Editorial
The Alliance for Health Policy and Systems Research: New Horizons

We start the year with exciting news. Following extensive discussions, the Alliance has now moved to be more fully part of WHO. In addition, we welcome a new £5m grant to the Alliance from the UK Department for International Development (DFID).

The Alliance for Health Policy and Systems Research has its origins in the recommendations of the 1996 report of WHO’s Ad Hoc Committee on Health Research, which identified lack of health policy and systems research as a key problem impeding the improvement of health outcomes in low and middle income countries. The Alliance was created to raise the international profile of health policy and systems research, and to encourage knowledge generation and use. It was established as an initiative of the Global Forum for Health Research, under the legal umbrella of the Global Forum and with the Alliance secretariat based in WHO through secondment of the Alliance manager to WHO.

Following a successful four years of operation, the Board discussed the governance structure of the Alliance, and concluded that a closer relationship with WHO should be sought. Discussions with WHO led to agreement that the Alliance will be administered by WHO through its Evidence and Information for Policy (EIP) Cluster, and in collaboration with the Global Forum. A new Board has been appointed, and also a Scientific and Technical Advisory Committee (STAC). WHO’s Advisory Committee on Health Research (ACHR) has taken on the responsibility of providing oversight of the new arrangements, and is represented on the Alliance Board.

With the new arrangements in place, the Alliance also has a new Manager, Sara Bennett has been appointed, and will take up the position fully in July 2006 when she moves with her family to Geneva. In the meantime she is working on a part time basis for the Alliance, developing the new Strategic Plan.

We are delighted that the new arrangements have been welcomed by our main sponsors, Sida/SAREC and the Government of Norway, our long standing backers, have reaffirmed their support to the Alliance. DFID’s recent award of funding to the Alliance reflects its wish to support the declaration of the Mexico Ministerial Summit on health research, which emphasised the importance of a programme on health systems research geared at accelerating the progress towards achievement of the Millennium Development Goals.

On a personal note, I would like to thank the people who have made this transition possible:

- Ashok Yesudian, who has ably stood in as acting Alliance Manager, and who has agreed to continue until Sara can move to Geneva;
- Tim Evans, who as ADG of EIP has welcomed the Alliance more fully into WHO;
- Tikki Pang, who as Director of the Department of Research Policy and Cooperation, within which the Alliance Secretariat is located, has provided constant support and encouragement;
- Stephen Matlin, the Executive Director of the Global Forum for Health Research, who with his predecessor Louis Currat has nurtured the Alliance and helped to secure its future;
- Members of the previous Alliance Board, many also members of the Interim Board, who have given unstinting support to the development of the Alliance.

This newsletter introduces you to the new Manager, Board and STAC, and brings you up to date on recent initiatives. Do get in touch and let us know your views on how the Alliance can best evolve and develop its programme of activities.

Anne Mills, Chair, Board of the Alliance for Health Policy and Systems Research.

Email views and comments to alliance-hpsr@who.int
Towards a new Strategic Plan for the Alliance

With a new Board in place, and a newly established Scientific and Technical Advisory Committee (STAC), the Alliance is also reconsidering its strategic direction. A strategic planning process, initiated at a retreat in January, will lead to the production of a Strategic Plan for the period 2006-08.

The Alliance is a collaborative mechanism that aims to promote the generation and use of health policy and systems research as a means to improve developing country health systems. Specific objectives of the Alliance are 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 HPSR knowledge amongst researchers, policy makers and other stakeholders.

A significant increase in funding for the Alliance over the next five years, together with the propitious environment (in terms of greater receptivity to the need to strengthen health systems and a greater focus on health research) provide the perfect opportunity for the Alliance to enter a new, more expansive phase of development. It has been agreed with WHO that during the coming two years, the Alliance will position itself to support a major international programme on health policy and systems research, will develop the foundations and plans for such a programme, and, with WHO, will seek to identify funding to support such a programme. If support is forthcoming, then the Alliance will transform into such a programme, if necessary changing its organizational structure to support its expanded mission.

The two year strategic plan therefore covers a critical period of time. The rapidly changing context and the lessons from the past six years of Alliance experience summarized in the external review, both indicate a period of re-positioning, and building strategy and momentum for a further phase of Alliance development. In order to take advantage of the current window of opportunity the Alliance must demonstrate the value of research in improving health systems performance and ultimately health outcomes, and be strategic and selective in how it moves forward.

At the time of writing the new strategic plan was still taking shape. While we intend that it is finalized by May 2006, we always welcome input from partners on what the Alliance should be doing.

Ten years from now........

Deciding what to do in the next two years must be informed by a vision of what should have been achieved ten years from now. Realistically what can we hope to have achieved in the field of health policy and systems research in ten years time?

First, there should be a demonstrated increase in the production of developing country, high quality, health policy and systems research. In the Strategic Plan we will set a target level for an increased proportion of low and middle income country studies (as a total of all health policy and systems studies), published in peer reviewed journals; the current level is 5%.

Second, there should be greater use of evidence in health policy and decision making in developing countries, and by international donors and multilateral agencies, and as a consequence improved policies and improved implementation of policies.

Third, there should be far greater research capacity in the South, as evidenced by the number of countries with a quorum of health policy researchers, who have close links to policy makers, and the ability to produce research of internationally publishable standards. We will set a target for the number of countries in each region which should be able to demonstrate this nexus of quality research and knowledge use by 2016.

Fourth, there should be strong Southern ownership of the Alliance agenda and the institutions of the Alliance. By 2016, the role of the Alliance Secretariat in WHO Geneva should be substantially diminished, either through the establishment of regional networks and focal points for health policy and systems research in each region, or through the development of an independent, Southern-owned organization fulfilling similar functions to those which the Alliance now fulfills.

Alliance Strategies

The strategies that the Alliance will pursue are built around the three primary objectives of the Alliance.

Focal themes

In order to sharpen the focus of the Alliance and ensure that its work has maximum impact, the Alliance will focus on three broad themes over the next two years. The themes being considered are:

- Health Financing
- Health Workforce
- Governance and Accountability
- The Role of the non-state sector
- Global Health Initiatives and health systems

Objective 1 – Knowledge generation and synthesis

Substantive, multi-country studies are needed to raise the profile of the field, but also to address some of the burning global health policy issues of today. However, such studies are expensive to mount and the Alliance’s current income is inadequate to support them. During the coming two years the Alliance will focus on identifying research priorities as a means to leverage funding for future substantive studies. Building on the work of the Task Force on Health Systems Research, the Alliance will map out, in detailed and concrete terms, a series of best research buys within the focal themes (see Box). Priority topics, appropriate methodologies and what the studies would contribute to health system strengthening and achieving health goals will be identified. The Alliance will also look for opportunities to support agencies to incorporate high quality evaluative research into health systems strengthening interventions.

In addition to catalyzing greater investment in knowledge creation, during the next two years the Alliance will focus on ensuring that existing knowledge is synthesized and made available to policy makers in appropriate formats. The Alliance will commission systematic reviews within the three main focal themes, and in so doing help develop capacity in the South to conduct and maintain such reviews, and enable easy access to them. By documenting available knowledge, such systematic reviews will also contribute to the identification of research priorities.
Objective 2 – Dissemination and use of knowledge
Success in getting research into policy and practice requires that the Alliance develop stronger links to decision makers, and mechanisms to keep in touch with their needs for health policy and systems knowledge. One possible approach for doing this is the establishment of a web-based rapid response mechanism, whereby decision makers in developing countries can log requests for help, which trigger knowledge syntheses in specific areas.

In addition to establishing such mechanisms, the Alliance will contribute to the development of country networks of researchers and policymakers (working with initiatives such as EVIPnet and REACH), ensure that systematic reviews are published in user-friendly formats, and support country-level fora aimed at using knowledge to help address specific policy issues. The lack of clarity about which particular types of mechanisms are most likely to work in promoting evidence-based policy, an integral part of the Alliance’s work in this area, will be evaluated in the effectiveness of its own interventions.

Objective 3 – Capacity Development
Capacity development strategies pursued by the Alliance will focus primarily on low-income countries and will address capacity needs at the institutional and system level. The development of individual researcher capacities will be supported only as part of a broader institutional development plan. While there are many possible strategies that the Alliance could pursue in the area of capacity development, the Alliance recognizes that effective capacity development must be country-led and requires long-term, sustained and substantial financial support. In light of this and its current limited resources, the Alliance proposes to undertake a practically oriented review encompassing what its country partners feel is needed, what other actors are already doing and what the interested parties behind the Alliance would like to support. This review will lead to the development of a new capacity development strategy. It is planned that the review, and new strategy be completed within the first eight months of the strategic plan period.

Getting Fit for the Challenges Ahead

Core Alliance Functions
In addition to the strategies set out by objective, there are a number of core activities which the Alliance will continue to pursue. These include:
- Advocacy for health policy and systems research
- Information exchange through its website and newsletter
- Fund raising
- Monitoring the development of the HPSR field through the biennial reviews.

During the past twelve months the Alliance has made critical steps in improving its “fitness” to address the challenges ahead. Its closer relationship with WHO has brought it greater legitimacy. The newly established STAC gives the Alliance access to some of the best global thinkers on HPSR, while also ensuring that it remains rooted in the realities of developing countries. However two areas stand out as being in need of further strengthening. First, the Alliance secretariat is currently staffed by a very small team, consisting of a technical manager and two non-technical staff. It is proposed that two to three additional technical staff be recruited into the secretariat in order to enable the proposed expansion of activities. Despite the planned expansion in its capacity, the Alliance Secretariat will continue to have relatively limited human and financial resources. It will therefore need to collaborate strategically with other stakeholders that share similar goals.

Second, over 300 organizations in the developing world have signed up to be partners of the Alliance. These partner organizations, by linking the Alliance directly to developing countries, greatly enhance the credibility and legitimacy of the Alliance. However, as identified in the External Evaluation, it is not sufficiently clear what these partner organizations gain from the Alliance, or indeed what their expectations were upon signing up. During the coming year the Alliance will consult with its current and potential partners to understand better what partners want out of their relationship with the Alliance and how the Alliance can best help them to achieve their goals – as well as its own.

New Alliance Manager
The Alliance is very pleased to announce the recent appointment of Dr Sara Bennett as Manager. This appointment represents an important step in the further development of the Alliance, which has recently agreed a closer relationship with WHO.

Sara has a PhD in health economics from the London School of Economics and degrees from Oxford and Cambridge Universities. She brings to the Alliance position nearly 20 years of experience in conducting and managing a wide range of health policy and systems research studies in developing countries. She has published extensively and has an in-depth understanding of the subject area and the methodological challenges involved in this field of study. Her interest in health systems research is driven by practical policy issues, having worked in Ministries of Health in Lesotho, Thailand and Georgia, providing advice to senior policy makers. Finally Sara has strong management skills, having most recently managed the Knowledge Building cluster of USAID’s flagship project on health systems (the Partners for Health Reform-plus project).

Sara says “This is an exciting time for the field of health policy and systems research. There is now greater interest in this area than I can remember from throughout my career. I am eager to see the Alliance play a central role in catalyzing high quality health policy and systems research, building capacity in developing countries to conduct such research, and ensuring that existing knowledge is systematized and contributes to strong, evidence-based, decision making.”

Dr Bennett will start to work with the Alliance from February focusing initially on strategy development and fund-raising, and will fully assume the post, and move to Geneva in July 2006.

Do you have views on what the Alliance should be doing? If so we’d like to hear them. Please email us at alliance-hpsr@who.int

Sara Bennett.
The Alliance in Forum 9

The annual meeting of the Global Forum for Health Research - Forum 9: Poverty, Equity and Health Research - was held in Mumbai, in September 2005. The Alliance participated actively in Forum 9, in terms of (1) organizing a parallel session with the US National Institutes of Health, (2) presenting the findings of one of its strategic research projects on human resource management in a double plenary session, (3) participating in the market place and (4) organizing a donor breakfast meeting.

1. In the parallel session on Research Capacity Strengthening, Dr C.A.K. Yesudian, Manager of the Alliance, made a presentation on Health Policy and Systems Research Capacity Development in Academic Programmes in Developing Countries. The paper described the Alliance experience of the grants given to 10 academic institutions for strengthening HPSR in their postgraduate teaching programmes. The session was chaired by Professor Anne Mills, Chair of the Alliance.

2. One of the strategic research projects supported by the Alliance was presented in the double plenary session on Human Resources for Health. The paper ‘Human Resources for Health in Decentralized Uganda: Developments and Implications for Health Systems Research’ was presented by the principal investigator of the project, Dr Freddie Ssengooba. The paper was well received by the conference participants.

3. In the market place of Forum 9, the Alliance products were displayed on all the days of the Forum. The products included the book Make It Happen: How decision-makers can use policy and systems research to strengthen health systems (English, Spanish and French versions) as well as the Alliance CDrom Catalogue 2005 containing all the reports, books, CTP modules and the external evaluation report of the Alliance. In addition, the new upgraded and updated website of the Alliance was demonstrated live to Forum participants in the market place.

4. On the last day of Forum 9, a breakfast meeting for donors was organized to present the activities and the future direction of the Alliance. The meeting was attended by 21 participants including 13 donor organizations. The Chair of the Alliance, Professor Anne Mills, gave a presentation highlighting the changing legal structure of the Alliance, future directions, and resource needs. The participants discussed the activities and achievements of the Alliance and enquired about its future financial needs. The meeting demonstrated substantial interest in the future plans and evolution of the Alliance, and we look forward to continuing engagement with donors during 2006 and at Forum 10 in Cairo.

Strengthening Health Policy and Systems Research in Teaching Institutions: An Initiative to Attain a Critical Mass of Researchers in Developing Countries.

Introduction

One of the objectives of the Alliance is to develop the capacity for the generation, dissemination and use of HPSR amongst researchers, policy makers and other stakeholders. In the case of building capacity of researchers, the issue is that there are not many researchers trained in HPSR in developing countries and that very few institutions have the capacity to train researchers in HPSR. The Alliance is committed to develop HPSR capacity in developing countries, so that the process of getting research into policy and practice (GRIPP) is initiated and sustained.

Attaining Critical Mass of Researchers in HPSR

Initially, the Alliance supported a large number of individual researchers in developing countries with small grants to carry out HPSR. Though these small grants strengthened the researchers’ capacity to undertake HPSR, the output was highly dispersed and the grant management was difficult for the Alliance. Therefore, the Alliance adopted the strategy of strengthening the capacity of institutions that offered postgraduate training in public health and related areas. The activities involved development and application of critical skills and competencies in research management, methodology, research communication and in the demand and utilization of research findings. The postgraduate teaching programmes have dissertation work for the students. Normally, the students worked on research topics that are disease oriented or worked on knowledge, attitude and practice (KAP) type of studies. Further, the teaching programmes taught research methodology to students not health research.
Therefore, the Alliance support focused on developing the curriculum on HPSR and supporting students working in the area of HPSR. A call for proposals attracted 54 applications across the world. Each proposal was reviewed by 2 external peer-reviewers and graded. The Executive Committee of the Alliance considered the grades and comments of the peer-reviewers and selected 10 institutions in 10 countries across the world. They are postgraduate teaching institutions from Vietnam, Indonesia, Uzbekistan, Kazakhstan, South Africa, Nigeria, Ghana, Argentina, Peru and Ecuador. The purpose was to groom the young researchers in HPSR as a long-term country-based strategy to initiate and sustain a process of research to policy and practice.

**The Project**

The project has 3 major components: (1) HPSR learning, (2) HPSR dissertation and (3) HPSR dissemination. HPSR learning mainly involved developing HPSR curriculum and teaching materials. For this purpose, some grantees used international experts and others developed curriculum locally in workshops attended by researchers and policy makers. The HPSR dissertation component mainly supported the students with scholarship to undertake HPSR as part of their dissertation. The students were asked to submit HPSR proposals and were reviewed by a committee to select the good proposals for the award of the Alliance Scholarship. In some of the institutions, the students were asked to make a presentation of their proposal in front of the selection committee. HPSR dissemination involved publication, and workshop presentation. Each institution was given a grant of US$ 25,000 and the project was implemented in 2005.

**List of Phase II Grantee Institutions**

<table>
<thead>
<tr>
<th>Country</th>
<th>Institution</th>
<th>Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vietnam</td>
<td>Hanoi School of Public Health</td>
<td>Dr Nguyen Thanh Huong</td>
</tr>
<tr>
<td>Indonesia</td>
<td>Hospital Management Postgraduate Programme, Faculty of Medicine, Gadjah Mada University</td>
<td>Dr Adi Utarini</td>
</tr>
<tr>
<td>Uzbekistan</td>
<td>Department of Public Health and Health Management, Tashkent Medical Academy</td>
<td>Dr Azimov Ravshan/ Dr Mohir Ahmedov</td>
</tr>
<tr>
<td>Kazakhstan</td>
<td>Kazakhstan School of Public Health</td>
<td>Dr Bakhyt Sarymsakova</td>
</tr>
<tr>
<td>South Africa</td>
<td>Health Economics Unit, University of Cape Town</td>
<td>Dr Okore Okoraf</td>
</tr>
<tr>
<td>Nigeria</td>
<td>College of Medicine, University of Nigeria, Erunu campus</td>
<td>Dr Benjamin Uzochukwu</td>
</tr>
<tr>
<td>Argentina</td>
<td>Centro de Estudios de Estado y Sociedad (CEDES)</td>
<td>Dr Ignacio Livot</td>
</tr>
<tr>
<td>Peru</td>
<td>School of Public Health, Universidad Peruana Cayetano Heredia</td>
<td>Dr Carlos Caceres/ Dr Ruth Igniz</td>
</tr>
<tr>
<td>Ecuador</td>
<td>Instituto de Salud Publica, Pontificia Universidad Catolica del Ecuador</td>
<td>Dr Rene Bultron/ Dr Karen Andrea Pesse Sorensen</td>
</tr>
</tbody>
</table>

**The Evaluation**

The grantees were evaluated by a mid-term progress report, site visit by the Manager of the Alliance and a grantees meeting in Mumbai before Forum 9. The evaluation brought out the following findings:

1. The Alliance support has strengthened HPSR in the curriculum of the postgraduate degree programmes.
2. Interest to choose health system topics for dissertation among the students has increased.
3. The Alliance support to the dissertation has intensified the field work for research.
4. Because of the financial support and other incentives, more students are able to complete their dissertation on time.
5. The Alliance project has stimulated the students to disseminate their research findings through publication and in conferences.

Apart from the benefits of the grant, the evaluation also identified areas for improvement. They are as follows:

1. Dissertation supervision was found to be weak. Young faculty members need to carry out more research to strengthen their research skills to provide effective supervision to students.
2. The quality of data was found to be poor. There is a need for a field supervisor to help the student to collect quality data.
3. Student and faculty interface with decision makers was found to be weak. The decision maker should be involved from the beginning to identify priority health system topics, which will have value for the decision maker.
4. Dissemination of the research findings in conferences and publication was found to be inadequate. Students need technical and financial support to publish and present in conferences.
5. In some programmes, the HPSR curriculum is still weak and the content is mainly research methodology. The Alliance CTP Resource Modules can be used to strengthen the HPSR curriculum.

**Phase II**

The evaluation revealed that 9 out of 10 grantees institutions have successfully implemented the one-year project and have identified areas for further strengthening HPSR in their teaching programmes. The Alliance Board decided to give further support of US$ 25,000 to each of the successful grantees to implement Phase II of the project. The successful 9 grantees were asked to prepare their proposals for Phase II. The Board has approved the proposals and project implementation started in 2006. The Phase II grantees are listed opposite.
The Alliance recently announced grant awards to six country research teams to address the question of how global health initiatives affect developing country health systems. These grants form part of the Alliance programme of strategic research.

Global health initiatives such as The Global Fund to Fight AIDS, TB and Malaria, the President’s Emergency Plan for AIDS Relief (PEPFAR) and the World Bank’s multi-sectoral AIDS program, constitute significant sources of new resources to combat specific diseases. Such initiatives are likely to have a variety of direct and indirect effects upon health systems that could be either positive or negative in nature. Many such programmes, especially those targeting HIV/AIDS and TB, have acknowledged that bottlenecks in the health system are a primary constraint upon their effectiveness. To be effective in the long run, the interventions that they support will depend upon sustainable well-functioning health systems.

In April last year, the Alliance launched a call for research proposals on this topic. Applicants were invited to address one or more of the following questions:

- How do global health initiatives affect the broader health system, including for example, policy processes, health workforce, the role of the private sector, and systems for managing pharmaceuticals and commodities?
- Have the funds made available by the global health initiatives really been additional; how do these new resources affect sustainability and has it proved possible for countries to absorb extra funding?
- How have the new sources of financing affected the overall equity of services – in terms of who benefits from and who pays for health care?
- To what extent are the global health initiatives being implemented through vertical stand alone systems, versus being integrated into existing delivery channels?

This call for proposals was developed in collaboration with the USAID-funded Partners for Health Reform-plus project, and built upon several prior initiatives, including an existing network of researchers looking at this topic, known as the System-wide Effect of the Fund (SWEF) network, as well as prior research undertaken by the London School of Hygiene and Tropical Medicine known as the “Tracking study”.

A total of thirty applications were received, however only thirteen of these were found to meet the call criteria and were reviewed. After a full peer review process the Alliance Board decided to award grants to six of these applicants (see side panel).

The question of how global health initiatives interact with and affect health systems is extremely topical. The recent High Level Forum meeting in Paris discussed the consequences of global health initiatives at the country level and also proposed best practice guidelines for global health partnerships. Moreover the Global Alliance for Vaccines and Immunization (GAVI) has recently stated that it will commit a significant proportion of new resources to health systems strengthening. In this environment, with global health initiatives under the spotlight, the Alliance-supported research, can contribute to timely tracking, and feed-

(Continued on page 8)
<table>
<thead>
<tr>
<th>Country</th>
<th>Principal Investigator &amp; contacts</th>
<th>Institutional affiliation</th>
<th>Study Title</th>
<th>Synopsis</th>
</tr>
</thead>
<tbody>
<tr>
<td>China</td>
<td>Xiulan Zhang <a href="mailto:zhang99@bnu.edu.cn">zhang99@bnu.edu.cn</a></td>
<td>Institute of Social Development and Public Policy, Beijing Normal University</td>
<td>The impact of the Global Fund on Equity, Financial protection and Social Assistance policy development amongst HIV/AIDS families in China</td>
<td>The study aims to assess the extent to which the Global Fund and the government’s social and health protections policy have met the needs of HIV/AIDS families by comparing provinces that receive interventions with those without.</td>
</tr>
<tr>
<td>Georgia</td>
<td>Keti Chkatarashvili <a href="mailto:k.chkatarashvili@curatio.com">k.chkatarashvili@curatio.com</a></td>
<td>Curatio International Foundation</td>
<td>The Effects of the Global Fund on Georgia’s health system development</td>
<td>The study will evaluate the impact of the Global Fund on the country’s health system focusing in particular on (i) policy processes, (ii) the work of private organizations (iii) human resources and (iv) pharmaceutical and commodity supply systems. The work is built on a baseline study conducted in 2004.</td>
</tr>
<tr>
<td>Malawi</td>
<td>Victor Mwapasa <a href="mailto:vmwapasa@medcol.mw">vmwapasa@medcol.mw</a></td>
<td>Department of Community Health, College of Medicine</td>
<td>The Impact of the Global Fund for HIV on health services management and on the Sector -wide Approach (SWAp) in Malawi</td>
<td>The study aims to assess the impact of the Global Fund: health workforce workloads; drug and medical supply systems; the SWAp and health sector reform agenda; gender and geographical equity of programme distribution. The work builds on and extends an earlier USAID/PHRplus supported study and will focus in particular on district level impacts.</td>
</tr>
<tr>
<td>Peru</td>
<td>Carlos Caceres <a href="mailto:ccaceres@upch.edu.pe">ccaceres@upch.edu.pe</a></td>
<td>Cayetano Heredia University School of Public Health</td>
<td>Lessons learned from the implementation of the Global Fund supported HIV/AIDS project in Peru and its effects on the health sector, civil society and affected countries.</td>
<td>The study aims to assess the effects of the Global Fund HIV/AIDS programme on the health system, focusing on: potential changes in interactions among actors relating to HIV/AIDS decision making; processes, organization and activities of HIV/AIDS and other programmes within the health sector; the impact of the Global Fund on funding sources; and the impact of the initiative on vulnerable and HIV/AIDS affected communities.</td>
</tr>
<tr>
<td>Tanzania</td>
<td>Innocent Semali <a href="mailto:isemali@muchs.ac.tz">isemali@muchs.ac.tz</a></td>
<td>Department of Epidemiology and Biostatistics, School of Public Health and Social Sciences, Muhimbili University College of Health Sciences</td>
<td>The effects of Global Health Initiatives on health system recipients: the case of the Multi-sectoral AIDS project on human resources in Tanzania</td>
<td>The study will assess the effects of global health initiative-supported activities on non-focal disease service provision, and how such initiatives complement or duplicate each other, as well as the implications for the broader health system. A particular focus of the study is on issues of health workforce distribution, retention and motivation. The Tanzania Multi-sectoral AIDS Project (TMAP) will be examined as a case study.</td>
</tr>
<tr>
<td>Uganda</td>
<td>William Bazeyo <a href="mailto:wbazeyo@iph.ac.ug">wbazeyo@iph.ac.ug</a></td>
<td>Makerere University, Institute of Public Health</td>
<td>The effects of enhanced availability of funding from Global Health Initiatives on the distribution, retention and motivation of health workers in Uganda</td>
<td>The study will examine the effects of global health initiatives on the health workforce. It will consider the distribution, retention, quality and motivation of health workers, and their time allocation to different services and activities. It will also assess incentive schemes adopted by the Global Health Initiatives, and training for focal/non-focal disease delivery. The study will be conducted in public and private facilities that receive global health initiative support in four different districts.</td>
</tr>
</tbody>
</table>
back from the district level as to what is going on in the field.

In addition to Alliance support for work in this area, other funding agencies including the Open Society Institute, Sida, and USAID have also committed resources for similar studies. The power of these many country studies taken together is likely to be much greater than any one individually. A first meeting will be held in London in March, for all the country research teams, to (i) discuss the scope to promote greater comparability across studies (ii) share ideas and research methodologies and (iii) consider a proposal to further develop the SWEF research network into a broader network which could encompass all interested parties. The Alliance is strongly supportive of this initiative as it should strengthen links between researchers, help ensure research quality and increase the prospects of influencing global level policies.

Global policy makers, and the staffs and boards of the various global health initiatives are just one of the target audiences for the research. In addition the Alliance, and the researchers which it supports, are concerned with ensuring that the research is both informed by and contributes to current policy discussions within countries. In order to ensure that this is the case, research teams will be interacting with policy and decision makers, as well as civil society organizations at an early stage of the research. The contact details of the Alliance-supported researchers are provided in the panel; please contact them directly if you want to find out more about what is going on in your own country. Further information about the studies completed to-date is available at www.phrplus.org/swef.