The Alliance for Health Policy and Systems Research is an international collaboration, based within WHO, 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.
Building the field

Alliance for Health Policy and Systems Research: Annual Report 2008
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Message from the Chair of the Board

2008 has been a critical year for health systems research. The Bamako Ministerial Forum stimulated reflection on the progress of the field since the Mexico Ministerial Summit. The Alliance was able to greatly contribute to this process of reflection through its *Lancet* paper, and to consolidate its position as the only global player with an exclusive focus on health systems research.

During the year, the Alliance has gone from strength to strength, testing innovative approaches and consolidating its main programmes of work. It has been very good to see the interest generated by the activity to identify priority research questions, and the great response to the call on health worker incentives to work in underserved areas. It is clear that the field of research is maturing and momentum is building, even if capacity remains limited. I am especially pleased at the joint venture with the Wellcome Trust to support projects seeking to enhance policy-maker capacity to use research evidence.

We ended the year on a sad note. Sara Bennett, the Manager of the Alliance for the last two and a half years, has stepped down to return with her family to Washington. During her years as Manager, the Alliance has flourished and grown, due greatly to the exceptional combination of technical and leadership skills that she brought to the role. I am very glad to say that she will continue supporting some of the Alliance activities for a while. I am most grateful to Lindiwe Makubalo, who has been intimately involved with the Alliance for many years, for stepping in as interim Manager while we recruit a new Executive Director.
Finally, I would like to acknowledge the hard work of the secretariat, the continuing commitment shown by Board and STAC members to the goals of the Alliance, the many contributions from individuals all over the world, to the day-to-day work of the Alliance (see Annex 1) and the continuing support from our core funders: DFID, Sida/SAREC, Norway, and IDRC. I am also very pleased to welcome AusAID as an Alliance funder.

Anne Mills
Chair, Board of the Alliance for Health Policy and Systems Research
Interest in health systems research is growing, with several new initiatives in the field. However there is not a clear and shared understanding of the scope and nature of the field, and much remains to be done to develop stronger capacity for health policy and systems research.

The Alliance Annual Report 2007 sought to underline the significant gaps in evidence regarding health systems, but also observed that there was building interest in the field, although this interest took multiple forms and was often poorly coordinated. During 2008 we have seen the rising importance of health systems research reflected in multiple ways: for example, the Task Force on Global Action for Health System Strengthening was established as follow-up to the G8 Hokkaido Toyako Summit; new health systems research initiatives were announced by the Canadian and Dutch governments; the Director-General of WHO held a high-level consultative meeting on the topic, and appointed a task force on research and learning for health systems as a consequence of this meeting. Despite these initiatives, the field remains poorly coordinated, and frequently misunderstood.

The G8 can help ensure that countries have adequate human and financial resources in order to collect, analyze, and interpret data and evaluate their own health system performance. The G8 can help countries build their capacity to use their health system resources more effectively.

Task Force on Global Action for Health System Strengthening (2009)
The Alliance for Health Policy and Systems Research, unlike many other organizations active in the health systems area, has a core mandate for information exchange, advocacy and tracking the development of the health systems research field. This year, in addition to our three main objectives – generating health systems knowledge; promoting the dissemination and application of this knowledge; and building capacity for the conduct and use of health systems research – the Alliance has also pursued a programme of work reflecting on the development of the field of health policy and systems research since the Mexico Ministerial Summit on Health Research in 2004. This programme of work led to three main conclusions (Bennett et al., 2008):

- Domestic leadership and funding of HPSR is key to its success – where domestic research leadership is strong, health systems research tends to be strong.

- A dedicated initiative to build health systems research capacity in low- and middle-income countries is needed. Some funders build a modest amount of resources for capacity development into individual research grants, but frequently capacity is so fragile that a concerted capacity-development effort is required.

- HPSR remains poorly understood and poorly communicated. The lack of a shared understanding of the methods and approaches used in the field is a critical obstacle to the further development of the field.

In order for the field of HPSR to continue to develop, all three of these critical issues need to be addressed. This report describes the strategies that the Alliance employed during 2008 to promote the development of the HPSR field – the successes that it had and challenges that it faced.
The Alliance HPSR: Objectives and strategies

As in previous years, this report is structured around the Alliance’s three main objectives, presented in Table 1, as well as its core functions of advocacy, information exchange, monitoring the development of the field and fund-raising.

During 2008 the Alliance focused its work on three broad themes: health financing, human resources for health and the role of the non-state sector. However, it was decided that during 2009 the Alliance will expand its work to also address pharmaceutical policy as an additional theme.

Annex 2 presents Alliance spending by objective for 2008 and also shows income and sources of income.
Table 1: Alliance objectives, results and short-term strategies

|------------|----------------------|-----------------------------------|
| **Objective 1:** Stimulate the generation and synthesis of policy-relevant health systems knowledge, encompassing evidence, tools and methods | There should be a demonstrated increase in the production and publication of high-quality, high-relevance HPSR and syntheses by researchers from developing countries in peer-reviewed journals | **Strategy 1:** Leveraging resources to fund original empirical HPSR  
**Strategy 2:** Generating new knowledge in strategic areas  
**Strategy 3:** Funding synthesis teams and supporting the development of systematic reviews |
| **Objective 2:** Promote the dissemination and use of health policy and systems knowledge in order to improve the performance of health systems | There should be a measurable increase in the use of evidence to inform health policy- and decision-making in developing countries, as well as by international donors and multilateral agencies, and as a consequence, improved policies and improved implementation of policies | **Strategy 4:** Packaging syntheses and making them readily available to health system managers and public policy-makers  
**Strategy 5:** Sponsoring national processes in order to support evidence-informed decision-making, including the preparation of issue-focused policy briefs and deliberative forums |
| **Objective 3:** Facilitate the development of capacity for generation, dissemination and use of HPSR knowledge among researchers, policy-makers and other stakeholders | There should be increased capacity in developing countries with respect to all steps in the research generation-to-use cycle, including priority identification, knowledge generation, knowledge synthesis, dissemination and the ability of decision-makers to acquire, assess and apply research | **Strategy 6:** Developing policy-maker and civil society organization capacity to identify, assess and apply HPSR evidence to policy  
**Strategy 7:** Strengthening HPSR methodologies and their uptake through improved teaching of HPSR. |
As part of its core functions the Alliance (i) communicates the value of HPSR; (ii) provides a platform for exchange between health policy and systems researchers, research users and funders; (iii) monitors the development of the HPSR field and (iv) makes funders aware of new opportunities in the HPSR field for their support. Highlights of the past year include the development of a new advocacy strategy for HPSR and a major stocktaking exercise.

SUMMARY

Achievements

**Advocacy**

While the Alliance has historically been engaged in the development of publications, videos and other materials that aim to demonstrate the worth of health policy and systems research, in 2008 it was decided to professionalize this aspect of its activities. Working with a consultant, the Alliance developed an advocacy strategy. The Alliance defined its main advocacy goal as increasing investment in HPSR as part of global health and health systems strengthening. To accomplish this goal, HPSR must first be perceived by target audiences as a legitimate and important contributor to global health and health systems strengthening. The Alliance’s main target audiences for its advocacy work have been defined as health policy-makers in low- and middle-income countries, and potential funders of health systems research.

The Alliance’s advocacy strategy will centre around five interlocking approaches:

1) to clearly describe HPSR and the Alliance, using ideas and terms that non-specialist audiences can understand;

2) to directly confront and refute common misunderstandings surrounding HPSR through a series of prepared counter-arguments;

3) to develop key messages about the field of HPSR and the work of the Alliance that are linked to selected target audiences’ pre-existing priorities and areas of concern;

4) to develop a collection of “success stories”, or examples from the field, in which HPSR has contributed to health systems strengthening and/or health outcomes; and

5) to focus on people (including researchers, health workers, and community members) and tell their stories to illustrate larger issues around HPSR.
In addition to the development of the advocacy strategy, the Alliance produced a range of advocacy products, most notably three “Research Issues” on neglected aspects of health policy and systems research that encompassed health information systems, health governance, and health systems research in fragile post-conflict states.

**Information exchange**

The Alliance has continued to keep its website up-to-date with news and recent developments. The average number of visitors per day in 2008 was 269 with an average of 2412 hits per day. This is just slightly less than the number of visitors and hits per day in 2007, when the website was re-launched and widely publicized. Table 2 (see next page) provides data on the top ten downloads from the Alliance website.

Two hard copy newsletters were produced and disseminated during 2008 and the Alliance initiated a new series of e-bulletins that provide brief information on time-sensitive issues and give related links. It is planned that these will be produced approximately every two months. The Alliance also provided support to Real Health News (www.realhealthnews.net) to support its coverage of health systems research and evidence-informed policy.

The Alliance produced a new CD, which was distributed at the Bamako Ministerial Forum. It contained all of its own publications as well as grantee reports.

The Alliance has also been active in contributing its ideas and thinking to different fora. A total of eleven presentations were made during the year by Alliance staff (see Annex 3).
### Table 2: Top ten downloads from the Alliance website (1 January to 31 December 2008)

<table>
<thead>
<tr>
<th>Document</th>
<th>Number downloads</th>
<th>% total downloads</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Sound choices: Alliance biennial review 2007</td>
<td>5,931</td>
<td>4.68</td>
</tr>
<tr>
<td>2  Newsletter 15</td>
<td>4,392</td>
<td>3.46</td>
</tr>
<tr>
<td>3  Call for proposals: health worker incentives to locate in under-served areas</td>
<td>4,381</td>
<td>3.46</td>
</tr>
<tr>
<td>4  The new public-private mix in health: exploring the changing landscape</td>
<td>3,573</td>
<td>2.82</td>
</tr>
<tr>
<td>5  Responding to requests for information on health systems from policy makers in Asia (TR Healy)</td>
<td>3,493</td>
<td>2.76</td>
</tr>
<tr>
<td>6  Alliance briefing note 1: What is health policy and systems research and why does it matter?</td>
<td>3,241</td>
<td>2.56</td>
</tr>
<tr>
<td>7  Database of ongoing health systems research studies</td>
<td>3,229</td>
<td>2.55</td>
</tr>
<tr>
<td>8  Strengthening health systems:</td>
<td>3,181</td>
<td>2.51</td>
</tr>
<tr>
<td>9  The role and promise of health systems research. Alliance biennial review 2004</td>
<td>3,181</td>
<td>2.51</td>
</tr>
<tr>
<td>10 Alliance briefing note 2: Impact evaluation of health system strengthening interventions</td>
<td>2,707</td>
<td>2.14</td>
</tr>
</tbody>
</table>

During 2008 the Alliance continued to support fora that enabled researchers working in the HPSR field and interested policy-makers to come together to exchange ideas and experiences. To this end the Alliance has been supporting the development of the African Health Economics Association (http://afhea.org), including providing support to an essay competition and funding the participation of the winners of this competition in the forthcoming AfHEA meeting.
Monitoring the development of the field

In preparation for the Bamako Ministerial Forum on Health Research, the Alliance invested significant energies during 2008 in assessing the development of the HPSR field. The focus of this work was to establish progress in the field since the Mexico Ministerial Summit on health research, where one of the key recommendations concerned further development of and investment in health systems research.

The Alliance, in collaboration with the International Development Research Council (IDRC), Canada hosted a meeting “From Mexico to Mali: Taking stock of progress in health policy and systems research” in May 2008. To prepare for this meeting, separate surveys were undertaken of Alliance partners and research funders, and a bibliometric analysis of HPSR publications was performed. The meeting statement and report are available on the Alliance website and an article summarizing key issues was published in *Lancet*\(^2\). A special session at Bamako highlighted key findings from this work, and the findings also influenced the report of the Task Force on Health Systems Research.

A first set of indicators for tracking the development of the health policy and systems research field were developed and measured as part of the preparations for the “stocktaking meeting” and reported in the *Lancet* article. These measures are now being further refined.

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Three grants were awarded to help promote dissemination of the Alliance’s last Biennial Review (*Sound choices: Enhancing capacity for evidence-informed policy*) at the country level. Work is underway on the 2009 Biennial Review, which will address evaluation of complex health system interventions and other interventions that have broader “system-wide” effects (see Box 1).

**BOX 1**

**Health systems thinking: Evaluation from a systems-wide perspective**

The 2009 Alliance Biennial Review aims to demystify thinking about evaluating health systems interventions, and interventions that may have large impacts on health systems. It will demonstrate that better evaluations are possible if a systems perspective is applied. Recent years have seen a growing interest in and demand for impact evaluations. However, of the evaluations conducted to-date few adopt a systems perspective, instead focusing on a rather narrow range of impacts that may leave potentially crucial health system effects untracked.

The forthcoming review will provide a landscaping of health systems evaluations conducted to date and argue that, while evaluations of health outcomes are important, it is also critical to understand and evaluate the wider system-level impact. Rigorous evaluation methodologies are available to support a systems perspective, but need to be employed better so as to match the intervention being assessed. The review will provide an overview of both the methodological and evaluation design issues, but also the difficult issues concerning the dynamics of health systems evaluations – including who commissions, funds and implements them and how best to ensure local ownership of the evaluation and promote use of evaluation findings.
**Fund-raising**

During 2008 the Alliance was grateful to continue receiving core funding from its established donors – DFID, UK, the Royal Norwegian Government and Sida. The Alliance is particularly pleased to report an increase in funding provided by Sida and new core funding from AusAID. Additional project funding was received from IDRC, and the Alliance was close to finalizing an agreement with the Rockefeller Foundation for funding of a specific project.

The Alliance was also delighted to enter into a joint venture with the Wellcome Trust, focused upon enhancing policy-maker capacity to use research evidence.

**Challenges**

One of the comparative advantages of the Alliance is its extensive network of partner organizations, and through this, its familiarity with health policy and systems researchers across the globe. However, the Alliance has struggled to keep its partner database up-to-date; while new partners continue to join, some partners from many years ago may now have limited involvement in health systems research. The Alliance commenced cleaning and updating its partner database during 2008; further work is needed in this area and will be pursued during 2009. The Alliance recognizes it must better leverage its network of partners, to create a real community around health policy and systems research issues. Alternative strategies and approaches for networking were extensively debated by the Board during 2008 and the Alliance committed, in 2009, to review and strengthen its networking with partner organizations.
Stimulating the generation and synthesis of policy-relevant health systems knowledge

SUMMARY

Under this objective the Alliance has pursued three different strategies:

■ Strategy 1: Leveraging resources to fund original empirical HPSR;
■ Strategy 2: Generating new knowledge in strategic areas;
■ Strategy 3: Funding synthesis teams and supporting the development of systematic reviews.

The priority-setting work has demonstrated how global priorities can be built up from the perspectives of country policy-makers, and has set a clear agenda for research in selected fields. There have been strong responses to the Alliance calls for research proposals, and the systematic review work continues to proceed well, although the lack of HPSR studies that match typical Cochrane inclusion criteria is problematic.

Achievements:

Leveraging resources

During 2008 the Alliance completed a programme of work that aimed to identify priority research questions within its three thematic areas of health financing, health workforce and the role of the non-state or private sector.

This work was unique in anchoring a discussion of global health research priorities in the information needs of policy-makers and civil society organizations at the country level. Three reports on the identified research questions have been produced and a series of academic articles are in the process of being submitted for publication. The Alliance also produced two-page briefs on each of the three thematic areas, which it has been circulating at conferences and other meetings. In addition, it followed up on the priority setting process by issuing a call for proposals that addressed the highest research priority in the HRH field. Box 2 lists the top four priority research questions for each theme that emerged from this programme of work.

In the Middle East, this priority setting work, which was conducted by the newly established Middle East North Africa Health Policy Forum, has had considerable impact: the Alliance supported a regional meeting of policy-makers to discuss the research priorities identified, and there is commitment to supporting some of the needed research.
**Box 2**

Top four priority research questions identified

<table>
<thead>
<tr>
<th>Health financing</th>
<th>Human resources for health (HRH)</th>
<th>Role of the non-state sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 How do we develop and implement universal financial protection?</td>
<td>How can financial and non-financial incentives be used to attract and retain health workers to underserviced areas?</td>
<td>How can the government create a better environment to foster non-state providers in the achievement of health system outcomes?</td>
</tr>
<tr>
<td>2 What are the pros and cons of the different ways of identifying the poor?</td>
<td>Should dual practice (i.e. simultaneous practice in both the public and private sectors) be regulated, and if so, how?</td>
<td>What is the quality and/or coverage of healthcare services provided by the non-state sector for the poor?</td>
</tr>
<tr>
<td>3 To what extent do health benefits reach the poor?</td>
<td>How can financial and non-financial incentives be used to optimize health worker performance?</td>
<td>What types of regulations can improve health system outcomes and under what conditions?</td>
</tr>
<tr>
<td>4 What are the pros and cons of implementing demand-side subsidies?</td>
<td>What policy mechanism can be used to improve the distribution and retention of health workers?</td>
<td>How best to capture data and trends about private providers on a routine basis?</td>
</tr>
</tbody>
</table>

The Alliance had also intended as part of its strategy to interact with funders of health systems strengthening to promote their investment in health systems research. While the Alliance has not had the necessary staff time to pursue this at a particularly high level, there is a growing group of funders engaged in health systems research and the Alliance is now working actively with these partners to stimulate greater coordination and sharing of information among funders keen to support health systems research.
Knowledge generation

During 2008 the Alliance continued to support ongoing research on (i) the impact of Global HIV/AIDS initiatives on health systems, (ii) health worker salaries, and (iii) health systems governance.

The Alliance also launched a new call for proposals on health worker incentives to locate in underserved areas (see Box 2).

Under the global HIV/AIDS initiatives work, the Georgia report has been completed and published (Chkhatarashvili, 2008) and the China study is close to completion. Unfortunately the other four countries supported by the Alliance – Malawi, Tanzania, Uganda and Peru – have all faced some delays.

Nonetheless the Alliance work has contributed to the overall findings and cross-country policy briefs that have been developed by the Global HIV/AIDS Initiatives Network (http://www.ghinet.org). Furthermore, this work is feeding into a new WHO initiative “Positive Synergies” that seeks to understand and promote stronger synergies between global health initiatives and health systems.

With respect to the health worker salaries work, a final report was received from the Latin American region (Urcullo et al., 2008), and the West Africa report is close to completion. A report of phase 1 of the South African study on governance and private hospital wards was also received.

The call on health worker incentives to locate in underserved areas met with an overwhelming response, 119 eligible proposals were received for this call, of which 46% were from Africa. The large numbers of proposals received reflects intense research interest in health workforce issues. Initially the Alliance had intended to fund only three proposals; however, given the scale of this response, the Alliance sought other funding partners, and it is pleased to report that
contributions from both the Human Resources for Health Department of WHO and from the Global Health Workforce Alliance will increase the pool of applicants that can be funded to 5-6.

**Knowledge synthesis**

The Alliance has continued to support the four systematic review centres that it helped establish during 2007. In doing so, it has worked closely with its three collaborating partners:

– the Oslo Satellite of the Cochrane Effective Practice and Organization of Care (EPOC) Group;

– the EPPI Centre, Institute of Education, London; and

– the Effective Health Care Research Programme Consortium, Liverpool School of Tropical Medicine, Liverpool.

During 2008 each of the four centres produced a first systematic review (see Box 3), one of which is already published in the Cochrane Library (Koehlmoos et al., 2009). Two further reviews should also be published there shortly. The fourth review, produced by the Centre for Reviews on Health Financing, based at Shandong University, was a more descriptive review of alternative strategies to promote the uptake of health insurance among populations outside of formal sector employment; it is now being prepared for journal publication. All three of the centres that produced Cochrane reviews found few studies that met their inclusion criteria. This both illustrates the shortage of rigorous studies in the health systems field, and suggests a need to explore alternative approaches to research synthesis that can utilize the very mixed evidence which is available. For 2009 each of the three thematic centres is undertaking reviews that seek to synthesize a broader array of research studies, as well as also pursuing another Cochrane review.
Findings from selected systematic review centres

Social franchising

Social franchising has developed as a possible means of improving provision of health services through engaging the non-state sector in low- and middle-income countries. This review aimed to examine the evidence regarding the impact that social franchising has on access to and quality of health services in low- and middle-income countries. The review only sought randomized controlled trials, non-randomized controlled trials, controlled before and after studies and interrupted time series comparing social franchising models with other models of health service delivery, other social franchising models or in the absence of health services. Two review authors independently applied the criteria for inclusion and exclusion of studies to scan titles and abstracts. The same two review authors independently screened full reports of selected citations. At each stage, results were compared and discrepancies settled through discussion.

No studies were found which were eligible for inclusion in this review.

There is a need to develop rigorous studies to evaluate the effects of social franchising on access to and quality of health services in low- and middle-income countries. Such studies should be informed by the wider literature to identify models of social franchising that have a sound theoretical basis and empirical research addressing their reach, acceptability, feasibility, maintenance and measurability.

Source: Koehlmoos et al. (2009)
Expanding health insurance coverage

Health insurance coverage in most low- and middle-income countries is limited and vulnerable populations in some high-income countries face difficulties accessing health insurance plans. This review aimed to describe the range of strategies that have been used to expand health insurance coverage for vulnerable populations. A wide range of study designs were included in the review and 45 databases were searched for relevant published or unpublished documents. Out of the 21,528 articles screened, many were excluded, as they were opinion papers or had limited information about implementation strategies. Eighty-six documents were finally included in the review; the majority of these (72) were from the US but five were from African countries and five from Asian countries.

Six main categories of strategies were found, including: changing eligibility criteria of health insurance; increasing awareness; making premiums more affordable; innovative enrollment approaches; improving healthcare delivery; and improving management and organization.

Strategies adopted in developing countries focused on strategies for improving healthcare delivery, improving management and organization, and making premiums affordable through subsidies. Twenty-five of the studies evaluated the impact of strategies for expanding health insurance coverage. All of these studies suggested that the strategies had positive effects in expanding coverage of the health plans. However, building on this review, the team intend to pursue further synthesis investigating the evidence on effectiveness of strategies for health insurance coverage expansion.

Source: Meng et al. (unpublished)
The Methodology Centre, based in Chile, is now consulting with the thematic centres and other stakeholders within this field to document challenges related to conducting systematic reviews of health policy and systems research. It intends to compile relevant materials to support such reviews. These materials will be made available over the web.

**Challenges**

Key challenges with respect to knowledge generation continue to be the difficulty of providing adequate support to grantees and ensuring that high quality products are submitted on time. In many instances intensive support is needed to review survey tools, draft reports and findings, and there is a real trade-off for the Alliance in terms of the number of grants it provides and the intensity of support provided.

The Alliance recognizes that it will never be a major funder of health systems research; there are many players with greater resources to contribute to this area. However the Alliance intends to be an innovative, catalytic and engaged funder – identifying priority topics, eliciting high quality proposals and working with other funders to achieve real gains in both funding and knowledge production. To this end, the Alliance intends to explore more innovative approaches to issuing calls for proposals that help strengthen networks between research institutions and draw in new funders to this field.
Promoting the use of health policy and systems knowledge to improve health system performance

Achievements

Packaging syntheses

The Alliance is implementing this strategy through the four centres for systematic review which it has been supporting. During 2008, and working with the EU-funded SUPPORT project (http://www.support-collaboration.org) the Alliance-funded Methodology Centre has been working to summarize key health systems reviews in a user-friendly format. The summaries produced both appraise the original review, and consider its relevance to low- and middle-income contexts. To date, 20 summaries of systematic reviews of health-system interventions have been produced and are available on the SUPPORT project website (and can also be found through links on the Alliance website).

Sponsoring national processes

During 2007 the Alliance awarded grants to Viet Nam, Kyrgyzstan and the Regional East African Community Health (REACH) policy initiative (encompassing Kenya, Tanzania and Uganda) to support national processes for evidence-informed policy-making. The grant to REACH was designated as “pump primer” grant: it aimed to identify priority issues for later work. The grants to Kyrgyzstan and Viet Nam were multi-year implementation grants. There have been some notable achievements in implementation of these grants: for example, under the REACH project Kenya, Tanzania and Uganda have each produced reports on policy-maker priorities in their country. In Kyrgyzstan all staff of the health policy analysis unit have received communications training, and the institution’s website has been reconstructed. However all three grants have also faced significant implementation problems, of differing sorts.

SUMMARY

The Alliance has pursued two main strategies in this area, namely:

■ Strategy 4: Packaging syntheses and making them readily available to health system managers and public policy-makers;

■ Strategy 5: Sponsoring national processes to support evidence-informed decision-making, including the preparation of issue-focused policy briefs and deliberative forums

For various reasons, progress against this objective has been weaker than for others, but the Alliance remains convinced that this innovative field requires greater — not less — investment, and that we must continue to learn from the activities supported.
The first three grants awarded under this programme of work were all negotiated grants, and with hindsight the Alliance believes that the competitive award of grants may have led to stronger implementation. Accordingly, the Alliance launched a new call for proposals in July 2008. Like other Alliance calls issued during the past year this received a very strong response with a total of 53 proposals received, of which 43% were from African countries, followed by 25% from the Americas. Following the adjudication process it was decided to award new grants to teams in Argentina, Bangladesh, Cameroon, Nigeria and Zambia. The nature of the funded activities varies substantially. Box 4 describes planned activities in Argentina and Zambia. The Alliance will be providing close monitoring and intensive support to these grantees in order to ensure that implementation remains on track.
**Box 4** part 1

**Illustrative activities in evidence to policy grants – round 2**

**Zambia**

The Zambian Forum for Health Research (ZAMFOHR) was created in 2005. Supported by a range of stakeholders — government, academia and civil society organizations — ZAMFOHR is an emerging Knowledge Translation Institute with its own facilities and issue-specific “research to action” teams where both researchers and research-users are represented. The overall objective of this grant is to contribute to the further development of the Knowledge Translation Institute: the capacity of researchers and research-users to produce, synthesize, access, discuss, adapt and ultimately use evidence will be strengthened. Specifically, this proposal seeks to:

- promote policy dialogue and exchange to understand the potential role for research evidence in health policy decision-making.

- strengthen the capacity among researchers and research-users to synthesize research evidence; to acquire, assess, adapt and apply evidence; and to strengthen e-learning capacity.

- develop an accessible and user-friendly database of health policy and systems research tailored to Zambian priorities and needs.

For more information contact: Joseph Kasonde (jkasonde@hotmail.com)
Argentina

As described by the grantee, Argentina’s health system constitutes an extreme example of segmentation typical of much of Latin America. Several researchers have proposed lines of reform aimed at reaching a more coordinated, efficient and equitable system. Nevertheless, this information has failed to push forward public debate, due to the significant gap between scientific evidence production and the timely and effective utilization of this knowledge. Today, there is a political decision, set forth in presidential and ministerial public discourse, to move forward with reforms which would decrease health system segmentation. In this context, this project proposes to involve decision-makers (officials, health planners, Argentina’s Integrated Healthcare Programme [PAMI], professional associations, health institutions, etc.) sector experts and researchers, in a collective process of research, debate and consensus, and public policy formulation around the development of provincial health insurance. Through meetings and policy briefs the teams will attempt to build consensus about all the critical elements of the reformed system.

For more information contact: Daniel Maceira (dmaceira@cippec.org)

It has always been part of the Alliance’s intention to provide close monitoring and evaluation of the evidence-to-policy initiatives that it supports, as a means to learn which kind of approaches and mechanisms are effective and under what circumstances. The slow implementation of evidence-to-policy initiatives has unfortunately also negatively affected this component of our work.
Regional information mechanisms

During 2007 the Alliance supported a study\(^3\) which explored the feasibility of establishing a regional health systems information mechanism in the Asian region (with a particular focus on countries covered by the WHO Western Pacific Regional Office – WPRO). During 2008 there has been substantial discussion of this report as part of ongoing discussions between WHO and the World Bank regarding the establishment of a regional health systems observatory. The Alliance has actively contributed to these discussions.

The Healy report identified a number of significant barriers to the establishment of a regional health systems information mechanism, notably the limited analytical capacity within the region to produce high quality reports, the multiple languages used within the region, and the lack of clarity about where an obvious institutional home for the information mechanism might be. Accordingly WHO/WPRO has concluded that over the course of the next few years it makes most sense to focus upon function rather than form. Accordingly, WPRO is interested in supporting the development of a limited number of products that might in the future be produced by the planned observatory. Specifically, it is proposed that the region initially start producing (i) country health systems profiles and (ii) regional policy briefs. The Alliance has committed to help build country capacity within the region for the development of such policy briefs. This activity should be initiated in 2009.

\(^3\) Healy et al. (2007) Responding to requests for information on health systems from policy-makers in Asian countries. Alliance for Health Policy and Systems Research, WHO, Geneva.
Support to EVIPNet

The Alliance has continued to participate in and chair the Global Steering Group for EVIPNet, and has also provided a grant to EVIPNet Asia to assist with regional coordination of EVIPNet activities and to provide support to training and specific activities within the region. During 2008 EVIPNet has grown in strength and the Alliance intends to continue to support EVIPNet in ways that mesh with its own interests and objectives.

Challenges

As noted above, progress on this dimension of Alliance work has been slower than originally anticipated. The Alliance always recognized that this work was both among the more innovative of the strategies that it was pursuing, and also riskier than investment in straight research. With the three country-level grants awarded so far, implementation challenges have differed so substantially that it is difficult to conclude where the key barriers are, and how they can best be addressed.

With the 2008 award of five new grants in this area, the Alliance will have a larger portfolio of work to learn from. As stated in last year’s Annual Report, it is critical that the Alliance ensures rigorous monitoring and evaluation of evidence-to-policy activities and continues to reflect on and learn from its own support to work in this field.
Facilitating the development of capacity for the generation, dissemination and use of HPSR knowledge

Achievements

Policy-maker capacity

A call for letters of intent to enhance policy-maker capacity to use research evidence in decision-making was launched in November 2007, along with the Alliance Biennial Review, *Sound choices: Enhancing capacity for evidence-informed health policy*. The response to this call was unfortunately weak: just 18 eligible proposals were received, two thirds of which were from middle-income countries. After reviewing the proposals the adjudication panel advised that the Alliance award just four grants, all to teams in middle-income countries, and that the call be reissued with a focus on low-income countries alone.

Four small grants were awarded to teams in Argentina, Colombia, Georgia and Mexico to help the teams expand their letters of intent into full proposals. Teams were encouraged, as part of this process, to make a fuller assessment of current capacity for evidence-informed policy, gain greater stakeholder commitment (particularly from policy-makers) and develop a fuller evaluation plan. A workshop was held in September 2008 for the four teams to discuss and refine their draft proposals. The teams’ proposals were varied but often included formal training for policy-makers in use of evidence, exchange programmes between policy-makers and researchers and the development of tools to assist in the collection and appraisal of research evidence. One proposal focused on NGO staff involved in health policy development instead of on policy-makers. By the end of the year, full proposals had been received by the Alliance and the second round of adjudication was well advanced.

Under this objective the Alliance has pursued two main strategies:

- **Strategy 6**: Developing policy-maker and civil society organization capacity to identify, assess and apply HPSR evidence to policy;
- **Strategy 7**: Strengthening HPSR methodologies and their uptake through improved teaching of HPSR.

Alliance support to capacity development remains relatively small and catalytic in nature, but appears to be having positive effects.
The Wellcome Trust expressed interest in collaborating with the Alliance on the re-launch of the call for proposals, and committed US$ 500,000 of its own resources to supporting successful applicants. The call was re-launched at the end of October 2008 with a close date in January 2009 and only teams from low-income countries were eligible to apply.

The Canadian Health Service Research Foundation (www.chsrf.ca/home_e.php#4) has extensive experience in implementing programmes designed to enhance policy and decision-maker skills in applying research evidence. The Foundation participated in the September 2008 workshop and the Alliance is in discussions with the Foundation regarding its providing both technical support to the overall programme of work, and assistance with the evaluation of the programme.

**Strengthening HPSR methodologies**

The Alliance launched a call for proposals on enhancing HPSR methodologies in October 2007, along with the Alliance Biennial Review. Three grant awards were made based upon this call. These grants were designed to support methodological refinement and the development of teaching materials in the areas of (i) comparative qualitative research, (ii) synthesis of policy analysis studies, and (iii) search strategies for health systems research, particularly for non-English language publications. The grants vary in length from two to three years, with initial products becoming available after eighteen months.

The Alliance continues to provide support to five different universities through its “Young Researcher” programme. This programme is designed to strengthen teaching of health systems research in postgraduate courses, and also to encourage students to focus their M.Sc. dissertations on health systems research topics.
In February 2008 a workshop was held in South Africa for all current and recent African “Young Researcher” grantees with the objectives of promoting exchange of ideas between and skill-building for grantees, particularly with respect to curriculum development, dissertation supervision, interaction with policy-makers, and ensuring the sustained impact of the Young Researcher grants. This workshop appears to have been much appreciated and a similar workshop for the Asian region is planned in 2009 (see Box 5).

Finally, although not initially included in the Alliance work plan, there have been several requests made by different stakeholders during the year for the Alliance to compile a reader that demonstrates the high quality application of different HPSR methods. The Alliance believes that this would complement its other investments in methodology development and postgraduate training, and has committed to this initiative for 2009.

**Challenges**

At this point, there do not appear to be any critical challenges in this area.
“Young Researcher” workshop in Cape Town

The workshop for African “Young Researcher” grantees brought together participants from universities in Ethiopia, Ghana, Nigeria, Rwanda, South Africa and Uganda. The workshop addressed a range of topics including curriculum development, dissertation supervision, dissemination of findings and interaction with policy-makers, how to assess the impact of programmes of health policy and systems research, and sustaining teaching programmes.

Participants had the opportunity to exchange experiences, particularly regarding the challenges that they faced. Issues raised by participants included managing dissertations that produce findings that are not compatible with the original objectives; teaching of scientific writing skills; and difficulties supervising students who wished to use qualitative research methods (as distinct from quantitative ones). In terms of dissemination, one of the greatest challenges raised was the difficulty in finding funding, and getting students to take the extra time to rewrite their dissertation research for publication in a peer-reviewed journal.

Country teams also identified and prioritized recommendations for Alliance follow-up. Priority actions recommended to the Alliance included:

- **Capacity building** – the Alliance should support workshops and short courses to develop writing skills for faculty and students, improve dissertation supervision and update HPSR knowledge for faculty. Support to the development of HPSR teaching resources was also needed.

- **Dissemination** – special grants to promote dissemination through journal publications, policy briefs, fact sheets, news releases, and attendance at international conferences are needed. Mentoring relationships to assist with the development of manuscripts for peer-reviewed journals should be supported.

- **Sustainability** – participants argued that the Alliance should continue to support young researcher grants but should also help with the creation of a network of grantees, who could share information and resources

Source: Alliance 2008
Organizational Development

Achievements

Strengthening role of Southern partners

The Alliance Strategic Plan states that the Alliance will seek, over the course of ten years, to turn itself into a Southern owned and operated organization. During 2008 the Alliance decided to explore in more detail how it might go about operationalizing this objective. A consultant was hired to investigate the options in terms of devolving specific functions to Southern partners.

The draft consultant report was intensely debated by the Alliance Board and STAC, and it was concluded that at this point in time no further action should be taken towards devolution. This conclusion was reached for several reasons. First, it was felt that the Geneva-based secretariat had just reached a minimal critical size and devolving functions could adversely affect the secretariat. Secondly, there appeared to be considerable problems in identifying suitable regional hubs that had sufficient capacity and were sufficiently well recognized across their region in order to take on some of the Alliance’s current work. Accordingly, the Alliance will not presently pursue this strategy further. It will instead focus its energies on strengthening links with partner organizations in the South, and ensuring stronger Southern ownership of the Alliance through enhanced Southern representation on the Alliance Board. The Alliance will continue to take stock of the effectiveness of these strategies and in the future will reassess the viability of devolving certain functions to institutions in the South.

SUMMARY

The Alliance is governed by a Board and advised by a Scientific and Technical Advisory Committee (STAC).

Efforts with respect to the organizational development of the Alliance have focused on strengthening its own organizational capacity and developing stronger links with partners in low- and middle-income countries. Particularly with respect to developing partner relationships, there is much more that the Alliance can and should be doing. Governance and advisory structures continue to function very effectively.
The Alliance Board, STAC and Partners

The Alliance Board was rotated during 2008: Professor Fred Binka (Ghana) and Dr Pascoal Mocumbi (Mozambique) rotated off the Board at the end of their three-year term. New board members Dr Somsak Chunharas (Thailand), Dr Sania Nishtar (Pakistan) and Dr Jonathon Broomberg (South Africa) were appointed and joined their first Board meeting in October 2008.

The Board continues to function in an effective manner, providing oversight of, and sound guidance to, the secretariat and meeting on a regular basis. There is likely to be realignment of some of the donor seats on the Board during the first half of 2009.

The Alliance STAC continues to be very active. While the STAC meets twice a year to provide strategic and technical advice to the Alliance, STAC members have also provided substantive input to Alliance strategies throughout the year – supporting meetings, reviewing papers and proposals, and acting as ambassadors for the Alliance.

At the end of 2008 Dr Delia Sanchez, Dr Ravi Rannan-Eliya and Dr Shanlian Hu rotated off the STAC and were replaced by Professor Lucy Gilson, Dr Sennen Hounton, Professor Soonman Kwon and Dr Prasanta Mahapatra.
**WHO partnership**

The Alliance secretariat is situated within the Health Systems and Services (HSS) cluster of WHO, making the Alliance well-positioned to complement the norms and standards, and policy advice work of regular WHO departments through research work. During 2008 the Alliance has sought stronger collaborations with relevant departments within the cluster. For example the call for proposals on health worker incentives to locate in underserved areas was issued jointly with the Human Resources for Health (HRH) Department at WHO and grantee work is being jointly supported by the HRH Department and the Alliance.

In June 2008 the Director-General of WHO hosted a high-level consultative meeting on research and learning for health which gave prominence to health systems. The Alliance worked closely with the Information, Evidence and Research cluster to support preparations for this meeting and the subsequent Task Force on Research and Learning for Health Systems, which reported at the Bamako Ministerial Forum.

The Alliance is in negotiation with WHO to agree on a new Memorandum of Understanding that will build on the existing partnership arrangements, and more clearly define the respective roles and contributions of both the Alliance and WHO to strengthening the field of health policy and systems research. The finalization of this memorandum is a priority for the coming year.
Administration, management and staffing

During 2008 the Alliance Board took the decision to move all transactions undertaken by the Alliance into the WHO system. Previously a proportion of transactions (including grant-making) had occurred through the Global Forum for Health Research. By the end of the year a small number of older grants were still channelled through the Global Forum but the vast majority of all grants – and all new grants – were issued through WHO. Funders are encouraged to channel money through WHO to the Alliance. Unfortunately this shift in administrative practices coincided with many teething problems associated with the implementation of a new global management system (GSM) at WHO that negatively affected the operations of all departments including the Alliance. By the end of the year the system had stabilized and the Alliance had caught up with much of the backlog of grant agreements.

The Alliance achieved a critical mass of staffing in early 2008 with the addition of a further senior technical officer. With seven people on board (including both technical and administrative staff) we believe that this is the minimum staffing necessary for effective operation. By the end of the year the Alliance secretariat was managing a total of 51 active grants, plus the array of core functions described at the start of this report.

The Alliance Manager, Dr Sara Bennett, stepped down at the end of the year due to family circumstances. She has been replaced on an interim basis by Dr Lindiwe Makubalo and a new Executive Director (the title of the post was changed in November 2008) is now being sought.
Challenges

The Bamako Call to Action called for improved harmonization of the global health research architecture, including the rationalization of existing organizations. Since the Bamako Forum, this aspect of the call has captured some attention. The Alliance recognizes the need to better serve country governments and researchers through more aligned and coordinated action on health research, particularly at the global level, and accordingly will engage with other actors to explore alternative solutions to this challenge.

At the same time, the Alliance and its Board believe that health systems research has historically been very much neglected and that there are now significant opportunities to develop the field further. While many actors currently claim to be engaged in health systems research, few have the knowledge or networks that the Alliance has in the field. Accordingly, while the Alliance remains open to discussions regarding rationalization of global research organizations, it will attempt to ensure that health systems research benefits from this process – and is not “mainstreamed” to the extent that it is no longer visible.

Acknowledging those who have supported the Alliance during 2008

Funding agencies
The Alliance gratefully acknowledges the financial support of AusAID, the International Development Research Council of Canada, the Norwegian Government, Sida/SAREC, and the UK Department for International Development.

The Alliance Board
Professor Fred Binka (outgoing), Dr Jonathan Broomberg (incoming), Dr Barbro Carlsson, Dr Somsak Chunharas (incoming), Professor Stephen Matlin, Professor Anne Mills (Chair), Dr Pascoal Mocumbi (outgoing), Dr Sania Nishtar (incoming), Dr John-Arne Rottingen, Dr Sameen Siddiqi.

The Alliance Scientific and Technical Advisory Committee
Dr Irene Agyepong, Dr Shanlian Hu, Professor John Lavis, Dr Lindiwe Makubalo (Chair), Dr Ravi Rannan-Eliya, Dr Delia Sanchez, Professor Goran Tomson.

Collaborating institutions
The Alliance has many partner institutions and many grantees (as reflected in Annex 5) whom we would like to thank. During 2008 a number of institutions have provided particularly significant support to our programme of work. In particular we would like to thank all of those partner organizations who responded to the partners survey. In addition we would like to thank the many institutions who have supported our grantees through providing training, participating in workshops or reviewing draft technical reports.
Annex 1

Individuals

Throughout the year, individuals have helped the Alliance through reviewing proposals, participating in discussions about strategy and technical issues, providing support to grantees and drafting Alliance publications. For 2008 we would particularly like to acknowledge the contributions made by the following people:

Sam Adjei (Ghana Health Service, Ghana); Omolade Alao (Union Régionale des Médecins à Exercice Libéral, France); Maia Ambegoakar (WHO, Geneva); Delius Asiimwe (Makerere Institute of Social Research, Kampala); Joseph Babigumira (University of Washington); Dina Balabanova (London School of Hygiene and Tropical Medicine, UK); Henk Bekedam (WHO/WPRO); Maylene Beltran (Ministry of Health, Philippines); Abbas Bhuiya (ICDDR, Bangladesh); Ricardo Bitran (Bitrán y Asociados Ltda, Chile); Olga Bornemisza (London School of Hygiene and Tropical Medicine, UK); Jean-Marc Braichet (WHO, Geneva); Ruairi Brugha (Royal College of Surgeons, Ireland); Andrew Cassels (WHO, Geneva); Claire Champion (Johns Hopkins University); Mickey Chopra (Medical Research Council, South Africa); Luis Gabriel Cuervo (PAHO, Washington);

Mario Dal Poz (WHO, Geneva); Manuel Dayrit (WHO, Geneva); Sailabala Debi; Ayesha Decosta; Don de Savigny (Swiss Tropical Institute, Switzerland); Kelly Dickson (EPPI Centre, Institute of Education, UK); Marjoein Dieleman (Royal Tropical Institute, Amsterdam); Carmen Dolea (WHO, Geneva); Gilles Dussault (Instituto de Higiene e Medicina Tropical, Lisbon); Fadi El-Jardali (American University of Beirut); Carissa Etienne (WHO, Geneva); David Evans (WHO, Geneva); Tim Evans (WHO, Geneva); Birger Forsberg (Karolinska Institutet, Stockholm); Erica Gadsby (Nuffield Institute, Leeds University, UK); Diane Gagnon (INSP, Mexico); Paul Garner (Liverpool School of Tropical Medicine, UK); Lou Garrison (University of Washington); Rukhsana Gazi (ICDDR; Bangladesh); Basu Ghosh; Lucy Gilson (University of Witswatersand/ University of Cape Town, South Africa); Amanda Glassman (Inter-American Development Bank) Miguel Gonzalez Block (INSP, Mexico); George Gotsadze (Curatio International Foundation, Thailand); Pablo Gottret (The World Bank); Andrew Green (Nuffield Institute, Leeds University, UK); Maimunah Hamid (Ministry of Health, Malaysia); David Hayward (Global Forum for Health Research, Switzerland); Shahed Hossain (ICDDR, Bangladesh); Sarah Hoibak (independent consultant, France); Rohan Jayasuriya (University of New South Wales, Australia); Caroline Jehu-Appiah (Ministry of Health, Ghana); Michelle Jimenez (Wellcome Trust);
Jo-Anne Epping Jordan (independent consultant, USA); Xu Ke (WHO, Geneva); Suzanne N. Kiwanuka (Makerere University, Uganda); Julie Klein-Geltink; Tracey Pérez Koehlmoos (ICDDR, Bangladesh); Gina Lagomarsino (The Results for Development Institute, Washington DC); Tyler Law (intern, Canada); Charlotte Leighton (Independent consultant, USA); Vivian Lin (Latrobe University, Australia); Rene Loewenson (TARSC, Zimbabwe); Knut Lönnroth (WHO, Geneva); David McCoy (University College London, UK); Diane McIntyre (University of Cape Town); Barbara McPake (Queen Margaret University, UK); Pamela McQuide; Kwadwo Mensah (independent consultant, Ghana); Dominic Montagu (UCSF, Global Health Group, San Francisco); Stefan Nachuk (The Rockefeller Foundation, New York); Sandy Oliver (EPPI Centre, Institute of Education, UK); Liz Ollier (independent consultant, UK); Andy Oxman (Norwegian Knowledge Centre for the Health Services, Norway); Nonglak Pagaiya; Paige Paisano; Tikki Pang (WHO, Geneva); Ulysses Panisset (WHO, Geneva); Supasit Pannarunothai (Naresuan University, Thailand); David H. Peters (Johns Hopkins University); Ray Pong (Laurentian University, Canada); Meng Qingyue (Shandong University); Krishna Rao (Public Health Foundation of India); Belgacem Sabri (WHO/EMRO); Reijo Salmela (WHO/WPRO, Manila); Joel Schaefer (WHO, Geneva); Pieter Serneels (University of East Anglia, UK); Mubashar Sheikh (Global Health Workforce Alliance, WHO, Geneva); Susal Skillman; Val Snewin (Wellcome Trust); Guy Stallworthy (Bill and Melinda Gates Foundation); Angus Steele (WHO, Geneva); Viroj Tangcharoensathien (International Health Policy Programme, Thailand); Phyllida Travis (WHO, Geneva); Marko Vujicic (World Bank, USA); Tania Wahed (ICDDR, Bangladesh); Damian Walker (Johns Hopkins University); Jimmy Whitworth (Wellcome Trust); Shirley Williams (independent consultant, UK); Christina Zarowsky (IDRC); Akaki Zoidze (Curatio Foundation, Georgia).

(all figures in US$) 1 Jan 2008 - 31 Dec 2008

### Income

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<td>DFID</td>
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<td>IDRC</td>
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<td>Norway</td>
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### Total Income

3,837,490

### PSC (programme support costs deducted at source as lump sum)

441,482

### Total Net Income

3,396,008

### Expenditure (including encumbrances)

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<td>B Board and Administration</td>
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<tr>
<td>C Knowledge Generation and Synthesis</td>
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<tr>
<td>D Dissemination &amp; Use of Knowledge</td>
<td>241,748</td>
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<tr>
<td>E Capacity Development</td>
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### Total Expenditure

3,018,432

### Excess Net Income over Expenditure

377,576
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<th>Topic</th>
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<th>Presenter and date</th>
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<tr>
<td>Reflections on evaluating health system effects of the scale-up</td>
<td>Workshop on evaluating the International Health Partnership, WHO, Geneva</td>
<td>Sara Bennett, 10 January</td>
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<td>The Alliance for Health Policy and Systems Research: Report to ACHR</td>
<td>WHO Advisory Committee on Health Research, WHO, Geneva</td>
<td>Taghreed Adam, 7 March</td>
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<tr>
<td>Priority setting for health systems research</td>
<td>Workshop on Priority Setting Methodologies in Health Research, TDR, WHO, Geneva</td>
<td>Kent Ranson, 10 April</td>
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<tr>
<td>Establishing health systems research priorities in low- and middle-income countries</td>
<td>Ireland Africa Partnership for Health Research Capacity Strengthening, Dublin</td>
<td>Kent Ranson, 19 June</td>
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<td>Making evidence count: Informing the decision-makers</td>
<td>Impact Evaluation Workshop, Oslo</td>
<td>Taghreed Adam, 19-20 June</td>
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<td>Money, people and institutions: Health research capacity for Africa</td>
<td>Ministerial Conference for Health Research, Algiers</td>
<td>Sara Bennett, 23-26 June</td>
</tr>
<tr>
<td>Research needs and new initiatives in HRH research: An Alliance HPSR perspective</td>
<td>DFID, Continuous Professional Development day on human resources for health, London</td>
<td>Sara Bennett, 5 November</td>
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<tr>
<td>From Mexico to Mali: Health policy and systems research taking stock of achievements (presentations and panel discussion)</td>
<td>Ministerial Forum on Health Research, Bamako</td>
<td>Anne Mills, John Lavis, Irene Agyepong, Fadi El-Jardali, Sania Nishtar, 17 November</td>
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<td>How can health policy and systems research contribute to strengthening health systems</td>
<td>Nossal Institute, Melbourne and University of New South Wales, Sydney</td>
<td>Taghreed Adam, 18-19 August</td>
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<td>Review of paper on barriers to access and utilization of health services in India</td>
<td>Review meeting for Lancet special issue on health and health care in India, New Delhi</td>
<td>Kent Ranson, 24 November</td>
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<td>Priorities for research on human resources for health</td>
<td>Workshop on evaluation research for evidence building on HRH interventions, Royal Tropical Institute, Amsterdam</td>
<td>Kent Ranson, 2 December</td>
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</table>
Annex 4

Publications

Please note that all Alliance reports and grantee reports are available from the Alliance website (http://www.who.int/alliance-hpsr) or by e-mailing alliancehpsr@who.int.

Alliance reports and publications  (an * denotes that the publication is available in multiple languages)


Alliance HPSR (2008c).  *Identifying priority research questions: Theme 1 – health systems financing issues in low- and middle-income countries* [brief].  Geneva, WHO. *


Alliance HPSR (2008e).  *Identifying priority research questions: Theme 3 – non-state sector issues in low- and middle-income countries* [brief].  Geneva, WHO. *


**Grantee reports**


Pariyo G et al. (2008). *Effects of changes in the pre-licensure education of health workers on health worker supply* [unpublished report]. Kampala, University of Makerere (will be published in The Cochrane Library upon completion of review processes).


### Annex 5

**Alliance HPSR grantees, 2008**

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Research/activities</th>
<th>Nature of grants</th>
<th>Recipients</th>
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</thead>
<tbody>
<tr>
<td><strong>New grants awarded during 2008</strong></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
| Knowledge generation            | Health worker incentives to locate in underserved areas                              | 5 grants in the range of US$ 50,000 - 200,000 | - Ningxia Medical University, China  
- Institut National de Sante Publique et Communautaire, Madagascar  
- Public Health Foundation of India  
- Universidad Peruana Cayetano Heredia, Peru  
- American University of Beirut, Lebanon |
| Sponsoring national processes for evidence-informed policy |                                                                                     | 5 grants in the range of US$ 125,000 - 190,000 | - CIPPEC, Argentina  
- Zambian Forum for Health Research (Zamfor) Zambia  
- ICDDR, Bangladesh (non-state sector)  
- Innovative health research group, Ebonyi State University, Nigeria  
- Centre for the Development of Best Practices in Health, Yaounde General Hospital, Cameroon |
| Enhancing policy-maker capacity | Development of full proposals for innovative strategies to enhance policy-maker capacity to use evidence and evaluation of such strategies | 4 short “development” grants of US$ 15,000 each | - Curatio International Foundation, Georgia  
- CEDES, Argentina  
- INSP, Mexico  
- ASSALUD, Colombia |
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Research/activities</th>
<th>Nature of grants</th>
<th>Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methodology development</td>
<td>Methodological development: cross-country qualitative research techniques, syntheses of policy analysis studies and literature search in different languages</td>
<td>3 grants ranging from US$ 40,000 to US$ 185,000</td>
<td>University of Cape Town, South Africa</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>School of Public Health, Tashkent, Uzbekistan</td>
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<td>Catholic University of Chile</td>
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<td>Information exchange</td>
<td>Grants to disseminate the Alliance biennial review, Sound Choices</td>
<td>3 grants from US$ 15,000 to US$ 40,000</td>
<td>Hanoi Medical University, Vietnam</td>
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<td>Pontificia Universidad Catolica del Ecuador, Ecuador</td>
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<tr>
<td></td>
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<td>University of Western Cape and PHC consortium</td>
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<td>Grants previously awarded but active during 2008</td>
<td>Identification of priority research questions within three thematic areas (HRH, financing, non-state sector)</td>
<td>4 grants to regional groupings ranging from US$ 40,000 to US$ 70,000</td>
<td>Middle East and North Africa Health Policy Forum</td>
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<td></td>
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<td>Bitran and Associates, Chile</td>
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<td>Makerere Institute of Social Research, Uganda</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>National Institute of Health Research and Development, Indonesia</td>
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<tr>
<td>Strategy</td>
<td>Research/activities</td>
<td>Nature of grants</td>
<td>Recipients</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>------------------------------------------------------------------------------------</td>
<td>--------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Knowledge generation                    | Trends in health worker salaries (issued jointly with the Global Health Workforce Alliance) | 3 grants ranging from US$ 50,000 to US$ 66,000 | ■ Institut de Recherche en Sciences de la Santé, Burkina Faso (also covering Benin and Niger)  
■ Kenya Medical Research Institute, Kenya (also covering Tanzania and Uganda)  
■ Bitran and Associates, Chile (also covering Peru and Bolivia) |
| The Opportunity Fund                    |                                                                                   |                                      | ■ Columbia University, USA  
■ Future Generations, NGO, Peru  
■ African Health Economics and Policy Association |
| Systematic reviews                      | Centres for Systematic Review of Health Policy and Systems Research: three grants for thematic centres and one for a methodology centre | 4 grants of US$ 300,000 each over 3 years | ■ ICDDR, Bangladesh (non-state sector)  
■ Shandong University, China (financing)  
■ Makerere Institute of Public Health, Uganda (health workforce)  
■ Catholic University of Chile (methodology centre) |
| Sponsoring national processes for evidence-informed policy | Country grants for evidence-informed-policy work (note these were not awarded through a competitive call) | 3 grants ranging from US$ 30,000 (start-up grant) to US$ 200,000 | ■ Regional East African Community Health Initiative (REACH) (Kenya, Tanzania, Uganda)  
■ Ministry of Health, Viet Nam  
■ Health Policy Analysis Unit, Kyrgyzstan |
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Research/activities</th>
<th>Nature of grants</th>
<th>Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capacity development</td>
<td>“Young Researcher” grants (round 2): support to postgraduate courses in health policy and systems research</td>
<td>6 grants of US$ 25,000 each</td>
<td>Martyrs University, Uganda&lt;br&gt; Hanoi Medical University, Viet Nam&lt;br&gt; Jimma University, Ethiopia&lt;br&gt; Kaunas University of Medicine, Lithuania&lt;br&gt; Health Science Institute of Mongolia, Mongolia&lt;br&gt; Rwanda School of Public Health, Rwanda</td>
</tr>
<tr>
<td>Knowledge generation</td>
<td>Governance, equity and health</td>
<td>2 grants of US$ 150,000 each</td>
<td>Centre for Health Policy, University of Witwatersand, South Africa&lt;br&gt; Masena University, Kenya</td>
</tr>
<tr>
<td>Knowledge generation</td>
<td>Impact of global health initiatives on health systems</td>
<td>6 grants of US$ 150,000 each</td>
<td>Beijing Normal University, China&lt;br&gt; Curatio International Foundation, Georgia&lt;br&gt; College of Medicine, Malawi&lt;br&gt; Cayetano Heredia University School of Public Health, Peru&lt;br&gt; School of Public Health and Social Sciences, Muhimbili University College of Health Sciences, Tanzania&lt;br&gt; Institute of Public Health, Makerere University&lt;br&gt; Institute of Public Health, Makerere University</td>
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The Alliance for Health Policy and Systems Research is an international collaboration, based within WHO, 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.