



## From Mexico to Mali: Taking Stock of Achievements in Health Policy and Systems Research



**From Mexico to Mali:  
Taking Stock of Achievements  
in Health Policy and Systems Research**

**Report of a meeting**

**Nyon, Switzerland  
25-27 May 2008**

**Alliance for Health Policy and Systems Research  
International Development Research Center**



# Table of Contents

Executive Summary.....7

Introduction.....9

Session 1: Taking Stock - Developments in health policy and systems research and its application to policy.....10

Session 2: Gaps, priorities and challenges - Longstanding HPSR priorities.....14

Session 3: Gaps, priorities and challenges - Emerging HPSR priorities.....16

Session 4: Gaps, priorities and challenges - Capacity development for HPSR.....18

Session 5: Gaps priorities and challenges: Knowledge Translation.....19

Session 6: Towards conclusions and statement.....21

Meeting Statement.....22

Annex 1 List of Participants.....26

Annex 2 Agenda.....33



# Executive Summary

In preparation for the forthcoming Bamako Ministerial Forum on Health Research, stakeholders in health policy and systems research (HPSR) and the application of evidence to health policy, gathered in Nyon, to:

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

Discussions at the meeting focused around four main themes, namely:

- taking stock of developments in HPSR and its application to policy;
- gaps, priorities and challenges in both longstanding and emerging HPSR issues;
- capacity development for HPSR;
- knowledge translation.

The meeting concluded with the development of a "meeting statement" aimed at informing both the preparations for Bamako and the strategies of key stakeholders in this field. The meeting statement is included as the final part of this report. Highlights of the meeting statement include:

- **Capacity is key** - for the further development of the field, strong country-level leadership for HPSR and capacity development for HPSR is critical, and to-date has been under-invested in. Such capacity development should be situated within the framework of capacity development for the broader health research system.
- **Communicating the nature of the field** - the domain of HPSR needs to be better described, mapped and communicated, and more should be done to highlight the positive contributions that HPSR can make to pressing issues of global health.
- **Priority setting for HPSR** - should primarily occur at the country level as part of broader priority setting processes, and global HPSR agendas should be driven principally by evidence needs articulated at the country level.

- ***Moving towards problem solving*** - there is an urgent need to move from research that is descriptive and identifies problems, to research that is action- oriented and helps develop and evaluate potential solutions. Stronger links among researchers, policy makers, and research and development funders are required to facilitate this.
- ***Scaling up knowledge translation*** - the time is ripe to scale-up funding of knowledge translation efforts: since Mexico there has been substantial experimentation with different forms of knowledge translation, and “proof of concept”; however, extremely limited funding has flowed to this field of activity.

The co-organizers of the meeting, the Alliance for Health Policy and Systems Research, WHO and the International Development Research Centre, Canada, committed to pursue specific activities arising from the meeting,

The presentations from the meeting and many of the papers discussed during the meeting can be found on the Alliance website ([www.who.int/alliance-hpsr](http://www.who.int/alliance-hpsr)) or on the meeting CD (available from [alliancehpsr@who.int](mailto:alliancehpsr@who.int)).

# Introduction

Building upon the Ministerial Summit on Health Research held in Mexico in 2004, World Health Assembly Resolution 58.34 called for:

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

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

In preparation for the forthcoming Ministerial Forum on Health Research, to be held in Bamako, Mali in November 2008, more than 40 researchers from 28 countries, both in the South and the North, who have a particular interest in health policy and systems research (HPSR) and the application of evidence to health policy, gathered in Nyon, Switzerland on 25-27 May 2008 to:

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

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

This was a meeting of and for the community of people working within health policy and systems research. It provided an opportunity for the frank exchange of ideas about what has been achieved in the field, and what challenges remain.

This report captures the highlights of the discussions held during the meeting and the meeting statement (presented at the end of this document) reflects the main conclusions and calls for action emanating from the meeting.

***Health Policy and Systems Research (HPSR) is defined broadly as the production of new knowledge to improve how societies organize themselves to achieve health goals. HPSR can address any or all of the six "building blocks" of health systems identified by the WHO: service delivery, information and evidence, medical products and technologies, health workforce, health financing, and leadership and governance<sup>1</sup>.***

The presentations from the meeting and many of the papers discussed during the meeting can be found on the Alliance website ([www.who.int/alliance-hpsr](http://www.who.int/alliance-hpsr)) or on the meeting CD (available from [alliancehpsr@who.int](mailto:alliancehpsr@who.int)).

Please see Annex 1 for a full list of participants in the meeting and Annex 2 for the meeting agenda.

## **Session 1: Taking Stock - Developments in health policy and systems research and its application to policy**

**Dr Somsak Chunharas** chaired the session. **Dr Taghreed Adam, Dr Christina Zarowsky and Professor John Lavis** presented Background Papers that respectively addressed developments in health policy and systems research since Mexico, developments in the funding of health policy and systems research, and developments in Knowledge Translation. **Dr Irene Agyepong**, from Ghana, provided a country-perspective commentary on the two papers that concerned HPSR and its funding. **Dr Francisco Yepes** provided a country-perspective commentary on knowledge translation from a Colombian perspective.

---

<sup>1</sup> Alliance for Health Policy and Systems Research (2007) Sound Choices: Enhancing Capacity for Evidence-Informed Health Policy. Alliance for Health Policy and Systems Research, WHO, Geneva.

Interest in HPSR has grown substantially in the past four years, but the funding that reaches developing countries for work in this area is not commensurate with the growing interest. Further, while there are some (largely middle income) countries that dedicate significant domestic resources to HPSR, funding (particularly in low income country contexts) is commonly from external (international) sources and often highly fragmented being channelled through multiple small grants. The fragmentation of funding makes it difficult to track, but more substantively it inhibits national authorities from identifying long-term research priorities or from attempting to build local, sustainable capacity to conduct HPSR. Practices among some research funders that prohibit the payment of any or adequate institutional overheads further undermine the longer term development of organizational capacity. Much analytical work regarding health systems is conducted through short-term consultancy arrangements rather than longer term investment in research capacity. There is a need to pay greater attention to how international funding for research and analysis is managed, and research funders need to coordinate better so as to enable more systemic approaches to capacity development.

There remains a lack of conceptual clarity regarding the term "health policy and systems research", and different people use it in different ways. However concerns were expressed about the possibility of developing too tight a definition of HPSR: this would complicate the tracking of research funding in this field and may create new silos rather than facilitating more integrated approaches to research. Increasingly it seems that funding for disease-specific research includes some element of HPSR and that funders often consider evaluation studies or operational research studies that they support to be closely related to, if not part of HPSR. It was thought that rather than trying to create water-tight definitions it would be valuable to map the whole spectrum of HPSR and how the field relates to different types of research.

Participants discussed how best to measure progress in the HPSR field. While it is straightforward to count the number of publications in peer reviewed journals, it was recognized that this is a highly imperfect measure of both the quantity and quality of research work being undertaken. Much HPSR, particularly that undertaken in developing countries, is published in the grey literature and linguistic barriers often present studies from being published in international journals. Ideally a determination of the impact of publications (including non-peer reviewed ones) and their value to policy-makers would be used to assess the development of the field, as well as the quantity of more formal publications. It was also suggested that journals that had a stronger policy orientation, and were targeted at developing country policy-makers, could usefully fill a gap in the market, although to be successful such journals would need to take account of regional and linguistic differences.

***Knowledge Translation - the exchange, synthesis, and ethically-sound application of knowledge - within a complex set of interactions among researchers and users - to accelerate the capture of the benefits of research through improved health, more effective services and products, and a strengthened health care system<sup>2</sup>.***

In reflecting on progress in the knowledge translation field since Mexico, Professor Lavis argued that some indicators of the demand for research evidence, supply of synthesized research evidence, and efforts to support its use bode well for the future. Experimentation with policy briefs and policy dialogues, along with a serious commitment to their formative evaluation and to the monitoring and evaluation of the broader range of initiatives organized by evidence-to-policy networks, also bode well for the future. However, donors and international agencies, with several notable exceptions, have been relatively slow to appreciate the need to support nascent evidence-to-policy networks and a broader portfolio of evidence-to-policy work. Linking research to policy in and about health systems represents an unfinished agenda from Mexico and one that participants in the meeting in Bamako are uniquely positioned to push forward.

Participants suggested that the field of knowledge translation (KT) faces similar challenges to the field of HPSR in terms of how best to assess and measure progress in the field. It is difficult to get reliable figures related to the funding of KT, and other measures are also problematic.

Participants discussed the importance of practitioners of KT properly understanding the political realities at the country level and adjusting their strategies accordingly. In many contexts policy development occurs through interactions between members of relatively tightly-knit networks; in trying to influence policy KT practitioners need to have a good understanding of pathways from evidence to impact. KT is a two-way process, and researchers should be receptive to policymakers' needs, as well as sensitive to political factors that might make some research unpublishable; informal interpersonal relationships are often more useful than official links. To account for this, approaches should be expanded to take better account of political analysis. Effective processes require trust between actors as well as institutional capacity to conduct research and manage the interface with policy makers.

One challenge is the institutionalization of knowledge translation given its long time horizon and susceptibility to politicization. The aim of encouraging policy to be better informed by evidence is a

---

<sup>2</sup> Canadian Institutes of Health Research (2004) Knowledge Translation Strategy 2004-2009, CIHR, Ottawa

politically contentious one and will not be welcomed by all governments. Civil society organizations can play a critical role as "watchdogs" helping to ensure that governments access and employ evidence in policy making.

Though the field of evidence-to-policy is now well recognized, a remaining challenge is identifying best practices in the field. Much evidence about what works and what does not work in KT comes from high income countries and needs to be adapted to the varied contexts of developing countries. In this respect, monitoring and evaluating the effectiveness of KT strategies is critical, for example many KT efforts are based upon systematic reviews, but to what extent do such reviews currently address the kind of questions that policy makers are concerned about?

For KT, as for HPSR, development of stronger domestic capacity within developing countries was thought to be key, but again concerns were expressed about the pattern of funding for KT, particularly the low level of funding in this field, and how this inhibits local capacity development.

## **Conclusions from opening discussion**

The session Chair summarized the key arguments from the discussion. Although policy development is sometimes viewed as a black box there is much that we can do to improve it, this includes:-

- making research literature more readily available, through packaging and translating it into different languages;
- conducting systematic reviews of the literature;
- combining research evidence with other types of analysis and evidence (modelling, health information, tacit knowledge of policy makers etc);
- contextualizing research knowledge;
- sharpening our understanding of political processes, and the role of advocates and civil society in shaping policy;
- enhancing policy maker capacity to apply evidence to policy.

Capacity development for both HPSR and KT is key, but requires fresh thinking: there is a need to move away from individual training and think more systemically about capacity needs, and to explore how research funder and donor practices can be adjusted to facilitate capacity development.

Finally, it is important to measure progress in HPSR and KT fields, and we need to sharpen the measures that are available for this purpose.

## Session 2: Gaps, priorities and challenges - Longstanding HPSR priorities

**Dr Pablo Gottret** chaired the session. Presentations were made on several HPSR themes of longstanding importance: human resources for health (**Dr George Pariyo**); equity, poverty and health (**Dr Abbas Bhuyia**); health financing (**Dr Kent Ranson**); and the role of non-state health providers (**Dr David Peters**). The presentations reflected on recent achievements within these thematic areas and pressing research needs.

The ensuing discussion focused on why better progress has been made in some areas than others: for example, health financing, and equity, poverty and health, were thought to be areas where considerable progress had been made, whereas in other fields, such as the role of the non-state sector and in human resources for health, progress during the past decade appears to have been relatively limited. It was suggested that one reason for this was that there tends to be less emphasis on the less visible parts of the health system, so for example research on non-formal health care providers has been very neglected.

Even though there have been substantive developments in our understanding regarding some topics, many basic research questions remain unaddressed or unclear. In particular, participants felt that there is still not enough knowledge around how desirable health policies can be developed and implemented. HPSR often focuses on describing the policy problem but not on developing solutions. It was suggested that more large scale policy experiments are needed to test out innovative policy solutions, but one barrier to this is that practitioners of HPSR often do not have the necessary links to major policy actors - whether these be governments, or multilateral organizations - to enable this to happen. There need to be closer links between the research community and those responsible for designing and implementing reforms.

The frequent absence of routinely reliable sources of information regarding aspects of the health system, such as the number and distribution of health workers, or up-to-date information on financial flows, was also perceived to be an obstacle to more policy relevant research. Too much effort in the HPSR field focuses on collecting basic data that would be captured better through routine information systems, if they existed and functioned well.

Another view expressed by participants was that while impact evaluations - particularly randomized evaluations - are often seen to be at the top of the hierarchy of evidence, in the health systems research field there is a strong need also to consider other forms of evaluative evidence. In particular it was thought that descriptive evidence, about the performance of different models for organizing health systems, and how to implement change is often under-valued. It was suggested that the HPSR field will inevitably continue to rely upon case studies and qualitative research, which can be very helpful in informing decision making, and there is a strong need for better methods to synthesize such research. The process of research synthesis would be facilitated if qualitative, in-depth case studies were more clearly situated within a theoretical context than they often are currently. In the same vein, it was suggested that within HPSR much more learning could be done through sharing experiences across countries: for example, when Thailand is considering a policy reform it typically looks at the experience of other countries which have tried similar reforms, rather than looking at systematic reviews. In this context the importance of local analytical capacity came up again: policies should not simply be copied from one country to another; there is a need for local capacity - and intellectual confidence - to translate global knowledge and apply it locally .

Within the established fields of research discussed, participants noted some areas or issues which were either newly emerging areas, or required a stronger focus, these areas included: the links between health financing issues and the broader macro-economy; the efficiency and equity of the hospital sector; the less visible and more informal parts of the health system such as untrained health workers; issues around the development of health care markets, globalization and cross-border flows of patients; and for those areas where a strong evidence base is established (such as health financing) - how to go about implementing policy reforms.

## Session 3:

### Gaps, priorities and challenges - Emerging HPSR priorities

**Professor Srinath Reddy** chaired the session. Four presentations addressed HPSR topics of emerging importance: governance and accountability (**Dr Rene Loewenson**), non-communicable diseases (NCDs) and their implications for health systems (**Dr Robert Beaglehole**), health systems in fragile states (**Dr Olga Bornemisza**), and strengthening health information systems (**Dr Carla Abou-Zahr**). In each case the presenter argued why the area was of importance, identified likely research needs and discussed obstacles to progress in their particular field of interest.

While the topics discussed in this session were meant to be "new" or "emerging", many of the issues that arose in the discussion echoed issues from the previous session. For example, in terms of the types of research methods that are appropriate to address the emerging issues, several participants expressed concern that there was too much focus on "gold standard" methods (such as randomized impact evaluations) whereas what was really needed was improved inter-disciplinary work. In particular, for many of the emerging issues discussed, the highly politicized nature of the issue was clear and there was thought to be a need for a stronger engagement with political scientists. Participants also argued that we need to review how we value different types of research, for example participatory research is often held in low regard, but may be key in terms of better understanding issues around community participation and governance.

The importance of research to address implementation processes also arose again, particularly for work on NCDs, where there is good knowledge about which technical interventions are effective but a poor understanding of how to go about implementing them.

It was questioned as to whether governance and accountability really is a new area of work: there has been substantial work done on specific elements of this agenda such as regulation. However the work that has been done is rather scattered, and there was thought to be a need for a shared conceptual framework and a systematic mapping of the available literature against that framework.

There was also a strong emphasis across the emerging themes on intersectorality. For example, effective work on health systems and NCDs needs to support policy development on issues such as

food labelling, involving agricultural and food industry sectors. Research on health information systems needs to understand and build upon the intersectoral nature of existing information systems that are typically managed by a variety of actors including Central Statistical Offices, Ministries of Social Protection and Health. In particular given the focus at Bamako on research for health, it was argued that health systems researchers need to become more literate in other research fields and sectoral areas. Furthermore, with globalization, the determinants of health and health systems are often more global and there is a growing need for researchers to understand better global forces at play - whether this be in relation to failed states or post-conflict states, or risk factors for non-communicable diseases.

One of the issues arising with respect to several of the emerging areas discussed was their likely lack of appeal to traditional funders of health research who commonly have a core focus upon clinical and biomedical research. While such traditional funders may appreciate and understand aspects of health systems research (for example work on service delivery models), research in the political sciences or participatory methods are likely to be outside of their sphere of knowledge , and potentially their remit.

***"Who other than IDRC  
will fund research  
on governance  
in the health sector?"***

Another barrier that was perceived to exist in terms of promoting more effective research investments in these emerging issues, was the fragmentation of and lack of communication between relevant stakeholders. This was particularly clear for research on health systems in post-conflict or fragile states: in such contexts relief workers who often form the frontline response from international agencies, typically have short time frames and a relatively limited research culture. International researchers may perceive the health system problems to be too basic to be of interest and often national research capacity is severely limited due to the conflict, which makes it difficult for international researchers who are interested to find local partners. International donors often avoid working with government due to the fiduciary risk, and hence governments may have limited scope to demand research. While some international research funders (such as DFID) are increasingly recognizing the importance of investing in research about post-conflict and fragile states, this strategic direction has often not yet affected their health research portfolio. Such stories of lack of coordination and a poor alignment of stakeholders held true for several of the "emerging" areas and will require considered efforts to address.

## Session 4:

### Gaps, priorities and challenges - Capacity development for HPSR

**Dr Sania Nishtar** chaired the session. Presentations were made concerning different aspects of capacity development for HPSR including: developing skilled human resources in HPSR (**Dr Irene Agyepong**); promoting evaluative research as part of health system strengthening investments (**Dr Ravindra Rannan Eliya**); developing and innovating in terms of health policy and systems research methods (**Professor Anne Mills**); and institutional development and networking (**Dr Christina Zarowsky on behalf of Dr Pat Naidoo**).

Previous discussions during the meeting had underlined the critical nature of capacity development in low and middle-income countries. The presentations and discussions in this session explored further the relevant dimensions of capacity in the HPSR field and investigated possible avenues to enhance capacity. Limited and fragmented funding for HPSR had been identified as one of the restricting factors on capacity in the opening session. In terms of individual skills, presenters and participants considered the effects of resource uncertainty on the retention of health researchers, the need for an appropriate mix of disciplinary skills, as well as a package of skills that include ability to communicate research findings and provide leadership within the field. Writing skills were thought to be both important and potentially an area that could be relatively easily addressed, through for example mentoring programmes. At the institutional level it was observed that there is no clearly preferred strategy in terms of developing institutional capacity: for example does it make sense to broaden research institutions that have existing capacity in epidemiological or clinical research into health systems research, or are there specific institutional settings such as think tanks or policy agencies at arms length from government that provide a particularly appropriate home for HPSR?

With respect to capacity issues, it is important to bear in mind the difficult circumstances that many young HPS researchers are working in - with lack of supervision and limited funding, and to seek to address such issues in a way that strikes an appropriate balance between mechanisms for quality control versus more supportive measures that help stimulate and enable good quality research.

Networks may be one strategy to help strengthen capacity, in particular they can help bring together researchers, policy makers and civil society. While IDRC has had considerable success in support to networks, it was acknowledged that they are often easy to start, and less easy to maintain productively, and strong interpersonal relationships frequently play an important role in promoting their sustainability. That said, networks are rarely intended to be permanent structures, they respond to particular needs, and should be sufficiently flexible to adapt, or terminate, as the context changes.

The presentation on research methods in HPSR stimulated reflection on the extent to which lack of methods was really a constraint upon the field. There was a general agreement among participants that while in some discrete areas (for example in terms of cross-country comparative studies) there was a need for methodological development, overall the bigger problem was (a) the fact that the field of HPSR methods has not yet been systematically reviewed or presented and (b) even where appropriate methods do exist they are not consistently applied.

Indeed, it was argued that many evaluations commissioned by international or donor organizations do not match good standards for evaluative research and fail to be subject to appropriate peer review, or published in peer-review journals. Further it was argued that funding for evaluations and research that is embedded in donor or international organization funding rarely contributes to the development of national research capacity. The evidence around this issue is however limited and it was suggested that if the research community was intending to advocate on these issues, then closer analysis should be undertaken of how funding for evaluations is currently managed.

## **Session 5:**

### **Gaps priorities and challenges: Knowledge Translation**

**Dr Christina Zarowsky** chaired the session. Presentations covered different aspects of the theme, including: challenges in systematic reviews of health policy and systems research (**Dr Tomás Pantoja**), Zambian experiences with establishing knowledge translation platforms (**Dr Joseph Kasonde**), and monitoring and evaluating evidence-to-policy initiatives (**Professor Nelson Sewankambo**).

This set of presentations provoked questions on the appropriate organizational form for knowledge translation platforms, but it was felt that there was insufficient experience on which to determine the

answer to this question. It was emphasized that current work in low and middle income countries, although small-scale, is quite innovative, and even in high income countries there are not clear frameworks about how to structure or evaluate knowledge translation efforts.

Some participants expressed the view that the examples of knowledge translation provided remained somewhat theoretical and abstract, and rather remote from countries' economic and political circumstances. In many cases the examples of KT in low and middle income countries discussed are at a relatively early stage, and the experience to-date is limited and has primarily served as "proof of concept". These experiences are building on current best practices in terms of synthesizing and packaging evidence, and the assessment of the effects of these initiatives is exciting. However, to move beyond "proof of concept" a significant scale-up of funding is required.

Strong arguments were presented for the need to involve civil society organizations in these KT initiatives: civil society has been a critical catalyst for policy development in areas as diverse as tobacco control, AIDS treatment and debt/poverty. The media also plays a critical role. Dr Thelma Narayan described ongoing work in India that attempted to involve the public in interpreting and championing evidence around health. She argued that knowledge translation has to go beyond policy makers to the public, yet there is often a bigger gap between the public and researchers, than between policy makers and researchers. Work in India to address this gap had been relatively successful however.

It was pointed out that the issue of knowledge translation is also extremely pertinent to WHO, and since the Mexico Ministerial Summit, WHO has adopted guidelines on the production of guidelines that emphasize the systematic use of evidence.

While there have been clear achievements in the KT field, financial support for work in this area remains limited, and there is a tension between celebrating the achievements so far on the one hand, and demonstrating what more could be done with serious investment, on the other. It remains a problem that responsibility for funding KT work often falls between two stools: neither research funding agencies nor development or programmatic funders, see work in this area to be their responsibility, although there are promising signs of serious commitment to this area of work, as reflected, for example, in the new DFID research strategy.

## Session 6: Towards conclusions and a statement

In the penultimate session of the meeting, participants split into four working groups that addressed the themes of each of the panel sessions, namely established priorities within HPSR, emerging priorities in HPSR, capacity development for HPSR and knowledge translation. Each group was asked to consider three questions:

- What issues have emerged during the meeting that you think are important to take forward?
- Are there particular issues that should be brought to the attention of those organizing the Bamako meeting?
- What 1-2 issues from your list do you think should go into a statement from this meeting?

The next section of this report presents the key outcomes from these working groups in the form of a statement, that was developed based upon the discussions in the working groups, and then vetted and approved by all meeting participants.

# Meeting Statement

## Background

Building upon the Ministerial Summit on Health Research held in Mexico in 2004, World Health Assembly Resolution 58.34 called for:

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

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

In preparation for the forthcoming Ministerial Forum on Health Research, to be held in Bamako, Mali in November 2008, more than 40 researchers from 28 countries, both in the South and the North, who have a particular interest in health policy and systems research (HPSR) and the application of evidence to health policy, gathered in Nyon, Switzerland on 25-27<sup>th</sup> May to:

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

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

The following represents the key conclusions of the meeting:

## **1. Capacity for HPSR**

- 1.1. Although there has been both greater investment in the HPSR field since Mexico and a greater focus on and interest in HPSR, there has continued to be a lack of longer term investment in capacity development for HPSR in low and middle income countries. In many contexts capacity for HPSR is so weak that sustained funding for capacity development is required. The feasibility of re-directing existing development assistance from short term consultancies to longer term research capacity development needs to be investigated.
- 1.2. Strong country-level leadership for HPSR and capacity development for HPSR is key and research funders should align with country priorities.
- 1.3. Capacity development for HPSR needs to be approached systematically and be situated within the broader research system: investment in information systems, research systems, individuals' skills across the main disciplines, institution building and networking between institutions is required. No one funder can support all of these activities, and a more coordinated approach across funders is necessary – with each one playing to its strengths.
- 1.4. Investments in capacity development need to be evaluated in order to understand better what works and sharing of good practices should be facilitated.

## **2. HPSR Methods**

- 2.1. While new methods specific to HPSR are not necessarily needed, greater understanding is required of the range of methods available, when particular methods are appropriate, and how to combine methods to answer specific policy questions.
- 2.2. The domain of HPSR needs to be better described and mapped, so that (a) the range of methods employed in HPSR and (b) how HPSR links with various other forms of research (such as evaluative research, implementation research, operational research) is better understood.
- 2.3. In terms of specific research methodologies, there needs to be greater investment in approaches to designing and implementing multi-country studies as well as in methods for policy analysis, implementation research and evaluation, and community-based, participatory research.

### **3. Research Priority Setting and Emerging Issues**

- 3.1. Priority setting for HPSR should primarily occur at the country level as part of broader priority setting processes, and global HPSR agendas should be driven principally by evidence needs articulated at the country level.
- 3.2. A number of emerging topics needing to be addressed by HPSR were identified including
  - enabling health systems to manage better the growing burden of non-communicable diseases;
  - promoting improved governance and accountability;
  - strengthening health systems in fragile and post-conflict states;
  - promoting health impact assessments for interventions outside of the health sector (such as food pricing policies, climate change interventions);
  - supporting the implementation of primary health care;
  - understanding how to improve implementation of policies and programmes.
- 3.3. A unifying factor across many of these emerging issues, and a field of HPSR endeavour that was thought to be particularly important, concerns effective approaches to inter-sectoral action. For example the recent endorsement by the World Health Assembly of the draft Action Plan for Prevention and Control of Non-communicable diseases creates an opportunity to move forward research on inter-sectoral action through this particular, and well-defined lens.

### **4. Progress towards Established Priorities**

- 4.1. Considerable progress has been made in established HPSR areas such as health financing, human resources for health (HRH) and the role of the non-state sector, though achievements in these areas vary substantially. In some, such as health financing, a large number of studies and recent reviews have begun to synthesize findings; in others, such as HRH, relatively limited empirical work has been conducted and there is a need to intensify research efforts.
- 4.2. There is an urgent need to move from research that is descriptive and identifies problems, to research that is action oriented and helps develop and evaluate potential solutions. Stronger links among researchers, policy makers, and research and development funders are required to facilitate this.

## 5. Knowledge Translation

- 5.1. The time is ripe to scale-up funding of knowledge translation efforts: since Mexico there has been substantial experimentation with different forms of knowledge translation, and “proof of concept”; however, extremely limited funding has flowed to this field of activity.
- 5.2. Policy making is typically non-linear - knowledge translation efforts need to recognize this complexity and reach out even more to civil society and media which can play critical roles in the knowledge translation process.
- 5.3. Knowledge translation efforts in the health sector need to collaborate more with similar efforts in other sectors to help build understanding regarding effective strategies for knowledge translation.

## 6. Valuing an under-valued field

- 6.1. Despite interesting work in the field, and the fact that HPSR is replete with “stories” - the meat and drink of the media - HPSR continues to be perceived as the poor relation to more basic health sciences research. More must be done to highlight the positive contributions that HPSR can make to the big health issues of our time.

## Follow-up

The co-organizers of the meeting, the Alliance for Health Policy and Systems Research, WHO and the International Development Research Centre, Canada, committed to pursue specific activities arising from the meeting, namely:

- Disseminating the key conclusions of the meeting through a meeting statement, reports, and published papers;
- Continuing to support capacity development for HPSR, advocating for the need for long term investment in capacity for HPSR in developing countries, and evaluating the effectiveness of capacity development strategies;
- Developing products which describe the scope of HPSR, the methodologies it employs and how it links to other forms of research, as well as publishing a reader on HPSR methodologies;
- Conducting advocacy, and where possible directly supporting, research on emerging issues in HPSR;
- Continuing to invest in knowledge translation and encouraging larger research funders to make more significant contributions to this field;
- Developing advocacy products and strategies that improve the positioning of the HPSR field.

## Annex 1

### List of Participants

**Dr Irene A. Agyepong**  
Regional Director of Health  
Ghana Health Service  
P.O. Box 184  
Accra  
Ghana

Tel: +233 21 234 225  
Fax: +233 21 234 225  
Mobile: +233 24 486 2665  
Email: [iagyepong@hotmail.com](mailto:iagyepong@hotmail.com)

**Dr Robert Beaglehole**  
Professor Emeritus  
University of Auckland  
Private Bag 920  
Auckland Mail Centre  
Auckland 1142  
New Zealand

Tel: +64 9 446 3376  
Mobile: +64 210 249 8065  
Email: [r.beaglehole@auckland.ac.nz](mailto:r.beaglehole@auckland.ac.nz)

**Dr Abbas Bhuiya**  
Senior Scientist and Head  
Social and Behavioural Sciences Unit  
Poverty and Health Programme  
ICDDR,B  
68 Shaheed Tajuddin Ahmed Sarani  
Mohakhali, Dhaka 1212  
Bangladesh

Tel: +8802 881 2914  
or tel: +8802 881 0021  
Fax: +8802 882 6050  
Mobile: +8801 713 333 012  
Email: [abbas@icddr.org](mailto:abbas@icddr.org)

**Dr Ricardo Bitran**  
President, Bitrán y Asociados Ltda..  
Edificio Huidobro  
Av. Presidente Riesco 5711  
Oficina 802, Las Condes  
Santiago  
Chile

Tel: +56 2 211 6550  
Fax: +56 2 212 1291  
Mobile: +56 9 925 698 62  
Email: [Ricardo.bitran@bitran.cl](mailto:Ricardo.bitran@bitran.cl)

**Dr Olga Bornemisza**  
Research Fellow  
London School of Hygiene and Tropical Medicine  
Keppel Street  
London WC1E 7HT  
United Kingdom

Tel: +44 20 7927 2006  
Mobile: +41 79 842 8609  
Email: [olga.bornemisza@lshtm.ac.uk](mailto:olga.bornemisza@lshtm.ac.uk)

**Dr Somsak Chunharas**  
General Secretary  
National Health Foundation  
1168, Phaholyothin Road  
Ladyao, Jutujak  
Bangkok 10900  
Thailand

Tel: +66 2 511 58 55 – ext: 106  
Fax: +66 2 511 35 72  
Mobile: +66 81 620 21 21  
Email: [somsak@thainhf.org](mailto:somsak@thainhf.org)

**Dr Grethe Fochsen**  
Research Advisor  
Swedish International Development  
Cooperation Agency  
Valhallav. 199  
Stockholm  
Sweden

Tel: +46 8 698 7051  
Fax: +46 8 698 5656  
Mobile: +46 733 584 886  
Email: [grethe.fochsen@sida.se](mailto:grethe.fochsen@sida.se)

**Dr Léonard Fourn**  
President, ASSOBRÉC  
Association des Chercheurs en Santé  
03 BP 2223  
Cotonou  
Benin

Tel: +229 21 30 12 36  
Fax: +229 21 38 09 38  
Mobile: +229 97 98 96 55  
Email: [leonardfourn@hotmail.com](mailto:leonardfourn@hotmail.com)

**Dr Abdul Ghaffar**  
Health Policy and Systems Specialist  
Global Forum on Health Research  
1-5 route des Morillons  
1211 Geneva 2  
Switzerland

Tel: +41 22 791 1606  
Email: [ghaffara@who.int](mailto:ghaffara@who.int)

**Dr George Gotsadze**  
Director  
Curatio International Foundation  
37D Chavchavadze Avenue  
Tbilisi 0162  
Georgia

Mobile: +995 99 50 10 75  
Email: [G.Gotsadze@curatio.com](mailto:G.Gotsadze@curatio.com)

**Dr Pablo Gottret**  
Lead Economist, Health  
The World Bank  
1776 G ST, NW  
Washington DC 20433  
USA

Tel: +1 202 458 2169  
Fax: +1 202 522 3234  
Mobile: +1 301 801 1126  
Email: [pgottret@worldbank.org](mailto:pgottret@worldbank.org)

**Prof. Slim Haddad**  
Public Health Sector  
International Health Unit  
Edifice Saint Urbain  
University of Montreal  
Montreal - PQ H2W-1V1  
Canada

Tel: +1 514 890 8124  
Fax: +1 514 412 7106  
Email: [Slim.haddad@umontreal.ca](mailto:Slim.haddad@umontreal.ca)

**Dr Shanlian Hu**  
Director and Professor  
Training Center for Health Management  
School of Public Health of Fudan University  
138 Yi Xue Yuan Road  
Shanghai 200032  
China

Tel: +8621 641 695 50  
Fax: +8621 641 61411  
Mobile: +86 139 168 967 89  
Email: [hushanlian@hotmail.com](mailto:hushanlian@hotmail.com)

**Dr Joseph M. Kasonde**  
Executive Director  
Zambia Forum for Health Research  
P.O. Box 50107  
Lusaka  
Zambia

Tel: +260 977 822 812  
Email: [Jkasonde@hotmail.com](mailto:Jkasonde@hotmail.com)

**Professor John N. Lavis**  
Associate Professor  
Canada Research Chair in Knowledge  
Transfer and Exchange  
McMaster University  
HSC-2D3, 1200 Main Street West  
Hamilton ON L8N 3Z5  
Canada

Tel: +1 905 525 9140 - ext. 22907  
Fax: +1 905 529 5742  
Mobile: +1 416 356 2723  
Email: [lavisj@mcmaster.ca](mailto:lavisj@mcmaster.ca)

**Dr Rene Loewenson**  
Director, Training and Research Support Centre  
Programme Manager: EQUINET  
47 Van Praagh Avenue  
Milton Park  
Harare  
Zimbabwe

Tel: +263 4 708 835  
Email: [rene@tarsc.org](mailto:rene@tarsc.org)

**Dr Lindiwe Makubalo**  
Director (Chair of Alliance STAC)  
Health Information, Evaluation, Epidemiology  
and Research  
National Department of Health  
Private Bag X828  
Pretoria 1  
South Africa

Tel: +012 312 0774  
Fax: +012 312 0503  
Mobile: +012 82 808 9853  
Email: [makubl@health.gov.za](mailto:makubl@health.gov.za)  
or [vnoore@health.gov.za](mailto:vnoore@health.gov.za)

**Dr Stephen Matlin**  
Executive Director  
Global Forum for Health Research  
1-5 route des Morillons  
1211 Geneva 2  
Switzerland

Tel: +41 22 791 4260  
Email: [matlins@who.int](mailto:matlins@who.int)

**Professor Anne Mills**  
Professor of Health Economics and Policy  
Head of Department  
Public Health and Policy  
London School of Hygiene and Tropical Medicine  
1 Keppel Street  
UK-London WC1E 7HT

Tel: +44 20 7927 2354  
Fax: +44 20 7436 3611  
Mobile: +44 7815 572 865  
Email: [anne.mills@lshtm.ac.uk](mailto:anne.mills@lshtm.ac.uk)

**Dr Pat Naidoo**  
Team Leader  
Governance, Equity and Health  
International Development Research Centre  
PO Box 8500  
Ottawa, ON - K1G 3H9  
Canada

Tel: +1 613 236 6163 - ext- 2253  
Email: [pnaidoo@idrc.ca](mailto:pnaidoo@idrc.ca)

**Dr Thelma Narayan**  
Public Health Consultant  
Centre for Health and Equity  
Community Health Cell (SOCHARA)  
367, Srinivasa Nilaya, Jakkasandra  
1<sup>st</sup> Main, 1<sup>st</sup> Block, Koramangala  
Bangalore, 560034, Karnataka  
India

Tel: +91 80 255 315 18  
Fax: +91 80 255 253 72  
Email: [thelma@sochara.org](mailto:thelma@sochara.org)

**Dr Sania Nishtar**  
Founder and President  
Heartfile  
1-Park Road  
Chak Shazad  
Islamabad  
Pakistan

Tel: +92 51 2243 580  
Fax: +92 51 2240 773  
Mobile: +92 300 854 0974  
Email: [sania@heartfile.org](mailto:sania@heartfile.org)

**Dr Pierre Ongolo-Zogo**  
Director  
Division of Health Operations Research  
Ministry of Public Health  
Boulevard Rodolphe Manga Bell  
P.O. Box 5604  
Yaoundé  
Cameroon

Tel: +237 22 23 45 79  
Fax: +237 22 23 45 79  
Mobile: +237 99 98 03 09  
Email: [cyrilleoz@yahoo.fr](mailto:cyrilleoz@yahoo.fr)

**Dr Tomas Pantoja**  
Assistant Professor  
Family Medicine Department  
School of Medicine  
Pontificia Universidad Católica de Chile  
Lira 44, Edificio Decanato  
Santiago  
Chile

Tel: +56 2 354 81 11  
Fax: + 56 2 354 33 98  
Mobile: +56 9 852 70 722  
Email: [tpantoja@med.puc.cl](mailto:tpantoja@med.puc.cl)

**Dr George W. Pariyo**  
Senior Lecturer and Head  
Department of Health Policy Planning  
and Management  
Makerere University  
School of Public Health  
P.O. Box 7072  
Kampala  
Uganda

Tel: +256 414 530 291  
Fax: +256 414 540 633  
Mobile: +256 772 587 457  
Email: [gpariyo@musph.ac.ug](mailto:gpariyo@musph.ac.ug)

**Dr David H. Peters**  
Associate Professor  
Health Systems Program  
Department of International Health  
Johns Hopkins University  
Bloomberg School of Public Health  
615 N. Wolfe Street  
Baltimore MD 21205  
USA

Tel: +1 410 502 5364  
Fax: +1 410 614 1419  
Mobile: +1 443 691 8745  
Email: [dpeters@jhsph.edu](mailto:dpeters@jhsph.edu)

**Dr Ravindra Rannan-Eliya**

Director  
Institute for Health Policy  
72 Park Street  
2 Colombo  
Sri Lanka

Tel: +94 11 231 4041  
Fax: +94 11 243 4040  
Mobile: +94 777 356 376  
Email: [ravi@ihp.lk](mailto:ravi@ihp.lk)

**Professor K. Srinath Reddy**

President  
Public Health Foundation of India  
PHD House, Second Floor  
4/2 Sirifort Institutional Area  
August Kranti Marg  
New Delhi  
India

Tel: +91 11 460 460 34  
Fax: +91 11 460 561 74  
Mobile: +91 981 836 4844  
Email: [ksrinath.reddy@phfi.org](mailto:ksrinath.reddy@phfi.org)

**Dr Delia Sanchez**

Consultant  
Research Promotion and Development  
PAHO  
Av. Brasil 2697 p2  
Montevideo  
Uruguay

Tel: +59 82 707 3590  
Fax: +59 82 707 3530  
Mobile: +59 996 48364  
Email: [sanchezd@uru.ops-oms.org](mailto:sanchezd@uru.ops-oms.org)

**Professor Nelson Sewankambo**

Dean  
Faculty of Medicine  
Makerere University  
New Mulago Hospital Complex  
Mulago Hill Road – PO Box 7072  
Kampala  
Uganda

Tel: +256 414 530 020  
Fax: +256 414 532 204  
Mobile: +256 782 366 751  
Email: [sewankam@infocom.co.ug](mailto:sewankam@infocom.co.ug)

**Professor Göran Tomson**

Professor  
International Health Systems Research  
Karolinska Institute  
171 Stockholm  
Sweden

Tel: +46 852 483 359  
Fax: +46 831 1590  
Mobile: +46 706 186 298  
Email: [goran.tomson@ki.se](mailto:goran.tomson@ki.se)

**Mr Robert Walgate**

Editor  
Real Health News  
20 Roy Road  
Northwood  
Middlesex  
United Kingdom

Tel: +44 1923 840 173  
Fax: +44 1923 824 974  
Mobile: +44 7713 158 913  
Email: [Walgate@realhealthnews.net](mailto:Walgate@realhealthnews.net)

**Dr Francisco José Yepes**

Executive Director  
Colombian Health Association  
ASSALUD  
Carrera 13 # 32-51 Of. 918  
Bogota  
Colombia

Tel: +571 561 2175  
Fax: +571 561 2177  
Mobile: +57 315 790 3164  
Email: [francisco.yepes@gmail.com](mailto:francisco.yepes@gmail.com)

**Ms Christina Zarowsky**  
Programme Manager  
Research for Health Equity  
International Development Research Centre  
PO Box 8500  
Ottawa, ON - K1G 3H9  
Canada

Tel: +1 613 236 6163 – ext. 2270  
Fax: +1 613 563 0815  
Email: [czarowsky@idrc.ca](mailto:czarowsky@idrc.ca)

## **WHO PARTICIPANTS**

World Health Organization  
1211 Geneva 27  
Switzerland

**Mrs Carla Abou-Zahr**  
Country Health Information  
Information, Evidence and Research

Tel: +41 22 791 3367  
Email: [abouzahr@who.int](mailto:abouzahr@who.int)

**Dr Hélène Boussard**  
Scientific Officer  
2008 Global Ministerial Forum  
on Research for Health  
World Health Organization

Tel: +41 22 791 4703  
Email: [boussardh@who.int](mailto:boussardh@who.int)

**Dr Tim Evans**  
Assistant Director-General  
Information, Evidence and Research

Tel: +41 22 791 1096  
Email: [evanst@who.int](mailto:evanst@who.int)

**Ms Justine Hsu**  
Health Systems and Services

Tel: +41 22 791 3513  
Email: [hsuj@who.int](mailto:hsuj@who.int)

**Dr Ulysses Panisset**  
Research Policy and Cooperation  
Information, Evidence and Research

Tel: +41 22 791 4215  
Email: [panissetu@who.int](mailto:panissetu@who.int)

**Dr Govin Permanand**  
Programme Manager  
Health Evidence Network  
WHO/EURO  
Scherfigsvej 8  
Copenhagen O - 2100  
Denmark

Tel: +45 3917 1629  
Fax: +45 3917 1818  
Mobile: +45 294 34862  
Email: [gop@euro.who.int](mailto:gop@euro.who.int)

**Alliance for Health Policy and Systems Research**  
World Health Organization

**Dr Sara Bennett**  
Manager

Tel: +41 22 791 2840  
Email: [bennetts@who.int](mailto:bennetts@who.int)

**Dr Taghreed Adam**  
Scientist

Tel: +41 22 791 3487  
Email: [adamt@who.int](mailto:adamt@who.int)

**Dr M. Kent Ranson**  
Technical Officer

Tel: +41 22 791 5425  
Email: [ransonm@who.int](mailto:ransonm@who.int)

**Ms Hannah Sarah Faich**  
Consultant

Tel: +41 22 791 8563  
Email: [faichh@who.int](mailto:faichh@who.int)

**Mr Tyler Law**  
Intern

Tel: +41 22 791 2754  
Email: [lawt@who.int](mailto:lawt@who.int)

**Mrs Maryse Coutty**  
Administrative Assistant

Tel: +41 22 791 2754  
Email: [couttym@who.int](mailto:couttym@who.int)

# Annex 2

## Agenda

### **SUNDAY 25 MAY**

Afternoon	Registration	
19.00	Evening reception and dinner	
	Introductions and presentation of goals and objectives of meeting	<b>Professor Anne Mills</b> Chair of the Alliance HPSR Board
	Reflections on the achievements of the WHO Task Force on Health Systems Research, and Health Systems Research agenda post-Mexico	<b>Dr Tim Evans</b> Assistant Director-General, Information, Evidence and Research Cluster, WHO

### **MONDAY 26 MAY**

8.45–10.30	<b>Developments in health policy and systems research and its application to policy</b>	<b>Chair: Dr Somsak Chunharas</b> National Health Foundation, Thailand
8.45-9.15	Presentation and discussion of background papers numbers 1 and 2:  Taking Stock of Achievements in the Field of Health Policy and Systems Research since Mexico  Trends and Developments among Funders	<b>Dr Taghreed Adam</b> Alliance HPSR  <b>Dr Christina Zarowsky</b> International Development Research Centre
9.15 -9.30	Reactions from a country perspective	<b>Dr Delia Sanchez</b> Grupo de Estudios en Economia Organizacion y Politicas Sociales, Uruguay / PAHO  <b>Dr Irene A. Agyepong</b> Ghana Health Service
9.30-10.30	Group discussion	
10.30-10.45	Coffee break	
10.45-11.00	Presentation and discussion of background paper number 3 - Taking Stock of Developments in Linking Research to Policy in and about Health Systems	<b>Professor John Lavis</b> McMaster University

11.00-12.00 Reaction from a country perspective **Dr Francisco Yepes**  
Colombian Health Association

Discussion

12.00-12.30 **Taking Stock: Discussion and summary**  
**What have we achieved since Mexico?**

12.30-13.30 Lunch

***Gaps, Priorities and Challenges***

13.30-15.00 **Panel number 1** **Chair: Dr Pablo Gottret**  
**Gaps, priorities and challenges on longstanding** World Bank  
**HPSR priorities**

Short 10-minute presentations, followed by discussion

Human Resources for Health **Dr George Pariyo**  
Makerere University

Equity and poverty and health **Dr Abbas Bhuyia**  
ICDDR,B, Bangladesh

Health Financing **Dr Pablo Gottret, World Bank** **Dr**  
**Kent Ranson, Alliance HPSR**

The role of non-state health providers **Dr David Peters**  
John Hopkins University

15.00-15.15 Coffee break

15.15-16.45 **Panel number 2** **Chair: Dr Srinath Reddy**  
**Gaps, priorities and challenges** Public Health Foundation, India  
**in emerging HPSR priorities**

Short 10-minute presentations, followed by discussion

Governance and accountability **Dr Rene Loewenson**  
Training and Research Support  
Centre, Zimbabwe

Health systems in fragile states **Olga Bornemisza**  
London School of Hygiene and  
Tropical Medicine

Non-communicable diseases and their implications for **Dr Robert Beaglehole**  
health systems University of Auckland

Strengthening Health Information Systems **Mrs Carla Abou-Zahr**  
Country Health Information, WHO

16.45-17.15 **Taking Stock: Discussion and summary  
Key priorities in terms of research needs  
moving forward**

**TUESDAY 27 MAY**

08.30-09.00 Consideration of draft statement on the state  
of HPSR

09.00-10.30 **Panel number 3  
Gaps, priorities and challenges in terms of  
capacity development for HPSR**

**Chair: Dr Sania Nishtar**  
Heartfile, Pakistan

Short 10-minute presentations, followed by discussion

Developing skilled human resources in HPSR

**Dr Irene Agyepong**  
Ghana Health Service

Promoting evaluative research as part of health  
system strengthening investments

**Dr Ravindra Rannan Eliya**  
Institute for Health Policy, Sri  
Lanka

Developing and innovating in terms of health policy  
and systems research methods

**Professor Anne Mills**  
London School of Hygiene and  
Tropical Medicine

Institutional development and networking

**Dr Pat Naidoo**  
International Development  
Research Centre

10.30-10.45 Coffee break

10.45-12.15 **Panel number 4  
Gaps priorities and challenges  
in Knowledge Translation**

**Chair: Christina Zarowsky**  
International Development  
Research Centre

Short 10-minute presentations, followed by discussion

Challenges in systematic reviews of health policy and  
systems research

**Dr Tomas Pantoja**  
Catholic University of Chile

Zambian experiences with establishing knowledge  
translation platforms

**Dr Joseph Kasonde**  
Zambia Forum for Health  
Research

Monitoring and evaluating evidence-to-policy  
initiatives

**Professor Nelson Sewankambo**  
Makerere University

12.15-12.45 **Taking stock: Discussion and summary  
Key priorities in terms of  
(i) Capacity development. And  
(ii) Knowledge translation in moving  
forward**

12.45-13.45 Lunch

13.45-16.00	<b>Maintaining momentum in the run up to, and after Bamako</b>	
13.45-14.45	Small group work - Strategies to maintain momentum in the run up to and after Bamako	<b>Chair: Dr Sara Bennett</b> Alliance for Health Policy and Systems Research
14.45-15.30	Plenary discussion of strategies to maintain momentum	
15.30-16.00	Conclusions, next steps, commitments by stakeholders present	

\*\*\*\*\*



The Alliance for Health Policy and Systems Research is an international collaboration, based within Geneva, aiming to promote the generation and use of health policy and systems research as a means to improve the health systems of developing countries. Specifically, the Alliance aims to:

- stimulate the generation and synthesis of policy-relevant health systems knowledge, encompassing evidence, tools and methods;
- promote the dissemination and use of health policy and systems knowledge to improve the performance of health systems;
- facilitate the development of capacity for the generation, dissemination and use of health policy and systems research knowledge among researchers, policy-makers and other stakeholders.



**Alliance**  
for Health Policy  
and Systems Research

World Health Organization  
Avenue Appia 20  
CH-1211 Genève 27  
Switzerland

Tel.: +41 22 791 29 73  
Fax: +41 22 791 48 17

E-mail: [alliance-hpsr@who.int](mailto:alliance-hpsr@who.int)  
Alliance HPSR Website: <http://www.who.int/alliance-hpsr>