

Small Applied
Research Report
No. 16

**PHR's Small
Applied Research
Program: An
Evaluation**

November 2000

Prepared by:

Whitney Schott
Abt Associates Inc.



Partnerships
for Health
Reform

PHR



Abt Associates Inc. ■ 4800 Montgomery Lane, Suite 600
Bethesda, Maryland 20814 ■ Tel: 301/913-0500 ■ Fax: 301/652-3916

In collaboration with:

Development Associates, Inc. ■ Harvard School of Public Health ■
Howard University International Affairs Center ■ University Research Co., LLC



Funded by:

U.S. Agency for International Development



Partnerships
for Health
Reform

Mission

The Partnerships for Health Reform (PHR) Project seeks to improve people's health in low- and middle-income countries by supporting health sector reforms that ensure equitable access to efficient, sustainable, quality health care services. In partnership with local stakeholders, PHR promotes an integrated approach to health reform and builds capacity in the following key areas:

- > *better informed and more participatory policy processes in health sector reform;*
- > *more equitable and sustainable health financing systems;*
- > *improved incentives within health systems to encourage agents to use and deliver efficient and quality health services; and*
- > *enhanced organization and management of health care systems and institutions to support specific health sector reforms.*

PHR advances knowledge and methodologies to develop, implement, and monitor health reforms and their impact, and promotes the exchange of information on critical health reform issues.

November 2000

Recommended Citation

Schott, Whitney. November 2000. *PHR's Small Applied Research Program: An Evaluation*. Small Applied Research Report No. 16. Bethesda, MD: Partnerships for Health Reform Project, Abt Associates Inc.

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Contract No.: HRN-C-00-95-00024
Project No.: 936-5974.13

Submitted to: USAID/Global Bureau

and: Karen Cavanaugh, COTR
Policy and Sector Reform Division
Office of Health and Nutrition
Center for Population, Health and Nutrition
Bureau for Global Programs, Field Support and Research
United States Agency for International Development

The opinions stated in this document are solely those of the authors and do not necessarily reflect the views of USAID.

Abstract

The Small Applied Research (SAR) program of the Partnership for Health Reform's (PHR) has been able to meet its objectives of increasing capacity among developing country researchers, advancing knowledge on health sector reform issues, and supporting health sector reforms. A survey of grant recipients revealed that all felt that they had increased their capacity to conduct future research or advanced their knowledge on a particular issue. Researchers were able to disseminate their findings widely, and, in South Africa, minimum benefits legislation was passed as a result of research conducted through the program. Some improvements in the design of the SAR program, however, might have strengthened its ability to achieve its goals, namely, an increase in collaboration among researchers and PHR technical staff and United States Agency for International Development missions, and a greater amount of funds available for dissemination activities.

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Acronyms

AR	Applied Research
MAR	Major Applied Research
PHR	Partnerships for Health Reform Project (USAID)
SAR	Small Applied Research
TA	Technical Advisors
USAID	United States Agency for International Development
WHO	World Health Organization

Acknowledgments

Special thanks go to Sara Bennett, Applied Research Coordinator of the Partnerships for Health Reform, who offered valued guidance in the preparation and design of this evaluation. Her input on the technical component of the grants program and her comments on this document proved essential. Ellen Bobronnikov's extensive experience with small grants programs and her comments on the administration process were invaluable to this evaluation. Thanks also go to Forest Duncan, former USAID COTR for PHR, for his interest and enthusiasm in conducting the evaluation of the program and for providing the impetus needed to carry it through. David Gwatkin of the World Bank and David Evans of the World Health Organization offered their thoughts on evaluations of small grants programs in their respective organizations. Above all, the grantees that worked with so much dedication and diligence to complete policy-relevant research reports and to keep up with the administrative details of the grants process deserve recognition. Their participation and input are what made this evaluation possible.

Executive Summary

The Small Applied Research (SAR) program of the Partnerships for Health Reform (PHR) project was implemented in order to advance knowledge about health sector reform at the individual country level. With grants awarded to developing country individuals and non-governmental organizations working in the health sector, the program objectives were to (1) strengthen policy research capabilities and provide financial and technical support to developing country researchers, (2) advance knowledge of health sector problems and solutions, and (3) support health sector reforms by providing information about health sector issues specific to each country context. This evaluation of the SAR program relies on surveys from grant recipients, interviews with SAR staff and technical advisors, and a review of grant information and literature in order to draw conclusions about the extent to which the SAR program was able to meet its objectives.

PHR awarded a total of \$460,000 to 16 grantees over the life of the project, executed in two separate grant cycles. Grantees were selected based on established selection criteria, and received technical and financial support for their research. Working closely with technical advisors and submitting quarterly technical reports, researchers collected and analyzed data and wrote final research reports. PHR encouraged the wide dissemination of research findings, the submission of the reports to scholarly journals, and, when possible, supported researchers' participation at regional and international conferences.

The SAR program could have been designed to more effectively support its objectives. For example, the objective of capacity building could have been better supported by programming the funds necessary for activities in support of dissemination and collaboration (e.g., participation at conferences, meeting personally with technical advisors, etc.). Similarly, the program could have run more smoothly had guidelines been available to all technical advisors and grantees regarding their roles and responsibilities. Program priorities could have been more clearly identified, as there seems to be a trade-off between the objectives of capacity building and the support of health sector reform, which can imply policy influence. That is, those reports of high technical quality are most likely to influence policy, whereas reports by those who most need to build capacity are less likely to be influential. Finally, more linkages and collaboration could have been forged among grantees, PHR technical staff, and United States Agency for International Development (USAID) missions.

Despite these weaknesses in program design and budget allocations, the SAR program was able to meet its stated objectives overall. Three areas of influence could be identified:

Increased Capacity. PHR's SAR program was successful in its primary goal of increasing research capacity among developing country researchers. Survey results reveal that SAR researchers increased their knowledge of health reform issues and their ability to collect data and to communicate. All respondent grantees state that they are confident they will receive future funding, signaling that they will be able to sustain research activities in the future. In addition, researchers strengthened links with policy and the policy process as they conducted workshops, focus groups, and interviews to gather information, and they disseminated their findings at local, regional, and international events. With an increased number of contacts and an expanded network in the health policy arena, it is likely that their capacity to undertake quality research in the future has improved.

Dissemination. PHR has advanced knowledge of health sector problems and solutions through the wide dissemination of SAR research products. SAR grant recipients have shared their findings at local workshops, clinics, universities, research centers, and ministries of health, as well as at regional and international conferences. In addition to the participation at various dissemination events, PHR small grant recipients have reported their findings in scholarly journals and in a number of publications sponsored by the grantees' institutions. Such activities and publications bring SAR research findings to international audiences.

Policy Influence. Although influencing policy was not a direct goal of the SAR program, the research findings of SAR grants informed policy dialogue and influenced policy reform efforts in a number of countries. Examples include:

- > Georgia's Ministry of Health is considering implementing the recommendations of the SAR study for hospital sector financing;
- > State-level directorates have referred to the SAR study from India, and policy issues have been highlighted;
- > In the Philippines there is an increased awareness of the relationship between health insurance and decentralization, and an increased appreciation of local practitioners.

In addition, the SAR program led to a policy change in South Africa and Peru:

- > New legislation was implemented in January 2000, requiring private health insurers to provide a minimum package of hospital services in South Africa.
- > In Peru, a SAR study informed policymakers about geographical targeting, and a new Ministry of Health policy called the *Seguro Materno-Infantil* (Safe Mother-Child) is now using geographical targeting.

Finally, the evaluation of the SAR program yielded important lessons learned that will be useful for the implementation of future grants programs. With respect to program design, objectives should be clearly defined, sufficient funds should be available to support objectives, and collaboration with technical advisors and missions should be fostered. Organizing research grants around specific themes and disseminating the grants announcement to a wide audience is an effective way to attract a diverse selection of proposals. With respect to the management of the program, frequent communication with grantees allows effective monitoring and ensures deadlines are met. Guidelines and extensive training should be provided on financial reporting and on the roles of technical advisors. Contracts should allow for excusable delays, and consequences for non-compliance should be specified at the outset.

Overall, PHR's SAR program has achieved its goals of advancing capacity among developing country researchers in health policy reform issues, increasing knowledge of health sector problems and solutions with findings available from a wide range of countries, and supporting health sector reform. Investment in developing country researchers not only increases the ability of local researchers to undertake independent, quality research, but can sometimes influence policy from the bottom up.

1. Introduction

The Partnerships for Health Reform (PHR) project launched the Applied Research (AR) program to implement an agenda of research that advanced knowledge about health sector reform at the global and individual country levels. The program had two components, namely, Major Applied Research (MAR) and Small Applied Research (SAR). The MAR studies were intended to be cross-country studies using sophisticated research methodology to produce new information on health reform of value to a broad group of policymakers, while the SARs were intended to be more narrowly focused studies performed in a single country with the main objectives of evaluating a particular health policy or program and strengthening the country's or region's research capabilities.

Awarding grants to developing country individuals and non-governmental organizations working in the health sector, the SAR program's objectives were to:

- > Build and strengthen policy research capabilities and provide financial and technical support to developing country researchers in order to encourage the production of high quality applied research;
- > Advance knowledge of health sector problems and solutions, making findings available from a wide range of countries;
- > Support health sector reforms by providing generalizable results from multi-country comparisons that are relevant to key health reform policy and implementation issues.

The purpose of the evaluation of the SAR program is to assess the extent to which the program has been able to achieve its articulated goals. As the monetary commitment to such a program is relatively small (in comparison with MAR), it will be useful to know whether such a program is effective. In addition, lessons learned from PHR's SAR grant process can be applied to other grants programs in the future, building upon strategies proven to be effective.

Following the next chapter's description of the methodology used to gather information on the outcomes of the SAR program, a review of the awards process is provided. Issues with the program design and implementation are discussed, and the survey findings are reported in a section on program impact. The concluding section draws lessons from the experience of the program and conclusions useful for future research programs are presented.

2. Methodology

Information for this report was gathered from surveys, interviews, and a review of technical review comments on each grant. In order to gain an understanding of local dissemination efforts, the level of policy influence, and the extent to which research capabilities were increased, PHR conducted a survey of SAR grantees. The questionnaire administered contained queries on the grantees' dissemination activities, past and future research, and whether their study resulted in policy changes or approaches. In cases where respondents claimed that policy changes took place, attempts were made to verify information with the appropriate agencies. In addition, the survey sought feedback from grantees on the effectiveness of SAR management, and technical and financial policies. A copy of the questionnaire is in Annex A.

The survey was intended to be administered to all 16 grantees; however, one grant recipient could not be located. The questionnaire was sent by email when possible, and by fax when email technology was not available, with a two-week return deadline. In the two cases where the survey was not returned within two weeks, several follow-up emails and faxes were sent to encourage grantees to respond. Of the 15 grantees who received the survey, 13 responded, representing 81 percent of all grantees (at an 87 percent response rate). Information was requested from grantees upon one year of completion of their SAR study, where time constraints permitted (N=5), at six months for those whose studies were completed later (N=6), and at the conclusion of the study for those finishing last (N=4).

To gather information on the technical quality of the reports and the effectiveness of SAR management strategies, interviews were conducted with technical advisors and AR staff, and written comments on research grants were reviewed. As resources were not available to hire an external evaluator, the evaluation was conducted exclusively by SAR staff. Though every effort was made to remain objective and minimize bias, a truly impartial evaluation would require the participation of an external agency or individual.

3. Awards Process

PHR awarded a total of \$460,000 to 16 grantees, with each grant ranging from \$15,000 to \$40,000. The SAR program took place in two cycles, implemented through distinct sets of staff and management techniques, with the first cycle initiated in 1996 and the second in 1997. During each round, the announcement of the small grants opportunity was made public for two or more months, and then a competitive selection process took place to determine which grant proposals would receive funding. The selection committees judged proposals based on standardized evaluation criteria, and selected those well-designed grant proposals that were most likely to help forward the objectives of the SAR program.

3.1 Grant Selection and Start-up

The first round of grants called for proposals around the three broad topics of health policy and management, health care financing, and health service improvement. The grant announcement was disseminated to more than 70 organizations and individuals. During this round, 19 proposals were received from organizations in Africa, Latin America, and Asia. Proposals were evaluated by a three-person committee based on a standard set of criteria focusing on three general areas: (1) technical qualifications and organizational capabilities (20 points); (2) project design (60 points); and (3) monitoring and evaluation plan (20 points). However, as the committee members found it difficult to evaluate some aspects of the first set of criteria (technical qualifications and organizational capabilities) from the information applicants submitted during the round, this criterion was not considered. The seven selected for funding are listed in Table 1.

Table 1. SAR Grant Recipients, First Round

Grantee	Country	Institution	Grant Title
Alfred Obuobi	Ghana	School of Public Health, University of Ghana	Assessing the contribution of private health care providers to public health care delivery in the Greater Accra Region
V.R. Muraleedharan	India	Indian Institute of Technology, Madras	Competition, incentives and the structure of private hospital markets in urban India: a study of Madras
Pedro Francke	Peru	Independent	Targeting public health expenditures in Peru: Evaluation of Ministry of Health Services procedures and proposal of targeting system
Neil Soderlund	South Africa	Centre for Health Policy, University of Witwatersrand	The design of a low cost health insurance package
Aparnaa Somanathan	Sri Lanka	Institute of Policy Studies, Health Policy Programme	Operating efficiency in public sector health facilities in Sri Lanka: measurement and institutional determinants of performance
Dr. Gaspar K. Munishi	Tanzania	Faculty of Arts and Social Sciences, University of Dar Es Salaam	The growth of the private health sector and challenges to quality of health care delivery in Tanzania
Dr. Joseph K. Konde-Lule	Uganda	Institute of Public Health, Makerere University	User-fees in government health units in Uganda: implementation impact and scope

The second round of grant solicitations centered on the more specific technical themes of protecting the poor and high risk groups during health financing reform; costing, financing, and provision of priority services; setting incentives and the public/private mix in health care; and innovations in paying and financing hospitals. As the technical focus was more specific for the second round, the announcement was widely disseminated to approximately 1,500 individuals and institutions. The 91 grant proposals received from Africa, Latin America, and Southeast and Central Asia were evaluated based on the criteria of (1) technical qualifications, (2) grant project design, and (3) monitoring and evaluation. The exact specification of these criteria can be found in Annex B.

The evaluation committee met to evaluate the applications, and went through two cuts. The final nine grants selected for funding are listed in Table 2.

Table 2. SAR Grant Recipients, Second Round

Name	Country	Institution	Grant Title
M. Mahmud Khan	Bangladesh	Public Health Sciences Division	Costing the Integrated Management of Childhood Illnesses Module: Bangladesh case
George Gotsadze	Georgia	Curatio International Foundation	Developing recommendations for policy and regulatory decisions for hospital care financing in Georgia
Aldrie Henry-Lee	Jamaica	The University of the West Indies, Institute of Social and Economic Research	Protecting the poor, high risk, and medically indigent under health insurance: A case study of Jamaica
Arlette Betran Barco	Peru	Universidad del Pacifico	Determinants of women's health services usage and its importance in the design of policies: The Peruvian case
Maria C.G. Bautista	Philippines	The Institute for Development Policy & Management Research Foundation Inc.	Local governments' health financing initiatives: Evaluation, synthesis and prospects for the national health insurance program in the Philippines
Jose M. Kirigia	South Africa	University of Cape Town Health Economics Unit – Department of Community Health	A cost-effectiveness analysis of AIDS patient care in Western Cape province
Godfrey M. Mubyazi	Tanzania	National Institute For Medical Research – Amani Research Center	Health financing reform in Tanzania: appropriate payment mechanism for the poor and vulnerable groups in Korogwe District, Northeastern Tanzania
Frederick Mwesigye	Uganda	Makerere University- Makerere Institute of Social Research	Priority service provision under decentralisation: A case study of maternal & child health care in Uganda
Oliver Mudyarabikwa	Zimbabwe	University of Zimbabwe	Regulation and incentive setting for participation of private-for-profit health care providers in Zimbabwe

For both rounds, a financial audit was conducted to ensure that each institution would be able to comply with USAID reporting requirements, and contractual agreements were made between Abt Associates, Inc, manager of the PHR project, and the grantee institutions. USAID small grants are designed to provide grantees with funds that they otherwise might not have; therefore, funds were wired to grantees in advance, and grantees were then required to report and account for all grant expenditures. Grantees submitted quarterly financial reports demonstrating how funds were spent. They also submitted quarterly technical reports on their grant activities and research deliverables, such as surveys or data summaries.

3.2 Grant Support and Final Products

In order for grantees to have access to continual technical support and guidance, they were each assigned a technical advisor (TA) who was to work closely with the investigators throughout the research grant and provide feedback at all stages. TAs were PHR staff members and consultants with technical expertise in the areas explored by the topics of their assigned grants. TAs were expected to maintain constant communication with grantees and play an important role during the critical period of workplan formation, in order to assess whether the proposed work would successfully meet the research objectives, given budgetary and time constraints. Once the grant was underway, TAs were to evaluate technical status reports, offer guidance, and, upon completion of the grant, the TA was expected to provide useful feedback to the grantee on the first draft to ensure the technical quality of the final research reports. Technical advisors working with the second round of grants were provided with a set of guidelines explaining these expectations; however TAs from the first round received only a verbal explanation of expectations. Budget limitations did not allow TAs to travel to work with the principal investigators personally, as in some small grants programs.

The final product of the SAR research grant was expected to be a final research report. PHR published 15 SAR reports as PHR documents, posted the reports on its website, and provided grantees with a number of hard copies for their own local dissemination. Grants were considered “closed” when all technical documents were received and approved, financial accounts cleared and funds accounted for.

When funds were available, PHR supported the participation of SAR researchers in local, regional, and international conferences and events. PHR also encouraged grantees to submit their work to peer-reviewed journals and facilitated the dissemination of research findings. Though resources for dissemination activities were limited, a significant number of grantees were able to disseminate their work to new audiences by presenting at local, regional, and international conferences and publishing work in journals (see section 5.2 for more information).

4. Program Design and Implementation

While the SAR program ran relatively smoothly overall, some aspects of the program deserve mention here. There were deviations from the planned grant processes and the program design itself could have more effectively supported the program objectives. The technical quality of final reports varied significantly, and differing management strategies employed during the program led to results that can be compared.

4.1 Program Objectives versus Program Budget

The stated objectives of the SAR program were to build and strengthen research capabilities, advance knowledge of health sector problems and solutions, and support health sector reforms. However, the allocation of funds within the program may not have been adequate to support these three objectives. While funds were budgeted for the grant disbursements themselves and for management of the grants, funds were not programmed specifically for dissemination activities, participation in international or regional conferences, or the preparation of journal articles. Similarly, funds were not programmed for grantees or technical advisors to meet one another so that grantees could benefit from collaborative work with TAs in research design and implementation. Therefore, funds had to be pulled from other items within the AR budget, when possible, to support these types of activities. As a result, only a small number of grantees had significant contact with TAs, and not all had the opportunity to benefit from collaboration with other researchers at regional and international conferences. Thus, SAR program design may have somewhat limited the ability of the SAR program to strengthen research capacity.

Secondly, over the life of the PHR project, an increased emphasis on “results” evolved in response to a shift in focus on the part of USAID. As policy change is easier to demonstrate than increased research capacity, the SAR program took on the implicit objective of influencing policy and the policy agenda. PHR’s concentration on policy influence may have somewhat shifted the focus away from capacity building as one of the SAR program objectives, as there seems to be a trade-off between policy impact and capacity strengthening. Studies most likely to influence policy are those produced by researchers who already have a high capacity in research, whereas those who most need to build capacity are less likely to influence policy.

4.2 Role of Technical Advisors

Although explicit guidelines were provided to the technical advisors for the second round of grantees and general guidance was provided to the TAs for the first round, some TAs from both rounds were not always able to comply with AR program expectations and fulfill their duties. In the implementation of the SAR program, the majority of TAs were quite engaged in the initial phase of the grant, but some lost momentum as the grant progressed and the advisor became involved in other activities. TAs were not always able to work closely with SAR researchers and provide valuable feedback on technical reports and deliverables. In these cases, additional technical assistance was sought from other PHR staff or consultants outside of PHR to make sure that grantees received feedback on their final technical reports.

In two cases, however, TAs were able to travel to personally meet with the researchers. Such close working relationships are likely to have improved PHR’s ability to build the capacity of researchers. One TA worked with researchers to clean data, maintained regular contact with the research team, guided final activities scheduled, and finally participated in the writing of the final research report.¹ The other TA met twice with the researcher, and the researcher remarked in February 1999, “I would like to thank all PHR staff for all the support extended to me during the last more than one year. I thank in particular [my technical advisor] for her technical support.”

Though there was considerable variation among technical guidance styles and commitment, the majority of researchers rated the technical support received throughout the grant process quite highly (Table 3). It is notable that in the second round of research grants, all grant recipients rated the technical support highly, while many in the first round stated that they received minimal support (with only one ranking of “excellent”) or did not request it. It is likely that the guidelines provided to TAs in the second round helped them to meet expectations and provide high quality technical support.

Table 3. Technical Support as Rated by Researchers

Grant (Round 1)	Technical Support	Grant (Round 2)	Technical Support
Ghana	N/A	Bangladesh	Good
India	Excellent	Georgia	Timely and very helpful. Technical advisor guided research team throughout the whole process and helped the team to attain needed results.
Peru	Useful comments, bibliography recommended	Jamaica	Very good
South Africa	Minimal, but not requested	Peru	Continued and very important technical support allowed me to enrich the work in progress.
Sri Lanka	N/A	Philippines	Superb
Tanzania	N/A	South Africa	Very supportive, outstanding
Uganda	We did not request	Tanzania	Excellent
		Uganda	Excellent
		Zimbabwe	Excellent; professional and efficient

¹ Another TA was hired to provide technical comments on the final report.

4.3 Technical Quality of SAR Reports

The technical quality of SAR reports can be classified into the four categories of excellent, good, fair, and poor, according to the comments of technical advisors. The total number of grants in each category are listed in Table 4.

Table 4. Technical Quality of SAR Grants

Category	Number
Excellent	6
Good	3
Fair	4
Poor	3

Overall, there was a general pattern among the high quality reports relating to the institutional capacity of the organization or previous experience of the researchers. The grantees were a mix of high capacity and lower capacity organizations. Six of the reports rank as “excellent,” and three can be considered “good.” The researchers producing the reports that are classified in these top categories already had considerable research capacity, either conducting their work at an institution with an established reputation or already having significant research experience.

Four reports fit into the category of “fair,” and three were ranked as “poor.” Researchers with less experience or coming from an institution with a less established reputation fell lower in the spectrum of technical quality. However, there were exceptions, with researchers that had little experience excelling (though at well established institutions), and very experienced researchers not producing high quality work. Interestingly, there does not appear to be a significant relationship between quality of technical support provided by TAs as ranked by the researchers and the technical quality of the final report.

Some of the “excellent” reports pioneered original work. For example, one technical advisor stated, “the researchers have undertaken some very innovative work: the results are not only of great interest in terms of providing information about efficiency in [that country], but also make a contribution to the (international) understanding of different ways of measuring efficiency and factors affecting efficiency in hospitals in developing countries... there is a mass of fascinating data there.” Another advisor stated, “This study is very interesting and extremely timely, given the lack of evidence in the literature on the costs of treatment...I feel that with some revision, the study can be turned into a number of publications for peer-reviewed journals.”

Comments on the reports that were ranked as fair or poor included problems in the methodology employed, lack of sufficient analysis, too broad a scope of research, and poor writing and organization. It is possible that if TAs had been able to work more closely with researchers, the scale of these issues could have been reduced. In one example, the technical advisor stated, “there are serious problems in the structure of their report, their interpretation of findings, and most worryingly even in the data tables. I have tried to suggest approaches to resolving these problems.”

4.4 Management Strategies

During the first round of grants, there was a single PHR staff member in charge of managing the SAR grants under the technical guidance of PHR's Technical Director. However, by the beginning of the second round of grants, AR restructured the SAR management team so that there were two persons in charge of managing the SAR program: one person focused on financial management and reviewed the quarterly financial reports, and another focused on technical management, reviewing technical reports, and liaising with the assigned technical advisor. Given that there were 16 grantees at that time, this bifurcation of responsibilities allowed the program to run more smoothly. Both of these managers reported to the AR Coordinator. Guidance on financial and technical reporting was more accessible to grantees during the second round, with communications between grantees and advisors much more frequent, resulting in better compliance with reporting requirements.

In addition, the second round of grantees received guidelines on how to fill out financial forms, yielding better financial forms and reporting. With the assistance of the financial officer, any issues or concerns could be addressed and all financial reporting obligations were met. In contrast, the first round of grantees often encountered difficulties with filling out financial forms, as training was not provided. In general, grantees from the second round were much more timely and prepared with contract compliance than those from the first round.

In general, most grant recipients gave high marks to the management and financial support provided by PHR. Grantees were asked to comment on management support and financial support provided by PHR, and responded as Table 5 records. Though grantees seem to have varied in their interpretations of "management support" and "financial support," many specifically mention appreciating guidance in filling out financial forms and reporting requirements. There does not appear to be a significant difference in views between rounds one and two, though the fact that round one contains all of those who did not respond may be significant.

One hurdle that proved challenging to SAR management was the issue of delays. PHR contracts did not include allowances for excusable postponement of deadlines, and delays caused by natural disasters, personal issues, and problems with data collection were all encountered. It was necessary to undertake complicated bureaucratic procedures in order to modify contracts that ran into these excusable delays

Additionally, PHR had a couple of grants with compliance issues. With the difficulties of communication and the geographical distance from grantees, it was hard to determine the reasons for non-compliance, and the lack PHR staff in the region made it very difficult to enforce compliance. In the end, all required technical products and financial reports were received from all grantees, but only a mixture of resolve and diplomacy on the part of SAR management led to their completion.

Table 5. Management and Financial Support as Ranked by Grantees

Grantee	Management Support	Financial Support
Round 1		
Ghana	N/A	N/A
India	Excellent	Sufficient
Peru	They helped me understand the forms and processes for the accounting and reporting requested	It was determinant in doing the research
South Africa	Significant, especially in the area of financial reporting	Covered approximately 1/3 of costs
Sri Lanka	N/A	N/A
Tanzania	N/A	N/A
Uganda	We were assisted in how to fill out the forms.	This was good.
Round 2		
Bangladesh	Excellent. In general, I am impressed with PHR's ability to keep the project on track.	The project had to use other program related funds to complete the work.
Georgia	Research coordinator was well aware of USAID regulations.	Well-structured and well-designed instructions that helped the team to easily manage the research. All financial transactions were timely.
Jamaica	Very good	Very good, though a larger grant would have facilitated more primary data collection.
Peru	Administrative aspect linked with the submission of funds worked very well.	Excellent
Philippines	Good	Good
South Africa	Good	Good, particularly appreciated the assistance and guidance of SAR Coordinator.
Tanzania	PHR staff contributed much to our SAR project by providing technical and financial support. We admired their flexibility in responding to our requests concerning our day-to-day project activities, which as I understand, appropriate flexibility in responding and making decisions is an important management strategy towards achievement of project's objectives.	Excellent
Uganda	Excellent	Very good
Zimbabwe	Excellent, efficient.	The grant was a joy to work with, in fact probably far much better than locally administered grants.

4.5 Linkages with USAID Mission and PHR Activities

The SAR grants were competed globally and funded with USAID global funds. To attain the approval of USAID missions for SAR researchers to undertake their studies, PHR prepared a “no objection” statement for missions to support, stating in essence that they did not object to the proposed research. Not all missions were entirely supportive, and some were surprisingly reluctant to give approval. As the studies were carried out, there was little to no contact between the grant recipients and USAID mission activities. However, both the SAR researchers and the missions might have benefited more from more direct involvement and collaboration in the research.

Similarly, SAR research was not specifically linked to other PHR activities. Since the competition for SAR grants was global, some of the grant recipients were located in countries where PHR activities were not taking place, meaning it was uncommon for PHR technical staff to make links with researchers upon passing through. Even when researchers were located in countries where PHR was undertaking other activities, PHR technical staff did not create linkages with SAR grantees, except in a few cases. Once again, were researchers to have had the opportunity to work collaboratively with more PHR technical staff, both PHR staff and researchers might have benefited more.

5. Program Impact

The SAR program had three main effects on health policy issues within developing countries: (1) increased capacity among grantees working in the area of health reform; (2) influence on policymakers to address issues brought to light in SAR research; and (3) indirect influence of the policy process through the wide dissemination of SAR materials. The first effect directly relates to the objective of the SAR program to build and strengthen policy research capabilities among developing country researchers. The second and third effects are indirectly related to the objectives of advancing knowledge of health sector problems and solutions, and supporting health sector reforms.

5.1 Increased Capacity

One of the most important results of the SAR program was that capacity among developing country researchers for policy-relevant health system research increased. Although the principal influences of the SAR program may only be demonstrated in the long term as capacity is advanced, the shorter-term achievement of this goal may be measured by looking at whether the following has occurred:

- > Researchers' capacity to undertake policy-relevant, scientifically valid research has increased;
- > Researchers strengthened their links with policy research networks at the local, national, and regional levels;
- > Researchers can sustain themselves intellectually and financially.

Survey results suggest that the SAR program has succeeded in these three key areas. Almost all of the survey respondents report having expanded research capabilities, whether it be in the form of increased knowledge of problems and strategies, awareness of new methodologies and data resources, or improved ability to communicate. Similarly, 100 percent of responding grantees stated that they were confident they would receive funding for future research studies, and the vast majority had already begun the process of writing proposals or had embarked upon new research projects. Table 6 presents these responses.

Table 6. Research Capabilities

Country	Expand Research Capabilities?	Confident for Future Studies?	Future Studies Commissioned*
Round 1			
India	Research potential enhanced, especially in analyzing nature and dynamics of private hospital market.	Yes	Yes, World Bank study, costing primary health, evaluation of health interventions, role of government, anti-malarial policies.
Peru	Yes, conducting survey on health facilities.	Yes	Costing of malaria, proposal of tariffs and exonerations policy in public health.
South Africa	Yes, in-depth knowledge of South African data resources.	Yes	Four projects on health insurance, public/private mix, two projects on cost-effectiveness of HIV/AIDS interventions.
Uganda	Yes, more exposure to policymakers and ability to communicate improved.	Yes, for even larger projects	A few proposals are being assessed for funding.
Round 2			
Bangladesh	Became more aware of potential benefits of the costing strategy used for the first time in this study.	Yes	Yes, economic evaluation of nutrition program, costing of IMCI in pilot project, willingness and ability to pay for health services.
Georgia	Yes, more precise look at hospital sector, enriched knowledge of problems and strategies, new methodologies.	Yes	Yes
Jamaica	Yes, data analysis.	Yes	Yes, PAHO [Pan American Health Organization] study of gender equity and health, FHI [Family Health International] study of contraceptive use dynamics.
Peru	Yes, increased research capacity, reestablished contacts with policy makers, beginning of future work.	Yes	Evaluation methodology to measure social impact funded by Peruvian Ministry of Finance/IDB [Inter-American Development Bank].
Philippines	Yes, expanded knowledge in decentralization.	Yes	Operationalizing the national health insurance program in one province, study on health insurance.
South Africa	–	Yes	Mother-to-child transmission of HIV and implications of HIV/AIDS at the household level.
Tanzania	Enhanced understanding of socio-economic health research, capacity of co-principal investigator and field researchers, practical experience in recording, managing, reporting.	Yes	Several proposals written, but not yet secured.
Uganda	Knowledge-sharing with international researchers.	Yes	Nongovernmental organizations providing health services.
Zimbabwe	Comments from technical advisor were very valuable; TA also helped to consolidate research capability.	Yes, more independence in next project, teaching has improved	EQUINET, promoting equity in health with regional representatives, study on public sector subsidies to private health sector, presentations to be in Tanzania and South Africa.

* Responses may refer to future studies of the institution rather than solely those of the researcher.

Also indicative of increased capacity are the ways in which grantees were able to resolve difficulties and surpass barriers encountered during the course of the study. For example, many researchers pointed to the lack of information available to researchers in their countries, or the lack of access to available information, as a major constraint to their studies. International literature, data from the private sector, and data from the government were all scarce in certain cases, but researchers were able to work around these challenges through resourcefulness. Grantees obtained additional

supplementary data from sectors where information was available, made new contacts with stakeholders, and used the internet to find pertinent data on the topic in question. In other cases, technical assistance from PHR helped researchers overcome difficulties with applying internationally accepted methodologies to the local context, and in clarifying the objectives and purpose of the research. Difficulties in obtaining money transfers and in communications were also noted, particularly from respondents of the first round of grants. Table 7 shows the difficulties encountered and how they were overcome.

Table 7. Difficulties Encountered and Resolution.

Country	Difficulties Encountered	Resolution of Difficulties ^a
Round 1		
India	Lack of collaborators in the field, lack of access to international literature.	Resolved partially by travel and internet.
Peru	–	–
South Africa	Meeting USAID reporting and accounting requirements.	Overcome by trial and error.
Uganda	Money transfers behind schedule and complicated reporting forms.	–
Round 2		
Bangladesh	A major flood closed many health centers and there was a fear that data would be biased.	Survey was suspended and then resumed.
Georgia	Adopting internationally accepted methodologies to Georgian context.	Resolved with help of technical advisor.
Jamaica	Attaining data from private sector.	Resolved by getting more data from public sector.
Peru	Access to reliable and current information.	Resolved by contacts in health sector in some cases, but limited the study.
Philippines	Apprehension from local stakeholders on outcome of research, hesitation among private sector, limited data availability from government.	–
South Africa	Methodological issues and clarification of purpose and objectives.	Overcome with technical guidance from Abt.
Uganda	Delays in money transfers.	–
Tanzania	Inadequate communications facilities, difficulty in communicating with institute site offices, administrative procedures of institute, lack of laptop computer, interruption in SAR activities with other duties.	–
Zimbabwe	Departure of co-principal investigator.	Turned out to be more of a challenge than a constraint.

^a Some researchers did not respond to the second half of the question

One opportunity to increase capacity for policy research and to create linkages among researchers is the presentation of findings at local, regional, and international conferences. Grant recipients presented at numerous local workshops and conferences, and grantees from three countries participated in regional and international conferences (Table 8).

Table 8. Conferences Attended by SAR Grant Recipients

Name, Country	Study topic	Conferences
Dr. Mahmud Khan, Bangladesh	Costing IMCI	WHO multi-country study meetings.
Dr. Gotsadze, Georgia	Hospital care financing	World Bank PCU Conference, Sarajevo, 1999. Meetings at WHO/EURO, 1999.
Dr. Aldrie Henry-Lee, Jamaica	Health insurance and the poor	Global Health Council, Arlington, VA, 1999. Local talk show (Breakfast Club), 1999.
Mr. Pedro Francke, Peru	Targeting health expenditures	Global Health Council 1999. Meeting of the Latin American Social Economics Network, 7/98. XVI Latin American Meeting of the Econometric Society, 4/98.
Dr. Maria Bautista, Philippines	National health insurance	International Health Economics Association, 1999.
Ms. Veloshnee Govender, South Africa	Costing HIV/AIDS care	International Health Economics Association, 2001.
Dr. Neil Soderlund, South Africa	Minimum benefits package	Jubilee International Congress, 1997. Economics Society of South Africa, 1997. Public Health Forum Reforming Health Sectors, 1998.
Ms. Aparnaa Somanathan, Sri Lanka	Efficiency in public facilities	Asia-Pacific Health Economics Network Conference, 2000.
Mr. Godfrey Mubyazi, Tanzania	Payment mechanisms for the poor	Royal Society of Tropical Medicine and Hygiene, London, 1999.
Mr. Frederick Mwesigye, Uganda	Decentralization	Global Health Council Conference, Arlington, VA, 1999.
Mr. Oliver Mudyarabikwa	Regulation and incentives for private health care	Public/Private Mix Network Meeting, Johannesburg, 1998.

The Sri Lankans presented their findings at the Asia-Pacific Health Economics Association Network conference 2000, where participants from the World Health Organization, World Bank, Asian Development Bank and Department for International Development were represented, along with academics, health professionals, and policymakers from the Asia-Pacific region (see Box 1 for information about the study findings). The Sri Lankan researchers reported that their presentation of work on provider efficiency generated great interest as a similar study was recently carried out in Bangladesh. As the principal investigator recorded, “researchers from the Global Program on Evidence for Health Policy at the WHO expressed great interest in the cost results of the Sri Lankan health facility study. They are in the process of putting together an international database of hospital costs, particularly from developing countries. Plans for collaborative work and possible funding for further analysis were discussed.” The development of linkages such as these with those conducting similar research are an important part of capacity building.

Similarly, the grantee from Zimbabwe forged new contacts at the Southern Africa Public/Private Mix network meeting and is now a permanent member of the organization. Following his participation at the conference, he said, “I am really grateful that you sponsored me for this meeting...[it] was worth attending, and my work is going to be faster given the insights I got from the meeting.”

Box 1: Improving Efficiency in Public Health Facilities in Sri Lanka

The Sri Lankan government is currently considering major health sector reforms encompassing decentralization and modernization of management. Research in Sri Lanka in 1991 showed that, compared to other countries, health care facilities had very low average costs. Substantial variation in costs was also apparent, suggesting there was scope to improve efficiency further, at least in certain facilities. The PHR Small Applied Research program supported a recently completed study of efficiency in public facilities in Sri Lanka to inform the reform process, and provide data comparable to the previous study.

In an innovative study design the researchers from the Sri Lankan Institute of Policy Studies examined characteristics of managers and a variety of quality indicators, as well as several approaches to measuring efficiency including:

- ratio measures (such as bed occupancy rate, turnover);
- unit costs (using step-down analyses of accounts); and
- econometric analysis (estimation of production functions and cost functions).

Researchers were able to compare these measures both across different facility types and with the 1991 survey findings. Many interesting findings emerged. For example, the study showed that, since 1991, outpatient unit costs decreased across all types of hospitals except at rural facilities. In contrast, most hospitals, with the exception of complex teaching hospitals, experienced increases in inpatient unit costs. The time trends observed are explained largely by occupancy and utilization rates. Funding constraints in the public sector have led to greater input shortages at lower-level facilities than tertiary hospitals and as a consequence, patients are increasingly bypassing lower-level hospitals.

The researchers recommend specific measures to improve hospital management and strengthen performance monitoring of hospitals.

In addition, PHR's SAR program sponsored three grantees to present their research findings at the Global Health Council Conference in Washington, DC, and one grantee to present a poster at the International Health Economics Association's conference in Rotterdam in June 1999. These events allowed researchers Aldrie Henry-Lee from the University of the West Indies, Jamaica, Frederick Mwesigye of Makerere University, Uganda, Maria Bautista of the Institute for Development Policy and Management Research, the Philippines, and Pedro Francke, an economist from Peru, to build analytical capacity and share their findings with a wide and varied audience.

During their stays at conference sites, the researchers had the opportunity to work closely with PHR technical staff to discuss issues brought forth by their research activities. At each conference session, the audience demonstrated a significant amount of interest in the research findings and lively discussions took place. PHR distributed numerous copies of the research findings to many interested persons.

At the conclusion of the conferences, researchers expressed their appreciation to PHR for having sponsored their participation. Dr. Henry-Lee stated, "the presentation went well...contacts were made with other presenters on the panel to share results from similar studies." Mr. Mwesigye noted the absence of an "adequate African representation...less than ten participants were perhaps from Africa, or talked about African health issues." He suggested that in the future, "the African continent should be given a distinct session or a plenary." More lengthy comments from Dr. Bautista are in Box 2.

Grantees' self-assessment and their comments following capacity building activities suggest that they have indeed improved their capacity to undertake policy-relevant research, and they are likely to be able to sustain their intellectual pursuits through financing from various other sources. Furthermore, all of the grantees reported having increased contact with local policymakers, individuals from international organizations, and other researchers studying similar issues within their own country (Table 9). Other contacts that grantees made throughout the process of their research

were providers, clinicians, professional associations, community-based organizations, private insurers, and large employers. With greatly expanded networks in health policy, grantees now have a larger pool of resources from which to draw in the future, another essential component of their capacity to undertake further research. Thus, the SAR program has been quite successful in achieving its foremost important goal of capacity building of developing country researchers.

Box 2: Feedback Following SAR Poster Presentation at iHEA

Dr. Maria Christina Bautista of the Institute for Development Policy and Management Research, the Philippines, stated that “the suggestions from PHR staff on making the poster attractive and useful proved to be invaluable.” She also noted only a handful of posters were on developing countries, and even less done by nationals themselves.

“The conference was an opportunity to create networks with researchers and policymakers. More than anything else, it is these interactions (both formally, through the sessions, and informally outside the session halls) that contribute to the long-term effects of participation...

“The poster session itself was a revelation. The posters stayed on for the whole day...While others just left their posters hanging, I stood by my poster (another suggestion from PHR) and it was well worth it. There was an opportunity to discuss it with those interested...

“The ‘in-brief’ [summary] prepared by PHR was very useful. While it was not the published output itself, it was well appreciated. People did not want heavy pieces anyway. It gave a good impression of PHR as an able and professional support to developing country researchers...

“Overall, participation in the conference was very valuable. It was an opportunity to exchange knowledge and insights into various health economics work. More importantly, it provided a valuable assistance for a developing country participant like myself to network with others in the field. I was the only participant from my country.

“Lastly, on a personal note, it boosted my confidence that I was doing something valuable in the field that others could learn from.

“The technical, financial and moral support and encouragement from the PHR-SAR group of Abt Associates was superb!”

Table 9. Contacts Forged through SAR Grant

Country	New Contacts			
	In-country researchers	International Researchers	Policymakers	Other
Round 1				
India	Yes	Yes, especially in the London School of Health and Tropical Medicine	Yes	Providers in hospitals, professional associations, also funding agencies
Peru	No	Yes	Yes, Ministry of Health	
South Africa	Yes	Limited	Yes	Yes, private insurers, large employers
Uganda	Yes	No	Yes	
Round 2				
Bangladesh	Yes	Yes	-	
Georgia	Yes	Yes	Yes	
Jamaica	Yes	Yes	Yes	
Peru	Yes	Yes, PanAmerican Health Organization	Yes, Ministry of Health	
Philippines	Yes	Yes	Yes	Yes, GTZ (Germany)
South Africa	Yes, social scientists, clinicians, etc.	Yes, especially London School of Health and Tropical Medicine	Yes, Department of Health	Yes, Community-based organizations
Uganda	Yes	Yes	Yes	Professionals at Global Health Council Conference 1999
Tanzania	Yes	Yes	Yes	Local and district government authorities
Zimbabwe	Yes	Yes	Yes, Secretary for Health, Minister of Health	Now active member of Public-Private Sector Mix Network

5.2 Dissemination

In support of the objectives of advancing knowledge of health sector reform topics and of supporting health sector reforms, the AR program has encouraged the wide dissemination of SAR research findings. These findings may inform the debate on health reform policy issues through their wide dissemination locally, regionally, and internationally. PHR's SAR reports were disseminated broadly at the local level by grantees, and have been published in publications and presented at conferences for international and regional audiences. While it is difficult to quantify the impact of dissemination, one can suggest that the more broadly findings are disseminated, the more likely are stakeholders to be well-informed of policy issues and to support health policy changes and improvements.

At the local level, all SAR grant recipients have disseminated their findings extensively. Presentations and workshops at district offices, clinics, universities, research centers, and ministries of health both helped researchers generate further ideas and augmented the number of stakeholders

who were engaged in debates on the issues brought forth by the papers. One grantee participated in a local radio talk show reaching the ordinary citizens of Jamaica. Informed discussions among such stakeholders, which result from local dissemination activities, are precisely one of the objectives of the SAR program (Table 10).

Table 10. Workshops and Local Presentations

Name, Country	Study topic	Workshops and Local Presentations
Mr. Alfred Obuobi, Ghana	Private providers and public system	Dissemination presentation for students in health service administration at the University of Ghana, Ministry of Health representatives, and private sector practitioners, 7/99.
Dr. George Gotsadze, Georgia	Hospital care financing	World-Bank sponsored conference, 120 participants from Georgia and international agencies, Tbilisi, Georgia, 4/99.
Dr. Muraleedharan, India	Private hospitals	Dissemination workshop with local policymakers and health care workers, Madras 4/99.
Dr. Aldrie Henry-Lee, Jamaica	Health insurance and the poor	Meeting with local policy makers and researchers, Kingston, Jamaica 5/98 and St. Andrew, Jamaica, 9/98. Local talk show (Breakfast Club), 1999
Mr. Pedro Francke, Peru	Targeting health expenditures	Presentation for Proyecto 2000, Ministry of Health, 1/98. Meeting of the Latin American Social Economics Network, 7/98. XVI Latin American Meeting of the Econometric Society, 4/98.
Dr. Maria Bautista, Philippines	National health insurance	Bukidnon, local policy makers and health care workers, 4/99. Philhealth, local policy makers and health care workers 5/99.
Dr. Neil Soderlund, South Africa	Minimum benefits package	Dissemination meetings with national and provincial government, employers, and health insurance companies.
Dr. Joseph Konde-Lule, Uganda	User fees in public facilities	Presentation to Ministry of Health, 2/98, Mukono District, 2/98, Jinja District, 3/98 and Mpigi District 3/98.
Mr. Frederick Mwesigye, Uganda	Decentralization	Presentation at the Makerere institute of Social Research, Makerere University 6/99.

Similarly, PHR's support of grantees' participation at regional and international dissemination events allowed SAR findings to reach a wider audience than otherwise might have been possible.

Box 3: Highlights on Georgia Hospital Study

Physician and health personnel salaries in Georgian hospitals are striking, at far below subsistence level. The important role of unofficially charged user fees in the health care sector of Georgia is intensifying under the near-starvation level of the official salaries.

This finding suggests a growing mismatch between the formally public status of the majority of the hospitals, on the one hand, and provider incentives to switch budget-funded resources to a private practice. One important policy recommendation, supported by the findings from the study, is to reduce the level of public commitment in hospital financing by auctioning part of the facilities to a strategic investor, closing them down, or transferring them to user fee schedules.

The data collection and processing capacity developed by the research team could help target the least efficient part of provider network with privatization, closure or cost recovery measures.

The national hospital data base created by the research team could be adopted by the MOH as the national information bank for asset valuation and other feasibility studies accompanying the ownership and structural adjustment measures.

SAR research findings presented at the conferences and meetings outlined in the previous section have reached an international audience of social scientists, policymakers and representatives of multilateral organizations.

A number of SAR research reports have been accepted or submitted to peer-reviewed journals. The SAR study on Financing Hospital Care in Georgia (see Box 3) was accepted by the *Croatian Medical Journal*, and articles on a minimum benefits package in South Africa were accepted to the *South African Medical Journal*, and *Health Policy*. SAR researchers have also submitted their works to the *East African Medical Journal* and *Social Science and Medicine*. The circulation of these journals significantly increases the audience reached by SAR researchers. Through such publications, research findings will reach an audience of policymakers, international agencies, and academics. In addition, all SAR reports were posted on the PHR website, further broadening the audience for SAR research. Table 11 summarizes SAR grant recipient publications.

Table 11. SAR Publications (non-PHR)

Name, Country	Study Topic	Publications
Dr. Gotsadze, Georgia	Hospital care financing	<i>Croatian Medical Journal</i> , Volume 40, No. 2, June 1999.
Dr. Aldrie Henry-Lee, Jamaica	Health insurance and the poor	<i>Caribbean Dialogue: A Policy Bulletin of Caribbean Affairs</i> (submission under review)
Mr. Pedro Francke, Peru	Targeting health expenditures to protect the poor	CD-ROM from Lima conference, CD-ROM from conference with University of Uruguay/FLACSO. "El cobro de tarifas y la equidad en la distribución del subsidio público de salud en Perú", Documento de Trabajo No. 163, Centro de Investigaciones Sociales, Económicas, Políticas y Antropológicas, Pontificia Universidad Católica del Perú, febrero 1999. "Focalización del Gasto Público en Salud en el Perú: Situación Y Alternativas", Documento de Trabajo No. 155, Centro de Investigaciones Sociales, Económicas, Políticas y Antropológicas, Pontificia Universidad Católica del Perú, octubre 1998.
Dr. Maria Bautista, Philippines	National health insurance	(currently drafting article)
Ms. Veloshnee Govender, South Africa	Costing HIV/AIDS care	(currently drafting article)
Dr. Neil Soderlund, South Africa	Minimum benefits package	Söderlund N. An essential hospital package for South Africa. (Editorial) <i>SAMJ</i> 1998; 88: 1075-1076. Söderlund N. "The essential health care package – a review of possible objectives and resulting entitlements." <i>Health Policy</i> 1998;45:195-208 . Söderlund N. "An essential hospital package for South Africa: selection criteria, costs and affordability." <i>SAMJ</i> 1999;89:757-765. Khosa SP, Söderlund N, Peprah EO. "An essential package of hospital services: a review of international experience with reference to South Africa". Johannesburg: Centre for Health Policy, University of the Witwatersrand, Monograph no. 50, 1997. Söderlund N, Peprah EO. "An essential hospital package for South Africa: selection criteria, costs and affordability". Johannesburg: Centre for Health Policy, University of the Witwatersrand, Monograph no. 52, 1998.
Mr. Godfrey Mubyazi, Tanzania	Payment mechanisms for the poor	<i>Health Policy and Planning</i> (article under review) <i>Social Science and Medicine</i> (article under review)
Mr. Joseph Konde-Lule, Uganda	User fees	<i>East African Medical Journal</i> (article under review)

Such a wide array of dissemination activities improves the ability of researchers to reach relevant policymakers and encourages interested parties to respond to research findings. The extensive dissemination support provided to researchers by PHR has broadened the audience of stakeholders and interested parties considering the issues brought forth in their studies.

5.3 Policy Influence

An effect unexpected result from the SAR program is the program's influence on health policy and policymakers. Overall, two levels of influence upon policy may be identified:

- > Findings relevant to policymakers, reflected by an influence on policy dialogue;
- > Results contributed to policy change.

Though it is difficult to quantify and corroborate whether the policy dialogue has been influenced by the findings of the SAR researchers, a large number of SAR researchers claim that their work has been discussed at various governmental levels. Some examples include:

- > In Jamaica, the SAR study prompted policymakers to examine the national health insurance program more carefully, and an evaluation is now planned;
- > Georgia's Ministry of Health is considering implementing the recommendations of the SAR study for hospital sector financing;
- > State-level directorates have referred to the SAR study from India, and policy issues have been highlighted;
- > In the Philippines there is an increased awareness of the relationship between health insurance and decentralization, and an increased appreciation of local practitioners.

As evidenced by the anecdotes above, SAR research findings have entered into the policy debate. Policymakers' consideration of the issues explored in SAR research may lead to important health reform policy decisions. SAR research findings may have influenced the policy dialogue and led policymakers to consider health policy issues and perspectives that would have otherwise been omitted.

Beyond mere policy debate, SAR research findings have also prompted health policy changes. In two cases, new government policies have been created partly as a result of the debate generated by grantees around important reform issues:

South Africa. New legislation was implemented January 2000 requiring private health insurers to provide a minimum package of hospital services. In his SAR study, Principal Investigator Söderlund designed a basic package of services and intended for his study to stimulate debate around the issue. After the study was disseminated, Söderlund was asked to chair a committee of 30 experts in the field to adapt his technical work, along with further research, for legislative purposes. The new legislation was quickly approved and took effect in January of 2000 (See Box 4).

Box 4: PHR Research Spurs New Legislation in South Africa

In response to recommendations of a PHR study, the South African Department of Health recently implemented new legislation that will guarantee a minimum benefits package for all beneficiaries of private health insurance.

Dr. Neil Söderlund, formerly of the University of Witwatersrand, South Africa, conducted a small applied research (SAR) study with a grant from PHR in 1997 to design a low-cost minimum benefits package, and was later asked by the Department of Health to chair a committee that would adapt the findings for legislation purposes. With the collaboration of 30 people in the field and information from additional research, the committee drafted regulations for minimum benefits to be required of all private medical insurers. The new legislation took effect in January 2000.

In South Africa, the majority of the population has access to the public hospital system. Although hospitals are required to collect fees from users who can afford to pay for services, they often find it difficult to determine which users can pay. Public hospitals are facing cuts to their limited budgets while demand for care remains constant or increases. At the same time, private insurance is unaffordable to most South Africans and often excludes high-risk individuals from coverage. Those individuals who are likely to incur high costs are then shifted back into the public hospital system, once again increasing the burden on public resources.

In 1995, the government-formed South African Committee of Inquiry into National Health Insurance suggested that all formal sector employees be required to purchase insurance coverage for at least a minimum package of essential hospital services. This policy would shift employed individuals into the private insurance system, thereby decreasing the strain on public resources. However, not until the findings of Söderlund's study were disseminated did the Department of Health take significant steps to implement such legislation.

Soderlund's study defined an essential package of hospital services according to the following criteria, in order of priority:

- ◆ Extent to which there was another responsible party who should pay for treatment;
- ◆ Urgency (or degree of discretion) of required treatment; and
- ◆ Cost-effectiveness of the treatment.

The final benefit package of the study excluded primary care services, which are now offered by the public system, as well as interventions that were either very high-cost, ineffective, or for non-urgent conditions. It included all non-elective surgical procedures, surgical admissions for life-threatening conditions, maternity care, comfort care for the terminally ill, and medical admissions for diseases severe enough to warrant hospitalization. The study also costed the essential benefits package using data from mine hospitals and health insurers in South Africa.

Söderlund's study intended to bring the debate about essential hospital benefits to the public arena and encourage dialog among experts, the public, and policymakers. His work was published in two articles in the *South African Medical Journal* and one in *Health Policy*, and was disseminated at two conferences and in monographs. His technical work stimulated debate which resulted in the introduction of the minimum benefits regulations for private health insurers.

Box 5: Targeting Public Health Expenditures in Peru

Health care services in Peru are funded by a social health insurance scheme that covers primarily those families with members in formal sector employment. The Ministry of Health (MOH) provides care for patients without social health insurance. Economist Pedro Francke studied the allocation of MOH expenditures to determine whether relatively high user fees may create barriers to access for those who are most in need of MOH health services.

Francke found that routine budgetary expenditures in health do not target the most needy departments, and that there are disparities in coverage between the higher- and lower-income strata for medical visits. He also found that most fees charged by the MOH are paid by those in the lower-income strata.

Francke and his team propose a strategy to reach the poor more effectively of (1) creating fair and consistent policies for determining user fees and exemptions in order to make health services more affordable and accessible to the poor, and (2) increasing incentives for higher-income earners to shift to private insurance coverage for health care.

Peru. Principle Investigator Pedro Francke reported that his SAR study has informed policymakers about geographical targeting and that a new Ministry of Health policy called the *Seguro Materno-Infantil* (Safe Mother-Child) is now using geographical targeting. Francke studied the targeting of public health expenditures and found that poorer geographical departments have been receiving less funds from the government than departments which are better-off (Box 5).

Therefore, the generation of debate among stakeholders and decision makers regarding key health reform issues has not only led to a shift in the policy agenda, but has resulted in concrete changes in health policy and health reform legislation. The SAR program has surpassed expectations in the extent to which it has influenced policy, claiming serendipitous success in this area.

6. Lessons Learned

A number of lessons can be drawn from the experience of PHR's Small Applied Research program regarding the program design, the grants process, management and training, and dissemination support.

Program Design

- > Objectives should be clearly defined at start-up, and adhered to throughout the grants process. Unnecessary shifting of focus can limit the effectiveness of the grants process. Also, objectives should not compete with one another or imply a trade-off, such as the objectives to increase research capacity yet also to effect policy change.
- > It is important to include sufficient funds in the budget to support the stated objectives. If the objective is to increase capacity, for example,
 - ∩ Funds should be available for regional and even international travel, so that researchers can make new networks of research contacts.
 - ∩ Sufficient funds should also be included for grantees to meet personally with technical advisors at several stages in the grant process. This collaboration would be beneficial for both grantees and technical advisors.
- > Technical advisors should be encouraged to get involved at the early stages and maintain interest, enthusiasm, and support throughout the grant process. They should be chosen according to their ability to make such a commitment. Technical feedback should be provided promptly to researchers, and any technical concerns should be addressed before they become major problems or issues.
- > Collaboration with missions and with other project activities should be maximized. Program implementers should try to identify linkages among program activities both within the project itself and within the broader scope of the country missions.

Grants Process

- > Organizing research grants around a number of specific themes and disseminating to a large number of individuals and organizations is an effective way to attract a diverse group of proposals.

Management and Training

- > Frequent communication with grantees is the best policy to ensure that deadlines are met and grants do not become excessively delayed. Close monitoring and management of SAR grants with a clear delineation of technical and financial support is an effective management strategy.
- > Guidelines and extensive training should be provided on financial reporting to grant recipients in order to ensure that financial forms are correctly completed. Clear explanation

of requirements at start-up can avoid frustration, confusion, and problems once the grant gets underway.

- > Guidelines that clearly define the role and responsibilities of technical advisors should also be provided to advisors and grantees so that both parties can be clear on what is to be expected.
- > Technical advisors should be assigned according to the geographic area in which they will be doing work as well as their knowledge about and interest in the topic of study. If the TA is traveling to the grantee's country for other activities as well, it will be easier and more cost-effective to arrange for meetings and collaboration with the grantee.
- > Delays are a reality, and it is important to build extra time into contracts and expectations for excusable postponement of deadlines. It is important to be firm about deadlines, yet reasonable when there is a good reason for a delay. Bureaucratic hurdles can be eliminated and expectations can be more realistic by building extra time into contracts and making contingency plans for excusable delays.
- > Consequences for non-compliance should be specified at the outset. The difficulties of communication and geographical distance make it difficult to set credible and meaningful consequences once the grant has begun.

Dissemination support

- > Travel to international and regional conferences is an important capacity building and dissemination opportunity.
- > It is likely that the inclusion of local conferences and workshops as part of the grant is an effective way to ensure a broad local audience is reached during the grant process.
- > Easily readable documents and shorter policy briefs are an essential component of dissemination efforts, as evidenced by grantee comments following dissemination events.
- > SAR management should allocate sufficient time to identifying linkages and forging networks among developing country researchers and identifying the appropriate dissemination list for each report.

7. Conclusion

PHR's Small Applied Research program was quite successful in achieving its goals of increasing research capacity among developing country researchers, advancing knowledge on a variety of health reform topics, and supporting health sector reforms. However, a few aspects of the program design may have limited program success.

The SAR program has been particularly successful in the area of increasing capacity, as all researchers attest that they have increased their knowledge or ability in some area, linkages among researchers, and confidence for future studies as a result of their SAR experience. However, linkages with the USAID missions and with other PHR activities were relatively weak; researchers, mission staff, and PHR technical staff might have benefited more from greater collaboration and contact. Sufficient funds to support more collaboration among developing country researchers and to provide more technical guidance might have further enhanced the ability of PHR to capacity for policy-relevant research. Also, a final conference bringing together research grantees to discuss their own research might have been beneficial not only to grantees, but also to interested parties to spark further interest in SAR programs and in the policy issues being discussed.

Knowledge of health sector reforms has been advanced as a result of the dissemination of SAR studies locally, regionally, and internationally. In some cases, the policy debate has been influenced by findings of the SAR studies, and new legislation was passed in South Africa as an indirect result of the SAR study. The objective of supporting health sector reforms has been met, as PHR has funded these studies on specific health reform topics conducted by developing country researchers and policy reforms have in some cases been implemented. Investment in developing country researchers not only increases the ability of local researchers to undertake independent, quality research, but can influence policy from the bottom up.

There seems to be a trade-off between the expectation of receiving reports of high technical quality and the objective of increasing capacity. If the objective of the program is to increase capacity, it may not be appropriate to expect high quality research products. Instead, a program might focus on increasing the grantee's opportunity to work closely with other researchers and offering strong technical support. If one seeks a number of high quality technical reports from a SAR program, the researchers and organizations funded should be those which already have a high level of institutional capacity.

Overall, grantees praised the technical, financial, and administrative support provided by the PHR program, though many found the financial reporting requirements to be challenging. The technical quality of research reports varied significantly, with six reports considered "excellent," and three considered "poor." Some of the excellent reports offered innovative work that will likely influence future studies on those issues. The SAR management technique delineating responsibilities between a technical manager and a financial manager proved effective when there was a large number of grants, and the consolidation of this position into one worked well when there were fewer grants.

Finally, future SAR programs might consider including a modest amount to hire a consult to conduct an external evaluation of the program, or task a member of a larger project evaluation team to focus on the SAR program. However, the SAR team hopes that PHR and other projects will learn

lessons from this internal SAR evaluation and consider the issues encountered by the program in any future SAR programs

Annex A: Questionnaire

Small Applied Research Program Evaluation Form

The objective of this questionnaire is to determine the impact of the SAR program on developing local level research capacity, advancing knowledge about health issues and influencing policy.

A. Basic Information

1. Name, title, approximate number of years of experience:
2. Institution:
3. Grant title:
4. Other colleagues who participated in project (name, title approximate number of years of experience):

B. Capacity

1. Had you or your colleagues conducted a significant amount of research with external funding before receiving the grant from PHR? If so, what was the subject matter of your previous research?
2. Did the grant allow you to make new contacts with colleagues in the field, such as:
 - other researchers in your country
 - researchers in other countries
 - policymakers
 - other (please specify)
3. Did the grant allow you to expand your own research capabilities? If so, in what way?
4. Do you feel confident that you will conduct future studies through external funding?
5. Have you initiated further research activities since the SAR grant? If so, what?
6. What were the greatest difficulties you encountered during the research and how did you overcome them?

C. Dissemination and Policy Influence

1. Please list the ways in which your work was disseminated. Include all publications, conferences, meetings, press clippings, etc.
2. How was your work received by colleagues and others in your field?
3. Did your work reach a new audience? Please explain.
4. Are you aware of the use of your findings outside of your country?

5. How would you describe the influence of your work on health policy?
6. Has there been any change in the policy agenda as the result of your work?
7. Has there been any change in policy as a result of your work?

D. Grant Operations

1. Please comment on the following aspects of your grant.

- Technical support from PHR
- Financial support from PHR
- Management support from PHR
- Dissemination support from PHR

Annex B: Evaluation Criteria, Round 2

Evaluation Criteria, Round 2

I. Grantee technical qualifications and organizational capabilities (total score: 25)
Grantee conducted research similar to current proposal for known funding agencies (similar research means the same health reform area–substantive component–or the same methods–technical component). (score: 0-5)
Grantee has proven research record in other areas than the current proposal. (score: 0-5)
Capacity building through support of and expanding experience of junior researchers within local research or training organizations. (score: 0-10)
Institutional linkages with potential users of research results such as ministry of health or other local or international agencies intervening in the health sector. (score: 0-5)
II. SAR grant project design (total score: 65)
Relation between the focus of research proposal and one of the themes in the solicitation. (score: 0-10)
Demonstration of an understanding of major policy and/or implementation issues in the health sector. (score: 0-10)
Relevance of research proposal to policy issues or implementation strategies under consideration in the country (see background and relevance section). (score: 0-10)
Clarity of statement of research questions and hypotheses. (score: 0-10)
Technical appropriateness of proposed methodology relative to stated research objectives. (score: 0-10)
Feasibility of proposed research activities within a 12-month period. (score: 0-10)
Coherent description of expected outputs and results of problem to be addressed by the research proposal. (score: 0-5)
III. Monitoring and evaluation plan (total score: 10)
Adequacy of monitoring and evaluation plan for timely completion of research activity. (score: 0-5)
Adequacy of mechanisms for internal review process of research outputs and results. (score: 0-5)