

International Health Policy Program (IHPP) Thailand

External Program Evaluation

Submitted to HSRI

By

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Report delivered to

HSRI director

WR Thailand

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I. INTRODUCTION

This report contains the findings, conclusions and recommendations of the external evaluation of the International Health Policy Program (IHPP).

The IHPP was established according to the MOU between the Ministry of Public Health (MOPH) and the Health Systems Research Institute (HSRI) signed on January 8, 2001 for a period of three years. The IHPP mission encompasses two major areas:

- (1) Health policy and health system researcher capacity strengthening
- (2) International health policy development

The full text of the MOU is attached as Annex 1. Background information on the mission, the expected outcome and the organization of IHPP is attached in Annex 2.

At the request of the Governing Board of IHPP and the Director of HSRI, its funding agency, an external program evaluation was planned for the past two and a half-years (January 2001 to June 2003). The overall objective of the external evaluation is to evaluate the performance of the IHPP according to the MOU of January 2001. The specific objectives are:

1. To assess the outcome of international health policy coalition in response to the role and function of international/ regional organizations such as WTO, WHO, ILO, APEC, etc.
2. To evaluate the collaboration of regional organizations and international collaboration by IHPP.
3. To review the governance relationship between IHPP Board and Secretariat.
4. To assess qualitative and quantitative program achievements and capacity strengthening in Health Systems and Policy Research and International health network.
5. To identify the overall strength, weakness, opportunities and recommendations for improving IHPP outcome and effectiveness.
6. To provide broad guiding direction for the next three years (January 2004-December 2007) on the setting of priorities for the future international health policy mission of IHPP, and its programmatic and financial sustainability.

7. To evaluate the process of capacity strengthening in health system and policy research

This report is based on an analysis of documents and interviews held with a great number of people involved in the IHHP representing all stakeholders such as fellows, mentors, the governing board members, the recruitment committee, the management, the Deputy Minister of Public Health and other officials from MOPH, Thailand Research Fund (TRF), WHO, etc. The full list of interviews undertaken is attached as Annex 3.

The evaluation was undertaken by the following team:

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The team was assisted by

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The evaluation team would like to acknowledge its appreciation for the valuable contributions by all interviewees. It also would like to express its sincere thanks to Dr. Wiput Phoolcharoen, director of HSRI and his staff for the support given to the evaluation team in preparing and carrying out the evaluation.

II. FINDINGS

The administration of IHPP is quite different from the formal organization chart. At present there is no deputy director and no assistant director. The administration consists of two temporary staffs. The director is also a Health Economics mentor. The management system runs by itself without much steering from the board and the director. During one and a half-year, three executive board meetings were held to provide guidance and approve the budget. There is no record of a strategic plan being discussed in the board meetings. The last board meeting was held on 19 May 2002.

The definition of what policy research is and the roles of the director, mentor, and fellow were not formally discussed. Complaints were made about insufficient management. There is no administrative plan and there is no problem solving process to take care of managerial problems. There is no performance appraisal system and no incentive system properly set for the two existing administrative staffs. Stakeholders and the director himself agreed that there is a conflict of roles between the director and the mentors. Stakeholders, fellows and also the director himself observed that the director is involved in a conflict of roles since he is a director of IHPP as well as a mentor of some of the fellows and this capacity a colleague of other mentors.

The weakness of the program is that the program has only fragile bonding with MOPH by the MOU. The duration of the MOU is only three years. Legally, IHPP is a project of the Bureau of Policy and Strategy (BPS) and did not receive regular funding from the MOPH for office and administration.

The funding of the program was done by MOPH, HSRI and WHO country budget. IHPP got the initial fund from MOPH and HSRI and has to submit the report to verify the budget annually. The initial budget for office and supplies was received as planned. However, the progress report submitted to HSRI is delayed so the money from HSRI was not being transferred. IHPP has to use funding from WHO and other program based budgets as their primary source of income. The director tried to seek external funding from European Union (EU), TRF, Rockefeller Foundation but he failed to get the funding.

The findings clearly suggested that almost all stakeholders perceived the program as useful and necessary for future national and international health policy development. Thailand's international health policy was gradually developed under a strong and rapid changing policy environment. Its evolution was strengthened and weakened depending on the emphasis of high ranking policy makers and politicians. Currently, it is the national policy to strengthen the international position and health is one of the Prime Minister's main interests. The demand for international health policy is tremendous.

The overall challenge of the program is its governance and management function. It is modestly managed by the board and the director who is involved in several activities nationally and internationally. With proper management, the faster and secured pace of international health capacity building can be achieved. More should be done in order to bridge the gap between the goal of the MOU and the reality.

Capacity Strengthening

The capacity strengthening program is well appreciated by the fellows. The program provides an opportunity to strengthen the fellow research capability as well as the exposure to various policy arenas nationally and internationally. The strength of IHPP is the proximity to policy makers compared to the university based Ph.D. programs which are more academic. The theses of the fellows are directly responding to the real needs of the country. The idea is that the fellows are requested to earn their success by doing high quality research and by getting publications in international journals during the apprentice one year period. The fellows are trained by the interactive learning by doing process in order to be strong and tough enough to survive in real policy environment in the future. Some fellows come from the university. They will go back to work in the university and serve as linkage between the IHPP/international health development and university research.

Recruitment process

The selection criteria were set and the fellows were screened according to strict rules. A total of 100 candidates applied within 4 years, and only 8 passed the selection. The

selection criteria were appreciated by both funding agencies: WHO and HSRI. The fellows came from various settings: university, provincial hospitals, district hospitals, provincial public health offices, etc.

Research Management System

The capacity strengthening part of the program has identified 5 main areas of research that align with the policy need of the country; namely international trade and health health economics , quality of care, social and health ,and health impact assessment. For each main area one mentor has been selected. The fellows make an initial choice for the research area and its mentor, but some fellows were asked to select another area. The research topics were discussed between the mentor and the fellow. The mentors were identified by their research area. Each mentor has his own area of interest that aligns with the policy need of the country.

There was no formal priority setting for the research topics. There are cases that the fellows switched to another mentor or carried out their research under supervision of more than one mentor. Formal guidelines for mentors and fellows were not discussed.

The weakness of the program is that there is no fulltime mentor, therefore there was no research technical skill provided for the fellows. The fellow was encouraged to participate in some relevant courses at universities. Fellows who come from a clinical background and had little exposure to research methodology have to struggle mostly by themselves. It is difficult for them to meet the requirement.

The computer literacy and English proficiency were amongst the criteria used to recruit the fellow. The fellows are supposed to be excellent in both fields before entering the program and there is no further education in both fields for them. Presentation, writing and other communication skills are interactive learning by doing using Friday Journal club as a real life laboratory.

Enforcement of effective mentorship and apprenticeship interactions in research activities was done according to the character and availability of the mentors. One mentor provides a three-hour lecture per week for his fellows. Other mentors give consultation according to the fellow's request. Regularly, group mentorship was done using Friday journal club meeting. Frequently, communication between mentor and fellow took place by interactive email. There is no formal meeting among the four mentors and between the mentors and the director. There is no feedback system that the fellows can evaluate their mentors.

The research and policy interface mechanism works through the interactive learning by doing process. The fellows are encouraged to participate in MOPH meetings to absorb the information prior to the research topic selection process. The international exposure of the fellows is at a low level. The fellows know very little about IH scholar.

Ph.D. Scholarship

Funding - The capacity strengthening consists of three intervals. The apprentice's (the research fellows) salary is paid by their agencies with the help of HSRI that pays the 20,000 baht topping-up income for each apprentice. The international scholarship was funded by WHO on a two-year budget basis. The Ph.D. students who come back and collect data in the country also get a salary and topping- up like the first year apprentice. There was an informal dialogue between HSRI and OCSC (Office of the Civil Service Commission) about MOPH's requests for scholarships from OCSC to fund IHPP fellows, but no progress had been made.

Process - The fellows have to pass one to two year apprenticeship and only the qualified one will be granted national or international Ph.D. scholarship. The standardized evaluation criteria among different research areas are not formally set. The fellows know that they have to pass the evaluation of their mentors before being evaluated by IHPP. The fellows are primarily responsible for doing the Ph.D. application with some help from

the mentors. Since the start of IHPP in 2001, only one IHPP fellow has been admitted to a Ph.D program by a university abroad. He will start his education in September 2003.

Career path

According to protocol an interview with the fellow's boss would be made in order to secure the future of the candidate. It was found that the boss of the fellows from an academic background has higher expectations than the boss from a district or province. Up until now, the career path for the Ph.D. graduate was not well established. It is still in the beginning of the program. The director of the program hopes that the graduate will work at IHPP as mentors for the younger generation. Fellows have different working goals. Some only want to strengthen their research capability and go back to work at their previous places while others truly want to continue their work as a researcher. Almost all stakeholders agreed that the graduate should not work at the provincial or district level but should work at the international or policy related agency of MOPH.

International Health Policy Development

The IH scholar is part of an evolution process of International Health Policy Development. The vision on international health was agreed upon since 1998 expressing the country's need to have national representatives to participate in international meetings and conferences. The representative would technically support the work of the International Health Division (IHD) of BPS which focuses on administrative activities.

The goal of the IH program was to identify potential candidates and to build international health capacity by strengthening the existing junior health workers. The IH scholar program was designed to be a transitional program. It was planned that the graduated IHPP fellows will finally become the IH scholars. The proposal was drafted by the BHPP (Bureau of Health Policy and Planning) staff to request funding from WHO every two years for six consecutive years since 1999. In 2002 there was a structural reform of MOPH and no proposal was drafted.

Since the research fellows are not yet graduated, only a few international consultancies were done under IHPP. E.g.: HIA services to neighbouring countries from an HIA fellow. There were several bilateral and multilateral coalitions done by IH. Dr. Viroj Tangcharoensathien and Dr. Suwit Wibul polprasert, the director and ex-director of IHPP, were involved in a collaborative research network with international organizations. In 2003 there will be an International Forum on Chemical Safety in Thailand.

There is some technical cooperation between various countries such as the system performance assessment and national health account of Thailand and Vietnam.

The IH scholars who are local experts performed excellently in the previous 56Th WHA in Geneva May 2003. They prepared necessary information and technical guidance for Thai representatives in the meeting and impressed the Minister. The Minister requested a long-term plan for the future international health scholars and for field epidemiologist.

III- CONCLUSIONS

The International Health Policy Program (IHPP) has been initiated with an agreed mission, operating mechanisms and expected deliverables as described more in detail in the MOU. The MOU reflects a very strong ambition in two major areas of work: capacity strengthening of health policy and health systems research, and international health policy development. The MOU covers a period of three years and no indication has been given about the time frame of the expected outcome. However, one can easily accept that the ambition can only be realized within a longer-term framework.

It can be concluded that in the period under review, important developments have taken place, and stakeholders would like to continue the program. There are also positive indications from the MOPH since the Minister has requested a long term plan for the IH scholar, and the deputy Minister in his interview expressed his support for the IHPP. However, an even rough scan of the MOU clearly indicates that the mission of the IHPP has by far not been accomplished. This applies to each of the two major areas of the IHPP, as well as to the strong intention in the MOU for bridging the two areas.

With regard to the approaches towards the program as a whole the evaluation team has observed that no strategy or work plan have been developed by the director and Governing Board for implementation of the IHPP mission in the two areas. Moreover, the effective management input from the current director is rather small due to longstanding vacancies in the management of the IHPP, the director's extensive traveling schedule for attending international meetings, and his role as a mentor of a substantial number of research fellows.

In the research capacity-strengthening component a selection mechanism has been developed, and a research management system has been put in place, including the appointment of mentors. However, the number of research fellows selected so far has been small, and the research management system is not yet effective: there is a

difference in interpretations and expectations among fellows and mentors about the roles of the fellow, that of the mentor, and that of the director, a problem to be solved by making them more explicit; moreover, the director of IHPP is also the mentor of fellows, the number of fellows undertaking a Ph.D. study only amounts to one, a research career path has not been developed, and a system that would encourage qualified IHPP researchers to participate in collaborative international research work has not been established.

The IHPP International Health Policy Development program reflects a clear vision of and a strong commitment to international health for Thailand and the international community. Both former and current director of IHPP have played a very active role in providing guidance and practical training to local experts who will represent Thailand in international meetings, in strengthening the Thai presence in the annual meetings of the World Health Assembly and other international conferences dealing with health, and in linking Thai experts to international health networks. However, their ideas and activities very much rely on only a few individuals, and have not been institutionalized; they do not as yet form part of the system. Also of importance is the rather low profile of international health at the Ministry of Public Health taking into account the position/structure and capacity of the international health division. Therefore, the mission of this IHPP component has to be pursued.

Specific objectives 1 and 2 -International health policy coalition and collaboration of international organizations.

The proposed international health policy coalition has not yet been developed in Thailand.

The international collaboration by IHPP as an organization can not be identified.

Specific objective 3 –Governance relationship

The Board has assisted the Secretariat in the implementation of the IHPP by providing advice and guidance to the director. However, the mandate of the Board has not yet been described, its meetings were infrequently held, and it did not yet entertain what is likely to be its main role: to discuss and approve the strategy and direction of the IHPP. Moreover, the roles of the director vis a vis the Board as well as the fellows and mentors

have also not been made explicit. Therefore, the cooperation between Board and Secretariat is of a practical nature, but has not been formalized.

Specific objective 4 –Program achievement

Program achievements in research capacity strengthening (MOU-2.1.1-2.1.4):

- Selection procedure established, selection committee operational, 8 fellows selected, intention is to get high quality candidates; positive assessment;
- Research management system in operation, but roles of fellow, mentor and director need to be made explicit (development of guidelines); recruitment of mentors not easy; research career path after Ph.D. training is not yet developed; no targets are set for the number of fellows to be trained and at what time frame; funding of participation of fellows in international conferences sometimes is not available; IHPP researchers do not yet participate in international collaborative work.

Program achievements in international health policy development (MOU-2.2.1-2.2.4):

2.2.1. The system to provide technical consultancy services. It is difficult to identify whether it is more than a clear vision and strong commitment of individuals, it does not form part of the IHPP-system.

2.2.2-2.2.4 A core group of experts trained for international negotiations (IH Scholar); little systematic work with regard to development of a collaborative health policy and health systems research network.

Specific objective 5 –Identify overall strength and weakness

Strength

- Clear and strong vision behind the IHPP as described in MOU (Annex 1)
- The demand for international coalition in various areas is tremendous and increasing.
- The commitment of most stakeholders.
- Strong appreciation and demand from the Ministry.

Weakness

- Insufficient management

- Unstable structure (legal status, duration of program)
- Funding for the Ph.D. international program is lacking.
- No systematic approach within MOPH to Thailand's international health policy.
- Low attention from MOPH's highest level policy makers and its commitment to the IHPP.

Specific objective 6 – Provide broad guideline for the next three years.

- Transfer mission and ideals of co-founders into a strategy and operational plan for international health
- Involve HSRI and MOPH in developing a strategy and operational plan
- Seek funding by MOPH, TRF, WHO, CSC and other possible funding agencies.

Specific objective 7 - Process of research capacity strengthening

- Recruitment process: positive assessment
- Mentor evaluation: important instrument in the program, but depending on the expectation of the fellows and mentors vice versa. There are cases that the expectation of each side differ and cause conflict.
- Mentors and fellows expected more active roles of the management in arranging for the funding for participation in international conference and Ph.D. training, while the director would focus on his fellows.
- The research management process can be improved by clarifying the role of the director, the mentor and the fellow. The guideline on the mentor would focus on the following items: criteria for selecting the mentor; participation of the mentor in the process of selection; supervision during the research training of the fellow; his international exposure; and his exposure to stakeholders in the research project.

IV. RECOMMENDATIONS

The mission of IHPP according to the MOU reflects a clear vision of and strong commitment to the two major areas: capacity strengthening of health policy and health systems research and international health policy development. The program is valuable and there are many lessons learned and sufficient to determine the future of the program. IHPP so far has shown important achievements. At the same time problems can be observed, the most important observation is the mismatch between the challenging objectives of the MOU and the small and poorly defined management and funding structure of IHPP. The director had no time to set up a strategy for implementation and to manage the program. Also of concern is that the whole set up very much depends on one person, and that not enough improvement has been devoted to training new staff and in administration.

Since the mission has by far not been accomplished, the work of IHPP including the International Health Scholar part of the program should continue. However, taking into account the strength and weakness of the program in its pilot phase, the program should be terminated after its 3 years of operation on 9th February 2004, and IHPP should continue in a different shape.

In order to fulfill the mission of the new IHPP the activities have to be scaled up substantially, building on the country's international health policy towards bilateral and multilateral cooperation as well as the systematic approach to international health capacity strengthening in the past. The proposed activities have to be based on a long-term plan of 10 years that must focus on the strategy for implementation of the program, the governance structure of the new IHPP as an autonomous body with a legal status, management, and appropriate financial sustainability.

The Board of HSRI is advised to appoint a high level-working group for the new IHPP consisting of representatives of the Ministry of Public Health, the Ministry of Foreign Affairs, and the director of HSRI. The mandate of the working group is to present proposals within six months on the following issues:

- a framework for a pro-active international health policy of Thailand and the role the new IHPP can play in building capacity and in establishing networks in international health;
- a strategy for implementation of the two major areas of the program;
- an operational plan of action;
- the structure of the new IHPP as an autonomous body with a legal status;
- the mandate of the Governing Board of IHPP;
- the role and functions of the management;
- human resources needed;
- budget and funding.

Annex I

Memorandum of Understanding

Between

The Ministry of Public Health and the Health Systems Research Institute
on the International Health Policy Program, Thailand (IHPP, Thailand)

In the era of globalization, rapid development of commercial network, telecommunication, information technology, and transportation creates a rapid movement and active communication and exchange of population, goods, and information including knowledge at the community, national, international and global levels. This inevitably asserts both positive and negative implications to the health status of Thai people and World population. To achieve balanced and sustainable advancement under such dynamic environment, Thai health systems ought to have adequate capacity and intelligence in the area of international health policy development.

The Ministry of Public Health (MOPH) and the Health Systems Research Institute (HSRI) recognize the ultimate need for Thai health systems to be well prepared and well equipped with fundamental knowledge, wisdom and capabilities to support such development in international health policy. Consequently, the International Health Policy Program (IHPP) has been initiated with the agreed mission and mechanisms and expected deliverables as follows:

1. Mission

The IHPP mission encompasses two major areas:

1.1. Capacity Strengthening

- 1.1.1. To strengthen national research capacity through researcher development and concurrent activities on knowledge generation. The emphasis is on health policy and systems research capacity strengthening

especially on crucial health policy development issues that are closely interlinked with international health policy;

1.1.2. To build capacity and capability of Thai professionals and technical experts in international health by enrolling appropriate candidates in the International Health Scholar Capacity Strengthening Program in order to increase Thailand's competitiveness in international health arena. International Health Scholar capacity strengthening program aims to develop relevant skills, technical knowledge, and capacity on international health.

1.2. International Health Policy Development

1.2.1. To strengthen the capacity of domestic and international institutes with the aim to establish a collaborative health policy and system research network and to establish an international health policy arena for collective work on international health policy. This will put Thailand in a leading position in international health policy development.

1.2.2. It is anticipated that once IHPP mission is accomplished, Thailand will possess strong technical capacity and capability to be at the forefront of international health. IHPP could serve as the regional center of excellence in health policy and systems research and international health pursuing collaborative research work with other developed and developing countries. In addition, IHPP in partnership with international agencies can provide technical consultancy services to other developing countries both inside and outside the region. Bilateral and multilateral collaboration in international health with other countries can also be expected.

2. Operating Mechanisms

2.1. Capacity Strengthening

2.1.1. Development of effective selection mechanisms to recruit adequate number of high calibre professionals from health and allied multidisciplinary

fields who have strong commitment to research excellence in health policy and systems at the national and international level. This group of professionals will serve as social capital on health and increase Thailand's competitiveness in the international arena.

2.1.2. Establishment of efficient research management system comprising of: effective identification of relevant research questions and themes; development of necessary skills such as conceptual skill, research technical skill, computer literacy and English proficiency, presentation, writing and other communication skills; enforcement of effective mentorship and apprenticeship interactions in research activities; ensuring research-policy interfacing mechanisms; provision of appropriate incentive system to ; development of explicit research career path with social recognition and health community's acceptance.

2.1.3. Placement of capable candidates who have demonstrated excellent achievement in research work for continuing graduate study in domestic and international institutions. This formal training mechanism aims at long term human resource development and requires effective fund raising mechanisms from potential funding agencies to ensure adequate financial support.

2.1.4. Establishment of a system that would encourage qualified IHPP researchers to participate in collaborative research works including short term fellowship (6 months to 1 year) at international academic institutes or at international organizations for knowledge development and networking. In addition, a system will be developed to recruit international experts, including university faculty who are on sabbatical leave, to work at IHPP.

2.2. International Health Policy Development

2.2.1. Setting up a system for high-calibre researchers to provide technical consultancy services to countries in and outside the region under financial

support from international organizations, existing multilateral and bilateral collaborative projects.

2.2.2. Development of collaborative research network with various institutes and international organizations with the aim to empower international health community in collective work related to international health policy and international health systems.

2.2.3. Establishment of technical cooperation system on international health between various institutes in the region to support the establishment of common databases, knowledge, and technical relationship. This will serve as a strong foundation for further collaboration between public, private organizations and civil societies in neighbouring countries.

2.2.4. Development of a system that involves local experts in supporting necessary information and technical guidance for Thai representatives who will participate in any international health policy related meetings. The information provided will be used for preparation of possible options and Thailand's positions in the meetings.

3. Deliverables

3.1. Increase in number and capacity of Thai researchers and experts in Thai health policy;

3.2. High quality research work that links to health policy development both domestically and internationally;

3.3. Technical collaborative networking and international arena for research and capacity development and international health policy development.

4. The Memorandum of Understanding

To achieve the abovementioned mission, the MOPH and HSRI hereby reach the following mutual understandings for the first triennium:

4.1. The two parties shall support IHPP to achieve its abovementioned mission efficiently to benefit national capacity strengthening in health policy and systems research and international health. Both parties shall pro-active engage in the governance of IHPP and in providing direction and guidance, as well as finance, manpower, and logistical supports accordingly.

4.2. The Ministry of Public Health shall

4.2.1. Assign Dr Suwit Wibulpholprasert to be the Director of IHPP;

4.2.2. Assign Dr Viroj Tangcharoensathien to work on a full time basis at IHPP;

4.2.3. Assign MOPH officials on either full time or part time secondment to IHPP;

4.2.4. Provide budgetary support at the level of 3 million Baht for the initial year with subsequent annual operational budgetary contribution according to its annual work plan as proposed to the MOPH Permanent Secretary Office;

4.2.5. Transfer the International Health Scholar Project, currently under the responsibility of the Bureau of Health Policy and Plan, to IHPP;

4.2.6. Provide floor space and other accommodating items as considered appropriate.

4.3. Health Systems Research Institute shall serve as the owner of the program and shall

4.3.1. Through the Health Systems Research Institute board, appoint a governing board of IHPP comprising of experts and representatives of relevant government and other agencies as agreed upon by both parties;

4.3.2. Assign Health Systems Research Institute staff as liaison officers between the Institute and IHPP to ensure sustainable operation;

- 4.3.3. Provide budgetary support at the level of 5 million Baht for the initial year and subsequent annual operational contribution based on IHPP annual plan;
- 4.3.4. Transfer the management of the “Capacity strengthening in the area of health policy and systems research in Thailand” project to IHPP;
- 4.3.5. Transfer the management and budget of the “Senior Research Scholar Programme (Dr. Viroj Tangcharoensathein)” project to IHPP. Note that if this Programme is renewed by the Thailand Research Fund, its project management will continue to be under IHPP.

This MOU covers the period of three years starting from 10 January 2001 to 9 February 2004. Any amendment of the MOU shall be possible only with written agreement by both parties.

The Permanent Secretary of the Ministry of Public Health, the Director of the Health Systems Research Institute signs this Memorandum of Understanding on the 8th January 2001 with the aim to jointly achieve the mission of this program.

Mongkol Na Songkhla
Permanent Secretary

Wiput Phoolcharoen
Director, Health Systems Research Institute

Suphan Srithamma
Director: Bureau of
Health Policy and Plan

Duangporn Hengboonyaphant
Assistant Director: Health Systems Research Institute.

Annex II

Background

IHPP was set up according to the MOU between Ministry of Public Health (MOPH) and Health System Research Institute (HSRI), dated January 31, 2001. It is the three year project from January 10, 2001 to February 9, 2004. The two agencies agreed to support IHPP with technical assistant, budget, human resources, office and necessary supplies. The IHPP executive board members were selected from both internal and external pool of experts. The new IHPP was the combination of two existing programs 1) the International Health Scholar project under the Bureau of Health Policy and planning and 2) the Senior Research Scholar Program which is the capacity strengthening in Health Systems and Policy Research Program of HSRI was transferred to the new IHPP. In April 2003, the program was officially accepted as one of the functions of the Bureau of Health Policy and Strategy, MOPH. The mission of IHPP is to strength capacity of International Health (IH). and Health System and Policy Research.

Mission of the IHPP according to MOU signed on January 10, 2001 between HSRI and Ministry of Public Health; IHPP, Thailand is responsible in two major areas:

1. International Health Policy Development

- To strengthen national research capacity through researcher development and related activities on knowledge generation. The emphasis is on health policy and systems research capacity strengthening especially on crucial health policy development issues that are closely interlinked with international health policy.:
- To build capacity and capability of Thai professionals and technical experts in international health by enrolling appropriate candidates in the International Health scholar capacity strengthening program with the aims to develop relevant skills, technical knowledge and capacity on international health.

2. Health Systems and Policy Research

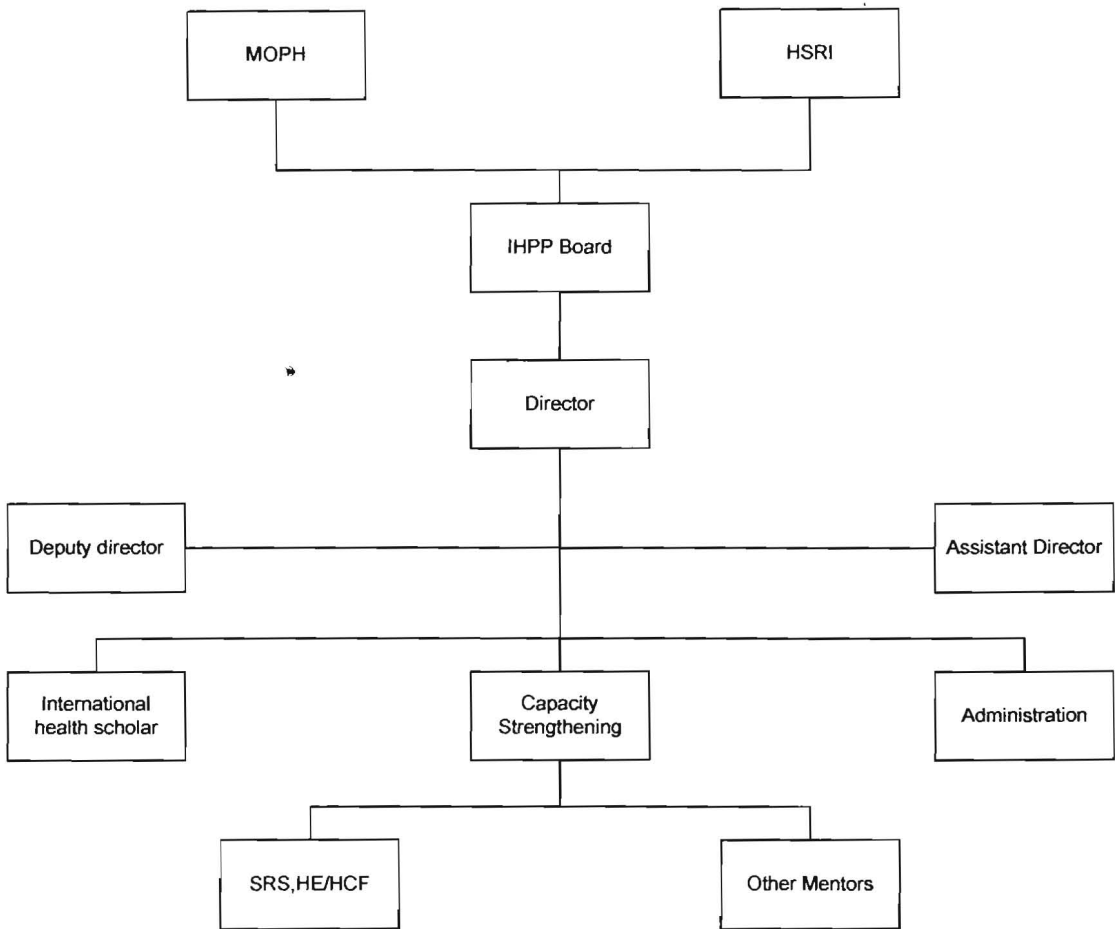
- Health policy and system research capacity strengthening by recruiting and training policy research fellows who will work on the research area important to health system development of the country and collaborate with international health policy colleagues.
- International health scholar capacity strengthening by recruiting high caliber health workers to the capacity-strengthening program. The program will strengthen the IH scholar academic capacity and international health and international coalition capacity, which will strengthen the capacity of Thailand in international health and trade relating to public health fields.

Expected outcome of IHPP

1. A system that will enable Thailand to be one of the leading countries in the region in terms of health policy movement. Strengthen the ability to build coalition with allied institutes of national and international organization.
2. A system that generates a body of knowledge and establishes a foundation of multidisciplinary information (evidences) as tools and mechanism for international health development.
3. A system to promote potential researchers to work in collaboration with international/regional organizations and empower high caliber researchers to become technical consultants in the international /regional health systems.
4. A mechanism for pooling data bases in the area of health information, technology and supplies information (evidences) for making decision. Selected qualified representatives can attend and actively participate in the world conference and issued an international health policy (WHO, ILO, WTO etc.) with well-prepared document.
5. Capacity in health policy research and evidence based policy development is strengthen at the national level by promoting high qualified health policy analysts. This critical mass of analysts will further serve as a technical consultant to strengthen international health policy as well as mentors and also trainers for provincial health administrators.

6. A system that will mobilize academic and allied institutes both national and international/regional organization to generate a body of knowledge and establish a foundation of multidisciplinary information (evidences) as tools and mechanism for international health development.
7. A system for efficient research management system in relation to
- Research question relevant to social problems
 - Mentors
 - Incentives and motivation
 - Research career path
 - Acceptable to the key stakeholders(performances and results)
8. A system to mobilize funding agency and academic network to empower learning opportunity of the fellows to study in country and abroad.

IHPP organization charge



SRS – Senior Research Scholar

HE –Health Economic

1. Administration

The director of IHPP is responsible for the mission as mentioned above. There is one deputy director and one assistant director. There are three sub divisions, namely administration division, international public health division, and policy researcher strengthening division. The last division is divided into the 4 subdivision SRS, HE, HCF.(HE, SScH, IHLaw/Regulation, QHC)

2. Capacity strengthening

Capacity Strengthening in Health system and policy research. This program recruits competent, and high committed researchers using transparent process of active searching, and screening by steering committee comprised of respectable figures. Open recruitment system that recruit health policy researchers and strengthen their research capacity as well as research career path. The research from this group will be our social capital in health and will increase Thailand's competitive capacity in the future.

Effective research management protocol that will help research fellows are as follows.

- a. Set research question relevant to social need
- b. Improve researcher conceptual skill, research technical skill, computer literacy, English language skill, presentation skill, writing skill, communication skill
- c. Enhance effective mentorship and apprenticeship interactions
- d. Research-policy interfacing mechanism with public health problems
- e. Appropriate incentive system that helps researchers to dedicate their time and energy
- f. Well clarified career path with social recognition

The group of candidates will work as researchers under close supervision and intensive interactions with high caliber researchers (mentor) in various institutes for at least one to two years. The apprenticeship aims to develop skills. The external evaluator

would evaluate the most outstanding candidates for post-graduate training at Ph.D. level either in Thailand or international training.

There is the collaborative research system to select appropriate fellow to work as a research fellow at international organization or university for six months to one year interval. This process will provide knowledge as well as strengthen research capacity of the fellow. There is also a system that provides fellowship for international researcher to work in collaboration with Thai mentor and the sabbatical leave of the instructor from university to cross fertilize and strengthen Thailand research capacity.

3. International Health Scholar (IH Scholar)

MOPH Bureau of International Health and Bureau of Health Policy initiated this program and planning since 1998 and subsequently transferred to IHPP mandates. This program attracted talented fellows from various divisions inside and outside the MOPH. However, recently (2001-2003) the program did not recruit any new members but fostered capacity of the existing core group of IH Scholars who were committed and had shown strong capacity. This program was mostly supported by WHO country budget.

Executive board meeting. The excerpts from the document are as follows;

The 1st executive board meeting -February 26, 2001 –

This is the first meeting of IHPP, Dr. Wiput explained about the MOU between MOPH and HSRI on international public health policy. The board set up the mission of the new IHPP as follows: 1) Thailand needs to set *proactive public health policy* to cope with increasing importance of WTO and globalization. 2) Capacity strengthening of IHPP is dealth not *only with education or training but also the collaboration of network of experts or set forum* that maximize capacity of experts.3) IHPP should work in *issue approach style* which mean searching for the international health issue and collaborating within inter and inter ministry to prepare data, analyze and synthesize policy agenda of the country.

About the international Health Scholar (IH scholar), the board suggested that 1) the program should be more proactive and address the issues that involve Thai Health System Reform. 2) The capacity building of IH scholar should be done by setting up collaboration between organization and IH scholars work as coordination body. 3) the issue should be identified and assigned to the scholar to investigate. The forum should be set and invite the experts to share their opinions using peer review method.

The board set up the qualification of the IHPP mentors such as: 1) good knowledge in policy development process and 2) good ability to connect research to policy development process. The board initiated policy arm and international sharing emphasized on the job training of academics.

The document presented in the meeting¹ identified about the rationale of the capacity strengthening program of the HSRI before the mission was transferred to IHPP and the process of capacity strengthening are as follows;

- Selection through active and transparent process
- One year apprenticeship with high caliber HP/HS
- One year course work & thesis development
- Collection of data in Thailand
- Analysis and report writing to complete the degree
- One year postgraduate fellows with high caliber HP/HS researchers
- Back to work at central policy level and academic

The 2nd executive board meeting - August 10, 2001

The IH scholar progress plan was presented. There were two regular IH scholar meetings. IH scholar participated in three international conferences in Thailand and two international conferences abroad. The 2nd senior research Scholars funded by TRF were Weerasak and Supasit.

¹

Proposal on Capacity strengthening in the area of Health Policy and Systems Research in Thailand. Proposed by HSRI April 6, 1999.

The board discussion primarily focused on the fellow recruitment process. The names of the qualify IHPP mentors are Chakkrit Khunpoj, Jiruth Sriratanaban, Viroj Tangchareonsathien, Komatra Cheungsatiansup.

The 2000-2003 WHO Work plan was also presented. The narrative part of the work plan clearly stated that the HSRI aims for systems improvement through research influencing policy, and Thailand Research Fund SRS program aims to strengthen research capacity through research apprenticeship of fellows with mentors. Qualified researches are judged by number of publications in international peer review journals. The research areas for the next three years are proposed: Actuarial science, Quality Assurance, Hospital Accreditation, Pharmaco-Economic, Health Economics.

The 3rd executive board meeting- July 19, 2002

The achievement of SRS researcher capacity strengthening was reported. The major obstacles of the program in view of director were 1) the overload of the researchers because of the staff mobility 2) the recruitment of the talented fellows with high dedication is difficult. There were not enough qualified people in the pool and the recruitment criterion is still a trial and error process.

Table - The detail of the fellow recruitment process.

Number of the interview	# of the announcement letter	Date	# of the applicant	# of the interviewed	# of qualified candidates ²
1		June10, 2001	49	14	4
2		January 5, 2002	8	8	2
3	899	May30, 2002	24	7	2
4	645	March22, 2003	19	7	0
			100	36	8

๗ รายชื่อFellow ประกอบด้วย กฤษณ์ พงศ์พิรุฬห์,กนกวรรณ ธารารณ,เดชารัต สุขกำเนิด,วีระศักดิ์ พุทธาศรี,สรราช อัครเรืองชัย,วัชรวิภา รังไพบูลย์,ชุตติ มา อรรถสิทธิ์,ทักษพล ธรรมรังสี

The six-month plan of IHPP was to increase internal effectiveness of the program; set research priority and quit starting new research; close supervision the fellow and recruit 2-3 new fellows to replace the leaving researchers; set up the annual academic conference and invite academics outside IHPP and TRF.

The IH scholar progress was presented. There was no IH scholar meeting between August 2001 to July 2002 but there were activities done by IH scholars who participated in international conference. For this time there was one IH scholar who was elected as a transitional working group (TWG) of the Global Fund. The outputs of IH scholar program were;

1. Operational conference – total 8 conferences
2. Participation in important international academic conferences in Thailand – total 9 conferences.
3. Participation in international conferences out of the country– total 14 conferences

Annex III

Interview Schedule for IHPP Evaluation

Date	Place	Activity	Position
June			
Sun 22	Bua Rest..	18.00 Dinner	
Mon 23	HSRI Office	09.00-10.00 Dr.Krit	2 nd year apprentice-Quality of care
	HSRI Office	10.00-11.00 Dr.Weerasak	2 nd year apprentice- Health Econ.
	HSRI Office	11.00-12.00 Ms.Araya	Senior Research scholar
	MOPH	15.00-16.30 Mrs.Rossukon	IH scholar coordinator
	HSRI Office	16.30-17.30 Dr.Decharat	2 nd year apprentice - HIA
Tue 24	DC	08.30-09.30 Dr.Narong Sahamathapat	Ex- boss of Dr. Krit
	HSRI Office	10.00-11.00 Dr.Damrong	Board of IHPP
	HSRI Office	12.00-13.00 Dr.Jiruth	Mentor –Quality of care
	HSRI Office	13.00-14.00 Dr.Wachara	Fellow – HE and social science
	WHO	14.00-15.00 Kalina	Management officer WHO
	สปสช.	15.30-16.30 Dr.Chattri Charoensiri	IH scholar
Wed 25	TRF	08.30-09.30 Dr.Wichai Boonyasang	TRF staff
	HSRI Office	10.30-12.00 Dr.Wiput (mentor)	HSRI director/IHPP board/mentor
	STOU	13.00-14.00 Dr.Chakkrit (mentor)	Mentor- international health law
	HSRI Office	14.30-15.00 Dr.Santawat (fellow)	Fellow- quality of care
	MOPH	15.00-16.00 Dr.Sopida	Assistant director IHPP
	MOPH	16.30-17.30 Dr.Komatr (mentor)	Mentor- Social Science
Thur 26	HSRI Office	09.30-11.30 Dr.Suwit	Director of IHPP/HE mentor
	HSRI Office	12.00-14.00 Dr.Viroj	Assistant minister of public
	การไฟฟ้านครหลวง (เพลินิจิต)	15.00-16.00 Mr.Yonnyout Vichaidit	
Fri 27	HSRI Office	10.00-11.00 Dr.Jongkol (fellow)	Ph.D. graduated SRS
	HSRI Office	15.00-16.00 Dr.Churnrurtai	IH scholar
	HSRI Office	16.00-18.00 Meeting	
Sat 28	มสช.	08.00-09.00 Dr.Tada + Ms.Duangporn	Recruitment board/ executive board
	HSRI Office	09.30-16.00 Conclusion Meeting	
July			
Thu 3	HSRI Office	13.00-16.00 Reflection Meeting	