Internet Tailored funding proposals
Civil society/networks/advocates	Create communications products that they can understand and use Existing mechanisms for involvement e.g. health planning mechanisms Use existing network list serves (e.g. the yahoo group for the International Health Partnership) Stakeholder meetings Use the media to highlight research findings Use the health watch model Webinars on areas of interest Innovative use of the Internet Systematise the dissemination of research through these channels
National governments/parliamentarians	Existing national policy and planning processes Use existing parliamentary networks One to one meetings with potential allies

	<p>Systematise the dissemination of research through these channels</p> <p>Ensure that civil servants at all levels are included in the dissemination strategy</p> <p>Use the media to highlight research findings</p>
Researchers and academics	<p>Use list serves that reach this audience to highlight new research products</p> <p>Engagement in national and international conferences</p> <p>Online research resources</p>

Delivering the Future Health Systems communications strategy

The Future Health Systems Director has overall responsibility for delivering the communications strategy. The appropriate, timely and accurate communication of research findings is core to our mandate and is the responsibility of all staff and organisations participating in the Consortium.

Partner communications will be supported by a part-time central Communications Officer (based at IDS) who will lead implementation and development of the communications strategy and support partners in planning and carrying out communications activities. This central role will enable effective identification of links and potential for collaboration between partners on communications activities, as well as manage centralised communications functions such as website development and maintenance, leaflet production, newsletters, and monitoring and evaluation. The communications officer will convene the communications working group, a key means of bringing together communications expertise from across the partnership. More detail on this can be found below.

Country action plans are important in planning communications at the activity level. Each partner has developed their own activities plan which will ensure that communications activities are developed strategically as research plans develop. These can be found in Annex 4a.

Proposed international activities

Capacity building	<ul style="list-style-type: none"> • Building on the capacity building workshop of earlier this year work will continue in formalising the Communications working group • Training with selected researchers ('communications champions') to build their skills and buy in for this area of work
M&E	<ul style="list-style-type: none"> • Work with the Communications working group to systematise the collection of feedback on the impact of our work • Meet with researchers working on the policy process thematic area to see how we can strengthen our monitoring and evaluation work on influencing policy

	<ul style="list-style-type: none"> • Collect impact case studies
Dissemination	<ul style="list-style-type: none"> • Conduct a mapping of dissemination routes • Adopt a protocol for dissemination
Short communications	<ul style="list-style-type: none"> • Systematise feedback on areas of research useful for short communications • Agree main messages for each of the new thematic areas of research • Agree process for putting together a package of policy briefs to support our end of project policy work • Consider how to build our online resource on Building future health systems to deliver primary health care • Systematise the creation of text for the website
Meetings and conferences	<ul style="list-style-type: none"> • Think through our involvement in the Geneva Health Forum • Work towards an end of project high-level policy event • IHEA meeting in Beijing • American Public Health Association annual meeting • Systematise feedback from meetings with communications targets

Proposed country-level activities (See Annex 4a)

Annex 4a: Communications Workplans 2008-2010

India (Indian Institute of Health Management Research)

Target audience	Purpose of communication	What are you communicating?	Communication activity	When are you communicating?	Outcome
Minister & other similar stakeholder, Ministry of Health & Family Welfare at both, National & State level	<ul style="list-style-type: none"> To inform about FHS research findings. To recommend, intervention strategies based on research findings. 	<ul style="list-style-type: none"> Success stories Research Findings Policy briefs. Intervention strategies 	<ul style="list-style-type: none"> Presentations & Discussions Sharing research documents, briefs etc. 	As and when possible.	<ul style="list-style-type: none"> Visible interest and positive support from various stakeholders. Assurance of policy change.
National & International development partners	<ul style="list-style-type: none"> Share latest research findings. To develop links & gain financial & technical support in FHS research. 	<ul style="list-style-type: none"> Research findings. Success stories. Future research areas & plan. 	<ul style="list-style-type: none"> Meetings & Presentations. Sharing research documents & policy briefs. Sending updates of newly uploaded documents on IHMR & FHS website. 	As and when possible.	<ul style="list-style-type: none"> Visible interest in and support for FHS research themes.
High & Mid level Officials of District Health & Family Welfare Society of intervention districts.	<ul style="list-style-type: none"> To share FHS research findings in general & district specific results in particular. To generate discussion and create & sustain interest in FHS research results & research areas. To make them 	<ul style="list-style-type: none"> FHS Research findings, specific district details & proposed intervention strategies. 	<ul style="list-style-type: none"> Work-shop to share results & discuss problems & solutions. Series of presentations, disseminating research findings, followed by discussion on proposed intervention strategies. Regular sharing of FHS research documents. 	<ul style="list-style-type: none"> Meetings & Presentations - Continuous process – once every month. Sharing of documents – As and when available. 	<ul style="list-style-type: none"> Further interest and assistance for FHS research at district level.

Target audience	Purpose of communication	What are you communicating?	Communication activity	When are you communicating?	Outcome
	aware of our proposed intervention strategies		<ul style="list-style-type: none"> • Meeting with local media/press to inform about FHS research & findings. • E-mail newsletters/updates. 		
State & National Level NGO's	<ul style="list-style-type: none"> • To share FHS research findings & proposed strategic interventions. • To link up with organisations working in similar area, and share resources & ideas. 	<ul style="list-style-type: none"> • Latest research findings. • Proposed research areas for subsequent studies, broad plan of action. 	<ul style="list-style-type: none"> • Meeting of development partners and NGO's working on similar research topics, to share results & explore possibilities of working together (especially. Collaborating for journal articles & papers). • Sharing FHS research documents. 	<ul style="list-style-type: none"> • Meetings & Presentations – Bi-annual event. • Sharing of documents – as and when available. 	<ul style="list-style-type: none"> • Joint research articles, journal papers produced. • Joint studies & proposals planned on FHS research themes.
Public Health Research & Academic Institutes & Universities	<ul style="list-style-type: none"> • To share FHS research findings. • To share resources, such as research expertise & for mutual capacity building. 	<ul style="list-style-type: none"> • FHS research theme, areas & findings. 	<ul style="list-style-type: none"> • Seminar & presentations – to disseminate & discuss FHS results. • Sharing FHS research documents. 	<ul style="list-style-type: none"> • Seminars and Presentations – As and when planned. • Sharing of documents – as and when available 	<ul style="list-style-type: none"> • Visible increase in awareness and interest in FHS themes and findings.
Research Scholars (FHS research & related area) & Public health students	<ul style="list-style-type: none"> • Awareness about FHS consortium and research work undertaken by FHS India. • For capacity building of scholars working on similar research area/topic. 	<ul style="list-style-type: none"> • FHS research theme, areas & findings. 	<ul style="list-style-type: none"> • Sharing FHS research documents. 	<ul style="list-style-type: none"> • Seminars and Presentations – As and when planned. • Sharing of electronic and hard copy of published material – as and when available 	<ul style="list-style-type: none"> • Visible increase in awareness and interest in FHS themes and findings. • Involvement of research scholars & PhD students in FHS research.

Target audience	Purpose of communication	What are you communicating?	Communication activity	When are you communicating?	Outcome
Print & Electronic Media	<ul style="list-style-type: none"> • Awareness about FHS research areas, theme and findings. • To work on effective communication of FHS research themes & findings. 	<ul style="list-style-type: none"> • FHS research theme & areas of work. • FHS findings 	<ul style="list-style-type: none"> • Orientation/Exposure of local media on FHS, its areas of work, etc. • Sharing, summary of research findings & policy briefs. 	Ongoing	<ul style="list-style-type: none"> • Visible increase in awareness, knowledge and interest in FHS themes and findings. • Active interest of local media and visible increase in number of press articles and news stories related to FHS research.
All stakeholders	To bring together findings from FHS research in India	Publish a book "How to improve the health care delivery system in the Sundarbans, India".	<ul style="list-style-type: none"> • Book launch • Wide dissemination among stakeholders. • Media work 	April-May 2010	<ul style="list-style-type: none"> • Visible increase in awareness, knowledge and interest in FHS themes and findings.

China (Chinese Health Economics Institute)

No.	Objectives/Main tasks	Tasks	Outputs	Who Responsible	Start Date	End Date
1	Increase the exposure of China RPC study					
1.1		Send out the leaflets and put posters on the key conferences or workshops held or co-hosted by CHEI	More public awareness of FHS-RPC	Xiao Yue	April, 2008	Sept., 2010
1.2		Contact with media and get more public exposure, such as organize interviews of key researchers and key stakeholders	Two newspaper article on FHS-RPC	Xiao Yue	Jan. 2009	Sept., 2010
1.3		Maintain and update the	More public awareness	Xiao Yue	April,	Sept.,

No.	Objectives/Main tasks	Tasks	Outputs	Who Responsible	Start Date	End Date
		FHS-RPC page on CHEI website (both in Chinese and English)	of FHS-RPC		2008	2010
2	Help to Publicize research findings of China team			Xiao Yue		
2.1		<u>Meetings:</u> ● Hold mid-term and annual report meetings, and invite key policy makers and local implementers to attend	Improved communication between the policy makers, policy implementers and researchers	Xiao Yue	April, 2008	Sept., 2010
		● Help local pilot sites to organize at least another 4 experience-exchanging meetings			April, 2008	Dec., 2009
		●				
2.2		Help prepare policy briefing papers and send to the policy makers	Improved understanding between the policy makers and researchers	Xiao Yue	Sept. 2008	Sept., 2010
2.3		Organize the researchers and key stakeholders to attend other exchange activities held by the China Health Development Forum	Improved understanding between FHS-RPC and other consortia	Xiao Yue	April, 2008	Sept., 2010

Bangladesh (ICDDR,B)

Target audience	Purpose of communication	What are you communicating?	Method of communication	When are you communicating?	Outcome
Local government	To bring an appropriate level of involvement of the local government body in health system activities To grow accountability of the formal and informal health care providers to the local government officials. Eg Purbaborobheola health watch positively involved local gov to improve the performance of the health system (share findings of this study)	Project findings on health system activities and local government involvement in these activities	Workshops, meetings (discussion sessions), posters and charts that have key messages of research findings	Every three months	Involvement of local gov, Increasing accountability of health services Improvement in quality of health services
Informal health service delivery providers	To ensure appropriate use of drugs and reduction of harmful practices by them	Project findings about their present knowledge and practices about appropriate use of drugs & use of harmful drugs Knowledge of proper practices ie appropriate use of drugs, referral services, what drugs to use Existing use of facilities	Booklet on Training and refresher training (on booklet and research findings)	Every 3 months	Increase in appropriate use of drugs by informal health care providers Reduction in harmful practices Patients getting proper health care in least number of visits Reduction in morbidity time
Government health facilities staff	To involve the gov health facilities staff in the process of working with informal healthcare providers	To ensure appropriate use of drugs and reduction of harmful practices by informal healthcare providers	Seminar, workshop, meetings	Every 6 months	Better referral services Patients getting proper health care in least number of visits

Target audience	Purpose of communication	What are you communicating?	Method of communication	When are you communicating?	Outcome
	To set up a referral linkage network between formal and informal health services	Research findings			
Civil society organizations (teachers, business community leaders)	To raise public awareness through media To activate the civil society watchdogs	Key messages from research findings	Meetings, seminars, workshops	Once a year	Wider dissemination of research findings Influence on public policy and public opinions
Health research community	To get appropriate feedback and learn from their experiences To avoid duplication of research	Research findings and methodology	Scientific papers, reports, seminars, conferences, posters, meetings, International conference in ICDDR,B in 2009	End of study	New research will be influenced by findings,
General public/ Community	To raise public awareness on health and health services and facilities, health rights	Key messages from research findings	Meetings, posters, leaflets, newspaper articles, radio, film, website	Every 6 months	Increase in knowledge of health facilities, decreased morbidity, sense of ownership of the health system, people's participation in local health watch activities, increase utilization and equity in utilization of health facilities
Government officials	For incorporation of research findings into new policies and for helping them make informed decisions To secure government support for interventions	Research findings	Meetings, research reports, policy briefs, newsletters, scientific reports, annual reports, field visits	At the beginning of projects, as new findings come out, at end of project period	Informed decision making and evidence based policies Cooperation with government Possibility of scaling up

Target audience	Purpose of communication	What are you communicating?	Method of communication	When are you communicating?	Outcome
	suggested by the study and to collaborate with them in research				
Donor agencies and International Policy Makers	To keep them informed so that they make better decisions on policies If the project is successful, donors can invest in scaling it up	Research findings	Meetings, research reports, policy briefs, newsletters, scientific reports, annual reports, field visits, ICDDR,B website, IDS website	At end of project and when new findings from surveys and analysis are available	Scaling up or follow-up studies New policies and interventions being introduced
NGOs	To get appropriate feedback and learn from their experiences To avoid duplication of research To collaborate on research and interventions	Research findings and methodology	Scientific papers, reports, seminars, conferences, posters, meetings	Once a year	New research and programmes will be influenced by findings, Possibility of scale up interventions
Journalists	To engage with journalists and make them partners in communicating health information and messages to the public	The whys and hows of a study, research initiatives at the beginning of a study, progress of the study while it is ongoing, research finding at the end, case stories, getting to know the community involved in the study	Training, meetings, field trips, press conference	At beginning, during and end of the study	Involvement of journalists as stakeholders in health of people, better communication of research and health issues to the public and government officials
IDS communications team	To work together to improve international networking and reach policy makers	Updates on important meetings, policy briefs and other outputs of FHS study	Descriptions of important meetings held, policy briefs and other relevant outputs of FHS	As outputs occur (ongoing)	Improved networking and communication with international policy makers and donor agencies, impact on

Target audience	Purpose of communication	What are you communicating?	Method of communication	When are you communicating?	Outcome
			study		international health policies

Nigeria (University of Ibadan, College of Medicine, Faculty of Public Health)

Target audience	Purpose of communication	What are you communicating?	Communication activity	When are you communicating?	Outcome
Government (FMOH/SMOH/LGA)	To intimate them about implemented activities for policy change	Research findings, proposed intervention programme, share policy implications	Presentation of findings, discussions, distribution of newsletters and policy briefs. Media people in attendance	Ongoing	Commitment assured. Process of policy change outlined. Project supported with fund.
Consumers/service delivery (PMVs)	To stimulate public reactions and suggestion. Intimate public about FHS	Ways by which community members can communicate assertively and demand for improved malaria services from the government and PMVs	Radio/television Associational meetings of PMVs Design and use of SMS message using mobile phones	Ongoing	Public reactions and suggestions to FHS work chronicled
National researchers and stakeholders	Review of the project report of impact on policy. New proposal/scaling of project	Lessons learnt. Policy implication for evidence based intervention for future. Way forward. Impact on the community and the community expectations.	Setting goals. Identify date. Draw up budget. Contact speakers and stakeholders. Identify date. Organise FHS Team into teams and delegate tasks e.g. publicity. Inform press. Employ consultant. Display on FHS website.	Ongoing	3 Newsletters and 2 policy briefs to be produced. New proposals submitted. Government support expressed. Proceedings of meetings produced for the web.
Committee on health in senate and parliament	To intimate them about FHS initiative on malaria and plan of action.	Initiates then on FHS plan on quality drugs for the poor. Report findings from	Advocacy visit/. Briefing through PowerPoint Newsletters	Ongoing	Support expressed Dissemination information to their constituencies and

Target audience	Purpose of communication	What are you communicating?	Communication activity	When are you communicating?	Outcome
		the community survey. Solicit support	Other relevant FHS documentation		discussion at larger meetings
Minister and Executives in FMOH	As above	As above	As above	Ongoing	As above
Commissioner of Health and NAP	Update on the progress of FHS	Implementation strategies, training on minilab and support for funding	Invitation letters to NAP members Reminder phone calls Book hotel and venue of meeting. Follow up visits of FHS Director. Prepare ICT for presentations and other relevant materials	Ongoing	Support assured Commitment to funding guaranteed
Telecommunications provider	Solicit support for FHS communication process	Policy on malaria and FHS programme	Advocacy meetings Workshop Design SMS message on quality malaria drug	Ongoing	
PMVs, Oyo state LGA staff and other stakeholders including the media	To train PMVs on the use of the toolkit including the media	Use of tool kit to monitor quality drug. Demonstrate process. Return demonstration and practice. Monitor use.	Use of video Practicing the kit Return demonstration by PMVs Put on web page	Ongoing	Acquisition of skill Expression of confidence Use in the workplace Story in the paper Policy on use
PHD students in FHS programme	To access FHS related studies Train on innovative communications processes	Innovative communication of research findings on the web and elsewhere	Consultant to demonstrate the use of video, webpages, e-mail, designing webpages and images	Ongoing	Use of innovation in designing newsletter, policy brief and reporting research
Media	Collaborate with the media on innovative communication and reporting of research	Communicate findings through web, video, drama and prints.	2 day workshop with FHS communications persons and invited experts.	Ongoing	Use of methods in subsequent report
FHS team, post graduate students and invited experts	To produce policy briefs, newsletters and working papers	Feedback on Brighton workshop for design of newsletter etc.	2 day workshop. Link up with IDS web and asses other resource centres	June 2008 – Dec 2009	Improved newsletters More use of resource centres for information

Afghanistan (Johns Hopkins Bloomberg School of Public Health and Indian Institute of Health Management Research)

Target audience	Purpose of communication	What are you communicating?	Communication activity	When are you communicating?	Outcome
Polymakers and government officials (Afghanistan)	Share information which can be used in policy development and evaluation	Research findings, experience with conducting research, technical advice	Meetings and presentations; policy briefs; research briefs; participation in key committees/forums	Weekly and monthly meetings depending on the forum Face-to-face meetings at the request of the stakeholder	Utilization of research findings in maternal health service delivery and financing strategies; better assessment of existing policies and programs
Decision-makers in health organizations and interest groups (Afghanistan)	Share information which can be used in program development and evaluation of health service delivery	Research findings, technical advice	Meetings and presentations; research reports; research briefs; participation in key committees/forums	Ongoing	Utilization of research findings in developing new maternal health service delivery strategies
Civil society organizations (Afghanistan)	Share information which can be used in program development	Research findings	Participation in key committees/forums; research briefs	Ongoing	Informing the general public about maternal health services financing and delivery; use of evidence in advocating for the improvements in maternal health service delivery
International development agencies	Share information which can be used to evaluate funded programs	Research findings, experience with conducting research	Meetings and presentations; research reports; research briefs; participation in key committees/forums	Ongoing	Use of research findings to evaluate maternal health service delivery programs and to help determine future research and program agenda in Afghanistan
Health	Share information	Research findings,	Presentations at	Ongoing	

Target audience	Purpose of communication	What are you communicating?	Communication activity	When are you communicating?	Outcome
research community (global)	which can be used to develop further research in Afghanistan, and to inform research in similar settings, or similar research in other settings	experience with conducting research	international conferences; peer-reviewed journal articles; FHS website		

Uganda (Makerere University School of Public Health)

October 2009 – December 2010

1. Documentary on challenges in delivering and accessing maternal health services
2. One Newsletter
3. One news feature
4. National workshop
5. Media briefing focusing on intervention

January 2010 – March 2010

1. Presentation to the MOH Safe Motherhood Group
2. Presentation to MOH Research Group
3. One Newsletter
4. One news feature
5. Policy brief – Access to Maternal Health Services in Kamuli and Pallissa Uganda
6. Conduct a journalists workshop under safe motherhood theme

April 2010 – June 2010

1. One Newsletter
2. Policy brief
3. Publication - Access to Maternal Health Services in Kamuli and Pallissa Uganda
4. Two workshops with stakeholders at district Level (Kamuli and Pallissa)

July 2010 – September 2010

1. One Newsletter
2. One news feature
3. Challenges in implementing a voucher project for Maternal Health Services in Uganda

Appendix 1 – RPC partner communications mapping

Target Audience/ Level	Government Officials	Decision-makers in Health Organisations & Interest Groups	Civil Society Organisations (RPC countries)	International Development Agencies	Health Research Community (RPC countries)	General Public (RPC countries)	Government, NGOs & Researchers (Other developing countries)
Afghanistan							
International	N/A	<ul style="list-style-type: none"> ▪ Policy and research briefs ▪ MoPH website ▪ Conferences 	N/A	<ul style="list-style-type: none"> ▪ Website and/or email listserve ▪ Tap into existing listserves on relevant issues ▪ Conference presentations 	<ul style="list-style-type: none"> ▪ Peer-reviewed articles (planned) ▪ Policy and research briefs ▪ Website and/or email listserve ▪ Dissemination meetings 	<ul style="list-style-type: none"> ▪ Website and/or email listserve ▪ Print media, radio, and television 	<ul style="list-style-type: none"> ▪ Peer-reviewed articles (planned) ▪ Website ▪ Tap into existing listserves on relevant issues
National	<ul style="list-style-type: none"> ▪ Presentations to CGHN, NTCC ▪ MoPH Weekly Bulletin (put out by MoPH Health Ed department) ▪ Policy and research briefs (MoPH, MoWA, MRRD, etc) ▪ Workshops ▪ Face-to-face meetings (religious & other leaders) 	<ul style="list-style-type: none"> ▪ Presentations to CGHN, NTCC ▪ Policy and research briefs ▪ Dissemination meetings 	<ul style="list-style-type: none"> ▪ Dissemination and/or training workshops (training would be for research methods and/or new interventions) ▪ Website and/or email listserve 	<ul style="list-style-type: none"> ▪ Presentations to CGHN, NTCC ▪ Progress reports to funding organizations ▪ Website and/or email listserve ▪ Dissemination meetings 	<ul style="list-style-type: none"> ▪ Website and/or email listserve 	<ul style="list-style-type: none"> ▪ Face-to-face meetings (religious & other social leaders) ▪ Radio 	<ul style="list-style-type: none"> ▪ Website and/or email listserve
Local	<ul style="list-style-type: none"> ▪ Face-to-face meetings (religious & other leaders) 	<ul style="list-style-type: none"> ▪ Policy & research briefs ▪ Face-to-face meetings ▪ Dissemination and/or training workshops (training would be for research methods and/or new interventions) 	<p>These suggestions apply only to CSOs in Afghanistan:</p> <ul style="list-style-type: none"> ▪ Dissemination and/or training workshops (training would be for research methods and/or new interventions) 	N/A	N/A	<p>These suggestions apply only to the general public in Afghanistan:</p> <ul style="list-style-type: none"> ▪ Face-to-face meetings (religious & other leaders) ▪ Community meetings (in particular, for communities in which research and/or intervention is conducted) ▪ Radio 	N/A

Target Audience/ Level	Government Officials	Decision-makers in Health Organisations & Interest Groups	Civil Society Organisations (RPC countries)	International Development Agencies	Health Research Community (RPC countries)	General Public (RPC countries)	Government, NGOs & Researchers (Other developing countries)
Bangladesh							
International	<ul style="list-style-type: none"> ▪ Newsletter ▪ Present at conferences ▪ WHO ▪ Major list of partners 	<ul style="list-style-type: none"> ▪ Partnerships ▪ Bilateral relations 		<ul style="list-style-type: none"> ▪ Meetings ▪ Working in partnership 	<ul style="list-style-type: none"> ▪ Journal ▪ Newsletter ▪ Publications in peer reviewed journals ▪ Emails ▪ Website 	<ul style="list-style-type: none"> ▪ Working papers ▪ Website 	<ul style="list-style-type: none"> ▪ Working in partnership ▪ Meetings ▪ Networking ▪ Website
National	<ul style="list-style-type: none"> ▪ Newsletter ▪ Workshops, seminars ▪ Meetings ▪ Board membership 	<ul style="list-style-type: none"> ▪ Newsletter ▪ Workshops, seminars ▪ Partnerships 	<ul style="list-style-type: none"> ▪ Weekly seminars ▪ Newsletter ▪ Email ▪ Partnerships ▪ Meetings 	<ul style="list-style-type: none"> ▪ Special group ▪ Weekly seminars ▪ Newsletter ▪ Email ▪ Partnerships ▪ Meetings 	<ul style="list-style-type: none"> ▪ Journal ▪ Newsletter ▪ Science bulletin ▪ Emails ▪ Website 	<ul style="list-style-type: none"> ▪ Some press releases ▪ Media engagement ▪ Special celebrations ▪ Newspaper articles 	<ul style="list-style-type: none"> ▪ Journal ▪ Newsletter ▪ Workshops ▪ Working in partnership
Local		<ul style="list-style-type: none"> ▪ Working in collaboration 				<ul style="list-style-type: none"> ▪ Talking to research participants and community leaders ▪ Raising health awareness in communities 	<ul style="list-style-type: none"> ▪ Working in partnership

Target Audience/ Level	Government Officials	Decision-makers in Health Organisations & Interest Groups	Civil Society Organisations (RPC countries)	International Development Agencies	Health Research Community (RPC countries)	General Public (RPC countries)	Government, NGOs & Researchers (Other developing countries)
China							
International	<ul style="list-style-type: none"> ▪ Summary report in newsletter ▪ News release ▪ Conference ▪ Pamphlets ▪ Bulletins 	<ul style="list-style-type: none"> ▪ Partnership in research ▪ Academic conference 	<ul style="list-style-type: none"> ▪ Theme website & publications ▪ Exchange program (training, conference) 	<ul style="list-style-type: none"> ▪ Newsletter ▪ Workshop ▪ Conference (MC role) 	<ul style="list-style-type: none"> ▪ Briefing of research progress (documents & website) ▪ Workshop 	<ul style="list-style-type: none"> ▪ webpage 	<ul style="list-style-type: none"> ▪ Webpage ▪ Policy briefing
National	<ul style="list-style-type: none"> ▪ Summary report ▪ News release ▪ Conference (theme workshop) ▪ Pamphlets ▪ Bulletins ▪ Internal documents ▪ Info to intelligence bank 	<ul style="list-style-type: none"> ▪ Research partnership ▪ Academic conference and communication activities (the China Health Development Forum) 	<ul style="list-style-type: none"> ▪ Advocacy of RPC's research perception and results through the Forum 	<ul style="list-style-type: none"> ▪ Advocacy of RPC's research perception and results by the Forum 	<ul style="list-style-type: none"> ▪ Consultants ▪ Guest speakers 	<ul style="list-style-type: none"> ▪ Media ▪ webpage 	<ul style="list-style-type: none"> ▪ workshop (the Forum will carry out the dissemination and education activities)
Local	<ul style="list-style-type: none"> ▪ Official documents & reports (top-down) ▪ Newspaper, radio, television 	<ul style="list-style-type: none"> ▪ Local sample filed ▪ Local health officials' involvement in research and dissemination 	<ul style="list-style-type: none"> ▪ Advocacy of RPC's research perception and results through the Forum 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪

Target Audience/ Level	Government Officials	Decision-makers in Health Organisations & Interest Groups	Civil Society Organisations (RPC countries)	International Development Agencies	Health Research Community (RPC countries)	General Public (RPC countries)	Government, NGOs & Researchers (Other developing countries)
India							
International	<ul style="list-style-type: none"> ▪ Training materials ▪ Fellowships 			<ul style="list-style-type: none"> ▪ Internships 	<ul style="list-style-type: none"> ▪ Journal ▪ Website 	<ul style="list-style-type: none"> ▪ Website 	<ul style="list-style-type: none"> ➤ Website ➤ Net groups
National	<ul style="list-style-type: none"> ▪ Policy briefs ▪ Training (short-term) ▪ Teaching (long-term) ▪ Reports ▪ Conferences ▪ Participation at national committees 	<ul style="list-style-type: none"> ➤ Policy Briefs ➤ National level conferences ➤ Personal Meetings 		<ul style="list-style-type: none"> ▪ E-mail ▪ Direct communication 	<ul style="list-style-type: none"> ▪ Journal ▪ Website ▪ Conferences 	<ul style="list-style-type: none"> ▪ Website 	<ul style="list-style-type: none"> ➤ Website ➤ Network groups ➤ Special issue of the journal ➤ Short term trainings
Local	<ul style="list-style-type: none"> ▪ All of above ▪ State-level consultations ▪ Membership in state reform cells ▪ Advocacy 	<ul style="list-style-type: none"> ➤ All above ➤ Sate level dissemination meetings 	<ul style="list-style-type: none"> ➤ Local meetings with SHGs and other CSO 	<ul style="list-style-type: none"> ▪ All of above 	<ul style="list-style-type: none"> ▪ All of above 	<ul style="list-style-type: none"> ▪ All of above 	<ul style="list-style-type: none"> ➤ All of above ➤ Dissemination workshops

Target Audience/ Level	Government Officials	Decision-makers in Health Organisations & Interest Groups	Civil Society Organisations (RPC countries)	International Development Agencies	Health Research Community (RPC countries)	General Public (RPC countries)	Government, NGOs & Researchers (Other developing countries)
Nigeria							
National	<ul style="list-style-type: none"> ▪ Policy briefs ▪ Journal articles ▪ Proceedings ▪ Technical policy committee members ▪ Newsletters ▪ Electronic Mailing list 	<ul style="list-style-type: none"> ▪ Resource guides ▪ Policy briefs ▪ Journal articles ▪ Proceedings ▪ Policy discussion meetings ▪ Newsletters ▪ Electronic Mailing list ▪ Briefing working papers 	<ul style="list-style-type: none"> ▪ Training ▪ Networking ▪ Policy briefs ▪ Newsletters 	<ul style="list-style-type: none"> ▪ Policy briefs ▪ Peer-reviewed papers ▪ Email ▪ Meetings ▪ Briefing working papers ▪ Newsletters 	<ul style="list-style-type: none"> ▪ Workshops ▪ Briefings ▪ Training ▪ Email ▪ Newsletters 	<ul style="list-style-type: none"> ▪ Print media ▪ Briefs 	<ul style="list-style-type: none"> ▪ Resource guides
State	<ul style="list-style-type: none"> ▪ Advocacy visits ▪ Workshops ▪ Briefing papers ▪ Discussion papers ▪ Newsletters ▪ Electronic Mailing list 	<ul style="list-style-type: none"> ▪ Briefing papers ▪ Meetings ▪ Electronic Mailing list 	<ul style="list-style-type: none"> ▪ Networking ▪ Newsletters 	<ul style="list-style-type: none"> ▪ Meetings ▪ Newsletters 		<ul style="list-style-type: none"> ▪ Print/electronic media ▪ Media coverage 	<ul style="list-style-type: none"> ▪ Workshops ▪ Working in partnership
Local	<ul style="list-style-type: none"> ▪ Advocacy visits ▪ Discussion meetings for scoping ▪ Newsletters 	<ul style="list-style-type: none"> ▪ Workshops ▪ Meetings ▪ Working in partnership 	<ul style="list-style-type: none"> ▪ Networking ▪ Training workshops ▪ Discussion meetings ▪ Newsletters 	<ul style="list-style-type: none"> ▪ Briefings ▪ Meetings ▪ Newsletters 	<ul style="list-style-type: none"> ▪ Training workshops ▪ Newsletters 	<ul style="list-style-type: none"> ▪ Discussion with research participants 	<ul style="list-style-type: none"> ▪ Workshops

Target Audience/ Level	Government Officials	Decision-makers in Health Organisations & Interest Groups	Civil Society Organisations (RPC countries)	International Development Agencies	Health Research Community (RPC countries)	General Public (RPC countries)	Government, NGOs & Researchers (Other developing countries)
Uganda							
International			<ul style="list-style-type: none"> ▪ Publications ▪ Policy briefs ▪ Reports ▪ Presentations ▪ Website 	<ul style="list-style-type: none"> ▪ Publications ▪ Policy briefs ▪ Reports ▪ Presentations ▪ Website ▪ Networks ▪ Meetings 	<ul style="list-style-type: none"> ▪ Publications ▪ Policy briefs ▪ Reports ▪ Presentations ▪ Website ▪ Networks 		<ul style="list-style-type: none"> ▪ Exchange students ▪ Presentations ▪ Website ▪ Publications
National	<ul style="list-style-type: none"> ▪ Policy briefs ▪ Reports ▪ Meetings ▪ Presentations ▪ Workshops ▪ Short courses ▪ Technical committees ▪ Policy reviews 	<ul style="list-style-type: none"> ▪ Policy briefs ▪ Reports ▪ Meetings ▪ Presentations ▪ Workshops ▪ Short courses ▪ Technical committees ▪ Policy reviews 	<ul style="list-style-type: none"> ▪ Policy briefs ▪ Reports ▪ Meetings ▪ Presentations ▪ Workshops ▪ Short courses ▪ Technical committees ▪ Policy reviews 	<ul style="list-style-type: none"> ▪ Commissioned research ▪ Short courses 	<ul style="list-style-type: none"> ▪ Faculty exchange 	<ul style="list-style-type: none"> ▪ Radio talk shows ▪ Newspaper ▪ Media coverage ▪ Training for journalists in health issues reporting 	
Local	<ul style="list-style-type: none"> ▪ Presentations ▪ Radio (local) 	<ul style="list-style-type: none"> ▪ Workshops 	<ul style="list-style-type: none"> ▪ Workshops 			<ul style="list-style-type: none"> ▪ Radio 	

Annex 5: Products, Publications and Proposals

Peer-Reviewed Publications

Forthcoming (3)

Cross J and Macgregor H. Knowledge, Legitimacy and Economic Practice in Informal Markets for Medicine: A Critical Review of Research. *Social Science and Medicine* (forthcoming)

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Promoting better infant and child feeding practice in the slums through performance based payment (completed)

Making health systems work for the poor phase-II: Interventions to prevent harmful practices by the healthcare providers and enhance accountability through local level health watch (FHS) (Ongoing)

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China team's proposal included in "Effective Health Services Delivery" grant proposal, which has been funded.

Operational Research on Integration of NCMS and MA Rural Health Financing Schemes (Ongoing, granted by AusAID "China-Australia Health and HIV/AIDS Facility", 2009-2011, 4.5 mil RMB)

Research on the Emergent MA Evaluation and the Development of MA after Wenchuan Earthquake. (Ongoing, Funded by DFID, 2008-2009, 4 mil RMB)

"Healthy China 2020" Strategy Research Project (Ongoing, granted by AusAID China-Australia Health and HIV/AIDS Facility, 2009-2010 4.5 mil RMB)

Research on the Financing Models of NCMS. (Completed, Funded by Dept. of Rural Health, MOH China. 2008-2009, 10,000 RMB)

Research on the Reimbursement Schemes for MA beneficiaries (Completed, Funded by Dept. of Minimum Living Standard Security, Ministry of Civil Affairs, China. 2008-2009, 10,000 RMB)

Research on Mechanisms for Increasing Financial Input for NCMS. (Completed, Funded by Dept. of Rural Health, MoH China. 2008-2009, 10,000 RMB)

India

"Advancing Primary Care through Technology: Use of ICT to Strengthen Maternal and Newborn Care Services in the Geo-Climatically Challenged Areas of the Sundarbans, India" submitted to WHO (Alliance) Grants Program for Implementation Research, July, 2010

Proposal for partnership to build an Information Resource Center for Health Market Innovation in South-Asia submitted to Bill & Melinda Gates Foundation, The Rockefeller Foundation and Results for Development Institute, along with ICDDR,B Bangladesh.

Evaluation of the initiative of GP based Mobile camps and Supply of Hypothermia kits. Funded by West Bengal Health Systems Development Initiative.

Determinants of medical officers' retention in under-served rural areas of Rajasthan, India. Submitted to WHO, Geneva.

Supporting evidence-informed policy processing in the National AIDS Control Program in India. Submitted to WHO, Geneva.

Market-based partnerships for health projects. Awarded by USAID to a consortium led by Abt Associates and IIHMR.

Access, variety and costs – Case Reviews of Indian States. Ongoing, funded by EC.

Monitoring national rural health mission. Submitted to Global Development Network (GDN) – short listed for funding.

Improved maternal outcomes through PP care initiatives. Ongoing, sponsored by Indian Council of Medical Research.

Review of ADB programs on catastrophic health expenditure and health equity funds in Philippines. Submitted to ADB.

Nigeria

Prostate Cancer (Completed)

Knowledge, Attitudes and Screening Practices among Older Men Regarding Prostate Cancer in Oyo State, Nigeria. Funding agency: Centre for Population & Reproductive Health, of the Gates Institute University of Ibadan in collaboration with the Gates Institute, John Hopkins University USA, University of Ibadan: (Completed July 2009)

Compliance with HIV– related Biosafety guidelines by Medical Laboratory Scientists in Oyo state, Nigeria. Senate research grant, University of Ibadan. (Completed July 2009)

Multicentre study of factors influencing Insecticide Treated Nets delivery and usage among diverse populations in six geopolitical zones, Nigeria
Submitted to A80085. Funding agency :The Multilateral Initiative on Malaria (MIM)
UNICEF/UNDP/WORLD BANK/WHO Special Programme for Research and Training in Tropical Diseases (TDR) (submitted)

Concept paper - Nigeria: Promoting improved access to basic care for the rural poor (focus on ACT and ITNs for PMVs. 2007. Submitted to Rockefeller Foundation, USA for funding.

Using community directed interventions in addressing worm infestation, schistosomiasis, iron deficiency anaemia, visual acuity and malaria in poor populations, Oyo State, Nigeria. Approved for development into full proposal by the BL11 Scientific Advisory Committee (SAC) on Integrated Community-Based Interventions (CIR), UNICEF/UNDP/WORLD BANK/WHO Special Programme for Research and Training in Tropical Diseases (TDR) at its first meeting. Full proposal approved for Development

October, 2008.

Uganda

One letter of intent for a proposal “Innovations for increasing access to integrated safe delivery and newborn care in rural Uganda” submitted to WHO health Alliance, and short listed

Partnership for building the capacity of Makerere University to improve priority health outcomes in Uganda. Funded by the Gates Foundation (awarded \$5 million for capacity development).

East African public health leadership initiative (source: ALO; amount: \$2 million in consortium with Johns Hopkins, Tulane, and Muhimbili University, Tanzania).

Randomized trial of performance based pay for NGO clinics (source: World Bank; amount: \$175,000).

Center for systematic reviews for human resources (sponsored by WHO Alliance \$300,000 for three years).

Institute for Development Studies

African Regional Capacity Development For Health Services and Systems Research secured European Union FP7 funding of 2 million euros for a 4 year project including the following partners: Karolinska Institutet, Sweden, Makerere University College of Health Sciences, Uganda, University of Stellenbosch, South Africa, Institute of Development Studies, UK, Nasjonalt Kunnskapssenteret for Helsetjenesten, Norway, Muhimbili, University, Tanzania, University of Malawi, Malawi

ICTs for Health: enabling and governing a disruptive technology, submitted to DFID call for proposals on New and Emerging Technologies by a partnership of Gamos and IDS, decision pending

Policies to Unlock Africa’s Health Workforce Potential, submitted to European Union FP7 with a budget of 2 million euros in 3 years, decision pending

STEPS Centre proposal for second 5 year grant submitted to ESRC, decision pending

The IDS is a partner in the consortium, which has been awarded a contract to organize a Resource Centre to provide access to international expertise and experience for the implementers of World Bank/DFID funded rural health development project in China (£1,000,000)

Establishment of the STEPS Centre (Social, Technological and Environmental Pathways to Sustainability) in 2006 with five-year funding from the ESRC (£5 million) which is undertaking work linked to the Future Health Systems Consortium on epidemics, drug regulation, environment and health linkages and innovative approaches to scaling up of innovations.

POVILL Project with EU Framework 6 funding of 2.5 million euros (2005-2009) undertaking studies, linked to the Future Health Systems Consortium on social protection and health in China, Cambodia and Laos.

Study of responses to potential zoonoses in China funded by the ESRC-funded STEPS Centre (£10,000)

Secured \$153,000 from the Rockefeller Foundation to prepare a report on making health markets work better for poor people.

Care for chronic care among the rural poor in Cambodia- led by Centre for Advanced Studies with inputs by researchers at IDS – submitted to AusAid for funding

Institutional analysis (source: World Bank, amount: \$25,000).

Grant proposals including FHS countries

Health Services for the Future: A Future Health Systems Consortium Programme [Grant proposal including FHS partner countries (awarded 7.5 million GBP for the period of 2010-2016)]

Partnership for building the capacity of Makerere University to improve priority health outcomes in Uganda. Funded by the Gates Foundation (awarded \$5 million for capacity development).

Development of human resource benchmarks for child survival, and human resources estimation model (funded by WHO; completed in 2009, amount ~ 30,000 USD)

Strengthening translation and innovations in research uptake into policy (STIRUP). Submitted as letter of intent to Bill & Melinda Gates Foundation.

Future Health Systems research and Medicines Transparency Alliance (countries: Bangladesh, China, India, Nigeria and Uganda, UK, USA) (submitted to DFID).

A cross-country study to understand the practice of drug detailers (medical representatives) and new approaches to regulation Alliance (countries: Bangladesh, China, India, Nigeria and Uganda, UK, USA) (submitted to DFID).

Routes to effective and affordable health care: managing Information Asymmetry. (countries: UK, Cambodia, Bangladesh, China, Belgium, USA) (submitted to EEU).

Social protection and HIV/AIDS: When are community-level interventions appropriate? Response to a World Bank tender for studies in Malawi and Uganda.

An inquiry into social capital: The importance of “community” in community-based health insurance schemes in Cambodia (submitted to the Toyota Foundation).

Website link

www.futurehealthsystems.org

Annex 6: Developing Capacity

A) Cross-country capacity building activities:

One of the major objectives of Future Health Systems (FHS) consortium is to build capacity among partner institutions through promoting collaboration in the writing of project proposals, executing the studies and writing research publications as well as holding workshops on research methodology. Since its inception, a number of workshops have been organized. As an initiative to develop consortium-wide capacity in applying research methods, particularly in analyzing formative study data, FHS has conducted several training workshops. One such workshop on 'Innovative approaches to quantitative research on future health systems: multi-level modelling and the analysis of longitudinal data' was conducted at ICDDR,B, Dhaka during January 6-10, 2008 including participants from all partner countries. In this workshop participants not only learned the research methods and analytical techniques, also analyzed own country data, and shared the preliminary research findings with other partner countries. The partner countries have been continuing using the methods, and have developed research articles, working papers using the methods they have learned in the workshop. Following this workshop, FHS conducted another research methodology and data analysis workshop in April, 2008 at school of public health of Makerere university in Uganda bringing together young researchers from three departments in the school of public health. Another training workshop on 'Innovative approaches to quantitative research on future health systems: methods for program impact evaluation using cross-sectional data' was conducted at CHEI during July 17-19, 2009 including participants from China and Uganda. In this workshop participants not only learned the research methods and analytical techniques, also analyzed own country data, and shared the preliminary research findings with other partner country. The researchers from partner countries have been employing these methods they have learned through these workshops, and have developed research articles for peer-reviewed journal publication, working papers using the methods they have learned in the workshops.

Following the mid-term review recommendations on producing detailed communications plans, FHS organized a communications workshop in IDS from 7-11 April, 2008 where communications teams from all partner countries, external communications specialists and IDS in-house communications experts participated. Basic communications skills, utilising new media technologies (such as YouTube and cell phones), innovative methods of monitoring and evaluating the impact of research communications were discussed in this workshop. By working across consortia, in the workshop the country communications teams were able to refine and deepen their existing communications strategies whether they aimed at empowering service users to reject substandard and counterfeit drugs for malaria; or encouraging changes in health system planning to take account of the role of informal health care providers.

FHS developed curriculum of a course 'Introduction to health systems' through leading a monthly series of symposia where researchers from Johns Hopkins School of Public Health, Center for Global Development, Brookings, Results for Development, and the World Bank participated. A Training of Trainers course was held at School of Public Health of Makerere University including key researchers and faculty members. Also,

discussion was held with other partner institutions including University Ibadan, Nigeria, which expressed keen interest to introduce the course. The course modules are now posted to the FHS website, and the course material is accessible online.

FHS researchers at Johns Hopkins School of Public Health have designed a course 'Health Systems in Low and Middle Income Countries' which was offered for the first time in Jan-March, 2009 as a special study course, generated a lot of interests among the graduate students in different departments and programs, and is now being offered as school-wide regular course mainly for masters and doctoral level students.

B) Country-wide capacity building activities:

Afghanistan

- In Afghanistan, where we don't have a local institution outside of the MOPH itself, JHSPH and IHMR have been conducting training in numerous aspects of public health for the Ministry of Public Health (MOPH) for the last five years. FHS faculty have participated in training local MOPH professionals at different levels.
- In 2006, FHS faculty have developed training modules on qualitative techniques that were translated into Dari (local language) by the MOPH and used to address maternal and child health issues, and a module on health economics and financing, and a module on ethical conduct of research that was shared with the Ethical Review Board of the MOPH.

Bangladesh

- In 2006-2007, new curricula and courses have been developed for the James P. Grant School of Public Health in Bangladesh by the IDS, JHSPH, and ICDDR,B consortium partners. Also, mini-courses and material have been developed on Research Frameworks for Scoping Studies by JHSPH, IDS and ICDDR,B consortium partners.
- To be working with informal providers to ensure that they are aware of the appropriate use of drug, prescribing, and referral, FHS Bangladesh team has developed a booklet and training programs for training the informal health care providers.
- In year four FHS team has conducted two sessions every month (25-28 participants in each session) at Chakaria field office to train informal health care providers with the objective to reduce harmful practices and inappropriate prescription of drugs by informal health care providers.
- FHS Bangladesh team has conducted several training workshops on Lot Quality Assurance Sampling to equip program managers in rapid monitoring of program performance using LQAS.
- One Bangladeshi student who participated in FHS qualitative and quantitative research activities received competitive grants for Master of Public Health (MPH) at James P. Grant School of Public Health (JPGSPH).

- One Bangladeshi student who participated in FHS qualitative and quantitative research activities received competitive grants for PhD at Australian National University (ANU).

China

- An international FHS capacity building workshop was held in Beijing, China from September 6-9, 2006 with the objectives of gaining a comprehensive understanding of the all aspects of theoretic framework of health insurance; to gain more knowledge of the methods to solving the issues pertinent to China; and to learn more about other countries' experience in health financing in the transitioning stage. This workshop was followed by an international workshop focussing on research methodology, also held in Beijing, China from Sept 11-15, 2006.
- IDS and CHEI have made substantial contributions to a university textbook on health policy and planning that was published in Chinese and English.
- New courses and materials were developed for a workshop on research methods (China, September, 2007), which were distributed and used across China (translated into Chinese), as well as by our consortium members in their own teaching.
- On December 26, 2006, the China Health Development Forum held a seminar on the reform and development of Township Health Centres in China. Topics covered in the seminar included challenges, strategies, results and recommendations for township health centres, development of rural health management, research on provider behaviours and factors influencing their behaviours, as well as cost control.
- In collaboration with JHSPH and IDS, a capacity building workshop on household survey methodology was held in June, 2008 at CHEI with researchers, students and interns from CHEI, and local NCMS managers.
- In an effort to exchange skills and build capacity, several senior researchers from CHEI visited JHSPH in 2007 and 2008 when they worked with JHSPH researchers on analysis of FHS China research data.
- In collaboration with JHSPH and IDS, a capacity building workshop on 'Innovative approaches to quantitative research on future health systems: methods for program impact evaluation using cross-sectional data' was held in Jul 17-19, 2009 at CHEI with researchers, students and interns from CHEI, researchers from other universities in China, and researchers from School of Public Health, Makerere University, Uganda.

India

- Workshop and training courses were conducted by JHSPH and IIMMR consortium partners on epidemiological perspective of inequality and access to

health care, and on quantitative analysis in year two. Also, a training programme on “Health Financing Options” was conducted in Kabul, Afghanistan for mid and top-level health officials.

- In year three FHS India conducted several dissemination workshops to share findings of FHS research study ‘Health, equity and poverty: Exploring the link in West Bengal, India’ with the program managers and policy makers at district and state level.
- In year four FHS India team held a workshop on ‘Resource Tracking’ to discuss on methodologies on how to track resource flow to the state sector. Researchers, government health officers and officials from National Health System Resource Center (NHSRC) participated in this workshop.
- Research findings from two new research briefs (on barriers to immunization and impact of catastrophic payments) were widely disseminated among relevant program and policy groups.

Nigeria

- A five-day FHS Nigeria workshop on Qualitative Research (May 19-23, 2006) was conducted at Ibadan College of Medicine (45 attendees, including FHS-Nigeria team members, cohort of MPH students and staff of the Ministry of Health)
 - Objectives:
 - Describe the basic concept and nature of qualitative research
 - Describe different methods of conducting qualitative research
 - List basic steps in carrying out qualitative research
 - Design draft qualitative research tools (FGD – KII and IDI guides) for the FHS Nigeria project
 - Outcomes:
 - 1. FHS Nigeria research variables/indicators teased out from literature
 - 2. FHS Nigeria research tools draft produced:
 - FGD guide
 - KII guide
 - IDI guide
 - Observation checklist
 - Guidelines for conducting FGD, KII, and IDI
- October – November, 2006: Training workshop on the administration of FHS instruments and pilot testing attended by 20 FHS-Nigeria team members and cohort of MPH – II students to build skills on conducting FGD, KII and IDI.
- October – November, 2006: Qualitative Data Analysis. Attended by a total of 12 participants, including FHS-Nigeria Team members and cohort of MPH students involved in data analysis. These assisted students develop skills on analyzing qualitative data.

- The Nigeria team adapted the materials prepared for FHS workshops on qualitative and quantitative research methodology, and conducted its own workshops on qualitative (2006) and quantitative (2007) research methods.
- Syllabus and material from the workshop on qualitative research methods conducted in Uganda (January, 2007), have been used in the in-country qualitative workshops.
- Three Nigerian students who participated in FHS qualitative and quantitative research methods in 2006 and 2007 obtained competitive grants for thesis/dissertation work.
- Mini-courses and material have been developed for Research Report Writing by consortium partners from JHSPH, IDS and Nigeria.
- Training workshop on the administration of FHS instruments and pilot testing attended by 20 FHS-Nigeria team members and cohort of MPH – II students to build skills on conducting FGD, KII and IDI (October – November, 2006).
- With an objective to develop quality report writing skills, in November, 2007, FHS Nigeria held a report writing workshop including participants from state ministry of health officers, postgraduate students from faculty of public health, and social and clinical sciences.
- In an effort to work with the National Association of Patent Medicine Vendors (PMVs) to overcome the problems with counterfeit drugs and formulate a joint regulatory strategy, FHS Nigeria held a debriefing meeting with the Pharmaceutical Council of Nigeria (Oyo state) where summary of FHS research findings on PMVs and counterfeit antimalarial drugs was presented.
- FHS Nigeria conducted discussion meetings with PMVs and other key stakeholders where organization and internal regulatory mechanism of Patent Medicine Vendors' Association (PMVA) for quality malaria treatment was discussed, and agreement was made on the need to strengthen the internal regulatory mechanisms of the PMVA for quality malaria treatment.
- The team Nigeria shared FHS consortium vision, mission and research activities with the fellows of the West African College of Nursing in their annual fellowship meeting.
- Supported 3 MPH students Research work in 2010 on (1) Compliance with use of anti-malarial management treatment policy –Data collection ongoing (2) PMV apprenticeship system - Data collection ongoing and (3)Malaria management at PHC Level
- Organized three training workshops on “Research proposal Development” (Jan,2010) for registered second-year master degree students in tertiary institutions; “Research designs” and “Communicating Research findings to Policy makers” (May, 2010) for young investigators in tertiary institutions, graduate students and NGOs-(May, 2010).

Uganda

- To build the capacity of staff working with FHS, a workshop was held on qualitative and quantitative data analysis techniques in Uganda in July 2006. Between May and August of 2006, instruments for qualitative and quantitative surveys were developed, with the aim of improving the skills of research fellows in developing research instruments. In September 2006, an additional workshop was held to improve the skills of FHS Uganda research staff in poverty analysis.
- FHS capacity building workshop on qualitative research methods was conducted in Entebbe, Uganda where researchers from all partner countries participated. Course material was developed and taught by expert consortium partners from JHSPH, IDS and IHMR.
- Mini-courses and material have been developed for Institutional Assessment Techniques by IDS and Uganda consortium partners.
- FHS capacity building workshop on quantitative research methods was conducted during 14-17 April, 2008 at school of public health, Makerere University where researchers from FHS Uganda, and participants from Makerere university joined.
- Uganda team has shared findings from FHS research on 'Access in utilization of health services for the poor and vulnerable' at the national meeting for equity in health in Uganda.
- Two senior researchers from FHS Uganda team joined the capacity building workshop on quantitative research methods held at CHEI in July, 2009 in collaboration with JHSPH and IDS..
- Uganda team has shared findings from FHS research with the stakeholders including policy and program people, academics and researchers through making presentations at the national conferences including College of Health Sciences and EQUINET.

C) The third part of the capacity agenda is related to increasing partner effectiveness in working across organizations. Partner members have been actively involved in numerous policy and advisory bodies, including:

- World Economic Forum – Global Council for Health Care Systems
- Technical Advisory Committee – Results based financing projects at the World Bank
- Advising the Global Fund for AIDS, TB, and Malaria on health systems strengthening; member on the Board of the Global Health Workforce Alliance
- Organizing the Bangladesh Health Watch, a citizens' rights organization
- Organizing and chairing the China Health Development Forum, the main organization for networking health systems and economics policy-makers and researchers in China; Overseeing the monitoring of the new rural health insurance program (New Cooperative Medical Scheme), and supporting the

- National Development and Reform Commission in assessing the initial phase of the Rural Health Services Construction and Development Program.
- Member – National Antimalaria Drug Policy Implementation Committee Nigeria
 - Member – National Health Promotion Committee, Nigeria
 - Member, Expert Advisory Committee on Health Promotion, World Health Organisation, Geneva
 - Member of the Task Force for Developing an Accreditation System for Social Health Insurance in Uganda,
 - Member of Uganda Task Force for Macro Economics and Health.
 - Member of the Uganda task force for macro economics and health.
 - Member of numerous policy and advisory bodies in Afghanistan, including
 - Health Care Financing & Sustainability Task Force
 - Health Sector Development Working Group
 - Consultative Group on Health & Nutrition
 - National Technical Coordination Committee
 - Afghanistan National Development Strategy Health Sector Working Group
 - GAVI Health Systems Strengthening Proposal Development Committee

Annex 7: Final Report Summary Sheet for R4D

1. Background Information

Title of research programme:	Future Health Systems: Innovations for Equity
Reference Number:	RPC HD #106
Period covered by report:	October 1, 2005 to September 30, 2010
Name of lead institution and Director:	Johns Hopkins University Bloomberg School of Public Health (JHSPH), Baltimore, USA, David H. Peters, MD, MPH, DrPH
Key partners:	International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), Dhaka, Bangladesh
	Chinese Health Economics Institute (CHEI), Beijing, China
	Indian Institute of Health Management Research (IIHMR), Jaipur, India
	Institute of Development Studies (IDS), United Kingdom
	School of Public Health (SPH), Makerere University, Kampala, Uganda
	University of Ibadan (UI), College of Medicine, Faculty of Public Health, Ibadan, Nigeria
Countries covered by research:	Afghanistan, Bangladesh, China, India, Nigeria, Uganda
Start Date for research programme:	October 1, 2005
End Date for research programme:	September 30, 2010

2. One page summary

The Future Health Systems (FHS) Research Programme Consortium (RPC) has implemented its research, capacity building and communications plans, and has been able to meet its objectives. Following the recommendations made from the mid-term evaluation, the consortium intensified its effort related to implementation of its communications strategy, and has surpassed its planned research outputs and research impact.

Research Outputs

The FHS team produced a wide range of relevant knowledge products, including 103 peer-reviewed articles, 30 book chapters, and 78 other research communications products.. A special issue on “Future Health Systems” was published in *Social Sciences and Medicine*, which was edited by FHS team members, and included contributions from our consortium and others. The thematic teams published 42 articles in peer-reviewed journals.. The country teams have also published their research work in the peer-reviewed journals, and in FHS Working Papers Series. The communications strategy was updated following the mid-term review recommendations, and was implemented successfully at the consortium and national levels. The FHS website (www.futurehealthsystems.org) remains a popular site, which informs a wide audience about the activities and products of the consortium. The integration of publication and web strategies, for example, around our *Insights* on health markets, increased its online popularity over a sustained period of time when compared to past issues. Work with the media, particularly in China, Nigeria and Uganda, has allowed us to expand the audience for our work with members of the public. FHS has developed two course curricula on health systems, including one available on the FHS website, which was also taught at FHS partner countries, and one used for graduate students at Johns Hopkins Bloomberg School of Public Health that will be made available online. The consortium has achieved its research products publication benchmarks, also achieved the research proposal benchmark by developing 78 research proposals during the project period.

Research Impact

FHS has informed and influenced policies in partner countries by implementing innovative research strategies and through building new partnerships. Through its research and policy work, the consortium has contributed to the health systems of FHS partner countries, particularly contributing to understanding health related market systems, informal health markets, complex implementation processes and practical ways of understanding complexity, equity and access to services, and understanding research to policy processes. FHS research is having a strong positive impact on policy and program debates and planning processes by its contributions through international publication and presentation at global as well as in-country conferences. FHS teams have been extensively involved and working closely with key stakeholders in government, civil society, and health research and development communities in all partner countries and at the international level. The consortium has brought in broader range of actors for implementing change, including social entrepreneurs, consumer groups, and trade associations. Our research has included scoping studies which have helped to set agenda and inform discussions to influence policies in each of the partner countries to find ways to address the health services and financing needs of the poor, as well as in international settings . For example, FHS China research on the integration of medical assistance and insurance schemes has become the documented policy while published in the recently released policy documents ‘Guidelines on Further Improvement of Rural and Urban MA Schemes’ (and ‘Opinions on Strengthening and Developing the New Cooperative Medical Scheme’. FHS research on user fees directly influenced the decision to change the user fee policy across the country in Afghanistan. In Nigeria, an agreement was made to integrate two major interventions with informal providers into the national framework of the government’s Roll Back Malaria programme. FHS research is influencing national health policies at both national and local levels in other FHS countries, including through the establishment of new civil society organizations (Bangladesh), the development of plans to address needs of marginal populations (India), and forging a transformational role for a new College of Health Sciences that is more relevant to the policy and programs of the health sector (Uganda).